



## Human Development: Lessons from Evaluation

### Global Program Review of the Global Fund to Fight AIDS, TB, and Malaria

IEG is working on the review of Global Fund to Fight AIDS, TB, and Malaria as part of its ongoing reviews of global partnership programs in which the Bank is involved. Previous reviews have included the Stop TB Partnership, the Global Forum for Health Research, and the Medicines for Malaria Venture—which are available at [www.globalevaluations.org](http://www.globalevaluations.org). The global program review focuses on lessons about the Bank's engagement with the Global Fund at the country level. The findings are based on extensive interviews at the Global Fund and the World Bank, missions to seven countries (already completed), and a survey (currently being administered) of task team leaders of World Bank health projects in countries in which the Global Fund has been active. A similar survey is also being administered to fund portfolio managers at the Global Fund. Both surveys seek the views of task team leaders (or fund portfolio managers) on the breadth of the World Bank-Global Fund engagement since the Global Fund was established in 2002.

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### What's happened to World Bank support to education over the past decade?

From 2001–10, World Bank commitments to education totaled \$23 billion and doubled on an annual basis. The Bank's education strategy has evolved from a focus on basic education at the beginning of the decade to a dual focus on universal primary completion and post-primary education "for the knowledge economy" during the second half of the decade. The most recent Bank strategy, just launched, focuses on Learning for All.

An IEG review of the education lending portfolio found that Education Sector projects most often aimed to improve the quality of education inputs, increase access to schooling, and improve the equity and efficiency of education; one in five projects had an explicit objective to improve learning. There was no clear trend in learning objectives, although projects have increasingly financed learning assessments over the decade. Most projects with substantial education components that were managed by other sectors did involve Education Sector staff in their preparation or supervision, especially if there was an education objective. The Social Protection Sector had the largest portfolio of projects with large education components.

The review found, however, that the performance of Education Sector worsened over the decade, with satisfactory ratings

declining from 82 to 69 percent of projects. Bank support has been most successful at increasing access to education and improving its equity, whereas fewer than half of projects have achieved education quality or labor force, management, learning, or efficiency objectives. Improving the quality of education inputs has not necessarily improved learning. Support to post-primary education has expanded, but the share of projects with labor market objectives has not, suggesting possible issues in the labor market relevance of post-primary efforts.

Achieving the new strategy's objective of Education for All will involve substantial challenges. Only about a third of the recently closed projects with learning outcome objectives substantially achieved them. More information can be found in *World Bank Support to Education Since 2001: A Portfolio Note*.

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### Poverty Reduction Support Operations support but rarely replace human development sector lending

Poverty Reduction Support Operations (credits and grants) provide budget support to IDA (International Development Association) countries and are anchored in country-owned development strategies. They provide broad-based programmatic support with an emphasis on poverty-reducing growth and pro-poor service delivery, including education. IEG's 2010 evaluation of PRSOs found that more than 95 percent of the 72 PRSO operations approved from FY01 to 2007 had health and education objectives or actions in their policy matrix. It was expected that PRSOs would eventually replace education sector lending in countries like Benin, Cape Verde, Madagascar, Mozambique, Tanzania, and Uganda. However, as of 2008, education sector lending had been replaced only in Cape Verde. PRSOs were expected to replace health lending in nine countries, but as of 2008 this had occurred in only two. Most of the countries that experimented with funding education or health projects only through PRSOs eventually went back to launching parallel investment projects.

The evaluation found that PRSOs have played a strong supporting role in sector investment lending but are limited as an instrument to replace sector lending. They have strengthened the dialogue between central ministries and sector agencies and been able to promote high-level actions that were sometimes difficult to pursue within the sector. They also have raised cross-cutting issues and brought attention to sector budgets. However, surveys of PRSO and sector operations staff suggest that the depth of the engagement and dialogue may have been limited and that they are not a good instrument for tackling sector details.

The evaluation recommended that PRSO sector content focus on cross-sectoral or central ministry issues critical to facilitating key sector reforms and strengthening sector budget processes. Complementary parallel sector lending remains important for addressing detailed technical issues and facilitating program ownership by line ministries.

Source: IEG. 2010. *Poverty Reduction Support Credits: An Evaluation of World Bank Support*. World Bank, Washington, DC

### What are the longer-term effects of conditional cash transfers on human capital?

Conditional cash transfers (CCTs) are programs under which poor families get a stipend for taking certain actions, for example, keeping their children in school or taking them for health checks. There is significant evidence showing that CCTs have positive short-term impacts on school participation, but little is known about their long-term impacts on human capital. In 2010, IEG evaluated the impact of Bank-supported CCT projects in Pakistan and Colombia and conducted a field evaluation of a CCT project in Jamaica.

In **Pakistan**, IEG evaluated the **Female School Stipend Program** (FSSP), which was supported by the Bank and other donors under the Punjab Education Sector Reform Program to raise girls' participation in schools and decrease gender inequities, especially at the middle school level. It was implemented in 15 of the lowest literacy districts in Punjab in late 2003. The FSSP provided quarterly subsidies of about \$10 to the families of girls enrolled in middle school if the girls attended at least 80 percent of classes. In 2006, the stipend was extended to girls enrolled in grades 9 and 10. IEG's 2010 evaluation found that girls who had been in the program for up to four years were more likely to progress through and complete middle school, delay going into the labor force, increase marriage age, and have fewer children than girls in non-stipend districts. Visit IEG's Web site to download ***Do Conditional Cash Transfers Lead to Medium-Term Impacts? Evidence from a Female School Stipend Program in Pakistan*** report.

In **Colombia**, **Familias en Acción** was started in 2001–02 as an emergency safety net program in response to a major economic crisis. It then became a key element in the country's poverty reduction strategy by improving children's education and health. IEG's impact evaluation found that the program helped increase the likelihood that participant children complete high school, on average, by 4 to 8 percentage points. Additionally, the program appears to have had larger impacts on girls' and rural students' high school completion. The evaluation also found that the test scores of program recipients who graduated from high school were similar to the ones of poor non-recipient graduates. More information can be found in IEG's impact evaluation ***Assessing the Long-Term Effects of Conditional Cash Transfers on Human Capital: Evidence from Colombia***.

To strengthen an existing social safety net that suffered from weak targeting and high overheads, the **Jamaican** government launched a reform program in 2000 focused on children. The World Bank supported the reforms through the Social Safety Net Project, which introduced the **Program of Advancement through Health and Education** (PATH). PATH provided cash transfers to families with children up to 17 years old, pregnant and lactating women, and the elderly and disabled, conditional on regular school attendance and health check-ups. IEG's assessment of the project found that the project achieved its objective to improve social assistance through better-targeted cash transfers. It also provided a more cost-effective social assistance system and reached the poor and vulnerable. The results showed that CCT programs such as PATH can be useful tools for protecting the poor after

localized shocks, such as after Hurricane Ivan. For more information, download the evaluation ***Jamaica Social Safety Net Project and National Community Development Project***.

Also in Jamaica, the **National Community Development Project** (NCDP) complemented a Bank emergency rehabilitation loan and was implemented by the Jamaica Social Investment Fund. It aimed to provide basic services and temporary employment in low-income communities, and promoting greater social and community development among the poor. The project provided well-targeted and good quality basic services. Fifty-nine percent of subprojects were in the poorest communities. The project increased access of poor communities to social services and roads. However, maintenance of the infrastructure was poor because of the lack of training. Although it was an objective to create employment, data on employment opportunities were not collected. Achievement of the second objective, to promote greater social and community development, was modest. For more information, download the evaluation ***Jamaica Social Safety Net Project and National Community Development Project***.

### What can we learn from nutrition impact evaluations?

High levels of malnutrition in developing countries contribute to mortality and have long-term consequences for children's cognitive development and earnings as adults. In 2010 IEG reviewed 46 recent impact evaluations of interventions and programs to improve child anthropometric outcomes – height, weight, and birth weight. Specifically, the review asked:

- What can be said about the impact of different interventions on children's anthropometric outcomes?
- How do these findings vary across settings, and what accounts for this variability?
- What is the evidence of cost-effectiveness of the interventions?
- What have the lessons from impact evaluations of Bank-supported programs with anthropometric impacts been?

The review found that distinct interventions can improve children's anthropometric outcomes, but that similar interventions can have widely different results, depending on differences in local context, the causes and severity of malnutrition, and the capacity for program implementation.

The review concluded that the relevance, policy, and program impact of nutrition impact evaluations could be enhanced in three ways: first, by collecting rich data on service delivery, behavioral outcomes, and implementation processes to better understand the causal chain and what part of the chain is weak; second, by analyzing the distribution of impact, especially among the poor;

and, third, better documenting the costs and effectiveness of interventions. In sum, in approaching the impact evaluation literature on nutrition, the question should not simply be, "What works?" but rather, "Under what conditions does it work, for whom, what part of the intervention works, and for how much?" To learn more, download the report on ***What Can We Learn from Nutrition Impact Evaluations?***

### Do health sector-wide approaches (SWAp) achieve results?

More than a decade ago, the World Bank and other donors proposed a new way of working with developing country governments to overcome inefficiencies, lack of government ownership, and other problems constraining the impact of development support. This new sector-wide approach (SWAp) embraced many of the principles of harmonization and alignment.

A comprehensive review of lessons learned from Bank-supported health SWAps in six countries -- Bangladesh, Ghana, Kyrgyz Republic, Malawi, Nepal, and Tanzania -- posed four questions: (1) Were the anticipated benefits of the **approach** realized? (2) Were the objectives of the national health strategies achieved? (3) Did the **approach** facilitate the achievement of national health objectives? and (4) In what ways did working through a SWAp affect the World Bank's efficacy?

The review found that health SWAps in these countries have been largely successful in putting in place critical tools and processes for improved sector coordination and oversight. They helped establish new, country-led partnerships and dynamics between government and a consortium of development partners. However, in most of the countries, national health objectives were only modestly achieved under the SWAp. The effect of the SWAp on achieving national health objectives depended on four critical



factors – prioritized and phased programs of work; the strength of local capacities and systems for common implementation arrangements; the character of the partnerships within the SWAp; and the predictability, flow, and use of health sector resources. The evaluation highlights that the World Bank has an opportunity to further strengthen and exploit its areas of comparative advantage crucial to the success of SWAps. For more information and to download the working paper, please visit IEG's Web site.

#### Components of a Good Partnership under a SWAp

##### Who is in the partnership?

##### National actors and stakeholders:

- Government (central, regional, peripheral levels, Parliament)
- Ministry of Health
- Cross-cutting ministries: finance, civil service, local government, etc.
- Other relevant sectors: nutrition, education, social development, etc.
- Non-governmental
- For-profit and not-for profit service providers
- Other civil society organizations

##### All external development partners, no matter the modality of their support

##### To do what? ==> To what end?

- Negotiate evidence-based policy/strategy ==> Coherent, coordinated sector policy
- Allocate resources to sector priorities ==> Rational/flexible resource allocation
- Review sector performance and outcomes ==> Greater focus on results

##### How do they interact?

- Government in a leadership position, with adequate capacity and stability to fulfill its role
- Development partners in a supportive position, with clearly defined roles, responsibilities, accountabilities and capacities
- Dialogue and decisions based on the generation of evidence rather than conditionality
- Mutual accountability of all partners for results based on performance benchmarks for each partner (or group of partners)
- Clear guidance and mechanisms for managing and resolving disputes
- Coordination/collaboration around one national health plan, one M&E framework, one review process.

Source: Denise Vaillancourt. 2009. "Do Health Sector-Wide Approaches Achieve Results?" IEG Working Paper 2009/4.

## Raising learning while expanding access to schooling in Tanzania: success for primary but a challenge for secondary education

Tanzania managed to raise both primary school enrollment and school quality, resulting in improved pass rates, but this proved much more difficult for secondary education, according to IEG's 2010 field assessment of two projects.

The Tanzania Primary Education Development Program (2001–04) aimed to improve the quality of primary education, expand access, and increase the school retention rate. It provided budget support to institutionalize capitation and development grants to schools. Among other things, primary school fees were eliminated, and the government provided a capitation grant for books and learning materials. As a result of multiple reforms, enrollment rates rose drastically, the pupil to textbook ratio dropped, the pupil to teacher ratio rose slightly, and the pass rate on the Primary School Leaving Examination doubled.

This was not the case for secondary education. The Secondary Education Development Program (2004–08) aimed to increase the secondary school completion rate, improve learning outcomes—especially of girls—and improve the management of secondary education. It reduced tuition in government secondary schools by half and financed capitation grants per pupil for quality inputs. The program established scholarship grants to schools for poor families and introduced a new curriculum and incentives to attract teachers to under served areas. The number of government-supported secondary schools rose almost fourfold and secondary enrollment nearly tripled in four years, leading to shortages in teaching inputs and teachers. Although the number of secondary graduates increased, the pass rate necessary to continue study declined substantially and the large gender gap in outcomes persisted.

Tanzania's experience points to three lessons in attempting to both expand and improve the quality of secondary education. First, expansion must take into account fiscal constraints and the needs of other subsectors. Second, secondary education is more complex and thus difficult to expand rapidly, involving higher teacher qualifications and specialization in different subject matter; coordination of curriculum, textbooks, and examinations; and inherent management challenges. Finally, rapid expansion of relatively low-quality secondary schools risks creating a pool of unemployed graduates who are less likely to contribute to poverty reduction and economic growth. For more information, download the evaluation "*Tanzania: Human Resource Development Pilot Project, Primary Education Development Program, and Secondary Education Development Program*".

## Upcoming evaluations of interest to human development

### Evaluation of World Bank Support for Social Safety Nets

IEG is finalizing an evaluation of the Bank's support to social safety nets over the last decade—FY00-10. Social safety nets—programs designed to protect the poor and vulnerable from shocks and help reduce long-term poverty—are important elements of a country's poverty reduction and growth strategy. The critical need for such programs in all countries, especially in times of crisis, has been underscored over the past decade. It was particularly evident following the food, fuel, and financial crises, which pushed an additional 65 million people into extreme poverty. The evaluation looks at how relevant and effective the Bank has been in helping countries build safety nets that can protect the poor from shocks, alleviate poverty, and help build human capital. The evaluation report is forthcoming in summer 2011.

### Social Safety Nets: What Does Impact Evaluation Show?

IEG conducted a comprehensive review of the existing impact evaluation literature on social safety nets. The review finds that many safety net interventions, including conditional and unconditional cash transfers as well as workfare programs, have achieved their primary objectives of raising households' immediate consumption and income and reducing poverty. In some cases they have also enhanced households' ability to mitigate the negative effects of shocks. In addition, programs with explicit human development goals were found to consistently improve the use of educational and health services and to reduce the burden of labor for children. The evidence is thinner on longer-term human capital improvements. The impact evaluation evidence is scarce regarding the contributions of program components, implementation processes, and local contexts to impacts and largely concentrated on conditional cash transfers. The report will be available in spring 2011.

### Comparing the Effects of Financial Incentives for Primary Health Care in Argentina and Brazil

This evaluation presents evidence on the achievement of objectives in three World Bank health operations in Argentina and Brazil. The operations have supported the two governments over the past decade in developing and implementing innovative health financing approaches. They have changed the financial incentives at three levels in decentralized health systems, namely (i) from the World Bank to the country's health sector budget, (ii) from the central government to the provincial/municipality level, and (iii) from the local government to primary health care providers. Argentina and Brazil implemented health policy reforms to change health financing incentives and the provision of primary health care, introduced monitoring of patient care data and regular provider performance analysis and independent audits of performance indicators. In addition, both countries link the intergovernmental fiscal transfer to indicator results, and Argentina introduced fee-for-service payments to contracted providers for selected maternal and child health care services. Results show the effect on institution building and governance, and changes in provider behavior. The project performance assessment will be available by summer 2011.

### Learning from Post-Primary Education Projects

IEG is currently fielding project performance assessments on higher education and skills development projects in MENA, Zambia, Chile and India to help inform upcoming evaluations of World Bank support for post-primary education and youth unemployment. Findings and lessons from the evaluation of these projects will be available by June 2011.

