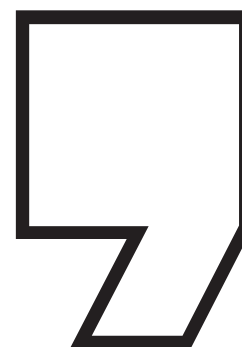Researching livelihoods and
services affected by conflict

Social Protection and Basic Services in Fragile and Conflict-Affected Situations

About us

Secure Livelihoods Research Consortium (SLRC) aims to generate a stronger evidence base on how people make a living, educate their children, deal with illness and access other basic services in conflict-affected situations (CAS). Providing better access to basic services, social protection and support to livelihoods matters for the human welfare of people affected by conflict, the achievement of development targets such as the Millennium Development Goals (MDGs) and international efforts at peace- and state-building.

At the centre of SLRC's research are three core themes, developed over the course of an intensive one-year inception phase:

- State legitimacy: experiences, perceptions and expectations of the state and local governance in conflict-affected situations
- State capacity: building effective states that deliver services and social protection in conflict-affected situations
- Livelihood trajectories and economic activity under conflict

The Overseas Development Institute (ODI) is the lead organisation. SLRC partners include the Centre for Poverty Analysis (CEPA) in Sri Lanka, Feinstein International Center (FIC, Tufts University), the Afghanistan Research and Evaluation Unit (AREU), the Sustainable Development Policy Institute (SDPI) in Pakistan, Disaster Studies of Wageningen University (WUR) in the Netherlands, the Nepal Centre for Contemporary Research (NCCR), and the Food and Agriculture Organization (FAO).

Contents

Tables, figures and boxes

Abbreviations

4Ps	*Pantawid Pamilyang Pilipino Program* (Philippines)
ADB	Asian Development Bank
AfDB	African Development Bank
AMCOW	African Ministers' Council on Water
ARTF	Afghanistan Reconstruction Trust Fund
AusAID	Australian Agency for International Development
BISP	Benazir Income Support Programme (Pakistan)
BPHS	Basic Package of Health Services
BRA-KDP	Community-based Reintegration Assistance for Conflict Victims Programme (Indonesia)
BSC	Balanced Score Card
CDC	Community Development Council
CDD	Community-driven Development
CEP	Community Empowerment and Local Governance Project (Timor-Leste)
CFW	Cash for Work
COFOG	Classification of the Functions of Government
CPIA	Country Policy and Institutional Assessment
CPR	Country Performance Ratings
CPRC	Chronic Poverty Research Centre
DAC	Development Assistance Committee
DDR	Disarmament, Demobilisation and Reintegration
DFID	UK Department for International Development
DRC	Democratic Republic of Congo
EC	European Commission
EFA	Education For All
FAO	Food and Agriculture Organization
FCAS	Fragile and Conflict-affected Situations
FFW	Food for Work
FTI	Fast Track Initiative
GAPVU	*Gabinete de Apoio à População Vulnerável* (Mozambique)
GAVI	Global Alliance for Vaccines and Immunisation
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GoR	Government of Rwanda
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSNP	Hunger Safety Net Programme (Northern Kenya)
IASC	Inter-Agency Standing Committee
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IDP	Internally Displaced Person
ILO	International Labour Organization
INEE	Inter-Agency Network for Education in Emergencies
IRC	International Rescue Committee
ISA	Independent Service Authority
LIC	Low-income Country
LRA	Lord's Resistance Army
LWSC	Liberia Water and Sewer Corporation
M&E	Monitoring and Evaluation
MCRD	Ministry of Cooperatives and Rural Development (South Sudan)
MDG	Millennium Development Goal
MDTF	Multi-donor Trust Fund
MIC	Middle-income Country
MoH	Ministry of Health (DRC)
MoPH	Ministry of Public Health (Afghanistan)
M&E	Monitoring and Evaluation

NATO	North Atlantic Treaty Organization
NER	Net Enrolment Ratio
NGO	Non-governmental Organisation
NSP	Non-state Provider
NUSAF	Northern Uganda Social Action Fund
ODA	Official Development Assistance
ODI	Overseas Development Institute
OECD	Organisation for Economic Cooperation and Development
PPHO	Provincial Public Health Office (Afghanistan)
PPA	Performance-based Partnership Agreement (Afghanistan)
PRSP	Poverty Reduction Strategy Paper (PRSP)
PSNP	Productive Safety Net Programme (Ethiopia)
RED	DFID Research and Evidence Division
RCT	Randomised Control Trial
RWSS	Rural Water Supply and Sanitation
SLRC	Secure Livelihoods Research Consortium
SFD	Social Fund for Development (Yemen)
SGBV	Sexual and Gender-based Violence
SSN	Social Safety Net (Sierra Leone)
SWAp	Sector-wide Approach
UCLA	University of California, Los Angeles
UK	United Kingdom
UN	United Nations
UNDP	UN Development Programme
UNEP	UN Environment Programme
UNESCO	UN Educational, Scientific and Cultural Organization
UNICEF	UN Children's Fund
US	United States
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WSP	Water and Sanitation Program
WSS	Water Supply and Sanitation

Preface

This paper is one of a series of evidence papers produced by the Secure Livelihoods Research Consortium (SLRC) as part of its inception phase (January 2011 to March 2012). Seven country evidence papers have been produced (Afghanistan, Nepal, Pakistan, Sri Lanka, South Sudan, Uganda and DRC) and are supported by two global evidence papers focusing on social protection and basic services, and growth and livelihoods respectively. Each paper systematically explores and assesses the available evidence about livelihoods, social protection and basic services in the country. The papers do not attempt to generate new data, nor produce new analyses. Rather they assess what is already known and review the quality of the current evidence base. The papers, along with a series of global and country-based stakeholder holder consultations, have been used to formulate the future research agenda of the SLRC.

This paper was written by Samuel Carpenter, Rachel Slater and Richard Mallett, with assistance from Mathieu Tromme and Paul Harvey. Thanks to Steve Commins, Eva Ludi, Rebecca Holmes and Kerstin Tebbe, who provided specific inputs on health, water, social protection and education, respectively. The authors are also grateful to other Secure Livelihoods Research Consortium (SLRC) members for their feedback on a summary of this paper presented at the SLRC workshop held at ODI in London on 14-16 September 2011, as well as to Roo Griffiths for editing services. The opinions expressed in this paper are those of the authors alone.

Owing to the size of this review, consistent cross-referencing throughout the paper – with hyperlinks for better accessibility – helps to signpost relevant additional information and related sub-sections within the review.

Executive summary

Places affected by fragility and conflict perform consistently worse against a range of development indicators compared to their more stable counterparts. Yet, it is in these contexts that data are most limited, that evidence is of the poorest quality, and that programming and policy making tend to be least informed (Section 1). In an effort to generate better understanding and to identify useful lessons and findings for researchers and decision makers working on and in fragile and conflicted-affected situations, this review synthesises and assesses the available evidence on social protection and basic services (health, education and water) in fragile and conflict-affected situations.

Relevant literature was gathered through a multi-staged process – including: three systematic reviews on school feeding, social funds and water user committees; a snowballing approach with the starting point determined by recognised experts; and an orthodox literature review process focusing on institutional websites – and reviewed through the lens of an analytical framework involving three frames (people and communities; the state; non-state actors) (Annex 1).

The evidence base on social protection and basic services in fragile and conflict-affected situations is generally fairly weak (Section 2). Data can be 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. Yet, innovative monitoring and evaluation processes are now being implemented in fragile and conflict-affected situations: note, for example, the Balanced Score Card approach used to monitor implementation of the basic package of health services in Afghanistan. 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. 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 is being adopted by researchers working in these areas in fragile and conflicted-affected situations. In terms of other considerations regarding the quality of evidence, there 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 weak.

Sections 3 and 4 constitute the descriptive core of the review, presenting the data and evidence on social protection and basic services (health, education, water), respectively. Each section includes both an overview of key data relating to expenditure and coverage, as well as a discussion on delivery, with a particular focus on actors, modalities and mechanisms.

The available evidence suggests that social protection in fragile and conflict-affected situations is delivered predominantly by non-state actors, specifically international non-governmental organisations or UN agencies, with projects that are generally small in scale, of limited coverage and involving food- or cash-based assistance (Section 3). Government social protection systems are often weak in fragile and conflict-affected situations, especially in Africa, and generally do not go beyond cash transfer programmes of limited coverage or World Bank-led social funds. Where they are more developed, usually in South Asia, they are often ineffective, hampered by problems ranging from low coverage and low transfer value to patronage and lack of coordination and vision. Meanwhile, it is found that people – individuals, households and communities – regularly pursue informal social protection strategies in order to mitigate the risks they face; a clear demonstration of the resilience of agency under conditions of conflict.

There is also evidence from Aceh in Indonesia to Turkana in Kenya that cash provided later on in a post-conflict situation may be spent on livelihoods recovery, particularly when the value of the transfer is larger, and an increasing number of rigorous impact studies suggest that social funds and community-driven development programmes in fragile and conflict-affected situations can generate significant improvements in the economic welfare of beneficiaries. There are also examples of positive impacts of social funds in terms of improving people's access to education, water and health services. However,

the effectiveness of social funds and community-driven development has been questioned in relation to both the scale of the projects and the sustainability of inputs.

On basic services, while there is no clear consensus within the literature as to whether conflict increases or decreases the level of private sector provision of basic services, it is clear that in both the health and the education sectors, non-state providers, particularly NGOs, the private sector and faith-based organisations, are often vital sources of resilience (Section 4). Yet, while there are examples where agencies have been able to build effectively on these informal resilience mechanisms, particularly in the education sector, high levels of informal or non-state provision are considered by many to be problematic for sector coordination and the development of a coherent national policy vision.

Meanwhile, government leadership of aid interventions has been vital to determining outcomes in a number of cases, in both the health and the water supply and sanitation sectors. Examples include the leadership seen in the 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. In contrast, positive examples of stewardship are rare in the education sector, and contracting-out is not nearly as common as in the health sector.

Having described what the 'landscapes' of social protection and service delivery look like in fragile and conflict-affected situations, the review then identifies six key themes emerging from the analysis of evidence – this constitutes the analytical core of the paper (Section 5). The themes are as follows:

- **The resilience of people and communities.** There is substantial evidence of individuals, households and communities maintaining and utilising agency in order to access social protection and basic services in fragile and conflict-affected situations (Section 5.1). However, programming regularly fails to build on existing strategies and practices, and in some instances has been found to undermine people's activities.

- **(In)effective engagement between states and non-state providers.** Of the now many different modes of interaction between the state and non-state providers proposed or being implemented, there is currently insufficient data on their relative utility, including the efficiency gains of competition in contracting out (Section 5.2). That said, our understanding is improving gradually, benefitting in particular from a number of recent studies from Afghanistan.

- **Building stability and states: what do we know, what don't we know?** Despite widely circulated assumptions to the contrary, it is clear that we know relatively little about building states and stability through service delivery and social protection programming (Section 5.3).

- **'Citizenship building': accountability and the importance of demand.** Evidence from a whole host of countries – and in all three basic service sectors – suggests there is a case for an increased focus on accountability and the importance of citizen demand in basic service delivery, implying both a discursive and policy shift towards what might be termed 'citizenship building' (Section 5.4).

- **Conflict sensitivity, conflict mitigation and peace-building.** There are clear challenges associated with programming and delivery for international aid actors seeking to ensure conflict sensitivity and/or mitigation whilst not undermining the goals of expanding access and ensuring equity (Section 5.5). Although still thin and significantly outweighed by rhetoric, there is some emerging evidence confirming the potential of education and water interventions to facilitate positive peace-building processes.

- **International engagement: who should do what and when?** The increasing role of multi-donor trust funds (MDTFs) and sector—wide approaches (SWAps) are highlighted as significant in the literature, with much mention of the current and potential efficacy of their role in transition processes (Section 5.6). On timing and sequencing, noteworthy discussions concern the potential for graduation in social protection interventions and challenges to effective transitional programming in service delivery, including transitional

funding gaps, maintaining quality and getting the right aid instruments in place at the right time.

This review also explicitly highlights weaknesses and gaps in the evidence base (Section 5.7). Two key points of received wisdom ('common knowledge' that is not necessarily supported by robust evidence) exist within the current literature: 1) that social funds and CDD can improve social cohesion and state–citizen relations, thus reducing conflict; and 2) that there is a causal link between service provision and improved state legitimacy and/or state–citizen relations. Yet, while learning on the former will no doubt benefit from an increasing number of rigorous evaluations of social funds and CDD in a range of conflict-affected places – from Northern Uganda and Nepal to Afghanistan and the Philippines – there is still a dearth of empirical evidence confirming (or challenging) the supposed relationship between service delivery and state-building. Despite this, however, assumptions on what health interventions can contribute to state-building processes have already begun to shape policy and programme choices.

Other significant gaps identified through the review process relate to: 1) the necessary conditions for the implementation of long-term, more predictable safety nets in fragile and conflict-affected situations; 2) the impacts of systems strengthening in the health, education and water sectors on state-building; 3) the relative importance of health, education and water and sanitation services as opposed to security and justice services in political and social stability and state-building; 4) the relative effectiveness of different modes of state–non-state provider engagement; 5) the applicability of a score card system, measuring progress against a basic package of services, for the provision of health, education and water services to different countries; and 6) an understanding of the specificities of intra-state/sub-national fragility, including cities and peri-urban areas.

1   Introduction

The current situation of access to services and social protection in fragile and conflict-affected situations is dire.

Statistics tell us that, in terms of **health**, countries affected by conflict and fragility contain one-third of maternal deaths each year in developing countries, nearly half of all children dying before their fifth birthday each year in developing countries and one-third of those living with HIV/AIDS in developing countries (High-Level Forum on Health and the MDGs, 2004). On **education**, more than 25 million out-of-school children, amounting to more than one-third of the total number globally, live in low-income countries (LICs) affected by conflict (UNESCO, 2011). When we include children living in fragile situations not classified as being affected by conflict – for example Haiti, Nigeria and Zimbabwe – this number rises to 40 million, or more than half of the world's out-of-school population (Save the Children, 2009a). Turning to **water and sanitation**, between 1990 and 2008, rural water supply in Africa's low-income fragile and conflicted-affected situations increased by only 1 percent, against an increase of 17 percent in Africa's stable LICs, whereas urban supply dropped by over 2 percent (AMCOW Country Service Overviews 2, in WSP, 2011). Similarly, open defecation in rural areas reduced by only 7 percent compared with 14 percent in their stable partners. Finally, people's lack of access to adequate systems of **social protection** in fragile and conflict-affected situations and the entitlement failure this begets is illustrated by the fact that, on average, one in three people living in fragile and conflicted-affected situations is undernourished (High-Level Forum on Health and the MDGs, 2004).

Moreover, as highlighted by last year's World Development Report (World Bank, 2011a), the **poverty** gap between countries affected by major violence and those not affected by violence has been steadily increasing over the past three decades or so (see Figure 1).

Figure 1: The poverty gap between countries affected by major, minor and negligible violence has increased dramatically since 1981
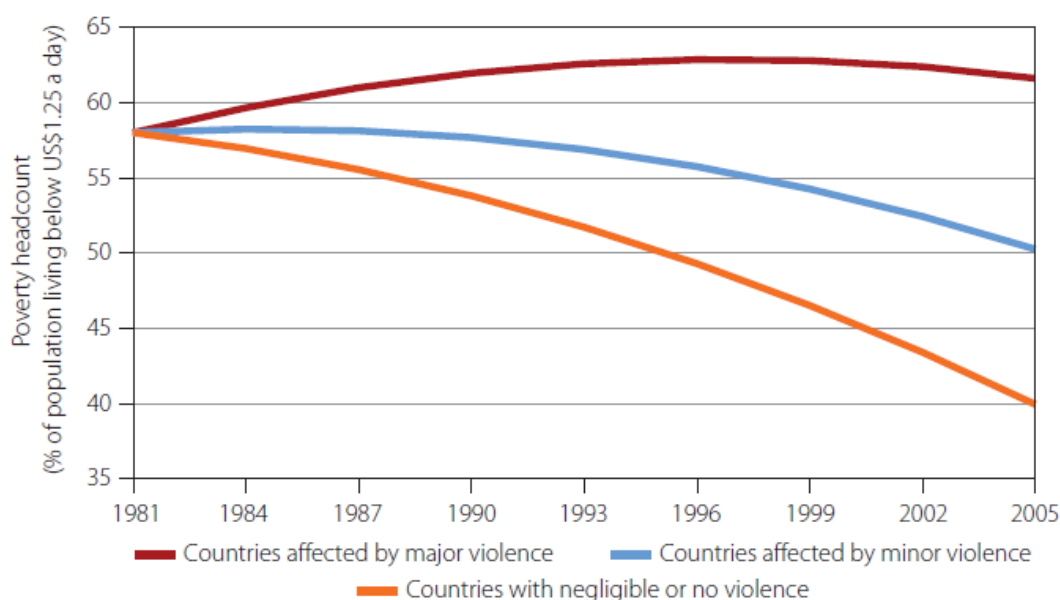
Source: World Bank (2011a: 4).

Given that fragile and conflicted-affected situations contain just one-sixth of the world's population (OECD, 2009a) – and perhaps even lower than this (see IBRD and World Bank, 2012) – they thus contain a disproportionate amount of the world's problems. And this is not, as might be expected, a matter of conceptualisation or semantics. As Haar and Rubenstein (2012: 2, emphasis added) recently highlighted, '*However defined*, states characterized as fragile or conflict-affected tend to [...] show less progress on achieving the Millennium Development Goals' than states at comparable levels of development.

That said, data and evidence are a real problem in contexts of conflict and fragility. While alarming, the figures quoted above must be taken with a pinch of salt. Researchers and statisticians do as well as they can with what they have, but in many cases the ability to collect data and measure progress against development indicators in fragile and conflict-affected situations simply does not exist. This year's Global Monitoring Report even goes so far as to suggest that a 'lack of timely and reliable statistics on the basis of which policies can be formulated' is a defining characteristic of fragile and conflicted-affected situations (IBRD and World Bank, 2012: 112). In other words: data quality as classification criteria.

There is, therefore, a clear need for rigorous empirical research on which to ground the evidence-informed policymaking necessary to facilitate an improvement in access to social protection and basic services in fragile and conflict-affected situations. This paper provides a contribution to supporting this agenda through an assessment of what we know from the current evidence about social protection and basic services – health, education and water - in fragile and conflict-affected situations, as well as assessing the quality of that evidence and its most pressing gaps.

1.1   Original research questions and analytical framework

This paper synthesises the available evidence on social protection and basic services in fragile and conflict-affected situations. Its production was guided by the following research questions.

1   *People:* What is known about people's own responses, disaggregated by gender, to conflict and their tactics for making a living and maintaining access to basic services and social protection?
2   *Governance:* How do state and society interact in the institutional arrangements that mediate livelihoods, social protection and access to services? What are the gender dimensions of these interactions?
3   *Aid:* What aid is being provided and what is its effectiveness in supporting access to basic services, livelihoods and social protection? What is known about the gendered impact of aid?
4   *Private sector:* What is known about the role of the private sector in 1) delivering services and social protection and 2) stimulating multipliers and growth linkages?
5   *Linkages:* What linkages between people–aid–governance determine outcomes in relation to livelihoods and access to social protection and basic services?
6   *Data:* What current data exist on poverty levels, livelihoods, growth, access to basic services, access to social protection and key health and nutrition indicators, and what quality are they?
7   What is the *quality* of the current evidence (including the extent to which gender is analysed)?
8   What types of *methods* are currently being used to research livelihoods, access to services and social protection?
9   What are the *gaps* in the evidence, research methods and secondary data?

Implicit in these research questions is an analytical framework focused on three spheres: people and communities, state and non-state. This framework, illustrated in Figure 2, throws into sharp relief the interactions, synergies, tensions and hybrid institutional forms that occur among these three analytical frames.

Figure 2: SLRC inception phase analytical framework
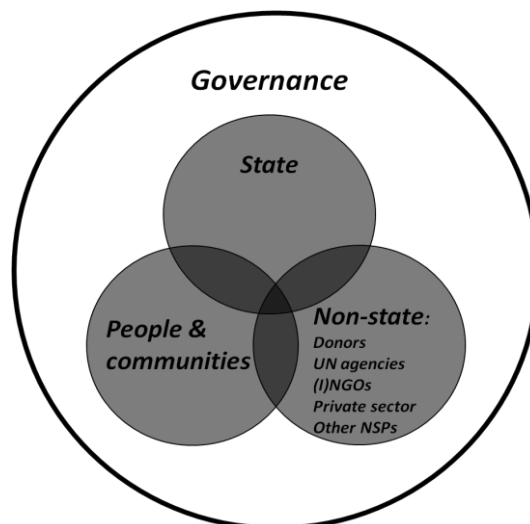
Source: SLRC internal.

The areas where the spheres overlap are of particular importance in relation to fragile and conflict-affected situations as they encompass the interactions and linkages between people, the state and non-state actors that can be vital in determining humanitarian, development and peace- and state-building outcomes. For example, as Section 6 highlights, the mode of interaction between the state and non-state providers (NSPs), particularly in delivering basic services, is often essential in determining these outcomes, and there is a rich diversity of potential modes of regulation, stewardship, contracting and partnership currently being explored as a means to mediate this relationship as productively as possible. Focusing on the overlaps can help us identify the sorts of governance arrangements that lead to improvements in the livelihoods and wellbeing of poor people. Therefore, this framework helps us heed the call made by one prominent theorist of governance to go 'beyond "civil society" or "state-based" approaches and focus on their intersection, by looking at participation, responsiveness and accountability' (Gaventa, 2004: 27). Governance is deployed as the all-encompassing frame as it is understood that all interactions between different actors are mediated by a multitude of processes of governance, operating at and across the household, community, local, national, regional and global levels.

1.2   Methodology

Particular attention was paid to developing a methodology for this review that was as rigorous and comprehensive as possible given the usual constraints of time and budget – Annex 1 gives a full description and explanation of the methodology.

Put briefly, in order to identify relevant existing literature, a three-track system was developed that comprised:

- Three focused systematic reviews (on what is known about the impacts of water user committees in fragile and conflict-affected situations; what is known about the impacts of school feeding programmes in fragile and conflict-affected situations; and what is known about the impacts of social funds in fragile and conflict-affected situations);
- A systematic snowball that began with references to key research made by recognised experts in each field; and
- A more orthodox search process of citation databases, internet search engines and institutional websites, as well as a review of key recently published studies circulated by various members of SLRC.

Analysis was supported by sectoral specialist inputs on health (Steve Commins), education (Kerstin Tebbe) and water (Eva Ludi).

1.3   Structure

Having outlined the background for this paper in the Introduction, in Section 2 we go straight to an assessment of the state of the evidence on basic services and social protection in fragile and conflict-affected situations, focusing in particular on data availability, types of methods used, the quality of evidence, and the extent of gendered analysis in the literature.

In Section 3 we look at the available evidence on social protection in fragile and conflict-affected situations, paying particular attention to the way in which social protection is framed within contexts of conflict and fragility, the breadth and depth of social protection coverage, the kinds of actors, modalities and mechanisms involved in the delivery of social protection, and the impacts of a range of social protection interventions.

We then move on to a discussion of basic services in fragile and conflict-affected situations in Section 4. The Section is split into three, with the first focusing on health, the second on education, and the third on water and sanitation. Each of these sub-sections provide rundowns of the state of each service in conflict-affected contexts, presenting basic data on a number of indicators and exploring the range of actors, modalities and mechanisms involved in delivery.

Section 5 is the analytical core of the paper, presenting six key analytical themes that emerge across the literature, and goes beyond the descriptive approach in Section 3 and 4. These centre on: the resilience of people and communities in terms of maintaining and utilising agency in order to access social protection and basic services in conflict-affected environments; modes of interaction between the state and non-state providers; the relationship between service delivery, stability and state-building; the importance of 'citizenship-building'; conflict sensitivity, mitigation and peace-building; and timing and sequencing of programmes. We also identify, in a separate sub-section, a number of received wisdoms prominent in the literature, key knowledge gaps and a set of emerging research questions.

Finally, Section 6 presents the overall conclusions of the paper.

2   The state of the evidence

Before turning to what the literature tells us, this section analyses the state of the current evidence base on social protection and basic services in fragile and conflict-affected situations, addressing key issues such as data, methods, quality (in terms of both methodological quality and wider research considerations) and gender analysis. The section also reflects on the potential for evidence-informed policymaking and concludes with a discussion of what this all means for the research approaches and methods of the SLRC going forward.

2.1   Data

High quality, up-to-date data are important in enabling effective research on fragile and conflict-affected situations. Such data are also essential in the design of effective social protection interventions. The availability of sources of high-quality quantitative data on poverty levels and livelihoods in conflict-affected contexts is variable. Data on current social protection expenditure and programmes are very patchy, with many countries missing and up-to-date information hard to come by. There are instances where such data are available, the Uganda National Household Survey in Northern Uganda for example, but these show that they must be sought on a case-by-case basis. It is also important to note that poverty indicators often do not address how poverty may be qualitatively different in fragile and conflict-affected situations.

Barron (2011) highlights the underutilised data collection potential of community-driven development (CDD) projects (see Section 3.4.4 for a discussion of CDD and social funds). Currently, strategies for generating ongoing information on both project performance and the contexts in which they are working are lacking. But CDD projects have a vast resource in their networks of facilitators stationed in villages, and thus have the potential to collect data to provide real-time information on local conditions and to allow for responses to be adapted as local conditions change (ibid.).

The availability and quality of data on access to basic services in the health, education and water sectors vary.

In the health sector (see Section 4.1), data on service delivery in conflict-affected situations can be affected by the political situation and by the aid agency landscape (Pavignani and Colombo, 2001). After the collapse of the Angolan peace process in 1992, for example, the collection and use of routine data deteriorated as agencies and non-governmental organisations (NGOs) produced a disparate array of data, making aggregate analysis impossible. And, as a result of a surge in health sector funding in Mozambique between the mid-1980s and 1992, and the resulting pressure to disburse funds quickly, which led to a relaxation in funding criteria, project monitoring and evaluation (M&E) became superficial or non-existent. Yet this situation has improved in some places, and innovative M&E processes are being implemented, for example the Balanced Score Card (BSC) to monitor implementation of the Basic Package of Health Services (BPHS) in Afghanistan, leading to gains in sector management and enforceability in the relationship between the state and NGO service providers (see Hansen et al., 2008). At the global level, the data repository of the World Health Organization (WHO) Global Health Observatory provides easy access to a comprehensive range of data on health, including services and systems, which covers all countries affected by conflict (see http://www.who.int/gho/database/en/). Such data can be used to identify overall patterns concerning specific groups of countries, for instance those in a state of 'arrested development'.

There have also been recent improvements in data collection within the education sector (see Section 4.2). The Education for All Global Monitoring Report, particularly the 2011 report on education and armed conflict (UNESCO, 2011), has provided a consensus point on definitions and an internationally recognised source of reliable and cleaned data (INEE, 2010). The availability of Education Policy and Data Center data has now also made trend analysis of the impact of education in situations of ongoing conflict possible. These data can also provide information on important aspects of education service delivery, including how many schools are operating, enrolment and transition rates over time, teacher allocations and financial investments. If governance has broken down, however, the best source of data

may be the IASC (Inter-Agency Standing Committee) rapid data collection from the clusters. Note, however, that, when assessing sector performance within countries, it is important to examine intra-state fragility. As data presented by Ratcliffe and Perry (2009) show, those states that look to be improving overall in relation to education, including the Democratic Republic of Congo (DRC) and Haiti, actually have declining education sectors in their fragile areas.

In the water sector (see Section 4.3), data relating to access are available through, for example the website of the WHO/UN Children's Fund (UNICEF) Joint Monitoring Programme for Water Supply and Sanitation, which includes data on access to various qualities of water and sanitation services in 1990, 1995, 2000 and 2008. One other important source of data on fragile and conflict-affected situations in Africa is that coming out of the African Ministers' Council on Water (AMCOW), as used by the multi-donor partnership Water and Sanitation Program (WSP) (2011).

2.2   Quality of the evidence

A study by the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) on service delivery in fragile situations aptly sums up the state of the evidence: '[d]iscussion in this field depends to a large extent on general scenario descriptions and scattered lessons from idiosyncratic contexts. The evidence base is thin and lacks rigour: findings come more often from self-reported success stories and anecdotes than from professional evaluations' (OECD, 2008a: 39). Batley and Mcloughlin (2009: 8), among others, reiterate this point on the quality of the evidence, noting that '[m]uch of what is written is based on normative, scenario-type statements, with isolated examples'.

Indeed, literature searches conducted as part of this review found that the number of studies based on secondary research far outstrips those based on primary research, and it seems that the literature as whole is dominated by two key types of study design: a) literature reviews, sometimes with focus case studies (as a rule, these reviews do not examine the quality of the studies from which they draw their evidence); and 2) think-pieces and policy development working papers (providing guidance to donors) which draw on some of the existing literature. Further, of the relatively low number of primary research studies identified, a methodological bias towards qualitative approaches (focus groups, interviews) is apparent.

Batley and Mcloughlin (2009) make some important and more generally applicable observations around what is missing from the methods and analytical frameworks currently being employed in examining state interaction with NSPs. They highlight a wider failure to address contextual complexity, confounding factors and 'noise' in many studies on social protection and basic services in conflict. For example, state–society relations are highly variable over time and place, as studies that trace longer-term state-building trajectories show (Eldon and Gunby, 2009). Much of the literature, however, seems to suggest that social contracts are like personal ethics: either you have them or you don't. Social contracts, as well as political settlements, are made up of multiple, interdependent struggles that change over time and are inherently complex (see Rocha Menocal, 2009).

Building on the comments made by Batley and Mcloughlin (2009), it is clear that researchers should be wary about making generalisations of causal determinism and ensure they engage adequately with: 1) historical relations within the state/situation, including societal and market interactions; 2) the historical conditions that facilitate or necessitate the emergence of coping strategies, NSP modes of provision and the regimes of governance that mediate access to social protection and basic services; and 3) the impact of these historical relations and conditions in terms of creating path dependencies that limit the range of options that are possible and desirable in the situation.

The three systematic reviews carried out as part of the research process for this review (see Annex 1) reveal a dearth of high quality evidence on the impacts of three common social protection and service interventions in fragile and conflict-affected situations: school feeding programmes, social funds and water committees. Even though the school feeding review found 14 relevant studies, many of these did not focus on conflict-affected parts of the countries in question (e.g. Bangladesh, Kenya). While we cannot claim that these findings are representative of the broader literature on social protection and service intervention impacts, this nonetheless represents a cause for concern.

A consideration of ethical issues is also clearly lacking within primary research in fragile and conflict-affected situations. Of the studies listed in Table 1 above, only two (Beath et al., 2010; Fearon et al., 2009) stated that they had included ethical issues in their research design or had attended to them in the course of data collection and analysis. Given the potential for adverse impacts on respondents and wider conflict, governance and livelihood dynamics, as well as questions of researcher independence, this low proportion should be of significant concern.

Finally, on basic services generally, there is a bias within the literature towards post-conflict situations of fragility and states in early recovery, with less research on service delivery in protracted crises and the impacts of sub-national fragility and local political settlements.

2.3   Gender analysis

Overall, across the available evidence on social protection and basic services in fragile and conflict-affected situations, gender analysis is rather weak, although there are some notable exceptions. One important point to note here is that individual women and men and their gender roles are only one dimension of gender. As Zarkov (in Bouta et al., 2005: 3-4) points out, gender operates on multiple other levels, including:

> [...] the level of institutions and organizations producing specific masculinities and femininities, and at the same time being the product of gender; the level of ideology and doctrine, with their (gendered) values and norms; finally, the symbolic level (not only female and male bodies as symbols of nations and states, or victims or heroes, but also meanings that are—at first sight—not seen as gender, such as sovereignty). Furthermore, processes are gendered (based on specific gendered assumptions) and they gender reality and so does development.

One excellent example of such gender analysis relating to the role of discourse *as* practice in violence and security can be found in the work of Shepherd (2008) focusing on the case of UN Security Council Resolution 1325 on women, peace and security. But the literature reviewed on social protection and basic services does not engage with these levels of analysis, instead focusing simply on individual women and men and the relations between them.[1]

Many studies on social protection perform only a surface-level analysis of gender, failing to get at gendered power relations, specifically intra-household dynamics. Evidence suggests that women tend to benefit very little from cash payments for the reinsertion of ex-combatants since, as in Angola, demobilised men do not necessary feel obliged to use their pay in the best interests of their dependants (Ozerdem, 2008). Conversely, in a World Food Programme (WFP) pilot project in Sri Lanka, it was found that, in households where women already had greater control over resources, assistance in the form of cash, as opposed to in-kind transfers, led to improved and diversified household diet and reduced expenditure on alcohol (Sharma, in Harvey, 2007). However, Harvey (2007) raises the issue of potential domestic abuse, resulting from men not accepting such increased intra-household power that such transfers give women. Meanwhile, the paucity of evidence available in relation to the complexities of this issue is a concern. This may be particularly so in fragile and conflict-affected situations, where short field visits to insecure locations may militate against taking the significant time necessary to ensure truly gender-sensitive research, for example using methodological techniques such as life histories to uncover hidden intra-household power relations and gender-based violence. For example, one recent study of a Concern Worldwide cash transfer project is able to cite only 'anecdotal evidence' of cash transfers increasing intra-household conflict (Concern Worldwide and Oxfam, 2010).

On the whole, the gendered impacts of social funds and CDD have not been evaluated sufficiently to date, with the vast majority of studies deeming it sufficient merely to disaggregate survey, interview and focus group data by gender, or looking at practical gender needs (e.g. shorter distances to fetch water) rather than at gendered power relations and strategic gender needs. One high-quality example of gender analysis in this literature is the study by Fearon et al. (2009) on CDD in post-conflict Liberia,

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[1] A wider review examining gender, conflict and development commissioned by the World Bank, which examined more than 230 studies, came to a similar conclusion (Bouta et al., 2005).

which built gender analysis into the experimental research design. Evaluations of the National Solidarity Programme in Afghanistan also present cases of good practice in relation to the analysis of gender, examining women's power within the community development councils (CDCs) and wider structures of local governance (Barakat, 2009; Beath et al., 2010). But in this latter case, the analysis is highly complex, and some authors have argued that the CDCs have merely added another layer of institutional governance – within the wider 'hybrid political order' – thus only masking the strength of the underlying social norms that structure gender relations (Azarbaijani-Moghaddam, 2009; Boege et al., 2008). This pattern has also been uncovered in relation to gendered power relations in water committees in Yemen (Tesselaar, 2008).

Meanwhile, although CDCs in Timor-Leste require 50/50 gender representation, gender inequalities have arisen from the fact that women council members are often represented, and thus effectively replaced, by their husbands (Bouta et al., 2005). Further, as research on CDD in Indonesia shows, attending a meeting is not the same as actively participating: when women did attend meetings, they would not always engage or participate actively, which may because a whole range of social dynamics are potentially at play (ibid.). This highlights the deep complexity of gender relations within communities in fragile and conflict-affected situations and the need for further in-depth qualitative research to further uncover these dynamics and assess the extent to which they differ from those in developing countries (of similar income levels) more broadly.

In terms of aid disbursements geared towards increasing gender equality, the basic service sectors have been areas of particular attention for OECD-DAC donors. For instance, over half of donor-funded interventions in the education and health sectors in fragile and conflicted-affected situations, and one-third in the water sector, target gender equality, and more than 80 percent of aid to population policy and reproductive health (OECD, 2010c). These high percentages highlight the significant focus of donors on issues of gender equality in fragile and conflict-affected situations: for all developing countries combined, the shares are lower by more than 10 percent (ibid.).

Yet, despite this renewed effort, it is clear from gender-disaggregated data on health and education in fragile and conflict-affected situations that women's practical health needs are poorly covered, and female enrolment ratios in both primary and secondary education lag behind those of their male counterparts (see Tables 7, 10 and 11).

Women's reproductive health needs are particularly significant in conflict-affected situations, where dangerous birthing practices and a lack of access to midwives, or even skilled birth attendants, can pose a fatal risk, and where many women also suffer from injuries, infections, unwanted pregnancies, sexual dysfunction and HIV/AIDS, as well as mental health problems, as a result of sexual and gender-based violence (SGBV) (Rehn and Sirleaf, in Bouta et al., 2005). Koch (2008) suggests the discrepancy on educational enrolment is likely to because girls are kept at home to help their mothers, who may heading households alone as their husbands have left to fight, been killed in the conflict or fled. Bouta et al. (2005: 14) suggest an alternative explanation: that 'avoiding school is seen as a protection measure against sexual abuse and early pregnancy'. Yet there is also evidence to suggest gender equity can improve in conflict-affected situations. For example, in Colombia, boys have worse dropout, repetition and completion rates; in Burundi, the gender gap has narrowed as a result of a drop in the enrolment rate for boys (Koch, 2008).

Beyond studies focusing explicitly on gender, gender analysis occurs in the literature on basic services in only two, rather undeveloped, forms. First, women are often portrayed as particularly vulnerable in conflict-affected situations. For example, it is noted that women may be at threat of rape or abduction while in search of water (Welle, 2008) or at risk of SGBV in schools during war (INEE, 2010). There is also some, albeit minimal, discussion of women's informal work in the health sector when service delivery shifts from the public to the private sphere in conflict situations. As Koch (2008) highlights, during conflicts, women and girls are often charged with informal caring for sick, wounded and elderly persons, within both the household and the community, placing a significant extra burden on them. On the other hand, Bouta et al. (2005) argue that this gender role change may also serve to strengthen women's skills and organisational capabilities, possibly leading them to take on more public roles during or after conflict – a view supported by anecdotal evidence from El Salvador.

The above point links to another vein within the literature highlighting the, at present largely unrealised, potential for women to play a positive role in basic service delivery, from building schools to providing a secure environment for girls in school and helping transform gender relations more broadly (Berry, 2010; Rose and Greeley, 2006). One case where this potential has been realised is in the work of Tearfund in DRC in supporting women to play a prominent role in a local peace-building process surrounding the management of rural water supply (Burt and Keiru, 2011). However, it is evident that further research in this area is needed to develop our understanding of how women and men can both contribute to building a path from fragility to resilience within the situations, societies and states in which they live.

2.4   Evidence-informed policymaking

An up-to-date, robust evidence base is essential to generate informed policymaking that leads to effective decisions that can improve results and deliver value for money in relation to aid interventions. This paper highlights a number of cases of success and failure of particular aid instruments and interventions that could be used for such policymaking. However, it is important to note that the question of context and historical conditions in fragile and conflict-affected situations means that successes may not necessarily be transferrable to other situations.

This point can be illustrated by taking two prominent examples: the contracting-out of health service delivery in Afghanistan and health system rehabilitation in Timor-Leste. These two situations are unique contexts where intervening variables may have played an important role in policy/programmatic successes. In Afghanistan, major successes have been seen in health outcomes (see Hansen et al., 2008), but this happened alongside a major increase in funding to the health sector. Therefore, it is difficult to attribute this improvement specifically to contracting-out, given the huge increase in aid flows to Afghanistan in recent years, with official development assistance (ODA) receipts rising from $2.81 billion in 2005 to $6.07 billion in 2009 (OECD, 2010b) (see Sections 4.1.2 and 5.2).

In Timor-Leste, the government-led rehabilitation of the health sector, with the early implementation of a sector-wide approach (SWAp) and a clear support role for international NGOs, was a significant success (Alonso and Brugha, 2006). Yet, the particularities of Timor-Leste from 1999 to 2005, including high levels of government legitimacy and social cohesion, the small size of the country and the high level of consensus among health sector stakeholders, again make it difficult to draw easy conclusions that this case could be transferred into wider regional, or even global, policy and replicated in other conflict-affected countries.

For policymaking to become more evidence based there is a clear need for further empirical research in fragile and conflict-affected situations that addresses the gaps and weaknesses identified here. Greater methodological diversity and rigour are required and case study and review-based approaches need to be complemented by primary qualitative and quantitative research. Better analysis of gender is needed and should move beyond mere data disaggregation to include methods such as life histories and in-depth qualitative interviews and focus groups.

At present, there is little assessment of the relative impact and effectiveness of different modes of provision of social protection and basic services in fragile and conflict-affected situations. Therefore, there is a need for research approaches that facilitate comparative analysis of different social protection and service delivery mechanisms. This is beginning to happen with, for example, the case studies that the World Bank and the UK Department for International Development (DFID) have commissioned on innovative service delivery mechanisms in fragile and conflicted-affected situations through the Centre for the Study of African Economies at the University of Oxford.

This paper also illustrates the importance of historical conditions and context in creating the specific conditions for effective delivery of social protection and basic services. The process of conducting the systematic reviews demonstrated that 'cutting out the white noise' is not necessarily desirable in fragile and conflict-affected situations, where context is everything (see Hagen-Zanker et al., 2012; Mallett et al., 2012). While it is important to investigate causality, it is just as important for development policymakers to understand process, such as how interventions are designed and delivered. Finally, greater consideration of ethical issues in future research is needed. Studies examined for this paper

have highlighted, for example, the clear trade-offs that occur between guaranteeing the safety, security and wellbeing of all stakeholders in the research and ensuring breadth of coverage and depth of access to facilitate reliable research findings on conflict-affected situations (see Beath et al., 2010, among others).

Finally, this review highlights a number of gaps in the current evidence base on livelihoods, basic services and social protection in fragile and conflict-affected situations, which are identified later in Section 5.7. Given the presence of these gaps, there is a need for caution in presenting and interpreting the findings of this literature review. Often, grand claims are made about the success of particular approaches or interventions based on limited evidence. Aid interventions in fragile and conflicted-affected situations are as prone to sudden enthusiasms for particular approaches as the rest of the development business, and current hot topics include social funds and contracting-out approaches to service delivery. As we shall see, there is some evidence of success in these areas, but, more fundamentally, there is a need to take care that positive experiences in particular contexts do not translate into blueprint approaches.

3 Social protection

In this section, we assess the extent and quality of social protection initiatives in fragile and conflict-affected situations, paying particular attention to modes of delivery and evidence of impact. First, we discuss definitions and framings of social protection both in general and in contexts of fragility. Second, we present basic data on expenditure, coverage and access. Third, we explore modes of delivery, with a particular focus on actors and arrangements. Fourth, and finally, we explore the impacts of a range of popular social protection interventions, from cash transfers and food aid to social funds and CDD.

3.1   Defining social protection: meanings, framings, objectives

Across developing countries, social protection (see Box 1) is increasingly seen as a crucial component of development strategies to tackle poverty. In the 2008-9 Chronic Poverty Report, for example, it is argued that 'there is now a wealth of evidence that social protection is a cost-effective means of reducing poverty and chronic poverty; that it is affordable and that it can be scaled up even in relatively poor countries' (CPRC, 2009: ix). However, how much of this evidence is empirically solid and the extent to which consistent and appropriate metrics have been applied to measuring 'affordability' are debatable. Social protection is typically seen as important in relation to household risk mitigation, coping and vulnerability reduction, and is justified by some in terms of its potential contribution to economic growth (Alderman and Yemtsov, 2012; Dercon, 2011). However, the general emphasis is on *ad hoc* evidence, abstract models and deductive reasoning rather than hard empirics with good comparators. If the focus is narrowed to fragile and conflict-affected countries, the evidence base becomes more limited, but the bar is already low and there is not the gulf in quality of data and analysis between conflict-affected and other countries that might be expected.

In both contexts affected by conflict and those not, social protection is frequently presented as an agenda that can strengthen the legitimacy of the state by both allowing it to re-shoulder responsibilities for ensuring the basic survival of its citizens and consolidating political contracts between state and society (McConnell, 2010; OECD, 2009b). As Duncan Green (2008: 216) argues, social protection offers 'a practical and effective way to reduce chronic vulnerability, tackle poverty and inequality, bridge the gap between emergencies and development and nourish the relationship of rights and responsibilities between citizens and states that lies at the heart of successful development'. In a similar way to the logic of risk mitigation, vulnerability reduction and economic growth, the link between social protection and social contracts remains empirically unproven.

The terminology surrounding social protection is confused and contested. For some, social protection equates to a Western notion of social security; for others, it incorporates a wider range of instruments to manage the different risks and sources of poverty and vulnerability that poor households face. There is also debate about which interventions should be classified as social protection. As DFID (2006: 1) notes, 'too wide a definition can make it difficult to distinguish from development policy more broadly'. DFID focuses on a subset of public actions that help address risk, vulnerability and chronic poverty that comprises social insurance, social assistance and the setting and enforcing of minimum standards to protect citizens in the workplace.

The social protection definition used in this paper is as follows:

> Social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups (Devereux and Sabates Wheeler, 2004: iii).

We therefore focus on instruments that deliver a transfer (as social assistance or social insurance) rather than broader standards that function through legislation. We do, however, pay attention to wider behaviours and actions within communities (e.g. burial societies, rotating credit associations, credit to meet consumption needs and sharecropping arrangements), which we call informal social protection.

In this paper, we analyse a range of different social protection instruments that prevail in fragile and conflict-affected situations. These include cash and food transfers, cash for work (CFW) and food for work (FFW) and school feeding programmes. Here, we also include social funds or CDD initiatives that commonly have transfers and public works at the core of their activities and have been a feature of programming in fragile and conflicted-affected situations in recent years.

Drawing on the framework developed by Devereux and Sabates-Wheeler (2004), we also explore the distribution of objectives of social protection programming in fragile and conflict-affected situations to identify the extent to which programmes seek to:

- **Protect** basic needs and consumption;
- **Prevent** households from slipping into negative coping strategies (such as eating their seeds stock or selling ploughing oxen);
- **Promote** improved livelihoods by increasing household assets and productivity; and
- **Transform** citizen–state relations by enhancing participation and voice.

Finally, we seek to look beyond experiences and modalities of specific social protection instruments and ask what is different about social protection in fragile and conflict-affected situations. While there are some clear barriers to delivering social protection in these situations, there are no known empirical comparisons between contexts, and little is known about whether conflict-affected situations generate a greater magnitude of problems or different problems altogether, and the balance of barriers to social protection delivery caused by poverty versus conflict. At present, much of the literature on social protection lacks attention to what is different about contexts of fragility and conflict. Harvey (2009) notes that conflict- and post-conflict-affected states are by definition contexts where delivering any services is difficult, 'where the government cannot or will not deliver core functions to the majority of its people' (DFID, 2005). Social protection is often one of a list of basic services that are largely absent, along with access to basic health care and education. Table 1 illustrates the ways in which state fragility makes social protection more difficult in conflict and post-conflict contexts.

Table 1: Challenges for social protection delivery in fragile and conflict-affected situations

Policy level	Implementation level
Capacity problems • Even during recovery, decades of civil war in places like South Sudan mean the task is often less one of rebuilding a system than one of starting anew by developing state capacity at national, regional and then local levels. • The basic administrative capacities to develop policy, liaise with donors and aid agencies, design and plan programmes and target and deliver resources may be in short supply. • In some contexts, governments may themselves be abusive and predatory, making it difficult for international actors to work with them.	**Access to beneficiaries** • Ongoing conflict, the risk of a return to conflict and high levels of insecurity make implementation of social protection programmes more difficult and achieving predictable and regular transfers particularly problematic, especially where governments have limited access to certain parts of the country.
Affordability • Governments in fragile and conflict-affected situations may have a particularly low revenue base, making the affordability of social protection especially challenging.	**Selection of beneficiaries** • Targeting can be particularly contentious and technically difficult where social, ethnic or tribal differences have been a key feature of conflict.
External engagement • International political relations may also limit what is possible in terms of engagement with states around social protection policies and programmes. Where political relations have broken down, donor governments in some fragile and conflicted-affected situations have strict limitations on the extent to which they can directly support governments.	

Source: Authors

High levels of insecurity, violence and conflict in many fragile and conflicted-affected situations make the introduction and implementation of social assistance more difficult, for obvious reasons. Governments and aid agencies may have no or limited access to parts of the country. Insecurity makes it much more difficult to fulfil one of the key aims of ensuring that social assistance transfers are predictable and regular.

Weak government capacity is one of the challenges facing service delivery. The basic administrative capacities to develop policy, liaise with donors and aid agencies, design and plan programmes and target and deliver resources may be in short supply. For instance, in South Sudan, decades of civil war mean the task is often less one of rebuilding than one of starting anew in terms of access to services and developing state capacity at local and regional levels. International political relations may also limit what is possible in terms of engagement with states around social protection policies and programmes. Where political relations have broken down, donor governments in some fragile and conflicted-affected situations have strict limitations on the extent to which they can directly support governments.

In most contexts, the objective of social protection is to directly tackle income poverty. But broader objectives of social protection are particularly salient in fragile and conflict-affected contexts, and the extent to which social protection should or could tackle these is less clear. This is a point that multiple authors writing on social protection highlight. Darcy (2004) argues that the social protection agenda must take into account conflict-related forms of insecurity and align itself with the wider human security agenda that encompasses protection from intimidation and coercion, and not just economic protection. Similarly, Holmes (2011: 224-5) notes that '[w]hen applying the concept of social protection to conflict situations it is important to incorporate an understanding of risk and vulnerability that extends well beyond the economic risks created by instability'.

The forms of risk specific to people living in conflict-affected situations can be seen in the vulnerability and social exclusion of groups such as demobilised ex-combatants, internally displaced persons (IDPs), returnees, widows, orphans and people disabled by war or landmines (Longley et al., 2006). These groups are often targeted in social protection programmes. In Sri Lanka, for example, the country's second largest income transfer programme (second only to the Samurdhi income transfer to the poor) is

cash compensation for disability and is focused primarily on disabled soldiers injured during the conflict. Assistance is also provided to the families of service personnel killed in the conflict as well as those displaced (World Bank, 2006a).2 These policies are not without critique: just as the HIV/AIDS pandemic raised tricky questions about social justice when HIV/AIDS orphans became beneficiaries of social protection while other orphans (from, e.g., road accidents) did not (Slater, 2004), so too does a primary focus on disabled soldiers and victims of landmines rather than any disabled people or those injured not directly as a result of the conflict.

Finally, there is a question of whether the importance and nature of informal social protection are different in fragile and conflict-affected situations. Given the rise in informality during conflict, any consideration of social protection in such contexts should examine both informal social protection and community-based coping strategies, as well as government- or aid-provided services, and how informal support interacts with more formal social assistance. For example, de Coninck and Drani's research in Northern Uganda (2009) found that, during the insurgency of the Lord's Resistance Army (LRA) in the region, affected clan leaders in various areas would negotiate for the transfer of arable land from leaders in the less disturbed zones. They also gave cassava and simsim to displaced people to cultivate and advocated for clan mates to help. In Sri Lanka, the Yasiru micro-insurance scheme came into existence when civil disturbances in the south of the country in 1989 placed existing funeral assistance societies under great pressure. By 2003, it had a membership of 7,000 and covered the Southern, Uva, Western and, increasingly, the Northern and Eastern provinces (World Bank, 2006a). And in Afghanistan, in-depth qualitative research has found that informal credit has been an important source of risk management (Kantor, 2009). However, there are also examples that show not all informal coping mechanisms are positive. The case of sharecropping in Afghanistan, which is often significantly exploitative of the poor and can have negative impacts on livelihoods, emphasises the point that traditional resilience mechanisms should not be viewed through a rose-tinted lens (Longley et al., 2006).

3.2 Quantifying social protection: expenditure, coverage, access

The data on access to social protection in developing countries are patchy at best, and in fragile and conflicted-affected situations the challenges are even greater. There is no single classification of social protection expenditures (the Classification of the Functions of Government (COFOG) categorisation of social protection expenditures does not align with functional definitions of social protection instruments), so it is rarely clear what instruments have been included and excluded. The range of actors also complicates measurement, as does the question of whether to include short-term and longer-term humanitarian or relief operations.

What is clear though, as illustrated in Table 2,[3] which presents data for selected conflict-affected countries, is that government expenditure on social protection as a percentage of gross domestic product (GDP) in fragile and conflicted-affected situations is generally low, more so in the low-income countries. The exceptions to this rule are states or situations where social protection expenditure includes major international contributions, as is the case with the Productive Safety Net Programme (PSNP) in Ethiopia and in the conflict-affected lower-middle-income economies such as Kosovo and Yemen. The sections that follow discuss the types of transfers in different regions and categories of fragile and conflicted-affected situations.

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[2] However, the high consumption (92%) of the disability transfer by these conflict-affected groups has meant that other poor disabled groups have been left uncovered (World Bank, 2006a).

[3] The data in Table 2 should be treated with caution given discrepancies in the definition of social protection (e.g. whether international aid and pensions for private sector workers are included) and the data sources from which the data here are aggregated.

Table 2: Social protection expenditure in selected conflict-affected countries, various years (% of GDP)

Country	Social protection expenditure as % of GDP	Year	Type of transfer (Weigand and Grosh, 2008)
Bangladesh	5.3 (Baulch et al., 2008)	2008	Pensions; cash transfers (including education stipend and assistance programmes and old age allowance); food transfers (including FFW and relief food programmes)
Burundi	1.87 (ILO Social Security Expenditure Database)	1996	-
Congo, Republic of	0.2 (ILO Social Security Expenditure Database)	2003	-
Ethiopia	6.46 (ILO Social Security Expenditure Database)	2002	FFW programme; food aid; food aid distributed under the PSNP
Kenya	0.02 (ILO Social Security Expenditure Database)	2005	-
Kyrgyzstan	11.0 (Baulch et al., 2008)	2008	Pensions; sickness, maternity and funeral benefits; monthly benefits and allowance
Nepal	2.3 (Baulch et al., 2008)	2008	-
Pakistan	1.6 (Baulch et al., 2008)	2008	Pensions; cash transfer programmes (Zakat, Bait-u-Mal); social welfare services; microfinance; workfare; school feeding; wheat subsidy
Sri Lanka	5.7 (Baulch et al., 2008)	2008	Civil service pensions; Samurdhi income transfer to the poor; income support for disabled soldiers and families of service personnel who died in conflict; assistance to those disabled by the conflict; emergency assistance to those affected by droughts and floods; provision of free textbooks and uniforms to children; assistance to indigent elders and families with disabled persons and people with incapacitating illness who are unable to work
Tajikistan	1.0 (Baulch et al., 2008)	2008	-
Uganda	0.07 (ILO Social Security Expenditure Database)	2006	-
Uzbekistan	11.1 (Baulch et al., 2008)	2008	Pensions; unemployment benefits; child allowances; poverty benefits; subsidised credit; housing privileges
Yemen, Republic of	1.9 (Weigand and Grosh, 2008)	1999	-
Zimbabwe	6.52 (ILO Social Security Expenditure Database)	1997	-

Sources: Baulch et al. (2008); ILO Social Security Expenditure Database (presenting IMF data); Weigand and Grosh (2008).

The coverage of social protection programmes, particularly among poor populations, is a cause for concern. Table 3 presents the most recent data on pro-poor coverage of social protection in countries for which such information is available. We have grouped the countries crudely by World Bank income classification categories in order to show pro-poor coverage disparities between fragile LICs and fragile middle-income countries (MICs). Yet, although the gap is significant, on the whole coverage of the poor in fragile and conflict-affected situations is weak, regardless of income category. It is also highly inconsistent. For example, among MICs, just 0.4 percent of Lao PDR's poorest quintile is covered compared with more than 60 percent of Kosovo's. Perhaps more than anything else, this speaks to the massive heterogeneity found within most country groupings, whether defined by per capita incomes or by political (in)stability. It might also speak to weaknesses in the quality of data and/or discrepancies among agencies when it comes to defining what counts as social protection.

Table 3: Social protection coverage in fragile and conflict-affected countries is highly variable, but generally quite poor, with a discernible difference between low- and middle-income fragile and conflicted-affected situations

	Country	Social protection coverage among bottom 20 percent of population (%)	Year	Average coverage among bottom 20 percent of population (%)
LIC	Afghanistan	21.9	2007	**21.9**
	Bangladesh	19.2	2006	
	Cambodia	1.7	2008	
	Kenya	30.8	2005	
	Kyrgyzstan	57.8	2006	
	Rwanda	0.4	2005	
MIC	Bosnia and Herzegovina	58.0	2007	**36.3**
	Guatemala	53.6	2006	
	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 (2011c); original data from various surveys.

3.3   Delivering social protection: actors, modalities, mechanisms

Documented experience with social protection in conflict and post-conflict contexts remains thin on the ground, with humanitarian aid often continuing to act as an inadequate instrument of last resort even in protracted crises (Harvey et al., 2007). There are relatively few studies of government social protection programmes from which to draw research and evidence. What Devereux has termed the 'Catch-22' for social protection – that 'the greater the need for social protection, the lower the capacity of the state to provide it' – is clearly relevant in fragile and conflict-affected situations (in McConnell, 2010: 12). The impact of conflict on existing social protection systems is a significant contributory factor to this lack of capacity, as with the examples of Nepal's pension scheme or Tajikistan's social protection system (Holmes, 2011).

Different actors are commonly found in the social protection sector across all countries. Social protection programmes delivered solely by the state are rare, and the complex configurations of actors

in any system or single programme make comparing government-led social protection programmes with those delivered by NSPs difficult (Harvey et al., 2007). The expenditure and coverage figures presented in Tables 2 and 3 above point to low levels of government delivery of social protection except in a couple of instances, including Sri Lanka and former Soviet states. The high coverage figures elsewhere, for example in Afghanistan, Bangladesh and Kenya, are all boosted by significant donor investments.

In Africa in particular, there are very few examples of solely government-owned, government-driven and government-financed programmes. Some examples of government-led social protection programmes in conflict and post-conflict contexts are provided below. However, basic descriptive documentation of government programmes is often lacking, let alone rigorous evidence-based research about their impact, coverage or effectiveness.

Programmes in Africa that are largely owned or controlled by government still tend to have significant financial, technical and implementation support from donor agencies and NGOs. Examples include the PSNP in Ethiopia, Vision 2020 Umerenge Programme in Rwanda and, with greater donor influence, the Hunger Safety Net Programme (HSNP) in Kenya. The HSNP's secretariat and programme management unit is housed in the Ministry of Northern Kenya, but DFID and the Australian Agency for International Development (AusAID) provide the overwhelming majority of funding. Similarly, the *Gabinete de Apoio à População Vulnerável* (GAPVU) programme in Mozambique was designed with technical support from donor agencies and has been heavily influenced by donor agency priorities and their own orthodox approaches to social protection.

The GAPVU cash transfer programme was initially financed largely through government funds, with technical support from UNICEF and a World Bank-supervised multi-donor funded project, the latter having a large influence on initial design (Low et al., 1999). The coverage of the programme was impressive, with GAPVU reaching about 16 percent of all Mozambique's urban households (Datt et al., 1997). GAPVU contributed to food security, promoted trading activities, supported home gardens and increased household income in certain areas (Harvey and Holmes, 2007). With consumption expenditures net of GAPVU transfers, the proportion in poverty would have been about 71 percent instead of the 65 percent with the transfers included (Datt et al., 1997). Extension into rural areas, in particular those most affected by the war, was much slower. GAPVU took a significant amount of time to get off the ground and suffered from frequent changes in organisational and administrative structure (Low et al., 1999). In addition, its performance in the late 1990s highlights the need to properly resource sound administrative systems, as well as for effective monitoring and supervision (Harvey and Holmes, 2007).

In government programmes in Africa, the issues of policy design and implementation loom large (Holmes, 2011). Key issues requiring consideration are *appropriateness* (different types of social protection intervention may be needed at different stages of conflict and phases of fragility), *feasibility* (capacity is required to deliver programmes), *acceptability* (does the social environment permit targeting of groups and will this create tensions?) and *affordability* (government resources and fiscal space).

Government-led social protection systems are generally better developed and resourced in South Asia compared with Africa, and this is also true for areas of conflict and fragility. The literature is often critical of their effectiveness, however. In 2007 in Pakistan, for example, there was a broad yet generally ineffective social protection system. As the World Bank puts it, '[t]he impact of safety net programs on poverty and inequality is almost negligible due to limited coverage and deficient targeting, small levels of benefits and irregular benefit payments' (2007: 30). Pakistan's Zakat programme is a formalisation of the Islamic injunction of charity under which all Muslims give 2.5 percent of their wealth and assets each year to the poor. Payment of *zakat* to the state is voluntary, although in the past it has been deducted at source. This provides a strong example of the blurred line between formal and informal social protection systems and raises concerns about the extent to which social protection risks elite control and the exclusion of the poor or specific social groups.

Under at least one element of Zakat, access to cash transfers is often based on access to influential patrons or willingness to pay a bribe (World Bank, 2007). For example, in one village in the conflict-affected Swat Valley, the Zakat cash transfer was controlled by a small group of landlords, denying the

poor access to the assistance: 'They put only their own tenants and labourers on the Zakat list, and Zakat funds are then assigned to these people. However, because the tenants and labourers are in debt to the landlord, they are obliged to give the Zakat money directly back to their landlord' (ibid.: 37)

Other problems that emerge when informal meets formal include the size of the Zakat and Bait-ul-Mal cash transfers (10-15 percent of average household income among beneficiaries) and the lack of a promotive exit strategy whereby beneficiaries would be systematically provided with opportunities to graduate to improved earning opportunities (World Bank, 2007).

More recently, the Benazir Income Support Programme (BISP) has become Pakistan's flagship social protection programme and with it government expenditure on social safety nets has doubled. In contrast to Zakat, donor agency contributions (from the World Bank, DFID and the Asian Development Bank (ADB), among others) provide support to both disbursements and technical elements. The contributions are not unsubstantial, with ADB, for example, providing $300 million in earmarked budget support (Khan and Qutub, 2010). There are questions about how far BISP is a politically motivated programme, however. While beneficiary selection is designed to take place irrespective of political affiliation, Khan and Qutub note that BISP was partly motivated by an attempt to 'make good on the political capital of its decreased party leader (Benazir Bhutto)' (2010: 3).

Rather than focusing on specific flagship programmes, Sri Lanka has a broader-based social protection system, comprising:

- Employment protection and promotion: labour legislation, unions, collective bargaining and related institutions and training/retraining of workers;
- Social security/insurance programmes: pensions, disability and survivor insurance (coupled with universal health coverage); and
- Safety nets, or protection of last resort: mainly cash transfers and social welfare and care services (World Bank, 2006a).

Yet, while social insurance programmes have excellent coverage, reaching more than a third of the population, like in Pakistan, the Samurdhi programme (the country's general social assistance scheme, covering about 40 percent of households) has been found to be poorly targeted, with a low level of benefits and limited exit provisions (through its micro-insurance and small-scale infrastructure development components) (World Bank, 2006a). Nonetheless, it is significant that the programme provides a safety net that is both reliable and predictable – assistance that is rarely provided to poor households in conflict-affected parts of Sub-Saharan Africa.

A wider problem with social protection systems in fragile and conflicted-affected situations in South Asia, for example in Nepal and Pakistan, is that they lack a harmonised and strategic framework, with significant fragmentation occurring between the large number of implementing agencies. In Nepal, as many as 10 ministries are involved in social protection programming, resulting in uneven coverage, poor targeting and inadequate M&E (Verhey, 2010). Furthermore, cash transfers are rarely linked to other complementary programmes and services (Holmes, 2009). That said, it should be pointed out that some post-conflict countries are in the process of developing social protection frameworks and strategies. For example, in 2009, Nepal created the National Steering Committee on Social Protection, with the aim of bringing together representatives from various government ministries to review existing social protection programmes and lead the development of a comprehensive and consolidated social protection framework for the country. This process is being supported by a Social Protection Task Team comprising various national development partners. More broadly, despite a lack of evidence regarding programme effectiveness, the Nepalese government has been praised for its sustained commitment to social protection (see Upreti et al., 2012).

Pension systems are, by definition, government led (and not to be confused with social transfer programmes that target using age as a proxy for poverty) and are found in Nepal, Pakistan and Sri Lanka. These cases are potentially important as they provide rare models of long-term, preventative social protection measures in fragile and conflict-affected situations. But, as the World Bank (2007) notes in the case of Pakistan, such programmes tend to focus almost exclusively on the non-poor, given their strong ties to formal employment, particularly in the civil service. In Sri Lanka, the pension system

has come in for criticism for not facilitating consumption smoothing over the lifecycle (World Bank, 2006a).

One particularly interesting example of a government-led social protection intervention in a fragile, conflict-affected emergency situation is the Pakistani government's use of 'Watan' visa cards in response to the floods that swept the country in late summer 2010. The issuing of 2 million prepaid debit cards by the National Database and Registration Authority was aimed at ensuring fast, secure and transparent distribution of funds (VISA, 2010). Research on such examples is needed to assess the impact of such interventions in fragile and conflicted-affected situations, with particular emphasis on how they affect citizens' interaction with and understandings and perceptions of the state.

While there are more examples of government-led social protection in Asia than in Africa, even in Asia there is no analysis of the impact of conflict on social protection. It is not known how successfully people have been able to maintain or gain access to Samurdhi in conflict-affected parts of Sri Lanka, or to pensions in areas hit hardest by the conflict in Nepal or to BISP in conflict-affected regions in Pakistan.

Where donor agencies are not able to work through government-led social protection systems, they frequently establish programmes that are run through NGOs. Delivery of social protection through NSPs is, therefore, the norm rather than the exception. NGOs also tend, overwhelmingly, to operate outside of state systems, although they may sometimes act as service providers under contract from the government. In Kenya, while the government ostensibly leads the HSNP, donors provide most of the funding, a private bank is responsible for delivering the transfers and an international NGO runs other elements of the programme (e.g. targeting, sensitisation and grievance procedures). In Ethiopia, NGOs including CARE, Save the Children, Oxfam and Catholic Relief Services are implementing partners for the PSNP. More often, NSPs operate outside the state system and provision of social protection is through parallel financing systems delivered by UN agencies, NGOs or donor-funded safety nets. Examples include the large humanitarian but long-term responses to emergencies in Afghanistan, Haiti, Somalia and parts of Sudan and South Sudan (Gentilini and Omamo, 2011).

The current evidence suggests that social protection in many conflict-affected places is often delivered by non-state actors – although there are of course exceptions to this.[4] In terms of the framework of modes of social protection set out by Devereux and Sabates-Wheeler (2004), this non-state provision falls largely within the category of 'protective' measures. That is, these measures focus on economic relief from deprivation but do not address the social aspects of risk and vulnerability, and also do not engage with the potentials of 'preventative', 'promotive' and 'transformative' measures.[5] Such projects are most likely to be delivered by international NGOs or UN agencies. More specifically, projects in situations of significant fragility are generally small in scale, involving food assistance or cash transfers/CFW and targeted at the very poor.

These 'protective', poverty-focused interventions are one of the areas where there is some available evidence from impact assessments of social protection interventions. However, few of these relief and poverty-focused programmes have been evaluated rigorously, and most evaluations focus on outputs and outcomes rather than impacts. Limited effects on poverty reduction and rebuilding livelihoods have been attributed to the low values of transfers and the short-term nature of a number of the programmes.

3.4   Evaluating social protection: interventions, impacts, effectiveness

In this sub-section, we drill down into the evidence base around a number of social protection interventions frequently implemented in fragile and conflict-affected situations, focusing in particular on

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[4] The Nepalese state, for example, is very much the dominant player in the country's social protection 'landscape' and is supported in this leading role by a range of development partners.

[5] Discussion in this paper of the potential, highlighted in the literature, for social protection to contribute to pro-poor growth and other preventative, promotive and transformative goals is confined mainly to Section 5. But the wider goals of social funds and CDD, as well as some cash transfer programmes, are addressed in the linkages sub-section below.

cash transfers and CFW programmes; food aid; school feeding interventions; and CDD projects and social funds. In addition to offering overviews of each intervention, we pay particular attention to questions of programme impact.

3.4.1 Cash transfers and cash-for-work (CFW)

Cash transfers and CFW projects are an increasingly popular option for social protection interventions in situations of fragility. While it is frequently assumed that delivering food transfers is more appropriate and therefore more prevalent in fragile and conflicted-affected situations than delivering cash, in fact, the social assistance database (Barrientos et al., 2010) suggests that the opposite is true: most long-term programmes deliver cash whereas food transfers are (in a number of programmes at least) more common in short-term relief programmes.[6]

Although, as in other more stable contexts, concerns about delivery have been voiced, the use of innovative delivery mechanisms, from the engagement of local businesses in southern Somalia to remittance systems in Afghanistan, has helped mitigate potential corruption and security problems (Harvey, 2007; Mattinen and Ogden, 2006). Again, the challenge of targeting is central, but there does not appear to be significant evidence that it is qualitatively different to the challenge in equally poor yet more stable contexts. For example, the fact that cash transfers drove elite capture in Sierra Leone was arguably a result of the poverty and desperation of the members of the allocation committee themselves (Osofian, 2011), and less an effect of the fragile, post-conflict situation in which they were operating.

Cash transfers, along with voucher programmes, have tended to support household expenditure on accessing basic services such as health care and education, as demonstrated by the evaluations summarised in Box 2.

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[6] The Social Assistance Database (Version 5.0) is a simple tool and is likely to underrepresent long-term food transfers, particularly those associated with humanitarian agencies. It does not, for example, capture long-term transfers delivered through WFP protracted relief and recovery operations. The calculations here also are based on numbers of discrete programmes, and do not consider size or coverage of each individual programme.

Box 2: Evidence of cash and voucher programmes supporting access to basic services in fragile and conflict-affected situations

In **Northern Uganda** in 2001, Oxfam implemented a CFW programme in Kitgum for 8,000 households. Cash was found to meet a diverse range of needs, including school fees as well as food, livestock and basic household utensils (Khogali and Takhar, 2001). The roads built through the public works component also improved access to schools (McClean et al., 2001).

In post-conflict **Liberia,** on response to the 2007/08 food price crisis, the Cash for Work Temporary Employment Programme was established, creating 680,000 days of temporary employment for 17,000 vulnerable households. Among a range of largely positive internal outcomes relating to effective programme design, Andrews et al. (2011a) found that the project 1) reduced the number of participants technically living in poverty by 5 percent; and 2) led to a 21 percent decline in the poverty gap among participants, indicating that many were substantially less poor than they had been before participation.

In 2002, Save the Children implemented a CFW programme rather than a FFW programme in **Eastern DRC** after the volcanic eruption. Evaluations found that a number of households invested in school fees for their children, as well as purchasing small livestock and paying for health costs (Guluma, 2004).

In **DRC**, voucher fairs have been used as a way of supporting education. The inclusion of school fee vouchers was found to be an extremely popular and successful aspect of the fairs. The fairs resulted in 20 percent of beneficiaries choosing to pay for school fees: 1,745 households paid for a total of 2,235 students (some households paid for more than one student) (Bailey, 2009).

In **Ethiopia**, cash transfers, rather than food transfers, supported more timely access to health care (Devereux et al., 2005, in Harvey, 2007).

In post-conflict **Cambodia**, cash transfers conditional on sending girls to secondary school resulted in increased enrolment and attendance at programme schools by 30 to 43 percentage points. Recipients were also more likely to be enrolled at any school (not just programme schools) by a margin of 22 to 33 percentage points (Pavanello and Othieno, 2008).

Yet, while the overwhelming use of cash in fragile and conflict-affected situations is as a preventative measure, it is clear from a number of project evaluations, covering Turkana in northern Kenya, Northern Uganda, southern Somalia, southern Niger and Aceh in Indonesia, that although cash transfers can be used to facilitate coping in crises, cash provided later on may be spent on livelihoods recovery, such as rebuilding houses, investing in productive assets (including livestock), school fees and health care, particularly when the value of the transfer is larger (Ali et al., 2005; Baird, 2011; Harvey, 2007; Holmes, 2011; Mattinen and Ogden, 2006; Save the Children UK, 2009b). Further, while it is frequently assumed that, in the absence of a government that provides basic services, jobs and income support, cash transfers focus mainly on protecting household consumption and basic needs, in fact basic social assistance programmes, social pensions and child and family allowances are found proportionally less in fragile and conflict-affected situations against the global distribution of those programmes (Table 4). In addition, programmes that focus on promoting assets and livelihoods (public works, human development and asset accumulation) are overrepresented in fragile and conflicted-affected situations.

Table 4: Prevalence of types of social transfer programmes in fragile and conflict-affected situations

	Region (if applicable)	Social assistance to poor house-holds	Social pensions	Employment guarantee/ long-term public works	Child & family allowance	Human development	Asset protection & accumulation	Other	Sub-totals
Global	Programmes	11	27	10	4	43	2	7	104
	% of programmes	11%	26%	10%	4%	41%	2%	7%	
Conflict-affected country	Sub-Saharan Africa	1	2	0	0	4	2	0	9
	South & South East Asia	1	2	5	0	6	0	2	16
	Other	0	1	0	0	4	0	0	5
	Sub-total	2	5	5	0	14	2	2	30
	% of programmes in fragile & conflict-affected country	7%	17%	17%	0%	47%	7%	7%	

Source: Barrientos et al. (2010).

Many projects, however, are too short to facilitate livelihoods recovery. For example, an Oxfam-implemented CFW programme in Kitgum, Northern Uganda, offered only 11 days of work per household. Even in non-fragile situations, this would be insufficient to lead to livelihoods recovery, never mind in the face of recurring raids by the Karamojong and the LRA and resulting displacement (Holmes, 2011).

Although cash transfers have typically been assigned preventative and promotive objectives in conflict contexts, recent research has explored their transformative effects, particularly in relation to state–society relations, social cohesion and violence reduction (e.g. Crost et al., 2012a; Osofian, 2011). The findings of these studies are generally promising. Crost et al. (2012a), for example, exploit a randomised experiment conducted by the World Bank in 2009 to estimate the effect of a large conditional cash transfer programme (*Pantawid Pamilyang Pilipino Program* (4Ps)) on civil conflict in the Philippines – an important contribution given, that there was previously 'no evidence whether cash-transfer programs themselves are correlated with reduced civil violence' (ibid.: 3). Drawing on a sample of 130 villages in 8 municipalities containing a mix of treatment and control groups, the authors report both a substantial decrease in reported conflict incidents in nearby villages and a positive spillover effect on nearby villages, arguing that 'this result provides experimental evidence that government spending can reduce civil conflict' (ibid.: 3). They go on to provide a tentative comparison of conditional cash transfers and CDD projects in terms of their appropriateness in conflict settings. CDD projects have been found, in some contexts, to actually increase the incidence of violence in targeted villages (see Crost and Johnston, 2010, for evidence from the Philippines; also [Section 3.4.4](#)). Crost et al. (2012a) speculate that the difference may be explained by the way in which the programmes disburse funds, with conditional cash transfers constituting far less visible payments, creating far fewer 'high-profile targets' and generating fewer incentives for insurgents to attack the programme (ibid.: 15-16). Thus, it is suggested that conditional cash transfers may be a more effective way to disburse aid in conflict-affected situations, although we should remember that the evidence base is not yet large or strong enough to validate this claim.

The literature also contains interesting findings in relation to positive spending choices when cash is given to women, although few evaluations have explicitly assessed the impacts of social protection programming on gender equality or women's empowerment in fragile and conflict-affected situations. A WFP pilot in Sri Lanka did assess these outcomes, finding that in households where women already had

greater control over resources, receiving cash (rather than in-kind assistance) led to improved and diversified dietary quality and reduced expenditure on alcohol (Harvey, 2007). But recent evidence from Zimbabwe is more mixed. Many women and men said transfers improved intra-household communication and challenged gender stereotypes (in that men started to see that women were capable of looking after cash and contributing to discussions on its use), and that men had to request money from women, which gave the latter a new level of independence and authority (Concern Worldwide and Oxfam, 2010). However, anecdotal evidence and suggestions in the project evaluation report showed that the transfers had the potential to increase household conflict in this regard, and women also now had to deal with multiple burdens, taking responsibility for collecting cash in addition to daily tasks of child care and housework (ibid.). Further, in other fragile situations, including Kenya and Indonesia, studies have found no change in gender relations (e.g. decision making) or household (e.g. gender division of labour) (ibid.).

Overall, analysis of the material retrieved and synthesised for this review highlights six key features of cash transfer programming in fragile and conflict-affected situations.

First, international experience suggests that, while the challenges of delivery, corruption and security may be heightened under conditions of fragility and conflict, rather than preventing cash programming, they have in fact resulted in significant innovations in delivery.

Second, while targeting processes do not look particularly different in fragile and conflicted-affected situations to other contexts, targeting policies do differ. In some countries, cash transfers are seen as a key part of the reconstruction and rehabilitation process. Ghani et al. (2005) (although not referring specifically to social protection) argue that, during reconstruction, the fairness of the process and the creation of predictable pathways of opportunity, particularly for the young and for formerly excluded groups, are important quick wins. In the case of cash transfers, this can equate to the targeting of disabled soldiers and families of service personnel who have died (e.g. in Rwanda and Sri Lanka) and targeting ex-combatants (Naqvi, in World Bank, 2006a). The objective of this targeting is to facilitate demobilisation and reinsertion of ex-combatants into the community. Cash (and in-kind) transfers, alongside job placements, are seen as ways of providing pathways of opportunity that might reduce insecurity and minimise the likelihood of a descent back into conflict. Table 5 presents examples of programmes targeted at ex-combatants.

Table 5: Social protection programmes targeted at ex-combatants in fragile and conflict-affected situations

Country	Year	Skills level targeted	Assistance	Average US$ per beneficiary	Duration of assistance
Angola	2002	Low	Cash and in-kind	300-900	6 months
Bosnia	1996	All levels	Training modules	500	3 months
Bosnia	2000	Low	In-kind grants; training; job placement	2,900	1 year
Bosnia	2003	All levels	Cash	5,000	NA
Cambodia	2001	Low	Cash and in-kind	1,126	NA
Chad	1996-7	Low	Cash	860-1,480	1 year
Djibouti	1995	Low	Cash	1,000-2,000	6 months to 1 year
Eritrea	1993	All levels	Cash	800-1,600	6 months
Namibia	1990	Low	Cash and in-kind	1,263	9 months to 1 year

Source: Naqvi, in World Bank (2006a).

Third, as in other contexts, cash transfer income is deployed in a number of different ways. There is significant scope for fungibility, which brings both development opportunities and risks.

Fourth, cash transfers facilitate access to other basic services. This could be especially important in conflict and post-conflict situations, where systems for accessing basic services have been disrupted or destroyed during conflict and people have little knowledge or information about how to access them.

Fifth, as in other contexts, there is mixed evidence about the impacts of cash transfer programmes on gender relations and inequality.

Sixth, with the exception of a few recent studies, we do not know much about transformative effects. Further, what we do know may depend more on specific design and implementation elements, rather than the fact that it is a cash transfer programme.[7]

3.4.2 Food aid

Although global food aid has been declining for some years – for example, in the 1960s nearly 20 percent of ODA was constituted by food aid, compared with less than 5 percent today – its importance as emergency relief has been steadily rising: in 1988, emergency food aid accounted for 15 percent of food aid flows, whereas in 2010 it accounted for 71 percent (Margolies and Hoddinott, 2012). The majority (but not all) of emergency food aid is directed towards countries affected by fragility and conflict: for example, the top 10 recipients of emergency food aid in 2008 – receiving 68 percent of the total global distribution – are all classified as fragile and conflict-affected situations in Table 9 in Annex 1 (Harvey et al., 2010).

In addition to a changing composition and changing objectives, two further trends in food aid have been observed over recent years: growing support for local and regional procurement of food aid; and the increasing importance of non-DAC governments as funders of food aid (Harvey et al., 2010). There has also been a broader shift away from food aid as a simple direct transfer towards what Harvey and colleagues (2010) refer to as 'food assistance', which comprises a range of instruments, from subsidies and vouchers to livestock support. Given the constraints of this review, we focus here on food aid as a direct transfer, while recognising that food assistance today constitutes a more complex package of interventions (see Mallett and Slater, 2012, for overviews of livestock interventions and other forms of food assistance).

In protracted crises such as South Sudan, Karamoja in north-east Uganda and Afghanistan, food aid is generally aimed at protection and tends not to have broader objectives (Harvey and Holmes, 2007). As the UN's Food and Agriculture Organization (FAO) puts it, where state capacity is especially weak or violence is perpetuating the crisis, the possibility of handover to a responsible and responsive state may be distant, but assistance itself still serves to protect human and community assets (FAO, 2010). It should be pointed out that, although such responses are not geared towards long-term development goals, such as pro-poor growth and transformative outcomes, they can be long term in their lifespan, with food aid to Karamoja having continued for over half a century (Jones, 2011). One longitudinal study examining the impacts of such long-term food assistance in Ethiopia found that, in the short term, emergency food aid played an important role in improving welfare, access to food and food security for many households following the drought in 2002 (Gilligan and Hoddinot, 2006). After a year, the estimated impact on consumption growth relative to the size and timing of transfers suggests possible savings or multiplier effects of emergency food aid (ibid.).

According to Levinsohn and McMillan (2007: 562), existing research on food aid can, broadly speaking, be divided into two areas: research on the 'disincentive effects of food aid' (i.e. the impact of food aid on domestic food production and trade); and research on the 'efficacy with which food aid has been targeted' (i.e. does food aid reach those most in need?). However, a recent review brings together a range of studies on food aid that stray outside the confines of these two areas, providing more broadly an 'overview on the impact of food aid, ultimately seeking to identify and understand what works'

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[7] Comments made by Rachel Sabates-Wheeler at a 2011 ODI public meeting on the transformative impacts of cash transfers. See http://www.odi.org.uk/events/details.asp?id=2635&title=social-transformative-impacts-cash-transfers-social-protection

(Margolies and Hoddinott, 2012: 1). Although the review does not focus explicitly on fragile and conflicted-affected situations, it shows that a number of its key findings, some of which are presented below, are based on evidence from countries that might be considered either fragile or conflict-affected (see Table 9):

- Food aid transfers appear to increase consumption (supported by evidence from Ethiopia and Bangladesh).
- Food aid does not appear to create dependency or present strong disincentives to labour (supported by evidence from Ethiopia and northern Kenya).
- Food aid does not necessarily lead to lower prices (supported by evidence from Ethiopia and Mozambique).

The authors go on to argue that '[f]ood aid provided in countries in conflict demands additional scrutiny' (Margolies and Hoddinott, 2012: 8), largely because of its possible effects on conflict itself. The picture emerging from the qualitative case study evidence is not particularly optimistic, with a series of studies pointing to the role of food aid in prolonging war, remobilising rebels, exacerbating tensions and perpetuating inequalities. Branch (2009), for example, highlights the role of international assistance in allowing the 'regime of state violence against the Acholi in the camps' (ibid.: 478) in Northern Uganda to continue for years: 'These internment camps were only able to exist because of, first, the violence of the Ugandan state in forcing people into them, preventing people from leaving, and repressing political organisation in the camps; and, second, the intervention of international humanitarian aid agencies, which fed, managed, and sustained the camps for over a decade (ibid.: 378).

Cross-country econometric studies into the relationship between conflict and food aid specifically are rare, and findings emerging from such research should be handled with caution. For example, a recent study by Nunn and Qian (2011) that finds that an increase in per capita food aid (by 6.4 percent) is associated with a higher incidence of conflict (by 9.5 percentage points) comes with a host of caveats, mostly in relation to data reliability (Margolies and Hoddinott, 2012).

It is difficult to draw firm and general conclusions about the impacts of food aid transfers in fragile and conflict-affected situations for two main reasons. First, although food aid appears to have positive impacts on consumption and welfare at the household level, many of the studies on which findings of this nature are based focus on a fairly narrow set of countries: Bangladesh, Ethiopia and Kenya are particularly prominent within the literature. While these countries can be considered 'fragile' or 'conflict-affected' to some extent (see Table 9), we should be extremely careful about transferring their lessons to other places characterised by different contexts. Second, the evidence base underpinning the relationship between food aid and conflict lacks a quantitative edge, characterised as it is by contextual case study evidence from which it is difficult to generalise.

3.4.3   School feeding interventions

A politically popular intervention across a range of contexts (Alderman and Bundy, 2012), school feeding is also one of the most common social protection initiatives during and after conflict (Holmes, 2011). In these situations, the measure is largely a protective one: the primary aim is, at least in theory, to address food insecurity and support child nutrition, only secondarily and indirectly supporting educational outcomes (ibid.).[8] However, there actually appears to be more concrete evidence in the literature about educational than food security outcomes, which seems to resonate with and support Alderman and Bundy's argument that school feeding programmes might best be viewed as transfers that can provide a social safety net and help promote human capital investments (rather than improve nutritional outcomes).

There is some fairly strong evidence that school feeding has positive impacts on education. For example, in five conflict- and drought-affected zones in Eritrea, school feeding programmes helped

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[8] According to Devereux and Sabates-Wheeler's conceptual framework, school feeding is a 'promotive' measure. But here it is defined as preventative, given the primary objective of addressing food insecurity ascribed to it in fragile and conflict-affected situations.

increase enrolment by almost 12 percent, and in Pakistan, programmes have seen an increase in girls' enrolment by 43.7 percent over three years (Holmes, 2011). In Haiti, a multi-donor-funded school feeding programme reached approximately 45,000 children in September 2008 and is reported to have 'increased school attendance and the students' ability to concentrate in class' (World Bank, 2010), while randomised trials conducted in Burkina Faso found that both take-home rations and in-school programmes had a positive impact on girls' enrolment (Kazianga et al., 2009). Alderman et al. (2010) similarly report positive effects of both take-home rations and in-school programmes in Northern Uganda, with both programmes having large impacts on school attendance.

Andrews et al. (2011b) review a small community-based school feeding programme launched in Togo in response to the 2007/08 food price crisis, looking at both external outcomes for beneficiaries and internal aspects of programme design. They draw on data from multiple sources, including a quantitative evaluation of 1,050 households in 35 villages, a national-level assessment of the strategic and administrative context for social protection in Togo and a qualitative assessment (focus groups and semi-structured interviews) of the perceptions of programme beneficiaries. The study reports positive impacts among beneficiary groups in all regions on enrolment, dropout, absenteeism and retention rates, particularly among girls. Positive outcomes were also recorded at the household and level, including alleviation of daily household food expenses (accounting for roughly $8-10 per month); increased awareness of hygienic practices at home; improved capacity for planning and managing household expenses; and a larger commitment to, and interest in, school matters among parents – as well as at the community level, mostly in the form of injections of money into the community (around $1,400 per month in the first year), with possible multiplier effects on trade and the local economy. This last finding is particularly interesting, suggesting that simple community-based interventions have the potential to stimulate local market activity (e.g. through creating sustainable increases in demand for food) and contribute to broader development outcomes. However, the study does not address this explicitly or rigorously, making it inadvisable to draw firm conclusions.

Although there is evidence of positive impacts of school feeding interventions on educational outcomes in conflict-affected situations, programmes often do not reach a significant proportion of school-age children. For example, within a year of the Taliban's collapse in Afghanistan, WFP was able to feed 350,000 school children out of a total school-aged population of 3.4 million (Holmes, 2011). Moreover, programmes in South Sudan and Uganda have failed to have any significant aggregate effect on enrolment, with the programme in South Sudan creating other problems, such as overloading participating schools or depleting attendance at non-participating schools (Gilligan, 2009; Holmes, 2011).[9]

The findings from the systematic review on school feeding were limited by the small number of sources found through the searches, and the fact that, with the exception of two studies on Pakistan, there was no real link made in the analysis between the impacts of the programmes and fragility or conflict (see Box 3).

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[9] Specifically, in Northern Uganda, it was found that among six to nine year olds not enrolled at the baseline, enrolment increased by 12.4 percentage points, but with only weak statistical significance (Gilligan, 2009).

Box 3: The impacts of school feeding programmes in fragile and conflict-affected situations – summary of a systematic review

From the 128 studies retrieved through the systematic search process – involving 7 academic databases and 13 institutional websites – a total of 14 studies met the criteria for inclusion in the final analysis. The included studies covered only three fragile and conflicted-affected situations, with two studies on Pakistan, six on Kenya and one on Bangladesh. Of these, only the Pakistan studies generated any findings that were considered to refer to conflict and fragility. Five out of six of the Kenya studies all discussed the same programme – implemented before Kenya's slide into fragility following the elections at the end of 2007. The study on Bangladesh paid no attention to the implications of political instability for programming, and mostly referred to data collected before the period of the caretaker government.

The quality of the studies was mixed, but there were relatively high scores on methods and analysis. Compared with the other systematic reviews conducted, the school feeding results include a large number of papers analysing the results of RCTs. Others, for example Pappas et al. (2008), compare girls who were inducted earlier into the feeding programme with those inducted later (but report no significant differences). In many cases, authors clearly articulated their assumptions and shortcomings. In the case of gender, although all the studies that assessed co-educational schools disaggregated their results, there was no actual gender analysis that might explain the source of differences between boys and girls. Only two studies discussed reflexivity.

There is evidence that school feeding programmes can have various positive impacts on food security, nutrition and enrolment. The Tawana Pakistan Project had a significant positive impact on wasting and enrolment, but did not reduce stunting rates (Pappas et al., 2008).

Vermeersch and Kremer (2004) report on the impacts of feeding in pre-schools (four to six years cohort). They found that children's school participation was 30 percent higher in the treatment group than in the comparison group (but starting from a very low base), and that the meals programme led to higher curriculum scores (but only in schools where the teacher was relatively experienced prior to the programme). They also report some negative or negligible effects. For example, the programme displaced teaching time and led to larger class sizes; it increased weight but not height in boys and increased neither weight nor height for girls; and teacher absenteeism remained high (30 percent). They argue that their analysis confirms the intuitive view that it makes sense to give incentives for children to go to school, but only 'if they are offered an environment where they can actually learn something' (ibid.: 33).

A programme that increases school participation in an environment with low teaching quality is likely to fail to translate into better educational attainment. We find evidence of a very strong complementarity between teacher characteristics, i.e., amount of experience, and school meals in improving test scores. School meals can hardly be complementary to teaching if there is little teaching going on, or if the teaching is of very poor quality (Vermeersch and Kremer, 2004: 43).

This suggests that in fragile and conflict-affected situations we need to understand not only demand- and supply-side constraints, but also the interplay between them. Summing up their lessons, Vermeersch and Kremer (2004: 43) note that '[t]he first point is that the context in which schools meals are implemented is very important'.

Using the results to inform school feeding policy in fragile and conflict-affected situations, even those derived from RCTs, would be misguided. The evidence drawn from Kenya describes the establishment of a laboratory-like environment in which the RCT was carried out – something that would not be replicable at scale. Beyond lessons about the additional activities that should be included in school feeding (e.g. instruction in washing hands), few lessons are transferable. More importantly, while there are some findings from Pakistan about governance arrangements in fragile and conflict-affected situations, beyond those, the systematic review generated no understanding from the various evidence sources of what effect fragility or conflict have on the implementation and impacts of school feeding programmes. In order to use the findings of a systematic review with any confidence, a far larger number of research outputs would first be required. Such a review would also benefit from some comparison between fragile and conflict-affected situations and other contexts unaffected by conflict/fragility.

Sources: Pappas et al. (2008); Vermeersch and Kremer (2004)

3.4.4 CDD and social funds

Over the past decade or so, social funds and large-scale CDD programmes have become an increasingly common policy choice in conflict-affected settings (see Figure 3).[10] They are seen to constitute an important approach to development in such contexts, partly because they are 'designed to place less stress on government line agencies by optimizing the use of community actors' (Wong, 2012: iv), and partly because of their widely assumed 'transformative potential'. Indeed, social funds and CDD tend to focus far more on promotive and transformative measures than do cash and food transfers, and many have framed them as instrumental to the achievement of a range of economic, social and governance outcomes in (post-)conflict environments (see Barron, 2011). As such, we devote a significant amount of space to them here.

Figure 3: The last ten years have seen a significant expansion of social funds and large-scale CDD programmes in conflict-affected settings
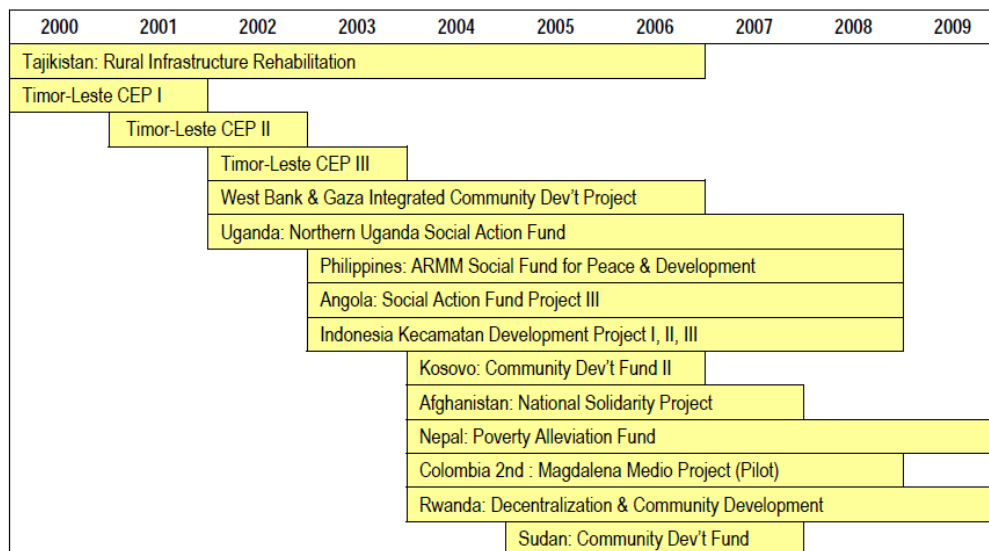
Source: World Bank (2006c: 11).

3.4.4.1 A transformative potential? Impacts on social cohesion, stability and state-citizen relations

In recent years, social funds, and their CDD model of sub-projects, have aimed at longer-term, more transformative goals, such as empowerment, capacity building and decentralisation. And particularly in fragile and conflict-affected situations, they have sought to foster increased social cohesion and to improve state–citizen and gender relations (Besley and Persson, 2012). The prime example here is the National Solidarity Programme in Afghanistan, which, by its design, represents a 'deep' intervention into communities to shape existing socio-political hierarchies, promote democratic decision making, foster gender inclusivity, extend the power of the state, devolve authority from the national to the district level and, only finally, rehabilitate infrastructure and improve living conditions. Yet, many funds retain a focus on social protection, particularly in their vulnerable group support components.

Barron (2011: 13) highlights the way in which social funds and CDD are commonly seen to possess a transformative potential: '[i]n areas affected by conflict, it is often claimed that CDD holds potential to encourage new forms of collaboration across conflict divides, which can improve trust and make communities less prone to fresh violence'. But is the assumption borne out by the available evidence, and is there a sufficient evidence base on which to ground such a claim?

The evidence on impacts is mixed, with studies on social funds and CDD projects showing both positive and negative impacts on social cohesion. A randomised field experiment conducted by Fearon et al. (2009) on an International Rescue Committee (IRC) project found that the introduction of CDCs, and exposure to their operation, enhanced the ability of community members to act collectively for mutual

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[10] Social funds are included as an instrument of social protection given their origins in the 1980s as a way of providing safety nets in the face of structural adjustment (particularly in Latin America) (World Bank, 2011b).

gain. The study reported a significant effect on community cohesion, measured through the amount of funding the community raised for a collective project through anonymous play in a public goods game, with a 9 percent increase seen in the treatment group. The authors assert that their study shows that improvements in social cohesion can occur in a short space of time, in response to outside intervention, and can develop without fundamental changes to the structure of economic or macro-level relations.

Taniguchi (2012) studies the effects of the Autonomous Region in Muslim Mindanao Social Fund for Peace and Development in conflict-affected areas. Drawing on focus group and structured questionnaire data collected from 50 villages, the author reports a range of 'positive physical, psychological and governance outcomes' (ibid.: 11) of the project (although it must be pointed out that no control group was used). These include:

- An increased rate of participation in village assemblies and an increased opportunity for group work;
- An increased knowledge of village affairs;
- An increased level of trust in either the regional government or local government units (or both);
- An increase in access to public services;
- Improvements in participants' perceptions of the security situation in their villages (attributed to 'an internal sense of security [...] due to social inclusion or integration, active social relationships, positive interactions and an increased level of trust' (Taniguchi, 2012: 10)).

Conversely, a randomised field experiment by Casey et al. (2011) in Sierra Leone found no evidence that the programme led to fundamental changes in the 'software of collective action – namely, local fundraising capacity, decision-making processes, or even social attitudes and norms' (ibid.: 5). The authors speculate that this may owe to the fact that attempts to create new institutions and norms where formal structures have broken down – such as in Liberia at the time of the Fearon et al. (2009) study – may encounter less resistance than similar efforts in situations where it is necessary to transform the behaviour of existing actors and groups – such as chiefs in the case of Sierra Leone. In a slightly more recent contribution, Casey and colleagues (2012) suggest it may be worth questioning the assumption that the civil war in Sierra Leone left communities 'highly compromised in terms of social cohesion and their ability to work together' (ibid.: 16), with baseline survey data indicating already high levels of social cohesion prior to the CDD intervention and separate research by Bellows and Miguel (2009) suggesting that individuals who experience war-related violence often become even more politically and socially active than they were before.[11] The central implication here is that 'Such initially high levels of cohesion throw into doubt the necessity of the social facilitation aspect of CDD in the context' (Casey et al., 2012: 17).

Moreover, in Northern Uganda, the Vulnerable Group Support scheme (part of the Northern Uganda Social Action Fund (NUSAF)) had a negative impact on social cohesion (Golooba-Mutebi and Hickey, 2010). In nearly 60 percent of the authors' 72 interviews in Nebbi district, respondents stated that the projects in their area had generally failed. In terms of social cohesion, many respondents stated that the distribution of assets within beneficiary groups had regularly led to the outbreak of violent conflict, with some even citing family breakdown and fatalities following the resulting violence. Yet, these findings run somewhat contrary to those of Blattman et al. (2011), who ran an experimental evaluation of a cash transfer component of NUSAF with a sample of more than 2,500 individuals. The authors report 'mild' improvements in social cohesion and community support (of between 5 percent and 10 percent) and a more impressive 50 percent decline in interpersonal aggression and disputes among males. Findings were not universally positive, however, with a 50 percent rise in such disputes among females.

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[11] Mallett and Slater (2012) summarise the findings of a range of recent studies into the relationship between experience of (and exposure to) violence and social capital outcomes.

The relationship between CDD and stability – proxied by levels of violence – is far from clear, but, as suggested above, in some cases projects have been found to inadvertently accentuate violence, especially in areas where there is competition over project resources (see Barron, 2011). A recent study by Crost et al. (2012b) into the effect of KALAHI-CIDSS – the Philippines' flagship anti-poverty project between 2003 and 2008 – on casualties in armed civil conflict finds that the programme exacerbated violent conflict in eligible municipalities. The effect is found to be large and statistically significant and, claim the authors, cannot be explained by 'differences in pre-program violence or other observable and fixed unobservable characteristics' (ibid.: 4). Further, the increase in violence lasted only for the duration of the programme and was stronger for municipalities that received larger amounts of aid.

What about the frequently discussed and much praised National Solidarity Programme in Afghanistan? Generally speaking, evaluations have found mixed evidence in terms of impacts on social cohesion. The mid-term evaluation by Barakat (2006) found enhanced perceptions of community solidarity achieved through processes of community governance, with 86 percent of respondents (90 percent of women) volunteering such a description of the impact of the local CDC on their lives.[12] But a recent randomised evaluation by Beath et al. (2010: 52) notes that the National Solidarity Programme had 'no impact on specific measures of community trust or solidarity or on the outbreak of village disputes or tribal feuds'. (It should be pointed out here that the Beath et al. 2010 study took place prior to the completion of many projects, meaning the impacts identified must be treated as intermediate.) Regarding stability, more recent evaluation results suggest that although the National Solidarity Programme has improved villagers' perceptions of security, there is little convincing evidence that it has had any significant effect on actual security incidents in or around villages (Beath et al., 2012b: 17-18).

There appears to be considerable variation in the effects of social funds and CDD on levels of violence and patterns of social cohesion. What might explain this variation? Two central factors emerge from the literature. First, programme design appears important. While Crost et al. (2012a) have suggested that high 'visibility' of a transfer may increase levels of violence and conflict through the creation of 'high-profile targets' for insurgents, Taniguchi (2012: 11) attributes the formation of social capital among participants in Mindanao to the programme's 'demand-driven, inclusive, simple, and transparent approaches'. Second, and perhaps unsurprisingly, context also appears to be a strong determinant (World Bank, 2006c). Outcomes may be dependent to a large degree on, among other things, pre-existing 'levels' of social capital within communities, the extent to which community relations were damaged by conflict and the motives and strategies of insurgent groups.

The literature on CDDs also contains some discussion of their ability to strengthen state–citizen relations and contribute to state-building outcomes. However, empirical evidence on this relationship is scarce and the data that do exist do not offer much in the way of a reliable basis for conclusions. That said, promising ongoing work by Beath and colleagues in Afghanistan (see Beath et al., 2012a) will hopefully lead to a strengthened evidence base around this important issue.

In terms of what currently exists, there is mixed qualitative evidence from Northern Uganda. Drawing on the case of NUSAF, Manor (2007) argues that social funds can undermine government legitimacy when their well-funded committees operate alongside elected and local bodies with insufficient money to fulfil their mandates. Certainly, there has been recognition among the donor community that the NUSAF did excessively circumvent local government and institutions. As a result, recent initiatives, including the DFID Northern Uganda Post-conflict Recovery Programme and the US Agency for International Development (USAID) Northern Uganda Development of Enhanced Local Government Infrastructure and Livelihoods programme, have been set up to directly work with and fund local government.

However, other research from Northern Uganda suggests a different picture, as the response of a senior politician in Gulu district regarding the impact of NUSAF on people's civic awareness illustrates:

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[12] There are, however, questions around the adequacy of the community-profiling sampling strategy adopted for the household survey, as well as the fact that local constraints prevented the interviewing of women and men in equal numbers (Barakat, 2006).

> [...] it enabled people to learn how to be demanding as a society. It somehow strengthened the demand side. In a situation where the state had almost collapsed here because of the war, citizens somehow started seeing the state just as a security agency without any ability to respond to their economic and welfare needs. So through NUSAF people learnt that you can actually demand some interventions (Golooba-Mutebi and Hickey, 2010: 1229).

Testimonies of beneficiaries of NUSAF reinforced this view. By enabling them to go to local government offices to check up on their applications and of dealing with public servants, the sub-projects reinforced the sense that it was beneficiaries' right to act in this way (Golooba-Mutebi and Hickey, 2010). This was not, however, a universal state of affairs: some experienced a deepened sense of resignation that their views and demands were not being listened to or acted on, and the high rate of project failure within NUSAF has lent support to those elites that question the capacity of the poor to manage development resources effectively (ibid.).

Yet, while the findings of Barron et al.'s (2009) more quantitative Indonesian study suggest a similar story – 'there is only minimal evidence that exposure to BRA-KDP [Community-based Reintegration Assistance for Conflict Victims Programme] resulted in higher levels of trust in village and higher level governments' (ibid.: iii) – a more positive picture emerges from Afghanistan and Sierra Leone. For example, Beath et al. (2012b) report that the National Solidarity Programme has improved attitudes towards government figures at almost all levels, with the strong caveat that 'positive effects on attitudes are not observed in areas with high levels of initial violence' (ibid.: 17), and Casey et al. (2012) find that although a CDD intervention in Sierra Leone failed to alter social and institutional dynamics at the community level, it was nonetheless able to create 'meaningful links between villagers and the lowest tiers of elected government' (ibid.: 16).

3.4.4.2 Gender

Another area where it has been suggested social funds and CDD may be effective in fostering positive social transformation is in gender relations. The National Solidarity Programme in Afghanistan has been found to have led to a small increase in male villagers' acceptance of the involvement of women in village governance, as well as increases in the occurrence of meetings between female villagers and women from other villagers and the district government (Beath et al. 2010). However, on the whole, the gendered impacts of social funds and CDD have not been sufficiently evaluated to date, with the vast majority of studies deeming it sufficient to merely disaggregate survey, interview and focus group data by gender, rather than looking at gendered power relations and strategic gender needs (Moser, 1993).

3.4.4.3 Incomes, enterprise and access to services

The impacts of social funds and CDD on the economic welfare of beneficiaries are mixed, although a number of more recent studies offer promising results. At one end are the cases of Afghanistan and Timor-Leste. Beath et al.'s (2010: 66) recent mid-term evaluation of the National Solidarity Programme in Afghanistan, for example, states that 'the programme does not result in any change in levels of household income flows or the incidence of poverty or in the regularity of income sources and also has no effect on levels of consumption expenditures, the composition of household consumption, or on the extent to which the food needs of households are met'. That said, a follow-up study by the authors found a strong positive impact of the Programme on subjective economic outcomes for both male and female respondents (Beath et al., 2012b: 16)

In Timor-Leste, it has been suggested that unviable, artificial and implanted enterprise projects were the reason underlying the failure of the enterprise development component of the country's Community Empowerment and Local Governance Project (CEP) (Moxham, 2005). The same study also highlights the programme's failure to build on existing capacities and sources of resilience.[13]

At the other end are experiences from Nepal, Indonesia and Uganda. Drawing on data from two survey rounds, Parajuli et al. (2012) find a statistically significant causal impact of the Nepal Poverty Alleviation Fund on key welfare outcomes, including a 19 percent growth in real per capita consumption; a 19

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[13] This point is one of the major themes of Section 5, which draws out this analytical thread within the literature on fragile and conflict-affected situations in more detail.

percent decline in the incidence of food insecurity; and a 15 percent increase in the school enrolment rate among those aged between 6 and 15. Although the Nepalese context is quite different from some of those discussed above – particularly in terms of levels of insecurity, institutional capacity and donor support – the findings are nonetheless useful for informing programme design in 'fragile and difficult political environments' (ibid.: 3). Lending general support to these findings is a study by Barron et al. (2009) on Indonesia. Evaluating the BRA-KDP, the authors report that the programme is 'associated with a strong set of welfare gains and improvements in perceptions of well-being' (ibid.: iii) – it is worth pointing out that this is a programme that reached an estimated 530,000 beneficiaries. Finally on this issue, mid-term results from Blattman et al.'s (2011) recent experimental evaluation of the NUSAF suggest that the programme's economic impacts are large: cash earnings increase by 50 percent compared with the control group, and the authors estimate the transfer provided by NUSAF yields a real annual return on capital of 35 percent on average.

Social funds can often affect basic services, either directly where programme activities contribute to improved services, or indirectly where beneficiaries become sufficiently empowered to demand more or better services. In this case, there is a wider body of evidence on which to draw. The Social Fund for Development (SFD) in Yemen has seen statistically significant increases in the enrolment rate for girls (41.7 percent to 58.3 percent), the proportion of sick individuals who managed to receive health care for their illness (54.9 percent to 68.4 percent) and access to household taps providing clean drinking water (35 percent increase) (ESA Consultores, 2003). Taniguchi (2012) also reports positive impacts of a social fund in Mindanao on participants' access to services.

The NUSAF in Northern Uganda has created community assets, such as boreholes, that have had tangible benefits in terms of reducing the burden on women and children with regard to carrying water, and new classrooms and accommodation for teachers are associated with higher levels of attendance, both of children and staff, at schools (Golooba-Mutebi and Hickey, 2010). Similarly, increased access to improved water sources and the attendant impact on practical gender needs has been associated with the CEP in Timor-Leste (Moxham, 2005). But for the National Solidarity Programme in Afghanistan, there is no clear picture from the evaluations conducted to date on its impact on access to health and education services (Beath et al., 2010).

These findings on the impact of social funds in fragile and conflict-affected situations are supported by the results of a systematic review conducted on this subject, which covered a number of the same studies, as summarised in Box 4.

Box 4: The impacts of social funds in fragile and conflict-affected situations – summary of a systematic review

From the 76 studies retrieved from the systematic search process, involving 7 academic databases and 13 institutional websites, 9 studies met the criteria for inclusion in the final analysis. The included studies cover seven fragile and conflicted-affected situations, with two studies on Afghanistan and Yemen each, and the others on Ethiopia, Nigeria, Nepal, Northern Uganda and Timor-Leste. Of these studies, two were focused on projects directed at specific sub-national situations of fragility, including three conflict-affected districts in Northern Uganda and Ethiopia's woredas most affected by the Ethio-Eritrean conflict of 1998-2000.

Although the quality of studies was mixed (with a number not providing any information on their methodology), where explanation was provided on methods the studies scored respectably, with positive attributes including multiple research methods and the use of control groups, with even a well-conducted RCT adopted in one study. Of the included studies, two used qualitative – largely focus groups and interviews – and two used quantitative methods – largely surveys, with the others using both (although this was in order to address different aspects of the fund impact and thus did not constitute a triangulated, mixed-methods approach). One major hindrance to the quality of studies was the absence of baseline data in most situations, forcing researchers to rely on, and thus replicate in their data collection tools, indicators from government-led national poverty surveys, for example in Yemen and Nepal.

Sampling strategies were articulated relatively well and were largely appropriate in around half of the studies. Encouragingly, four of the nine studies discussed their data collection process, an often-neglected issue. However, none of the studies discusses the assumptions underlying their causal claims, which may reflect the lack of theoretical frameworks to draw on in the evaluation of social funds, particularly in relation to the stability outcome. While eight of nine studies disaggregated their data by gender, only two conducted analysis of gendered power relations. Further, only one included a discussion of relevant ethical issues relating to the research, and none discussed the issue of reflexivity in relation to their research.

Given that only nine studies were included for final analysis, the discrepancies in the way particular outcome variables were measured and the diverging quality of the studies, it is difficult to draw firm conclusions from the review on the impact of social funds in fragile and conflict-affected situations. The following findings, however, can be distilled:

- Social fund sub-projects can have a positive impact on the wealth (income and assets) of beneficiaries (one study positive impact, one no impact).
- Social fund sub-projects can increase household consumption (one study positive impact, one no impact).
- The impact of social funds on state–citizen relations and legitimacy is mixed, although there is more evidence of a positive than of a negative impact (three studies to one).
- Similarly, the impact of social funds on social cohesion is mixed, with evidence of positive (two studies), negative (one study) and no impact (one study).

In relation to other common outcomes, there was a wider body of evidence within the included studies, which illustrated the positive impact of social funds on:

- Health service delivery (three studies);
- Educational enrolment (four studies);
- Access to improved water sources (three studies);
- Institutional strengthening (one study); and
- Gender relations (one study).

Given the low number of studies included in this review, their moderate quality and their propensity to inadequately operationalise and measure outcome indicators, it is evident that there is a need for more high-quality research on the impact of social funds in fragile and conflict-affected situations. This is particularly clear in light of the growing popularity of social funds among donors and the transformative and service delivery potentials now being ascribed to them. As such, further research is needed to provide a stronger evidence base to inform policy decisions around the design and disbursement of resources to social funds and their sub-projects, as well as the extent to which they can contribute to overarching donor objectives such as affordable and effective service delivery and stability and state-building.

Sources: Barakat (2006); Beath et al. (2010); ESA Consultores (2003); Golooba-Mutebi and Hickey (2010); Moxham (2005); World Bank (2005; 2006b; 2009a; 2009b).

Thus, although there is some emerging evidence of the impacts of social funds and CDD in fragile and conflict-affected situations, particularly in relation to shifting norms and promoting social cohesion, at present few studies attempt to 'test specific theoretical hypotheses that can be taken to the data and help design the intervention' (Besley and Persson, 2012: 15). In addition, it is clear that our understanding of social funds and CDD would benefit greatly from additional high-quality evaluations that are timely and, in some cases, longer term (Wong, 2012: 52).[14] Indeed, drawing conclusions in a review such as this is made difficult by the small number of rigorous studies available across a range of highly variable contexts (this is, in essence, an external validity problem), although, promisingly, there is an increasing number of evaluations available.

3.4.4.4   Scale and sustainability

Finally, the effectiveness of social funds and CDD has also been questioned in relation to the scale and reach of their impacts. As Besley and Persson point out, while 'studies suggest that it may be possible to create changes in cohesion from the bottom up [though CDD] […] it is far from clear whether these can be leveraged into large-scale institutional change capable of shifting the political equilibrium of a fragile state' (2012: 15). For this reason, Barakat (2009) argues that, as aid instruments, social funds are marginal in terms of the proportion of international assistance they can take on.

Related to the question of scale is the sustainability of CDD programmes, an issue that has been discussed in some detail previously (World Bank, 2006c). The sustainability of inputs is a particularly important component of the sustainability challenge. As Bold et al. point out, 'the fragile states in which donors resort to Social Funds are precisely the contexts in which there is most need for recurrent costs to be met by donors or government' (2009: 4-5). This point is illustrated in the case of the SFD in Yemen, under which there was a significant rise in the pupil-to-teacher ratio as a result of improved schools and increased enrolment – yet the fund failed to provide for a proportionate increase in the supply of teachers (Berry, 2009). Salaries can often comprise up to 75 percent of the national education budget, which is a major problem when donors are reluctant to fund this major recurring expenditure (Thomson and Karachiwalla, 2009; Winthrop et al., 2010).

Under the NUSAF, the running and maintenance of facilities constructed by sub-projects posed a major challenge, leaving the long-term viability of many projects uncertain, with nearly a quarter of Golooba-Mutebi and Hickey's (2010) respondents in Nebbi and Pader citing problems of maintenance and sustainability. It should be noted, however, that this critique is not unique to social funds in fragile and conflicted-affected situations. As Carvalho and White (2004) point out in relation to the wider literature on social funds, critics commonly question the efficacy of funds' sustainability mechanisms, suggesting that social fund-constructed facilities are likely to remain un- or under-staffed, rapidly falling into a poor state of repair, as line ministries do not meet their recurrent cost obligations and communities do not have the resources to ensure adequate maintenance.

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[14] Wong (2012) conducts a review of CDD programmes across a range of contexts – that is, not just conflict-affected ones – and is able to identify just 17 evaluations deemed sufficiently rigorous.

4   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 4).

Figure 4: Conflict-affected countries do worse against service-related indicators than more stable countries
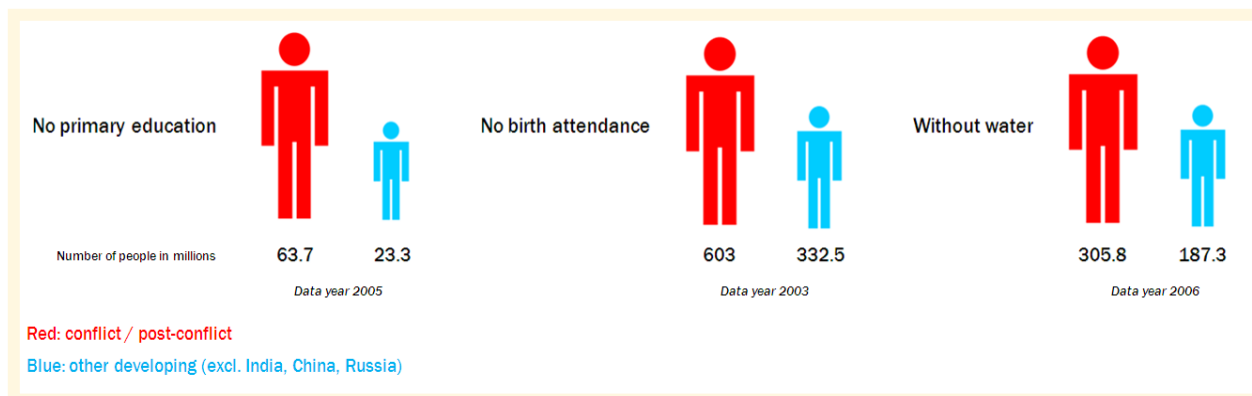
Source: Gates et al. (2012). Infographic created using Easelly.

Furthermore, as illustrated below in Figure 5, human capital deficits (in this particular instance, literacy rates) tend to be deeper and more widespread in conflict-affected countries.

Figure 5: The 25 lowest literacy rates of 15-24 year olds (women and men) globally, 2010*

Niger	36.5%
Burkina Faso	39.3
Mali	44.3
Chad	47
Benin	55
Ethiopia	55
Sierra Leone	59.4
Guinea	63.4
Madagascar	64.9
DRC	65
Senegal	65
CAR	65.2
Gambia	66.7
Cote d'Ivoire	67
Mauritania	68.3
PNG	68.4
Pakistan	70.7
Mozambique	71.8
Guinea-Bissau	72.1
Nigeria	72.1
Haiti	72.3
Angola	73.1
Bhutan	74.4
Zambia	74.4
Liberia	76.5

64% the proportion of these countries classified as **fragile / conflict-affected**

68% the proportion of these countries classified as **low-income**

84% the proportion of these countries located in **Africa**

Source: UN Stats; map created using TargetMap. *Different data years for Niger (2005), Burkina Faso (2007), Ethiopia (2007), Madagascar (2009), Senegal (2009), Pakistan (2009), Haiti (2006) and Bhutan (2005).

In this section we cover three core services: health, education and water. Each of the three sub-sections features two further sub-sections: the first presents basic data on the state of the service in fragile and conflicted-affected situations; and the second provides a discussion of key actors, common modalities and effective mechanisms for delivery.

Despite data weaknesses and various problems with the evidence base (see also Section 2), it is found that the role of the state is essential to the provision of accessible, quality basic services in fragile and conflicted-affected situations. Underpinning this finding is a continuous discussion that runs throughout the section on what is known about the role of the state, line ministries and local authorities in the creation and oversight of the institutional arrangements that mediate people and communities' access to basic services and how the state interacts with NSPs, the private sector and people's own efforts to maintain access to services in the face of conflict.

The framework developed in the World Development Report 2004 has been influential in the literature on basic services in terms of providing a conceptual frame through which to understand the relationships between politicians/policymakers, organisational providers and citizens/clients (World Bank, 2003) (Figure 6). This incorporates the idea of short and long routes of accountability that is common in the literature on basic services in conflict-affected situations (see, for example, OECD, 2008a; Rose and Greeley, 2006).

Figure 6: The World Development Report 2004 framework for service provision – key relationships of power
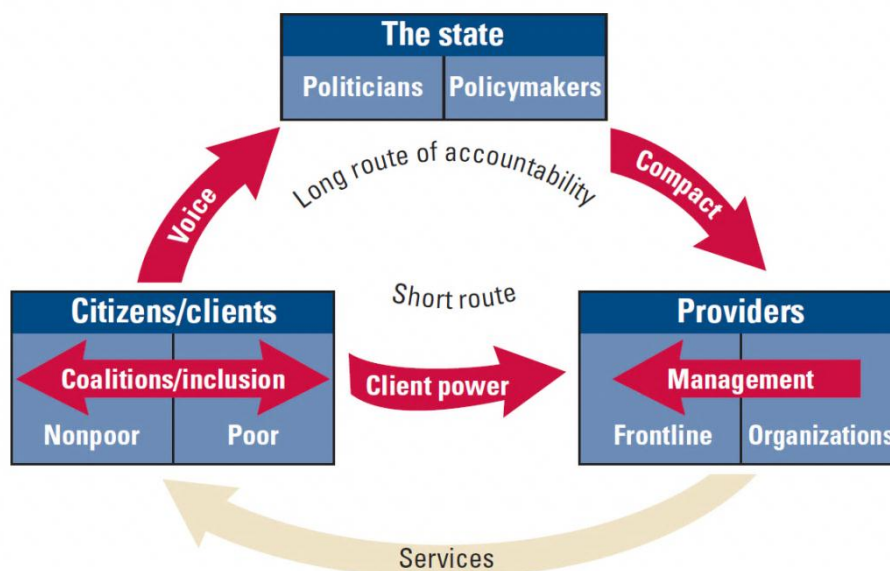
Source: World Bank (2003).

4.1   Health

In this sub-section, we first present basic data on the state of health services in fragile and conflicted-affected situations, before discussing key actors and modes of engagement within the sector.

4.1.1   The state of health services in fragile and conflict-affected situations

Health services and accompanying health conditions in places affected by conflict are often dire. Compared with their more stable counterparts, fragile and conflicted-affected situations score worse in terms of key health indicators, with a negative correlation observable between the intensity of conflict and health service outputs (Table 6).

Table 6: Health service coverage indicators in fragile, conflict-affected and non-conflict-affected situations

Country category	Births attended by skilled health personnel 1995-2002 (%)	One year olds fully immunised against measles 2002 (%)
All fragile	43.9	60.7
Non-conflict-affected	46.2	64.4
All conflict-affected	43.0	59.2
Affected by major conflicts	34.6	53.3
Affected by intermediate conflicts	50.3	68.1
Affected by minor conflicts	64.4	70.8

Source: Adapted from Ranson et al. (2007).

It is evident that the challenge to meet the health Millennium Development Goals (MDGs) and provide people with sustainable and equitable health services remains far greater in fragile and conflicted-affected situations than in other LICs and lower-middle-income countries. This is in part a result of the lack of human resources for health. As Doull and Campbell (2008) note, building and retaining a skilled and motivated health workforce is particularly challenging in fragile and conflicted-affected situations in the face of pressures such as conflict and long-term underinvestment, as well as the better opportunities offered health professionals abroad that encourage out-migration of skilled health workers. The effects of conflict are a particular challenge, as demonstrated by the case of Liberia, where an Interagency Health Evaluation in 2005 found the war had reduced the number of doctors in the country from 237 to fewer than 20 (ibid.). More recent research from the West Bank shows that even when 'professional perseverance' exists, its influence can be severely limited by enduring constraints, such as harassment and violence on the part of armed forces (Sousa and Hagopian, 2011).

Fragile and conflict-affected countries also face major challenges in terms of ensuring adequate coverage of health services. The case of reproductive and sexual health coverage, outlined in Table 7, provides a particularly vivid illustration of this, demonstrating specific unmet gender needs, but also indicating a wider lack of access to health services. It is often also the case that particular groups face particular and additional barriers to access. In Afghanistan, for example, it has been revealed that vulnerable groups –including disabled people, female-headed households and very poor households – deal with more difficulties (inaccessibility; negative attitudes of staff; absence of doctors) and have higher out-of-pocket expenditure relative to other groups (Trani et al., 2010). It is reported that informal institutions and social codes can also affect access and usage, for example through the restriction of women's movement when male escorts are unavailable (ibid.: 1751). Other research has shown that some of the main factors affecting health equity – defined as 'the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically' (Solar and Irwin, 2005, in Bornemisza et al., 2010) – include displacement, gender and financial barriers (Bornemisza et al., 2010), and unofficial payments for access and use are not uncommon. For example, recent survey data tell us that, despite a policy of free services, one in seven health service users have paid for treatment in government facilities in Afghanistan and three in four have paid for medicine outside the facilities (Cockcroft et al., 2011).

Related to problems of inadequate coverage and uneven access is the central issue of financing – one of the main health system building blocks (World Health Organisation, 2007, in Witter, 2012: 2). A recent review of the evidence on health financing in fragile and post-conflict states identified 42 relevant articles (Witter, 2012), although the overall quality of evidence was found to be low. Some of the review's key findings and reflections on the evidence base are outlined below:

- Few countries have a clear health financing strategy
- There is a normative trajectory of health financing and delivery in post-conflict states which envisages a staged process from NGO provision and international financing in the early post-conflict period to greater government responsibility over time. However, some experiences indicate an increasing reliance on informal payments and donor funding

- There appears to be a consensus that building up government capacity and stewardship is important, but there is also considerable evidence that this is often neglected in practice
- The emphasis of most of the research is on the immediate post-conflict period, with few studies taking a longer term view. Similarly, most of the insights from the literature relate to the role of donors

Linked to the issue of financing is the decision whether or not to charge user fees for health services. A pilot study by Steinhardt et al. (2011) in Afghanistan found that removal of fees increased the use of facilities previously charging both service and drug fees by a staggering 400 percent, and led to a significant increase in the number of visits for curative care. However, fee removal generates a need for additional inputs, and the same study reported concerns by NGOs, health workers and community leaders over the effects of lost revenue and the need to raise revenue via other means.

The literature on health highlights some coping strategies for maintaining access to basic services during and after conflict, for example the way the poor may manage health care costs by adjusting the threshold of sickness at which they seek professional treatment (OECD, 2008a). An important coping strategy to access health services is that of the expansion of informal and private sector providers (Pavignani, 2005). The issue of women's informal work in the health sector is also noteworthy, particularly when service delivery shifts from the public to the private sphere in conflict situations. As Koch (2008) highlights, during conflicts, women and girls are often charged with informal caring for sick, wounded and elderly persons, within both the household and the community, placing a significant extra burden on women.

Despite these problems – resource and capacity constraints, weak coverage, financing dilemmas – and given its importance, the issue of health systems in fragile and conflict-affected situations receives less attention than it should, as argued in a recent PLoS Medicine editorial (The PLoS Medicine Editors, 2011).

Table 7: Sexual and reproductive health services coverage

Country	Year of data	Births attended by skilled health personnel (%)	Contraceptive prevalence (%)	Adolescent fertility rate (per 1,000 girls aged 15-19 years)	Antenatal care coverage – at least one visit (%)	Antenatal care coverage – at least four visits (%)	Unmet need for family planning (%)
Afghanistan	2008	-	22.8	-	36	-	-
Bangladesh	2007	18	55.8		52	21	16.8
Burundi	2006	-	9.1	27	-	-	-
Cameroon	2006	59	29.2	136	82	-	-
Central African Republic	2006	53	19.0	-	69	-	-
Chad	2006	-	-	146	-	-	-
Congo	2005	86	44.3	-	86	75	16.2
Côte d'Ivoire	2006	57	12.9	111	85	-	-
DRC	2010	74	-	-	87	-	-
Eritrea	2006	-	-	85	-	-	-
Ethiopia	2005	6	14.7	-	28	12	33.8
Guinea	2007	46.1	-	-	88	50	-
Guinea-Bissau	2006	39	10.3	-	78	-	-
Haiti	2006	26	32.0	-	85	54	37.5
Kenya	2009	43.8	45.5	-	92	47	25.6
Kyrgyzstan	2007	-	-	29	-	-	-
Liberia	2007	46	11.4	-	79	66	35.6
Myanmar	2007	36.9	41.0	-	80	43	-
Nepal	2006	19	48.0	-	44	29	24.6
Niger	2006	33	11.2	-	46	15	15.8
Nigeria	2008	38.9	14.6	-	58	45	20.2
Pakistan	2008	-	27.0	-	-	-	-
Sierra Leone	2008	42	8.2	-	87	56	27.6
Somalia	2006	33	14.6	-	26	6	-
Sri Lanka	2007	99	68.0	-	99	93	7.3
Sudan	2006	49	7.6	-	64	-	-
Tajikistan	2007	88.4	37.1	-	89	49	-
Timor-Leste	2010	29.6	22.3	-	84	55	-
Uganda	2006	42	23.7	-	94	48	40.6
Uzbekistan	2006	100	64.9	26	99	-	-
Yemen	2006	36	27.7	-	47	-	-
Zimbabwe	2009	60	--	-	93	-	-

Source: WHO Global Health Observatory Data Repository.

4.1.2   Actors, modalities and mechanisms in the health sector

One prominent model of state governance and leadership of the health sector that has been examined in the literature is that of stewardship (see, e.g., Kruk et al., 2010). The concept of stewardship is not a new one in the health sector; stewardship is in fact one of the key building blocks identified in the WHO's health systems strengthening framework (WHO, 2007). But it is of particular importance in post-conflict recovery settings. As one leading expert on conflict-affected health systems points out, '[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)

A broad understanding of stewardship can encompass many different institutional arrangements and aid interventions within the health sector. This sub-section focuses on the available evidence on three of these, each covered fairly extensively in the literature (Witter, 2012): 1) the concept of a (minimum) BPHS; 2) the contracting-out of health service provision (i.e. of the BPHS) to NSPs; and 3) the M&E of the progress of implementing partners (NSPs) against this framework, including its use in strengthening the state–service provider compact and its relationships of accountability.[15]

The introduction of a minimum BPHS has become an important part of the dominant mode of health systems rehabilitation in states emerging from conflict. It has been introduced in situations including Afghanistan, Liberia and South Sudan. In such (post-)conflict situations, it can serve an important function as a tool for managing expectations (Waldman, 2006b). In Afghanistan, the strategy involves maintaining a government focus on stewardship, while contracting out service delivery to NGOs in much of the country and using a coherent and balanced national M&E framework to measure performance on delivery of the package (Hansen et al., 2008).

To date, the introduction of a BPHS in fragile and conflicted-affected situations has gone hand-in-hand with the contracting-out of health service provision to NSPs. Cambodia was the prototype for this model and its successful results spurred policymakers on to expand the approach to other countries affected by conflict– indeed, recent years have seen DRC, South Sudan, Bangladesh and Afghanistan all contract out health services on a large scale (Arur et al., 2009: 136). An extensive evaluation of the approach in Cambodia showed that districts with health services that were contracted out to NGOs delivered care more efficiently and equitably than those that remained under government control (Abramson, 2009; Palmer et al., 2006). More specifically, results showed large positive effects on the utilisation rate in contracting-out districts, with decreased out-of-pocket costs per capita and a 40 percent drop in family health expenditure, but increased public spending per capita (Abramson, 2009). The programme was also associated with an increase in the use of reproductive health services, improved immunisation rates and a decline in time lost to illness (High-Level Forum on the Health MDGs, 2004).

Contracting out health services in Afghanistan has arguably been the most ambitious undertaking of this new approach in any country affected by large-scale violent conflict. A study carried out six years ago, for example, found that, in 2006, 77 percent of the Afghan population were living in a district where health services were provided through a contracting approach (Palmer et al., 2006). 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). Between 2004 and 2005, 7 out of 8 priority indicators on the BSC used to measure progress in the Afghan health sector (discussed in more detail below) showed statistically significant improvements, compared with 6 out of the remaining 21 indicators. On the 2006 BSC, 17 of the 29 indicators also showed statistically significant improvements compared with 2004 (Hansen et al., 2008). Furthermore, research by Arur et al. (2009) finds that large-scale contracting for health services in Afghanistan has been associated with substantial increases in curative care use, and a recent survey found that 57 percent of households in

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[15] In the concept of the compact, as the World Development Report 2004 outlines, '[t]he policymaker provides resources and delegates powers and responsibility for collective objectives to the service providers. The policymaker generates information about the performance of organizations. Enforceability comes into play when the compact also specifies the rewards (and possibly the penalties) that depend on the service provider's actions and outputs' (World Bank, 2003: 51).

a district in Kabul province rated services contracted through NGOs as good (Cockcroft et al., 2011). 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, 2010b). Mozambique, which had no contracting programme, also had impressive results from a similarly large increase in health sector funding post-conflict (Morgan, 2011).

Moreover, while there is clear evidence of major improvements in the Afghan health sector, the long-term impact of contracting-out is less clear. Palmer et al. (2006) highlight questions about the efficacy of contracting-out in long-term reconstruction and restructuring of the health system, as well as issues of cost and sustainability, particularly in light of the high costs of expatriate programme management and M&E staff. There is also evidence that insecurity has had a negative impact on competition,[16] while the desirability of competition as opposed to the development of learning and strengthening the experience of service providers has also come under question (ibid.). There is not yet sufficient evidence on whether cost discrepancies among providers, with per capita spending ranging from $2.06 to $4.83, reflect efficiency savings or just the cost of delivery in different areas, such as those that are less secure or with poorer infrastructure (ibid.).

The experiences of contracting-out in Afghanistan and DRC present an interesting comparison here. As McDowell (2010) notes, in Afghanistan the focus has been on results, with MoPH setting priorities and quality standards and NGOs left to figure out how best to deliver the basic package. Conversely, in DRC, where progress has been slow, the focus on approving work and procurement plans at central government level stalled service delivery and limited innovation. However, the full picture is more complex: DRC, unlike Afghanistan, had an established health system; therefore, NGOs were contracted to support this, not to provide services directly. The project in DRC is now moving in the direction of compromise, with NGOs working closely with the existing health system but being given more autonomy and increasingly being held accountable for the results achieved (ibid.).

There is evidence of increasing adaptation of contracting-out models towards the goal of health systems strengthening and institutional capacity building in fragile and conflicted-affected situations. For example, contracts with NGOs in Liberia also provide for discrete activities to support government efforts at managing and fully staffing its facilities in the long term (Abramson, 2009). NGO contracts have also been performance-based, with payments linked to output and outcome indicators assessed and paid on an annual basis, but the size of the penalty or bonus (5 percent) is small (DFID, 2011).[17] Lessons can also be drawn from the case of Guatemala in the late 1990s, which, as part of its scheme of contracting out health services, used international NGOs to build the capacity of their local counterparts in health service delivery (Abramson, 2009). It is also worth pointing out more generally that there are a number of different approaches to contracting. For example, between 2004 and 2005 three different approaches to contracting out could be observed in Afghanistan, each of which differed by: the scale of contract (province-wide or sub-provincial clusters of districts); the nature and extent of performance-based payments; responsibility for contract management; the types of independent monitoring processes in place; and capacity building elements (Arur et al., 2009: 136-8). Importantly, each approach incurred different per capita costs, ranging from $3.87 to $4.72.

The use of the BSC in Afghanistan to measure health sector performance is a first for a developing country, and thus an example of the potential for fragile and conflicted-affected situations to go beyond development 'best practice', adopting state-of-the-art approaches to their specific challenges. The six domains and 29 indicators used in the BSC were developed through a participatory process involving MoPH in a leadership capacity, as well as technical staff, NGOs and donor and technical agencies (Hansen et al., 2008). The BSC has also been forward looking, as it includes wider health systems strengthening issues such as staff, financial systems and overall vision, as well as providing an important objectives-based approach to the management of health service delivery.

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[16] In Bagdhis, for example, the contract was awarded without any form of competition (Palmer et al., 2006).

[17] Further, 'both the annual audit and the second annual progress report admitted that the nascent state of development of the Ministry's Monitoring & Evaluation function meant that the Ministry's oversight of contract performance had been minimal' (DFID, 2011: 7).

The BSC is of particular significance in relation to the enforceability of the contract between the state and service providers, as Figure 6 outlined. Hansen et al. (2008: 8-9) neatly explain the utility of the BSC in this regard:

> The BSC provides an evidence base that empowers the MOPH to hold contracted service providers accountable for their performance. MOPH leadership and technical staff frequently use the BSC in meetings with donors and BPHS implementers. For NGO and Provincial Public Health Office (PPHO) staff working in provinces holding Performance-based Partnership Agreements (PPAs) with the MOPH, financial incentives are given for achievement of performance targets. The MOPH gives a performance bonus worth 1% of the contract value if they achieve an increase of 10 points in their mean score across the 29 indicators on the BSC. Based on their scores on the 2005 BSC, NGOs and PPHO staff working in two provinces received performance bonuses. An international NGO working in one province had its contract terminated for unsatisfactory performance based partially on BSC results, and in early 2006 a new NGO won a competitive bidding process to deliver health services in the province. When the first round of PPA contracts expired in early 2006 and the MOPH sought to enter into a new round of contracts with NGOs, the BSC was used to assess the desirability of re-engaging each NGO in a new contract to deliver services.

The case of the BSC thus shows the potential of strong M&E systems to help ensure accountability and enforceability within the compact between the state and health sector service providers. This is important, as the key problem driving the lack of accountability in service delivery in places affected by conflict is the dearth of information. As the World Development Report 2004 (World Bank, 2003) highlights, without clear information on organisational objectives and progress against them, it becomes impossible to create enforceability.

The expansion of the private sector is a common coping strategy that helps people continue to access basic health care in conflict-affected situations (Pavignani, 2005). For example, the health sector remained among the strongest of DRC's social sectors following economic collapse and conflict, largely because of support from civil society, especially religious organisations (Canavan et al., 2008; Waldman, 2006a). In 2008, 50 percent of primary health care services were provided by faith-based NGOs (Canavan et al., 2008). Yet, as research on DRC shows, private provision in the health sector in fragile and conflicted-affected situations may be restricted to the sale of medicines and not the provision of health care itself (Waldman, 2006a). Further, such adaptive responses may have long-term negative consequences, whereby patterns of low-quality, informal provision become set in place and difficult to shift (Pavignani, 2005).

There is a major challenge, therefore, in the need to regulate the non-state provision of health services that grow during conflict. In South Sudan, the level of NGO and faith-based organisation provision – in 2007, one survey estimated that NGOs managed 86 percent of health facilities – following the signing of the Comprehensive Peace Agreement shows the scale of the challenge (Cometto et al., 2010). In post-conflict Liberia, out of the 360 health facilities estimated to be functioning by 2007, 80 percent were run by humanitarian or faith-based relief organisations (DFID, 2011).

But it is clear that non-state provision can be of excellent quality, and by no means should all local NSPs be framed as informal, low-quality outfits. For example, representative (rural) household survey data from Liberia shows that 80 percent of those interviewed were satisfied with NGO management of health services – the country's prevailing system (Kruk et al., 2011) – and a recent survey covering more than 3,000 households in Afghanistan found that while most households use government health services, private services are the preferred option (Cockroft et al., 2011). In addition, in DRC, the largest distributor of medicines in the conflict-affected east of the country has been a local NGO formed for that specific purpose, the *Association Régionale d'Approvisionnement en Médicaments Essentiels* (Waldman, 2006a). Such experienced and effective non-state provision highlights the potential for government absorption of privately developed health sector innovations (Waldman, 2006a). An important example of building on what is there in post-conflict, fragile situations is the work of the Global Alliance for Vaccines and Immunisation (GAVI) in DRC. GAVI has been supporting civil society

organisations in an effort to increase vaccination coverage, with some success, and strengthening cooperation between the Ministry of Health (MoH) and NGO service providers (Abramson, nd).[18]

That the literature on health systems in fragile and conflict-affected situations is growing (and becoming increasingly useful) is extremely promising. Indeed, there appears to have been a significant rise in interest in this broad topic over recent years. However, knowledge gaps in several areas remain (see Witter, 2012), which is particularly problematic given the complexity of designing and delivery health services in uncertain, volatile contexts (Trani et al., 2010).

4.2 Education

An increasing body of micro-level evidence reveals the deleterious impacts of conflict on a range of educational outcomes (see Mallett and Slater, 2012 for an overview). Yet, whilst there has been a growing recognition of the role of education in facilitating recovery after conflict, we still lack a proper understanding of its contribution towards peace-building at the national, sub-national and community levels (Barakat et al., 2012).

In this sub-section, we first present basic data on the state of education services, before discussing key actors and modes of engagement within the sector.

4.2.1 The state of education in fragile and conflict-affected situations

Under the auspices of the Education for All (EFA) initiative, the primary focus of much education aid to fragile and conflicted-affected situations has been on increasing primary school enrolment in order to promote the goal of universal primary education. Table 10 in Annex 2 shows that the gross enrolment ratio (GER) (the number of children in primary school divided by the population of official primary school age) is creeping steadily up in many fragile and conflicted-affected situations. This figure is potentially misleading, however, as many children in primary school in fragile and conflicted-affected situations may not be of official primary school age given the multitude of negative impacts of conflict and fragility on access to education, including protection risks such as violence or recruitment as child soldiers and economic risks and vulnerabilities forcing children to work instead of going to school. Consequently, the share of children of official primary school age who are in school, the net enrolment ratio (NER), is increasing only slowly in some fragile and conflicted-affected situations, and progress is patchy at best, with data for situations currently in a state of conflict often unavailable. Female enrolment ratios also lag behind in fragile and conflicted-affected situations, but, since gender inequalities in enrolment ratios are common across all developing countries, it is not clear what drivers of this gender disparity are specific to fragile and conflicted-affected situations.

As in the health sector, human resources are often a major constraint to education service provision in fragile and conflicted-affected situations. Ensuring that the supply of teachers meets demand is a particular challenge in post-conflict situations (UNESCO, 2011). Volunteer teachers often fill vast gaps in the teacher cadre in fragile and conflicted-affected situations but can become a drag on the system as it moves into recovery and development phases. Regular in-service teacher training and restoring pre-service teacher education are requirements for maintaining the positive benefits to the system that these otherwise under-qualified teachers provide (Ratcliffe and Perry, 2009).

In the education sector in conflict-affected situations, where schools still function, children may be forced to drop out to pursue employment opportunities, while sexual favours, cash and work may permeate the economy of education in conflict-affected situations (INEE, 2010). In some cases, such as during the conflict in Sri Lanka, children may not be able to attend school as they risk being recruited as child soldiers (World Bank, 2006a).

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[18] 'Vaccination coverage of 74% for DPT3 and measles and 71% for TT2+ from the first half of 2007 for the 65 health zones increased to 83% for DPT3 (close to the 85% defined in the cMYP 2005-2009) to 79% for measles and 76% for TT2+ in 2008 despite long strikes and numerous vaccine stock-outs. Effective implementation of a strategy for reducing drop-outs and unimmunized through the use of community mobilizers (relais) and Red Cross volunteers, resulting in 10,613 children recuperated from May to December 2008' (Abramson, nd: 5).

Research indicates that, while rarely considered the most pressing problem, education is significantly important for people in fragile and conflicted-affected situations and makes an early appearance as an issue on the reconstruction agenda (Alvarado, 2010; Horvat, 2010). Such resilient demand for education means communities may be likely to finance education services in fragile and conflicted-affected situations. In Chad, for instance, a recent study showed that 68 percent of teachers, primarily in rural areas, were paid by the community, and in DRC parents finance 80-90 percent of all public education expenditures (World Bank, in Holmes, 2011). But this resilience can pose a challenge in post-conflict recovery situations, as the tradition of communities paying teachers continues after governments begin to pay salaries, leaving in place a range of top-ups that communities are forced to pay (Ratcliffe and Perry, 2009).

In terms of trends, a synthesis of in-depth case studies on eight countries, shows that participation in education (i.e. enrolment, attendance, completion) correlates strongly with 'the peaks and troughs of governance changes, especially in relation to security and political fragility or stability' (Ratcliffe and Perry 2009: 25). Rates of primary education participation increase quickly then level off, though secondary and tertirary education and skills training participation grow more slowly, as they often recieve less attention in the post-conflict reconstruction phase (Ratcliffe and Perry 2009).

Tables 10 and 11 in Annex 2 present data on participation rates at primary and secondary education levels for a range of fragile and conflict-affected countries. Unsurprisingly, the picture on secondary enrolment compares unfavourably with that of primary education (see Figure 7 below). The NER in secondary education rarely rises above 50 percent across fragile and conflicted-affected situations, and a comparison of data from 1999 and 2008 shows that progress has stalled or proceeded very slowly in the majority of fragile and conflicted-affected situations.

Figure 7: Primary (gross) enrolment rates are far higher than secondary (gross) enrolment rates in fragile and conflict-affected situations
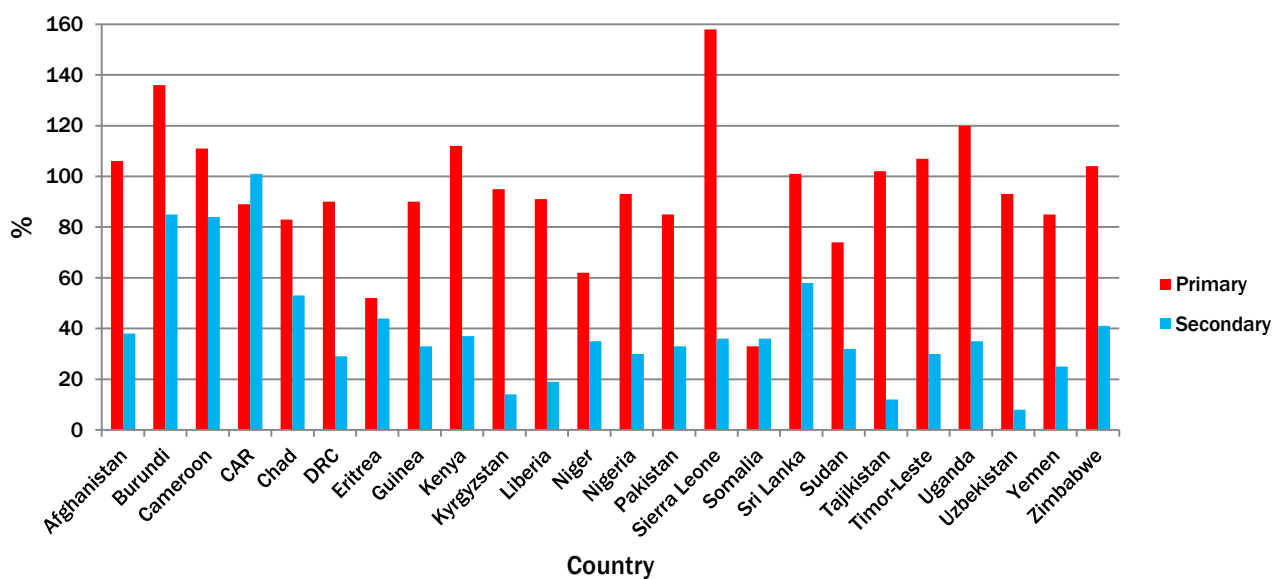
Source: UNESCO (2011). Data for 2008.

4.2.2   Actors, modalities and mechanisms in the education sector

In fragile and conflicted-affected situations, visible education reforms such as the abolition of fees have played an important role in newly democratic states seeking to gain legitimacy, for example in Burundi with the abolition of primary school fees in 2005 following one-party elections (Rose and Greeley, 2006). But this situation is not unique to fragile and conflicted-affected situations, as the case of education sector reforms in Uganda in the late 1990s shows (see World Bank, 2003).

A problem with such a politically led approach, though, is that less visible reforms, for example those focusing on the quality of education (a key concern after rapid expansion following abolition of fees, as witnessed in Burundi and elsewhere) or support for girls' education, are likely to gain less attention from

politicians with a focus on the polls (Rose and Greeley, 2006). Moreover, the literature often highlights the potential for a narrow emphasis on universal primary education in fragile and conflicted-affected situations to drive a slide back into conflict. The focus of the EFA Fast Track Initiative (FTI) on universal primary education has been criticised in this regard, as secondary education can help address the needs of large numbers of unschooled youth and adults who need to acquire some form of skills in post-conflict situations (Dom, 2009). Data from the EFA Global Monitoring Report shows that some fragile and conflicted-affected situations, such as Guinea, Pakistan and Timor-Leste, have millions of out-of-school male adolescents not in training or vocational education (UNESCO, 2011). As Ratcliffe and Perry (2009) point out, without opportunities for ex-combatants and under-skilled and under-employed youth to progress to secondary and tertiary education, there is a risk that frustration will lead to recurring political instability and resulting insecurity. This is a point of particular significance given that a lack of the education necessary to obtain paid employment has been a historical source of conflict, for example in Liberia, Somalia and South Sudan.

Different types of programmes have been designed to address these educational and demographic realities of fragile and conflicted-affected situations. These include accelerated learning for former child soldiers: in Liberia, an accelerated learning programme supported by UNICEF condensed primary schooling from six into three years, focusing on skills development and designed in such a way as to allow the children to re-join secondary school (Rose and Greeley, 2006). Another programme was developed in Liberia combining vocational training in masonry and agriculture with literacy and numeracy and life skills training, providing youth with both a chance to reintegrate into economic activities and skills development in key areas linked to wider post-conflict reconstruction objectives (ibid.).

The trade-offs inherent in the potential need to favour education of youth over that of young children has been highlighted by work around USAID's education and fragility framework (Miller-Grandvaux, 2009). But there are also wider challenges inherent in state-led provision of education, particularly the challenge of fostering inclusion versus achieving scale. As Miller-Grandvaux notes, the extent to which there should be prioritisation of the mitigation of exclusion by targeting the excluded rather than the more easily reached majority is a difficult trade-off. Nepal has had some success with scholarships targeting inclusion of *dalits* and Muslims in its EFA programme. But this has not come without its own problems, including elite capture and integration of the targeting apparatus for scholarships into patronage networks, with local elites taking advantage of their dominance of school management committees and contacts with district education officers (Vaux et al. 2006). It is also important to point out that favouring one zone over another may fuel ethnic and class tensions, driving discontent and potentially violence, as was seen in rural Burundi (Miller-Grandvaux, 2009).

State-led provision, however, is often lacking, owing to insufficient will and/or capacity on behalf of governments in fragile and conflicted-affected situations. In Chad, for example, where around a third of the primary school-age population is out of school, the government spends four times as much on defence as on primary education (UNESCO, 2011). Therefore, the role of the state in the education sector in fragile and conflicted-affected situations, as well as international efforts to support it, is significantly focused on ensuring the adequate regulation of NSPs and that necessary governance adaptations are made and coordination procedures put in place. But such regulation and coordination can be particularly challenging for states emerging from conflict, where ministry capacity is likely to be weak, with insufficient quality human resources in place. Further, in the education sector, ministerial positions may be appointed more on the basis of political considerations than leadership qualities or technical capacities, or their tenure is not long enough to establish the necessary vision and institutions for education system development (Bethke, 2009; Moulton and Dall, 2006).[19]

Positive examples of stewardship do not abound in the education sector, and contracting-out is not nearly as common as in the health sector, although there are examples of contracting-out aspects of education services to NSPs in Pakistan. In the northern areas of the country, the Aga Khan Development Network is involved in enhancing the quality and institutional capacities of low-cost private schools in collaboration with the government, while the leasing of under-used and dilapidated

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[19] Afghanistan, for example, had six different ministers of education between 2002 and 2008 (Bethke, 2009).

government school buildings to private schools in the afternoons has helped provide access to a greater diversity of providers and higher levels of education than would otherwise have been feasible (Rose and Greeley, 2006).

But evidence of state leadership in other settings is more limited, and highlights the need for adaptive responses from donors, UN agencies and international NGO service providers. In South Sudan, weak host government leadership, projectised donor interventions bypassing government systems (and failing to build local accountability structures), lack of agreed standards and international NGOs resisting coordination by the UN have meant education sector coordination has been particularly challenging (Berry, 2009). Similarly, in Afghanistan, under the Afghanistan Reconstruction Trust Fund (ARTF), weak ministry capacity meant aid agencies had to take a lead themselves, providing much support to the core sector budget (ibid.). But EFA in Nepal illustrates how a sector-wide education programme can be developed and implemented with government officials even in the midst of serious armed conflict (ibid.). And where such capacity is clearly absent, aid agencies may be forced to work with rebel movements if they want to continue to help build up education systems. For example, UNICEF adopted such a strategy from 2000 in South Sudan, playing an important role in facilitating the transformation of the Secretariat of Education into a full Ministry of Education (Rose and Greeley, 2006).

The EFA movement and its FTI to provide greater access to education in fragile and conflicted-affected situations have been the dominant framework within which donors and international aid organisations have sought to expand access to (primary) education in fragile and conflicted-affected situations. Aid to basic education increased from $747 million in 2000 to $2.8 billion by 2006 (Novelli, 2010). But while just under 70 percent (39 million) of the 56 million out-of-school children were living in conflict-affected situations in 2006, only 33 percent of funding was allocated to them (ibid.). Many countries do not possess the education plans and poverty reduction strategies that are a necessary, but not sufficient, condition to participate in the FTI (Bethke, 2009). As a result, FTI support to fragile and conflicted-affected situations has to date been limited to only six countries, Cambodia, Central African Republic, Guinea, Haiti, Liberia and Timor-Leste (Turrent, 2011).

Despite the problems relating to a focus on universal primary education as opposed to ex-combatants and marginalised youth highlighted in the previous section, there have been clear successes with EFA. In Nepal, for example, the programme helped achieve an increase in primary school enrolment, even when the conflict was still ongoing (Vaux et al., 2006), with net enrolment in primary education rising from 84.2 percent to 86.8 percent, and from 78 percent to 83.4 percent for girls, between 2004 and 2006 (Berry, 2010). But there are continued problems with underperformers in the FTI, where lack of political will and lack of capacity compound each other in the FTI's relationship with interlocutor governments, as in DRC for example (Dom, 2009). The central problem is that the FTI explicitly links increased donor support for primary education to recipient countries' policy performance and accountability for results, meaning that, in fragile and conflicted-affected situations, where either will and/or capacity are lacking, support is often not forthcoming, leaving countries with acute needs unfunded, as was the case for Liberia and Central African Republic in 2007 and 2008, respectively (Turrent, 2011).

The utility of trust funds and SWAps is also clear in the literature, particularly in relation to their ability to support recurrent sector costs, with at least partial successes with the ARTF and the SFD in Yemen (Berry, 2009). These successes have also had a profound impact on enrolment rates for girls, with the rate more than doubling (from 839,000 to 1.75 million) under the ARTF between 2002 and 2006 and the SFD in Yemen seeing an increase of 122 percent in rural areas between 1997 and 2006 (Berry, 2010). But there is also evidence from such projects that the involvement and potential benefits of the participation of women are being foregone. In the ARTF, for example, there was no gender policy underpinning participation in the CDCs that took on the building of schools under the National Solidarity Programme (Berry, 2010). It is clear that female participation is important in education service provision and sector governance, for, as evidence from South Sudan shows, female teachers can play a particularly key role in both providing a secure environment for girls who might be in danger of abuse and supporting the transformation of gender relations more broadly (Rose and Greeley, 2006).

In fragile and conflicted-affected situations it is not just the instruments of international donor agencies, the services of international NGOs or even the state that provide for the educational needs of the population. Private sector and other non-state providers of education services, including NGOs and faith-based organisations, are often significant in situations of conflict and fragility. For example, in DRC, religious organisations run 81 percent of public primary schools and 77 percent of public secondary schools (Baird, 2011). In Haiti, only 19 percent of primary school-going children attend public schools; 92 percent of schools are non-public, hosting approximately 81 percent of primary school children (2002/03 data) (Boak, 2009).[20] In Somaliland, a flexible, alternative mode of education delivery in settings from religious establishments to the shade of a large tree has been found to decrease the opportunity cost people face in accessing education services (Bekalo et al., 2003). Observation and interview data collected by Bekalo et al. illustrate that the flexibility of this approach in providing education at the nearest convenient place and at accommodating times, in a situation so bereft of education services, has enabled students to travel shorter distances to learn, thus increasing available labour time and decreasing risks of abduction for girls.[21]

Moran and Batley (2004) make an important distinction between different types of non-state provision in the sector: not-for-profit (community schools, NGO schools, faith-based schools) and profit making (elite private schools, 'budget' non-state schools, private tutoring). Taking private sector provision first, an issue of great importance in access to education in fragile and conflicted-affected situations is that of equity. Private sector provision in Nepal has led to divisions between those failed by the state and those who can afford private schooling (Berry, 2010). This also has a major impact on opportunities for progression and social mobility, as there is an 80 percent/20 percent differential in the pass rate between private schools and their state counterparts (Vaux et al., 2006). A similar situation of inequalities in access has resulted from private provision in Cambodia (INEE, 2010). These impacts of private sector education are certainly not unique to fragile and conflicted-affected situations. As the 2004 World Development Report points out, the key downside of market-based service provision is that '[i]t responds exclusively to customer power, so there are no pressures for equity (much less equality) in the allocation of services' (World Bank, 2003: 58). But the impacts are potentially more significant in conflict-affected situations, particularly where, as in the case of Nepal, issues of class and opportunity were inherent dynamics in the conflict in the first place (Vaux et al., 2006). The issue of equity also raises a wider point: education in fragile and conflicted-affected situations not only is a question of access, but also involves key issues such as quality, equity and inclusive/participatory governance (ibid.).

Not-for-profit provision can support the resilience of the education sector in fragile and conflicted-affected situations. In Haiti, robust private sector and faith-based organisation provision was key to the continuing growth of primary enrolment despite political instability and recurring hurricanes between 1990 and 2003 (Ratcliffe and Perry, 2009). Similarly, in DRC, there was a greater degree of resilience in education provision in urban areas during the 1980-2003 conflict period as a result of the networks of faith-based organisations present (ibid.). Working through NSPs, international donors can also provide services to areas and groups that the government finds challenging to – or won't – deliver services to, thereby avoiding pockets of exclusion (Brannelly et al., 2009).

There is also evidence of international NGOs working effectively to strengthen education systems, going through state or community structures to ensure sustainability, while retaining a focus on service delivery. In Afghanistan, by framing home-based schools (which were a coping mechanism under the Taliban, particularly for the education of girls) within the policy parameters and objectives of the government, IRC and other NGOs have helped strengthen the government system as opposed to competing with it, facilitating a smooth transition between home-based schools and the formal, government system (Kirk and Winthrop, in Rose and Greeley, 2006). Save the Children UK's work in Somalia and Somaliland has shown similar foresight, with programmes developed in consultation with the Ministry of Education and regional and local authorities and at community and school levels when

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[20] 'There are 2,227 Catholic schools, the majority of which are elementary, representing the largest share of enrolments with 485,957 pupils, a further 40% of non-public schools are Protestant' (Boak, 2009: 18).

[21] However, the authors found no studies following those educated through such flexible alternative education schemes in Somaliland to assess the impact on educational outcomes (Bekalo et al., 2003).

possible, as well as, in the absence of the state, with local community and clan leaders (Rose and Greeley, 2006).

But failure to regulate NSPs effectively can reinforce fragility in the sector and even throughout the situation/state. In Haiti, apparent unwillingness on behalf of the state to regulate growing private provision has increased the fragility of the country's education sector (Ratcliffe and Perry, 2009). In Pakistan and the Philippines, the challenge of regulation concerns faith-based schools espousing radical Islamist ideologies, although attempts have been made to align *madrasahs* with government systems in an effort to prevent them from becoming breeding grounds for radical Islamism (Rose and Greeley, 2006).

4.3   Water

Conflict impacts water sources and people's access to them in various ways, and poor and damaged water services present a series of risks and threats to post-conflict recovery (Donnelly et al., 2012). In this sub-section, we first present basic data on the state of water services in fragile and conflicted-affected situations, before discussing key actors and modes of engagement within the sector.

4.3.1   The state of water supply and services in fragile and conflict-affected situations

The proportion of the population in fragile and conflicted-affected situations able to access improved water sources is poor but mixed, as demonstrated by the data provided in Table 12 in Annex 2 and Figure 8 on the next page. In places such as Afghanistan, DRC, Ethiopia, Niger, Sierra Leone and Somalia, the total proportion of the population able to access an improved water sources stands below 50 percent. This is highly significant in relation to the public health impacts of access to improved water sources. Prüss-Üstün et al. (2008) estimate that, globally, an important share of the total burden of disease — around 10 percent — could be prevented through improvements related to drinking water, sanitation, hygiene and water resource management. WHO estimates that 5.6 billion working days and 443 million schooldays would be gained annually if there was universal access to safe water and sanitation (in Slaymaker et al., 2007).

While in the majority of fragile and conflicted-affected situations there has been an increase in the past 18 years in the proportion of the total population able to access an improved water source, there have been declines in the proportion in urban areas in Burundi, DRC, Liberia, Myanmar, Nigeria, Nepal and Sudan (Table 12). This highlights the challenge of supplying citizens with improved water in the rapidly urbanising cities and peri-urban areas of many fragile and conflicted-affected situations. This challenge is often compounded by the pressure that inflows of IDPs and returnees into urban, peri-urban or their home rural areas can place on already strained water sources, as seen, for example, in DRC, South Sudan and Sudan (Burt and Keiru, 2011; Pantuliano et al., 2011; Welle et al., 2008).

Yet, although urban access may have fallen in some places over recent years, a substantial gap between rural and urban access levels still remains. As Figure 9 illustrates, rural levels in many countries (e.g. DRC, Ethiopia, Somalia) are several times lower than urban ones.

Figure 8: Levels of access to improved water sources in fragile and conflict-affected situations are highly variable

Source for Figures 8 and 9: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation data and estimates. Data for 2008.

Figure 9: Despite a gradually shrinking gap, stark differences between rural and urban access to improved water sources remain in fragile and conflict-affected situations
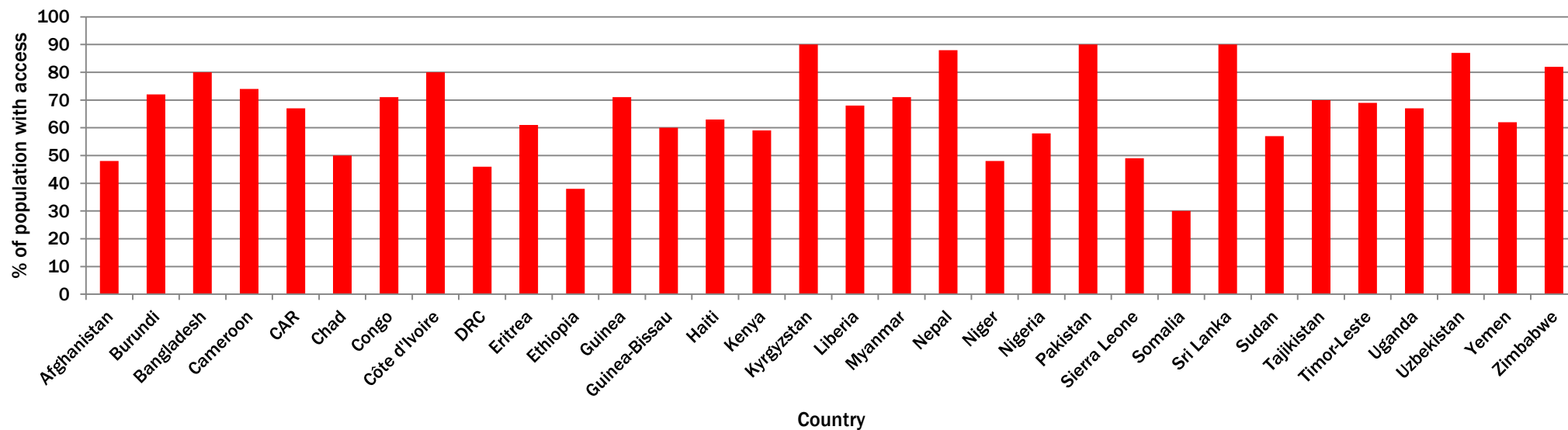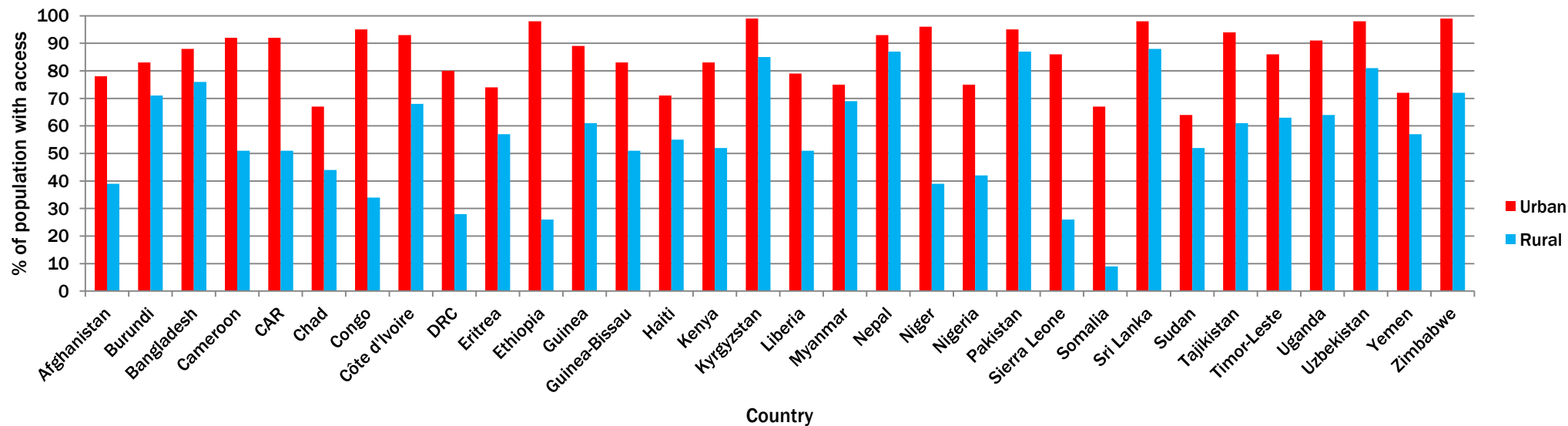
The proportion of the population in fragile and conflicted-affected situations able to access improved sanitation sources is similarly poor, as demonstrated by the data in Table 13 in [Annex 2](). The majority of fragile and conflicted-affected situations have witnessed an increase in the proportion of the total population able to access an improved water source in the past 18 years, but a number of fragile and conflicted-affected situations, including Bangladesh, Côte d'Ivoire, Cameroon, Eritrea, Haiti, Nigeria, Pakistan, Sudan and Zimbabwe, have seen a decrease in the proportion of the population in urban areas served with improved sanitation. Again, this highlights the challenge of supplying citizens with improved (sanitation) services in rapidly urbanising cities and peri-urban areas. And although there has been no backsliding on access to improved sanitation in rural areas in fragile and conflicted-affected situations, the percentage of the population served remains extremely low in a number of situations, particularly in Sub-Saharan Africa, with only 4 percent of the population served in Chad, Eritrea, Liberia and Niger, for example.

Community and private sector coping strategies have been key in enabling people to maintain their access to WSS services in fragile and conflicted-affected situations. Such strategies have been observed in severely conflict-affected situations such as DRC and Rwanda (WSP, 2011). However, they can also be seen in situations of government failure to provide WSS, for example in Pakistan, where services were found to be provided mainly by communities and households themselves (from pumps, wells and streams), especially in rural areas (Batley et al., 2004). Such coping strategies can be harmful in that they compound the informalisation of society and service delivery in fragile and conflicted-affected situations and thereby make developing a coherent national policy vision all the more difficult (WSP, 2011).

There are, however, examples of informal provision being brought into the formal government fold through the intervention of an international NGO, as outlined in Box 5.

Box 5: Engaging informal NSPs in the WSS sector in Monrovia, Liberia

'Oxfam's project in Clara Town, a densely populated low-income area of Monrovia, deserves special attention since it addressed the role of illegal water vendors. Criminal gangs often controlled these vendors and it was difficult for an international NGO to work in such an environment. Oxfam, however, had been present in Clara Town since mid-2005, in partnership with a community-based organization. The agency selected 30 of these illegal vendors and signed an agreement with the LWSC [Liberia Water and Sewer Corporation] under which they were recognized and equipped with water metres. Water sellers received plastic water tanks from Oxfam, allowing them to sell water throughout the day. The connections to the network were also improved to avoid contamination (Oxfam 2005). The project was designed to run in collaboration with the LWSC'.

Source: Pinera and Reed (2011: 226).

There is some discussion in the literature of people's expectations of the provision of water services in post-conflict environments. For example, in, Afghanistan it was expected that water services would continue to be delivered free of charge, as in the emergency situation (Wang, in Welle, 2008). The important question to ask here is whether people know how to hold government and service providers accountable for delivery, and whether they are able to exercise voice and pursue grievances. This is one of the key linkages between people and communities, NSPs and the state that determines outcomes in relation to basic services in fragile and conflicted-affected situations and, as such, is examined in the linkages sub-section below.

4.3.2 Actors, modalities and mechanisms in the water sector

AMCOW (2011) provides some interesting data on the performance of fragile and conflicted-affected situations in WSS service delivery (albeit only for Sub-Saharan African fragile and conflicted-affected situations). Low-income stable[22] states have leapt ahead of their fragile counterparts in terms of access to improved water sources, with an increase in coverage of over 17 percent compared with 2 percent in

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[22] Benin*, Burkina Faso*, Ethiopia*, Ghana*, Kenya, Madagascar*, Malawi*, Mali*, Mauritania, Mozambique*, Niger*, Rwanda*, Senegal*, Tanzania* and Uganda*, with * indicating countries that have received debt relief.

fragile and conflicted-affected situations.[23] In rural water supply, the low-income stable country group, despite starting with the lowest coverage level in 1990, increased coverage by 17 percentage points, jumping ahead of both the resource-rich and low-income fragile and conflict-affected country groups by 2008. In urban water supply, fragile and conflicted-affected situations have failed to keep up with rapid urban population growth. Again, low-income stable countries have made the most progress of any of the AMCOW country groups in terms of reducing open defecation in rural areas, with a drop of 14 percent between 1990 and 2008, compared with only 7 percent in low-income fragile and conflicted-affected countries.

This poor situation is perhaps unsurprising, given the low levels of investment in WSS in fragile and conflicted-affected situations. The relative paucity of funding to the sector in fragile and conflicted-affected situations as compared with in low-income stable countries can be seen in Figure 10. Furthermore, the effects of conflict, as well as its intensity, are clearly evident in the WSS data on fragile and conflicted-affected situations. Ethiopia, for example, a state that has been affected by periods and pockets of conflict in the past two decades, despite having the lowest rural water supply coverage in the sample, has achieved a respectable 18 percentage point increase since 1990 (AMCOW, 2011). Meanwhile, DRC, which has been subject to sustained and intense conflict for much of the past 20 years, has barely managed to maintain overall coverage at the level it was in 1990 (ibid.).

Figure 10: Anticipated allocations to WSS sub-sectors for low-income conflict-affected countries compared with other country groupings, 2009-2011
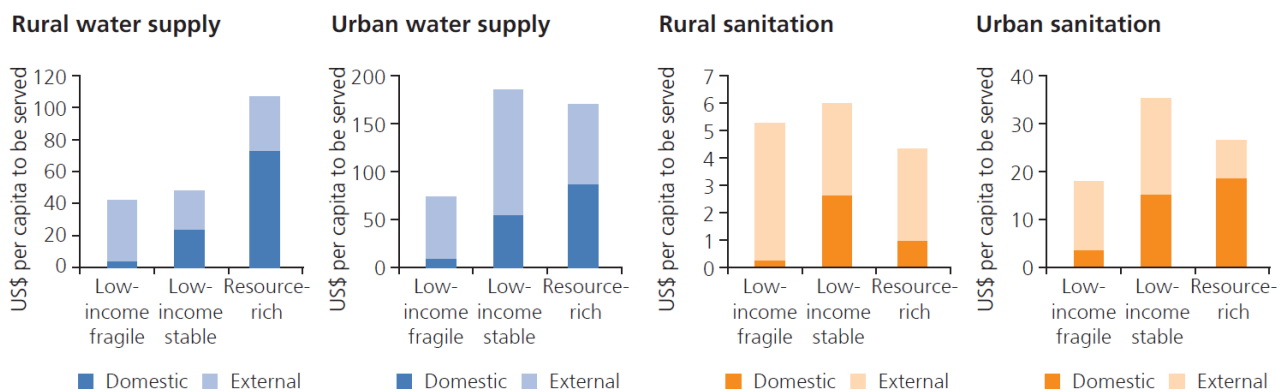
Source: AMCOW (2011).

Working through state structures to rehabilitate WSS services can be slow. The Urban Water and Sanitation Program in Afghanistan was meant to cover Kabul and 13 other towns, working through existing national systems and procedures rather than establishing a parallel project implementation unit (Scanteam, 2007). However, while facilitating capacity improvements for the longer term, this has led to a serious three-year delay in providing drinking water and sanitation services to the public, in part explained by weak political support, poor capacity to implement and mayor delays in procurement and land acquisitions (ibid.).

Yet, this is not to say that there have not been state-led successes in WSS in fragile and conflicted-affected situations. The case of post-conflict Rwanda, outlined in Box 6, shows the potential for effective government stewardship, with a particular focus on sector policy development and effective public financial management, to facilitate the transition from crisis to development in rural water supply.

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[23] Burundi*, Central African Republic*, DRC, Côte d'Ivoire, Gambia*, Liberia*, Sierra Leone*, Togo and Zimbabwe, with * indicating countries that have received debt relief.

Box 6: Rwanda: from crisis to development of the rural water supply service delivery pathway

'From 1995 to 2003, Rwanda moved from the ruins of genocide to the implementation of advanced macroeconomic management practices, public financial management reforms, and progressive improvements in basic service delivery.

'The WSS sector policy issued in 1998 provided a basis to steer the transition from post-crisis donor-executed emergency interventions to sector projects guided by a coherent set of policy principles including: demand-based planning, community management (through the so-called *Régies Associatives*), and local cost recovery. The sector policy was regularly updated. First in 2004 to reflect Rwanda's program of decentralization and then, in 2010, to formalize the policy of delegated management through local public-private partnership.

'The 1998 policy provided the basis for a World Bank funded rural WSS project. The government-executed $20 million project ran from 2000 to 2007 and provided a testing ground to translate the policy principles into practice, developing the implementation capacity of the rural WSS unit within the WSS directorate.

'Responding to Rwanda's unique topography, hydrology, and demography, the project focused on the development and rehabilitation of rural piped systems. The operational model that emerged from the project is one in which the development of large piped systems is driven by community planning, with a centralized design, procurement, and contract management process, supported by district-level supervision and oversight. This is complemented by gap-filling with simpler point source technologies implemented entirely by the government, using central government subventions such as the Community Development Fund.

'The World Bank supported project was instrumental in building the capacity of local contractors. Almost nonexistent in the RWSS {rural WSS} sector at the beginning of the project, local contractors carried out US$10.6 million of construction works. The absorption capacity of the sector increased 10-fold, with the number of people getting access to improved water services each year jumping from 60,000 to 600,000 people during the project period. The service delivery model, the additional public sector technical and private sector construction capacity developed under the project formed the core of a countrywide sector program attracting additional funding from AfDB [African Development Bank], the EC [European Commission], Austria, Belgium, and Japan.

'Restoring and reforming key components of the public expenditure management systems steadily progressed over the period. Budgeting and expenditure management processes were streamlined and systematically implemented across all line ministries. The Central Projects and External Financing Bureau were established in the Ministry of Finance in late1998 to monitor and coordinate donor funded projects. In 1999 a National Tender Board was established.

By 2002 the confidence derived from the extensive fiduciary assessment and analytical work allowed the World Bank to accede to the Government of Rwanda (GoR's) preference for budget support which was provided through a series of Poverty Reduction Support Credits for selected high priority sectors including education, health, water, and energy.

'Rwanda's rural WSS subsector is making steady progress supported by a combination of earmarked programmatic funding and budget support using harmonized procedures for procurement and financial management based on GoR systems. Sector agencies and partners are now taking steps to improve the sustainability for the 800-plus systems in place through capacity building and strengthened oversight of the local contracts.

'The evolution of Rwanda's rural WSS subsector illustrates well the transition from donor-executed projects toward a country-led sector program over the 1998-2010 period. This example shows the importance of setting a clear policy direction at the sector level combined with a drive to integrate the sector into core public sector management systems.

'It is worth noting that, in contrast, the urban water subsector has not yet transitioned to a country-led approach to service delivery. Still at the transitioning stage, the subsector is yet to put in place key building blocks in the service delivery pathway and is struggling to muster funding commensurate with its large investment requirements related in particular to the expansion of its production capacity to meet rapidly growing demand in Kigali.'

Source: AMCOW (2011: 65).

In contrast with the responsive approach in the water sector from the GoR, the government of Zimbabwe has used water supply as a means of reducing the power of competing actors. Specifically, the state sought to use the new parastatal, the Zimbabwe National Water Authority, as a means of reducing the power of the municipal authorities over urban water management (Eldon and Gunby, 2009). However, in the process, it helped destroy the system, with grave health consequences for the population, including major cholera outbreaks (ibid.).

Non-state provision of WSS services in fragile and conflicted-affected situations is usually supplied by either NGOs or the private sector. In post-conflict urban environments such as Kabul, Luanda and Monrovia , a common problem is that reconstructed public water supply networks do not reach poor and marginalised communities (Pinera and Reed, 2011). Community-based NGO projects can be a means to address this problem. In Haiti between 1995 and 2005, a French NGO extended the city's water network to cover 800,000 people living in the shantytowns of Port-au-Prince, building a number of kiosks from which water was sold to residents (ibid.). Water management committees were set up and elected in each neighbourhood and were put in charge of running the kiosks, including paying sellers and buying water in bulk from the city water utility, helping maintain affordable tariffs (ibid.). Pinera and Reed suggest that the project 'helped not only to improve water access but also to restore a sense of citizenship among shantytown residents as they gained access to this municipal service' (2011: 228). This finding is supported by the results of the systematic review on water committees in fragile and conflicted-affected situations summarised in Box 7 below.

In Angola, part of the Luanda Urban Poverty Programme involved the construction and management of stand posts (Cain, 2009). The project supplies 74,000 people with water and has increased water consumption from 7.6 to 14.6 litres per person per day, reduced the average distance to collect water (from 200 to 89 metres), reduced the price of water (which is now five times cheaper than water purchased from private sellers) and considerably improved the quality of water in the public network. Key factors in the success of the project have been its community management and cost recovery mechanisms, both of which also bode well for the sustainability of the intervention (ibid.). Water users were directly involved in project negotiation, site selection, construction of stand posts, election of water committees and maintenance and monitoring (ibid.).

Another example of an aid project in the WSS sector portrayed in the literature as a success is PACT Sudan's Water for Recovery and Peace Program in South Sudan. This had a significant sustainability component, with programme staff not implementing services directly but seen more as an intermediary to the community-based organisations that instruct and guide the local water committees (Welle et al., 2008). As Welle et al. note, beneficiaries' responses as to the impact of the programme were remarkable: '[e]lders reported that they were no longer forced to migrate for part of the year with all their belongings and carrying the old, sick and young on their backs. The provision of water has not only reduced their burden but also led to increased security (2008: 18).

Water user associations (also known as water committees) have been found to be a sustainable (ensuring at least full cost recovery) way to manage supply networks for around 20,000 people per association in rural and peri-urban areas of DRC (UNEP, 2011). The considerable income generated from water sales (between $70,000 and $120,000 annually) not only has proved sufficient to pay salaries and maintain infrastructure, but also has unlocked opportunities to undertake additional development investments such as the procurement of back-up generators and the planning of extensions to the network and additional stand posts (ibid.). This evidence that water committees can increase the sustainability of water supply schemes is a key finding of the systematic review conducted on the impacts of water committees in fragile and conflicted-affected situations, as summarised in Box 7.

Box 7: The impacts of water, sanitation and hygiene committees in fragile and conflict-affected situations – summary of a systematic review

From the 1,225 studies retrieved from the systematic search process, involving 7 academic databases and 13 institutional websites, 6 studies met the criteria for inclusion in the final analysis. The included studies cover five fragile and conflicted-affected situations, the majority of which have been witness to significant conflict and/or fragility in recent years: Sri Lanka, Pakistan, Cameroon, Yemen and Kyrgyzstan.

Methods quality scores for the included studies were generally at the lower end of the qualitative and quantitative scales, with most studies scoring three out of five and below. Three of the studies used solely qualitative methods, one used quantitative and two were mixed methods. A range of more or less structured qualitative methods were used in the studies, ranging from observation to focus group discussions, whereas the quantitative data in the studies were drawn from surveys or questionnaires.

In all but one case, discussion of sampling strategies was incomplete, with, for example, different levels of analysis or research methods not addressed. This clearly has implications for the quality of these studies and the robustness of their findings. Moreover, one of the studies had no control group, and in two cases sampling strategies were not discussed at all. Articulation of issues surrounding data collection was generally poor, with the issue addressed in only two of the six studies. There was some discussion of assumptions underlying the causal logic promoted in half of the studies, although these discussions related more to the wider problem of attribution than mapping out the assumptions in the causal chain for the proposed relationship between the independent (intervention) and dependent (outcome) variables. Four of the six studies disaggregated their data by gender, yet only two of the studies analysed gendered power relations or strategic gender needs. The studies were very poor on other research considerations, with not a single study considering ethics or issues of reflexivity.

It should be noted that none of the studies addressed any of the focus outcomes of wealth, food security and stability. The omission of the first two outcomes from the list of impacts assessed is perhaps unsurprising, but the failure to examine whether the water committees had any impact on stability (social stability particularly) is a significant oversight. Water committees present a significant intervention in local (natural resource) governance dynamics and as such may be expected to have an impact on indicators of social stability such as social cohesion (behavioural and attitudinal), both within and across groups.

As only six studies were included for final analysis, and as there are questions as to the robustness of some of the studies' findings, including how effectively outcome[1] variables were operationalised and measured, it is difficult to draw widely generalisable conclusions on the impacts of water committees in fragile and conflicted-affected situations. However, while acknowledging these limitations, the following findings can still be drawn from the analysis and synthesis of the studies:

- Water committees can increase access to safe drinking water (two studies).
- Water committees can improve household hygiene practices (three studies).
- The presence of water committees is correlated with the sustainability of water supply projects (two studies).
- Water committees can support women's empowerment (two studies), although it appears this is less likely in situations where gender norms are more deeply entrenched (e.g. Pakistan and Yemen).

Overall, this review shows there is currently insufficient evidence on the impact of water committees in fragile and conflicted-affected situations *per se*, as distinct from water committees as a facilitative tool within larger water supply and sanitation projects. Further research in this area is clearly required, as the findings we do have on women's empowerment point to an interesting issue surrounding the efficacy of international engagement directed at transforming local governance structures in fragile and conflicted-affected situations. Specifically, the review points to a wider difficulty in overcoming engrained gender power relations and social norms through the use of aid interventions in fragile and conflicted-affected situations, as also seen in the case of the CDCs of the National Solidarity Programme in Afghanistan (see Section 3.4.4 above).

Sources: Aladuwaka and Momsen (2010); Khan (1996); Njoh (2006); Tesselaar (2008); World Bank (1999; 2009c).

Conversely, where NGO projects have not engaged with local community and state structures, they have met with less success. In Sierra Leone, for example, there has been considerable support to rural water supply via international NGOs, but most of this has been in emergency relief mode (UNDP, 2009). It is reported that there are major issues around cost effectiveness and sustainability, with support often being provided through the use of relatively high-cost technologies and for free or almost free, as well as emphasising direct water service delivery rather than capacity building (ibid.). Local councils have a largely passive relationship with NGOs, and, as a result, district coordination is weak and coverage uneven, with communities closer to towns receiving substantial assistance while remote areas are barely touched (ibid.).

In some fragile and conflicted-affected situations, particularly where conflict and fragility have led to the virtual absence of public WSS services, community and private institutions may step in to fill the gap. In DRC, for example, long-term fragmentation and the failures of public provision have resulted in the setting up of community and private initiatives to run piped water systems in rural areas (WSP, 2011).

But there is a danger that community-based approaches in the WSS sector can create systems that run in parallel to government programmes, thus failing to support existing institutions, as was found in AusAID's own evaluation of its assistance to WSS in Timor-Leste (Baird, 2011). As Manor (2007) points out, user committees can also fragment collective efforts within localities, making coordination difficult. Thus, he argues, committees may be useful in providing initial responses to urgent needs, but these structures should over time be integrated into mainstream state structures, particularly elected bodies at or just above the local level.

Conflict-affected situations generally do not pose a strong prospective environment for private sector WSS providers. This is particularly so in post-conflict situations where, in light of shattered infrastructure and weak institutions, achieving profitability is a particular challenge (Pinera and Reed, 2011). One study from Uganda suggests that private sector providers are concerned mainly with hardware components of water provision and will not monitor whether this is done in a coordinated way with the software components (Muhumuza et al., 2008). Muhumuza et al. argue that this can lead to the work of private contractors being undermined or their becoming the target of the frustrations of the community, whose perceptions of their engagement focus on their profit motive.

Finally, in terms of the relationship between water and sanitation interventions and broader peacebuilding and state-building outcomes, there is currently very little empirical evidence from which to draw reliable conclusions (Mason, forthcoming).

5 Thematic analysis

This section of the paper presents six key analytical points identified from the full range of literature and the major issues surrounding social protection and basic services in fragile and conflicted-affected situations. The evidence relating to the following thematic topics is analysed in turn: the resilience of people and communities in terms of maintaining agency in accessing social protection and basic services; the different modes of interaction between the state and NSPs; what we know and what we don't know about building states and stability in the context of basic services and social protection; accountability and the importance of citizen demand in basic service delivery; conflict sensitivity, conflict mitigation and peace-building in service delivery; and the what and when questions of international engagement in fragile and conflicted-affected situations.

5.1 The resilience of people and communities

There is a strong body of research that challenges the received wisdom about what survives conflict and what does and does not exist in fragile and conflicted-affected situations. This is extremely important for external engagement in the provision of social protection and basic services, as such interventions are often informed by this received wisdom, which assumes that conflict destroys. Instead, the evidence suggests that conflict transforms, not destroys, the agency of people and communities and the structures of local governance. As Keen (2008: 15) argues in relation to wider perceptions of conflict as a merely destructive phenomenon, 'part of the problem in much existing analysis is that conflict is regarded as, simply, breakdown in a particular system, rather than as the emergence of another, alternative system of profit, power and even protection'.

Similarly, studies on the resilience of people's agency and wider governance mechanisms in fragile and conflicted-affected situations highlight that it is important to look at how violent conflict transforms rather than destroys agency, and that this is key in designing interventions (Pouligny, in Oosterom, 2009).

The evidence on social protection and basic services shows there are clear instances of community mechanisms operating during, and in situations emerging from, periods of conflict. Such informal modes of social protection include, at the community level, the example of clan leaders in Northern Uganda during the LRA insurgency negotiating for the transfer of arable land to those displaced as well as providing seeds and advocating for clan mates to help, and, at a country-wide level, the Yasuri micro-insurance scheme in Sri Lanka (de Coninck and Drani, 2009; World Bank, 2006a). These examples illustrates a broader point on the importance of considering such solidarity mechanisms when designing social protection systems in fragile and conflicted-affected situations, as they have attributes of low cost, sustainability and large coverage; in Uganda, they also provide other important benefits, such as participation, trust and inclusiveness, and thus an area of complementarity with other objectives (de Coninck and Drani, 2009), for example social cohesion and peace-building. Other potentially important informal social protection mechanisms that interventions may engage with include family and kin, community-based social welfare groups, forms of traditional insurance such as burial societies, savings and credit groups and religious bodies (Longley et al., 2006).

There is also evidence to suggest that social protection interventions are more successful when they build on what is there, avoiding a blank slate-type approach. In the NUSAF in Northern Uganda, the enterprises that succeeded under the Vulnerable Group Support scheme were often groups that had been established well before applying for NUSAF funds, for example the Gulu Women Dairy Farmers' Association and the Lakiche widows and orphans group in Nebbi (Golooba-Mutebi and Hickey, 2010). It is clear, then, that much greater constructive potential often survives conflict than expected. Therefore, as Manor (2007) points out, drawing on the results of CDD programmes in Northern Uganda and Afghanistan, for programmes to make the most of their potential they must emphasise participatory and consultative processes that give citizens opportunities to influence programme design and implementation. Such an approach played an important part in the success of the UN-Habitat-led community fora process in Mazar-e-Sharif in Afghanistan (conducted at the time of the Taliban's rule), which led to equitable arrangements for providing basic services and charging citizens for them (ibid.).

Recent evidence from a review of a community-based school feeding programme in Togo supports this general finding:

> Building safety nets on existing informal mechanisms based on the commitment of communities and civil society can be an adequate solution in fragile states and in situations where there is weak and fragmented government capacity to deliver services to disadvantaged and vulnerable communities, a limited public and formal sector presence in many of the most disadvantaged regions, and an uncoordinated presence of donors (Andrews et al., 2011: 1).

Conversely, there is evidence of harmful impacts of external interventions in terms of the displacement of such community-based mechanisms for social protection. International actors too often assume that states emerging from conflict are a blank slate on which a new set of governance arrangements can be built and where there are no remaining capacities to deliver services or social protection (Cramer, 2006; Slaymaker and Christiansen, 2005). In Northern Uganda, for example, respondents felt that clanship and self-help groups had been displaced, with responsibility for taking care of the poor left to NGOs, fostering a 'dependency syndrome', especially in the IDP camps (de Coninck and Drani, 2009). There is arguably potential for this failure to build on local systems to intensify in light of the tightening security protocols of agencies operating in fragile and conflicted-affected situations. Recent work by Duffield (2011) drawing on the case of UN agencies in Sudan highlights the role of security procedures and the architecture of the compounds of aid agencies, aimed at ensuring staff safety and security, in restricting interactions between aid workers and beneficiaries.

In cases where there is not a harmful impact, there may be an equally important limitation placed on the effectiveness of the programme. For example, a recent study found that, in Afghanistan, institutions funded by the Microfinance Investment Support Facility for Afghanistan had failed to adequately assess existing informal lines of credit, key community-level sources of social protection, which were inextricably linked to individuals' livelihood strategies, and thus their ability to repay the microfinance loans they received (Kantor, 2009).

It is important to understand how people maintain access to basic services during conflict, as well as their expectations of (state and non-state) provision once violent conflict abates. On the question of maintaining access to basic services, people are portrayed variously within the literature as both (passive) victims of conflict/recipients of aid and active participants in the delivery of basic services, with the roles of community contributions and (informal) private sector expansion commonly cited. From the limited evidence on expectations about service provision it appears that conflict has a negative effect on expectations, as well as on trust in public institutions. Therefore, the need to foster and manage demand for services in fragile and conflicted-affected situations is evident.

As individuals, one dominant portrayal is that of victimhood. For example, it is noted that women may be at threat of rape or abduction while in search of water (Welle, 2008) or at risk of SGBV in schools during war (INEE, 2010). Aid recipients are usually classed either as 'beneficiaries' or, in relation to services, as 'users', and not citizens (Eyben and Ladbury, 2006).

As groups, there is a greater narrative of agency within the literature, particularly in relation to the governance of basic services. For example, Vaux et al. (2006) highlight the role of civil society provision in the Nepalese education sector but acknowledge the exclusionary networks that this process created through the elite capture of school management committees to extract patronage resources. The expansion of informal private sector health provision, especially in contexts that struggle to attract donor funding, such as DRC and Somalia, is noted as pushing the cost burden further onto households. Private sector health provision is also criticised for being low quality and potentially dangerous (Pavignani, 2005). Pavignani emphasises that these distortions that adaptation to conflict and fragility can create in the health system are major impediments to health system rehabilitation, as they are not easily reversed once set in place. Meanwhile, in the WSS sector, private sector provision as a coping strategy can lead to informalisation and fragmentation, which in turn militates against the development of a national policy framework (WSP, 2011).

An econometric analysis of survey data from Northern Uganda (while not focused specifically on basic services) shows that conflict intensity has a negative effect on individuals' expectations of economic recovery (Bozolli et al., 2011). The 2011 World Development Report emphasises the negative impact of

conflict on trust, especially in public institutions (World Bank, 2011a). There is also an important challenge inherent in managing the gap between (shifting) 'normative' expectations of what the state *should* deliver and 'realist' expectations of what people think the state *will* deliver within that context (which is also continually shifting) (CfBT et al., 2011; OECD, 2010a). This challenge is highlighted by the case of Nepal, where extensive donor and NGO service delivery raised citizens' expectations to a level that the state did not have sufficient capacity to fulfil (OECD, 2010a).

There is no clear consensus within the literature on fragile and conflicted-affected situations as to whether conflict increases or decreases the level of private sector provision of basic services. Evidence is split across sectors. For example, Goldsmith asserts that private education provision is more likely in African countries further from the effects of conflict (in CfBT et al., 2011), whereas Pavignani (2005) suggests that private provision expands in the health sector in times of conflict. Drawing on the cases of Cambodia and Nigeria, Eldon and Gunby (2009) point out how neglect of basic services in fragile and conflicted-affected situations leads to the better-off sections of society moving to private providers, including the elites that make up the ruling political and business community. Batley and Mcloughlin note that 'systematic information on the scale of non-state provision is not available, given that much of it is unregistered, unregulated and unnoticed' (2010: 133). There is also a lack of data on the relative levels of private (for profit) and non-profit provision of basic services in fragile and conflicted-affected situations.

In the education sector, the resilience of people and communities in ensuring continued access for their children is clear. A recent study in Chad found that 68 percent of teachers were paid by the community, whereas parents in DRC finance 80-90 percent of all public expenditure on education; in Haiti, parents were willing to forego expenditures on household items to ensure their children were able to go to school (Holmes, 2011; Ratcliffe and Perry, 2009). Understanding these realities is clearly important in relation to external interventions in the sector, as it is essential to avoid the creation of parallel systems whereby communities end up continuing to pay teachers even after the government has begun to take over salary payments (Ratcliffe and Perry, 2009).

5.2   (In)effective engagement between states and NSPs

There are a number of potential different arrangements for the non-state provision of social protection and basic services in fragile and conflicted-affected situations, including humanitarian relief and development NGOs, social funds, contracting out to NGOs, contracting by independent service authorities, faith-based organisations and the church, communities and CBOs, the private sector and NGOs franchising to private providers. Given the diversity of contexts grouped under the banner of fragile and conflicted-affected situations, it is clear that best practice should not be a substitute for best fit when it comes to fragile and conflicted-affected situations (World Bank, 2011b).

The way governments contract out the provision of basic services to NSPs and the relative strengths and effectiveness of these approaches has been a source of significant debate in the literature, although backed up by little empirical evidence. Batley and Mcloughlin (2010) suggest that contracting-out by governments, particularly if contracts are performance based, may rule out provision by informal NSPs that are essential for the poor to access services. The authors also note that co-production based on informal agreement between a formal organisation and a community requires less capacity than formal contracting. For example, the Orangi Pilot Project provided improved sanitation services in Orangi, the largest squatter settlement in the city of Karachi, Pakistan, perhaps suggesting a potential way around this problem. The challenge, however, is that such informal and mutual agreements do not lend themselves to organised 'scaling up' (ibid.).

Drawing on principal agent theory from the field of economics, Bold et al. (2009) propose another model of regulating NSPs, that of the 'independent service authority' (ISA). Distinct from contracting-out directly from line ministries, the authors suggest that ISAs could engage in 'mission matching' – matching the mission to the agent who has the highest level of intrinsic motivation for that mission – which would be open to innovative contractual mechanisms such as performance-related pay and punishment. In the Afghan health sector, however, some have suggested that the relative autonomy of the Grants and Contract Management Unit within MoPH, a step along the road to the creation of an independent authority, may mean that services contracted out may not be fully aligned with public

health priorities (Sondorp, in Balabanova et al, 2008). Similarly, in Nepal, the World Bank contracted out rural water supply projects to NGOs and the private sector through a 'fund board', located separately from local government structures (Clayton, in Batley and Mcloughlin, 2010). This approach came in for criticism for encouraging accountability to the board rather than to the community being served (ibid.). But the importance of minimising fiduciary risk to attract funds from donors in the first place cannot be ignored. In Liberia, for example, the oversight of an externally contracted Fund Manager of the Office of Financial Management of the Health Sector Pool Fund was important in attracting donor funding to a government-led fund (DFID, 2011).

As the OECD points out, it is clear that, '[w]hile the public-private delivery equation was traditionally thought of in terms of efficiency and transparency, a statebuilding lens reveals that it involves profoundly political dimensions' (2010a: 69). For example, in DRC, the OECD (2010a) estimates that 146 parallel management units exist, four times the amount in 2006. So it is evident that the ISA approach, as promoted by Bold et al. (2009), does not at present sufficiently address the concern that independent management of contracting arrangements can potentially lead to a failure to contribute to state-building objectives. Yet, as ISAs have not yet been tried in practice, there is of course no direct evidence on their effectiveness in fragile and conflicted-affected situations, and thus, as the authors suggest, they should instead be treated in future research as a pilot or experiment and evaluated accordingly (Bold et al., 2009).[24]

As cited earlier, there is also some research on the challenges and opportunities of different approaches to contracting-out in the health sector, with a particular focus on the issues of sustainability and contributing to health systems strengthening (Abramson, 2009; McDowell, 2010; Palmer et al., 2006). Overall, there is as of yet insufficient data on the efficiency gains, if any, of competition in contracting-out and insufficient empirical evidence on the relative utility of different approaches. But what is evident is that, whatever the model of contracting, it must be clear to states, providers and clients. In Pakistan, for example, incomplete contracts that transfer authority and roles only partially, as in the case of CARE's contract to manage schools, lead to confusion and tension between state and provider (Batley et al., 2004).

Beyond the debates surrounding contracting-out, governance of non-state provision by the state raises two further important questions: 1) how can effective sector coordination and coherence be ensured in the face of weak government leadership and significant NSP provision? and, following on from this, 2) how can non-state provision be turned into a positive force in terms of increasing state legitimacy and following the donor edict of 'do no harm' in terms of state-building?

In the basic service sectors in fragile and conflicted-affected situations, questions of stewardship (or leadership and governance) can be problematic where the government is of low will and/or capacity. As Pagvignani and Colombo (in Cometto et al., 2010: 892) note, 'where there is no legitimate government authority, the function of stewardship can be lost or pooled among multiple stakeholders'. The core aid modality for funding social protection and basic services in fragile and conflicted-affected situations is what Leader and Colenso (2005) have called the 'standard model', which involves movement along a trajectory from project-based NGO financing under a humanitarian consolidated appeals process to sector and then generalised budgetary support and the development of a poverty reduction strategy paper (PRSP). Resulting from this model, governments may be suspicious of NGOs and donors too willing to support them outside of agreed frameworks and structures (Berry, 2010; Vaux et al., 2006; WSP, 2011), thus preventing their inclusion in policy debates and formulation (Berry, 2010; Pavignani, 2005) or subjecting the sector to the priorities of donors and NGOs that are not subject to democratic influence or transparently arrived at (OECD, 2010a; Vaux et al., 2006).

In this vein, Howell and Lind (2008) argue that there is also a trade-off between service delivery and accountability where NGOs are involved. On the one hand, they may be delivering services on behalf of the state (or donors). On the other, as part of civil society, they would argue that they hold the state (or

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[24] A number of similar contracting models have been implemented, however, and are currently being assessed as part of an ongoing DFID-commissioned stock-take of innovative service delivery mechanisms in fragile and conflict-affected situations being conducted by the Centre for the Study of African Economies, University of Oxford.

donors) accountable. But Howell and Lind assert that it is not possible for them to do both at the same time. This was evident in the clash of values between international NGOs and the Taliban in Afghanistan, where the Taliban banned female employment and girls' schooling in Herat in 1995, leading Save the Children to suspend its health and education programmes, while Oxfam refused to cooperate with a similar edict in Kabul (Johnson and Leslie, 2004).

This standard model also means that '[a] large percentage of external assistance for education is "off budget" in Somalia, DRC, Haiti and Liberia, which undermines the transparency and realism of overall medium-term sector expenditure frameworks and annual sector budget plans' (Ratcliffe and Perry 2009: 32). Therefore, it is clear that this issue of alignment (or preventing fragmentation) is vital to ensuring better sector coordination and coherence in contexts of significant non-state provision – contexts which are regularly found in violent and contested environments (Coyne and Pellillo, 2012). In this example, it is key to make sure that all sources of sector funding, from the state, communities, non-state actors, donors and the diaspora, are incorporated into a single annual, medium-term sector financing plan and budget (Ratcliffe and Perry, 2009).

In situations where there are large numbers of (competing) NGOs or there is a lot of funding available, there is a substantial risk of fragmentation, which can lead to a failure to support a set of overarching objectives for the sector, while also increasing overlaps, duplications and transaction costs (Pavignani and Colombo, 2001; Slaymaker et al., 2005). Pavignani and Colombo (2001) cite examples from the post-conflict health sectors in Angola and Mozambique. In Angola, a study on community health workers and traditional birth attendants found that command, supervision, information and supply lines of programmes were totally separated from those related to formal health services. Meanwhile, in Mozambique, from the mid-1980s onwards a surge of money into the health sector resulted in the management capacity of donors and the ministry of health becoming overwhelmed by a myriad of projects. Similarly, in the education sector in South Sudan, the failure of international actors to coordinate their efforts during the war there left a fragmented system, with different curricula and pay scales being used (Berry, 2009).

It is not always possible to facilitate alignment behind the state when it is particularly weak or lacking in political will to take on a stewardship role within the sector. An alternative option, therefore, is to develop aligned parallel systems, as the UK's DFID did in its support to rural water and sanitation projects in Nepal (Welle, 2008). Slaymaker et al. (2005) describe such a strategy as one that is 'future proof', as it involves identifying and building on available formal and informal policies and systems, while not handing control over resources to the government where will and/or capacity are not yet at the necessary level(s).

This leads us to the second, connected, question: how can non-state provision be turned into a positive force in terms of increasing state legitimacy and following the current donor edict of 'do no harm' in terms of state-building? Humanitarian aid, local community initiatives and non-state, including private sector, provision become common solutions in terms of ensuring the availability of services in fragile and conflicted-affected situations. It is a common concern that this provision will only serve to increase the legitimacy of NSPs and not that of the state. But, as a recent literature review on basic services and state and peace-building in fragile and conflicted-affected situations found (CfBT et al., 2011), there is little evidence to support this contention. Further, household survey data from the National Solidarity Programme in Afghanistan shows that, even where communities are fully aware of the international origins of the money and facilitating (international NGO) partners' roles, they still give government credit for mobilising the assistance for their benefit (Barakat, 2009). Co-branding and the higher quality of services provided may also be factors that can facilitate state legitimacy gains, even where services are being contracted out (CfBT et al., 2011). But, as Eldon and Gunby (2009) point out, co-branding on sign boards, patient registers and health cards can also give service users a confusing sense of ownership. The stewardship role of the state in such situations is also important to sustaining legitimacy gains, as evidence from Guatemala attests (Abramson, 2009).

The impact of non-state provision in terms of limiting government capacity and institutional strengthening, on the other hand, is perhaps better evidenced. A review of DFID's 'fragile states' project portfolio found that there were a number of unintended consequences of NSPs in relation to state-building, including unsustainable standards and facilities, a lack of upward and downward

accountability, failure of humanitarian agencies to develop sustainable local capacity and a tendency for service providers to attract hostility from the state because of their unintended political role (Batley and Mcloughlin, 2010). There is a particular concern that direct funding of NGOs by donors may limit government delivery capacity, even where there is the intention to transition to government delivery in the medium to long term, as the 2008 evaluation of the Basic Services Fund in South Sudan found (ibid.). As Batley and Mclouglin (2010: 143) note, 'whilst most NGO contracts included provision for training government staff, establishing community structures to oversee them, phasing out NGO incentives and handing over staff to the government payroll, there were almost no instances where this had actually occurred'.

There are, however, examples of NGO provision serving to strengthen state structures and the relevant line ministry. In South Sudan, for instance, Save the Children seconded a technical advisor to the Ministry of Cooperatives and Rural Development (MCRD) to assist the policy development process and advise the ministry on related institutional arrangements (Eldon and Gunby, 2009). Save and its partners also supported the government in establishing a water sector steering committee through which stakeholders could debate issues and contribute to policy development, as well as assisting in policy and institutional consultation processes and resource mapping at local levels to feed into sub-national processes (ibid.). As a result, a draft water policy was produced in 2008, which addresses issues of equity and non-discrimination in access and recommended a safety net to ensure that user fees do not lead to exclusion of the vulnerable (ibid.).

Further, as has been highlighted in relation to Afghanistan and Timor-Leste, NGOs are particularly adept at delivering services in conflict-affected situations, are able to recruit staff and set up rapidly, may supplement contract funds with their own resources and may have a motivation closer to that of the public rather than the private sector (Alonso and Brugha, 2006; Palmer et al., 2006). There can also be trade-offs for donors and external NSPs focusing their efforts on building state legitimacy. For example, DFID's health programme in Nepal sought to reap 'quick gains' through the rapid disbursement of basic supplies (OECD, 2008a), but this meant non-target groups could capture benefits. In this case, the goal of state legitimacy was prioritised over project sustainability (ibid.).

5.3   Building stability and states: what do we know, what don't we know?

The assumption that delivering social protection and basic services contributes to state-building outcomes appears with a striking degree of regularity in the literature. Yet, empirical evidence supporting, or undermining, this link is very thin on the ground. In this sub-section, we drill down into the evidence base on service delivery and state-building, asking the fundamental question: what do we know? It is split broadly into three parts: the first offers some basic definitions of key terms; the second explores the evidence on the links between social protection and state-building; and the third explores the links between basic services and service delivery.

5.3.1   Key concepts: what are we talking about?
There are a wide variety of approaches to stability and state-building in the literature on fragile and conflicted-affected situations. This often leads to a conceptual muddling in the analytical use of different approaches and terms. Furthermore, as Figure 11 shows, the policy overlaps between state-building and other conceptual and operational approaches in fragile and conflicted-affected situations are numerous, presenting challenges to arriving at consistent and complementary definitions.

Figure 11: Overlapping policy spheres in fragile and conflict-affected situations
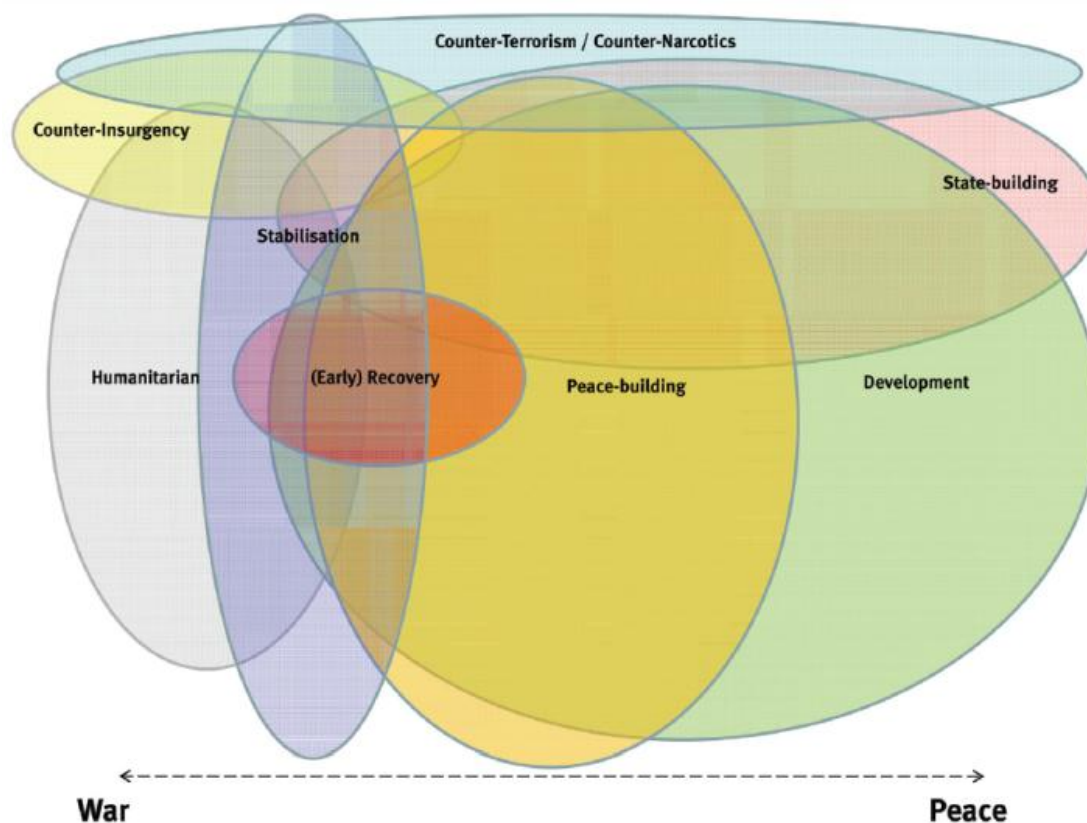
Source: Collinson et al. (2010).

Stability is broadly defined here as political and social stability. Therefore, the outcome is concerned with governance and fragility and should not be confused with stability of livelihoods. Political stability is focused on the connected measures of state legitimacy and state–citizen relations. Social stability, on the other hand, refers to measures of social cohesion. The understanding of social cohesion used here draws on the conceptual framework developed by King et al. (2010), which includes behavioural and attitudinal measures at both the interpersonal and intergroup level. The categories of political and social stability are important because, as defined by the indicators used here, they provide clear links to the processes of state and peace-building, respectively. These categories are also of different import in different situations, as sources of fragility and instability vary and may be highly context specific.

Following Whaites, state-building can be defined simply as 'the process through which states enhance their ability to function' (2008: 4).[25] The aims of the functionality in Whaites' definition of state-building may differ and may not be focused on the delivering public goods such as social protection and basic services. According to Whaites, the extent to which the state-building process is responsive to the needs of society, for example in terms of providing social protection and basic services, is determined by the political settlement, that is 'the forging of a common understanding, usually among elites, that their interests or beliefs are served by a particular way of organising political power' (2008: 4). This focus on the political settlement is important, as it focuses attention on understanding why the level of will (and capacity), the common parameters outlined in donor definitions of fragility, are as they are (DFID, 2005; Evans, 2012; OECD, 2007).

State–society and state–citizen relations, to the extent that they shape the political settlement, determine the state-building trajectory (i.e. the level of state responsiveness). But while they therefore may help facilitate institutional strengthening, by bringing about a more inclusive political settlement

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[25] Definitions from OECD (2008b) and DFID (2010b) also focus on the importance of this national-level process, the state–society interaction within which the state-building trajectory is determined.

and thus a more responsive state-building process, state–citizen relations are not a measure of state-building itself. Eldon and Gunby outline three examples of ways in which the state's responses to potential effects on their legitimacy and relations with their citizens in post-conflict situations have facilitated improved service delivery: 1) in Cambodia, anecdotal evidence suggests that the successful post-conflict revival of water supplies in Phnom Penh was driven by the state's need to respond to society's low perception of government capacity; 2) in Sierra Leone, evidence shows that the government in exile planned to reinstate selected health services as quickly as possible following the cessation of conflict, given the importance of being seen to be capable and 'back in business'; and 3) in Mozambique, the provision of primary health care services in areas that had been occupied by both sides of the conflict was seen by some as an early sign of the 'normalisation of civil life' (2009: 14).

Peace-building, defined in this paper as efforts aimed at the pursuit of positive peace (DFID, 2010b), is a distinct phenomenon from state-building, and as such is addressed separately in Section 5.5 below. However, there is an overlap between laying the institutional foundations of positive peace and processes of responsive state-building (CfBT et al., 2011).[26]

The approach taken in this sub-section focuses on political and social stability and state-building, as defined in Table 8.[27]

Table 8: Defining stability and state-building

Conceptual approach	Operational measures	
Stability	**Political stability (links to state-building)**	**Social stability (links to peace-building)**
	State legitimacy	Social cohesion
	State–society relations	Interpersonal (behavioural and attitudinal) Intergroup (behavioural and attitudinal)
State-building	**Responsive state-building (adapted from Whaites 2008)**	
	Increased state functionality leading to/measured through increases in inclusive, pro-poor governance and effective and equitable provision of social protection and basic services	

Source: Authors' elaboration

5.3.2   Social protection and state-building

Given the current donor climate surrounding aid to fragile and conflicted-affected situations, it is perhaps unsurprising that the potential impact of social protection on state–citizen relations and state legitimacy is often highlighted in the literature (e.g. Harvey et al., 2007; OECD, 2009b). Moreover, the theme of resilience is one that is increasingly prominent within the literature, and linking the resilience of people and communities to that of states is an important sub-theme here, as identified, for example, in the World Development Report 2011, which highlights the need to strengthen institutional resilience to volatility and the potential role of social protection programmes and systems in contributing to this (World Bank, 2011b). Objectives to increase the legitimacy of the state are increasingly being built into programme design, for example in the Northeast Village Development Project in Cambodia, which aimed to reaffirm trust in the government and enhance government legitimacy, increasing its organisational integrity function (Colletta and Cullen, 2000).

However, at present, the evidence on social protection and state–citizen relations is growing but still rather limited, relating to only two types of intervention, cash transfers and social funds. Osofian (2011), for example, compares the impact of two cash transfer programmes on state–citizen relations

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[26] See Rocha Menocal (2009) for a detailed discussion of the tensions and complementarities between peace-building and state-building.

[27] We are concerned with governance and fragility here, and stability, as defined here, should not be confused with stability in the sense of the sustainability of livelihoods.

in different fragile and conflicted-affected situations, presenting an intriguingly mixed picture. In the HSNP in northern Kenya, the presence of a grievance mechanism and a rights education component (educating communities on their right to demand services from local authorities) helped communities hold local government to account, for example successfully demanding the construction of a borehole in a village that had seen an outbreak of cholera. But the study of the HSNP does not adequately measure, or even operationalise, the concept of state–citizen relations, the improvement of which Osofian assumes as an attendant impact. The programme also created an incentive for people to apply for national identity cards, leading to increased electoral enrolment, and thus potentially improved political participation.

On the other hand, Osofian's focus group discussions showed that the Social Safety Net (SSN) programme in Sierra Leone was subject to elite capture, leading to negative impacts on citizens' perceptions of the state. It is interesting, though, that this does not negate the potential of the programme in the eyes of beneficiaries, as focus group discussants alluded to the fact that the government had very good intentions introducing the programme, which local political elites hijacked. It is clear that elite capture is not an issue that is unique to fragile and conflicted-affected situations, as has been shown by studies on cash transfers in stable developing countries (Slater and Farrington, in Holmes, 2009).

On social funds, and CDD more generally, there is some empirical evidence of programmes having a positive impact on state–citizen relations (with certain caveats). Probably the highest-profile social fund to date, as well as the most ambitious in terms of scale, is the National Solidarity Programme in Afghanistan. This has been a source of major donor interest and thus subject to significant independent evaluation. The randomised impact evaluation conducted by Beath et al. (2010) found that the programme had resulted in an improvement in how male villagers perceived government and non-government actors and increased connections between villages and select government and non-government institutions.[28] More recent evaluation results suggest that the programme has improved attitudes towards government figures at all levels, although – importantly – no such relationship was observed in areas with high levels of initial violence (Beath et al., 2012b).

Barakat's (2006) mid-term evaluation also found improving perceptions of the state, with 75 percent of household members interviewed in National Solidarity Programme communities believing that the newly instituted national government was concerned about the welfare of their communities. This response is juxtaposed against that of non- National Solidarity Programme communities, which were found to harbour a strong distrust of government and to hold little faith in its ability to address their problems: 69 percent said they knew nothing of the government's intentions or believed it had no plans for general development. Further, it does not appear to be a problem that the National Solidarity Programme is not funded from the Afghan government's coffers. Survey responses show that communities are fully aware of the international origins of the money and facilitating (international NGO) partners' roles, but they give government credit for mobilising the assistance for their benefit (Barakat, 2009). However, the results of a power survey conducted by Barakat's team found that day-to-day relations between CDCs and local government are often more problematic, in some cases characterised by a lack of trust and accusations of a lack of recognition, plus corruption and nepotism on behalf of the local authorities (Barakat, 2006). Moreover, it is not clear how sustainable improvements in state–citizen relations will be as funding is reduced or where people continue to live in chronically insecure environments.

There is also some limited qualitative evidence from the NUSAF to support the hypothesis that social funds can help strengthen state-citizen relations. The response of a senior politician in Gulu district about the impact of the NUSAF on people's civic awareness is instructive in this regard is as follows:

> […] it enabled people to learn how to be demanding as a society. It somehow strengthened the demand side. In a situation where the state had almost collapsed here because of the war, citizens somehow started seeing the state just as a security agency without any ability to respond to their

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[28] However, the sample for the mid-term evaluation did not cover the southern provinces of the country, which are the most affected by violent conflict in the country (Beath et al., 2010).

economic and welfare needs. So through NUSAF people learnt that you can actually demand some interventions (Golooba-Mutebi and Hickey, 2010: 1229).

Testimonies of beneficiaries of the NUSAF reinforced this view. By enabling them to go to local government offices to check up on their applications and of dealing with public servants, the sub-projects reinforced the sense that it was beneficiaries' right to act in this way (Golooba-Mutebi and Hickey, 2010). Yet, some experienced a deepened sense of resignation that their views and demands were not being listened to or acted on, and the high rate of project failure within the NUSAF has lent support to those elites that question the capacity of the poor to manage development resources effectively (ibid.).

Research from Sierra Leone provides further evidence of CDD's ability to strengthen state-citizen relations. Evaluations of the 'GoBifo' project found that although the intervention failed to influence social norms or communal capacity for collective action, it nevertheless 'created meaningful links between villagers and the lowest tiers of elected government' (Casey et al., 2012: 16). (What this, and other studies, seem to suggest is that when looking at the effects of a CDD (or any other) intervention on state-citizen relations, it is important to disaggregate the state and consider particular levels of government.)

Therefore, it is clear that with social funds, as with cash transfers, the overall impact on state–citizen relations is somewhat mixed, and a number of further adverse impacts on relations with, and perceptions of, the state are evident in the literature. One strand of particular interest is the extent to which social funds and CDD often circumvent the state, stalling processes of institutional strengthening and state-building and limiting programme sustainability. For example, Barakat (2009) highlights how, within the National Solidarity Programme, in a push for rapid results and quick impacts, capacity building was deprioritised, leaving a near permanent role for the NGO facilitating partners and a lack of national government-level involvement, with the legislature left particularly isolated. This is symptomatic of the wider danger that, by establishing delivery systems that are parallel to line ministries, social funds and CDD projects have the potential to undermine state legitimacy (Barron, 2011).

The gender dimensions of people's interaction with the state in social protection programmes appear to be generally under-examined. However, this can also be explained by the relative importance of non-state governance structures to women in fragile and conflicted-affected situations (Haider, 2010). As Haider argues, a focus on state institutions would neglect the gendered power dynamics of non-state structures. Therefore, efforts may be made, as in the National Solidarity Programme in Afghanistan, to renegotiate the boundaries between formal and customary institutions and to adapt traditional authority structures into more gender-appropriate mechanisms of local governance, as seen, for example, in the move from women's engagement in the *shuras* to the CDCs (ibid.). But in the case of the NSP, it is not clear that this endeavour has been entirely successful, with some arguing that the CDCs have merely added another institutional layer – within the wider 'hybrid political order' – thus only masking the strength of the underlying social norms that structure gender relations (Azarbaijani-Moghaddam, 2009; Boege et al., 2008; see also Hesselbein et al., 2006 on institutional multiplicity).

On stability, there is some significant evidence within the literature specifically pertaining to the impacts of social funds and CDD interventions. Indeed, it has become received wisdom that '[s]ocial funds [...] give communities and user groups a voice in project planning, budgeting and supervision, while boosting capacity for self-governance at the base' (OECD, 2008a). In conflict-affected situations specifically, it is often claimed that CDD can facilitate collaboration across conflict divides, leading to increased trust and decreased violent conflict (Barron, 2011). But the randomised evaluation of the National Solidarity Programme in Afghanistan showed no impacts on social stability, on specific measures of community trust or solidarity or on the prevalence of village disputes or tribal feuds (Beath et al., 2010).[29] In terms of intergroup cohesion, there is no evidence that the programme either decreases the probability of a village suffering an attack (ibid.) or directly reduces the number of actual security incidents in and around villages, even though positive effects on perceptions of security have

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[29] These measures are 'how male and female villagers respond to questions concerning general benevolence among villagers, or about whether or not they would feel comfortable asking a fellow villager to collect money for them' (Beath et al., 2010: 52).

been observed (Beath et al., 2012b). Other studies, however, find opposing results (see Blattman et al., 2011 in Uganda; Taniguchi, 2012 in the Philippines).

Comparing impacts of social funds and CDD on political and social stability, one key insight from studies on CDD interventions in Asia is that impacts at state–citizen level take much longer to achieve than positive impacts at the local, that is, interpersonal/intragroup, level (Barron, 2011). Intra-community impacts on social cohesion are important, as they may help facilitate peaceful dispute resolution and wider peace-building, even if they do not impact on state-building objectives. Supporting this, Fearon et al. (2009), reviewing an IRC CDD project in post-conflict Liberia, show that improvements in social cohesion can occur in a relatively short space of time in response to outside intervention, and can develop without fundamental changes to the structure of economic or macro-level relations. However, neither this study nor the Casey et al. (2011) study on Sierra Leone found any significant evidence of program spillovers on real-world, non-project collective activities, such as public goods (e.g. road maintenance, schools, wells) and attending or speaking up in community meetings.

5.3.3   Service delivery and state-building

When looking at basic services as a whole, one of the most prominent strands of the literature examines the impacts of service delivery and systems strengthening on stability and state-building. Statements suggesting that the stewardship mode of state interaction with NSPs examined above can have positive impacts on state-building (Eldon et al., 2008; Pearson, 2010) and state legitimacy (Baird, 2011) abound, yet they are generally not based on any solid empirical evidence. There is an assumed role for basic services in fostering confidence and trust, as well as increased state legitimacy, particularly in the literature on education (INEE, 2010; Pavanello and Darcy, 2008) and water (Plummer and Slaymaker, 2007; Welle, 2008). Those working on health are less likely to make this claim, often citing a lack of evidence (Gordon, 2012; Gordon et al., 2010; Sondorp, in Pearson, 2010; Waldman, 2006a), although Pearson does make a number of claims regarding the role of health systems strengthening in fostering stability.

There is still too little evidence to determine whether the premise that (health or other service sector) systems strengthening can support the wider state-building process holds true (Eldon et al., 2008; Pearson, 2010). The minimal evidence that does exist relates only to the transfer of management systems from one sector to ministries in other sectors and areas of government, particularly the development of systems for public financial management, and comes from only two Sub-Saharan Africa countries, Nigeria and South Sudan (Eldon et al., 2008; Ratcliffe and Perry, 2009). Ghani et al. (2005) see non-state provision as incompatible with state-building, arguing that the contracting of UN agencies and NGOs to perform functions normally performed by the state leads to negative impacts on its legitimacy and sovereignty. Unfortunately, this issue has become somewhat of an ideological playing field, with little or no empirical evidence marshalled in support of such claims.

There is some, although still very limited, evidence of the potential for service delivery to foster improved relationships with the state at the local level. Eldon et al. (2008) cite evidence of links between the quality of service provision and improved legitimacy of the state ministries of health in Jigawa and Kaduna states in Nigeria. This is important as, while the state is a trans-local institution, people generally experience it at the local level: 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'. Research on Nigeria also shows that there is unrealised potential for the transfer of planning and budgeting processes and information management systems developed in the health sector to other ministries (ibid.). In South Sudan, positive impacts of improved public financial management processes, specifically a new education payroll system, have spilled out from the education sector to support wider rationalisation of the civil service pay roll (Ratcliffe and Perry, 2009).

Given that the local level is vital to perceptions of the state and is where people first build a sense of citizenship in the public domain, it is surprising how little discussion of local fragility there is in the literature (Commins, 2009; Oosterom, 2009). A similar trend has been observed, at least up until recently, in donors' spending patterns, which to some degree reflect priorities and programming choices: according to Dabo et al. (n.d.: 3), whilst in 2008/09, 70 percent of UNDP expenditure in non-

fragile countries were spent on local governance, in contrast local governance constituted just 14 percent of expenditure in fragile countries.

As for central governments, fragile local governments may lack either the 'will' or the 'capacity' to deliver basic services to and provide security for their citizens. Grievances around the lack of essential and basic services, coupled with increased insecurity, crime and lawlessness, can contribute to increased urban violence. Urban centres, especially capitals and regional cities, are also typically seats of government and therefore sites of intense competition for political power and resources. For example, African urban areas are frequently represented by all of the major ethnic groups in a society; they are also battlegrounds for defining national identity and testing the state's capacity to balance the demands of competing political communities. As Beall et al. (2011: 3) put it, cities are 'both sites and sources of creative political contestation as well as destructive and violent outcomes'.

But, given the general lack of strong empirical research on urban fragility as it relates to the provision of social protection and basis services, it is clear that further studies are needed in this area. As Commins (2009: 13) argues, '[t]he relationship between urban trends, governance and instability requires greater attention from governments in relation to reducing conflict, preventing future crises, and improving local governance, service delivery, and relations with citizens'.

There is also a failure within the literature to address how political settlements at the sub-national level in large federal states such as Nigeria, Pakistan and, especially, India impact on access to services. These situations are sometimes left out of analysis as they do not conform to the common state-centric definition of fragility, which focuses attention on post-conflict countries. But with three-quarters of the world's poor now living in MICs (Sumner, 2010), which may contain situations of fragility at the sub-national level, there is a pressing need for further research on these situations.

A number of studies on the health sector have argued that government leadership of aid interventions has been vital to determining outcomes. For example, the leadership seen in the health system reconstruction in Timor-Leste (Alonso and Brugha 2006) and the Liberian government's driving forward of the performance-based contracting agenda (Morgan, 2011) were essential to success.

In Timor-Leste in December 2001, the government issued a directive on the future role of NGOs, stating that in the future NGO projects were to be examined against a series of assessment criteria, including project relevance, sustainability and technical and financial feasibility (Alonso and Brugha, 2006). Proposals also had to be in accordance with principles underpinning the Ministry of Health's mission, such as equity, gender and cultural sensitivity (ibid.). The success seen in Timor-Leste in bringing NGO provision into line with wider health systems strengthening and institution-building objectives is an important precedent, and modes of interaction such as the contracting-out approach that now pervades fragile and conflicted-affected situations from Afghanistan to South Sudan demonstrates incorporation of learning from this case into the wider agenda surrounding international engagement in health service provision in fragile and conflicted-affected situations. But, as noted above, the sustainability of these programmes has been called into question in relation to dependence on high-cost expatriate staff (Palmer et al., 2006). Such challenges have also been posed in other, more vertical, health interventions. For example, an NGO–government partnership for tackling TB in DRC has been beset by problems of dependence on external donors for staff salaries and premiums (Ndongosieme et al., 2007).

The leadership of the government of Rwanda was seen as key in the transition of the country's water sector from crisis to development (AMCOW, 2011). Also important was interaction with the private sector, which the state used in construction and management to build up its water supply service delivery capacity (WSP, 2011).

But strong government leadership can be negative, contributing to poor sector and aid coordination, where NSPs are not sufficiently engaged in the policy formulation process. Pavignani (2005) points to the negative impact of NGOs, which are still key providers, not being sufficiently consulted in national policy formulation processes in the health sector. But it is local private sector providers that are most harmfully denied a seat at the table in education sector policy and budget formulation (Ratcliffe and Perry, 2009). Significant private education provision in Haiti, DRC and Lebanon has not resulted in

engagement in coordination circles, and without such public–private partnership there is a real risk that the positive legacies and capacity of community providers and their initiatives will be crowded out (ibid.). In Pakistan, the Orangi Pilot Project, which was initiated in Karachi but has since been replicated across the country, is an interesting model of co-production of sanitation hardware between local communities and the state, whereby the community and government make separate contributions to sewerage piping construction, rather than simply subordinating communities as agents of a government programme (Batley et al., 2004). But, as Batley et al. point out, this approach is probably only applicable to sanitation and other local infrastructure projects where there is a clear universal benefit to the community.

There has been some recognition of the potential links between health systems strengthening and state-building, and an increasing body of literature is paying attention to the way in which improved access to health services affects people's perceptions and levels of trust in their government (see, for example, Cockcroft et al., 2011 for evidence from Afghanistan and Rockers et al., 2012 for cross-country evidence). Such recognition has changed both the way health services are viewed by donors and the objectives with which health interventions are assigned. As Gordon (2012: 1) points out:

> The purpose of third party health interventions in fragile and conflicted-affected situations has diversified beyond the traditional concern for the relief of suffering…[Today] health is advanced as a means of legitimating the evolving state to the people over whom it seeks dominion. Health then becomes a tool with which to foster respect for the state by making it relevant to ordinary people's lives and establishing a process which constructs a social contract from which stability might derive.

Drawing on Gordon (2012), it can be argued that the framing of 'health as state-building strategy' is problematic for two main reasons. First, evidence to substantiate this relationship is thin on the ground. Indeed, although there is 'considerable agreement within both the peer-reviewed and practitioner literatures that it is reasonable to expect health interventions to support wider statebuilding outcomes…there is also almost unanimous consensus within the peer-reviewed literature that the evidence base is weak' (ibid.: 7-8). This is a result of a generalised failure to build mechanisms for monitoring governance impacts into programme design, as well as the fact that no systematic evaluations of the impacts of health interventions on state legitimacy have been carried out (ibid.: 8). Second, this framing positions health interventions uncomfortably close to the current securitisation agenda (in turn part of a broader counterinsurgency agenda), with implications for goals, metrics of success and even on-the-ground health outcomes. As highlighted by Gordon (2012: 9), in DRC and South Sudan, USAID 'shifted its health provision efforts away from areas with little or no health care to more unstable areas in an effort to consolidate the peace process', even though there is no evidence to support the notion that the delivery of effective health services can reduce conflict (see Waldman, 2006).

Promisingly, tentative research agendas are beginning to emerge around the links between health and building stability and states in fragile and conflicted-affected situations (see, e.g., Eldon et al. 2008), but they are currently only at the stage of outlining questions of principal importance to investigate. What is needed is a move towards operational measurement. Some suggestions have been made here, for example the inclusion of indicators of acceptance and trust of health systems in the M&E components of new programmes in fragile and conflicted-affected situations (Waldman, 2006a) or the development of 'stabilisation indicators (proxy and direct) and monitoring processes that capture evidence of progress towards the "super ordinate" goals of health interventions', measuring citizen voice, government, accountability and their interaction, and perhaps piloted through inclusion in a BPHS (Gordon et al., 2010: 15).

In the education sector, it has been argued that education is vital to institutional change in other sectors (Smith, 2010), thus potentially facilitating increased responsiveness in the state-building process. It can contribute to reform processes in the security sector or justice sector (e.g. training police or military) and help reform political institutions and move towards elections (through civic and citizenship education) (Smith, 2010; 2011; Smith et al., 2011).

In the WSS sector, current sector policy initiatives are centring on the emergency to development transition, although as yet there is no clear research agenda to complement this sector coordination (WSP, 2011). Furthermore, a forthcoming review by Mason finds little robust evidence to underpin assumptions about the impacts of service delivery in the WASH sector on peacebuilding and state-building outcomes (Mason, forthcoming).

As for health, there is a real lack of evidence around the relationship between the delivery of education or water and state-building. However, one recent study on the role of water services in shaping legitimacy in Iraq cautiously concludes that nascent governments can build legitimacy by improving service delivery, although the relationship is found to be complex and non-linear and the gains often fragile (Brinkerhoff et al., 2012).

The six key domains Pearson (2010) identifies in which health systems strengthening may support wider state-building processes – development of human capital; quality health service delivery; promoting citizen voice, accountability and inclusiveness; monitoring and advocacy; global initiatives; and resource allocation – could be the start of a fruitful research agenda. The development of similar frameworks for the education and water sectors will be important to the wider research agenda on services and state-building going forward.

Another important issue where there is insufficient evidence to date is the relative importance of security and justice services compared with the basic services of health, education and water in improving state–citizen relations and state legitimacy. It has been argued that security services are more important (Ghani et al. 2005), but as yet there is no empirical evidence on which to ground this claim. Drawing on the work of Tilly (1985; 1992) on European state formation, security may be expected to be more important here. Interestingly, however, in a 2005 survey of northern Sudanese citizens conducted by the National Democratic Institute, respondents (even in the country's conflict-affected situations) ranked health care, education and employment (urban areas)/agriculture (rural areas) above the settling of ethnic conflicts and security areas (Gordon et al., 2010). But at present there is insufficient empirical evidence on this issue from fragile and conflicted-affected situations from which to draw a firm conclusion.

5.4 'Citizenship building': accountability and the importance of demand

Much of the work on fragile and conflicted-affected situations focuses on (re)building the state. In terms of basic services, this involves the state's ability to provide services itself as well as its ability to ensure leadership and governance within the sector, acting as a steward and facilitating the provision of services by NSPs. But to strengthen the long route of accountability (see Figure 6), holding politicians and service providers accountable for the provision of basic services, citizens must demand services from the state, exercising their democratic voice.

In fragile and conflicted-affected situations, where the will to provide services to the poor on behalf of the state may not be present, and where voice is also weak, divided or conflicted, failures in service provision are likely, with insufficient supply of services such as vaccinations, school curricula or teacher training and water utilities (OECD, 2008a; World Bank, 2004). Moreover, the work of the Development Research Centre on Citizenship, Participation and Accountability, led by the Institute of Development Studies, found that it was citizens' struggles to realise rights in practice that strengthen the state's capacity to be legitimate, accountable and capable of delivering services efficiently and effectively (Eyben and Ladbury, 2006). But Eldon and Gunby (2009) suggest that any responsiveness seen in the fragile and conflicted-affected situations they reviewed – Cambodia, Nigeria, South Sudan and Zimbabwe – is likely to owe more to exemplary leadership than the success of broad-based popular mobilisation to demand change from the bottom up.

The importance of demand is also borne out by Haiti's education sector, in which primary enrolment continued to rise in a period of significant fragility, given the resilience of demand from parents (Ratcliffe and Perry, 2009). Moreover, across the eight case studies examined by Ratcliffe and Perry, the most important enabling factor for maintaining or restoring education service delivery was found to be a high community value accorded to education participation.

Demand-driven interventions are often also more sustainable, as has been seen in the water sector. For example, following a demand-driven water supply scheme in DRC, community members were willing to pay for improved access to safe water, helping to bring about an economically sustainable system (Burt and Keiru, 2011).

Therefore, there is a major need to look at how to build citizen demand for basic services within the context of seeking to strengthen service delivery, accountability and state–citizen relations. In this vein, Oosterom (2009) calls for 'citizenship building' as an alternative focus to state-building, helping citizens understand their rights to make claims on the state. Vaux et al. (2006: 26) cite the failure to make this shift as the fundamental problem with international aid to fragile and conflicted-affected situations, arguing that 'it has been too much focused on supplementing the activity of a weak state rather than supporting the democratic demand that would ultimately strengthen it'. This is directly contrary to the third OECD-DAC) principle for good international engagement in fragile and conflict-affected situations: 'state-building is about depth not breadth' (OECD, 2007). But there have been some examples of success in seeking to build demand. For example, the HSNP in northern Kenya included a rights-based education component (educating communities on their right to demand services from local authorities), which helped communities increasingly hold local government to account (Osofian 2011). In Sierra Leone, 'a plethora or donor-funded advocacy campaigns and governance projects implemented by NGOs arguably made [...] citizens in urban centres considerably more aware of their rights and gave them a basis for determining what was or was not acceptable in terms of levels of service provision and accountability' (Longley et al., 2006: 32).

In South Sudan, Education for Development found that working through community groups empowered members to be more demanding about access to different services, giving them greater confidence and voice with which to articulate their expectations (Eldon and Gunby, 2009). In Nigeria, the PATH health systems project found that involving clients and community representatives in the assessment and monitoring of service delivery through various initiatives both opened new spaces for citizen voice to be heard in the health sector and strengthened provider responses to client needs (Green, 2007). But efforts to strengthen accountability between policymakers and communities proved more challenging. Formal initiatives that placed an obligation on, as well as giving incentives to, the government to respond were most effective, whereas informal routes such as health committees were unlikely to get citizens an audience with or a response from policymakers (ibid.). In Rwanda, one programme that allowed for local civil society organisations to manage funds for health service providers – disbursing resources on the basis of demand, with providers paid on the basis of their performance – was found to have doubled access to health services (Commins, 2007).[30]

As Oosterom (2009) notes, strong claims on local governments that may not have the capacity to respond may be counterproductive, potentially even fostering hostility. In health care, the 'day-to-day pressure of local demand for health care can compromise efforts in disease prevention and other public health activities that are not demand-driven' (World Bank, 2003: 53).

Community-based and demand-driven approaches have also proven useful in fragile and conflicted-affected situations as a means of stimulating and responding to citizen demand and voice in relation to the provision of social protection and basic services (Berry, 2010). The involvement of citizens in the planning and delivery of a major water supply system in Luanda, Angola, not only improved access to basic services but also enabled new modes of state–citizen relations and expressions of voice in different ways (Cain, 2009; Eyben and Ladbury, 2006). Meanwhile, in post-conflict Guatemala, a community oversight 'social audit' mechanism on the use of government funds in Ministry of Health contracts with NSPs led to increases in citizen participation and accountability (Abramson, 2009). Educational systems can also adapt to poor governance, through mechanisms such as parental oversight of teacher performance, sharing information on exclusionary practices among civil society actors or designing safety measures for in- and out-of-school youth (Commins, 2009). The work of UNICEF and other agencies has shown that this can result in enhanced resilience, greater tolerance and increased social capital (ibid.).

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[30] 'Many private and public health care providers were involved and instead of waiting for patients, went into communities to engage with and encourage people to attend health centers' (Commins, 2007: 21-2).

Such demand-driven approaches can also help address a key problem often seen in early recovery situations, that of 'capital-centric programming', that is, where the 'inability to focus services beyond the urban context actually compounds the lack of investment in urban planning. As cities receive investment, and agriculture does not, the incentive to move to the capital increases' (Chandran et al., 2010: 25). This was seen in Nepal where, by the end of the conflict, state services and/or personnel were absent in 75 percent of the country outside Kathmandu, despite comparatively strong central government institutions (ibid.). This is an extremely important issue in fragile and conflicted-affected situations: in Timor-Leste, conflict was reignited following an influx of villagers into Dili, where they found a drastic absence of infrastructure, services and jobs (Moxham, in Beall et al., 2011).

But community groups need sufficient resources if they are to hold service providers to account effectively. Similarly, a demand-driven approach can mean that communities that fail to express effective demand are left unserved (Muhumuza et al., 2008). Conversely, there is also a danger that demand-side approaches may outstrip the supply of inputs (e.g. teachers and learning materials in the education sector) (Berry, 2010). Fora for citizen engagement also need to be appropriate and based on equitable terms. Those that mirror existing unequal power relations in society, be they along gender, class, caste or ethnic lines, will have little hope of building citizens' confidence in the state's ability to listen and respond (Eyben and Ladbury, 2006; Green, 2007).

These gains from community-based and demand-driven approaches are not only found in fragile and conflicted-affected situations. For example, a study of 88 community-managed water schemes in 15 countries showed gender-sensitive and demand-responsive approaches resulted in more reliable supply, better resource protection, higher coverage of recurrent costs and greater access (Welle, 2008). In fragile and conflicted-affected situations, however, community-based approaches have been highly susceptible to elite capture and the exclusion of women, as well as to leakages at the community level, for example in water projects in South Sudan (Slaymaker, in Welle, 2008). In fact, state responsiveness to demand for services in fragile and conflicted-affected situations is arguably determined primarily by alignment with the interests of key elites (Baird, 2011). Investment in basic services can enhance access even while helping elites achieve clientelist goals, for example in education in Uganda or wells in rural areas of Pakistan (OECD, 2008a). Similarly, policy change from below on basic services is often stifled by the 'deep-seated interests and practices that inhibit the involvement of new actors' (Batley et al. 2004: 8), as in the case of Pakistan.

The challenge of neo-patrimonialism is not one that is unique to governance in fragile and conflicted-affected situations, but it may be qualitatively different in countries emerging from conflict. Where the political settlement that ended the conflict relies heavily on satisfying the self-interest of key elites, and keeping their powerful constituencies on board, huge resources can be diverted to simply maintaining the settlement, leading to ineffective, corrupt and unresponsive states with severely inadequate provision of social protection and basic services (Whaites, 2008).

Such complexities of governance and service delivery in fragile situations are generally not sufficiently acknowledged by international actors, with a normative, state-centrist notion of (good) governance and state-building dominating academic and policy debates (Raeymakers et al., 2008). The Centre for the Future State also notes that 'traditional Weberian ideas about state capacity look out of date, even for OECD states' (2010: 8). Indeed, political systems are often built on templates other than the Weberian state, and what we often find in fragile and conflicted-affected situations are influential and legitimate 'hybrid political orders' – mixtures of formal and informal governance mechanisms that constitute alternative structures of authority (Boege et al., 2008). Further, social control may be fragmented among multiple such systems of governance (Boege et al., 2008; Migdal, 1988). These issues lead to interesting research questions on the potential role of such actors in social protection and basic service delivery in fragile and conflicted-affected situations.

As Eyben and Ladbury (2006) point out, empirical research on citizenship, participation and accountability challenges the state–society dichotomy, illustrating that it is not only a question of vertical relations but all the exclusion and discrimination that occurs within a society that affects state capacity to be responsive, legitimate and accountable to its citizens. A common problem in some post-conflict education sectors, for example, is teaching service appointments being used as part of a political settlement or as a means of entrenching patron–client relations (e.g. in DRC, Lebanon and

South Sudan), which frequently results in overstaffing and under-qualified staff (Ratcliffe and Perry, 2009). But it should be noted that the state is not a monolith, and different branches or officials belonging to local governments may be more or less receptive to citizens' voices and open to collaboration and reform (Oosterom, 2009).

Decentralisation is another approach that can provide a focus on citizen demand. Decentralisation is aimed at bringing accountability closer to citizens and, in turn, strengthening the face of local government (Commins, 2009). In post-genocide Rwanda, the government promoted significant decentralisation in the health and education sectors, resulting in significant gains in allocative efficiency in both (Commins, 2007). In Sierra Leone, the National Water and Sanitation Policy of 2010 aimed to achieve decentralised delivery of safe drinking water and sanitation services in urban and rural areas, and it has recently been reported that 'decentralization has been compatible with steady improvements in service delivery, greater interaction between citizens and their elected representatives, and enhanced supervision of front line workers by district-level managers' (Casey et al., 2012: 17-18).

However, achieving decentralisation in reality can be difficult, as consolidating the role and building the capacity of local councils is a significant challenge in an environment where NGOs have played a key service delivery role and received substantial donor support during crisis (WSP, 2011). Similarly, in Sudan and South Sudan, decentralisation in service delivery has been stalled by a failure to translate political decentralisation into effective fiscal decentralisation (Pantuliano et al., 2011). Meanwhile, in DRC, the consolidation of a decentralised framework has been uneven as a result of severe regional differences in resources and continued underinvestment in poorer areas (WSP, 2011).

For many conflict-affected countries, such as Afghanistan, Chad, DRC and Somalia, increased provision of local services is not a decentralisation process, as the central state never provided these services in the first place (Pearson, 2010). And it should not be assumed that local populations inherently desire the expansion of state authority and power. For example, Scott (2009) emphasises how hill societies in South East Asia have a long history of 'state avoidance', and there are many other contexts where local people may be deeply suspicious of attempts by the state to expand its reach. Further, decentralisation can increase ownership but also might (re)ignite tensions. In the education sector, decisions on decentralisation are often made based on political decisions, with implementation impacted by the 'economic strength and political weight of different regions' (UNESCO, 2011: 246). There is also a potential danger of elite capture of spaces that are opened by decentralisation, as occurred in the Nepalese education sector (Oosterom, 2009; Vaux et al., 2006). But the impacts of decentralisation in fragile and conflicted-affected situations may take years to unfold and therefore can be assessed only in the longer term (Commins, 2009).

One important constraint on citizen demand within the (long route) relationship of accountability between citizens and the state is the severe lack of information. Without clear information on organisational objectives and progress against them, it becomes impossible to create enforceability in the relationship (World Bank, 2003). In Nigeria, women did not have basic information on the type of safe motherhood services and treatments that should be available, as well as the standards of this care, which limited their understanding of their entitlements as well as the tools through which they could measure quality (Green, 2007). As Vaux et al. (2006) argue, there is a clear need for increased transparency of sector funding and monitoring in fragile and conflicted-affected situations, including the publication of programme reports and their opening up for wider debate.

Citizen demand will also not be effective where the political settlement is not inclusive. As Eldon and Gunby argue, the failure of (education) service delivery in Nigeria can be attributed to the exclusion from the political settlement of 'those agencies that represent the interests of the mass of people, both the peasantry, urban middle, professional and working class and urban informal working people as well as small and independent business and commercial sectors who are not linked into the corrupt web of political and corporate power' (2009: 19). Further, responsive state-building will not be feasible if the economic resources are simply unavailable. As the trajectory of Zimbabwe over the past 30 years suggests, 'economic growth is a necessary if not sufficient condition for sustained responsive state-building' (ibid.: 123).

Overall, it is evident that, while building citizen demand is clearly an important part of the relationships of accountability inherent in service delivery and political and social stability, it is not sufficient on its own. As Eyben and Ladbury (2006) note, merely receiving services from the state does not mean people feel they are citizens of the state. How people are treated is also a key factor, as even if services are of high quality people can still be alienated by treatment without dignity (ibid.). Further, the case studies marshalled by Manor (2007) show that states are still extremely important for donors to try to influence, as, even when fragile, they command more resources, with their tentacles nearly always reaching out to far more localities than (individual) non-state actors.

5.5   Conflict sensitivity, conflict mitigation and peace-building

Conflict sensitivity, mitigation and peace-building have become explicit in donor agendas for engagement in fragile and conflicted-affected situations, with a specific focus on the need to prioritise prevention (DFID, 2010b; OECD, 2007). The cases of social protection and basic services present challenging dilemmas for international aid actors in seeking to adhere to this principle while not undermining the goals of expanding access and ensuring equity. This sub-section assesses the evidence relating to these challenges in social assistance transfers, social funds and CDD, health, education and water, as well as examining the emerging literature on peace-building in the education and water sectors.

There is clear potential for adverse impacts to arise from social assistance in fragile and conflicted-affected situations, specifically in terms of the targeting of transfers, and specific measures may need to be adopted to mitigate these impacts. For example, Save the Children (2009b) found that, in southern Niger, to reduce envy and protect leaders' status, community leaders could not be held fully accountable for the targeting of the transfers, and government authorities should officially validate and be accountable for the process. Yet there is insufficient evidence to assess whether this issue is the same as in more stable situations, or whether it is quantitatively or qualitatively different in fragile and conflicted-affected situations. Social protection programmes also have the potential to entrench local power structures through the distribution of cash and commodities, for example the 'tax' collected from cash transfer programmes in Somalia and Niger (Harvey, 2007; Mattinen and Ogden, 2006; Save the Children, 2009b). This problem is also relevant to more effective states and secure situations, and mechanisms of taxation and redistribution appear to be important to the acceptability of cash transfer projects within rural communities, as seen by Save the Children in southern Niger (2009).

The targeting of social protection transfers may also be an important conflict mitigation measure in fragile and conflicted-affected situations. Such transfers form what can be termed 'reinsertion assistance', a concept that has grown to fill the gap between the DD (disarmament and demobilisation) and R (reintegration) in DDR (Ozerdem, 2008). Transfers have been targeted at ex-combatants, young men and those disabled by conflict in a variety of settings, including Rwanda, Sierra Leone and Sri Lanka, (Holmes, 2011; McConnell, 2010; World Bank, 2006a). But there is limited evidence of the impact of such targeting on conflict. Evidence from the field does, however, suggest that women tend to benefit very little from cash payments since, as in Angola, demobilised men do not necessary feel obliged to use their pay in the best interest of their dependants (Ozerdem, 2008).

The potential of CDD to facilitate improved social stability has been outlined above in relation to a study on an IRC project in post-conflict Liberia (Fearon et al., 2009). However, no evidence has been covered in the evidence-gathering and review process for this paper of direct impacts in terms of conflict mitigation. In the recent randomised evaluation of the National Solidarity Programme in Afghanistan, for example, there was no evidence that the presence of the programme decreased the probability of a village suffering an attack (Beath et al., 2010).

In health sector programming, there is a major dilemma of whether to focus on using health service delivery to facilitate stability or whether to focus on maintaining equity in access. Waldman (2006b) argues that, as the principal causes of morbidity and mortality in post-conflict fragile situations are related to factors such as conflict, political instability, poor governance and abject poverty, rather than specific diseases, interventions in the health sector should seek to address the political, social and economic drivers of conflict and fragility rather than focussing on diseases through traditional public health programmes such as Expanded Programme on Immunisation, Integrated Management of

Childhood Illnesses or HIV/AIDS projects. This then raises the question of whether health services should be targeted at the poorest and most needy groups or at fragile and conflict-prone areas in order to support stability in the longer term (ibid.). There are empirical examples of international donor agencies adopting such an approach. In DRC, USAID focused its resources on strategically important areas in the conflict-affected east of the country at the expense of historically underfunded areas, aiming to strengthen the peace process, but the potential impact of such a strategic shift was inferred rather than being grounded in any solid empirical evidence (Waldman, 2006a). Further, the project was not redesigned to address fragility specifically (it was a fairly conventional primary health care support project); there was just a shift in geographic focus to those areas most susceptible to the resumption of conflict (ibid.).

Such an approach is likely to create tensions with the principles of impartiality and neutrality, as well as the humanitarian imperative, of the humanitarian agencies likely to be implementing such programmes on the ground. This tension also relates to donorship principles, with discrepancies between those enshrined in the Good Humanitarian Donorship initiative and the OECD-DAC's Principles for Good International Engagement in Fragile States and Situations (Harvey et al., 2007). The approach is also likely to feed a sense of grievance among those in more peaceful areas who do not receive as much aid. Interview responses from a recent study on Faryab province, Afghanistan, show that those in more peaceful areas feel they are being punished for their area's relative peace, as they see the majority of the aid being directed to the insecure south of the country (Compelman, 2011).[31] This sense of grievance related to unequal access creates its own potential for increased conflict as well as running contrary to the OECD-DAC principle of avoiding the creation of pockets of exclusion in fragile and conflicted-affected situations.

Political decisions as to where to focus delivery of health care may also serve to generate grievances, providing potential drivers of future conflict when adopted by local politicians. As the World Bank (2004: 56) notes, 'politicians may use the selective provision of services as a clientelist tool to "buy" political support—or, worse, to enforce state control of citizens while weakening their voice'.

But it has been argued that providing more and better services not to those who have the greatest need but rather to those who pose the greatest threat to peace may be necessary for a limited time to provide the stability to pursue policies that promote equity in access to services (Kruk et al., 2010; Waldman, 2006b). However, these inferences are not based on any substantial evidence. It is clear that solid empirical evidence regarding the veracity of such claims and the utility of such an approach is needed to inform policy decisions such as that cited above of USAID in DRC.

The potential role of education in conflict mitigation is significant, and recent discourse has moved towards a prevention perspective, perhaps opened up by the inclusion within the fragility debate of countries at risk of conflict (UNESCO, 2011; Winthrop, 2009). History shows that the education sector has the potential to drive conflict, as evidenced in the 'roots of the Sri Lankan conflict, which partly lay in a change in the medium of instruction in schools, the use of ethnic quotas in pre-genocide Rwanda, and education provision skewed along ethnic lines in Burundi as a driver of the conflict' (Berry, 2009: 2). Because education (re)produces social inequalities, fostering inclusion through the system by, for example, expanding access especially to previously excluded groups, can minimise grievance around horizontal inequalities that lack of access to education exacerbates and can serve to transform conflict by minimising structural violence (Dupuy, 2008; INEE, 2010; UNESCO, 2011).

It has been argued that conflict analysis for the education sector may help achieve incorporation of conflict sensitivity into the design and implementation of education programmes (Tschirgi, 2011), and, while rare, incorporation of education into national conflict assessment could support conflict diagnosis in education sector planning processes (Bird, 2009). At any rate, in post-conflict situations, attention will need to be paid to eradicating divisive and inflammatory material from the curriculum before

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[31] This perception of allocative bias is borne out by the (albeit incomplete) data. According to calculations by Oxfam International, '[i]n Afghanistan, although data is very incomplete, since 2004 over 70 percent of OECD–DAC aid identifiable by location has been spent either in the capital, Kabul, or in three (of 34) provinces central to major NATO [North Atlantic Treaty Organization] and Afghan troops' counter-insurgency operations: Kandahar, Herat and Helmand' ((2011: 10-11).

teachers can begin teaching and students can begin learning again, as was the case in Afghanistan and Rwanda (Bethke, 2009).

The issue of conflict sensitivity regarding disempowered and ex-combatant youth was highlighted above, specifically in light of the trade-off between an emphasis on expanding access to universal primary education under the EFA FTI (Dom, 2009; Miller-Grandvaux, 2009; Ratcliffe and Perry, 2009). In almost all the 12 country case studies conducted for a World Bank study on education and post-conflict reconstruction, it was recognised that youth constituted not merely a potential threat to peace and stability but also an important potential resource for post-conflict reconstruction (Buckland, 2005). But while specific projects have been targeted to ensure the inclusion of potentially disaffected groups within the education system as a conflict-sensitive measure in places such as Liberia (see Rose and Greeley, 2006), there is little evidence on whether these projects have actually reduced the risk of further conflict.[32] It is also important to point out the potential for the favouring of one zone over another to fuel ethnic and class tensions, driving discontent and potentially violence, as was seen in rural Burundi (Miller-Grandvaux, 2009).

Yet there is some, albeit limited, evidence of the role of education in peace-building. Peace-building as defined here refers to efforts aimed at the establishment of '[p]ositive peace [...] characterised by social harmony, respect for the rule of law and human rights, and social and economic development' (DFID, 2010b: 14). This definition therefore goes beyond the establishment of negative peace – the absence of violence – which Galtung (1985) associates with peace keeping rather than peace-building. Dupuy (2008) identifies four key concepts that mediate education's relationship with peace: inclusion, socialisation processes, social capital and other social benefits. Inclusion, for example, can be significant in helping address intergroup inequalities that can drive conflicts, including the exclusion of indigenous peoples in Guatemala, caste and gender discrimination in Nepal and inequalities between urban, rural, indigenous and settler peoples in Liberia. Meanwhile, codes of conduct and the Schools as Zones of Peace campaign have improved child protection, reduced child participation in conflict and violence in schools and improved relations between children, teachers and local communities (ibid.). But, overall, there appears to be more assertion than empirical evidence of education's inherent interconnection with peace. As one of the most comprehensive studies to date on the subject finds, while there is a wide range of empirical examples of education programming and service delivery on which to draw, 'there is a very limited or, in many cases, no rigorous evidence base in relation to the contribution to peace-building' (Smith et al., 2011: 40).

The issues of supply and governance of water resources are among the only areas in relation to which water appears significantly in the existing literature on fragile and conflicted-affected situations. Water projects have been designed in order to support stability and conflict mitigation. For example, in South Sudan, PACT developed a cross-sector project that used a combined strategy of providing roads, wells and support to the police, targeting youth in order to manage local conflicts (Welle, 2008). Another PACT Sudan programme, the Water for Recovery and Peace Program, is particularly interesting in that it prioritised growing population centres with high influxes of IDPs, based on the assumption that this would reduce stress on scare resources, thus fomenting stability (Welle et al., 2008). Qualitative evidence suggests that this strategy was effective, as boreholes were, or became, centres for IDPs and returnees, particularly in Jonglei state, where communities are forced to migrate once surface water dries up (ibid.). Committee members reported that the provision of water had increased their security, as they were no longer forced to leave their property behind during their migration in search of water. Meanwhile, women reported that they were less exposed to the risk of rape as the distance travelled to fetch water decreased, and the risk of abduction of children also reduced (ibid.).

Similar outcomes were also achieved through Tearfund's support to a local partner in Liberia, where participatory techniques to demonstrate the danger of women being subject to rape when collecting water were used to advocate for the town CDC to construct hand pumps and wells in safe locations within the confines of the town (Burt and Keiru, 2011). Such integration of conflict mitigation and

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[32] However, a study to ascertain the impacts of such an intervention in relation to a control group would be beset by numerous challenges of matching, particularly in terms of the conflict dynamics of each population group and study area.

prevention measures with WSS sector programming has also been achieved by Save the Children in South Sudan, with a focus on areas with large numbers of IDPs (Eldon and Gunby, 2009).

There is some evidence emerging on the links between water resources management and peace-building. Recent work by Tearfund in DRC shows the important role women can play in peace-building processes surrounding the management of water supplies (Burt and Keiru, 2011). Conflict between two villages over access to water from springs, which had been put under stress as a result of the return to the area of refugees and IDPs, was managed by women who negotiated joint use through expansion of the piped water system to the upstream village, which was then managed by the Committee for Clean Water (ibid.). Support to this process provided by Tearfund thus built the capacity of local actors to manage disputes peacefully, helping build the 'political institutions that are able to manage change and resolve disputes without resorting to violent conflict' (DFID, 2010b: 14) on which positive peace is based.

But there are also examples of water governance driving conflict and instability in fragile and conflicted-affected situations, such as in South Sudan and Yemen. Lindemann highlights how, in Yemen, scarcity of water, compounded by other factors, including lack of employment and other social services, can potentially increase tension and instability (in Welle, 2008). In Yemen, 95 percent of water withdrawals are used for irrigation, and depleting groundwater tables increases pumping costs for other users, thus creating a conflict between domestic and agricultural users (ibid.). Meanwhile, in South Sudan, it has been estimated that over 70 percent of people are dependent on livestock for their livelihoods, meaning that competition over grazing lands and watering points is a major source of conflict (Welle, 2008).

5.6   International engagement: who should do what and when?

Taking context as its starting point, the OECD-DAC differentiates between four types of fragile situations (OECD, 2007): 1) post-conflict/crisis or political transition situations; 2) deteriorating governance environments; 3) gradual improvement; and 4) prolonged crisis or impasse. However, such frameworks should be used critically, as progression between these types or phases of fragility is not linear (Rose and Greeley, 2006). Moreover, no two conflict-affected situations are the same, and contexts may vary by scale, type, neighbourhood, nature of the state, state capacity, history and degree of international attention (Chandran et al., 2008). Yet the OECD-DAC typology does provide a useful starting point for broaching the issues of approach and sequencing in fragile and conflicted-affected situations, specifically, what aid instruments and interventions should be used and when?

As highlighted in the sub-section on engagement between states and NSPs above, the core aid modality for funding social protection and basic services in fragile and conflicted-affected situations is the 'standard model' (Leader and Colenso, 2005: 12), with a traditional move from project-based NGO financing under a consolidated appeals process along a continuum to sector and then generalised budgetary support with the development of a PRSP. As emphasised, this model can lead to failures to include NSPs, both international and local, in sector policy and budget formulation, as well as wider coordination failures (Berry, 2009; Ratcliffe and Perry, 2009). The extent to which the cluster system, within the wider context of humanitarian reform and increased coordination, is engaging with states and ministries in practice (and across different situations) is a key question for fragile and conflicted-affected situations that requires further research.

The primary means international donor agencies employ to mitigate fragmentation, and to facilitate greater alignment and harmonisation, has been the multi-donor trust fund (MDTF). Barakat (2009) argues that, historically, the problem has been that donor funding is highest when government capacity is lowest, in the initial post-conflict phase. The idea is that MDTFs help overcome this problem by leaving funds in trust until a prime opportunity and means to allocate them arise, meaning they are not spent quickly merely to satisfy donor expectations (ibid.). This fits with the work of Collier and Hoeffler (2004), who contend, drawing on data from 17 countries in their first decade of post-conflict recovery, that aid is most effective when introduced between three and seven years after the 'end' of war, owing to a doubling of absorptive capacity.

But leaving funds waiting in a trust account can lead to a failure to spend to realise the potential of the early recovery period, building institutional capacity from the outset to facilitate a more rapid recovery. In South Sudan, for example, there was a very slow start in spending on the MDTF, with the World Bank coming in for criticism for building and then failing to manage expectations that the fund would quickly deliver 'peace dividends' (Fenton and Phillips, 2009). World Bank officials explained that they had no ability to expend MDTF funds on their own, as it was government of South Sudan officials who set the priorities and held the purse strings within the fund (Chandran et al., 2008). In this case, the problem was that the government had next to no human resources to fulfil that management function, and the purpose of the MDTF itself was precisely to help build that capacity (ibid.). Similar disbursement and procurement delays were seen in the Bank-managed MDTF in Timor-Leste (Alonso and Brugha, 2006). In other cases, including Afghanistan and Iraq, however, MDTFs have remained beset by a continued donor focus on immediate effects and rapid disbursement (Barakat, 2009).

Another tool that has seen some success in fragile and conflicted-affected situations in terms of providing an intermediary instrument between project-based funding and budget support is the SWAp. In SWAps, donors pool funds for integrated sector programmes designed by the government (OECD, 2010a). In all case study countries examined (Afghanistan, Bolivia, DRC, Nepal, Rwanda and Sierra Leone) in the OECD's *Do No Harm* report on international engagement in state-building (2010a), both the state and donor officials consulted felt SWAps were the most important intermediate instrument between project-based and budgetary support. There is evidence for the effectiveness of SWAps in fragile and conflicted-affected situations in the education sector in Nepal (Berry, 2010) and in the health sector in Timor-Leste (Alonso and Brugha, 2006; Baird, 2011). However, the evidence suggests there are certain prerequisites for SWAps, and effective coordination within them, to come into place. For instance, a recent summary of health sector SWAps in DRC, Sierra Leone and Timor-Leste (Rothmann et al., 2011) argues that a common understanding of health sector development priorities (by both government and development partners), as well as institutional capacity and strong institutional relationships, are key in building the trust necessary for SWAp implementation.

These examples show the importance of timing in post-conflict and early recovery situations. There is often a clear and significant need for action in the period immediately following the cessation of hostilities, what Chandran et al. (2008) term the 'golden hour', when space is fluid and the population is aligned with overarching international objectives. Drawing on the issues of government capacity to disburse funds cited above, a key investment needed here to achieve the delivery of basic services and the strengthening of their respective sectors and systems is in the civil service. But across all of the case studies of early recovery post-conflict settings reviewed in Chandran et al. (2008), including Afghanistan, Haiti, Lebanon, Nepal, Sudan and Timor-Leste, there were no examples of civil service training academies being started within 24 months of a peace agreement. However, Scanteam's (2007) review of MDTFs found that funds channel most resources to the public sector, focusing on operating costs including civil services salaries, capacity development and public goods infrastructure. Most resources tend to go to primary service levels in the social sectors, thus potentially reaching the groups most in need and reflecting a positive distributional profile (ibid.). Nevertheless, a major issue coming out of the Scanteam (2007) review of MDTFs is that funds often involve little in the way of systematic analysis and hence goals and operational targets with respect to crosscutting issues such as gender, and the lack of conflict analysis as an integral part of MDTF risk management is of particular concern.

These issues of timing and sequencing have specific points of interest in relation to social protection and basic services and as such are analysed separately. As stated above, in fragile and conflicted-affected situations there is a tendency for social protection measures to focus on the protective dimension. But there is noteworthy discussion within the literature of the potential for graduation from such measures to preventative, promotive and transformative measures, such as in Niger where, if sufficient resources could be made available, there could be a move towards a predictable, long-term safety net (Save the Children, 2009b). Harvey and Holmes (2007) argue for the potential of intermediary measures between emergency cash transfers and longer-term, more predictable cash transfers, citing the cases of the HSNP in northern Kenya and the PSNP in Ethiopia.

In light of such potential, Harvey and Holmes (2007) sketch out the necessary conditions for longer-term cash transfers in fragile and conflicted-affected situations, highlighting the importance of 1) a

market system that would respond to a cash injection, enabling people to buy goods in nearby markets at reasonable prices; 2) a way of delivering cash safely to people; 3) sufficient security for monitoring and a sufficient presence of implementing agencies in the field; and 4) a willingness by the authorities to accept and engage with a social transfer programme. But this is an area on which little progress has been made in the literature on social protection in fragile and conflicted-affected situations, and, since Harvey and Holmes (2007), no more concrete discussion or evidence moving these debates on in a strategic way has been apparent. Therefore, this is an area where further empirical research is needed, whereby these criteria could be tested and if necessary revised based on studies drawing on potential future pilot projects in fragile and conflicted-affected situations.

The challenge of the sequencing and timing of international engagement in basic services in fragile and conflicted-affected situations revolves around the central issue of transition, that is, the transition from internationally supported non-state provision to expanding state capacity for provision and contributing to wider processes of sector systems strengthening. However, transition is part of the wider relief to development continuum (see Figure 12), along which health systems can regress as well as progress in situations of fragility (Newbrander et al., 2011).

Figure 12: Aid Instruments in the relief-to-development transition
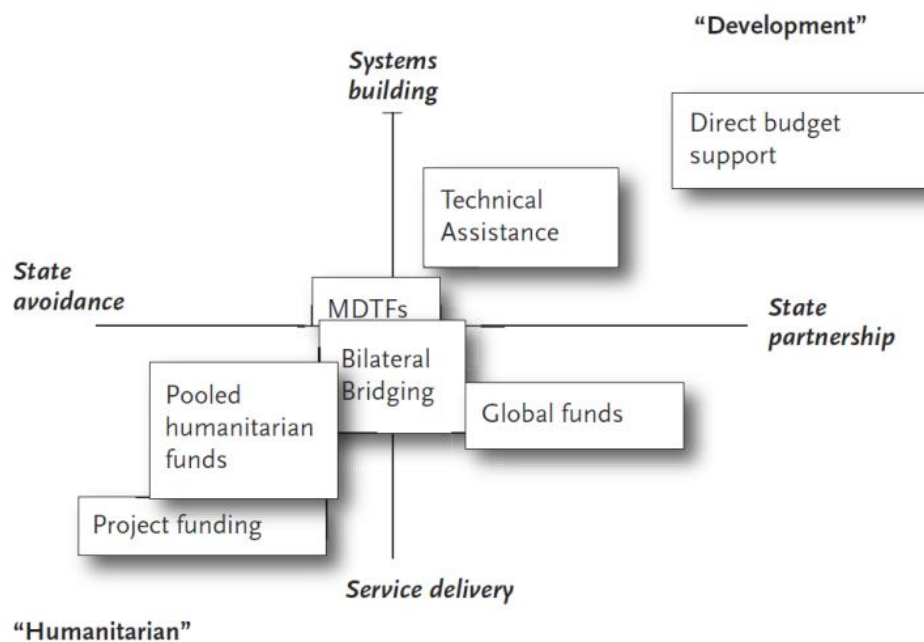
Source: Canavan et al. (2008).

The challenges of the standard model of aid to fragile and conflicted-affected situations cited above are of particular import in relation to failures in ensuring effective transitional programming. As the High-Level Forum on the Health MDGs points out, '[g]overnment departments, such as the Ministry of Health, often function poorly in terms of staff morale, management capability and policy formulation. There is a tendency for donor governments to avoid partnership with the recipient state and channel funds through non-state providers. This may undermine the (long-term) objective of supporting the state to improve its capacity to provide health services' (2004: 4).

Aid also tends to experience significant decreases in post-conflict situations after an initial surge, with the retraction of humanitarian aid and delays in recovery financing coming on stream leading to under-funded service sectors and systems (Pavanello and Darcy, 2008; Pavignani, 2005). One major study on this subject found probable transition funding gaps in DRC, Sierra Leone and South Sudan (Canavan et al., 2008). This transitional funding gap is also an important challenge that may hamper the work of NGOs seeking simultaneously to ensure results in terms of service delivery while helping build the health, education or water system. For example, NGOs interviewed in DRC emphasised the abrupt decline of humanitarian assistance and the subsequent gap before development funding came on stream, and the resulting impact of this on health service delivery (ibid.).

The second major problem inhibiting effective transitional programming in fragile and conflicted-affected situations is the failure of many international aid agencies to bridge the relief–development divide. Despite a 'second generation' of thinking on how to move beyond the relief–development continuum, there is still a 'high politics' that inhibits the more technical process of better linking humanitarian and development action (Harmer and Macrae, 2004). Running in tandem with this is the challenge of maintaining quality, experienced human resources within organisations such as the World Bank and WHO in the early post-conflict recovery phase, as such personnel are essential to leadership in recovery planning and policy development processes in the health sector (Cometto et al., 2010).

The success seen in the transition from international NGO to government provision in Timor-Leste's health sector could provide some lessons for facilitating an effective transition in post-conflict situations. In this case, early implementation of a SWAp and the government's commitment to national health system rehabilitation were vital, with the approach placing the Timorese at the centre of the process and international agencies adopting a supporting role in helping target key health sector priorities (Alonso and Brugha, 2006). Yet, given the particularities of Timor-Leste, with the favourable conditions that pre-existed the reconstruction effort, such as widespread recognition of the legitimacy of the transitional administration, social cohesion within the state, the small size of the country and coordination facilitated by a high level of consensus among all actors, this case perhaps has limited potential for replication in other fragile and conflicted-affected situations (ibid.).

An example of where transitional programming has not been effectively implemented is DRC. As Waldman (2006a) notes, donors in the health sector have shifted from emergency to development programmes without designing or implementing the kind of interventions that might be most useful in the transition period.

One as yet under-researched issue in fragile and conflicted-affected situations, but a long-standing debate in the health sector more generally (see Hunt and Backman, nd), is the comparative contribution of vertical (or selective) health interventions, such as those focusing on HIV/AIDS, TB and malaria or vaccines and immunisations, versus integrated delivery focused on the creation of an effective health system. As Brinkheroff (2008) argues, the dominance of vertical programmes is particularly strong in fragile and conflicted-affected situations, and the resulting reliance on external expertise does little to build indigenous capacity. This is evidenced by the fact that, for example, the Global Fund to fight Aids, Tuberculosis and Malaria advises that up to 15 percent of total country budgets be expended on health system strengthening, but current data show that on average only 1 percent has been allocated (Canavan et al., 2008). Conversely, such global health partnerships have important advantages, such as helping avoid duplication of investments and activities, producing economies of scale, pooling resources, spreading risk and sharing knowledge, as well as creating a common 'brand' that helps build legitimacy and support (Newbrander et al., 2011).

In the water sector, while there is a significant volume of, generally technical, literature on addressing emergency situations, the literature on how to facilitate and accelerate the transition from emergency to sector development in fragile and conflicted-affected situations is as yet undeveloped (WSP, 2011).

5.7 Received wisdom, gaps in the evidence and emerging research questions

Two of the most prominent points of received wisdom within the current literature are 1) that social funds and CDD can improve social cohesion and state–citizen relations, thus reducing conflict; and 2) that there is a causal link between service provision and improved state legitimacy and/or state–citizen relations. On both of these issues, in fact, findings in the current body of studies are mixed or unclear, with a deeper and wider evidence base needed before any firm conclusions can be drawn.

A critical gap in much of the literature reviewed is a lack of attention to the question of what is different about situations of conflict and fragility. This creates the risk that everything ends up being attributed to conflict, ignoring the fact that fragile and conflicted-affected situations are not unique and some of the factors affecting access to services or social protection are shared across fragile and other development contexts.

Other significant gaps in the evidence identified through the evidence review process for this paper include:

- The necessary conditions for the implementation of longer-term, more predictable safety nets in fragile and conflicted-affected situations;
- The impacts of systems strengthening in the health, education and water sectors on state-building;
- The relative importance of health, education and water as opposed to security and justice services in political and social stability and state-building;
- The relative effectiveness of different modes of state – NSP engagement, including different contracting mechanisms and new ideas such as independent service authorities;
- The applicability of a score card system, measuring progress against a basic package of services, for the provision of health, education and water services to different fragile and conflicted-affected situations; and
- An understanding of the specificities of social protection and basic services in situations of intra-state/sub-national fragility, including cities and peri-urban areas.

More specifically, a number of research questions emerge from the six analytical themes discussed above. These are presented in Box 8.

Box 8: Emerging research questions

The resilience of people and communities

- To what extent do informal, community-based mechanisms provide inclusive social protection for vulnerable households? How effective is their 'coverage'?
- Under what specific conditions do informal, community-based social protection mechanisms break down?
- To what extent are social protection programmes in fragile and conflict-affected situations crowding-out or building-on informal, community-based social protection systems?
- What mechanisms can international aid actors use to build on community resilience mechanisms surrounding access to social protection and basic services in fragile and conflict-affected situations?

Engagement between states and non-state providers

- What are the relative utilities of different models of contracting-out of the provision of social protection and basic services, and what are the efficiency gains, if any, of the competition inherent in each model?
- What are the impacts of different models of contracting-out of social protection and basic services on state-building?
- How can inclusive, participatory and effective basic service sector coordination be ensured in the face of weak government leadership and significant NSP provision?
- How can non-state provision of basic services be turned into a positive force in terms of increasing state legitimacy and supporting state-building?

Building stability and states

- How can we effectively operationalise the concepts of state legitimacy, state–citizen relations and social stability? What specific indicators can be used to measure these?
- What are the impacts of different modes of social protection and basic service provision on political and social stability, and how can these be measured empirically?
- How do different modes of basic services provision affect state legitimacy and state–society relations, and how can these impacts be measured empirically?
- To what extent does the strengthening of basic service sectors, for example health systems strengthening, contribute to responsive state-building?
- What aid instruments and interventions are most appropriate for states in different situations of conflict and fragility and on different state-building trajectories?
- What is the relative importance of security and justice services compared with the basic services of health, education and water in improving state–citizen relations and in state-building?

Demand and citizenship building

- What is the effectiveness of different voice and accountability interventions in 1) strengthening citizen demand and 2) bringing about responsive service delivery? And how do these interventions need to be adapted to different contexts within the state, e.g. sub-national fragility, rural and urban?
- What are the determinants of provider and state responsiveness to citizen demand particular to fragile and conflict-affected situations, and what can be done to address barriers to responsiveness?
- Where, owing to a lack of either will or capacity, central states are unresponsive, to what extent can we consider hybrid political orders and the actors within them as duty bearers? And how viable and desirable is it for citizens to make claims on them, and for international actors to support this process?
- To what extent can decentralisation facilitate improved service delivery and increased state legitimacy? And how does decentralisation relate to situations of sub-national fragility and the process of (peri-)urbanisation in conflict-affected situations?

Conflict sensitivity

- Can focusing the provision of basic services on conflict-affected areas or particular groups (such as ex-combatants and unemployed youth) help ameliorate violent conflict? Conversely, to what extent does focusing the provision of basic services on particular areas lead to an increased sense of grievance and decreases in state legitimacy in under-served areas?
- In what ways can community-based service delivery projects contribute to peacebuilding? And what is the role of women in these processes?
- What are the different approaches needed to achieve conflict sensitivity, mitigation and peacebuilding in social protection and basic service delivery situations of sub-national fragility, including rural areas, cities and peri-urban areas?

International engagement

- What are the barriers preventing fragile and conflict-affected situations in protracted crisis from transitioning from humanitarian assistance programmes to more predictable transfers and safety nets within a wider social protection system?
- Do social protection programmes in conflict-affected situations impact on women's structural gender needs (and can this empowerment be sustained in the longer term)? And to what extent do they expose women to the risk of domestic abuse and increase their workload?
- What are the necessary conditions for an effective transition from international NGO to government basic service provision in conflict-affected situations? And what is the relative effectiveness of different aid instruments in facilitating this transition?
- What is the comparative contribution of vertical (or selective) health interventions, such as those focusing on HIV/AIDS, TB and malaria or vaccines and immunisations, versus integrated delivery focused on the creation of an effective health system in fragile and conflict-affected situations?
- How viable is the introduction of a score card system, measuring progress against a basic package of services, for the provision of health, education and water services in different fragile and conflict-affected situations?

6   Conclusion

An up-to-date, solid evidence base is essential to effective policymaking that can improve results and deliver value for money in relation to aid interventions in fragile and conflicted-affected situations. This paper intended to review the existing evidence base on social protection and basic services in fragile and conflicted-affected situations and help inform the future research agenda of SLRC.

It is clear from the literature that people are not passive victims in the face of conflict, but instead pursue informal, 'preventative' measures. Social protection systems are often weak, generally not going beyond international NGO- and UN-led food or cash transfer programmes of limited coverage or World Bank-led social funds. Where government-led systems are more developed, generally only in South Asia, they are often ineffective, hampered by problems including low coverage and transfer levels, poor targeting and irregularity of payments, as well as administrative and patronage challenges and lack of a clear strategic vision.

There is limited quality research on these interventions, with what is available coming from implementing agency-commissioned evaluations. There is evidence, however, from situations from Turkana to Aceh, that cash provided later on in a post-conflict situation may be spent on livelihoods recovery, particularly when the value of the transfer is larger. The gender impacts of such transfers are less clear, with evidence of improved consumption choices and challenges to gender stereotypes, but also increased intra-household conflict and additional burdens on women.

Studies on social funds and CDD projects show both positive and negative impacts on levels of social cohesion and violence, with mixed impacts in Afghanistan, Northern Uganda and the Philippines. The gendered impacts of social funds and CDD have not been evaluated sufficiently to date, with the vast majority of studies deeming it sufficient merely to disaggregate survey, interview and focus group data. There is increasing evidence that social funds and CDD can have significant positive impacts on the economic welfare of beneficiaries. On access to basic services, there is a wider body of evidence on which to draw, and there are examples of positive impacts of social funds in access to education, water and health services. But the effectiveness of social funds and CDD has also been questioned in relation to the scale of the projects. The sustainability of inputs is a particularly important component of the sustainability challenge highlighted in the literature.

The key linkage in social protection programming that determines outcomes relating to stability, specifically state–citizen relations and citizens' perceptions of the state, is that between people and communities and the state. However, at present, the evidence on social funds and state–citizen relations is rather limited, relating mainly to only two types of social protection intervention: cash transfers and social funds. It is clear that, with social funds, like cash transfers, the overall impact on state–citizen relations is somewhat mixed, and there are a number of further adverse impacts on relations with, and perceptions of, the state that are borne out in the literature.

The current evidence shows that people's strategies for securing access to basic services, often through informal provision, can be harmful in that they compound the informalisation of society and service delivery in fragile and conflicted-affected situations that make sector coordination and the development of a coherent national policy vision all the more difficult. In the health sector, while there is evidence of a positive impact on health outcomes of the contracting-out of the provision of a BPHS to NSPs, the long-term impact is less clear. The effectiveness of such arrangements, specifically in relation to the strength of the policymaker–service provider compact, has been increased in Afghanistan through the innovative use of a BSC against which to assess results. In education, the literature warns that a narrow emphasis on universal primary education, such as that seen in the EFA FTI, may drive backsliding into conflict. The EFA FTI has also come in for criticism in failing fragile and conflicted-affected situations given its focus on linking increased donor support for primary education to recipient countries' policy performance and accountability for results, a major challenge in fragile and conflicted-affected situations, where will and/or capacity are limited. But the literature reviewed shows that there are also wider challenges inherent in state-led provision of education, particularly that of fostering inclusion versus achieving scale. Positive examples of stewardship do not abound in the education sector, and

contracting-out is not nearly as common as in the health sector. In water, state-led successes in increased provision have been rare, with rural WSS services in Rwanda a notable exception.

While there is no clear consensus in the literature as to whether conflict increases or decreases the level of private sector provision of basic services, it is clear that in both the health and education sectors NSPs, particularly NGOs, the private sector and faith-based organisations, are often vital sources of resilience. But the effectiveness and long-term impact of these modes of provision has not been examined sufficiently. Private sector provision has also been shown to have a negative impact on equity, particularly in the education sector. Further, without sufficient coordination between the state and such NSPs, there are likely to be adverse impacts on the sector, with resulting fragmentation preventing inclusive policy and budgeting processes, reinforcing sector fragility. However, some agencies have been able to build effectively on these resilience mechanisms, particularly in the education sector. In post-conflict urban environments, a common problem is that reconstructed public water supply networks do not reach poor and marginalised communities. Community-based projects carried out by NGOs can be a particularly useful means to address this problem, as demonstrated by research documenting successes in Port-au-Prince and Luanda, among others.

Government leadership of aid interventions has been vital to determining outcomes in a number of cases in both the health and the WSS sectors. The leadership seen in the health system reconstruction in Timor-Leste and that of the government of Rwanda in the transition of the country's water sector from crisis to development are important examples here. But what was also essential in both instances was the interaction with NSPs, specifically international NGOs and the private sector, respectively.

Taken as a whole, the literature on, as well as the major issues surrounding, social protection and basic services in fragile and conflicted-affected situations point to six further themes that transcend the analytical framework deployed in this paper.

First, the resilience of people and communities in fragile and conflicted-affected situations in terms of maintaining agency in accessing social protection (from northern Uganda to Sri Lanka) and basic services (from Haiti to DRC) comes out strongly in the evidence reviewed. Further, interventions that acknowledge this resilience and build on what is there have generally been more successful than those that take a blank slate approach.

Second, of the now many different modes of interaction between the state and NSPs proposed, piloted or implemented at scale, there is currently not sufficient data on their relative utility, including the efficiency gains, if any, of competition in contracting-out. The literature also highlights important strategies to facilitate improved NSP–state coordination and implementation of the principle of 'do no harm' in relation to state-building, including stewardship, co-branding, secondments and parallel systems alignment. There are also important lessons to be learnt from the evidence presented on the potential impact of non-state provision in terms of limiting the development of government capacity and institutional strengthening.

Third, it is clear that a limited amount is known on building states and stability in the context of delivering services and social protection. There is a lack of evidence that social funds and CDD can foster social cohesion, but caveated findings from Afghanistan, Northern Uganda and Sierra Leone suggest that such programmes can generate improvements in state–citizen relations. Further, there is extremely limited evidence on the impact of service delivery on state–citizen relations and state legitimacy. Nor is the relative importance of social protection and basic services as compared with security and justice provision known in terms of fostering improved state legitimacy and fomenting state-building. There is also very thin evidence on the extent to which sector systems-strengthening initiatives, for example health systems strengthening programmes, can support wider institutional strengthening and state-building processes. Despite the lack of empirical evidence, however, assumptions that service interventions and systems strengthening can contribute to state-building have already begun to shape policy and programme choices.

Fourth, evidence from a whole host of countries, including in all three basic service sectors, illustrates that there is a strong case for an increased focus on accountability and the importance of citizen demand in basic service delivery, what could be termed a shift from an emphasis on state-building to

one on 'citizenship building'. But what is clear is that, given the complexities of hybrid governance arrangements and (exclusionary, elite) political settlements, initiatives focused on increased demand, decentralisation and accountability will not automatically translate into improved service delivery.

Fifth, the literature presents clear programmatic and policy challenges in social assistance transfers, social funds and CDD, health, education and water for international aid actors in seeking to ensure conflict sensitivity and/or mitigation while not undermining the goals of expanding access and ensuring equity. There is also emerging evidence confirming the potential of education and WSS interventions to facilitate positive peace-building processes in fragile and conflicted-affected situations.

Sixth, the 'what' and 'when' questions of international engagement in fragile and conflicted-affected situations are evidently complicated and contested. But the increasing role of MDTFs and SWAps is significant, with much mention in the literature of the current and potential efficacy of their role in transition processes. On timing and sequencing, noteworthy discussions concern the potential for graduation in social protection interventions and challenges to effective transitional programming in service delivery, including transitional funding gaps, maintaining quality and getting the right aid instruments in place at the right time.

On the whole, data on social protection and basic services in fragile and conflicted-affected situations are patchy, with resources particular sparse on social protection and of differing levels across the basic service sectors. 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. Out of the 31 primary research studies reviewed across social protection and basic services, the majority employed interviews and/or focus group discussions, especially the studies on basic services. The evidence review process also found a failure to address contextual complexity, confounding factors and 'noise' in many studies on social protection and basic services in fragile and conflicted-affected situations. The quality of studies in terms of other parameters such as gender, ethics and reflexivity is also generally weak.

The two key points of received wisdom within the current literature are that social funds and CDD can improve social cohesion and state–citizen relations, thus reducing conflict, and that there is a causal link between service provision and improved state legitimacy and/or state–citizen relations. But on both of these issues, current findings are in fact unclear: a deeper and wider evidence base is needed on which to base any firm conclusions. Other significant gaps in the evidence identified through the review process relate to: 1) the necessary conditions for the implementation of longer-term, more predictable safety nets in fragile and conflicted-affected situations; 2) the impacts of systems strengthening in the health, education and water sectors on state-building; 3) the relative importance of health, education and WSS as opposed to security and justice services in political and social stability and state-building; 4) the relative effectiveness of different modes of state–NSP engagement; 5) the applicability of a score card system, measuring progress against a basic package of services, for the provision of health, education and water services to different fragile and conflicted-affected situations; and 6) an understanding of the specificities of intra-state/sub-national fragility, including cities and peri-urban areas.

SLRC will help fill these gaps through the formulation and execution of a research agenda that incorporates these issues and that contributes to the formation of a robust evidence base on how to build secure livelihoods and promote access to basic services in fragile and conflicted-affected situations, facilitating effective evidence-informed policymaking in this area of critical importance.

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Annex 1   Methodological approach

The literatures on both livelihoods and growth in conflict are substantial, and how we define our concepts has significant implications for the parameters of the review: do we adopt a narrow or a broad understanding of livelihoods? Which countries do we classify as 'fragile' or 'conflict-affected', and to what extent does this affect the robustness of the review? The question of scale is also central. Livelihoods are generally associated with the micro, but are shaped by actions, processes and behaviours occurring across scales. And, while growth is generally associated with the macro, its foundations run right down to the local level. Indeed, such a review presents considerable analytical and logistical challenges.

In the proposal for the SLRC, we raised concerns about the current state of the literature on fragile and conflicted-affected situations and on service delivery, social protection and livelihoods. We argued that it tended to provide generic overviews of issues (sometimes even literature reviews of other literature reviews) rather than more rigorous empirical and context-specific analysis. We identified four core weaknesses:

- A case study focus on small geographical pockets or individual sectors that led to a partial rather than comprehensive portrayal of people's own lives and livelihoods in fragile and conflicted-affected situations.
- A lack of comparable studies owing to the use of different methods, definitions and contexts.
- A focus on snapshots or stock-takes of livelihoods, social protection and service delivery and a lack of longitudinal analysis that enables our understanding, particularly at household and community level, to be dynamic instead of static.
- Research that is isolated from rather than integrated into economic analyses of growth and development.

The analytical and methodological approach used in this evidence paper seeks to test the whether these criticisms are fair. It also aims to address concerns within DFID's Research and Evidence Division (RED) that literature reviews should be more systematic and replicable in terms of what literature is included in the analysis and more rigorously assess the quality of the evidence.

Our methodological approach involved three iterative stages (see Figure 13):

- A three-track evidence gathering exercise.
- A rolling process of synthesis and analysis of evidence.
- The inclusion of insights from leading experts in social protection, health, education and water in fragile and conflicted-affected situations.

The evidence-gathering exercise involved three mechanisms:

1. Systematic reviews.
2. A snowballing approach with the starting point for the snowball determined by recognised experts in social protection, health, education and water.
3. An orthodox literature review process drawing on internet-based search strings.

Figure 13: Three-stage methodological approach
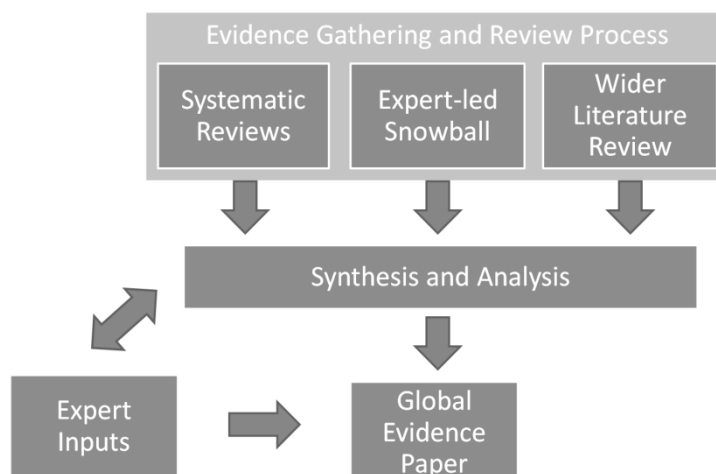
Within the paper, fragile and conflicted-affected situations are identified based on a combination of the World Bank Fragile Situations list (2011), the World Bank International Development Association (IDA) Country Performance Ratings <3.2 (2006-2009) and the Failed States Index (2005–10) (Table 9).

Table 9: Countries identified as fragile or conflict-affected

Afghanistan	Guatemala	Palestine
Angola	Guinea	Papua New Guinea
Bangladesh	Guinea-Bissau	Rwanda
Bhutan	Guyana	São Tomé and Príncipe
Bosnia & Herzegovina	Haiti	Sierra Leone
Burkina Faso	Iran	Solomon Islands
Burundi	Iraq	Somalia
Cambodia	Kenya	Sri Lanka
Cameroon	Kiribati	Sudan
Central African Republic	Kosovo	Syria
Chad	Kyrgyzstan	Tajikistan
Colombia	Lao People's Democratic Republic	Tanzania
Comoros	Lebanon	Timor-Leste
Congo, Republic of	Liberia	Togo
Côte d'Ivoire	Malawi	Tonga
Djibouti	Mauritania	Uganda
Democratic Republic of Congo	Myanmar	Uzbekistan
Equatorial Guinea	Nepal	Vanuatu
Eritrea	Niger	Venezuela
Ethiopia	Nigeria	Yemen
Gambia	North Korea	Western Sahara
Georgia	Pakistan	Zimbabwe

We recognise that many of the countries listed above may not typically be considered 'fragile' or 'conflict affected' – Tanzania and The Gambia are prime examples. Also, many of the countries are governed by states that are, in many respects, not fragile but strong. However, for the purposes of this review we wanted to take a broad view of fragility and conflict, and so, rather than narrow ourselves to a

limited list of clearly 'fragile and conflict-affected' countries (e.g. Afghanistan, Somalia) – which would in any case still have been an exercise in setting an arbitrary cut-off point – we considered a wide range of countries and situations. This is more in keeping with the broad scope of the review.

Evidence gathering

Systematic reviews

One potential mechanism for addressing DFID concerns about the robustness of orthodox literature review/evidence paper approaches is to conduct a systematic review (see Box 9).

Box 9: What are systematic reviews?

DFID describes systematic reviews as an approach that maps out available evidence and critically appraises the evidence and synthesises the results. Systematic reviews differ from literature reviews or expert commentaries by incorporating greater transparency, rigour and replicability of analysis. They can be used to assess empirical work that is based on both quantitative and qualitative methods. The key element of a systematic review is the process, rather than the specific method used to aggregate and interpret data. The process involves developing a published and peer-reviewed protocol that includes:

1. A relevant research question developed in consultation with users.
2. A search strategy to find all the available studies, including journals, grey literature and unpublished studies.
3. A set of inclusion and exclusion criteria to select studies for review.
4. A quality appraisal strategy that is relevant to the review question and the types of studies under review.
5. Methods for synthesising the studies, according to the type of data available.

Systematic reviews are seen by their proponents as being:

- More rigorous and replicable than literature reviews because anyone following the review protocol would arrive at similar conclusions.

- Less biased because they systematically search **all** of the literature and extract relevant evidence.

- Less biased because reviews are often conducted by teams, which further helps reduce the bias a single reviewer might introduce.

Source: DFID (2010a).

Five systematic reviews were conducted in total, two of which constitute specific inputs into this evidence paper.[33] These include systematic reviews on M4P interventions (for growth) and seeds and tools interventions (for livelihoods). The systematic reviews followed a more rigid process than the other evidence sources and a typical systematic review protocol: the identification of search strings, searches, exclusion of references not meeting allocated criteria, categorisation and analysis. They included testing to ensure that the process could be replicated in the future.[34] The reviews were designed to answer the following research questions:

1. What does the empirical evidence tell us about the impacts of seeds and tools interventions in fragile and conflicted-affected situations, with particular regard but not limited to wealth, food security and stability? And how much evidence is there and what is its quality?
2. What does the empirical evidence tell us about the impacts of M4P interventions in fragile and conflicted-affected situations, with particular regard but not limited to wealth, food security and stability? And how much evidence is there and what is its quality?

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[33] A full SLRC report on the findings of the five systematic reviews is forthcoming.
[34] The full protocol for the systematic reviews is available on request.

The process of synthesis and analysis of the studies focused on the impact of the interventions on the following outcomes: wealth (household income and assets), food security (food consumption and nutritional status – height-for-age and weight-for-age) and stability (social cohesion and state–citizen relations). While this approach was taken in order to maximise the potential for comparative analysis of outcomes across the five systematic review interventions, after testing the search strings it soon became apparent that confining our systematic reviews to a restricted set of outcomes would yield few to no relevant studies.

Following the completion of screening and exclusion, the analysis stage of the reviews examined three core features of the pools of studies, including:

- Quantity of the evidence on the impacts of each intervention (divided by fragile and conflicted-affected situations).
- What the evidence tells us, evaluated through the use of (quality-weighted) vote counts and a qualitative synthesis.
- Quality of the evidence, drawing on a set of criteria on methodological quality, assumptions, sampling and data collection, and wider research considerations such as gender analysis, ethics and reflexivity.[35]

Potential benefits of the systematic review approach include:

- More careful development of research questions (rather than research themes or areas), including deconstruction of research questions in terms of *population*, *intervention*, *comparator* and *outcome*. This is particularly important given the very broad parameters of our research.
- Ensuring a consistent sampling and interpretation of the literature.
- Reducing bias in our analysis of policies and programmes.
- Systematically assessing research quality and using this to identify gaps in research outputs based on quality rather than quantity of outputs.
- The opportunity to establish a baseline for assessing the current state of research and replicating the process in five to six years' time to assess our impact.

However, our experience of systematic reviews suggested that, on their own, they would not prove adequate in an assessment of what is known about growth and livelihoods in fragile and conflicted-affected situations. Systematic reviews would have limited usefulness given the large number of questions the evidence papers have to answer (e.g., it would take years to complete a review that included more than a handful of social protection or basic services instruments in fragile and conflicted-affected situations); the lack of agreed terminology or complexity of many of the themes (and therefore search strings) our research covers (for example, 'fragile', 'social cohesion', 'basic services', 'livelihoods', 'growth'); and the fact that recent reviews have demonstrated that only very small numbers of high-quality research outputs are identified by systematic reviews on fragile and conflicted-affected situations, making them a highly labour-intensive process that potentially produces little useful analysis. Given that the objective of the inception phase was to use a comprehensive literature review and stakeholder consultation process in order to identify and agree the most urgent and policy-useful research themes and activities for the next five years of the SLRC, it was important to view the literature reviews as a means to an end, not an end in themselves. Ensuring the process was effective in identifying our future research agenda required a broader approach than systematic reviews alone.

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[35] This emphasis on quality in the systematic reviews also led to a focus on the determinants of quality within the wider review of the evidence. This is reflected in the detailed analysis of the state of the evidence in Section 6. Methodological quality was assed using scales from 1 to 5 (quantitative – the Maryland Scale of Scientific Methods (MSSM), qualitative – a scale developed for a previous Overseas Development Institute (ODI) systematic review) and a 'traffic-light' scoring system for the other determinants of quality.

Expert-led snowball

To complement the systematic review, a second approach involved a more orthodox approach to literature review but with safeguards to ensure robustness of sampling. Most literature reviews depend on a combination of searching and snowballing. In this case, we sampled the literature using a snowballing method but began with a robust and independent starting point. A range of researchers, viewed as experts in their respective fields, were asked to identify the 10 highest quality pieces of research in their areas. The response was varied. Some experts saw the request as a test. Others acknowledged that quality research was at such a premium that they struggled to identify 10 examples. On growth, Karen Ellis (ODI) and Steve Hitchen (Springfield Centre) provided the starting points for our snowball. On livelihoods no experts responded, so we based our snowball on the recommendations of the SLRC chief executive officer and major cited publications from the Feinstein International Center. The references provided were then used as the starting point for a traditional snowball process in which the studies were first read and then mined for their references. This process was then repeated with the references of the new studies identified, and so on.

The expert-led snowball process was designed to ensure that the snowballing process was not subject to the research team's limited knowledge about the existing literature or biases about which websites should be searched. We were only partially successful in achieving this on livelihoods because so many recognised researchers work with ODI and the Feinstein International Center. However, the snowballs were successful in identifying a large number of review documents and provided the opportunity for the team to drill down into the literature and assess the extent to which highly influential literature reviews on fragile and conflicted-affected situations are based on empirical evidence or on normative, intuitive reasoning.

Orthodox literature search

The expert-led snowball approach was complemented by a wider review of the literature, conducted as gaps began to appear in the snowball and as interviews taking place as part of the global stakeholder consultation led to new literature being identified. The addition of this track was essential given the dynamic, fast-changing nature of the evidence base on fragile and conflicted-affected situations. New research is continually published and different consortium partners have access to different networks through which they learn about new research. This track enabled the sharing of studies among SLRC partners and affiliates, drawing on literature identified by leading practitioners and policymakers and the identification of the outputs of the cutting-edge research on fragile and conflicted-affected situations that is emerging with increasing speed and regularity.

Given that initial searching through tracks one to three produced a deficit of studies on both aid agency and state livelihoods policies and interventions in fragile and conflicted-affected situations, the following additional search strategies were employed within the orthodox literature review to ensure we had uncovered all the available evidence in these specific areas. These included:

- Additional searching of academic databases and search engines using both broad search strings and specific livelihoods interventions.
- Hand-searching of pertinent journals, publications and institutional websites for material relevant to all 66 fragile and conflicted-affected situations identified in Table 9.
- Hand-searching of institutional and government line ministry websites with a focus on 10 specific countries, namely Angola, Cambodia, Colombia, Haiti, Iraq, Liberia, Sierra Leone, Somalia, Tajikistan and Yemen.

Synthesis and analysis

The three methods of evidence gathering fed into a rolling synthesis of findings compiled by the ODI team in relation to the inception phase research questions. The synthesis was subject to weekly review to facilitate continued reflection on the state of the evidence and identification of emerging themes in the literature requiring further investigation. The analyses in Sections 5 and 8 were arrived at through

an identification of key issues across the full range of literature and the major issues surrounding growth and livelihoods in fragile and conflicted-affected situations.

Sector expert inputs

To complement the overarching analysis provided by the ODI team, specialists in growth (Karen Ellis, ODI Research Fellow and the Business and Development Programme Leader) and livelihoods (John Farrington, ODI Senior Research Associate) were contracted to provide specific analysis. Building on the evidence gathered by the three-track approach of the ODI team, the experts were tasked with producing a review and analysis of the literature on growth and livelihoods in fragile and conflicted-affected situations. The inputs were limited to 10 pages and sought to assess, with specific attention paid to gender issues and geographical patterns:

1 What is known about the state of growth/livelihoods in fragile and conflicted-affected situations?
2 What is known about the impact of interventions in growth/livelihoods in fragile and conflicted-affected situations?
3 What is the quality of evidence?
4 What are the main research gaps and researchable questions?

Given the wide-ranging nature of the issues and sectors covered in the paper, it was deemed important to ensure sufficient high-level engagement with the technical themes within each expert area, and that no state-of-the-art research was missed. In this way, the expert inputs also provided a quality assurance mechanism within the research design of the paper.

Annex 2 Data tables

Table 10: Participation in primary education in fragile and conflict-affected countries

Country	GER in primary education (%) School year ending in 1999 Total	Male	Female	2008 Total	Male	Female	NER in primary education (%) School year ending in 1999 Total	Male	Female	2008 Total	Male	Female
Afghanistan	29	52	4	106	127	84	...	...	...	...	...	...
Bangladesh	...	...	...	92	89	94	...	...	...	85	85	86
Burundi	49	54	44	136	139	132	36	39	33	99	100	99
Cameroon	84	92	75	111	119	102	...	...	...	88	94	82
CAF	...	...	...	89	104	74	...	...	...	67	77	57
Chad	63	80	46	83	97	68	51	63	39	...	...	...
Timor-Leste	...	...	...	107	110	103	...	...	...	76	77	74
Congo	57	58	56	114	118	110	...	...	...	59	62	56
Côte d'Ivoire	73	84	62	74	83	66	55	63	48	...	...	...
DRC	47	49	45	90	99	82	32	33	32	...	...	...
Eritrea	52	57	47	52	57	47	33	36	31	39	42	36
Ethiopia	50	63	38	98	103	92	36	43	30	78	81	75
Guinea	56	68	43	90	97	83	43	51	35	71	76	66
Guinea-Bissau	80	96	65	120	...	...	52	61	43	...	...	...
Haiti	...	...	...	...	...	...	...	...	...	...	...	...
Kenya	91	92	90	112	113	110	62	62	63	82	81	82
Kyrgyzstan	98	98	97	95	95	94	88	89	87	84	84	83
Liberia	98	113	83	91	96	86	48	54	42	...	...	...
Myanmar	100	101	99	117	117	117	...	...	...	...	...	...
Nepal	115	129	99	...	...	...	65	73	57	...	...	...
Niger	30	36	24	62	69	55	26	30	21	54	60	48
Nigeria	91	101	81	93	99	87	60	66	54	61	64	58
Pakistan	...	...	...	85	93	77	...	...	...	66	72	60
Sierra Leone	...	...	...	158	168	148	...	...	...	...	...	...
Somalia	...	...	...	33	42	23	...	...	...	...	...	...
Sri Lanka	...	...	...	101	101	102	...	...	...	99	99	100
Sudan	47	50	43	74	78	70	...	...	...	...	...	...
Tajikistan	98	101	96	102	104	100	...	...	...	97	99	95
Uganda	126	132	121	120	120	121	...	...	...	97	96	98
Uzbekistan	99	99	99	93	94	92	...	...	...	88	89	87
Yemen	71	91	51	85	94	76	56	70	41	73	79	66
Zimbabwe	100	102	99	104	104	103	83	83	83	90	89	91

Source: UNESCO (2011).

Table 11: Participation in secondary education in fragile and conflict-affected countries

Country	GER in secondary education (%)						NER in secondary education (%)					
	Total secondary						Total secondary					
	School year ending in						School year ending in					
	1999			2008			1999			2008		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Afghanistan	25	...	...	38	40	36	...	...	...	...	...	...
Bangladesh	41	58	22	...	...	...	32	44	18	...	...	...
Burundi	83	83	84	85	85	86	...	...	...	80	80	81
Cameroon	74	80	69	84	90	78	63	66	60	83	88	77
Central African Republic	86	87	86	101	102	101	...	...	...	91	92	90
Chad	34	35	34	53	...	...	31	31	31	49	49	50
Congo	...	...	...	...	...	...	...	...	...	...	...	...
Côte d'Ivoire	...	...	...	...	...	...	...	...	...	...	...	...
DRC	...	...	...	29	41	15	...	...	...	27	38	15
Eritrea	42	43	42	44	43	45	40	40	39	41	40	43
Ethiopia	34	39	28	...	...	...	...	...	...	...	...	...
Guinea	...	...	...	33	37	28	...	...	...	33	37	28
Guinea-Bissau	...	...	...	...	...	...	...	...	...	...	...	...
Haiti	...	...	...	18	21	15	...	...	...	...	...	...
Kenya	25	27	23	37	41	33	...	...	...	...	...	...
Kyrgyzstan	...	...	...	14	18	10	...	...	...	10	13	8
Liberia	10	16	4	19	26	12	7	11	3	...	...	...
Myanmar	...	...	...	...	...	...	...	...	...	...	...	...
Nepal	23	29	16	...	...	...	18	24	13	...	...	...
Niger	18	24	13	35	45	25	...	...	...	...	...	...
Nigeria	21	25	17	30	36	25	17	19	15	26	30	22
Pakistan	13	16	11	33	39	28	12	14	10	25	31	20
Sierra Leone	14	20	7	36	45	26	12	17	6	28	34	21
Somalia	...	...	...	36	...	...	...	...	...	...	...	...
Sri Lanka	38	39	37	58	61	56	...	...	...	49	50	48
Sudan	33	41	26	32	36	27	...	...	...	...	...	...
Tajikistan	7	8	5	12	14	9	6	7	4	9	11	7
Timor-Leste	24	25	22	30	34	27	...	...	...	26	29	22
Uganda	...	...	...	35	42	28	...	...	...	25	30	20
Uzbekistan	...	...	...	8	11	5	...	...	...	...	...	...
Yemen	10	12	8	25	27	23	8	9	7	22	22	21
Zimbabwe	43	46	40	41	43	39	40	42	38	38	39	37

Source: UNESCO (2011).

Table 12: Access to improved water sources in fragile and conflict-affected countries

Country	Year	Urban population served with improved water (%)	Rural population served with improved water (%)	Total population served with improved water (%)
Afghanistan	1990	0.00	0.00	0.00
	2008	78.00	39.00	48.00
Burundi	1990	97.00	68.00	70.00
	2008	83.00	71.00	72.00
Bangladesh	1990	88.00	76.00	78.00
	2008	85.00	78.00	80.00
Central African Republic	1990	78.00	47.00	58.00
	2008	92.00	51.00	67.00
Côte d'Ivoire	1990	90.00	67.00	76.00
	2008	93.00	68.00	80.00
Cameroon	1990	77.00	31.00	50.00
	2008	92.00	51.00	74.00
DRC	1990	90.00	27.00	45.00
	2008	80.00	28.00	46.00
Congo	1990	0.00	0.00	0.00
	2008	95.00	34.00	71.00
Eritrea	1990	62.00	39.00	43.00
	2008	74.00	57.00	61.00
Ethiopia	1990	77.00	8.00	17.00
	2008	98.00	26.00	38.00
Guinea	1990	87.00	38.00	52.00
	2008	89.00	61.00	71.00
Guinea-Bissau	1990	0.00	37.00	0.00
	2008	83.00	51.00	60.00
Haiti	1990	62.00	41.00	47.00
	2008	71.00	55.00	63.00
Kenya	1990	91.00	32.00	43.00
	2008	83.00	52.00	59.00
Kyrgyzstan	1990	98.00	0.00	0.00
	2008	99.00	85.00	90.00
Liberia	1990	86.00	34.00	58.00
	2008	79.00	51.00	68.00
Sri Lanka	1990	91.00	62.00	67.00
	2008	98.00	88.00	90.00
Myanmar	1990	87.00	47.00	57.00
	2008	75.00	69.00	71.00
Niger	1990	57.00	31.00	35.00
	2008	96.00	39.00	48.00
Nigeria	1990	79.00	30.00	47.00
	2008	75.00	42.00	58.00
Nepal	1990	96.00	74.00	76.00
	2008	93.00	87.00	88.00
Pakistan	1990	96.00	81.00	86.00
	2008	95.00	87.00	90.00
Sudan	1990	85.00	58.00	65.00

	2008	64.00	52.00	57.00
Sierra Leone	1990	0.00	0.00	0.00
	2008	86.00	26.00	49.00
Somalia	1990	0.00	0.00	0.00
	2008	67.00	9.00	30.00
Chad	1990	48.00	36.00	39.00
	2008	67.00	44.00	50.00
Tajikistan	1990	0.00	0.00	0.00
	2008	94.00	61.00	70.00
Timor-Leste	1990	0.00	0.00	0.00
	2008	86.00	63.00	69.00
Uganda	1990	78.00	39.00	43.00
	2008	91.00	64.00	67.00
Uzbekistan	1990	97.00	85.00	90.00
	2008	98.00	81.00	87.00
Yemen	1990	0.00	0.00	0.00
	2008	72.00	57.00	62.00
Zimbabwe	1990	99.00	70.00	78.00
	2008	99.00	72.00	82.00

Source: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation data and estimates.

Table 13: Access to improved sanitation in fragile and conflict-affected countries

Country	Year	Urban population served with improved sanitation (%)	Rural population served with improved sanitation (%)	Total population served with improved sanitation (%)
Afghanistan	1990	0.00	0.00	0.00
	2008	60.00	30.00	37.00
Burundi	1990	41.00	44.00	44.00
	2008	49.00	46.00	46.00
Bangladesh	1990	59.00	34.00	39.00
	2008	56.00	52.00	53.00
Central African Republic	1990	21.00	5.00	11.00
	2008	43.00	28.00	34.00
Côte d'Ivoire	1990	38.00	8.00	20.00
	2008	36.00	11.00	23.00
Cameroon	1990	65.00	35.00	47.00
	2008	56.00	35.00	47.00
DRC	1990	23.00	4.00	9.00
	2008	23.00	23.00	23.00
Congo	1990	0.00	0.00	0.00
	2008	31.00	29.00	30.00
Eritrea	1990	58.00	0.00	9.00
	2008	52.00	4.00	14.00
Ethiopia	1990	21.00	1.00	4.00
	2008	29.00	8.00	12.00
Guinea	1990	18.00	6.00	9.00
	2008	34.00	11.00	19.00
Guinea-Bissau	1990	0.00	0.00	0.00
	2008	49.00	9.00	21.00
Haiti	1990	44.00	19.00	26.00
	2008	24.00	10.00	17.00
Kenya	1990	24.00	27.00	26.00
	2008	27.00	32.00	31.00
Kyrgyzstan	1990	94.00	0.00	0.00
	2008	94.00	93.00	93.00
Liberia	1990	21.00	3.00	11.00
	2008	25.00	4.00	17.00
Sri Lanka	1990	85.00	67.00	70.00
	2008	88.00	92.00	91.00
Myanmar	1990	0.00	0.00	0.00
	2008	86.00	79.00	81.00
Niger	1990	19.00	2.00	5.00
	2008	34.00	4.00	9.00
Nigeria	1990	39.00	36.00	37.00
	2008	36.00	28.00	32.00
Nepal	1990	41.00	8.00	11.00
	2008	51.00	27.00	31.00
Pakistan	1990	73.00	8.00	28.00
	2008	72.00	29.00	45.00
Sudan	1990	63.00	23.00	34.00

	2008	55.00	18.00	34.00
Sierra Leone	1990	0.00	0.00	0.00
	2008	24.00	6.00	13.00
Somalia	1990	0.00	0.00	0.00
	2008	52.00	6.00	23.00
Chad	1990	20.00	2.00	6.00
	2008	23.00	4.00	9.00
Tajikistan	1990	93.00	0.00	0.00
	2008	95.00	94.00	94.00
Timor-Leste	1990	0.00	0.00	0.00
	2008	76.00	40.00	50.00
Uganda	1990	35.00	40.00	39.00
	2008	38.00	49.00	48.00
Uzbekistan	1990	95.00	76.00	84.00
	2008	100.00	100.00	100.00
Yemen	1990	64.00	6.00	18.00
	2008	94.00	33.00	52.00
Zimbabwe	1990	58.00	37.00	43.00
	2008	56.00	37.00	44.00
Total	1990	54.00	23.00	31.00
	2008	52.00	36.00	41.00

Source: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation data and estimates.