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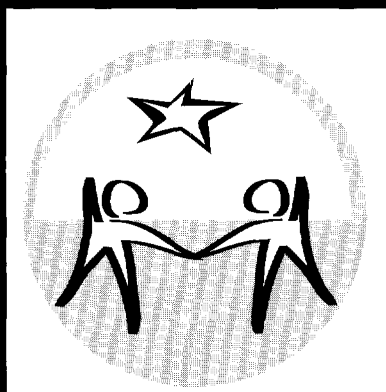

Social Services Delivery through Community — Based Projects

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Table of Contents

	Executive Summary	1
I.	Introduction	10
II.	Why are CBSCS Projects Important	15
III.	Stocktaking – Bank Financing of CBSCS Projects	20
IV.	Lessons Learned	25
V.	Conclusions	61

List of Boxes

Box 1: Social Risk Management 13
Box 2: Community Participation Yields Significant Results 18
Box 3: Fighting Malnutrition with a Community Approach 22
Box 4: What does a CBSCS project look like? 23
Box 5: Good law, bad enforcement: Section 498A of India's Domestic Violence Code 26
Box 6: Recommendations from the Bangladesh Integrated Nutrition Project 29
Box 7: Cost-Sharing Arrangements in ECD Projects across three countries 35
Box 8; Service is Always Included – The Moldova Social Investment Fund 37
Box 9: The Operational Manual Statement on Bank Financing of Recurrent Costs (OMB 1.21) 39
Box 10: Difficulties in Measuring Impact in Bolivia 41
Box 11: Comparative Costs Per Beneficiary, Four ECD Programs 43
Box 12: It takes a village, and it takes time: The Indonesia Kecamatan Development Project (KDP) 44
Box 13: Fighting Social Stigma in Haiti 45
Box 14: Creating Demand for Social Care in Malawi 47
Box 15: The Romania Social Development Fund (RSDF): Targeting by Disadvantaged Group 49
Box 16: Services for Street Children in Istanbul 50
Box 17: When NGOs are the only Game in Town: The Palestinian NGO Project 53
Box 18: Getting at the Difficult Groups Using Difficult NGOs: AIDS/HIV Control Projects 54

List of Figures

Figure 1: Financing for projects with social care services by year.......................... 19
Figure 2: Number of projects with social care services by region.......................... 20
Figure 3: Financing for projects with community-based social care delivery by region. 20
Figure 4: Target groups for social care services.. 24

List of Annexes

Annex 1: Projects with Community-Based Social Services................................ 64
Annex 2: Description of Social Services.. 69
Annex 3: Albania Social Service Delivery Project – Social Assessment Form.......... 76
Annex 4: Excerpts from the Malawi Social Action Fund – Sponsored Sub-Projects Component Implementation Handbook... 79
Annex 5: Suggestions on Determining Program Costs, Early Child Development Centers.. 82
Annex 6: Bibliography.. 86

Executive Summary

Objectives While community-based care has been the norm in developed countries for many years, it is only recently that the largest aid agencies have begun to design projects delivering social services at the local level through community-centered approaches. This study has two objectives: (1) stocktaking, to determine the extent and nature of World Bank involvement in this type of projects, and (2) learning lessons, to identify good practices and common pitfalls so as to provide recommendations on how to improve social care service provision in future community-based projects.

Definition Rather than looking at the whole universe of community-based services, the study focuses on projects providing social care services, defined as *projects that supply services to vulnerable individuals and families to reduce or escape poverty and exclusion, and to lead a fuller and more satisfying life, where most decisions on how to run a subproject and responsibility for its implementation rest at the community level, either with local government or civil society.*

Social care, along with other types of safety nets, represents a long-term investment to preserve human and social capital. More importantly, it addresses those dimensions of poverty that are the hardest to tackle: exclusion, powerlessness, shame, hopelessness.

How are CBSCSs different? Social care services have several characteristics that make them distinct from other community-based services: (a) They often provide services in which governments have had little or no experience, which means that the policy framework may not be developed or may require significant overhaul; (b) Implementing agencies and service providers generally need much more capacity building than in more established sectors; (c) They are more time-intensive, than infrastructure projects because communities may need more time to agree on something new, and results may take longer to be seen; and (d) The bulk of the expenditures are recurrent.

Stocktaking

Trends. Community-based social care services (CBSCS) is a fast-growing field. World Bank lending for community-based social care has grown from $33.4 million in 1985 to at least $1.6 billion (cumulative) in 2000. The Latin America and Caribbean region has the

largest portfolio of projects offering community-based social care, followed by Asia. Africa was somewhat of a latecomer, but increasing involvement in post-conflict situations and the emergence of the AIDS crisis have contributed to a considerable growth in the late 90s. As of December 2000, Africa had caught up with Latin America in terms of number of projects with a community approach to social care delivery (31), although dollar-wise its portfolio remained considerably smaller because of the lower average project size.

Services Provided. The largest number of community-based projects providing social care cover areas that are closely related to typical human development sectors: nutrition, maternal and child care, literacy and vocational training. In many cases, however, this fairly traditional focus has been expanded in response to client demand to include services such as early childhood development (ECD), child care for low-income working mothers, non-formal education for school drop-outs, and career placement for the disabled. Transfers are one of the most frequent forms of social assistance that has received little support through Bank projects in the past, but are now becoming more common in CBSCS projects.

Beneficiaries. Intended beneficiaries for social care are predominantly children and women (almost half of the projects specify children as their beneficiaries). In many cases, though, the targets are narrowly defined sub-groups of children and women, such as street children or prostitutes. Other target groups include: youth at risk, the elderly, conflict victims, the disabled, institutionalized people, and ethnic minorities. A number of projects do not specify a particular target group, leaving it up to the community to determine who may need assistance or focusing on community-wide prevention (e.g., for AIDS/HIV).

Implementing Agencies. Forty-two percent of the projects relied on community-based organizations (CBOs), sometimes supported by local NGOs, while 20% used local governments. The remainder of the projects allowed either option. The level of government decentralization appears to have a considerable effect on the choice of implementing agencies. In countries with weak local government structures, as in many African countries, there are many more projects relying on CBOs or NGOs. By contrast, in Eastern Europe and Latin America, where decentralization is more advanced, there are several projects in which local governments are in charge. It is also interesting to note that countries with strong,

centralized administrations, such as China, had few or no community-based social service projects.

Procedures. Projects that delivered only a certain type of social service, such as nutrition interventions, were more likely to be more specific in describing both procedures and products. On the other hand, projects that had a fairly open menu of social care services tended to be more general, thus allowing more flexibility in responding to demands. Project appraisal documents for projects financing both infrastructures and services, such as social funds, tended not to be as detailed in outlining how to design a social service project as they were in discussing how to design a social infrastructure project – a definite project design issue.

Initial Lessons

Policy context. It is important that social care projects fit within the overall policy framework, so that demand-driven subprojects are complemented and guided by a larger system of norms and standards that can help ensure quality, facilitate monitoring, and promote consistency across the country. Unfortunately, there are few countries with an adequate policy framework for social care. Recognizing this problem, many of the newer CBSCS projects have subcomponents to assist governments in data collection initiatives, as well as in developing norms and standards.

LESSON: Ensure that social care standards (if they exist) are adequate and followed. If not, help the authorities formulate or revise the standards.

Decentralization issues. The level of government decentralization appears to have a considerable effect on the choice of implementing agencies. In countries with weak local government structures, there are many more projects relying on CBOs or NGOs. By contrast, in areas where decentralization is more advanced, there are several projects in which local governments are in charge.

Decentralization may create perverse incentives for the provision of social care in countries where fiscal responsibility for existing social care facilities is kept at the national level, while new care services have to be paid by municipal budgets. A solution to this problem is demand-side financing (also known as the capitation system), whereby the needs

of the client are determined first, and budget is provided to procure services in response to needs rather than being allocated up-front to residential institutions offering a standard menu of services.

LESSON: Avoid perverse financing incentives using demand-side financing.

Local authority involvement. Many community-based projects providing social care have not worked closely with local governments, yet securing "buy-in" from governments is essential. If a project is working with NGOs and CBOs, it is especially important to ensure that social care projects occur with the consent, whether formal or informal, of government at the lowest possible level. The best situation is one in which local governments agree to take on recurrent costs, since they will remain in a community while NGOs may not and CBOs may disband. Since support from local elders and other leaders can impart greater legitimacy to a social service initiative, it is beneficial to include local governments or village authorities in the decision-making process even when local governments do not have the money or "official" authority to finance recurrent expenditures or make policy decisions.

LESSON: Secure the support and involvement of local authorities, regardless of their financing role.

Recurrent costs Social services, by definition, consist primarily of recurrent costs. Community-based service projects handle recurrent cost financing in different ways depending on whether this responsibility rests with the local government or with NGOs and CBOs. In general, projects that deal with local governments find it easier to introduce plans for recurrent cost financing, because they have more sources of revenues (including taxation). In NGO or CBO-implemented projects, the tax option is not available, and user fees may be hard to collect if the beneficiaries are extremely poor. However, community-based projects have the advantage of mobilizing other resources, including volunteerism.

LESSON: Think about recurrent costs from the very start, and spell out arrangements during project design. Each subproject, whether NGO/CBO or local government implemented, should be required to have a realistic plan for recurrent cost financing.

Economic analysis. Economic analysis of community-based projects is doubly difficult because projects are very small, and the outputs sought are hard to measure. Unit costs are difficult to determine, and the issue of time, which is in itself a "cost" that should be

measured (since services as opposed to infrastructure take more time to implement), is not often taken into consideration. Using a cost-per-beneficiary ratio based on national shopping among different service organizations, and factoring in the greater amount of time associated with social service subprojects, is recommended.

LESSON: Determine cost per beneficiary, factor in time, and compare costs of many different service providers.

Public information and awareness-raising. Public awareness and information & education campaigns (IEC) play a crucial role in the delivery of social care services in two main ways: (a) they alleviate the sense of shame or taboo that might be associated with certain problems (e.g., domestic violence, mental illness) or groups (e.g., street children, prostitutes, drug addicts), thus giving legitimacy to social care efforts in their direction, and (b) they reach out to potential clients and help disseminate information about issues and services. It is therefore not surprising that many projects have a large amount of funding allocated to IEC.

LESSON: Without active information dissemination, most projects cannot reach vulnerable groups. Reach out to vulnerable groups through well-designed publicity campaigns.

The demand-driven dilemma. Many community-based projects are demand driven. This approach, however, may be problematic for social care provision. To begin with, communities may not ask for a social care service even though they may need it. They may think that it is not eligible or worthy of financing, and instead request projects that they know can receive funding and are "worth the effort". Further, it is often more difficult for a community to identify services as needs. One solution is for project's community outreach officers to put in extra work in order to create informed demand. Another possibility is to adapt the rules of the game and allow social care subprojects to be requested not by communities but by NGOs or special interest groups (e.g., families of drug addicts).

LESSON: Plan and budget generously for creating informed demand –it's worth it.

Targeting. The three basic mechanisms for targeting in a social care project are: (a) geographic targeting, (b) targeting on the basis of individual characteristics, and (c) self-targeting. A targeting approach that includes geographic targeting implies the availability of poverty indicators and, ideally, of detailed poverty maps. In addition, by their very nature

social care services aim at reaching the most vulnerable groups within communities, so that even when highly disaggregated data are available, there will often still be a need for targeting mechanisms that complement geographic targeting. Many projects therefore also target by pre-determining groups eligible for social care. Means-testing has been used successfully in many countries to target transfers to the poor, but it may be inappropriate when the target group is characterized not just by low income. Social care service projects lend themselves to self-targeting more than other projects because they tend to finance services that would not be attractive to non-target population.

It is also important that projects keep a flexible attitude toward targeting, combining different methods to respond to changing situations, such as the emergence of a new risk, or project implementation reports, such as the disproportionate funding in favor of a particular group.

LESSON: Do your homework to determine the best targeting combination, keeping in mind that geographic targeting is seldom appropriate or enough. Self-targeting services and locally determined means-testing are probably better.

Implementing agencies and service providers. Many community-based social care subprojects are financed through agencies or projects that were designed primarily to deliver community infrastructure. In these cases, social care services have generally been afterthoughts, and represent only a small fraction of the project's overall work portfolio. Results have been uneven: recurrent cost financing plans have generally not been put in place for social care projects, local governments have seldom been consulted, and basic social care indicators for cost-benefit analysis, monitoring and evaluation have not been well-developed. However, some projects, particularly the newest ones, are showing promise.

Whether service providers and managers are local governments or NGOs, chances are they will have limited experience in executing social care subprojects. This fact was recognized by most of the projects reviewed, which earmarked funding for capacity building. The skills requirements are both generic (business, project management, accounting) and subproject-specific (how to estimate recurrent costs of social care services, how to monitor social care delivery, etc.). The skills of those sub-contracted to deliver services are also important. Indeed, project documents suggest that one of the largest factors affecting

subproject performance is the quality of social service providers themselves, rather than simply the implementing agency. Also, while many projects provide training opportunities for implementing agencies, few include other services that can play an important role in improving project implementation, such as clearing houses or periodic meetings among stakeholders.

LESSON: Staff the project with social care specialists, or train existing staff in social care projects. Prepare to do a lot of capacity building for implementing agencies and service providers, and build it into the project cycle.

NGOs as service providers. In many countries, NGOs play a large role in social service provision. In some countries, NGOs and CBOs may be the only viable alternative for social care provision, because governments lack the means or the capacity to take on that role. As a rule, the poorer the country, the more likely that service delivery would be entrusted to NGOs, because governments tend to be weak and the private care industry undeveloped. Relying on NGOs for service delivery has its advantages but also its downside. On the positive side, these organizations can be quite innovative, serving up empowerment, consciousness-raising, savings and income generation along with social services. On the negative side, the large numbers of NGOs that have sprung up in response to donor interest call for careful scrutiny to ensure that the NGOs chosen as service providers have the skills needed to do a good job.

LESSON: Do rely on NGOs, but check them out first and don't expect miracles.

Building capacity. Whether implementing agencies are local governments, CBOs or NGOs, chances are they will have limited experience in executing social care subprojects, or may be dramatically under-skilled in basic business or accounting techniques. The challenge, therefore, is to build their capacity to work in a businesslike manner, as much as it is to deliver the social service itself.

LESSON: Prepare to do a lot of capacity building for implementing agencies and service providers, and build it into the project cycle.

Sharing the wealth: using the experience of CBSCS projects to build sectoral ministries. Financing social care services not through line agencies or central governments, but through stand-alone projects that work at the community level has undeniable benefits:

closer matching of products to local needs and preferences, leaner bureaucracy and faster delivery. Further, having a local approach makes it easier to implement multi-sectoral solutions that would be almost impossible if the project implementation unit were housed within a particular ministry. On the other hand, favoring flexible & efficient independent project structures over central administration may undermine the institutional capacity of line agencies. The question, however, is not whether stand-alone projects should be financed or not, because the experience gained in this way would not be possible within the confines of a project that simply supported line ministries in their social care services efforts. What matters is how lessons learned from these stand-alone projects can be used to inform and improve the ability of governments, including line ministries and central agencies responsible for policy planning, to respond to their most vulnerable citizens.

LESSON: Share knowledge and experience with central government, as it will have to be part of the long-term solution.

What difference does it make? Monitoring and evaluation. In many of the projects reviewed, indicators and plans for monitoring and evaluation were not adequately spelled out. Probably, the main reason is that developing countries seldom have norms and standards of care already established by the national government, and most World Bank staff are relatively new in the business of social care delivery. As a result, CBSCS projects are often charged with developing their own indicators. Comparisons within and across countries can provide a starting point to determine acceptable inputs and outcomes.

LESSON: Determine in advance what you are trying to achieve, and at what price. Use international standards of best practice. Develop an MIS that will make monitoring and evaluation easier.

Conclusions

Over the last fifteen years, there has been a tremendous growth in the number of CBSCS projects financed by the Bank. The increase has been fuelled in part by a greater capacity and willingness of the Bank to finance such projects, but also by a tremendous boost in demand from client countries. Greater demand, in turn, has to be attributed to some extent to the ravages of AIDS or the spectacle of the horrific conditions found in many residential institutions.

When social services are properly "marketed" to communities, that is, if project outreach officers are able to lead communities to conclude that services rather than infrastructure will help to address their development priorities, the results can be promising. Provided that the services are well-designed (and tailored to the capacity of the implementing agency), and that a plan for recurrent costs is in place, social care services can have a real impact on vulnerable people. However, there is often going to be a tradeoff between maintaining a "demand-driven" approach (the typical goal of most community-based services) and targeting certain groups or certain issues. This balancing act is set to continue.

It is difficult to measure progress in the area of social care service lending, despite the large increase in the project portfolio, because little research has been done to evaluate the quality or impact of such projects. As the Bank continues to lend in this area, more research is needed to assess this growing field. In the meantime, we have offered lessons learned based on the information available, encouraging readers to draw their own conclusions as to what would work best in their particular situation.

I. Introduction

In industrialized countries, local groups play an important role in the delivery of social services, either through private contributions or government contracts. Ordinary citizens volunteer their services through parent-teacher committees, neighborhood associations, and other informal organizations. Literally thousands of non-government and other private groups provide a wide variety of social services, ranging from food delivery programs for the homeless and elderly, to shelters for battered women, legal representation for poor people, and childcare centers for low-income preschoolers. The central governments of many developing countries, too, have acknowledged the importance of community-based services. From fifty years ago, for example, when residential institutions were the only care option for people with disabilities, there are now daycare facilities and community-based residences as alternatives to centralized care.

Community-based care has been the norm in developed countries for many years, but it is only recently that the largest aid agencies have begun to design projects delivering social services at the local level through community-centered approaches. Initially, community-based operations financed by the World Bank tended to focus on construction or rehabilitation of small infrastructure through social funds and rural infrastructure projects, but in the last decade financing for community-based social services has increased dramatically. However, while there have been considerable efforts to take stock of experiences with community-based infrastructure projects, and especially social funds,[1] there has been no systematic stocktaking of the Bank's experience to date with community-based social service provision.[2] This is an effort to fill such gap.

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[1] See, for example: (a) Bigio, Anthony, ed. 1998. *Social Funds and Reaching the Poor: Experiences and Future Directions.* World Bank Economic Development Institute, Washington, DC. (b) Frigenti, Laura, and Alberto Harth. 1998. *Local Solutions to Regional Problems: the Growth of Social Funds and Public Works and Employment Projects in Sub-Saharan_Africa.* The World Bank, Washington, DC. (c) Glaessner et al. 1996. *Poverty Alleviation and Social Funds: The Latin American Experience*, World Bank Discussion Paper. (d) Goodman et al. 1994. *Social Investment Funds in Latin America: Past Performance and Future Role.* Inter-American Development Bank Discussion Paper. (e) World Bank. 2001. *Social Funds: A Review of World Bank Experience* (draft). Operations Evaluation Department, Washington, DC.

[2] Initial work includes: Julie Van Domelen, Presentation at the 1998 Human Development Week, available on the social funds website under www.worldbank.org/sp; as well as Paola Ciardi and Laura Frigenti, "Issues Paper: Social Funds in SSA beyond the year 2000", World Bank internal document, January 20, 1999, Washington, DC.

Objectives. This study has two main objectives:

- **stocktaking:** to review and categorize the extent, scope and mechanisms of social service subprojects in the current Bank portfolio of community-based projects, and
- **learning lessons:** to identify good practices and common pitfalls across the sampled projects, and to provide recommendations on how to improve social service provision in future community-based projects.[3]

An additional goal is to help teams involved in community-based projects get in touch with other practitioners who can provide the sort of practical suggestions that hands-on experience generates. To go a step further in the direction of cross-fertilization, the paper also reviews selected non-Bank lending projects that have been successful in providing social services through community-based arrangements.

This paper is not an exhaustive review, and does not include mainstream community-based health and education interventions. Project descriptions in Bank appraisal documents and other literature are not always as detailed as one might wish, and Task Managers are not always available for interviewing; as a result, it is likely that we overlooked some projects and erroneously included others. Moreover, since most of the projects reviewed are still ongoing, there are very few ex-post evaluations available on their impact or sustainability. We will be grateful for corrections and clarifications.

When is a project community-based? The first hurdle in finding working definitions for this study is that there is no one meaning of the word "community" that will satisfy all those involved in community-based projects. Social funds tend to define "community" in fairly loose terms to indicate people who live in the catchment area of a specific subproject, generally organized in some sort of community-based organization (CBO). In other community-based projects, however, "community" can mean that the local government, as opposed to a centralized authority, manages projects and funds (and might contract non-government organizations to undertake work), with or without input from local constituents or other stakeholders. We will accept both definitions, and consider that a community-based project is one in which decisions about a specific sub-project are made at the lowest possible level, that is, in accordance with the subsidiarity principle. In practical terms, this means that

[3] Preliminary research on this issue was outlined by Paola Ciardi and Laura Frigenti in their issues paper, "Social Funds in SSA Beyond the Year 2000," op. cit.

the decision on whether to fund a particular subproject may be taken at the regional or national level, but most –if not all– decisions on how to run the subproject and responsibility for its implementation are at the local level.

Because the implementation of a subproject involves countless decisions, control at the community level may go from absolute to very little. Holding consultations with the community is insufficient, because doing so may influence how a specific subproject is shaped or administered, but in itself does not provide real power over the subproject.[4] For a subproject to be "community-based", therefore, communities have to be able to actually *control* at least some of the key aspects of the subproject, e.g., decide which services will be delivered, and to whom. Clearly, there may be overall project limitations and guidelines as to eligible groups or services, but communities should have the freedom to decide within those boundaries.

Social services and social care services. As with "community" and "community-based", a hard-and-fast definition of "social service" is difficult. Social services may be defined as interventions whose main outputs are improved human or social capital (as opposed to improved physical or financial capital). However, this definition is too broad, because it might include mainstream health, education and water supply projects. We therefore propose a stricter definition based on the notion of social care service. Social care services are services supplied to vulnerable individuals and families to help them reduce or escape poverty or exclusion, and lead a more full and satisfying life. Training and capacity-building may constitute a form of social care, as they might equip the individual to avoid poverty or exclusion. These services contribute to social risk management primarily through coping mechanisms, but may also include elements of prevention and mitigation (see Box 1). Vulnerable individuals are usually considered to be:

- children (minors) deprived of parental/family care, usually because of absence, illness or death of parents
- children (minors) and adults who are disabled (temporarily or permanently), including the frail elderly and AIDS-affected

[4] These concepts are clearly explained in the participation literature. See, for example: World Bank. 1996. *The World Bank Participation Sourcebook*, Environmentally Sustainable Development, Washington DC.

- children (minors) and adults deprived of basic needs and/or at immediate risk of physical or mental abuse, harm, social exclusion, or neglect (such as victims of domestic violence, drug abusers, or prostitutes).

Box 1: Social Risk Management

"The main idea behind social risk management is that all individuals, households, and communities are exposed to multiple risks from different sources, whether they are natural (such as earthquakes, floods, and illness) or manmade (such as discriminatory practices, unemployment, environmental degradation, and war). Poor people are more vulnerable than other population groups because they are typically more exposed to risk and have little access to appropriate risk management instruments...

Risk management can take place at different moments –both before and after the risk occurs. The goal of ex-ante measures is to prevent the risk from occurring or, if this cannot be done, to mitigate its effects. Individual efforts, such as migration, can prevent risks, but in many cases they require government support (for example, disaster prevention). Mitigating the effects of risk through risk pooling by definition requires interaction among individuals, and poor people are typically less able to participate in formal and also informal arrangements. This leaves most poor households with the residual option of coping with the risk once it has occurred. They are normally not prepared to do this and, therefore, often experience irreversible negative effects. For this reason, there is a great deal of public intervention in risk coping.

- **Prevention Strategies**. These strategies are implemented before a risk occurs. Reducing the probability of an adverse risk increases people's expected income and reduces income variance, and both of these effects improve welfare. Preventive social protection interventions typically form part of measures designed to reduce risks in the labor market, notably the risk of unemployment, underemployment, or low wages resulting from inappropriate skills or malfunctioning labor markets.
- **Mitigation Strategies**. As with prevention strategies, mitigation strategies aim to address the risk before it occurs. Whereas preventive strategies reduce the probability of the risk occurring, mitigation strategies help individuals reduce the impact of a future risk event through pooling assets, individuals, and time. For example, households may "pool" uncorrelated risks through informal and formal insurance mechanisms. While formal insurance instruments profit from a large pool of participants, which leads to less correlated risks, informal insurance has the advantage of all participants having access to almost the same amount of information.
- **Coping Strategies**. These strategies are designed to relieve the impact of the risk once it has occurred. The main forms of coping consist of individual dis-saving, borrowing, or relying on public or private transfers. The government has an important role to play when individuals or households have not saved enough to handle repeated or catastrophic risks."

Source: World Bank. 2001. *Social Protection Sector Strategy: From Safety Net to Springboard.* Washington, DC.

Putting all the pieces of the puzzle together, in this study when we write of a "community-based social service project," we mean a "community-based social care project" (CBSCS); that is:

> **A social care project which supplies services to vulnerable individuals and families to reduce or escape poverty and exclusion, and lead a fuller and more satisfying life, where most decisions on how to run a subproject and responsibility for its implementation rest at the community level, either with local government or civil society.**

The sample of projects reviewed, therefore, are operations which, to the best of our understanding, provided community-based social care services either through a sub-component or as the main project activity. When information was not enough, we used our common sense to decide. See Annex 1 for details on the methodology used.

II. Why are CBSCS Projects Important?

> *"It is possible to provide all communities with proper water supply and toilet facilities, relieve them of overcrowding and unemployment, provide them with educational facilities, and still be faced with a malnourished population, angry, unable to learn and prone to all manner of communicable diseases."* (Dennis Brown, former Head of the Social Policy Unit, Planning Institute of Jamaica).

Communities at the center. Experience has proven that with the right policies, fiscal authority and institutional support, decentralized provision of services and infrastructure can improve services.[5] Further, community participation in development projects can help to improve project impacts, enhance accountability, lessen corruption, and promote sustainability.[6] As the Bank finances more and more community-based projects, it is becoming clear that there is a growing need for projects which not only build facilities and renovate buildings, but also fund the activities –the services– that take place within them. There are five main reasons for this:

- **Better development outcomes.** While infrastructure is important to achieve a lasting impact, the services that are provided within that infrastructure are perhaps even more important to achieve better development outcomes.
- **Cost effectiveness.** The marginal cost of providing social services in a "traditional" way can be extremely high for the service provided. A recent Bank study estimated that for developing countries at average income levels, a large portion of under-five deaths could be avoided with interventions costing between $10 and $1000, but that the real cost for each death averted through traditional public health spending averaged between $50,000 and 100,000.[7] Further, evidence is now showing that devolving control to communities is an effective method of delivering social services

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[5]See, for example: (a) Aiyar et al., "Decentralization: A New Strategy for Rural Development," Agriculture and Natural Resources Department Dissemination Note Number 1, World Bank. August 1995, p.3. (b) Humplick, Frannie. "Fiscal Decentralization in Developing Countries: Innovative Approaches to Decentralized Infrastructure Finance", paper delivered at Fiscal Decentralization in Developing Countries Seminar, May 6-7, 1997.

[6] For more information on community contracting and other community-based project design suggestions, refer to the World Bank's Community Driven Development and Social Funds Websites at www.worldbank.org. For more information on participatory process, see "The Power of Participation: PRA and Policy," in *IDS Policy Briefing*, Issue #7, Summer 1996, available at http://www.ids.ac.uk/ids/bookshop/briefs/brief7.html. Other articles include: Robb, Caroline. 1999. *Can the Poor Influence Policy? Participatory Poverty Assessments in the Developing World.* Washington, DC: The World Bank. The Interamerican Development Bank *Resource Book on Participation* is available at http://www.iadb.org/exr/english/POLICIES/participate/index.htm Additional information is available on the World Bank's Participation homepage at http://www.worldbank.org/participation/PRSresources.htm

[7] Filmer, Deon and Lant Pritchett. 1997 "Child Mortality and Public Spending on Health: How Much Does Money Matter?", World Bank Policy Research Working Paper no. 1864, pp. 3-4.

because it is cheaper and faster than "traditional" forms of lending.[8] Clearly, the method by which a service is delivered influences the price and impact of the service.[9]

- **Services that fit the client.** A community-based approach to social services provision can help to ensure that they are relevant to the local context and tailored to local preferences.
- **Widening the net to include vulnerable groups.** For task managers already involved in community-based projects, including social service components in their projects can increase the likelihood of their reaching the poorest and most vulnerable groups *within* a community who may otherwise be hard to target. Community-based projects tend to focus on geographic regions that meet certain indicators of poverty or risk.
- **Growing demand.** Tragically, the need for more social care services is being fuelled by growth in the number of people who are vulnerable, particularly due to the ravages of AIDS. In 1990, in the 34 countries most affected by AIDS there were an estimated 22 million orphans aged less than 15; ten years later, that number was 35 million and projections put it at 44 million by 2010.[10] The African sub-continent will be particularly hard hit, with the number of orphans set to treble over the next ten years.[11] Effective social care for groups such as these will be a critical challenge for governments and multilateral investors.

Social care for poverty reduction. Development practitioners have traditionally drawn a sharp distinction between "relief" and "development", with the former being the business of charitable organizations and the latter the concern of more far-sighted institutions. This distinction, however, has been challenged. Social care (the more modern word for "relief") is not just charity but a means to raise the welfare of the most poor and vulnerable, and as such should be an integral part of poverty reduction strategies. Along with other types of safety nets, social care represents a long-term investment to preserve human and social capital, both of which are crucial for development. More importantly, social care addresses those dimensions of poverty that are the hardest to tackle: exclusion, powerlessness, shame,

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[8] Narayan, Deepa. "Designing Community-Based Development," Environment Department Dissemination Note no. 17, June 1995.
[9] William Jack, "Social Investment Funds: An Organizational Approach to Improved Development Assistance," World Bank mimeo, January, 2000, p. 1.
[10] Hunter, Susan and John Williamson. 2000. *Children on the Brink.* Washington: USAID.
[11] Kalanidhi Subbarao, Angel Mattimore, and Kathrin Plangemann, "Social Protection of Africa's Orphans and Vulnerable Children: Issues and Good Practice Program Options" (World Bank Africa Region Human Development Working Papers Series, Forthcoming).

hopelessness.[12] Benefits accrue not only to those who receive the services, but to their families and communities as well.

How are CBSCSs different? Social care services have several characteristics that make them distinct from other community-based services:

- **They provide new services.** Unlike "mainstream" community-based health or education projects, CBSCS projects often provide services in which governments have had little or no experience and for which responsibility may be spread between many ministries. This means that the social care policy framework may not be developed, or, as in Eastern Europe, may require significant overhaul. In a similar vein, implementing agencies and service providers generally need much more capacity building than in more established sectors. On the other hand, since social care services are typically delivered by NGOs, social care projects provide a good opportunity to develop partnerships between governments and private service providers.
- **They tend to take more time.** There are three reasons why CBSCSs may take more time than other projects: (1) because of the novelty and complexity of the project, communities may need more time to agree on what is needed and how it should be delivered; (2) the extra training usually required both for implementing agencies and the service delivery agencies is a pre-condition for implementation; and (3) project results may not be visible for a while (e.g., in a literacy project, it may take as much as two years for people to learn to read).
- **The bulk of the expenditures are recurrent.** Unlike infrastructure projects, where most expenditures are up-front in the form of capital investments, most of the investment in social care services are in recurrent costs such as training and staff salaries.

Social Care Service Lending: A Fast Growing Field

Community-based social care services have been financed by international NGOs and other donors for many years. However, they are a relatively new area for the World Bank. Lending in this field began in earnest only in the mid-1980s, when the first health projects and social investment funds began lending to communities for social welfare, early childhood development, daycare programs, nutrition, and other services. The Tamil Nadu nutrition project in India provides one of the earliest examples of Bank project success in community-based social services provision (see Box 2).

[12] The multidimensionality of poverty has been discussed in many documents. See, for example: Narayan, Deepa, Robert Chambers, Meera Kaul Shah and Patti Petesch. 2000. *Crying Out for Change*. New York: Oxford University Press.

In 1990, the groundwork was laid for a large boost in the Bank's social sector lending through the publication of the World Development Report on poverty which advocated poverty, alleviation through greater economic opportunity, human capital development, and the establishment of safety nets. In 1990, the Board approved eight projects financing the delivery of social care with a community-based approach, up from only a handful in the 1980s. Meanwhile, the Cold War was ending, and the movement toward decentralization gained momentum. Governments in client countries from Latin America to Eastern Europe began to assign to local authorities the spending and management responsibilities for various activities that the central levels had previously managed. According to World Bank research, by 1995, 84% (63 out of 75) of transitional and developing countries had transferred, or planned to transfer, power to local governments.[13]

Box 2: Community Participation Yields Significant Results

"In Tamil Nadu, India, a community-based nutrition outreach program in 9,000 villages resulted in a one-third decline in severe malnutrition. A group of twenty women interested in health issues was hired in each village as part time community workers accountable to the community. The women's groups, formed initially to "spread the word," subsequently branched off and started food production activities on their own. Earlier programs focusing only on the creation of health infrastructure were unable to make any difference in the nutritional status of children."

Source: Deepa Narayan, "Designing Community-Based Development," Environment Department Dissemination Note, No. 17, June 1995.

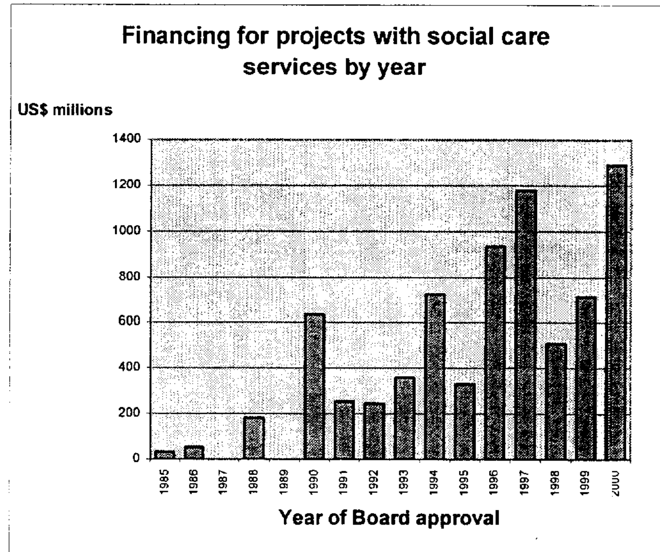
At the same time, the horrible specter of residential institutions in Eastern and Central Europe called for social service solutions as far away from centralized systems as possible. More generally, the seemingly worldwide increase of serious social problems such as elderly abandonment, drug abuse and street children, along with a recognition of previously taboo subjects such as domestic abuse, prostitution, discrimination of indigenous populations, and, especially, AIDS, fuelled the trend toward more social care service lending.

As the number of stand-alone social service projects increased due to these and other reasons, many Bank-financed community-based projects that originally concentrated on social infrastructure projects (such as schools, health posts, and water and sanitation facilities) began to expand the scope of their work into social services. Community-based

[13] Aiyar et al., "Decentralization: A New Strategy for Rural Development," Agriculture and Natural Resources Department Dissemination Note Number 1, August 1995, p.2.

projects took off, including nutrition programs, AIDS awareness and prevention campaigns, training of health and education staff, literacy campaigns, and programs for specific vulnerable groups such as street children, women, ethnic minorities, and disabled people.[14] Figure 1 shows the upward trend in social services lending, with a cumulative lending figure of at least $1.6 billion by FY2000.

Figure 1

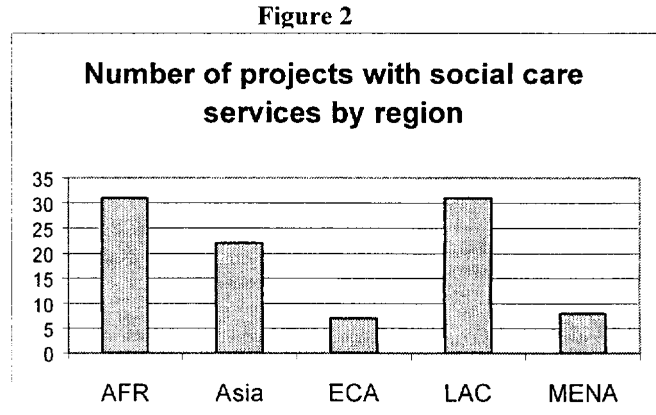


[14] Van Domelen, Julie. 02/98. "It's Not Only About Infrastructure: Social Funds and Social Services," Human Development Week Presentation, March 1999.

III. Stocktaking – Bank Financing of CBSCS Projects

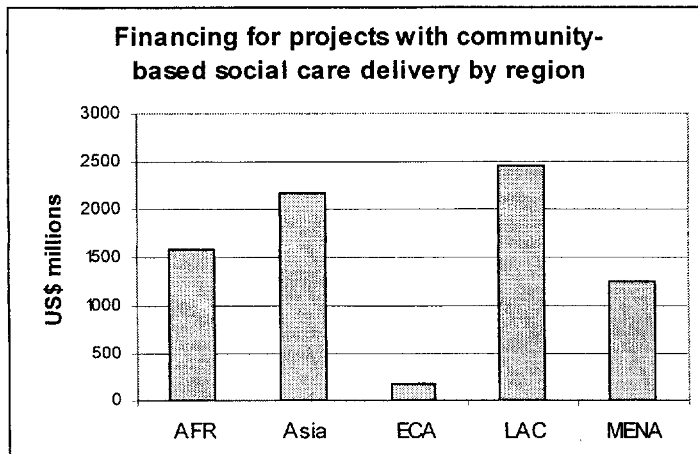
How many? How much? The Bank is estimated to have financed 99 projects with at least a component providing community-based social care services. Of these, 44 projects were social investment funds, and the majority of projects occurred in the Human Development sector. The first community-based projects including social care services were in Asia and Latin America (specifically, Indonesia and Bolivia). Bank financing of this type of projects has remained consistent throughout the last decade for Latin America, which each year had at least one project approved by the Board, totaling 31 projects by 2000 (see Figure 2). As Figure 3 shows, LAC is also the region with the largest portfolio of projects which include community-based social care (US$ 2.5 billion), followed by Asia (US$ 2.2 billion).[15]

Figure 2



Although in many projects it is impossible to determine which share of the budget was allocated to social care, available information and educated guesses seem to confirm this pattern, with LAC and Asia projects providing over twice as much money for social care than any other region (respectively, US$532 and US$558 million since 1985). Africa was somewhat of a latecomer, but increasing involvement in post-conflict situations and the emergence of the AIDS crisis have contributed to a considerable growth in the late 90s. As of December 2000, Africa had

Figure 3



[15] These figures refer to total lending for projects that included social care regardless of the share of the project represented by social care, because detailed information on social care financing often was not available. Therefore, this does not mean that LAC was the region with the largest financing of social care.

caught up with Latin America in terms of number of projects with a community approach to social care delivery (31), although dollar-wise its portfolio remained considerably smaller because of the lower average project size.

What for and for whom? The largest number of community-based projects providing social care cover areas that are closely related to traditional human development sectors: nutrition, maternal and child care, literacy and vocational training (see Box 3 on nutrition). In many cases, however, this fairly traditional focus has been expanded in response to client demand to include services such as early childhood development (ECD), child care for low-income working mothers, non-formal education for school drop-outs, and career placement for the disabled. Transfers, which are one of the most common forms of social assistance, have received little support through Bank-projects in the past, but are now becoming more common in decentralized community projects. For example, the Panama social fund provides food for school children in the poorest districts, and community parent associations are in charge of managing their own school feeding program.

Examples of the "new" types of community-based social care include the following:

- **Counseling services** are directed primarily at groups that have been discriminated, such as women or ethnic minorities, or that have suffered a major shock, such as victims of civil strife or domestic violence. These services consist mainly of psychological support to promote clients' mental health (e.g., dealing with traumas or addiction, developing self-confidence, learning to trust others) and/or their empowerment as a group (e.g., assertiveness training for women). For example, the Community Reintegration Projects in Rwanda and Sierra Leone fund community activities aimed at rebuilding the social fabric destroyed by the war, while the Jamaica social fund supports conflict-resolution services in violent inner-city neighborhoods and rehabilitation for drug users (see Box 4).
- **Services related to the AIDS/HIV pandemic** have been financed predominantly in Africa (with three exceptions: Argentina, Brazil and India), both for prevention and for the provision of care to AIDS victims and their families. [16]
- **Home-based or day care services** for particularly vulnerable groups such as orphans, the elderly and the disabled have been financed primarily in ECA as an

[16] AIDS projects are only included when they went beyond prevention because prevention activities are generally not demanded or controlled by the community, and community involvement tends to be limited to the provision of volunteers. If action plans for prevention were developed by the communities themselves, the project has been included. In particular, we excluded an African regional AIDS project worth over US$500 million as it did not appear to give control to communities. Including this project in the sample would have given Africa the largest portfolio of all regions.

alternative to institutionalization (with two exceptions: Honduras and Djibouti). These services can cover a wide range of activities, from full-time fostering arrangements to home-cooked meals once a day.

- **Early childhood development services** are increasingly being provided to allow low-income women to work –and their older girls to go to school. For example, the Bolivia Integrated Child Development Project finances home-based day care centers.

Box 3: Fighting Malnutrition with a Community Approach

Overall, the results of nutrition programs in Africa have been fairly disappointing, but community approaches appear to hold some promise. This is the case of two interventions, the Secaline Project in Madagascar and the Community Nutrition Project in Senegal, which have combined a contracting approach with a community-based approach. Both projects start at the local level only if the community agrees and is involved in the execution. Communities are asked to form a steering committee in charge of monitoring the community nutrition center's performance and solving eventual problems, and they pay a symbolic amount for weekly service.

- **The Secaline Project** started in 1994 targeting the rural areas of the two most vulnerable regions of Madagascar. It offers a number of services at the community level including children growth monitoring, nutrition & health education for women, follow-up home visits, and food supplementation with locally bought non-manufactured food. Services are delivered in a thatch and bamboo structure by a Community Nutrition Worker, who is usually a woman from the target village chosen by the community on the basis of strict criteria. She is trained by project staff and a verbal contract is agreed between the worker, the community and Secaline. Her payment is in kind (rice). Supervision of the Community Nutrition Worker is formally carried out by an NGO, with the community monitoring overall program implementation in the village. Each NGO supervises eight to ten Community Nutrition Workers. The selection and monitoring of the supervising NGOs, in turn, is done by a project unit directly linked to the office of the Prime Minister and staffed with individual contractors.
- **The Community Nutrition Project** (CNP) started in 1996 in poor peri-urban areas and is managed by Agetip, an NGO which works on the principles of delegated contract management and which signed a convention with the government to execute the project. The services offered at the community level are essentially the same as those offered by Secaline, but they also include improved access to water stand pipes. Services are provided in a Community Nutrition Center by an Economic Interest Group (EIG, a for-profit legal entity under Senegal law) formed by four young people, usually previously unemployed, living in the target neighborhood. EIGs are selected by the community following strict criteria and sign a contract with Agetip. They are trained by local consultants and supervised by NGOs or by other EIGs, while communities monitor the functioning of the nutrition center. Supervising NGOs and EIGs are selected by Agetip on a competitive basis, with a further selection taking place during training.

In both projects efficiency and accountability are enforced. Contracts clearly stipulate the work to be done as well as the performance expected, e.g., number of beneficiaries served, percentage of weekly attendance at education sessions, etc. And in both countries, contracts have already been cancelled because of poor performance. A good management information system plays a crucial role in both projects.

Source: Marek, Tonia, et al. 1999. "Successful contracting of prevention services: fighting malnutrition in Senegal and Madagascar", *Health and policy Planning*, 14(4): 382-389.

Intended beneficiaries for social care are predominantly children and women (almost half of the projects specify children as their beneficiaries; see Figure 4). In many cases, though, the targets are narrowly defined sub-groups of children and women, such as street children or prostitutes. Other target groups include youth at risk, the elderly, conflict victims, the disabled, institutionalized people, and ethnic minorities. A number of projects do not specify a particular target group, leaving it up to the community to determine who may need assistance or focusing on community-wide prevention (e.g., for AIDS/HIV).

Box 4: What does a CBSCS project look like?

The Jamaica Social Investment Fund Drug Abuse Project

GOAL: Training of peer counselors, rehabilitation of former drug abusers.

Involved 30 adolescent facilitators, mostly inner-city youth and ex-substance abusers. One year of training was provided: full-time education program (remedial academic skills and drama/presentation skills); outreach programs to provide peer education in schools through drama.

The Kenya Early Childhood Development (ECD) Project

GOAL: To set up comprehensive early childhood development programs in poor communities in order to promote the intellectual, physical, and social development of Kenya's neediest preschoolers.

Targets 1.5 million children aged 0-6 years from low-income families. Components include an ECD education program for parents, aiming to mobilize community support and increase enrollment in ECD centers and a community grants program to cover recurrent costs for 2,000 community or parent-run ECD centers.

The Colombia Community Child Care and Nutrition Project

GOAL: To strengthen an on-going program of home-based child care.

This six-year program extended and expanded an existing program (*Hogares Comunitarios de Bienestar*) so that it could cover 1 million of the country's poorest preschool-aged children. The *Hogares* program hires, trains, and supervises "Community Mothers" chosen by parents to provide basic Early Childhood Development services to groups of around 15 children each in their homes. The national Colombian Institute of Family Welfare (ICBF) oversee the program.

During the six-year expansion, the program aimed to improve the ICBF's cost-effectiveness, to strengthen technical support given to home caregivers, to plan and implement mechanisms for monitoring and evaluating ICBF operations, and to improve the services provided to children in the Hogares, mainly through training care providers and upgrading home support.

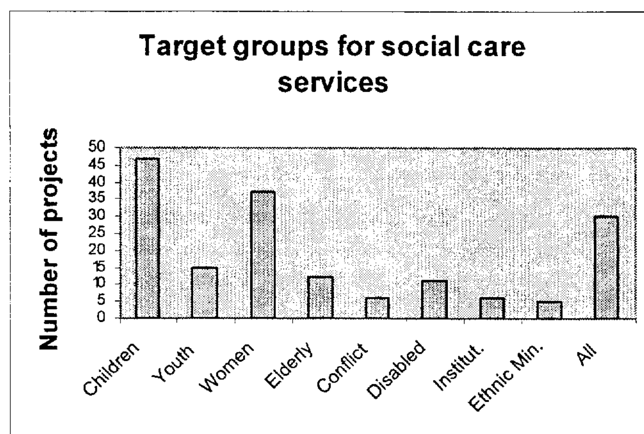
Sources: Jamaica Social Investment Fund, 1998, World Bank Directory of ECD Projects, 1998.

In terms of implementing agencies at the local level, 42% of the projects relied on community-based organizations (CBOs), sometimes supported by local NGOs, while 20%

used local governments. The remainder of the projects allowed either option. The level of government decentralization appears to have a considerable effect on the choice of implementing agencies.

The amount of detail in describing the subproject cycle, and therefore the margin of maneuver given to the community, tended to depend on the type of project. Projects that delivered only a certain type of social service, such as nutrition interventions, were more likely to be more specific in describing both procedures and products. On the other hand, projects that had a fairly open menu of social care services tended to be more general, thus allowing more flexibility in responding to demands. Also, project appraisal documents for projects financing both infrastructures and services, such as social funds, tended not to be as detailed in outlining how to design a social service project as they were in discussing how to design a social infrastructure project. As social funds move increasingly toward the delivery of social care, their Operating Manuals also seem to evolve toward greater precision on how to prepare, assess and monitor this type of subproject. However, for many social funds, much work remains to improve their ability to handle social service subprojects.

Figure 4



IV. Lessons Learned

The Importance of Context

Policy and Politics. As with all projects, politics and policies can greatly influence the effectiveness of CBSCS. It is particularly important that CBSCS projects fit within the overall government policy framework, so that demand-driven subprojects are complemented and guided by a larger system of standards that can help ensure quality, facilitate monitoring, and promote consistency across the country. In addition, political leadership "from the top" can help raise awareness about social care issues: for example, in all of the developing countries that have seen a decline in AIDS infection rates (Uganda, Thailand, Senegal, and Zambia) political leadership has been one of the driving forces behind the change.

Unfortunately, there are few countries with adequate policy frameworks for social care. In the former Soviet states, for example, policies may exist, but they are generally outdated, neglecting some social care needs completely (domestic violence, prostitution, street children, drug abuse services) while prescribing the wrong solutions to others (residential institutions for the elderly and disabled). In other parts of the developing world, there may simply be no framework at all, or a theoretically good framework may prove very difficult to implement (see Box 5 for an example surrounding the issue of battered women in India).

Often the first obstacle in the formulation of a government strategy is that reliable, up-to-date poverty and vulnerability data are lacking. In addition, systematic and measurable standards of social care are generally not available in many parts of the developing world, nor is the information needed to develop them. In more traditional social sectors, such as education or health, such information is collected routinely (number of children enrolled, drop-out rates, number of hospital beds, occupancy rates, etc.) and Ministries often have standards that govern the sector, such as guidelines for school construction and student-teacher ratios. The information needed for social care, however, is generally more difficult to obtain: for example, school children are a lot easier to monitor than street children or displaced families.

In addition, in most countries responsibility for social care is scattered among different agencies, buried within a larger Ministry (e.g., the Ministry of Health and Social Welfare), or

with a small ministry lacking resources and political weight. In Kyrgyzstan, for example, responsibility for residential institutions is spread across three line ministries --health, education, and social services-- depending on the type of client served. As there are no cross-sectoral standards used across the ministries, the quality of care varies considerably across the institutions, with the worst conditions being found in the Ministry of Health's institutions for disabled children

Box 5: Good law, bad enforcement:
Section 498A of India's Domestic Violence Code

In the last decade, the government of India has amended its domestic violence law, mostly in the area of dowry harassment and dowry deaths. Of the new laws, Section 498A has heightened public awareness about the criminality of these practices, taking them out of the realm of "internal family matters" and into the hands of the law. Section 498A is thought to have a powerful deterrent effect, as the repercussions of the law are immediate: since it categorizes domestic violence as a "cognizable offense," this means that the accused may be arrested immediately, without a warrant. Because of the deterrent effect, the law is considered by authorities on domestic violence in India to be a "best practice" piece of legislation.

Implementation of the law, however, is more difficult. Many in the public sphere claim that "willful women" misuse the provision to enact revenge against their husband or his family. Police officials are reluctant to file complaints under this section because of its potentially harsh impact on the husband's family. Further, practical constraints sometimes prevent women from using Section 498A, since after filing such a complaint she will be effectively thrown out of her matrimonial home. Unless a woman has alternate accommodations, she will not use the law. As a result of these and other complications, only 2.2 percent of the cases brought under the law between 1990-1996 resulted in conviction.

Source: Nishi Mitra in "Domestic Violence in India."

Because community-based projects tend to operate outside line ministries, it is essential that they are complemented and guided by sectoral policies which can provide targeting criteria, guidelines and quality standards. If these are not available, the project should contribute to their definition. Recognizing these problems, many of the newer social service projects have sub-components to assist the government in conducting living standards measurement surveys or other data collection initiatives, as well as the development of norms and standards. Financing from the Lithuania Social Services Community Development Project, for example, helped to fund Lithuania's first Social Development Report, a compendium of social statistics and indicators for the country. The report is now produced on an annual basis. The Lithuania project is also financing a pilot initiative in one district in

which the local government is not only responsible for the financing and delivery of social care services, but also for monitoring, impact evaluation, and development of care standards for their municipality.

LESSON: Ensure that social care standards (if they exist) are adequate and followed. If not, help the authorities formulate or revise the standards.

Decentralization issues. The level of government decentralization appears to have a considerable effect on the choice of implementing agencies. In countries with weak local government structures, as it is often the case in Africa, there are many more projects relying on CBOs or NGOs. By contrast, in Eastern Europe and Latin America, where decentralization is more advanced, there are several projects in which local governments are in charge. It is also interesting to note that countries with strong, centralized administrations, such as China, had few or no community-based social service projects. In India, where grassroots organizations flourish, there were several examples of projects implemented by NGOs in collaboration with regional governments.

Decentralization may create perverse incentives for the provision of social care in countries where fiscal responsibility for existing social care facilities is kept at the national level, while new care services have to be paid by municipal budgets. In these instances, the obvious incentive for local governments is to contain expenses by putting their needy citizens into state-run residential institutions, rather than spending their municipal budget on daycare facilities, even if the latter would provide cheaper and better care. This has been the case with residential institutions in Eastern Europe, where responsibility for social services administration has been transferred to the municipal level, while residential institutions have been kept at the state level or transferred to the regional level.[17]

A solution to this problem is demand-side financing (also known as the capitation system), whereby the needs of the client are determined first, and budget is provided to procure services in response to needs rather than being allocated up-front to residential institutions offering a standard menu of services. An application of this approach to the provision of services for the mentally disabled in Latvia resulted in the following proposal:

- municipalities make all decisions on care for vulnerable groups (elderly, mentally disabled, and others), and pay for it through the municipal budget;
- the state, municipalities, NGOs, and private organizations can provide (manage and run) services or institutions;
- to receive permission to run a service, the provider must follow a set of minimum standards set out by the Ministry of Welfare;
- all services are monitored by the Ministry of Welfare;
- the state reimburses only part of the costs for institutional care in order to promote the development of alternative care.

LESSON: Avoid perverse financing incentives using demand-side financing.

Local Authority Involvement. Securing "buy-in" from governments is essential (see Box 6). If a project is working with NGOs and CBOs, it is especially important to ensure that social care projects occur with the consent, whether formal or informal, of government at the lowest possible level. The best situation is one in which local governments agree to take on recurrent costs, since they will remain in a community while NGOs may not and CBOs may disband. However, social funds and social fund-like projects, which make up 44% of the Bank's community-based social service lending, have taken time to realize the advantages of collaborating with local governments. As the number of social services financed by social funds grows, it will be increasingly important to develop mechanisms to bring local authorities into the decision-making process. At the moment, the Egypt and Romania social investment funds are two of the few social funds that specifically require social service projects to include recurrent cost plans to be signed by local governments (Romania) or the regional bureaus of relevant line ministries (Egypt).

Recognizing the role that local governments will play in ongoing projects, some social funds have begun to act as intermediaries between implementing agencies and local governments, bringing community-based organizations and local governments together for the first time to deliver social care. The Armenia social investment fund, for example, has a component specifically to train local government and community-based associations "with

[17] Tobis, David. *Moving from Residential Institutions to Community-Based Services in Eastern Europe and the Former Soviet Union*, World Bank discussion paper, April 1999.

the objectives of strengthening partnerships between them and enhancing their capacities for greater effectiveness in service delivery."

Box 6: Recommendations from the Bangladesh Integrated Nutrition Project

The Bangladesh Integrated Nutrition Project (established in 1995) offered nutrition interventions at the community level, using NGOs as service delivery agents. The following are the Project recommendations for those setting up social service projects:

- use world class expertise (which includes hiring non-Bank experts, since the Bank does not have many specialists in this area);
- prepare a pilot before full project implementation, to learn from mistakes;
- undertake an "advocacy offensive" with Government, non-government, and international donors to raise commitment for the project before it begins; and
- create partnerships with other agencies that have greater experience in the design and implementation of social service projects.

Source: Bangladesh Integrated Nutrition Project Presentation, Nutrition and Food Policy Course, October 15, 1997.

Even when local governments do not have the money or "official" authority to finance recurrent expenditures or make policy decisions, it is nonetheless beneficial to include local governments or village authorities in the decision-making process. Support from local elders and other leaders can impart greater legitimacy to a social service initiative in the eyes of the larger communities, particularly if the service being provided runs the risk of upsetting local customs or values (for example, a project to increase AIDS awareness or to help battered women). In other cases, local authorities may be able to donate goods, such as village property to house the service, or assigning a communal plot to the project for fund-raising purposes.

The Chilean Solidarity and Social Investment Fund (*Fondo de Solidaridad e Inversion Social* or FOSIS), which, among other things, funds community capacity building and social services for selected groups, provides an illustration of how to bring local governments (in this case, regional and municipal authorities) into the project process. FOSIS itself is decentralized, with branch offices in each region of Chile. This enables the fund to work more closely with local authorities and to be closer to project recipients. Local authorities must agree to house the subproject in their district, and are responsible for targeting within

their district ("microtargeting") according to regional and local government development priorities. The project selection process proceeds as follows:

- FOSIS determines budget allocations on the basis of poverty maps and vulnerability criteria (youth unemployment, lack of services, etc).
- The regional authority selects the communes to participate in the program and allocates counterpart funding to the different program offered by FOSIS (for youth, for the elderly, etc.). The selection is based on poverty maps, and is carried out in coordination with other programs already operating in the area.
- The municipal authority chooses areas within the communes and determines resource allocation for each program. Since poverty maps are not usually available at this local level, selection is done on the basis of qualitative targeting criteria provided by FOSIS, and this is combined with the municipalities' own development plans and priorities.
- Programs are then implemented by the community and FOSIS, and monitored by regional and municipal authorities.[18]

Non-social fund CBSCS projects were found to work more consistently with local authorities. Many projects include considerable budget allocations to build the technical capacity of local governments to deal with social services. The El Salvador Social Sector Rehabilitation Project, for example, allocated 61% of total project costs to basic social services provision, including social care; the rest of the loan (39%) went to institutional development at the municipal level.

LESSON: Secure the support and involvement of local authorities, regardless of their financing role.

Can we make it last? Recurrent costs and sustainability

Social services, by definition, consist primarily of recurrent costs. While a building may be necessary to house service providers and beneficiaries, the heart of the project are the services themselves, which need to be provided, and therefore financed, on an ongoing basis. This is true for the social sectors in general, of course: schools without teachers and textbooks serve little purpose, as do clinics without medical personnel and medicines. Indeed, the issue of recurrent costs has long been of concern to the health and education sectors, generating much debate. At one end of the spectrum are those arguing that financing

recurrent costs inherently jeopardizes the long-term sustainability of projects, and therefore should not be done; at the other end are those claiming that it is unrealistic to expect poor countries to be able to pay for recurrent costs, and therefore donors should be prepared to pitch in for a long time to come.[19] Regardless of the position taken, the bottom line is that social sector projects make little sense unless there is money to pay for recurrent costs, and traditionally the money has come from three sources: the government (generally from tax revenues), the users (generally through user-fees) or donors (including multi-lateral and bilateral donor organizations, foreign governments, and private entities).

Community-based projects handle recurrent cost financing in different ways, depending on whether this responsibility rests with the local government or with NGOs and CBOs. In general, projects that deal with local governments find it easier to introduce plans for recurrent cost financing because local governments have the option of relying on any of the three traditional sources –they can use tax revenues, charge user fees and obtain donor money (the last option becoming easier to pursue because of the spread of decentralized cooperation approaches in Europe). In NGO or CBO-implemented projects, the tax option is not available and provisions must often be made to ensure that beneficiaries or users' associations pay for recurrent costs – a difficult prospect if the targeted group is extremely poor. The good news is that, in addition to these traditional sources of recurrent costs money, community-based projects have an important comparative advantage: they can mobilize in-kind community resources and volunteerism, allowing for alternative, creative solutions to the problem. Training in fundraising techniques may foster creativity and help the implementing agents locate new sources of financing (see below).

Local Governments and recurrent costs. Many of the projects using local governments as implementing agencies have a straightforward formula for dealing with recurrent cost financing: simply require the participating municipalities to take on recurrent expenditures, with support from central government budget if necessary. An example of how

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[18] Barrientos, Jorge "A Brief Note on the Chilean Social Fund," Presentation, Human Development Week, March 1999.

[19] See, for example: Heller, Peter, "The Underfinancing of Recurrent Development Costs", *Finance & Development,* vol. 16 (1), March 1979. Van Lutsenburg Maas, Jacob, "The recurrent cost factor in the PHR sector", World Bank Working Paper, July 1991.

to plan for recurrent costs is provided by the Lithuania Social Policy and Community Social Services Development Project:

- The recurrent costs for the project as a whole (estimated at $US 3.93 million on the $7.08 million social service investment) were determined at the time of project effectiveness. Considerable preparation with the Government was undertaken so that there was clarity on all sides on the amount of recurrent cost financing that would be required.
- Each participating municipality entered into an Implementation Agreement with the Ministry of Finance outlining expenditure management plans and reporting requirements.
- Each recurrent cost item (e.g., operating and maintenance activities, supplies, salaries, meal service programs, and annual project audits) for each subproject was outlined in detail in these agreements.
- All recurrent costs are financed by the participating municipalities.
- Recurrent costs are monitored through the project preparation unit's disbursement tracking system and examined during annual reviews.[20]

Often, community-based projects that deliver social care services take place in a context of new fiscal decentralization, where local governments are taking on responsibility for services that they have never provided before. The project itself may be the first experience that these local governments have in delivering or monitoring these services. In these cases, it is essential to have adequate training on how to budget social care services according to the needs of their jurisdiction. For example, a review of the Philippines experience with fiscal decentralization of social services noted that several provincial governments responsible for social services for the first time allocated too little compared to the social need in their areas (as measured by the human development index). This suggested that the link between social service expenditures and social development outcomes must be made explicit for local government officials.[21]

Along with specific problems linked to the nature of social service delivery, it must be noted that not all developing countries meet the conditions under which successful budget transfers to the local level may be implemented. Literature on intergovernmental fiscal

[20] Lithuania Social Policy and Community Social Services Development Project, Project Appraisal Document, p. 17.

transfers mentions the following conditions: autonomy, revenue adequacy, equity, predictability, efficiency, simplicity, incentive, and safeguard of grantor objectives.[22] Therefore local governments should not automatically be required to take responsibility for recurrent costs in order to have a social services project in their jurisdiction. Unless the conditions exist for local governments to be realistically able to sustain and manage recurrent expenditures, alternate recurrent cost financing scenarios should be included in project design and documentation.

NGOs and recurrent costs: the creative approach. When local governments will not or cannot take over recurrent cost financing, recurrent costs tend to depend on two things: the generosity of the donor community, and the resourcefulness of project staff and service providers. This is because charging user fees high enough to cover all recurrent costs is not a realistic proposition, given that the beneficiaries of social care are generally among the poorest members of society. Project design can go a long way in creating the conditions for resourcefulness, and in supporting it.

Including fund-raising skills in the capacity-building activities financed by the project is a solution that has been used for years by the non-profit sector. The Soros Foundation, for example, makes it a policy to finance recurrent costs over three years, during which subprojects staff are trained on fundraising techniques and outreach to possible donors. After the three years, Soros financing ends --without exception-- and the subprojects are left to "sink or swim." While this policy carries a high risk that the subproject may fail, those subprojects that are able to continue will be much more robust and dynamic in their ability to finance recurrent costs. Some international NGOs may also finance the salary of a (future) professional fund-raiser on a sliding scale, or with the provision that the fund-raiser has to raise at least, say, three times his/her salary.

In some cases, local people will come up with local solutions, and all the project has to do is to be receptive. For example, an Ethiopian NGO asked for funding to buy a cow in relation to a community-based childcare service. The reason was that the cow would have

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[21] Manasan, Rosario G. 1996, "Local Government Financing of Social Service Sectors in a Decentralized Regime: Special Focus on Provincial Governments in 1993 and 1994," mimeo, World Bank.

provided the teacher with income from the sale of milk, freeing her from more time-consuming work in the fields; without the cow, there would have been no way to continue running the childcare center because parents could not afford paying the village woman who had been trained as a teacher. In another case, an African social fund received a request from a village to finance a refrigerator and a stereo. Rather than discarding such a weird request, the fund staff made some inquiries and discovered that the requesting community was planning to use the local school on weekends as a night club, so as to raise funds for paying maintenance and an extra teacher.

Twinning arrangements and "adoptions" also hold promise. Municipalities have the opportunity to enter twinning arrangements with similarly sized municipalities in industrial countries, but the usefulness of these arrangements tends to depend on the dynamism of the respective mayors, and it is not uncommon that benefits boil down to a little tourism. However, twinning for implementing agencies and service providers with schools of social work is likely to provide interesting benefits in terms of training, technical assistance, equipment, interns and volunteers. In the same vein, programs can be "adopted" by a parish, a school, a charity, a celebrity or a business concern in a rich country –and sometimes even in the same country. Efforts to set up these arrangements should start early on, when project money can finance assistance in making contacts, from net-surfing to international travel.

Finally, certain types of NGO-implemented social service interventions may be financed by a combination of national and sub-national public funds, and enhanced with contributions, whether in cash or in-kind, from beneficiaries or families of beneficiaries. Box 7 describes cost-sharing arrangements made in community-based Early Childhood Development projects across three countries.

[22] Anwar Shah, "The Reform of Intergovernmental Fiscal Relations in Developing and Emerging Market Economies," World Bank Policy and Research Series No. 23, Washington: The World Bank, 1994, p. 30.

Box 7: Cost-Sharing Arrangements in ECD Projects across three countries

Country and program	*Nat'l government responsibilities*	*Subnat'l government responsibilities*	*Parents' responsibilities*
Colombia (*Hogares Comunitarios de Bienestar*)	Finances most CB activities.	State and local governments do not contribute significantly.	Pay half of caregivers' honorariums & social security contributions. Do volunteer work.
India (Integrated Child Development Services)	Finances most ICDS activities except food program.	State government administers delivery of the ICDS program & finances supplementary feeding program	Do not contribute significantly.
Kenya (Early Child Development)	Finances training for caregivers.	Local government provides & maintains center sites.	Pay honorariums

Source: Wilson, S. 1995. "ECD Programs: Lessons from Developing Countries" Washington, DC: World Bank, Human Development Department.

LESSON: Think about recurrent costs from the very start, and spell out arrangements during project design. Each sub-project, whether NGO/CBO or local government implemented, should be required to have a realistic plan for recurrent costs financing.

Subproject sustainability. To date, no research has been undertaken to determine the relative sustainability of Bank-financed community-based subprojects managed and maintained by local governments versus those managed by NGOs or CBOs. Moreover, little work has been done comparing social service sustainability issues versus pure infrastructure investments. A review of the Project Appraisal Documents/Staff Appraisal Reports and available operating manuals of the social funds delivering social care services revealed only two which systematically dealt with the issue of social service sustainability: Romania and Egypt. Wishing, perhaps, to sidestep the issue of sustainability, some new projects imply that, rather than introducing sustainable practices per se, their project will provide a demonstration effect of innovative techniques which may then be adopted in some form within government agencies.

Subproject sustainability is not simply about financing but also about continued quality of care and upkeep of staff skills. To assist in this, some projects have money specially earmarked to help to build the social services training facilities available in-country, or to increase their outreach to staff working on social services projects. The Albania Social Services Delivery Project, for example, will provide approximately $.6 million to build the capacity of social work training facilities to "train the trainers." It is hoped that such facilities will help to maintain the skills and motivation of social service workers in project-financed and other subprojects.

Task managers may wish to consider other skills maintenance initiatives, such as requiring social service workers to attend training programs or conferences at regular intervals. If identifying and financing such activities is difficult, simpler plans may be introduced, such as scheduling regional meetings between social services subprojects to exchange experiences and share lessons and best practices.

Difficulties in Bank policy. Existing Bank policy on recurrent expenditures is not particularly helpful. Policy OBP 620, initially named OMS 1.62, was written in 1985 – considerably before most social service projects had been designed (see Box 9). In this policy, recurrent cost financing without capital investment is not considered to be productive expenditure, and is therefore the governments' responsibility as part of their project costs (the rationale also being that governments would demonstrate project commitment by assuming recurrent costs). Naturally, this introduces limitations to the amount of service financing that the Bank can undertake. Because there are cases in which governments, particularly local governments with little budget control, simply cannot cover recurrent costs, task managers have a built-in incentive to push responsibility for social service delivery to independent entities, where recurrent costs, such as staff salaries, may legitimately be covered as operating costs because they are not civil service salaries. Other task managers hide recurrent costs using the "training and technical assistance" or "capacity building" components as camouflage. In the worst-case scenario, the issue of recurrent cost financing is simply swept under the carpet: recurrent costs are mentioned only vaguely in project documentation, and insufficient plans are made for their financing.

A recent study by the OCS group examined this issue, and reinforced the anecdotal evidence of difficulties surrounding recurrent costs.[23] The study reviewed the PADs of 150 projects, and found that in certain regions, such as Africa, the Bank was much more likely to finance recurrent costs (such as teachers' salaries). The ECA and MENA regions had the least number of projects with recurrent-cost financing, thus providing support to the argument that recurrent costs are more likely to be financed by the Bank where local governments are weak or non-existent. Moreover, certain sectors, chief among them the social sectors and transport, were more likely to have Bank-financed recurrent costs than other sectors.

Box 8: Service is Always Included - The Moldova Social Investment Fund

The Moldova Social Investment Fund (MSIF) finances local government and community requests for improvement of education, health and social care services in their communities. For health and education, every "hardware" (infrastructure) subproject request is accompanied by "software" components which might include assistance for creation of PTA or any other CBO, training for the CBO in developing community action plan, teacher training and retraining, early child education and health education programs etc. For alternative community-based social care programs aiming at children de-institutionalization the proposal should include a three year plan for facility operations.

The MSIF provides a post-investment grant for implementation of developed community action plan, that matches every private dollar the community raises. This might include study tours for teachers, field trips for children, extra-curricula activities, books etc. This has helped to boost the post-SIF community investment and sustainability rate over and above what is required. The SIF also allows communities to apply for follow-on projects – they are not limited to just one SIF-financed project. If the SIF cannot finance a follow-on project, it will show the applicant where to look for financing. Ten communities receiving SIF financing, for example, have now received additional financing for ECD projects from the Dutch government.

Subprojects that require active community participation and focus on community development and quality of provided services generally take much more time to develop than pure infrastructure projects, as communities seem to take longer to decide on their priorities. As many as five community meetings may be required in order to reach consensus. A further challenge is how to monitor the impact of projects and capacity building.

Source: Anush Bezhanyan, Task Manager, personal communication, 2001.

Comparing the Implementation Completion Reports of projects in which the Bank financed recurrent costs to those in which other entities financed the costs, the report found

[23] World Bank. 2000. "World Bank Policy on Financing of Recurrent Costs - Issues Paper", draft, Operations Policy and Strategy.

no statistical difference in quality or sustainability ratings between projects with Bank-financed recurrent costs and those with none. The report's conclusions are that rules on recurrent cost financing are rarely followed and should be revised to permit recurrent costs financing as long as it constitutes a sub-component of a broader investment including capital/infrastructure. Taking the argument a step further, it can be said that the day-to-day costs of running services are an integral part –indeed the core– of social service provision, which is itself a human investment. Separating recurrent costs from investment costs in the case of social services makes little sense, because the social service as a whole is an investment in human capital.[24]

[24] Jean-Jaques Raoul, personal communication, March 2001

Box 9: The Operational Manual Statement on Bank Financing of Recurrent Costs (OMS 1.21)

The Bank's current policy on recurrent costs was introduced in January 1985 (OMS 1.21) to address what came to be known as the "recurrent cost problem"— the difficulties many developing countries face in meeting the costs of operating and maintaining their capital assets. Recurrent costs are defined as "any expenditure on items that are used up in a short period which are necessary for the operation and maintenance of the project and which must be continued after the project period", for example, salaries of teachers or extension workers (para. 3). OMS 1.21, however, is only concerned with incremental recurrent expenditures, which are defined as "those which are over and above the recurrent expenditures which the agency would have to meet even without the project" (para. 4). While the OMS points out that projects should be designed, as far as possible, to produce revenues through user charges or taxes on the beneficiaries, it recognizes that "some projects, particularly those in the social sectors –education, health, population an nutrition– may not be able to meet their recurrent costs through user charges" and therefore leave a charge on the recurrent budget. Hence the need for a lending policy to respond to the recurrent costs problem.

Attempts to find a solution to the recurrent costs problem include measures at the country, sector and project level, and OMS 1.21 suggests including a brief account of the country analysis on the recurrent cost problem in the Staff Appraisal Report [now PAD]. In addition, the project design selected should require recurrent expenditures on a scale which is reasonable to suppose the borrower will be able to provide. This much said, the Bank is prepared to finance incremental recurrent costs, i.e., recurrent costs that are incurred as a direct result of a Bank project, in two types of circumstances:

> "(a) the country has a serious shortage of budget resources for recurrent expenditure financing which makes it unlikely that the necessary funds for recurrent expenditures for a Bank project will be forthcoming….;
>
> (b) a specific recurrent expenditure plays a crucial role in the success of the project and some Bank financing is desirable to ensure that the necessary funds are available on time…" (para. 18).

In the former case, the Bank must be satisfied that the government's economic policies are appropriately designed to move toward a solution. The latter case applies mostly to pilot or experimental projects, with the expectation that the success of the project will convince the borrower to continue its support after the Bank's loan has been fully disbursed. Financing of incremental recurrent costs should be on a declining basis during the implementation period, with the proportion of incremental recurrent expenditures covered by loan proceeds not normally exceeding 25% in the final year (para. 34).

OMS 1.21, however, allows for flexibility in the application of the lending policy in the following cases:

- Maintenance expenditures, because they can be deferred or accelerated within relatively wide limits, unlike other operating costs which must be incurred promptly since, otherwise, the project output ceases. As a result, a maintenance project can be considered a project "to overcome the backlog of deferred maintenance so that it can be regarded as a kind of capital expenditure, i.e., a one–time investment to bring the infrastructure back to full productivity" (para. 24).
- Expenditures on current items which are required to bring projects carried out on a commercial basis up to an efficient level of operation during the construction period. These are normally regarded as start-up costs (para. 29).
- Expenditures on technical assistance, because "technical assistance is a crucial instrument in the Bank's efforts to foster institutional development and, for this reason, the Bank has not restricted its financing of technical assistance because in some cases it could be regarded as recurrent expenditures" (para. 31).
- Exceptional situations, such as emergencies created by droughts (para.6).

Source: World Bank Operational Manual

Is it worth it? The Challenge of Economic Analysis

The problem with being small and soft. The economic analysis of community-based-projects delivering social care faces a double challenge, one linked to the community approach [this is the small] and the other to the nature of the output sought [and this is the soft]. Because community-based projects tend to consist of hundreds of individual small subprojects, using the same economic evaluation techniques as traditional capital investment projects (economic rate of return, net present value, and benefit-cost ratios) may be prohibitively expensive. As a result, many subprojects are measured only by their outputs (for example, the construction of a school) rather than their impacts (such as increased school attendance), and risk losing the "big picture", i.e., the actual outcome. Difficulties are compounded by the fact that the outputs of social care services tend to be more difficult to measure than in traditional investment projects, because they consist almost exclusively of "software": training or counseling sessions, home visits, etc. Benefits are also more difficult to value. Indeed, human development projects financed by the Bank have often been informally exempted from the cost-benefit analysis required by PADs in light of their "diffuse" – and hence difficult to measure – benefits[25] (see Box 10). A frequent alternative has been to use cost effectiveness analysis, but in many cases this analysis is not carried out rigorously. For example, the PADs of several social fund projects provide cost/beneficiary ratios, but do not provide information on the ratios of other providers of similar services, such as line ministries and NGOs.

[25] A 1995 review by the Operations Evaluation Department argued that despite these limitations, social sector projects should undertake cost-benefit analysis "for investments whose measurable benefits accrue directly to the population served." See: Perez de Castillo, Cecilia. "Economic Analysis of Social Investment Projects", mimeo, World Bank, April 23, 1998 (p.9).

Box 10: Difficulties in Measuring Impact in Bolivia

The Bolivia Emergency Social Fund Project (1986) financed a number of social care service projects. As of December 1988, the fund had committed $10.3 million to social assistance subprojects reaching about 45,000 beneficiaries, mainly low-income women and young children.

However, the project's Implementation Completion Report noted that the quality of those subprojects were a concern, because their evaluation was largely subjective. The success of social assistance sub-projects rests on a number of intangible factors, such as demand for services, quality of services, and organizational capacity generated among beneficiary communities.

In an effort to assess more systematically potential efficiency and effectiveness of proposals, in March 1988, the fund created a social assistance subprojects' evaluation and supervision team, which the ICR noted greatly improved the quality of social assistance subprojects.

Source: Bolivia Emergency Social Fund Implementation Completion Report.

Tracking the Unit Costs of Social Services. To carry out the cost effectiveness analysis of social care services, it is useful to determine unit costs. Unlike the case with infrastructure projects, in which most inputs are physical and may be easily priced (bags of cement, renting a well-drilling machine), care services consist mostly of consultant and staff salaries and training. The cost and quality of consultants and training tend to vary much more widely than those of physical inputs, making it more difficult to establish reliable unit cost databases. There are, of course, "generic" best buys/best practices in some of the more well-established interventions, such as nutrition or early childhood development, that can be easily adapted to local contexts. Box 11 gives some comparative cost indicators for community-based early childhood development programs in four countries. Annex 5 provides suggestions on determining the costs of early child development programs, which may be used in other social care contexts.

For less well-established services, carrying out national shopping among non-governmental organizations willing to provide similar services will help to establish a reasonable price range. Failure to do this may produce disappointing results later on. In the recently closed Benin Community Food Security Project (PILSA), for example, the costs of the non-governmental organizations contracted to deliver nutrition services in the villages turned out to be significantly higher than those in comparator projects. While the services provided were good, the cost-per-beneficiary ratio was much higher than it should have been.

"Time-Benefit Analysis". Community-based services, and CBSCS in particular, are not a quick fix. Although social care projects are less capital intensive than infrastructure projects, they are more expensive in terms of time, and economic analysis should factor in the time involved in organizing and delivering social care. If implemented correctly, CBSCS will build the ability of a community to address certain social needs over the long term, but changing the way people think, behave and care for each other is a slow process. To begin with, communities need to agree on what to do and how to do it, which may take several months –and therefore several months of facilitators' salaries (see Box 12). In addition, the services themselves often require a long time to reach their full potential or to produce the intended outcome. Conflict resolution services in violent neighborhoods or centers for street children, for instance, will take a while to be trusted by their target beneficiaries and therefore to fulfill their mandate, while successful literacy training lasts often up to two years. Economic analysis of social care service projects, therefore, should be based on predetermined ratios of time and training associated with each type of services. In addition, since capacity varies widely among beneficiary groups, some weighting may be required to ensure that the greater costs associated with training poorer or less cohesive groups are taken into account in the cost-benefit analysis.

Box 11: Comparative costs per beneficiary, four ECD programs			
Country, program and objectives	*Beneficiaries and service sites*	*Service*	*Cost per child per year (US$)*
India: Integrated Child Development Services – Maternal and child health and nutrition, preschool education	2 million pregnant and lactating women, 11.2 million children aged 0-6. 205,000 sites, 1975-94	-Provides pregnant and lactating women with nutrition and vitamins -Measures children's weight, height, nutritional status monthly -Provides medical referrals, immunization, diarrhea treatment, deworming -Offers 2-3 hours of preschool	$100
Colombia: Hogares Comunitarios de Bienestar – Child health and nutrition, preschool education	55,000 sites, 1987-94	Regularly measures weight, height, nutritional status of children aged 2-6 Provides one meal, two snacks daily Produces and distributes nutritional supplement Supports purchase of local fresh food Preschool education sessions during full-day care	$140
Peru: Peru Non-Formal Program of Initial Education – Preschool education	60,000 children aged 3-5	Provides food and physical, mental, and social development activities. Teaches groups of 25-30 children several hours a day, 405 mornings most weeks of the year. Trains paraprofessionals who run 10-14-day courses for mothers and periodic refresher sessions.	$40
Chile: Parents and Children Project – Early Child Development education for parents	Serves 200 communities	Produces 12 radio programs on the development of children aged 4-6 Gathers families together once a week to listen Leads discussion after radio broadcast	$77

Source: Young, 1996.

LESSON: Determine cost per beneficiary, factor in time, and compare costs of many different service providers.

Box 12: It takes a village, and it takes time:
The Indonesia Kecamatan Development Project (KDP)

Key to this project's success is a 4-6 month long, facilitated planning process. Project planning begins in hamlets, a social unit below the village, and ends in the kecamatan, subdistricts that contain an average of 20-25 villages and as many as 100,000 people. Any group that has existed for more than a year can make a proposal. Village meetings decide on a maximum of two proposals for forwarding to the final round of subdistrict decision-making; if there are two proposals, the second must come from a women's group. In the subdistrict meetings, representatives of all the villages allocate the KDP grant against the proposals. Throughout the process, a variety of means are used to work with and through traditional organizations rather than limiting discussion to the formal administrative groupings.

A long-term participatory planning exercise taking place in each village to provide the "big picture" of village needs. The methodology for this exercise includes invitations to district line agencies, NGOs, and private investors to join the collective planning discussions and present programs which the villagers might be able to access. As part of this exercise, the villagers establish priorities for the annual KDP grants. This initial exercise serves three purposes: (a) it lets the villagers carry out an overall needs assessment; (b) it provides information from the communities to higher-level service suppliers about locally perceived demand; and (c) it allows villagers to distribute their priorities between proposals best met by the low-tech, labor-intensive methods of KDP and needs that can be supplied by other sources of skills and resources.

Source: Scott Guggenheim, Task Manager, personal communication.

Who knows about it? The importance of Public Information and Awareness-Raising

Public awareness and information & education campaigns (IEC) play a crucial role in the delivery of social care services in two main ways: (a) they alleviate the sense of shame or taboo that might be associated with certain problems (e.g., domestic violence, mental illness) or groups (e.g., street children, prostitutes, drug addicts), thus giving legitimacy to social care efforts in their direction, and (b) they reach out to potential clients and help disseminate information about issues and services. It is therefore not surprising that many projects have a large amount of funding allocated to public information and awareness-raising. This is especially the case when prevention is of crucial importance, as with AIDS/HIV, or when traditional beliefs are part of the problem (see Box 13).

Public awareness campaigns are an effective way to reach out to vulnerable groups, and the media can play a crucial role. Since Albania underwent transition in 1990, the number of women entering into prostitution skyrocketed, but the issue remained taboo despite mounting evidence that it was a widespread social problem. Even more traditional women problems, such as domestic violence, had never been discussed publicly. As a result, there were almost

no services for women in difficult situations, and there was very little encouragement for women to seek out such services. Recently, an NGO called Reflexiones began services for women at risk, including a battered women's shelter and a women's hotline. After establishing these services, Reflexiones commissioned a national one-hour call-in television program that discussed issues of domestic violence. Phone calls to the hotline more than tripled after broadcast of the program.

Box 13: Fighting social stigma in Haiti

Pazapa works in the south-east of Haiti, home to 800,000 people. An estimated 80,000 are disabled (including people with treatable disabilities, such as cataracts), 15% of whom are children. There is a tremendous stigma and sense of shame in Haitian culture surrounding people with disabilities. Epilepsy is sometimes thought to be a sign of possession by evil spirits, and in rural areas, disabled children may be kept indoors, out of parental fear of public ostracism. Children with disabilities are usually even poorer than their peers: among other economic difficulties, many children with disabilities are raised in single-parent families.

Public outreach Pazapa sponsors public awareness event to help integrate disabled children into mainstream culture and dispel the myths surrounding disability. These include a weekly radio broadcast/call-in show which discusses prenatal care, epilepsy issues (and availability of phenobarbitol and other medications), and other disability-related subjects. The Pazapa school also makes special efforts to "get the kids out into the street," participating in special occasions such as Mardi Gras or the Special Olympics, to help demystify the children.

Outreach to rural communities Along with the daycare center, Pazapa does outreach to four rural areas. Staff visit villages and call a meeting with local leaders (for example, the manager of the local *caisse populaire*, the community priest, the mayor, and so on), and request their cooperation. The leaders form a committee to survey how many disabled children reside in their village. In collaboration with the committee and parents, Pazapa then designs a rehabilitation program for these children.

Daycare programs and integration into mainstream school Pazapa also runs a day center for the developmentally delayed, which has 64 pupils with a variety of disabilities (nutrition-related, accidental injuries, AIDS-related illnesses, and "traditionally" disabled). Food and preventive medicine is also provided. Those children who are also able to attend mainstream school do so in the afternoon, by agreement with the local school board and the school teacher. Ten children now attend mainstream school; Pazapa pays their fees and books.

Source: Pazapa staff, personal communication, 2001.

In some cases, the biggest challenge to social care services, may not be taboo but rather wrong information. In many parts of the former Soviet Union, for instance, the popular belief is that residential institutions are the best form of care for the elderly, disabled people, and orphans. The best antidote to such thinking is to advertise the availability of cheaper,

more effective daycare facilities.[26] Similarly, an important aspect of the child protection program of the Benin social fund is IEC targeted at poor farmers who are often duped by "child intermediaries" in believing that their children's life will be better in the city. Informing parents about the living conditions of child domestic servants in urban families is a crucial element for the prevention of child exploitation, and villages have now started designating a person to educate parents about the realities of life as a "placed" child.

The most successful community-based social service projects matched work at the local level with a well-designed program of outreach and awareness raising, both to the public at large and to the groups at risk themselves. This can improve targeting (getting to the group you want to reach) and public "buy-in" to projects for the people at risk within their midst. Where a program is reaching target groups who traditionally have been excluded from mainstream society, such as drug addicts or people with disabilities, this is especially important. Public awareness-raising may be a new concept in the country. Task managers may wish to consider pairing local experts with experienced media companies from the industrialized world to devise a campaign that takes advantage of local media opportunities (e.g. popular soap operas on the radio or TV; well-placed newspaper articles) while using international expertise to increase the advertising efficacy.

LESSON: Without active information dissemination, most projects cannot reach vulnerable groups. Reach out to vulnerable groups through well-designed publicity campaigns, but while you're at it, raise public awareness too.

The demand-driven dilemma. Many community-based projects are demand driven. This approach, however, may be problematic for social care provision. To begin with, communities may not ask for a social service even though they may need it. They may think that it is not eligible or worthy of financing, and instead request projects that they know can receive funding and are "worth the effort". Further, it is often more difficult for a community to identify services as needs. In a village needs assessment exercise in Togo, for example, the community requested a health center although they already had one, because the one they had was "no good", i.e., staff was rude and there were no medicines. Moreover, social care

[26] Tobis, David. "Moving from Residential Institutions to Community-Based Services in Eastern Europe and the Former Soviet Union," The World Bank, April 1999, p. 8.

services may not be for the community as a whole or may actually target outcasts (street children, the handicapped), so that communities will be particularly reticent in making an effort.

One solution is for project's community outreach officers to put in extra work in order to create informed demand (see Box 14). Another possibility is to adapt the rules of the game and allow social care subprojects to be requested not by communities but by NGOs or special interest groups (e.g., families of drug addicts). The Bolivia Emergency Social Investment Fund in 1987, for example, initially encountered lack of demand for social assistance subprojects. It responded by specifically promoting social assistance activities to prospective NGOs, and also set up a social assistance subproject evaluation team, which greatly improved the quality and number of social assistance subprojects. Eventually, over half of the social fund's social assistance subprojects were requested by national NGOs, international private voluntary organizations, and religious organizations.[27]

Box 14: Creating Demand for Social Care in Malawi

During discussions with communities, support to vulnerable groups is rarely identified as a priority. Most communities mention potable water, schools, and electricity as their primary needs. However, when communities, particularly women's groups, were asked to describe the biggest obstacles they faced on a day-to-day basis, nearly all of them mentioned AIDS and its impact on the community. They described the additional work and social and economic strain of providing home-based care to people with AIDS, caring for increased numbers of orphans, including orphans infected with HIV, and providing for the elderly whose children had died of AIDS.

The needs of disabled children were also rarely mentioned during discussions with the communities. When the issue was raised, however, parents talked at length of the costs involved both in terms of money and time of looking after a dependent handicapped child. It was clear that this was the first time that the issue of disabled children or adults had been raised in a community setting. In most of the communities, there was no information as to what types of services were available for the handicapped. Parents were also unaware that many handicapped children could be trained to fend for themselves.

Source: Samantha de Silva, back to office report, October 2000.

In a similar vein, in projects which are not demand-driven and have a limited menu of services, it is important to use participatory techniques to ensure the "cultural legitimacy" of

[27] Bolivia Emergency Social Investment Fund Project Performance Audit Report, No. 8449, p. 17.

a proposed service, that is, whether the services to be provided are truly endorsed by the community.[28]

LESSON: Plan and budget generously for "creating improved demand" – it's worth it.

Social care for whom? Targeting

Many community-based projects use geographic targeting to ensure that funds will reach poor communities. Geographic targeting, however, is probably not going to be enough because those needing social care are generally defined by individual rather than community parameters. Moreover, sometimes target groups may be concentrated inversely to poverty incidence. Street children, drug addicts and prostitutes, for example, are more likely to be concentrated in richer urban areas where it will be easier to survive. Conducting social assessments and other studies to help increase the knowledge base about the characteristics of target groups, what social care services are needed, and what has been successfully tried in that area is the first step. (Annex 3 provides a sample social assessment form from the Albania Social Services Delivery Project.) In fact, this will provide the information needed to decide among different targeting mechanisms, and their best combination. The three basic mechanisms are: (a) geographic targeting, (b) targeting on the basis of individual characteristics, and (c) self-targeting. The challenge, of course, is to find practical and cost-effective ways to implement such mechanisms.

Geographic targeting. A targeting approach that includes geographic targeting implies the availability of poverty indicators and, ideally, of detailed poverty maps. Recent reviews of social funds, for example, found that district-based targeting achieved a progressive allocation of money, but more disaggregated data are needed to ensure that, within poor districts, benefits do not go disproportionately to the better-off communities.[29] In addition, by their very nature social care services aim at reaching the most vulnerable groups within communities, so that even when highly disaggregated data are available, there will often still be a need for targeting mechanisms that complement geographic targeting.

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[28] Ciardi, Paola, and Laura Frigenti, "Social Funds in the SSA beyond the Year 2000", mimeo, World Bank, 1999.

[29] See: (a) Social Funds 2000 Impact Evaluation Updated Midstream Issues Paper (unpublished), World Bank. (b) World Bank. 2001 "Social Funds: A Review of World Bank Experience", draft, Operations Evaluation Department.

If the targeting approach includes geographic targeting, the following considerations should prove useful:[30]

- *Cut-off*: The allocation rule may be applied across all districts with the allocations inversely proportional to welfare measures, or may be combined with a cut-off to exclude the least poor districts. If a cut-off is not used, adequate mechanisms are needed to target *within* districts.
- *Facilitation*: To ensure that poor communities may absorb as many resources as possible, promotion and outreach efforts need to be intensified in these areas, including assistance in sub-project preparation.

Targeting by beneficiary. Many projects target by pre-determining groups eligible for social care. The Honduras pilot Social Assistance Innovation Fund, for instance, has identified three target groups: at-risk children and youth, elderly, and people with disabilities. Care service proposals for these groups are submitted by CBOs, NGOs and communities, and are selected for funding on a competitive basis. The Romania Social Development Fund targets disadvantaged children, women, elderly, and "others" (See Box 15).

Box 15: The Romania Social Development Fund (RSDF): Targeting by Disadvantaged Group

The RSDF has two targets: poor rural communities and disadvantaged groups. "Disadvantaged groups" are defined as "a group of poor people brought together and identifiable by a relatively homogeneous need that they can not meet through their own efforts."

- *Disadvantaged children* are homeless, come from poor families/families in crisis, school-leavers, orphans, and children from 0-5 years old with poverty-related conditions (e.g., malnutrition);
- *Disadvantaged women* include single-parents, unemployed teenagers, and illiterate women;
- *Disadvantaged elderly* include those over 60 who are homebound and single elderly without relatives or neighbors to help them; and
- *Others* include homeless people of any age, illiterate people and the isolated poor with no access to existing services or cash transfers.

Source: Romania Social Development Fund Operational Manual, 1998.

Source: Hjalte Sederlof.

Alternatives to means testing. Means-testing has been used successfully in many countries to target transfers to the poor, but it may be inappropriate when the target group is characterized not just by low income. In addition, a formal means-testing system is likely to

[30] World Bank 2001, op. cit., p.16.

be too difficult to administer in many developing countries, especially when the majority of the population is self-employed and/or in the informal sector. Asking communities to determine objective and transparent mechanisms may be a more practical alternative to formal means-testing. For example, farming communities in Mali identified the following criteria to guide the targeting of an NGO program for the food insecure and destitute: (a) not owning any chickens, (b) seldom or never having salt in the household, and (c) eating water-lily leaves regularly (they are bitter and are considered a food of last resort). Because subprojects are community-based, community members are likely to know who is eligible, thus decreasing the risk of leakages to non-target populations.

Targeting by service. Social care service projects lend themselves to self-targeting more than other projects because they tend to finance services that would not be attractive to non-target population. Home care for AIDS patients is unlikely to be sought by people who do not suffer from AIDS because they would not need that assistance, legal aid for victims of domestic violence is useless to non-victims, and services for street children would not be wanted by children who have a home (see Box 16). Because self-targeting is the cheapest targeting mechanism, it is generally worth it to invest the time and creative energy to identify the services that would result in it. Nutrition projects have probably the most experience in

Box 16: Services for street children in Istanbul

Under a pilot scheme in Turkey, a health project has been providing basic services as well as health awareness activities to street children through a local NGO operating in a slum area of Istanbul. One of the services provided is laundry facilities in the NGO center. The laundry, used by some 250 street children every four days, had the following effects:

- there was an observable difference in the cleanliness and appearance of the children;
- the laundry became a center for children to have breakfast and lunch, get haircuts, receive medical care, and take showers in addition to washing clothes;
- it prepared children to "graduate" to first stage stations run by the NGO, where children are provided drug rehabilitation, counseling, shelters, and other services;
- street children using the laundry facility have become able to use public places, trains and buses without fear of social ostracism, with a related increase in self-esteem.

The NGO running the laundry facility views the respectability that World Bank financing brings to its street children activity as the most valuable aspect of the program.

Source: Hjalte Sederlof, Task Manager, personal communication, 2001.

this sense, as over the years it has become apparent that it is best to provide nutrition supplements that would not be consumed by non-target groups such as men or adults (see example below).

Targeting with flexibility. It is also important that projects keep a flexible attitude toward targeting, combining different methods to respond to changing situations, such as the emergence of a new risk, or project implementation reports, such as the disproportionate funding in favor of a particular group. The Senegal Community Nutrition Project provides a good example of how targeting can be adjusted for greater project impact. Initially, targeting was done by identifying low-income neighborhoods where nutrition centers could be established. However, as Senegal public health officials pointed out, this geographic approach was not enough, because the project was missing an important vulnerable group: the families in non-poor but very crowded neighborhoods, where breadwinners did not spend enough of their income to feed their children. As a result, the approach to targeting changed to rely on a combination of information from key informants (e.g., local authorities, imams, NGOs, district medical officers) and visual checks by the project team. In addition, the services themselves resulted in self-targeting because: (a) richer people who might live in the area would not come to a community nutrition center to weigh their children; and (b) the supplementary food provided (millet, peanuts and beans) was made into a sweet flour so that individual ingredients could not be sold and the resulting porridge would not be eaten by men because porridge is "women & children food."[31]

LESSON: Do your homework to determine the best targeting combination, keeping in mind that geographic targeting is seldom appropriate or enough. Self-targeting services and locally determined means-testing are probably better.

Who will do it? Implementing Agencies and Service Providers

Implementing Agencies whose main business is infrastructure. Almost half of CBSCS use social funds as implementing agencies. Many others rely on similar implementation arrangements; that is, through agencies or projects that were designed primarily to deliver community infrastructure. In these cases, social care services have

[31] Tonia Marek, Task Manager, personal communication, 2001.

generally been afterthoughts, and represent only a small fraction of the project's workload. Results have been uneven: recurrent cost financing plans have generally not been put in place for social care projects, local governments have seldom been consulted, and basic social care indicators for cost-benefit analysis, monitoring and evaluation have not been well developed. However, some projects, particularly the newest ones, are showing promise. Several have special components dealing solely with social service and vulnerable group interventions. Some initial lessons include the following:

- Get the staffing right. Staff should be trained in participatory techniques that elicit information about the social care, rather than pure infrastructure, needs of a community. Having project officers with a social or behavioral sciences background, as opposed to engineering or agronomy, is also important for creating, understanding and satisfying demand for social care.
- Determine inputs and outputs ahead of time. CBSCS are different, slower, and more difficult. Be prepared to do more up-front work, and be patient.
- Use social funds as facilitators, rather than providers. Some social funds act as intermediaries, bringing CBOs and local governments together for the first time to deliver social care. This brokering role for social funds holds much potential for implementing more and better-quality CBSCS.

LESSON: Staff the project with social care experts, and consider expanding the project's role to include intermediary functions (such as bringing local governments and NGOs together to deliver services).

NGOs as service providers. In many countries, NGOs play a large role in social service provision. In some countries, NGOs and CBOs may be the only viable alternative for social care provision, because governments lack the means or the capacity to take on that role (see Box 17). Among the projects reviewed, the vast majority relied on NGOs for service delivery either exclusively or in combination with other entities (generally, government agencies, but in some cases also private contractors). In the 1990 Bolivia Social Fund, for example, 57% of social service subprojects were demanded by NGOs rather than local governments or communities. As a rule, the poorer the country, the more likely that service delivery would be entrusted to NGOs, because governments tend to be weak and the private care industry undeveloped. The second phase of the Malawi Social Action Fund has devoted an entire component, the "sponsored subprojects component," to working with such agencies.

Portions of the sponsored subprojects component implementation handbook (rationale, target groups and eligibility criteria) are replicated in Annex 4.

Box 17: When NGOs are the only game in town: the Palestinian NGO Project

The Palestinian NGO Project illustrates the crucial role that NGOs can play in the delivery of social services. Established in 1997, the project began its activities in a context in which until recently there had been no official government, and the West Bank and Gaza's residents were used to rely on the large NGO sector for delivery of basic social services and infrastructure. Until the mid-1990s, these NGOs were funded by many sources (the Gulf country governments, European bilateral agencies, and NGOs) who used them as service agencies in the absence of a government who could implement projects. With the establishment of the new Palestinian government, however, the NGO sector experienced a sudden and traumatic decline in resources, as aid money for social services began to flow to the new administration. From an estimated US$140-220 million in the early 1990s, NGOs' budgets for service delivery contracted to US$90 million in 1994 and to US$60 million by 1995.

As the new civil servants had very limited experience in delivering social services, the new government found itself funds-rich, but skills-poor, while the NGOs that had the skills to deliver social programs did not have the funds to do so. The most vulnerable populations were the first to suffer. After considerable negotiation, the Palestinian NGO Project was developed using a "special financing" arrangement rather than a traditional IDA/IBRD loan or credit. The total amount of the grant is US$16.9 million. The purposes are: (1) to provide services to the poor and disadvantaged through NGOs; (2) to upgrade skills of NGO staff; and (3) to develop the regulatory framework for social services, and in so doing strengthen the traditionally rather strained relations between Palestinian NGOs and the Palestinian Authority.

Through an international bidding process, the Geneva-based NGO, the Welfare Association, was selected as the main implementing agency for the project. The Welfare Association, in turn, is responsible for selecting locally-based NGOs for funding. This selection is done on the basis of competitive bidding. Successful bids tend to come from relatively strong local NGOs or from an NGO consortium, which receive block grants of between $1-2 million to be distributed to smaller service providers. Contrary to many other community-based projects, the Palestinian NGO Project does not normally finance any capital outlays, but rather, only service fees, operating costs and salaries. The Government has the right of objection to any grant, but solely on technical rather than political grounds (for example, duplication of services, or because the proposed service goes against government policy).

Supervision reports mention highly satisfactory targeting and output, and the number of subprojects financed far exceeds forecasts. Because of these encouraging results, a second phase is now under development, with much higher funding, and strong support from government and donors. Although the Welfare Association will continue to manage funds, a new governing body that includes more national NGOs will award grants in the future.

Source: Palestinian NGO Project, PID, and Nigel Roberts, Task Manager, personal communication, 2001.

Relying on NGOs for service delivery has its advantages but also its downside, so Task Managers should evaluate pros and cons carefully, and adopt a project design that compensates for the downside. On the positive side, these organizations are often very innovative, serving up empowerment, consciousness-raising, savings and income generation along with social services.[32] In particular, non-government organizations have often been the only entities providing services that might have been ignored by government agencies, such as care for marginalized groups (See Box 18). In Bank-financed projects, particularly in social funds, experience thus far has been that involving NGOs can not only improve outreach to particularly vulnerable groups, but also facilitate sustainability through increased community participation in project design and maintenance activities (see next section), and better subproject design.

Box 18: Getting at the difficult groups using difficult NGOs: AIDS/HIV control projects

In AIDS/HIV control projects, the high-risk groups are drug addicts, prostitutes (men and women), men having sex with other men, and people with sexually-transmitted diseases. The first three of these groups are the most difficult to reach through public or formal institutions, and NGOs have often been the only ones providing services such as STD awareness and condom distribution, counselling and referral services. However, the NGOs with the comparative advantage in reaching high-risk people are often institutionally weak, and have difficulty adhering to demanding financial and sustainability criteria. It is important to be flexible with NGOs that do good work but bad accounting. An NGO such as an association of sex workers may be the best organization for reaching out to prostitutes, but will probably not have the skills of, say, an association of doctors and nurses. Technical assistance must be provided whenever needed to ensure quality services and adequate accountability.

Source: Anabela Abreu, Task Manager, HIV/AIDS control projects in Latin America and Caribbean.

There are also risks in working with NGOs. Given the large numbers of such organizations that have sprung up in recent years in response to donor interest, careful scrutiny is needed to ensure that the NGOs chosen as service providers have the skills needed to do a good job. In Benin, for example, the PILSA food security project initially selected partner NGOs on the basis of a written application form, and found itself hampered by delivery and accounting as a number of NGOs turned out to be little more than self-employment schemes. When the Benin social fund agency started operating, it checked

[32] Bangladesh Non-Formal Education Project, Project Appraisal Document, 1996, p. 3.

NGO references with the PILSA project and other donors, and was able to avoid many headaches. In other cases, NGOs may take a charitable approach to social care – treating clients as victims – or may hold views on social care that are different, or even opposite, to what is considered best practice in the field of social care. The American-based organization AMG, for example, runs an orphanage in Vlora, in the south of Albania, where it has removed orphaned children from the local educational system in order to provide them with "in-house" education, in English. This runs counter to all modern views of care for orphans, which prescribe mainstreaming children as much as possible into regular school systems.

LESSON: When in doubt, rely on NGOs but check them out first and don't expect miracles.

Building capacity. Whether implementing agencies are local governments, CBOs or NGOs, chances are they will have limited experience in executing social care subprojects, or may be dramatically under-skilled in basic business or accounting techniques. The challenge, therefore, is to build their capacity to work in a businesslike manner, as much as it is to deliver the social service itself. This fact was recognized by most of the projects reviewed, which earmarked funding for building both generic capacity (project management, accounting, etc.) and subproject-specific skills (how to estimate recurrent costs for social care services, how to monitor social care delivery, etc.). On the other hand, project design has to be mindful of the fact that, regardless of training, many implementing agencies may find it difficult to adhere to strict project criteria, especially if the criteria are determined following guidelines used for typical World Bank counterparts (i.e., line ministries). The rule of thumb is that everything should be kept as simple as possible: project requirements for accounting and paperwork should be minimal, services to be delivered should be well defined and manageable, impact indicators clear and understood by all. At the same time, technical assistance should be readily available and site supervision visits frequent.

In some contexts, particularly in Africa, there may simply be no experience, NGO or otherwise, in dealing with vulnerable groups. Unlike the more sophisticated "developmental NGOs", it is mainly small welfare or religious NGOs that are working in this sector. Furthermore, since this is a nascent sector, even the limited number of NGOs and associations that are working with these groups have not yet mobilized to form support

groups to share information on best practices and common problems, let alone formed sectoral networks in order to influence policy at the national level. It is critical, therefore, that a project planning to finance social care look at the capacity not just of individual NGOs, but of the sector as a whole. Funding activities that support the sector, such as network building among key stakeholders, can have a significant impact on project performance. These need not be big, expensive interventions. Workshops, newsletters, resource centers, dedicated databases, and technical assistance for fund-raising are all examples of relatively small efforts which are likely to produce high returns.

Of course, the skills of service providers are also important. Indeed, project documents suggest that one of the largest factors affecting subproject impact is the quality of social service providers themselves, rather than simply the implementing agency. The Swedish International Development Agency, cofinancers of the Lithuania Social Services Community Development Project, contributed over $4 million – a considerable portion of the project cost—solely for capacity building efforts. This component is widely seen as having been one of the main reasons for the project's success. Conversely, the pilot social assistance component of the Latvian Welfare Reform Project, which was designed along the same lines as the Lithuania project, did not place emphasis on training of social service providers; the midterm evaluation project notes this as one of the contributors to the overall weakness of the pilot project.[33]

While many projects provide individual training opportunities for each implementing agency, however, few include other services that can play an important role in improving project implementation. Below are some examples that have been used in local government capacity building projects in Colombia:[34]

- create a database and library on best practices and innovations within the project;
- establish a toll-free telephone consultation for local governments, the implementing agency, and citizens;

[33] Carina Furnee and Zane Loza, Latvian Welfare Reform Evaluation of the Social Assistance Pilot Project in Kandava, Report Phase 2, December 2000.
[34] Fiszbein, A. et al, Colombia Local Government Capacity: Beyond Technical Assistance, World Bank Report No. 14085-CO, July 7, 1995, Chapter 8, p. 11.

- in cases where the implementing agency is the local government, sponsor study tours to places of outstanding practice;
- finance the startup costs of associations of implementing agencies to encourage information sharing and pooling of funding applications among several communities;
- establish a conflict resolution service to resolve disputes between or among communities, local governments, and other levels of government;
- create financial incentives for a sister cities program, a "twinning" arrangement with a foreign school, or some other exchange with foreign entities that could provide expertise or financial advice;
- support programs in project management and the institutions that offer them;
- support internship programs;
- provide matching funds for agencies that present a capacity development plan over the long term;
- offer advisory services on how to recruit and sign contracts with NGOs, universities, cooperation agencies, and so on;
- establish a national network of regional institutions working on institutional development.

LESSON: Prepare to do a lot of capacity building for implementing agencies and service providers, and build it into the project cycle.

Sharing the wealth: using the experience of community-based social services projects to build government ministries. There are undeniable benefits in financing social care services not through line agencies or central governments, but through stand-alone projects that work at the community level, whether local government or NGO/CBO. As with other community-based projects, the advantages include closer matching of products to local needs and preferences, leaner bureaucracy and faster delivery. In addition, by using locally-based NGOs rather than government agencies to implement services, stand-alone projects can benefit from the comparative advantages that these groups have in terms of experience in new forms of social services, outreach to vulnerable groups and creativity. Further, having a local approach will make it easier to implement multi-sectoral solutions that would almost be impossible if the project implementation unit were housed within a particular ministry. However, some argue that favoring flexible and efficient independent project structures over

central administration, and therefore funding stand-alone interventions, may destroy the institutional capacity of line agencies.[35]

The experiences gained in stand-alone projects would not be possible within the confines of a project that simply supported line ministries in their social care services efforts. The issue is not whether stand-alone projects should be financed, but rather how lessons learned from these stand-alone projects can be used to inform and improve the ability of governments, including line ministries and central agencies responsible for policy planning, to respond to their most vulnerable citizens. One of the development objectives of the Chilean social fund (FOSIS), for example, is to share new information about best practices with other government agencies. It essentially functions as a piloting agency for the government, in which new approaches are tested and the successful projects are handed over to the agency best placed to continue with implementation on a larger scale. FOSIS develops methodologies for supporting certain priority groups, tests them, and hands over the best. This is how programs for supporting the elderly in poor communities and for indigenous peoples have been developed.[36]

LESSON: Share knowledge and experience with central government, as it will have to be part of the long-term solution.

What difference does it make? Monitoring and Evaluation

Developing monitoring and evaluation indicators can be relatively straightforward in a country in which there are norms and standards of care already established by the national government. However, this is often not the case in developing countries, and so community-based social care projects are charged with developing their own indicators. Since the World Bank is a relative newcomer into this field, it is doubly important to ensure that projects and project progress benchmarks are consistent with accepted international standards of best practice and policies.

[35] Nicholas Van de Walle and Timothy A. Johnston, Improving Aid to Africa (Washington: Overseas Development Council, 1996), p. 67.
[36] Barrientos, p. 4.

While there are no standard solutions, the suggestions that a Quality Enhancement Review panel provided to the recently-negotiated Albania Social Service Delivery Project can prove helpful to others as well.

Indicators for evaluation should be of four types: input, process, output and outcome/impact.

- **Input indicators** should be easily available from the MIS: how much money, where it went and what for.
- **Process indicators** are trickier, but important (the process is part of the output, after all): where decisions made transparently? Was local government informed? Where beneficiaries consulted? Were funds quickly available? Some of this information should be available through the MIS, the other will have to be obtained during yearly participatory assessments.
- **Output indicators** refer to what the project has done with the money it spent: number of people assisted, number of referrals made, number of teachers trained in early detection of child abuse, etc. This information should be required of Implementing Agencies and available through the MIS. Surveys to measure the satisfaction of clients could provide an idea of the quality of the output.
- **Outcome indicators** refer to impact and will be very difficult to measure, if not impossible. In terms of actually improving the life of vulnerable people, the main source would be case management information. For changing attitudes, there could be two measures: (a) paradoxically, an increase in cases, as people become aware of the problems and willing to face them, and (b) opinion polls before and after.

As the above suggests, MIS have a crucial role to play in monitoring and evaluation. Keeping in mind that MIS go well beyond computers and spreadsheets, it is important to devise ways of collecting information that are not overly cumbersome and are mindful of the context in which the project works. In the Indonesia Social Safety Net Adjustment Loan, for example, monitoring of social service subprojects was to rely on a combination of self-reporting by subproject implementing agencies and independent verification of the results. However, this plan encountered two main obstacles:

- there was no tradition of creating performance reports, as donors generally required financial reports rather than briefings on actual project output and impact, so much time had to be spent setting monitorable targets to be used by implementing agencies;
- there was no understanding of the need for credible reports, so that, as one project official noted, "it took a long time to convince anyone that when we said we wanted performance reports showing that the program's objectives were being achieved to disburse, it didn't mean we just wanted the reports, but that we actually wanted those reports to reflect, at least crudely, some reality"!

On the basis on this experience, five principles of reporting techniques were developed:

(a) regular reporting on impact against program objectives, rather than financing;

(b) independent verification of this reporting;

(c) wide dissemination of budget and program information;

(d) NGO involvement in monitoring; and

(e) establishment of a complaint resolution mechanism.[37]

Another way of determining indicators for project monitoring and evaluation is to look at process, performance, and impact:[38]

- **Process:** develop an "ideal type" that can be used to assess the deviations in practice, why these deviations have occurred and how the deviations may affect program outputs. This assists program managers (and evaluators) to identify differences (including positive and negative unintended consequences), consider possible mechanisms for fine-tuning program operations to align the actual program with the planned approach, or re-visit program strategies to consider alternatives.
- **Performance:** focus on which kinds of output and outcome indicators are appropriate for specific target populations, communities, or time periods. For example, among indicators of child improvement in school, one might expect attendance to improve in the first semester of a program, but academic test score improvement only after a significant period of program participation – with the timing possibly varying by age and developmental stage of the children.
- **Impact:** specify the hypotheses, identify key concepts to be measured, and plan the analysis. Spell out how, and for whom, certain services are expected to create specific change/benefits. For example, if the program includes parenting classes, identify this activity as a key program component and show the types of changes in parenting which will be used to measure program outcomes (e.g., by improving parental assistance with homework or helping parents communicate more effectively with adolescents).

LESSON: Determine in advance what you are trying to achieve, and at what price. Use international standards of best practice. Develop an MIS that will make monitoring & evaluation easier.

[37] Lant Pritchett, Bank internal memo, March 28, 2001.

[38] Adele Harrell, "Evaluating Programs for Vulnerable Children and Youth", World Bank LASCH Paper Series No. 3, July 1996.

V. Conclusions

Over the last fifteen years, there has been a tremendous increase in the number of CBSCS financed by the Bank. The increase has been fuelled in part by an increase in the capacity and willingness of the Bank to finance such projects, but also because of a tremendous increase in demand from client countries. Greater demand, in turn, has to be attributed to a number of factors including the ravages of AIDS, the horrific conditions found in many residential institutions, the general trend toward decentralization and community-driven development, and the acknowledgement that assistance to the most poor and vulnerable is an element of sound development strategies.

When social care services are properly "marketed" to communities, that is, if project outreach officers are able to lead communities to conclude that services and not just infrastructure will help to address their development priorities, the results can be promising. Provided that the services are well-designed, tailored to the capacity of the implementing agency, follow international standards of good practice, and provided that a plan for recurrent costs is in place, social care services can have a real impact on vulnerable people. However, there is often going to be a tradeoff between maintaining a "demand-driven" approach (the typical goal of most community-based services) and targeting certain groups or certain issues, as communities may not be willing to select interventions that will only benefit a minority or that address taboo subjects. This balancing act is set to continue.

It is difficult to measure progress in the area of social care service lending, despite the large increase in the project portfolio, because little research has been done to evaluate the quality or impact of such projects. As the Bank continues to lend in this area, more research is needed to assess this growing field. In the meantime, here are lessons learned based on the information available, encouraging readers to draw their own conclusions as to what would work best in their particular situation.

Before you begin…

- **Ensure that social care standards (if they exist) are adequate and followed.** If not, help the authorities formulate or revise the standards. Because community-based projects tend to operate outside line ministries, it is essential that they are complemented and guided by sectoral policies which can provide targeting criteria guidelines and quality standards. If these are not available, the project should contribute to their definition.

- **Get the staffing right.** Having project outreach officers who are trained on social issues as opposed to having only engineering or technical officers (as is common in many social funds, for example) is the first step towards creating more demand for social care subprojects. Staff should also be trained in participatory techniques that elicit information about the social care, rather than pure infrastructure, needs of a community.

- **Get the Government to sign on.** Depending on the country situation, social services projects will work with local governments or with community-based organizations. If a project is working with community-based organizations, it is important to ensure that social services projects occur with the consent, whether formal or informal, of government at the lowest possible level. The best situation is one in which governments themselves agree to take on recurrent costs, since local governments will remain in a community where non-government organizations may not.

- **Do your homework on targeting, then be creative.** Geographic targeting is probably not going to be enough because those needing social care are generally defined by individual rather than community parameters. Conducting beneficiary assessments and other studies to help increase the knowledge base about what social care services are needed and what has been successfully tried in that area is a start. Then creativity and flexibility should take over to determine targeting within communities.

- **Determine acceptable unit costs, and factor in time.** Cost/beneficiary ratios or other measures of cost effectiveness should be determined through comparison with similar services from different providers. The time needed for training and for results to show (e.g., the length of a literacy course) should also be included in the economic analysis.

When you start...

- **Reach out to vulnerable groups, but while you're at it, raise public awareness too.** The most successful community-based social service projects matched work at the local level with a well-designed program of outreach and awareness raising, both to the public at large and to the groups at risk themselves. This can improve targeting (getting to the group you want to reach) and public "buy-in" to projects for the people at risk within their midst. Where a program is reaching target groups who traditionally have been excluded from mainstream society, such as drug addicts or people with disabilities, this is especially important.

- **Begin thinking about recurrent costs sooner rather than later, and be creative.** If local governments do not agree to fund recurrent costs, ensure that the NGO or CBO offering the service has a recurrent cost financing plan. Training in fundraising techniques may help the implementing agents locate new sources of financing.

- **Ensure adequate training for service providers and implementing agencies.** Services will not be effective if staff quality is not there. Spend the resources necessary to ensure that service providers and the implementing agencies themselves are adequately trained and remain so for the life of the project.

- **When in doubt, use NGOs.** Social service financing is a new area for the Bank and there a re many NGOs with more experience in this area. Take advantage of the NGOs

that have been working in the country. Contracting out of services to NGOs vs. responding to NGO/CBO requests (e.g. the approach used in Benin social fund and Senegal nutrition project, where NGOs do the work, versus ones in which NGOs are the beneficiaries.)

- **Keep it simple.** In some cases, non-government or community-based organizations have limited capacity and cannot adhere to strict project criteria. (See Annex 3 for a suggested subproject selection criteria). Providing minimal accounting requirement and paperwork, while ensuring adequate supervision in the form of site visits, and technical assistance, is recommended. Ensuring that the services to be delivered are simple and manageable, with impact indicators clear and understood by all, is also recommended.

Annex 1: Projects with Community-Based Social Services

Methodology

To determine the extent of lending for social care services in the Bank portfolio, we went through the following steps:

- we reviewed Project Appraisal Documents, Project Information Documents, beneficiary assessments and ICRs of 80 projects in the social funds database, finding 44 social funds which offered social services;
- we examined the entire Bank project portfolio for the last 10 years,[1] and on the basis of the description in the database, we reviewed the PADs and PIDs of 125 projects likely to include community-based delivery of social care services, finding 54 projects which appeared to offer social services;
- finally, we did a global search in the World Bank project database, which contains project information since 1947, for operations which included the words "nutrition," "community," "social development," "decentralized," "decentralization," "community education," "district education," or "social service," which enabled us to add 10 projects to the sample.

In total, 108 projects were originally identified, but 9 were subsequently dropped for not meeting our definition or lacking information that would enable us to ascertain that they met our criteria for inclusion in the study. A total of 99 projects were identified as including community-based social services. While it is likely that a few projects meeting our definition have been excluded, this number should be close to the universe of projects financing community-based delivery of social care.

Information available from project documentation was supplemented in about one third of the cases with interviews to Task Managers or other people involved in the projects, as well as with supplementary project documents (see bibliography). Budget and time constraints did not allow for field work.

Lending figures were derived by totaling the proposed allocation for social services, as specified in project appraisal documents (or, when available, actual subproject financing breakdowns). Where there was no actual allocation specified (say, when social services were on the menu of allowable investments but there was no dollar figure allocated), we used a

[1] Based on Human Development, PREM, FPSI and ESSD Network Project Portfolios. Thanks to Nandita Tannan for supplying this information.

figure of zero. Therefore, the total lending figure for social services is probably higher than the $1.6 billion listed here.

Annex 1: Projects with Social Services

Project	Sector	Year	Country	Region	$Social svcs	$total proj cost	% total social svcs
Nutrition and Community Health Project	HNP	1985	Indonesia	Asia	n/a	33.4	n/a
Emergency Social Fund	SP	1986	Bolivia	LAC	8.33	53.10	15.7%
Second ESF Project	SP	1988	Bolivia	LAC	17.1	181.10	9.4%
Tamil Nadu Integrated Nutrition Project	HNP	1990	India	Asia	127.7	139	91.9%
2nd Nutrition and Community Health Project	HNP	1990	Indonesia	Asia	10.3	57.7	17.9%
Community Child Care and Nutrition Project	HNP	1990	Colombia	LAC	37.1	40.2	92.3%
Integrated Child Development Services Project	HNP	1990	India	Asia	130.6	153.5	85.1%
Program for Alleviation of Poverty and the Social Costs of Adjustment	HNP	1990	Uganda	AFR	n/a	37	0.0%
Social Investment Fund	SP	1990	Bolivia	LAC	57.9	95.60	60.6%
Social Investment Fund	SP	1990	Haiti	LAC	2.48	24.80	10.0%
Social Investment Fund	SP	1990	El Salvador	LAC	9.35	88.00	10.6%
Social Investment Fund	SP	1991	Honduras	LAC	0.42	68.00	0.6%
Social Recovery Project	SP	1991	Zambia	AFR	13.5	45.00	30.0%
Social Fund for Development	SP	1991	Egypt	MENA	26.46	140.00	18.9%
Population/Urban Slums project	HNP	1992	India	Asia	7.76	96.6	8.0%
Social Investment Fund I	SP	1992	Guatemala	LAC	13.6	80.00	17.0%
Social Investment Fund II	SP	1992	Honduras	LAC	14.1	67.50	20.9%
3rd Community Health and Nutrition Project	HNP	1993	Indonesia	Asia	50.5	164.1	30.8%
Food Security and Social Action Project	SP	1993	Rwanda	AFR	14	46.10	30.4%
Social Investment Fund II	SP	1993	Bolivia	LAC	25.8	69.90	36.9%
Social Investment Fund	SP	1993	Nicaragua	LAC	13.60	68.00	20.0%
Social Fund	HNP	1993	Guyana	LAC	2.59	10.30	25.1%
Social Investment Fund	SP	1994	Peru	LAC	94.05	495.00	19.0%
Sexually Transmitted Disease Project	HNP	1994	Uganda	AFR	55.5	110.7	50.1%
Social Investment Fund (III)	SP	1994	Ecuador	LAC	9.14	120.00	7.6%
Integrated Nutrition	HNP	1995	Bangladesh	Asia	32.6	67.3	48.4%
Social Fund	SP	1995	Cambodia	Asia	1.1	22.20	5.0%
Community Nutrition project	HNP	1995	Senegal	AFR	16	18	88.9%
Social Investment Fund III	SP	1995	Honduras	LAC	5	112.60	4.4%
Sexually Transmitted Disease Project	HNP	1995	Kenya	AFR	7.8	65.5	11.9%
Second Social Recovery Project	SP	1995	Zambia	AFR	0.225	45.00	n/a
Social Safety Net	SP	1996	Algeria	MENA	n/a	4.30	n/a
Social Policy and Community Service Project	SP	1996	Lithuania	ECA	7.08	12.31	57.5%
Northeast Rural Poverty Alleviation Program (Paraiba)	Agriculture	1996	Brazil	LAC	n/a	52.00	n/a

Northeast Rural Poverty Alleviation Program (Piaui)	Agriculture	1996	Brazil	LAC	n/a	40.00	n/a
Non-Formal Education	Education	1996	Bangladesh	Asia	51	51	100.0%
Social Fund for Development	SP	1996	Egypt	MENA	131	775.00	16.9%
Maternal and Child Health and Nutrition project	HNP	1997	Argentina	LAC	160.9	171	94.1%
Sohag Rural Development Project	Agriculture	1997	Egypt	MENA	n/a	147.00	n/a
Welfare Reform Project	SP	1997	Latvia	ECA	1.56	38.56	4.0%
Early Childhood Development Project	HNP	1997	Philippines	Asia	38.5	350	11.0%
AIDS and STD Control	HNP	1997	Argentina	LAC	7.3	30.35	24.1%
Northeast Rural Poverty Alleviation Program (Maranhao)	Agriculture	1997	Brazil	LAC	n/a	106.70	n/a
Rural Women's Development and Empowerment Project	?	1997	India	Asia	n/a	n/a	n/a
Social Investment Fund	SP	1997	Jamaica	LAC	8.14	50.00	16.3%
Early Child Development	Education	1997	Kenya	AFR	10.3	35	29.4%
Emergency Social Fund	SP	1997	Panama	LAC	7.3	80.00	9.1%
Social Investment Fund	SP	1997	Tajikistan	ECA	n/a	12.00	n/a
Social Fund for Development	SP	1997	Yemen	MENA	5.60	80.00	7.0%
Social Investment Fund	SP	1997	Belize	LAC	0.037	11.66	0.3%
Social Development Agency	ESSD	1997	Mali	AFR	n/a	23.00	n/a
Social Development Fund	SP	1997	Romania	ECA	n/a	41.00	n/a
Post-Conflict Social recovery Project	SP	1998	Angola	AFR	0.3	5	6.0%
Education Reform Project	Education	1998	El Salvador	LAC	9.6	23.9	40.2%
Child Welfare Reform Project	SP	1998	Romania	ECA	27.00	29.5	91.5%
Social Investment Fund	SP	1998	Benin	AFR	0.74	20.60	3.6%
Northeast Rural Poverty Alleviation Program (Paraiba)	Agriculture	1998	Brazil	LAC	n/a	80.00	n/a
Community Nutrition project	HNP	1998	Madagascar	AFR	33.94	41.88	81.0%
Social Action Fund II	SP	1998	Malawi	AFR	n/a	77.28	n/a
Nicaragua health sector	HNP	1998	Nicaragua	LAC	0.3	32	0.9%
Nutrition/Child Development	HNP	1998	Uganda	AFR	10.5	40	26.3%
Palestinian NGO Project	SP	1998	West Bank and Gaza	MENA	11.70	16.9	69.2%
Borgou Region Pilot Rural Support Project	Agriculture	1998	Benin	AFR	n/a	5.00	n/a
Community Reintegration and Development Fund		1998	Rwanda	AFR	n/a	5.30	n/a
Social Investment Fund	SP	1998	Thailand	Asia	n/a	132.00	n/a
Youth Development Project	SP	1999	Colombia	LAC	4.9	7.8	62.8%
Second Social Action Project	SP	1999	Burundi	AFR	n/a	15.70	n/a
Social Fund	SP	1999	Cambodia	Asia	n/a	27.70	n/a
Ex-Combatants Reintegration Project	SP	1999	Djibouti	AFR	2.35	3.18	73.9%
Integrated Early Childhood Project	HNP	1999	Eritrea	AFR	18.9	40	47.3%
Rural Women's Development	SP	1999	India	Asia	7.8	53.50	14.6%
Nutrition LIL	HNP	1999	Mauritania	AFR	5	5	100.0%
Social Investment Fund	SP	1999	Moldova	ECA	n/a	19.89	n/a
Poverty Reduction Fund	SP	1999	St. Lucia	LAC	1.625	6.50	25.0%

Drug prevention	HNP	1999	Argentina	LAC	5.4	7	77.1%
Public Works/Social Devel proj	SP	1999	Djibouti	AFR	1.79	14.8	12.1%
Community Development Project	SP	1999	Ghana	AFR	2.3	5.5	41.8%
Community-Based Poverty Reduction Fund	HNP	1999	Ghana	AFR	2.3	5.00	46.0%
Village Communities Support Project	Agriculture	1999	Guinea	AFR	9.96	38.60	25.8%
Social Investment Fund IV	SP	1999	Honduras	LAC	15.5	136.50	11.4%
2nd Natl HIV/AIDS project	HNP	1999	India	Asia	77.4	191	40.5%
Early Child Development	Education	1999	Indonesia	Asia	22.5	25	90.0%
Primary Education Project	Education	1999	Nigeria	AFR	n/a	61.11	n/a
Social Fund for Development	SP	1999	Egypt	MENA	19.1	50.00	38.2%
Uttar Pradesh DPEP III	Education	2000	India	Asia	n/a	214.7	n/a
Education Sector Expenditure Program	Education	2000	Mali	AFR	n/a	540.1	n/a
Social Expenditure Management Project	SP	2000	Philippines	Asia	n/a	100	n/a
Community Development Fund	?	2000	Kosovo	ECA	n/a	10.00	n/a
Basic Education Project	Education	2000	Panama	LAC	5.7	59	9.7%
Andhra Pradesh District Poverty Initiatives Project	Agriculture	2000	India	Asia	n/a	134.80	n/a
Madhya Pradesh District Poverty Project	Agriculture	2000	India	Asia	n/a	134.70	n/a
Community Reintegration and Rehab Project	SP	2000	Sierra Leone	AFR	30.01	54.34	55.2%
Child Development Project	Education	2000	Yemen	MENA	6.48	45.3	14.3%
Decentralized reproductive Health and HIV/AIDS	HNP	2001	Kenya	AFR	10.25	50	20.5%
Social Fund Project	Education	2001	Laos PDR	Asia	n/a	9.20	n/a
Social Action Fund Project	SP	2001	Tanzania	AFR	n/a	70.50	n/a
Multi-sectoral HIV/AIDS project	HNP	2001	Cameroon	AFR	30.7	60	51.2%
Social Investment Fund	SP	2001	Senegal	AFR	n/a	n/a	n/a
Bihar	Education		India	Asia	n/a	n/a	n/a
				TOTAL ($Bn)	1.60	7.63	

Annex 2: Description of Social Services

Sector	Country	Project	Year	Activities
EDU	Bangladesh	Non-Formal Education	1996	Nonformal ed for vulnerable groups through NGOs and the local district administration
	El Salvador	Education Reform	1998	Pilot "Initial Education" (school preparedness) program, nonformal education for over-age children
	India	Uttar Pradesh DPEP III	2000	Specific interventions for vulnerable groups (working children, children with disabilities, girls)
	India	Bihar	2000	Activities for disabled children
	Indonesia	Early Child Development	1999	Child nutrition/basic health and cognitive development through monthly meetings with mothers and children, kindergartens/school prep for poor children, food supplements.
	Kenya	Early Child Development	1997	Community grants to assist community-managed ECD centers, salaries, health and nutrition svcs, fee subsidization, pre- to primary school transition. Recurrent costs to be borne by communities/households
	Laos PDR	Social Fund Project	2001	Food security and ECD
	Mali	Education Sector Expenditure	2000	Decentralized programs incl. Nutrition, PTA/committee training, adult literacy, ECD
	Nigeria	Primary Education Project	1999	Improve education access and equity through self-help projects managed by community agencies (incl. programs for including street children in schools
	Panama	Basic Education Project	2000	Non-formal preschool education program
	Yemen	Child Development Project	2000	Child nutrition, immunization, and maternal health interventions through decentralization of line ministry responsibilities. Women teacher training. Pilot ECD program for disadvantaged children.
HNP	Argentina	AIDS and STD Control	1997	AIDS prevention activities through NGOs/civils society; prevention fund for high-risk vulnerable groups; hospice care for AIDS victims. $12.5 m for IEC campaigns
	Argentina	Maternal and Child Health and Nutrition	1997	Maternal and child health and nutrition, reproductive health, building muni capacity to deliver social services
	Argentina	Drug prevention	1999	Participatory approaches to drug abuse prevention; municipal drug prevention plan financing, targets young people at risk 10-30 years old
	Bangladesh	Integrated Nutrition	1995	Community-based nutrition and public awareness: extend community nutrition svcs to all parts of country; use NGOs to deliver services
	Cameroon	Multi-sectoral HIV/AIDS project	2001	Strengthening community capacity to design and implement action plans for HIV/AIDS; emphasis on vulnerable groups incl. sex workers, orphans, street children

Sector	Country	Project	Year	Activities
HNP	Colombia	Community Child Care and Nutrition	1990	Training to mothers and service workers on nutrition and ECD
HNP	Eritrea	Integrated Early Childhood Project	1999	ECD activities including community-based nutrition, kindergarten, community mobilization. Emphasis on orphans: 32,000 of 560,000 targeted children are orphans
HNP	Ghana	Community-Based Poverty Reduction Fund	1999	Nutrition and food security; $2.3 m for street children
HNP, RWS	Guyana	Social Fund	1993	Health and nutrition
HNP	India	Integrated Child Development Services	1990	Reduce child malnutrition, community empowerment, education and awareness raising, formation of women's support groups, in two provinces. Includes $9.9m in IEC
HNP	India	Tamil Nadu Integrated Nutrition	1990	Village-level nutrition programs, community education, formation of women's groups
HNP	India	Population/Urban Slums	1992	Nonhealth activities including creches, welfare activities, nutrition, skills training for teenaged girls. Uses welfare workers recruited from slums; emphasis on IEC activities to raise demand
HNP	India	2nd Natl HIV/AIDS project	1999	Home-based care for AIDS victims, IEC/awareness campaigns, voluntary testing and training for grassroots AIDS workers
HNP	Indonesia	Nutrition and Community Health	1985	Elevate infant, child and maternal health status by improving the effectiveness of community health and nutrition interventions in five provinces
HNP	Indonesia	2nd Nutrition and Community Health	1990	Elevate infant, child and maternal health status by improving the effectiveness of community health and nutrition interventions in five provinces
HNP	Indonesia	3rd Community Health and Nutrition	1993	Elevate infant, child and maternal health status by improving the effectiveness of community health and nutrition interventions in five provinces
HNP	Kenya	Sexually Transmitted Disease	1995	Home-based care provided by community organizations for AIDS victims; fund for NGO innovation in AIDS treatment
HNP	Kenya	Decentralized reproductive Health and HIV/AIDS	2001	AIDS prevention and awareness, assistance to Government decentralization of respons. for AIDS activities
HNP	Madagascar	Community Nutrition	1998	Nutrition, school-based interventions, growth monitoring, IEC and community mobilization, training of community nutrition workers
HNP	Mauritania	Nutrition LIL	1999	Nutrition interventions, community strengthening, literacy training

Sector	Country	Project	Year	Activities
HNP	Nicaragua	Nicaragua health sector	1998	Competitive funding of 12 women's centers (pilot program)
	Philippines	Early Childhood Development Project	1997	ECD service delivery
	Senegal	Community Nutrition project	1995	Community-based nutrition interventions
	Uganda	Program for Alleviation of Poverty and the Social Costs of Adjustment	1990	Implementation through NGOs of programs of assistance for orphans and widows
	Uganda	Sexually Transmitted Disease Project	1994	Home-based health care for AIDS victims through NGOs and CBOs
	Uganda	Nutrition/Child Development	1998	ECD delivered through innovation fund (demand-driven proposals for children's well-being)
SP	Algeria	Social Safety Net	1996	
	Angola	Post-Conflict Social recovery Project	1998	Resumption of normal community life in postconflict regions through municipal strengthening; "reintegration strategy"
	Belize	Social Investment Fund	1997	Village-level training and capacity building
	Benin	Social Investment Fund	1998	Child protection activities
	Bolivia	Emergency Social Fund	1986	vaccinations, services for low-income women and children, school meal/nutrition, daycare facilities, financing school operating expenses up to 18 months
	Bolivia	Second ESF Project	1988	Nutrition, basic health, daycare centers, school lunch programs, provision of school equipment
	Bolivia	Social Investment Fund	1990	Nutrition, basic health, daycare centers, school lunch programs, provision of school equipment
	Bolivia	Social Investment Fund II	1993	Health training for clinic staff, NGOs, women's orgs; nutrition; nonformal training, including children with learning disabilities
	Burundi	Second Social Action Project	1999	Early child development, food supplementation, literacy programs
	Cambodia	Social Fund	1995	Fees, equip and material for training programs (eg small business mgt, skills building for disabled, widows)

Sector	Country	Project	Year	Activities
SP	Cambodia	Social Fund	1999	Training centers, fees, equip and material for training programs (eg small business mgt, skills building for disabled, widows)
	Colombia	Youth Development Project	1999	Youth programs, helping municipalities plan for such services
	Djibouti	Ex-Combatants Reintegration Project	1999	Fund for reintegrating soldiers/ex combatants; counseling, sensitization, services for disabled ex-combatants
	Djibouti	Public Works/Social Devel proj	1999	Social service numbers approximate (65 of 91 projects). Social Services provision for poor communities.
	Ecuador	Social Investment Fund (III)	1994	Preventive health care, nutrition, education support
	Egypt	Social Fund for Development	1991	Basic and primary healthcare, mother and child nutrition, literacy, commun. centers
	Egypt	Social Fund for Development	1996	Basic and primary healthcare, mother and child nutrition, literacy, commun. centers
	Egypt	Social Fund for Development	1999	NGO and community participation, vulnerable groups, healthcare, literacy, etc
	El Salvador	Social Investment Fund	1990	Nutrition (hiring and funding 1800 nutrition facilitators, family planning/safe motherhood, child growth monitoring, pilot food coupon distribution
	Ghana	Community Development Project	1999	Nutrition programs, street children initiatives
	Guatemala	Social Investment Fund I	1992	Community health, food and education. Worked with munis. AND community groups
	Honduras	Social Investment Fund	1991	Nutrition
	Honduras	Social Investment Fund II	1992	Pregnant and lactating women, nutrition, health promoters, food subsidies for schools
	Honduras	Social Investment Fund III	1995	Nutrition, midwife training, childcare/ECD, care for elderly/disabled, community devel for ethnic minorities
	Honduras	Social Investment Fund IV	1999	Indigenous people, street children, nutrition, school feeding, care for the elderly and disabled
	India	Rural Women's Development	1999	Women's drudgery reduction services; fund to increase women's empowerment, nutrition service quality improvement including establishment of creches and nutrition centers. Amount does not include $4.6 million for IEC.

Sector	Country	Project	Year	Activities
SP, MULTI-SECTOR	Jamaica	Social Investment Fund	1997	Career guidance/job placement, counselling, skills training for disabled people
SP	Latvia	Welfare Reform Project	1997	Community-based social services pilot developing alternatives to institutions (eg homecare, deay centers, info centers on cash/non cash assistance). Municipality assumes recurrent costs.
	Lithuania	Social Policy and Community Service Project	1996	Community-based social services pilot developing alternatives to institutions (eg homecare, deay centers, info centers on cash/non cash assistance). Municipality assumes recurrent costs. Great emphasis on training of service providers.
	Malawi	Social Action Fund II	1998	"sponsored subprojects" for vulnerable groups
	Moldova	Social Investment Fund	1999	Services: kindergartens, ECD, health, education. Also deinstitutionalization. All proposals must have some "software" component (eg training or service)
	Nicaragua	Social Investment Fund	1993	Nutrition, vaccination, kindergartens, community health awareness, teacher training
	Panama	Emergency Social Fund	1997	Food security, nutrition interventions. Disadvantaged groups: negative menu; then community decides.
	Peru	Social Investment Fund	1994	Health promotion and disease prevention, family planning, nutrition, literacy, VET, CBO strengthening
	Philippines	Social Expenditure Management Project	2000	Social assistance for disadvantaged groups, including orphanages, centers for disabled people, special interventions for street children/rape victims/others
	Romania	Child Welfare Reform Project	1998	Deinstitutionalization; daycare alternatives to institutions; street children initiatives; community-based in child welfare initiatives
	Romania	Social Development Fund	1997	Social services for disadvantaged. children, elderly, teens, homeless
	Rwanda	Food Security and Social Action Project	1993	Reduce chronic food insecurity among vulnerable groups (AIDS victims, orphans, and mothers); nutrition interventions
	Rwanda	Community Reintegration and Development Fund	1998	Reintegration services for refugees including literacy
	St. Lucia	Poverty Reduction Fund	1999	Unspecified social assistance programs

Sector	Country	Project	Year	Activities
SOCIAL PROTECTION	Sierra Leone	Community Reintegration and Rehab Project	2000	Support to ex-combatants and their communities to assist in their resettlement; fund for demand-driven community-based social services
	Tajikistan	Social Investment Fund	1997	Program of support to female-headed households
	Tanzania	Social Action Fund Project	2001	Vulnerable groups, emphasis on AIDS, working with NGOs and communities
	Thailand	Social Investment Fund	1998	Part of larger project worth $653.4m. Vulnerable groups allocation: "immediate community welfare for the needy through community organization networks" (per social fund literature)
	West Bank and Gaza	Palestinian NGO Project	1998	NGO capacity building; sustain and improve service delivery through block grants to NGOs which then distribute to smaller projects
	Yemen	Social Fund for Development	1997	Literacy classes, health education activities, programs to enhance living conditions of women and juveniles in detention centers, activities of the handicapped
	Zambia	Social Recovery Project	1991	Nutrition, community child care programs, supplemental feeding; also supplies "consumable items" to be used in other sectors
	Zambia	Second Social Recovery Project	1995	Literacy, youth skills training, orphanage
AGRICULTURE	Benin	Borgou Region Pilot Rural Support Project	1998	Literacy programs, VET and other services if demanded by village groups
	Egypt	Sohag Rural Development Project	1997	Village Development Program finances social services including literacy projects, youth centers and women's clubs
	Guinea	Village Communities Support Project	1999	Increase access of the rural population to services through Local Investment Fund
	India	Madhya Pradesh District Poverty Project	2000	Self-reliant and self-managed CBOs, improved services by private and public organizations
	India	Andhra Pradesh District Poverty Initiatives Project	2000	Community Investment Fund that would finance (inter alia) improved access to social services for the poor. Educational support for girl-child laborers, girl drop-outs.
ESSD	Mali	Social Development Agency	1997	Portions of health and education components set aside for social svcs
	India	Rural Women's Development and Empowerment Project	1997	Variety of services including anti-drudgery initiatives

Sector	Country	Project	Year	Activities
ESSD	Senegal	Social Investment Fund	2001	Nutrition
MULTI-SECTOR	Haiti	Social Investment Fund	1990	Stress on NGO delivery of social services. Nutrition, primary health care supplies, equipment for schools,

Annex 3: Albania Social Service Delivery Project
Social Assessment Form

Project Social Evaluation Criteria

Please Note: *The Field Appraiser should ask each requesting agency all the questions listed below, recording the requesting agencies responses alongside each of the indicators with a tick through (Y) yes or (N) no as to whether the requesting agency meets or can provide evidence that confirms that they meet the indicator. Any additional documentary evidence should be attached to the completed form. Addition notes can be added in the space provided at the end of each question to help clarify or expand on the information provided by the requesting agency.*

2.4.1 No/Type of beneficiaries

How many people directly benefit from the service (service users)? _______

2.4.2. Integration

How does the proposed service ensure that service users existing links are maintained and new links created?
Possible indicators to look for:
- Relative and friends involvement
Y/N
- Staff recognize the value of the contribution relative and friends make
Y/N
- Social networks are encouraged
Y/N
- Relatives, friends and volunteers are used to ensure social networks maintained
Y/N
- Advocacy arrangements are available for people with communication difficulties
Y/N
- A clear policy statement on maintaining links and relationships
Y/N
(Please describe)

____

____

How does the service intend to address the individual care needs and support of the service users? Possible indicators to look for:
- Service users are treated with respect
Y/N
-Service users are treated as individuals
Y/N
-Service users are treated equally
Y/N

- Individual needs are regularly reviewed and planned via a care plan
Y/N
-Care plans are used to determine individual service provision
Y/N
-Peoples personal wishes are reflected in the care plan
Y/N
-Care plans change in response to new needs
Y/N
- Services are designed to meet the needs of individual service users
Y/N
-Relationships between service users and staff are respectful and friendly
Y/N
- Service users have a fulfilling social life in which they play a valued role
Y/N
(Please describe)

2.4.3. Community participation

Have the local community been consulted over the design of the proposed service?
Possible indicators to look for:
- Regular, recorded meetings take place with the NGO and the local community
Y/N
- Local residents are aware of plans, future proposals and changes
Y/N
- Local residents are content with the level of information available
Y/N
- Practical measures are in place to ensure continued dialogue
Y/N
(Please describe)

Have the service users been included/involved in the decision to create the service?
Possible indicators to look for:
- Help is provided during the consultations to facilitate the involvement of service users
Y/N
- Service users are aware of plans, future proposals and changes
Y/N
- Service users are content with the level of information available
Y/N
(Please describe)

2.4.4. Indirect beneficiaries

Who else benefits from the service, e.g., family, carers, local community etc?
Possible indicators to look for:
- Relatives and friend involved in decisions regarding services
Y/N
- Relatives feel involved and supported
Y/N
- Local community express direct and indirect benefits through the project
Y/N
- Staff are aware of the contribution relatives, friends and the local community to the quality of life of service users
Y/N
(Please describe)

Annex 4: Excerpts from the Malawi Social Action Fund Sponsored Sub-Projects Component Implementation Handbook

Background and Justification

The Malawi Social Action Fund (MASAF) is a Project intended to contribute towards poverty reduction through the provision of additional resources for development projects at the community level. In the main, MASAF's principle is that of responding to demand driven community based projects where the communities themselves are expected to be in control. This process is intended to empower the community through delegated authority and direct funding.

.... [I]t has been realized that certain disadvantaged and vulnerable groups such as the orphans, street children, HIV/AIDS infected and affected people, the aged and people with disabilities have not benefited substantially from MASAF's financing in terms of their specific needs. The demand for assistance to these groups has been recognized from the requests received from institutions dealing with marginalized groups, as well as through the deficiency in the original design of MASAF which could not allow such groups to access the funding directly because of their inability to fulfill the self-mobilized organizational capacity requirement.

In view of this shortcoming, a Sponsored Sub-Project (SSP) Component has been formulated that will target the disadvantaged and vulnerable groups through intermediary Sponsoring Agencies (SAs) that will be selected on the basis of given criteria. These institutions will be voluntary, not-for-profit non-governmental organizations.

Design Principles

The design principle of this component is based on a strong community orientation of the SA which shall be characterized in the following aspects:

a) that the SA has capacity and is already serving a particular marginalized group in the community;
b) that the SA shall demonstrate is acceptability by community sanctioning or by the need of the group that they are service;
c) that there must be shared responsibility and accountability between the community and the SA in relation to raising the community contribution as well as accounting for the financial resources;

d) that the type of activities implemented should be manageable and technologies should be appropriate and user-friendly;

e) that the subprojects will be gender and environmentally sensitive.

Goal and Objectives

The goal of the SSP Component is to ensure that the marginalized and vulnerable groups have access to the MASAF funds and are integrated in the socio-economic mainstream as a further contribution to the poverty alleviation strategy.

The objectives of the SSP component will be:

- to provide financial grants and technical resources for programmes targeted at marginalized groups by funding the initiatives sponsored by agencies already working with these groups.
- to support networking activities among Non-Governmental Organizations (NGOs), community-based organizations, and other key actors working in this field to exchange information for policy advocacy and coordination of programmes at the national level.

Target Group

The target group are the disadvantaged and vulnerable groups who do not have the capacity to mobilize themselves and solicit resources for purposes of development. These will comprise the following: orphans, street children, HIV/AIDS infected and affected people, the aged, and people with disabilities.

Implementation Strategy

MASAF's principle in development work is community empowerment through delegated authority and direct funding. Such empowerment increases participation and ensures that decisions have broader benefits, receive broader support, and thereby ensure sustainable development.

Institutions which are to be considered for funding under the SSP Component should be those with broad based activities or have the potential for such broad based programme activity. This approach will ensure that the SA puts in place a programme of capacity strengthening for the beneficiaries, so that at the end of the project the beneficiaries would be self-reliant.

Eligibility Criteria

In order for an organization to be eligible for funding under the SSP Component, it must declare its status. To substantiate this requirement the following conditions shall be met:

a) Legal status: The intermediary shall be a registered not-for-profit non-governmental organization.

b) Track record: The organization shall have a minimum of two years professional experience in the relevant field.

c) Community ties: The organization should be able to demonstrate their previous work in the community.

d) Sound management structure: The organization should demonstrate that it has sound management structure with at least three professional permanent staff and an active board of directors.

e) Transparency and accountability: The organization should be able to produce audited financial statement for the past two years and donor reference where applicable.

f) Institutional capacity: The organization should be able to demonstrate institutional capacity to implement projects and effectively utilize the funding.

Subproject Eligibility Criteria

The sub-projects eligibility criteria will include the following:

- Reflect a need identified as a priority for marginalized groups;
- Directly benefit marginalized groups;
- Include a capacity strengthening component for the beneficiaries;
- Address a need in the community that is not being met by other funding agencies;
- Timeline for the project implementation should not exceed a period of 12 months;
- Demonstrate that recurrent costs will be met by the SA;
- Determination of ownership of the asset between the SA and the community prior to project submission in the case of infrastructure projects;
- Demonstrate that there will be active participation from the target group and/or beneficiary community; and
- Upfront contribution by the SA of at least 20 percent for infrastructural projects. For other type of projects, a range of qualitative criteria e.g. commitment, mobilization, level of readiness, time and consultation will apply.

Annex 5: Suggestions on Determining Program Costs, Early Child Development Centers[2]

Determining the Costs

Expenses for early child development programs can be divided among the following needs:

Site. Center-based programs have been estimated in some studies to cost up to five times as much as preschool programs in private homes, even where minimal hom improvement costs are reimbursed. Any home that can provide a safe space, minimum sanitation facilities, and a kitchen is sufficient.

According to a recent study of six development countries (Wilson 1995, see bibliography), only in Mauritius did a majority of child care facilities meet government standards (that is, had adequate toilet facilities, met fire and safety regulations, and had adequate indoor and outdoor play areas). Across all six countries, standards were lowest where sites were used for multiple purposes. In Colombia 70 percent of all sites were found to lack at least one basic site requirement (electricity, flushable toilet, wood or concrete flooring, and a child care room of a t least 20 square meters, and over half were judged "miserable" (lacking in at least two areas). The Colombian Institute for Family Welfare is therefore supporting the establishment of municipal centers that could accommodate several groups of community mothers and children. In India, although communities are supposed to supply an adequate site for a preschool center (either by building it new or by adapting an existing building), less than a quarter of preschools now operating have adequate sewage disposal facilities, and 39 percent are housed in semipermanent structures.

Equipment (weight scales, toys, informal materials for play, audiovisual and musical equipment). While equipment needs will vary from program to program, considerable savings can be realized where parents learn how to adapt ordinary objects and to make educational toys from materials found in the children's natural environment.

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[2] Source: Mary Eming Young. Early Child Development: Investing in the Future, Washington, DC: The World Bank, 1996.

Food supplies. Food is the most costly input in an early child development program and can account for up to 40 percent of program costs. Food is often provided by the government through the ministry of agriculture of by international donors such as the World Food Programme. While costs can be cut by involving the community in food provision, ensuring timely delivery and a sustainable supply of food supplements is generally logistically difficult. Cooperative food operations therefore require close supervision.

Staff (training and salaries). Care providers of very young children can be trained or untrained teachers or day care workers, mothers, or other women from the community. Some caregivers are paid salaries; some are considered volunteers and receive small honorariums. Volunteers, however, cannot be held to as high as standard as employees, and many – dissatisfied with their status – demand salaries.

Supervision. Ongoing supervision is necessary to make a program effective. The cost of supervision needs to be included in operations.

Evaluation. In addition to monitoring program implementation, each project needs to incorporate in its design an evaluation of program impact.

Governments can contain costs by targeting services narrowly so that they reach only the neediest. Some have instituted cost-sharing measures, paid "volunteer" caregivers honorariums rather than hiring them as regular staff with benefits and salaries, and encouraged home-based rather than center-based care. These measures have generally failed to lower costs as much as expected, however, and in some instances they have compromised program quality.

Financing the Program

Most governments finance early childhood interventions out of their general revenues. The amount of public revenues paid for childcare services is indicative of the importance of these services to the state – just as the share of private payments reflects their importance to families.

Public and Shared Funding Many developing countries subsidize enriched childcare services heavily to make sure that they are available to poor families, who already spend almost all of their income on food, housing, and transportation. Colombia's government, for

instance, finances 85% of the costs of its Hogares Comunitarios de Bienestar program, primarily through a payroll tax set at 2% in 1974 and raised to 3% in 1988.

Most national governments share the cost of early childhood interventions with subnational governments and program beneficiaries. Kenya's central government, for instance, funds the training of caregivers, while local authorities provide and maintain preschool program sites.

India's national government pays for everything but supplementary feeding, which is financed by the states. In a bold and unusual move, the governor of Santa Catarina in Brazil assumed full responsibility for child center programs and combined the contributions he had elicited from each state government department to establish an inter-sectoral children's aid budget.

Parents generally pay for caregiver salaries. Colombian parents pay half of the caregivers' honorariums and social security contributions. Colombia's government, however, also finances a loan scheme to help mothers running Hogares Comunitarios (nurseries) to improve their homes. Until recently, parent associations were held responsible for defaults on these loans, but in the face of high default rates, the government has introduced a policy that makes the community mothers who run preschool programs liable for repayment if they leave the program.

User fees. A number of countries have instituted user fees to finance at least part of their early childhood interventions. Parents participating in Colombia's community childcare and nutrition project, for instance, are expected to contribute on a sliding scale according to family income. In Bolivia's integrated child development project, parents pay a flat monthly fees equivalent to $US2.50 (1993 prices) for the first child, and a decreasing fee for each additional child enrolled.

Innovative funding schemes. Thailand has worked out a funding scheme in which loans, paid back to village loan funds (financed by the Christian Children's Fund) are funneled into a capital fund to support early child development programs in the community on a continuing basis.

In Mauritius, the Government created the Export Processing Zone Welfare Fund as a concession to EPZ workers who make up 20% of the country's labor force but do not benefit from the more advantageous labor regulations that apply outside of the zones. Created to finance social services for EPZ workers and their children, the fund derives its revenues from a tripartite system of monthly payments from the state, employees, and employers. The EPZ Social Service Fund gives startup and operating grants to NGOs to create and run daycare centers and subsidizes preschool fees for the children of EPZ workers. Under this tripartite funding system, the national government contributes about 10% of EPZ social service fund revenues.

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SOCIAL FUNDS:

Albania, Algeria , Angola (1996 & 2000)
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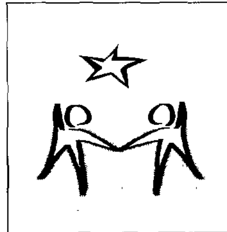

Summary Findings

The World Bank is financing an increasing number of community-based social services projects. The objective of this paper is to review and categorize the extent, scope and mechanisms of these projects in the current Bank portfolio, and to identify good practices and potential pitfalls. The authors identify 99 projects that finance at least $1.6 billion in social services. While most of the projects surveyed deliver "traditional" services such as nutrition, maternal and child care, and literacy, the scope of many projects has expanded to include newer services such as counseling, home-based care for the elderly and disabled, and early childhood development.

HUMAN DEVELOPMENT NETWORK

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