

Social protection and basic services in conflict-affected situations: what do we know?

Key messages

- Evidence on social protection and service delivery in conflict-affected situations is fairly limited and of variable quality
- The claim that there is a causal link between service delivery and state-building is frequently made but rarely evidenced
- Gaps remain in the guidance about how to deliver basic services in volatile, low capacity situations, particularly in relation to comparative costs and programme effectiveness

This SLRC briefing paper summarises the findings of a working paper exploring social protection and basic services (health, education and water) in fragile and conflict-affected situations (see Carpenter et al., 2012). The full paper broadly seeks to establish what we do and do not know about provision, delivery and access, draw out lessons and common themes, and identify areas for potential future research. Relevant literature was gathered through a multi-staged process, including: three systematic reviews (on school feeding, social funds and water user committees); snowball sampling using a starting point determined by recognised experts in the field; and an orthodox literature review process.

What does the evidence base look like?

The evidence base on social protection and basic services in fragile and conflict-affected situations – particularly in relation to provision and policy / programme impacts – is generally fairly weak.

Data and good quality evidence are extremely patchy: resources are particularly sparse on social protection, and there are varying levels of data depth, breadth and quality seen across the basic service sectors. There also appears to be a general failure to address contextual complexity, confounding factors and ‘noise’ within many studies, and the extent to which other parameters such as gender, ethics and reflexivity are addressed is generally inadequate.

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Basic services such as health care are a priority issue in places affected by conflict @Jenn Warren/ Save the Children

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Broadly speaking, the literature is dominated by two key types of study design: 1) literature reviews, sometimes with focus case studies; and 2) think-pieces and policy development working papers that draw on some of the existing literature. There is, therefore, a risk that policy emerges from what are essentially ‘reviews of reviews’, without much empirical basis for the assertions and assumptions being made.

However, the recent emergence of a number of impact studies – particularly in relation to community-driven development programmes, social funds and health systems – suggest an increasing level of rigour within research. Furthermore, in recent years, conflict-affected countries have been the site of innovative monitoring and evaluation processes. For example, in Afghanistan, a Balanced Score Card approach has been used to monitor implementation of the Basic Package of Health Services.

Sketching out the ‘landscape’ of social protection and basic service delivery in conflict-affected situations

Social protection

Expenditure on social protection as a percentage of gross domestic product (GDP) in conflict-affected countries is generally low, more so in low-income countries (LICs) than middle-income countries (MICs). Major international contributions – for example, to Ethiopia’s Productive Safety Net Programme – can have a significant effect on expenditures and coverage.

Government delivered or managed social assistance is highly constrained in conflict-affected situations, especially in Africa, where international agencies dominate. Assistance is often small-scale, limited in coverage and funded via short-term or humanitarian budget lines. Where government-

led social protection is more developed, in South Asia, it is often hampered by problems ranging from low coverage and low transfer value to elite control of access and lack of coordination. Meanwhile, there is considerable evidence to show that people – individuals, households and communities – regularly pursue informal social protection strategies in order to mitigate the risks they face; a clear demonstration of peoples’ resilience in the face of conflict.

Table 1 presents the most recent data on pro-poor coverage of social protection in selected fragile and conflict-affected countries (for which such information is available). On the whole, coverage of the poor in fragile and conflict-affected situations is low, regardless of income category. It also differs considerably across countries. For example, within the MIC category, just 0.4 percent of Lao PDR’s poorest quintile is covered compared with more than 60 percent of Kosovo’s. More than anything else, this speaks to the heterogeneity found within most country groupings, whether defined by per capita incomes or by political (in)stability. It also highlights weaknesses in the quality of data and/or discrepancies among agencies when defining what counts as social protection.

The evidence suggests that social protection has a range of benefits to poor households beyond meeting basic consumption needs. From Aceh in Indonesia to Turkana in Kenya, there is evidence that resources provided in post-conflict situations may be spent on livelihood recovery, particularly when the value of the transfer is larger. Furthermore, an increasing number of recent rigorous impact studies suggest that social funds and large-scale community-driven development programmes in fragile and conflict-affected situations can: i) generate significant improvements in the incomes of beneficiaries; and ii) facilitate beneficiaries’ access to basic services.

Table 1: Social protection coverage among the poorest populations is mixed but generally low

Country category	Country	Social protection coverage among bottom 20% population	Year	Mean coverage among bottom 20% of population
Low income	Afghanistan	21.9	2007	21.9
	Bangladesh	19.2	2008	
	Cambodia	1.7	2008	
	Kenya	30.8	2005	
	Kyrgyzstan	57.8	2008	
	Rwanda	0.4	2005	
	Bosnia and Herzegovina	58.0	2007	
Middle income	Guatemala	53.6	2006	36.3
	Kosovo	61.2	2006	
	Lao PDR	0.4	2008	
	Pakistan	5.9	2008	
	Sri Lanka	52.9	2008	
	Timor-Leste	26.8	2007	
	West Bank and Gaza	34.8	2007	
	Yemen, Republic of	33.0	2005	

Source: World Bank (2011); original data from various surveys.

Basic services

Conflict is associated with a range of poor service-related outcomes. As delivery systems suffer and provision declines, children's educational attainments worsen and people's health deteriorates. Recent analysis by Gates et al. (2012) shows that countries affected by conflict and fragility are visibly worse off than their more stable counterparts in terms of progress against key service-related MDG indicators (see Figure 1).

The literature focuses on questions of provision and delivery, and contains evidence on the roles of different actors and coordination between them. In the case of aid interventions, there is evidence demonstrating the importance of government leadership in shaping people's access to basic services and determining outcomes. Examples include the leadership seen in health system reconstruction in Timor-Leste and that of the government of Rwanda in the transition of the country's water sector. But both cases also highlight the importance of state interaction with non-state providers, specifically international NGOs and the private sector.

There is also considerable discussion around stewardship within the literature, particularly in relation to the health sector. Stewardship refers to a political process which seeks to maintain the strategic direction of policy development and implementation in a particular sector, regulate the actions of a range of actors, and establish effective accountability mechanisms (WHO, 2012). It is considered to be of particular importance in post-conflict recovery settings, as highlighted by one leading expert on conflict-affected health systems: '[a] vital lesson from post-conflict settings is the need for early development of an overarching policy framework to overcome the fragmentation and verticalisation typical of the humanitarian phase' (Pavignani, in Cometto et al., 2010: 893).

One prolific mode of stewardship in conflict-affected situations is found in contracting out, which is intended to simultaneously address capacity gaps in delivery, maintain coherence across policy and programming, and preserve the role of the state as a key player. Contracting out health services in Afghanistan has arguably been the most ambitious undertaking of this

approach in any country affected by large-scale violent conflict. On the face of it, it has been a major success, and has no doubt contributed to the image of Afghanistan as a 'health-related success story' (The PLoS Medicine Editors, 2011: 1). But it is difficult to attribute such improvements specifically to contracting out, given the huge increase in aid flows to Afghanistan in recent years, with ODA receipts rising from \$2.81 billion in 2005 to \$6.07 billion in 2009 (OECD, 2010a). In addition, there does not appear to be any consensus as to whether contracting out is a suitable approach across all basic service sectors. The literature on education, for example, seems much less enthusiastic about the potential of contracting out to improve service and access outcomes.

External engagement for better delivery: what can international actors do?

Much of the literature is concerned with the mechanics of how to do service delivery better. Analysis suggests that three themes in particular are prominent, from which a series of lessons can be drawn.

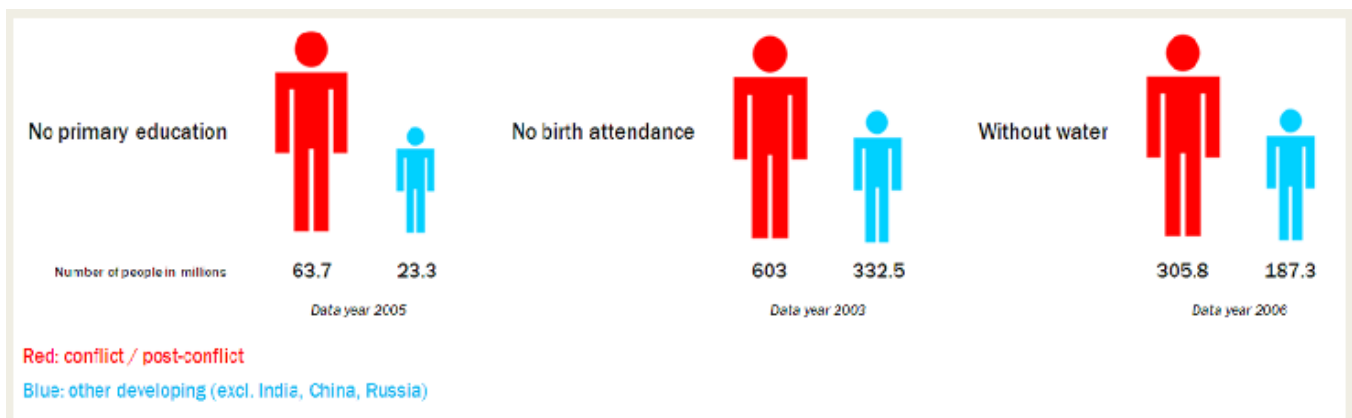
Treading carefully...or, the need for a conflict-sensitive approach to programming

Delivering social protection and services in a way that does not inadvertently contribute to conflict is a major challenge. A 'conflict-sensitive' approach to programming – one that aims to 'do no harm' – is a critical first step. Beyond this, there is some emerging evidence on the potential of education and water and sanitation interventions to actually facilitate positive peace-building processes. Or, to put it another way, to 'do some good'.

Building on what is there...or, the resilience of people and communities

Given the above discussion, it is perhaps tempting to think that service provision is all about what states and 'formal' institutions do. However, there is substantial evidence of individuals, households and communities using their own resources and initiative to access healthcare, support each other and keep their children in school in conflict-affected situations. Programming often fails to build on these existing

Figure 1: Conflict-affected countries do worse against service-related indicators than more stable countries



Source: Gates et al. (2012). Infographic created using Easel.ly.

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strategies and practices, and in some instances has been found to undermine people's activities.

Getting things in the right order...or, who should do what and when?

The increasing role of multi-donor trust funds (MDTFs) and sector-wide approaches (SWAs) are highlighted as significant in the literature, with frequent reference to the current and potential efficacy of their role in transition processes. On timing and sequencing, noteworthy discussions concern the challenges facing effective transitional programming in service delivery, including transitional funding gaps, maintaining quality and getting the right aid instruments in place at the right time. Despite the desire for transferable lessons and models, however, it is clear that context still comes first.

The big question: can (or how do) services lead to state-building?

The literature on social protection and basic services in fragile and conflict-affected situations contains one glaring piece of 'received wisdom': that certain kinds of social protection programming and improvements in service delivery can contribute to state-building outcomes.

Such 'wisdom' is premised on the idea that services can act as a direct line of contact and accountability between governments and their citizens. As Van de Walle and Scott (2011: 9) argue, 'Public services are what makes the state visible to its citizens [...] They make the state tangible through an almost daily interaction, direct or indirect'. Conceptual work by the World Bank on the relationships between states, providers and citizens (or clients), presented in its 2004 World Development Report (World Bank, 2003), has provided some additional theoretical backing for this connection.

The key concept underpinning the theoretical relationship between services and state-building is legitimacy. In particular, as the OECD (2010b) have stated, the quality and effectiveness of public goods and services is understood to constitute a major source of what is termed 'output'- or 'performance'-based legitimacy, conveyed through citizens' perceptions of and attitudes towards political authorities.

However, although the logic underpinning this relationship is compelling and might appear deductively sound, there is very little empirical evidence supporting the causal connection. This is particularly concerning given the substantial spend (\$46.7 billion) of OECD DAC donors in fragile and conflict-affected situations, and their related commitment to state-building as a central objective of engagement. While this sizeable knowledge gap is gradually being filled by a series of ongoing evaluations of social funds and large-scale community-driven development programmes in a range of conflict-affected places – from northern Uganda to the Philippines – as well as by an increasing number of studies into the impacts of contracting out on governance outcomes, several questions remain. In particular, the small size and limited geographical scope of the current evidence base makes it difficult to know if 'success' in one context can be replicated in another. Furthermore, it is not yet known whether systems strengthening in one sector – for example, health – can contribute to wider state-building processes beyond that sector (Eldon et al., 2008).

Conclusion

Overall, the SLRC review finds that there is limited evidence, of mixed quality, about social protection and basic services in conflict-affected situations, including about how far delivering social protection and services contributes towards state-building. The implications of this are far reaching: assumptions about what interventions contribute to state-building processes have already and significantly begun to shape policy and programme choices, leading to a risk that some donor policies in conflict-affected countries may, to borrow from Gordon (2012), be the equivalent of 'a house built on sand'. The other danger is that state-building outcomes may become the predominant indicators of successful service delivery in conflict-affected situations and that other, more typical outcomes of service delivery – clean drinking water, better healthcare, improved education – are sidelined.

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