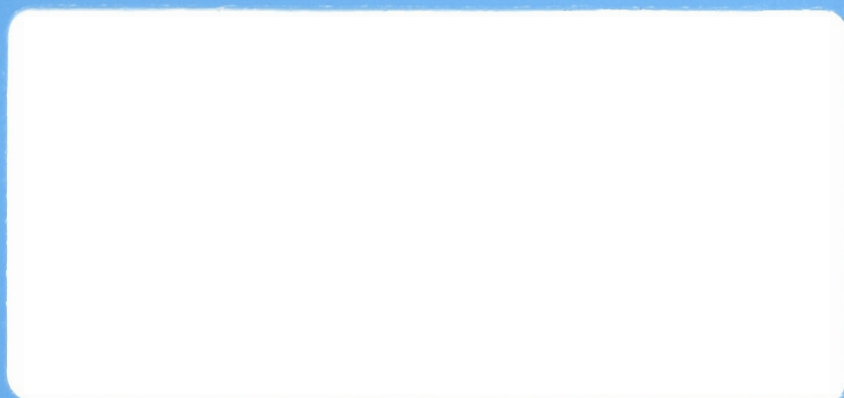




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DECENTRALIZATION AND COMMUNITY  
PARTICIPATION FOR IMPROVING ACCESS TO  
BASIC SERVICES: AN EMPIRICAL APPROACH

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The views expressed in this paper are those of the author and do not necessarily represent the views of the UNICEF International Child Development Centre.

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## EXECUTIVE SUMMARY

The growing acceptance of participatory development stems from the failure of traditional top-down methods of development to improve significantly the living conditions of the poor in developing countries. While community participation is a recognized feature in many successful social service programmes, lack of recognition and integration of the "local state" has limited the expansion of such programmes. The neglect of the local state arises from attempts by the state in many countries to centralize decisionmaking, yet with little impact on poverty alleviation. However, the role of the state is often diverse, and, while the state has had little success in poverty alleviation, there are some gains in preventive health care, the generation of new technologies and the dissemination of information.

The main aim of this study is to examine ways to harmonize community participation and the public effort to improve access to social services. This requires collaboration with nongovernmental agencies, proper decentralization of social services and genuine community involvement. Some key mechanisms for promoting decentralization and community participation are discussed. They include a clear policy and legal framework, methods, procedures and management. The role of communities in resource generation is also analysed. Such efforts must be integrated with needs assessment and effective demand. Previous methods of evaluating community participation are summarized, and a conceptual model and an analytical framework are developed to integrate decentralization and institutional support in the assessment of community participation. The analytic framework is used to investigate ten social service projects in Africa, Asia and Latin America covering the provision of health care, education, nutrition, water and child rights. The results demonstrate that it is possible to improve efficiency and access to social services through decentralization and genuine community participation.

The key policy implication is that decentralization is a necessary but not a sufficient condition for improving community access to social services. Decentralization must not be seen just as a policy *goal*, with the disguised aim of shifting the burden of development to the poor, but as a policy *instrument* aimed at improving local democracy, efficiency, equity and effectiveness in the provision of social services. This requires not only the transfer of resources to the local level, but also the further strengthening of district management and technical capacity, less reliance on the "central state", and collaboration with nongovernmental and other community organizations.

An alternative approach is presented for a broader interpretation of the research results. The variables included are community involvement, the orientation of actions, administrative structure and decisionmaking, information flow, technology generation and use, and economic and political efficiency. There is a summary of how these issues have been viewed in earlier approaches to development, such as community development, and how they could be utilized in an alternative approach. The alternative approach stresses the greater involvement of local people, decentralization, the use of low-cost appropriate technologies, community resource mobilization and support from the "local state".



"One reason for breaking away from thinking in terms of top-down versus bottom-up development is to avoid two fallacies about assisting the poor. The first is the *paternalistic fallacy*: the belief that planners, technicians and experts possess all of the knowledge, wisdom and virtue needed to achieve development and that the poor should be responsible and grateful beneficiaries. Similarly mistaken is the *populist fallacy* that the poor themselves possess all that is needed for their own advancement, that they can do entirely without 'bureaucrats' and 'technocrats'. While there are some impressive self-help examples and enclaves, those regional and national programmes that benefit the poor on a significant scale have been concurrent mutual endeavours from above and from below." (Uphoff 1988, page 48)

## I. INTRODUCTION

The failure of top-down development methods to eradicate poverty and improve the living conditions of the poor in Third World nations has led to keener interest in participatory initiatives to strengthen the power and welfare of deprived groups. Such initiatives rely on the sharing of power and scarce resources, efforts by social groups to control their own destinies and the opening up of opportunities from below (see Shrimpton 1989). This fresh approach has bolstered community involvement in the design, execution and management of development projects and resource mobilization. This involvement has led to increased benefits and efficiency in the provision of social services, especially those related to health, nutrition, education and income generation (Oakley et al. 1991, Rahman 1992).

Approaches encouraging genuine community participation (CP) continue to have positive impacts on empowerment and poverty alleviation. However, scant attention is devoted to the role of the state in promoting or delaying CP. This neglect stems from efforts by many Third World nations to centralize decisionmaking. Ironically, such efforts are seen as essential to economic development not only by elites and government officials but also by many scholars who stress the importance of political stability (Ruttan 1991). Nonetheless, centralization has had some benefits. Cases exist of endeavours in land reform, preventive health care and the creation of new agricultural technologies that would have been more difficult without some centralization (Paul 1988).

The weak linkages between the state and CP include inadequate local participation in economic development and the need for a human development approach, poor ties between local-level participatory organizations and the state in the provision of social services like health care, education and nutrition, and the lack of proper consideration of specific case studies to generate deductive arguments for participatory development and economic growth.



The main aim of this paper is to examine ways to harmonize community participation and the public effort to improve access to social services. The need for this has been emphasized by the UN (1975, 1976, 1981, 1987) and some authors (Paul 1988, Uphoff 1988, Midgley 1987, Midgley et al. 1986), although such an approach has not often been adopted.

The "state" in developing nations is a very broad concept, but perhaps ways can be found so that CP can benefit the wider society through interaction with the local state. "Local state" refers mainly to the first layer of the state with which the community interacts. One could ask why such a link between CP and the local state is necessary and how it should be established. The usual answer relates to the economies of scale enjoyed by some states in social service provision, especially in preventive health care, research and the spread of information. A second reason involves the comparative advantage in effectiveness and in reaching out to the poor that is common among local entities which encourage CP. A link between CP and the local state could maximize these economies of scale and comparative advantages for more effective poverty alleviation and social service provision.

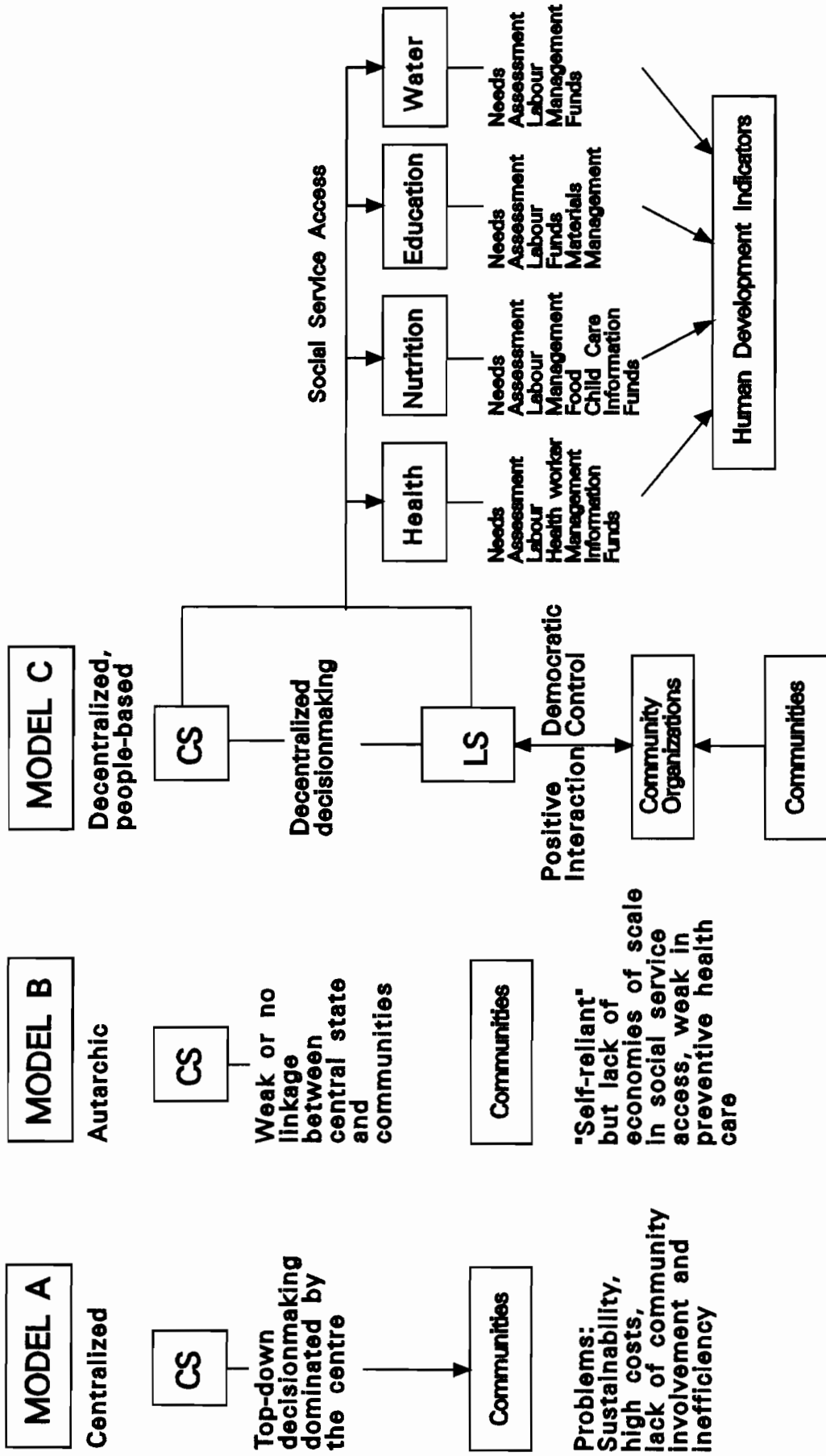
This study analyses the mechanisms which are essential for the local state and communities actively to collaborate with and encourage CP. This requires investigation of ways to harness decisionmaking and resource allocation at the local level to strengthen local organizations. Specific case studies are presented to highlight the argument.

The paper is organized as follows. First, a broad conceptual framework is outlined. Second, the role of the state in delaying or promoting CP is examined in order to find ways to maximize links with communities. Third, the role of decentralization and relations between the state and nongovernmental organizations are discussed. Fourth, the function of communities is analysed, especially in resource mobilization and social service access. Fifth, some methods of evaluating CP in development projects and of incorporating links with the local state are explored. Specific case studies of decentralization and CP at various levels are then surveyed. Finally, an alternative approach and conclusions are presented.

## II. A CONCEPTUAL FRAMEWORK

Figure 1 is a schematic representation of the approach taken in this study. A more detailed picture of the linkages between the central state and the local state is offered in Figure 2, an example from Pakistan, where they involve the village, union council, "tehsil" (subdistrict),

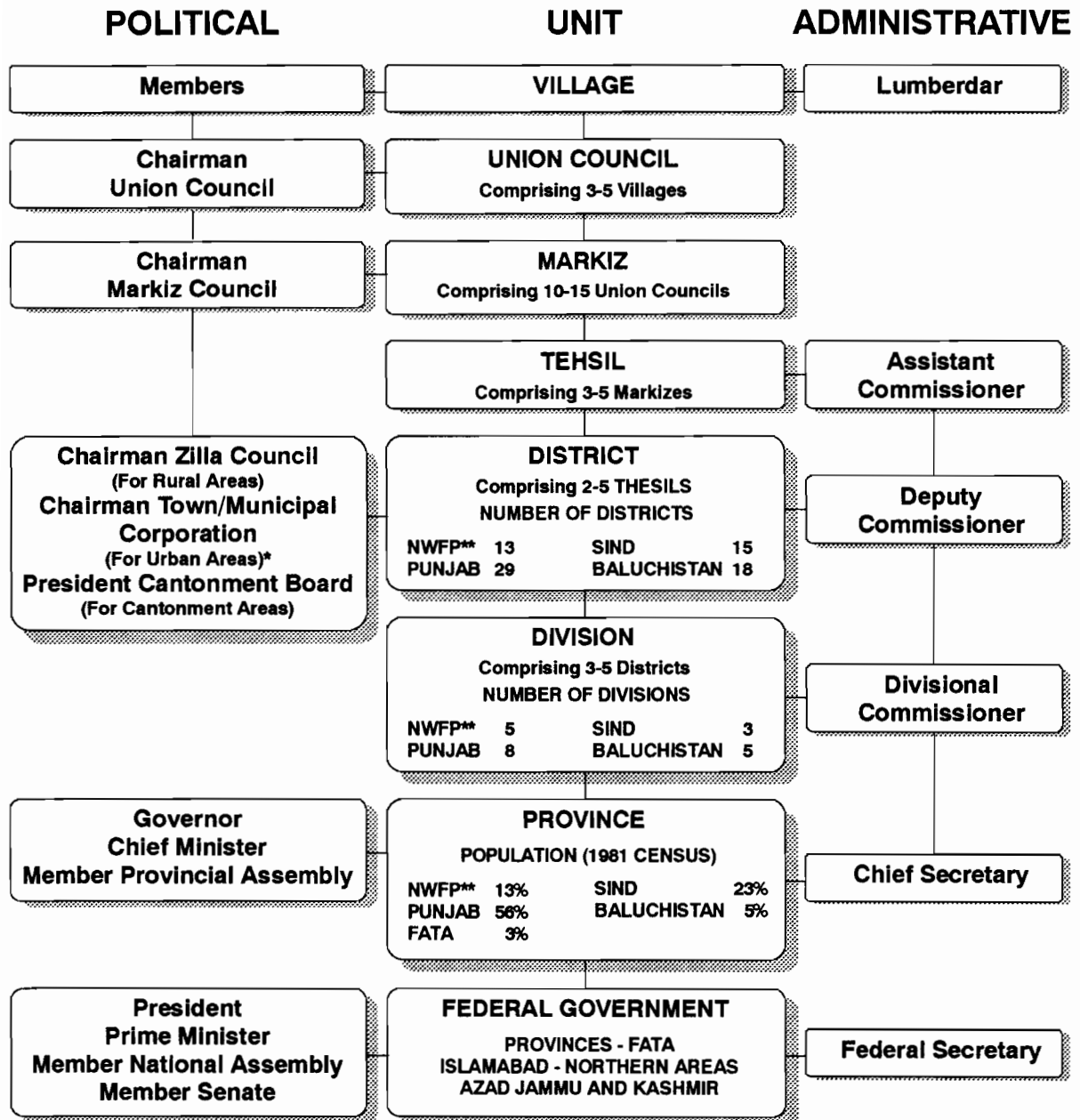
Figure 1: IMPROVING ACCESS TO SOCIAL SERVICES: A CONCEPTUAL FRAMEWORK



Source: Compiled by the author.

CS=Central State, LS=Local State, Community Organizations may Include NGOS

Figure 2: THE GOVERNMENTAL STRUCTURE IN PAKISTAN



Source: UNDP (1991), Figure 6.2.

\* Town committee: 10,000 to 35,000 population; municipal committee: 35,000 to 500,000; municipal corporation: 500,000 to 2,000,000; metropolitan: over 2,000,000.

\*\* NWFP = North-West Frontier Province.

district, division, province and the Federal Government. The Government has created and supervises "markiz" (a grouping of union councils) to coordinate the agricultural, marketing, credit, public works and infrastructure-development activities of ministries with those of local agricultural cooperatives and the private sector (Rondinelli et al. 1983).

In Figure 1, "CS" naturally includes the central decisionmaking bodies of the state. "LS" refers to the lowest layer of the state apparatus with which communities interact. It may be elected by the people and empowered by the state to perform specific functions. Community organizations also differ and may refer to those which are local, such as religious or political organizations, or those which are connected to nongovernmental organizations.

Model C is used for the analysis since it provides a basis for strengthening local organizations through decentralization and also allows for economies of scale in social service provision, especially in relation to preventive health care measures such as immunization, the dissemination of information, training and evaluation. In this approach, the local state collaborates with community and nongovernmental organizations to furnish better social service access to communities. The model also permits the monitoring and provision of logistic support to CP efforts through the local district. This element is missing in both Model A, the top-down approach from the centre that often fails to alleviate poverty or encourage CP, and Model B, which is not favourable for maximizing local state-CP linkages due to the weak relationships with the local state.

Esman and Uphoff (1984) have investigated these issues in a sample of 150 local organizations in Africa, Asia and Latin America (Table 1). Their results present an unusual bimodal relationship, with a low linkage better than the lowest linkage (autonomy), a high linkage better than the highest linkage (direction) and modest linkage only better than the extremes. The performance variables reflect indicators covering economic gains, social benefits, equity effects, reductions in discrimination against disadvantaged groups such as women, and community-state participation in decisionmaking.

### III. THE ROLE OF THE STATE

The key relationships in ensuring access to social services are state mobilization, local-level democracy and CP. The role of the state in promoting or delaying CP has generated different views. Some argue that state involvement in promoting CP is desirable, but that mechanisms

Table 1: GOVERNMENT LINKAGE AND THE PERFORMANCE OF LOCAL ORGANIZATIONS\*  
(Percentage Distributions)

<i>Panel A</i>						
Performance	%	Autonomy (N=19)	Low Linkage (N=19)	Moderate Linkage (N=28)	High Linkage (N=43)	Direction (N=41)
Very poor	13	15	0	15	30	40
Poor	19	3	10	24	21	42
Good	29	14	7	16	33	30
Very good	22	18	24	27	15	15
Outstanding	17	12	20	8	48	12

<i>Panel B</i>						
Official Involvement	%	Very Poor	Poor	Good	Very Good	Outstanding
Autonomy	13	16	5	32	32	16
Low linkage	13	0	16	16	42	26
Moderate linkage	19	11	25	25	32	7
High linkage	29	14	14	33	12	28
Direction	27	20	30	32	12	7

Source: Esman and Uphoff (1984), page 154.

\* N = the number of cases in each subset. The total sample numbered 150. Excluding the "%" column, the rows sum to 100 percent (rounded). The scale goes from relative "autonomy" to relative control ("direction") from the central government.

must be created to protect and support local groups (Midgley et al. 1986, UNICEF 1982). The definition of what is meant by "state" is essential before further analysis can be carried out along these lines. The state's formal structure is broad and comprises the executive, the legislature, the administration or civil service, the judiciary, the police and the military. The concept of "government" is much narrower in that it comprises basically those agencies which make laws and carry them out. Such distinctions are not always recognized, and the terms "state" and "government" are often used interchangeably (Midgley et al. 1986).

An examination of the role of the state must consider its historic functions and the power relationships in the evolution of the state-society linkages. Several developing countries have inherited colonial structures, which were (and still are) based on the concept that the state is an agency of control. The replacement of colonial by national officials has not eradicated the divisions between indigenous society and external political structure, since the

state in many developing countries is still dominated by elites or more powerful and articulate groups. This is one reason why state-society relationships are not always harmonious (Clapham 1987). The diverse nature of the state has meant different approaches to the provision of social services and CP.

Three recent theories which employ different approaches to an understanding of state-society relationships are analytical marxism, rent-seeking and coalition theory (Lipton 1989). According to *analytical marxism*, state-society relationships are dominated by class, and the state mechanism in a capitalist society is used to extract surpluses from poorer groups in favour of richer groups (Roemer 1985). Both marxist and analytical marxist approaches are critical of the role of the state in relation to society. Analytical marxism stresses state mediation, exploitation and surplus enlargement and transfer, while classical marxists see the state as the agent of a ruling economic class such as the bourgeoisie, the proletariat, or a "state class" or bureaucracy (Lipton 1989). According to analytical marxism, the state's attempt to transfer the burden of social service provision to communities is aimed at raising the state's functional viability, funding and power. The state demonstrates its meagre interest in poverty alleviation by placing inadequate emphasis on social development.

Another approach to the analysis of state behavior is *neoclassical political economy*, which is also referred to as the "neoliberal approach" (Colclough and Manor 1991) and stems from the work of Krueger (1974). It is skeptical of the role of the state, which is described as "rent-seeking". According to this doctrine, the primary motive of the state is to secure power through various mechanisms, such as taxation or expenditures that benefit the apparatus of the state. This means limiting the size of government and giving a larger role to market mechanisms for the provision of social services. The promarket approach of the neoliberals has been challenged partly because of the imperfect markets in developing countries and the contradictions between this approach and other mechanisms which require state intervention (Colclough and Manor 1991, Lipton 1989, Colander 1985). Social service provision by the state is not as easy to measure as is direct market provision or interventions such as tariff or trade policy, but it has been crucial in areas such as primary and preventive health care. Thus, neoliberals have tried to apply trade theory to wider economic management, but they have clearly not generated a coherent mechanism for the analysis of social service provision.

*Collective goods theory* is less critical of the role of the state in social development. This approach relies on the group as a unit of analysis. Larger groups are seen as being less effective in decisionmaking than smaller groups.

As stated by Olson (1982, page 31), "in the absence of selective incentives, the incentive for group action diminishes as group size increases, so that large groups are less able to act in their common interest than small ones." The disadvantage of large groups, Olson argues (page 37), is due to difficulties in achieving group cohesion "with a common interest and thereby attain optimal outcomes through comprehensive bargaining." However, the collective goods approach does not imply antistate intervention. Thus, Olson cites an example showing that virtual laissez-faire policies did not help 20th century British India to generate more growth than Meiji Japan, which had more protectionist policies. This suggests that, for the linkage between local state and CP, small groups may achieve effective CP but, as such groups or the concerns of such groups expand, coordination with state action may help maximize the benefits to all members and to society at large.

Midgley et al. (1986, page 39) argue that, "the state's attitude may be classified in terms of various criteria, including its definition of what participation entails, its perception of the possibility of instability, and the degree to which it is willing to devolve power to local political institutions." They classify state-society relations into four categories: the antiparticipatory mode, the manipulative mode, the incremental mode and the participatory mode. In the *antiparticipatory mode*, the state protects the interests of the ruling class in the attempts of that class to consolidate power and accumulate wealth. Efforts to promote popular participation are seen as a threat and thus suppressed (Wolfe 1982).

In the *manipulative mode*, the state is not entirely hostile to the idea of CP. However, the state encourages CP mainly to preserve its own power base. This mode is similar to the rent-seeking approach in that state involvement in CP is seen to have ulterior motives. The state uses methods such as co-optation to gain control over grassroots movements. The state may argue that participation is best channelled through state structures (Bugnicourt 1982), or, particularly in Africa, through projects in which people's involvement beyond the mere provision of labour is rare (Oakley et al. 1991).

In the *incremental mode*, the state does not have a clear policy to encourage CP. Rather, there is widespread ambivalence, and the overcentralization of the state often leads to the failure of projects because of bureaucratic procedures, inefficiency and the lack of innovation. Some have concluded that the tendency toward more centralization in many developing nations has not helped CP initiatives (Ruttan 1991, Apthorpe and Conyers 1982).

In the *participatory mode*, the state supports CP in all aspects of social development. Power is devoluted to the local level, and genuine community political institutions are



created. Although this mode is the exception rather than the rule in many developing nations, the current tendency for more democratization could bolster it. Examples are offered by Burkina Faso in the 1980s, when the encouragement of public participation improved education, health care and social policy (Savadogo and Wetta 1991). In Thailand, social policy and CP have led to significant reductions in malnutrition (Kiranandana and Tontisirin 1992).

### **Collaboration between the State and NGOs**

The promotion of the participatory mode may require active collaboration between the local state and nongovernmental organizations to reach out to poorer groups. However, this is not often the case. Sanyal has observed "antagonistic cooperation" among about 700 NGOs, the Government of Bangladesh (GOB) and foreign donors in income generating (IG) projects:

"NGO-administered IG projects have a consistently better record in reaching the rural poor than the few IG projects that the Government... started, primarily to absorb external funding for these projects. The NGOs argued that the GOB managed its projects poorly, and that these projects were used by GOB to please the rural elite, whose political support was crucial... That explained the embarrassingly low repayment rates in Government projects, for which some... beneficiaries simply refused to repay their loans. In contrast, the NGOs... achieved loan repayment rates as high as 90 percent. The NGOs attributed this high loan repayment rate to their hard work and argued that the (real) remuneration they receive for this work is no more than the salaries of bureaucrats." (Sanyal 1991, page 1,372)

Thus, there is growing evidence that NGOs are more effective than governments in reaching the poor. Central governments still tend to favour top-down and large-scale projects although these have had little impact on poverty alleviation. However, while NGO projects have had more success, there is less evidence of a "scaling-up" of NGO projects to the district or national level. The Grameen Bank in Bangladesh is among the few examples where credit for the income-generating activities of poorer groups expanded rapidly to other areas (Ghai 1988, Hulme 1990a, 1990b, 1991a, 1991b).

Hence, better collaboration between NGOs and the state in social service provision is needed if poverty alleviation is to be maximized (Paul 1988). The majority of cases are either top-down (see "Model A" in Figure 1, page 3), or have weak or no linkages with the local state ("Model B"). Collaboration among the state, NGOs and communities ("Model C") could permit the use of the comparative advantage of the local state (for example, in capital

expenditure and preventive health care) and local communities (for example, in resource contributions for recurrent expenditure and in reaching out to the poor).

### **The Need for Decentralization**

Decentralization and popular participation are mechanisms for NGO, state and community collaboration in poverty alleviation and social service provision. "Decentralization" needs to be clearly defined. Rondinelli (1981) described it as the transfer of responsibility in planning and management and the generation and allocation of resources from the central government and its agencies to field units of government ministries and agencies, subordinate levels of government, semiautonomous public authorities and corporations, area-wide, regional or functional authorities and nongovernmental, private or voluntary organizations. The transfer of responsibility for decisionmaking from central government to lower units varies from the adjustment of workloads within a government agency to the shift of all government responsibilities to the private sector.

Such transfers can be complex and may involve deconcentration, delegation, devolution and privatization (Rondinelli 1981). *Deconcentration* has been the most frequently used form of decentralization in developing nations since the 1970s and usually includes the transfer of some administrative responsibilities to lower levels within central government ministries and agencies. Examples are available in Indonesia, Morocco, Pakistan, Philippines, Sri Lanka, Thailand and Tunisia, where financial grants were provided by the central government to provincial, district or local administrative units (Rondinelli et al. 1983).

*Devolution* is commonly associated with the legal or financial strengthening of regions or districts which are not directly controlled by the central government. Through devolution, central authorities maintain only a limited supervisory role over subnational units, which have clear and legally recognized geographical boundaries. The legal and financial tasks granted to local authorities through devolution allow them to encourage the participation of citizens and to raise revenue for service provision. Devolution may be promoted for the more efficient planning and management of socioeconomic development at the local level. It is rarely a feature of administration in developing nations, although a few examples exist. For instance, in Algeria popularly elected communal assemblies have been assigned the difficult job of implementing land reform because of their knowledge of local economic conditions and political relationships. Similarly, devolution was fostered in Sudan in the late 1970s and

early 80s for political stability and the integration of heterogenous religious and ethnic groups in the effort at nation building. Provincial governments were given the power to impose local taxes, maintain law and order, finance public projects, draw up budgets and establish and administer some development activities (Rondinelli et al. 1983). These gains were jeopardized in the 1980s with the introduction of Shariah (the Muslim code of religious law) and the eruption of conflict between the Muslim North and the more Christian South.

Another form of decentralization, *privatization* involves the transfer of responsibility for social service provision from the state or parastatal enterprises to private enterprises or voluntary organizations. Roth (1987) cites several examples in education, health care and urban transport where private services have been furnished in several societies from the earliest times. However, there is little evidence of private sector involvement in the provision of piped water and sewerage systems among such examples. On the other hand, the private voluntary sector has had marked success not only in social service delivery (for instance, BRAC in Bangladesh), but also in income generating projects (for instance, the Grameen Bank in Bangladesh or the Six-S movement in the Sahel).

There are pros and cons for the application of decentralization in developing nations. Those in favour tend to emphasize the potential for greater efficiency and equity in social service provision. Efficiency issues relate to possible reduced costs, higher coverage and the use of economies of scale. Decentralization is also advocated as a means of raising popular participation in decisionmaking.

Nyerere (1972, page 1) observed that, "when all power remains at the centre, local problems can... fester, while local people who are aware of them are prevented from using their initiative in finding solutions." Montgomery (1972, 1988) compared administrative processes and outputs in various land reform programmes. He found that more centralization in implementation tended to render the realization of goals less effective. Hence, it can be argued that participatory planning stimulated through decentralization is more open to local needs, may be a means of mobilizing local support and resources for service provision and can favour a more integrated and efficient planning system. Two of the few examples are Ghana in the early 1980s (Warren and Issacher 1983) and Papua New Guinea (Conyers 1976).

Those who oppose decentralization focus on two arguments. First, decentralization can lead to "recentralization" at the local and provincial levels and the reemergence of elites. Chikulo (1985) found that decentralization in Zambia during the early 1980s was used to fortify the party apparatus at the local level at the expense of other local and central entities.

Second, some claim that, despite a few good cases of decentralization, all too often popular participation has been encouraged only to transfer the burden of development financing to communities. In the long run, this is counterproductive because the impact on poverty alleviation will be minimal and social service access may be reduced. For instance, the transfer of total financing responsibility for primary health care initiatives to districts without proper financial or logistical support may lead to the collapse of the health care system and the obliteration of numerous gains accumulated over several years.

Obviously, decentralization is a complex affair which often defies easy generalization. As concepts, "centralization" and "decentralization" have different meanings depending on circumstances. Moreover, there are some abstract complexities in the term "decentralization" that stem from the fact that, in reality, decentralization and popular participation are relative rather than dichotomous concepts (Apthorpe and Conyers 1982). Careful analysis is also required to determine the functions which may be decentralized effectively. Decentralization must not be applied with the disguised aim of shifting the burden of development to the poor but should be employed as a policy instrument to enhance democracy and improve efficiency and equity in social service provision. This requires not only the transfer of resources to the local level, but also the strengthening of district management and technical capacity, less reliance on the central state and collaboration with nongovernmental and community organizations.

Thus, the decentralization of decisionmaking to the provincial and district levels is not sufficient to guarantee CP and socioeconomic development. It must be promoted together with the broad goal of extending democracy to communities, without which democratization in many developing countries will remain superficial (Nyong'o 1988).

### **The Need for Genuine Community Participation**

The potential for mobilizing more resources is a key motivation for the promotion of CP in some circles. Thus, Jiminez, Paqueo and de Vera (1988) have concluded that schools which rely more on local sources of income are more cost-effective than those which are more dependent on central funding. However, the relationships between resource contributions, accountability and incentive structures need further investigation.

Genuine CP must include more community involvement in decisionmaking, not just resource contributions. This is the area where broader participation could be linked to CP.

Economic and political incentive structures would have to be created to reflect these growing needs. One example is the role in some parts of Africa and Asia of district chiefs who are elected once and can only be dismissed by the government. A reform in this context could provide a mechanism for periodic elections and the broader representation of community interests through local district councils.

### **The Policy Framework**

Given the complexity and diversity of decentralization and CP, it is essential to recognize "dynamics" as a process, not just as a set of fixed conditions to be met. However, it is possible to identify some key elements which may be relevant to such programmes. These elements are the linkages among resource contributions, accountability and general attempts at democratization. Such issues could be clearly articulated by using a policy framework which incorporates a legal framework, a financing strategy, feasible methods and procedures, management and the recognition of possible obstacles.

A broad policy framework is essential. It must incorporate and clearly identify the roles and responsibilities of the local state, the central state and communities if genuine CP, decentralization and social development are to be realized. In order to transform social service delivery from a top-down, bureaucratic system to a more community oriented system, proper incentives must be created to enable communities to participate in their own development. Similarly, government agencies must be encouraged to support the local initiatives. Korten and Alfonso (1983) emphasize that government staff have to be won over to the need to become enablers instead of controllers of local development initiatives. This requires more local involvement in decisionmaking and abandonment of the notion that government staff possess the knowledge, while the people are ignorant. Such efforts were successfully applied in the case of the Philippine National Irrigation Administration, which was transformed from a top-down, bureaucratic organization to one which integrated genuine community needs and initiatives with improved user services (Korten and Siy 1989).

The reforms necessary for decentralization and CP must go beyond the management of public services. They should address key internal and external factors affecting equity and efficiency issues. Thus, analysis must incorporate both macro- and micro-level issues in a comprehensive interdisciplinary framework embracing the economic, political, social and cultural values in a given society. Understanding the interaction among these elements is

vital to the identification of the economic, social and political constraints which may limit the effectiveness of the reforms and restructuring efforts to improve social service access.

A policy framework to promote decentralization and CP must also clearly identify the path for the transfer of authority from the centre to the subunits of government and to communities. The role of each party and the types of activities to be decentralized must be understood and agreed upon by all parties in order to avoid confusion during policy implementation. Naturally, the historical process of decentralization and CP must also be considered. Countries like Papua New Guinea and Tanzania have already taken pioneering steps in decentralization and may face fewer constraints than newcomers like Zimbabwe.

1. **A legal framework** could provide incentives for genuine community involvement by offering legal recognition to groups or associations which deliver social services. Korten and Siy (1989) argue that the legal recognition of irrigators associations in the Philippines has been a precondition for their active collaboration with the Government in irrigation projects. The 1990 Children and Adolescents Act in Brazil has been part of a reform process for the better protection of child rights; indeed, it represents a legal tool to demand social action in defence of children (Gomes da Costa and Schmidt-Rahmer 1991). Such reforms could help boost the autonomy and accountability of local organizations and make these organizations more sustainable, efficient and equitable.

2. **A Financing Strategy.** If it involves greater local decisionmaking in planning and resource allocation, greater local autonomy in financing could enhance resource mobilization. However, in an extensive review of decentralization in developing nations, Rondinelli et al. (1983, page 41) found that:

"Local administrative units have, in theory, been given broad powers to perform development planning and management functions, but adequate financial resources and qualified personnel to carry them out have been withheld.... Personal property and real estate taxes, cesses on sellers and buyers in local markets, school fees, portions of income derived from locally marketed natural resources (for example, forest products) are but a few of the ways in which local governments have been able, when so empowered, to self-generate revenues. In most developing countries, both the revenue-raising powers transferred and the sums so far raised have been modest."

Thus, the potential for local revenue generation must be recognized in decentralization programmes. This is not to deny that there have been good financing projects in both rural

development and the social service sector. Attempts in the 1970s in Kenya, Morocco and Tanzania have been followed more recently by innovative reforms in the Philippines, Taiwan, Thailand and Zimbabwe.

In Tanzania, despite the 1967 Arusha Declaration, local authorities did not have the financial resources and expertise to initiate social development programmes. This problem was aggravated by the abolition of produce cesses in 1969 and local rate taxes in 1970 that together had represented about 80 percent of the revenue collections of most district councils (Maro 1990). The 1972 decentralization reform was therefore aimed at encouraging popular participation, efficiency and effectiveness in public service delivery. The Villages Revenue Act of 1979 gave villages power to raise and control financial resources. The transfer of financial, manpower and other resources to district councils and villages has enabled the Tanzanian system to decentralize through devolution rather than deconcentration (Maro 1990).

The Harambee self-help movement in Kenya has shown that large sums of money can be raised from the rural poor if local needs are given priority in project design. In a study of contributions to school building funds in six rural districts, Thomas (1985) found that both rich and poor households contributed and benefited and that the average annual outlay per family varied from a low of 100 shillings in Sion to 207 shillings in Weithaga.

In 1991 the Thai Government introduced major reforms in local level financing. Six billion baht (\$234.4 million) were set aside in the 1991-2 fiscal budget to be distributed to villages and districts for discretionary spending. Local officials have also been encouraged to raise funds for activities not covered by Government budgets. The discretionary budgeting allows local authorities to choose among several methods, including user fees and land and property taxes, to generate the funds. Thus, with the support of a senior Government official, land and property tax collection rose by 800 percent in Pathum Thani district after tax payers were informed of how funds would be used for local road, irrigation and education projects not needing Bangkok's approval. If such reforms are followed by electoral reforms at the local and district levels, the prospect for decentralization and popular participation to stimulate social development is very high (Handley 1991).

Perhaps one of the best examples of the devolution-based integration of a national planning system and local initiatives is the Joint Commission on Rural Reconstruction, which provides a unique method to support farmer associations in Taiwan. The system gives the sponsoring agency the mandate to mediate and integrate local plans and national goals. As part of a land reform programme, the farmer associations are allowed to collect land taxes



in kind and retain a fee for the service. The fact that attempts to employ this model in other countries have only met with modest success may highlight the need to take account of local conditions in designing reforms in planning and financing (Montgomery 1988).

3. **Methods, Procedures and Management.** If decentralization, genuine participation and social development are to be realized, policy and financial procedures must be seconded by good management, with suitable staff incentives and organizational support. Innovations may be necessary at the centre and in communities. Top-down projects have often encouraged community dependence on the centre and a paternalistic attitude on the part of government staff toward community initiatives. Thus, efforts may be required to convince staff to become "enablers", rather than "controllers", of local development (Korten and Alfonso 1983).

Such an innovative approach was adopted in the successful transformation of the Philippine National Irrigation Administration from a highly centralized bureaucracy to a more participatory organization. A key management change involved the use of "community organizers" by the technically oriented agency. These organizers lived in villages and invited engineers to integrate a focus on social matters into project planning and implementation. Such a focus might have been ignored had the management changes supporting the role of the community organizers not been undertaken (Korten and Siy 1989). A similar approach was also employed in the Peoples Participation Project of the UN Food and Agriculture Organization in many countries. Thus, in the project in Ghana the group promoter was used as a "key person" to encourage group formation for income generation (Bortei-Doku 1991).

Another crucial management strategy is the establishment of clear responsibilities among all agencies or organizations involved in the devolution of power to communities. Such clarity could help avoid bureaucratic inertia and encourage improved performance. For example, the responsibility of communities in social service delivery could range from the provision of labour for school construction projects to local tax collection.

Management and decisionmaking must be reinforced at the subnational level in order to promote CP. District administrations are frequently understaffed, and district managers often handle only the payment of education or health care personnel and have few additional resources to foster local initiatives (Government of NWFP 1991). Morocco offers an exception in that it assigned priority to the provision of adequate personnel at the local level to implement decentralized planning and management in the late 1970s and early 80s. Between 1977 and 1979 the number of civil servants serving subnational units rose by 20 percent. This was made possible by the expansion of training centres (Nellis 1983).

In many nations changes are required to promote greater community accountability. This could be stimulated by local training in mathematics, simple bookkeeping and reading in local languages. Management innovations should be linked to the broader perspective of promoting CP. Local organizations should thus be representative, and the control of these organizations by wealthier or more powerful groups must be resisted. The interests of more marginal groups such as women and children will otherwise be ignored. The participation of the latter is crucial if initiatives in CP are to be genuine. Economic interest is usually the strongest stimulus in the promotion of development initiatives, and local organizations are well aware of this. Thus, greater control by local authorities over financing, taxation and revenue generation could spur interest in social development in areas such as literacy, health care and water and sanitation.

#### IV. THE ROLE OF COMMUNITIES

##### **Community Organizations**

The current shift of emphasis toward more CP in the delivery of social services means that community organizations must become actively involved. Therefore, the nature of these organizations must be clearly understood.

Two inaccurate views of local organizations have commonly been accepted. First, community development literature has often assumed that communities are homogeneous and have "natural" units of organization. Second, since the 1950s and 60s the modernization school has usually perceived communities and their institutions as technologically backward, "traditional", conservative or bourgeois, as controlled by parochial, reactionary elites, as disposed to consume rather than save and invest, as undisciplined, or as peripheral (Esman and Uphoff 1984). This distorted picture has nourished the idea that technology, for example, could be transferred from "advanced" to "backward" nations to fill a "technology gap" and, hence, promote economic development and growth (Poats 1972). The failure of such attempts is well documented (for instance, see Binswanger 1984).

The vision of the nature of community organizations varies according to the field of study and across cultures and regions. Since there are many sorts of community institutions, including development committees, health and nutrition clubs and various interest groups,

it is difficult to generalize about structures. However, in each social service sector certain types of organizations can be identified. Thus, in the delivery of primary health care, village health committees are common, as are village education committees for educational services.

In an analysis of 150 cases in Africa, Asia and Latin America, Esman and Uphoff (1984) investigated whether small, informal, homogeneous local groups are more effective in performing a single function than are local organizations which are larger, more formal and multifunctional. They found no significant difference across regions. In a study of 150 health projects (Rifkin 1990), two-thirds were discovered to be based on established or newly created community organizations, which appeared to be mainly responsible for the successes. The absence of organizational support was cited as the main reason for project failure. The important issue is therefore not size, but the support of organizations and their orientation toward equity, efficiency and empowerment in the short term and development in the long term. Also relevant is individual leadership, which was found to be crucial in the success of many maternal and child health programmes.

### **Community Resource Contributions and State Performance**

It is generally argued in the literature that resource contributions from communities will help improve self-reliance and sustainability and reduce community dependence on funding from the centre and from outside agencies. However, it must be emphasized that communities are usually willing to contribute to the goals of self-reliance and development. In any case, in the provision of health care, education and nutrition-related services, needs assessment is very crucial and tends to influence the depth of CP. In health care, labour can be furnished locally for the construction of health centres. Primary health care programmes frequently include health workers furnished by villages. Local health committees can be relied on to distribute information to the wider community.

User fees are a common type of community contribution in education, health care and, increasingly, the provision of water services. The use of such fees to generate public revenue is creating controversy, particularly over equity and empowerment issues, which are being emphasized by proponents of "Health for All" and "Education for All" (Green 1991, Taylor and Jolly 1988), versus efficiency issues, which are being stressed by those who believe communities should pay for the services they receive (World Bank 1987).

The merits and drawbacks of cost recovery must be properly grasped. The potential

for resource generation by communities to pay the capital or operating costs of social services is well documented. The limits become exposed when the relationship between cost recovery and fiscal policy, demand and the access to social services is examined.

*Fiscal policy* focuses on income generation, expenditure and the management of the budget surplus or deficit (Cornia and Stewart 1990). Community financing can enhance fiscal policy if it raises government revenue and reduces government costs. In the financing of social services governments tend to pay a larger share of operating costs, and community financing plays a minor but increasingly important role. Thus, in a health project in Indonesia between 1983 and 1985 community financing contributed 22 percent, compared to the Government financing of 17 percent (CMC 1987).

Social service *demand* is crucial to delivery mechanisms. Demand analysis considers both the ability and the willingness to pay for social services when prices change. Fiscal policymakers must understand these demand determinants, since successful CP requires financing contributions based on this "effective demand" rather than on the coverage from the government budget of shortfalls. Low household income is one factor which can influence social service demand and utilization (Chernichovsky and Meesok 1986), although the impact on health status, for instance, is not clear. The lack of field experiments in demand studies is lamentable (see Griffin 1988).

In any case, it is clear that vulnerable groups such as women and children tend to account for relatively lower income shares. Higher user fees could therefore reduce their *access* to social services. In some countries poor and vulnerable groups are the single main users of public services, so higher service fees which are not offset by quality improvements could cut into service coverage and access. Less social service utilization by the poor could cause a decline in human development indicators such as literacy and health and nutrition status. Moreover, society as a whole can become more vulnerable if already vulnerable groups receive inadequate health care (Stanton and Clemens 1989).

## V. THE EVALUATION OF COMMUNITY PARTICIPATION

Ghai (1988), Marsden and Oakley (1990), Oakley et al. (1991), Paul (1987), Hart (1992), Rifkin (1990), Rifkin et al. (1988) and Shrimpton (1989) have added significantly to the literature on CP, although none of them examines ways to link community and local state organizations

to maximize resources, efficiency and empowerment in social service provision.

Ghai (1988) outlines alternative concepts of "development" and "participation" while acknowledging that the two terms are open to ambiguities and differing interpretations. He holds that development must focus on the human dimension and be tied to structural change and economic modernization. He links concepts of development and concepts of CP. In this context, he makes three distinctions. The first refers to a common usage of the term "community participation" in the sense of mobilizing people to undertake economic and social development projects. Such an approach is usually top-down, since the projects are conceived from above and people are "mobilized" to implement them (see earlier).

Ghai's second distinction focuses on CP as a decentralization of central government machinery or related organizations. In this approach resources and decisionmaking power are transferred to local officials and elected bodies in villages, communities and counties. Ghai is of the opinion that such decentralization may not benefit the poor because of the dominance of local elites in decisionmaking and resource allocation. On the other hand, if decentralization is linked to increased local accountability and capacity building, it could help maximize the benefits for the poor, improve the efficiency and effectiveness of social service delivery and reduce the costs to the central government.

Ghai's third distinction focuses on CP as the process of empowering vulnerable groups such as women and children. Proponents of this approach concentrate on economic and political differences across the social spectrum and on strengthening deprived groups. The approach involves the pooling of resources and the creation of democratic, independent and self-reliant organizations among the marginalized poor (see also Oakley 1987, Gran 1985).

Marsden and Oakley (1990) and Oakley et al. (1991) emphasize the diverse nature of participation. They highlight the many obstacles to participation but argue that increased community involvement could enhance project efficiency, effectiveness, self-reliance, coverage and sustainability. They underscore the difference between qualitative and quantitative approaches in the evaluation of CP.

"The quantitative and more tangible or physical outcomes which will be readily visible and which will be susceptible to statistical measurement; this is a relevant dimension of participation and could be more easily evaluated by existing techniques;

"[The] outcomes more related to participation as a qualitative process of change. These outcomes might be less visible and will demand particular techniques in their evaluation." (Oakley et al. 1991, page 241)

Oakley et al. also outline the differences between the evaluation of participation and participatory evaluation. The first involves the evaluation of a specific objective or outcome of a development project, whereas the second is a technique used in evaluation across sectors. This technique must not be confused with the evaluation of the process itself. It is often used in association with participatory action research, which can serve as a catalyst to promote group cohesion through group discussions (Fernandez and Tandon 1986, Rahman 1982, 1992). The two are different dimensions of the same process, which is now increasingly associated with a new development paradigm, sometimes referred to as "people centred" (Chambers et al. 1989). The key emphasis here is that people must be accepted as subjects, rather than treated as mere objects, and given a greater role in development projects.

Paul (1987) introduced a framework for measuring and testing the effect of CP in two areas, resource mobilization and the efficiency of resource use, in an attempt to incorporate CP into the project planning and implementation process. This approach was adapted and expanded by Schubert (1990). These authors identify three variables: functional participation, the intensity of participation and the extent of participation (Table 2). The numerical ranking in this approach is achieved through a weighing and a quick mathematical solution. (The highest score for all levels of participation for each project is 96, that is, 6 x 4 x 4.) This is used to compare participation levels across projects.

This approach is innovative, but it seems not to reflect entirely the full range of processes and choices in each category, especially the category on the extent of participation.

Table 2: A PROPOSED PARTICIPATION-EMPOWERMENT INDEX\*

Functional Participation	Intensity of Participation	Extent of Participation
6. Overall management	4. Initiating action	4. All households
5. Planning	3. Decisionmaking	3. All interest groups
4. Implementation	2. Consultation	2. Women's groups
3. Maintenance	1. Information	1. Leaders only
2. Distribution		
1. Utilization		

Source: Schubert (1990)

\* The level of participation = functional x intensity x extent.

A major difficulty arises at the local level when elite groups come to dominate projects intended to benefit all groups, particularly the poorest and most vulnerable. In such a scenario the elite group could be involved in management (a high score?), and it could also initiate actions (a high score?). A low score for the extent of participation would be anticipated, but it is not clear to which category this elite group would belong since Category 1, leaders only, is not adequate given that the group may consist of more than just leaders. Furthermore, the index is limited to the project; it does not include wider aspects of CP, such as links with the local state in strengthening local organizations. Despite such drawbacks, the approach does add to our conceptualization of the immense problems in measuring CP.

Using the concept of the ladder originally introduced by Arnstein (1969), Hart (1992) discusses children's participation in terms of "rungs" in decisionmaking. Nonparticipatory rungs are "manipulation", "decoration" and "tokenism". Categories of genuine participation are "assigned, but informed", "consulted and informed", "adult initiated, shared decisions with children", "child initiated and directed" and "child initiated, shared decisions with adults". Hart argues that, if full participation is fostered at the earlier stages of life, an individual's confidence and competence in exercising democratic rights in adulthood are maximized. A similar approach could be fruitfully applied to CP initiatives (see later).

Rifkin et al. (1988) and Bichmann et al. (1989) introduced a framework for the analysis of CP that is similar to an earlier approach by Finsterbusch and van Wicklin (1987). The framework has been amplified by Shrimpton (1989) and Rifkin (1990). Rifkin uses it in a review of family planning, nutrition and maternal and child health projects designed to improve the health status mainly of impoverished groups and foster long-term, self-sustaining programmes through CP in management, finance and human resources.

She identifies "descriptive" and "action" factors in her analysis (Table 3). The descriptive factors are those variables describing the local and national context in which programmes are developed. They may reflect cultural, economic, social, political or historical aspects. Some related issues are the degree to which national policy responds to local aspirations and needs, the degree to which the civil service has been decentralized, the degree of organization at the local level and the degree to which there is communication between the centre and the periphery at both the local and national levels.

Factors such as "historical" or "cultural" could be taken as givens, while others, such as "decentralization" or "core/periphery communication", would inevitably influence any programme directly. Hence the need for integration through the set of "action factors", which



Table 3: FACTORS IN PROGRAMME FORMATION

Descriptive Factors	Action Factors
Cultural	Assessment of needs
Economic, social and political	Community organization
Historical	Programme management
Government policy	Resource mobilization
Decentralization	Leadership development
Local level organization	Attention to the needs of the poor
Core/periphery communication	

Source: Rifkin (1990), page 17.

influence the success of health care or other social programmes. Some attributes of these action factors involve the ways community needs are assessed, community organizations are developed, programmes are managed, financial and human resources are mobilized, and the problems of the poor, especially the very poor, are treated.

Despite the methodological advances in evaluating CP outlined above, no single approach is universally representative of the whole process. Nonetheless, the framework of interest reflects efficiency and equity issues at the programme level and is also able to cater for dynamism and the linkage between districts and local organizations in enhancing CP, resource generation and higher utilization and the expansion of social services.

To this effect, the approaches of Rifkin et al. (1988), Rifkin (1990) on health and Shrimpton (1989) on nutrition have here been adapted, expanded and integrated to include other aspects of social service provision and an analysis of the local state, especially through decentralization and institutional support (Table 4).

1. **Decentralization** can improve the efficiency of social service provision if district administrations are able to make more decisions and reduce their reliance on the centre. Transport costs could be saved, and the exchange of information with the centre could be enriched by the greater involvement of local officials. Decentralization could also lead to more control over resources by local people, and this could enhance resource mobilization. Decentralization is included in the framework presented here for the evaluation of CP (see

Table 4: AN ANALYTIC FRAMEWORK FOR EVALUATING CP IN SOCIAL SERVICE PROVISION\*

Indicator	1. Nothing/Narrow	2. Restricted/Small	3. Mean/Fair	4. Open/Good	5. Wide/Excellent
1. Needs assessment, action choice	None	Done by outsiders without VHC involvement	Done by outsiders; discussed with VHC, whose interests are considered	Community assessment; outsider helps in analysis & action choice	Community assessment, analysis & action choice
2. Organization	Imposed; no active local organizational support	Imposed; limited local organizational links	The VHC is imposed, then becomes very active	Uses local organizations	Local organizations assure and control activities
3. Leadership	One-sided organizational support dominated by elites or health staff	CW independent of social interest groups or local support structures	Organizational support functions under the leadership of independent CW	Active VHC or organizational support; joint initiatives with CW	Organizational support represents the full spectrum of local interests, which control CW
4. Training	Little or no CW training, or training in unfamiliar language	Preservice CW training in remote institutions; no in-service training	Preservice CW training in local institutions; in-service training	Short local preservice CW training; regular in-service training by outsiders	Short local CW preservice training; regular in-service training by local trainers
5. Resource mobilization	No resources given by community; no fees for services; CW externally trained	Service fees; no fundraising; VHC has no control over money; CW externally paid	Community fundraising; VHC collects fees, but does not control spending; CW voluntary	Occasional community fundraising; VHC controls spending but does not collect fees; CW voluntary	VHC raises funds, collects fees, controls spending and pays CW
6. Management	Central health staff manages; CW is supervised by health staff only	CW independently manages; some VHC involvement; health staff supervision	VHC manages but without control of CW activities	VHC manages & is involved in CW supervision	CW responsible to & actively supervised by VHC
7. Orientation of actions	No clear goals; no targeting; mainly curative	Process-oriented goals; no targeting; curative is emphasized over preventive	Impact-oriented goals; no targeting; curative is emphasized over preventive	Impact-oriented goals; risk groups are targeted; curative is emphasized	Impact-oriented goals; risk groups are targeted; curative & preventive
8. Monitoring, evaluation & information exchange	No IS or info exchange; no awareness of problem dimensions or programme progress.	Outsiders are aware of problem dimensions & programme progress; no feedback to VHC	IS is used in daily CW activities; CW is aware of problem dimensions & programme progress	CW sends info to VHC for decisionmaking; VHC aware of problem dimensions & programme progress	VHC promotes community awareness of problem dimensions & programme progress
9. Decentralization of decisionmaking	Community is isolated; little or no links with NGOs, the district or the state	Loose top-down links; unclear links with the district & the state	Clear top-down links; decisions on allocations are dominated by the centre	Joint decisionmaking & resource pooling	Decisionmaking by accountable local organizations with support from local district/state
10. Institutional support	Little or no institutional support from the district/state	Centralized development support; CW is not answerable to the community	Training of local CW at district level; support from the community	Community involvement; support from local state, NGOs & accountable local organizations	Coordination with local state & NGOs; active CP in resource & info generation

Sources: Shrimpton (1989), page 7, for Variables 1-8; author's compilation for Variables 9-10.

\* The social services in question are those related to primary health care, nutrition, education and water supply. "VHC" = village health committee; this could be substituted for village education committee in an analysis of community participation ("CP") in education, and likewise for other social services. "IS" = information system.

Table 4, Variable 9). The range is from 1, the situation in which decisionmaking is carried out in isolated communities, to 5, where decisionmaking is biased in favour of accountable local organizations with support from the local state.

2. **Institutional Support.** Decentralization must be accompanied by support for local institutions if its aim is to promote CP and effective social service provision. Support for community organizations should encompass three features. First, it should recognize the potential for socioeconomic differentiation at the local level and assist in building democratic institutions. Second, it should recognize the potential and experience of NGOs in reaching out to the poor; collaboration with NGOs can help generate mechanisms for strengthening district and community organizations. Third, information exchanges can be greatly enhanced if district organizations are strengthened. Such exchanges would bolster the use of economies of scale and the rapid spread of information to other districts and communities. Institutional support is included in the framework presented here for the evaluation of CP (see Table 4, Variable 10). The range is from 1, for little or no support from the local district or state, to 5, where resource generation and social service provision are coordinated among the local state, NGOs and the local community.

## VI. SELECTED CASE STUDIES

No single set of case studies can elucidate the entire process of decentralization and CP. The guidelines which have been used in selecting the cases examined here are as follows.

- Examples have been favoured which involve especially social services in health care, education, nutrition, housing and the provision of drinking water.
- Examples have been favoured which highlight linkages between communities and the district or the local state in the provision of social services.
- Examples have been favoured which highlight specific policies or built-in mechanisms which have been useful in the application and expansion of decentralization and CP initiatives for more efficient and wider access to social services.
- Examples have been favoured which represent a broad range of initiatives from the grassroots level (Banjarnegara in Indonesia) through the national level (Papua New Guinea) to the national level with active collaboration with international agencies (Iringa in Tanzania).
- The regions covered are mainly in Africa, Asia and Latin America.

- A few cases have been discarded because they have already been examined repeatedly. The need for new evidence and fresh material is still quite apparent.

The conceptual framework illustrated in Figure 1 (page 3) and the analytic framework illustrated in Table 4 (page 24) have provided the foundation for the following analysis. It has not been possible to visit each project site; therefore, information is based mainly on secondary sources.

### **The Iringa Nutrition Programme, Tanzania**

The Iringa Nutrition Programme was initiated by the Tanzanian Government in 1982, under the auspices of the Joint Nutrition Support Programme of the World Health Organization and UNICEF. The Tanzania Food and Nutrition Centre was instrumental in evolving the original policy ideas which provided the basis for the programme. The main aim of the programme was the reduction of malnutrition. Nonetheless, other aspects of the promotion of human capabilities, such as household food security, water supply, sanitation and child survival and development were all incorporated into a new approach: the "Triple-A" approach. This approach focused on the development of human capabilities in assessment, analysis and "action choice" in problem solving (Jonsson 1988, Yambi and Mlolwa 1992). As a result of the project's effectiveness, the prevalence of moderate malnutrition (60 to 80 percent of the average weight for age) fell from 49.6 in the second quarter of 1984 to 35.1 in 1990 in the Iringa region. Similarly, severe malnutrition (less than 60 percent of the average weight for age) fell from 6.3 to 1.4 during the same period (Yambi and Mlolwa 1992).

The combined rank-score of 45/50 (90 percent) shows that the decentralization and CP characteristics of the Iringa programme were high (see Table 2, page 21). The needs assessment of the programme was "fair", since it was carried out by outsiders, but was later discussed with village health committees, whose support was crucial to the success of the project (score 3). The village health committees were imposed on the communities from above, but they became very active and were eventually subject to the control of local organizations (score 4). The community leadership provided and controlled the community health workers (score 5). The Triple-A mechanism allowed for decentralized training and active participation at the local level (score 4). Resource mobilization was high as reflected by the hiring of community health workers who were paid by the community to look after children while their mothers were working in the fields. The community also provided food

for the severely malnourished diagnosed using the Triple-A approach (score 5). Community health councils were active in the supervision of health workers, and technical supervision was furnished through the community health system (score 5).

The orientation of actions (score 5) was well focused, since the Triple-A mechanism permitted identification of those who were severely at risk of malnutrition, and action was devised to support groups or individuals at risk. Monitoring and evaluation (score 5) were adequately emphasized. Information disseminated by village health committees raised the community awareness of malnutrition and related problems. The Iringa programme showed that, through encouragement for social mobilization and CP, decentralization to below the regional level was possible. The approach included expanded training and participation at the local level in resource mobilization and decisionmaking (score 4). Given the technical, institutional and resource contributions of donors and the Government, the institutional support for the Iringa programme was high (score 5).

### **Decentralized Water Supply Planning, Sudan**

A decentralized planning system to meet basic needs has been employed in the Sudan since the 1960s. A detailed case study by Shepherd and El Neima (1983) of rural water delivery in the Western District (Dar Harmar), Kordofan Province, offers the opportunity to evaluate the system. The scarcity of potable water in semiarid Kordofan Province renders water supply a crucial basic need. A combined rank-score of 39/50 (78 percent) indicates high achievement. Needs assessment and action choice (score 3) were constrained by difficult conditions such as limited and unreliable rainfall, sparse vegetation and infertile soils. This meant that surface water storage and catchment areas ("hafirs") were possible only where there was sufficient clay content in the earth. Village councils were more active in planning shallow wells. Initiatives were coordinated between local government and two central agencies, the Soil Conservation, Land Use and Rural Water Programming Administration and the Rural Water Corporation, to furnish hafirs, shallow wells and watertanks.

Project organization was good (score 4), since communities and local government were actively involved in water delivery and coordinated their activities with central agencies. Leadership was adequate (score 4), since the village and rural councils played a major role in initiating Government investment in water. The training of local borehole and hafir attendants was coordinated at the central and subnational level and directly supervised at

the district level (score 3). Mechanics were paid by the Rural Water Corporation, and about one-half of them were trained at the RWC training school at El Obeid. Resource mobilization (score 5) among communities was high, since communities made financial contributions to cover operating, maintenance and other costs. Local government was responsible for the pay of hafir and borehole attendants, the collection of user charges for water and the provision of fuel for the operation of pumps. Local taxes were also used to cover wages, but these costs in some districts which were experiencing budget deficits had to be subsidized by the provincial council. The management system was good (score 4), since the village councils were involved in the supervision of the watershed attendants. However, the need for further reforms was obvious in the local recruitment of the watershed attendants since this could lower costs and minimize corruption in the poorer districts. The orientation of actions was adequate (score 3), since the system allowed villages and families to develop plans, subject to approval by district, provincial and central authorities. However, the politics of the supply of water and the representation of citizens by water merchants on provincial councils limited the targeting of actions toward the most needy groups, especially in Western Sudan.

The monitoring and evaluation of water services (score 4) were performed by village councils and district authorities. The village councils were aware of problems in maintenance and service management. Decisionmaking was shared among local residents and district and provincial authorities (score 4). The requests for water services originated in the villages, but district, provincial and national officials helped in choosing suitable projects. The institutional support was excellent (score 5), since central authorities provided capital expenditure and training, while local councils covered recurrent expenditures and maintenance.

### **The Bamako Initiative in Guinea**

In 1984 Guinea emerged from 26 years of totalitarian rule. Infrastructure was in decay; the economy was in ruins, and health care and other social services had collapsed. In 1986 immunization coverage stood at less than 5 percent (UNICEF 1991). It was recognized that the health care system could not cater for the needs of the population. A comprehensive attempt to strengthen primary health care was therefore undertaken by the Ministry of Health with the help of UNICEF, the US Agency for International Development and other groups (McPake et al. 1991). Although the reforms predated the Bamako Declaration of 1987,

an evaluation team from the London School of Hygiene and Tropical Medicine found that they fell within the eight guiding principles of the Bamako Initiative policy framework.

The principal aim was to establish a health centre in each administrative subdistrict of the 36 health districts. The active involvement of communities was to be encouraged in all aspects of health care delivery. By 1991 the programme had provided four million people, or 75 percent of the population of the country, with access to quality integrated curative and preventive health care. The services included the immunization of women and children, the protection of pregnant and lactating women, curative care based on essential drugs and growth monitoring among under-5-year-olds (UNICEF 1991).

Needs assessment was fair (score 3). Health care needs were assessed by UNICEF, the Government and NGOs in cooperation with local health committees. Organization was good (score 4), since it relied on institutions newly created by communities. Leadership was fair (score 3). Village health committees were very active and supported initiatives with health workers. Moreover, health committee chairpersons were accountable to the communities for the efficiency and good management of health centres. They were also responsible for drafting budgets and stocking medicines. Unfortunately, women were not well represented on the health committees. Training was good (score 4). UNICEF joined with the secretary of state for decentralization in assuring the training of committee personnel in the management of health centres. Likewise, the Ministry of Health facilitated the training of health workers.

Resource mobilization was fair (score 3). Community users paid fees for access to health centre services. The main target was health centre coverage of operating expenses through essential drug allocations donated by UNICEF and the World Health Organization; the salaries of health care workers were covered by the Ministry of Health. In the first year of operation most urban centres were already able to cover all operating expenses, while only one-third of rural centres were able to do so. The evaluation team proposed a "solidarity tax" to support health centres whose poor performance was due to factors other than management problems. Overall management was good (score 4). The health centres were managed by teams composed of the head of the health centre and three community members who had been indirectly elected from local councils. The management committees were responsible also for the collection and management of local health funds.

The orientation of actions was good (score 4). Although the emphasis on drug use and distribution was marked, the rapid expansion of health centres raised the access of the wider population, especially rural residents. The attempts to broaden immunization also improved



the balance between curative and preventive services. Monitoring and evaluation were good (score 4). The monitoring process took place every six months. Under the guidance of the prefecture director of health, each health centre developed coverage curves for the three main service components: the expanded programme of immunization, antenatal care and curative care. The curves were used to assess bottlenecks in service use, accessibility, effectiveness, adequacy and availability. To clarify expenditure and accountability, health centre budgets were examined as part of the monitoring process.

The decentralization of decisionmaking was fair (score 3). Programme management was highly centralized, although it could be said that the programme was "integrated" at the peripheral level. Supervision, drug supply, maintenance and monitoring were all organized at the centre. This centralization was anticipated from the beginning given the weakness of the original health system. Existing plans will hopefully be implemented to bolster regional and district capacities to manage drug supply and health delivery. Institutional support, especially from UNICEF, NGOs and communities, was good (score 4). The state was actively involved in training and the reform process. However, the drop in the share of health care in the national budget from 5.3 percent in 1985 to 2.2 percent in 1990 needs to be addressed.

### **The Kaski District Health System, Nepal**

Bichmann (1989) used the framework introduced by Rifkin et al. (1988) to analyse community involvement in and the effectiveness, qualitative performance and compliance of the Kaski District Health System in Nepal. Interviews were conducted at various levels of the district health system, including ward chairpersons and health post committee members. Bichmann's total average scores for the ranking indicators were leadership, 2.1; needs assessment, 1.9; organization, 2.2; management, 2.0; and resource mobilization, 2.2.

The leadership, needs assessment and management scores were low relative to those of the other variables because of social structure limitations in Nepal and the economic and political dominance of ward chairpersons. This dominance constrained local participation. The marginally higher score for resource mobilization was due to the fact that CP was relied on in this case because of the shortage of funds.

Problems were also reported in the orientation of actions, awareness and training (score 2). Communities were not properly informed on the structure of the health system and the tasks of volunteers and health workers. Health workers did not sufficiently integrate local

priorities and obstacles. The orientation of actions was fair (score 3). The effectiveness and community acceptance of curative and preventive care were fair. Bichmann suggested that, to improve targeting, other functional and operational performance indicators should be employed, such as "use of latrines" instead of "number of latrines built" and "proportion of eligible children immunized" instead of "total number of doses of vaccine".

Monitoring and evaluation were good (score 4). Nutritional status and diarrhoeal diseases were routinely monitored. Information was disseminated locally. Decentralization was limited. The management of the Community Health Leadership Scheme was top-down; this made it difficult for wards to express their genuine needs and participate fully (score 2). Institutional support was restricted, and the lack of decentralization reduced the effectiveness of the support which was channeled through the district health system (score 2).

### **The Banjarnegara Primary Health Care Programme, Indonesia**

Haliman and Williams (1983) reveal the very interesting and rather unique features of a primary health care programme in Banjarnegara, a regency with 678,000 inhabitants in a poor mountainous area of central Java, Indonesia. Two features in particular made the programme exceptional. First, health care delivery was rendered possible without the usual large injection of funds from central government or international agencies. Second, the integration of income generating activities, nutrition initiatives and primary health care was quite innovative and was assured by 4,000 unpaid local volunteers. Because of the programme, the infant mortality rate in Banjarnegara of 176 per 1,000 live births in 1972 was halved by 1980. Similarly, the maternal mortality rate in ten villages was halved over the same period. Needs assessment and action choice were good (score 4), since the communities performed the assessments and were backed up by specialized services, including family planning, immunization, malaria control programmes, antenatal and delivery care and the treatment of serious illnesses, in 17 Government health centres, one hospital and two voluntary agency health centres. The organization of the programme was good (score 4). A special nongovernmental agency, the Socioeconomic Development Committee, was created to provide a link between government services and voluntary agencies and to facilitate informal communication. Leadership was good (score 4), since organizational support was active and local initiatives were undertaken through community workers.

Training was excellent (score 5). Local government and voluntary agencies joined in

the training of health and nutrition "kaders". Training was viewed as open-ended, and kaders were trained in various activities, such as the identification and treatment of high-prevalence communicable diseases, environmental health and sanitation, first aid, nutrition, mother-and-child health, family planning, administration and management, vegetable cultivation, animal husbandry and fisheries, and the role of the community, government and voluntary agencies in rural development. Nutrition kaders were encouraged to focus more on preventive care; health kaders were to focus more on nutrition surveillance and maternal care. Resource mobilization was good (score 4). Local neighborhood associations paid for medical supplies through a voluntary medical insurance scheme, although more serious cases were referred to Government health centres. Food supplements were provided to households to improve child nutrition. Communities raised money to buy cement through contributions to a rotating credit association. The cement was used to build animal sheds separate from homes, thus making the homes more dry and airy and healthier places to live. Management was also good (score 4), since the village councils were very active in management and the supervision of kaders, sometimes through village meetings held with Government and voluntary agency staff. The orientation of actions was excellent (score 5), since programmes were impact-oriented, and groups at risk benefited from nutrition and health interventions. Monitoring and evaluation were also excellent (score 5). Village meetings and informal channels of communication between the communities and outside agencies facilitated this process. The decentralization of decisionmaking was excellent (score 5). Health and nutrition kaders were accountable in the first instance to their own village development committees headed by the village leader. The kaders also met with neighborhood associations periodically. Institutional support was very good (score 5). The local state helped in the training of kaders, coordination with the Socioeconomic Development Committee, the provision of district health centres, immunization, family planning, malaria control and so on.

### **The Local Management of Schools, Papua New Guinea**

Economic adjustment has led in recent years to a trend in many countries for governments to devolve responsibility for logistical support to schools. Preston (1991) examined the relationships among the school, its management board and the community in the provision of education services by 13 schools in Papua New Guinea. The introduction of decentralized administration in 1975 after independence from Australia gave the nation's 19 provinces the

responsibility of managing primary, lower secondary and vocational schooling. Furthermore, the 1983 National Educational Act gave community school management boards responsibility for finance, the provision and maintenance of land and buildings, student enrolments, school policymaking and student discipline. The law also authorized communities to form parent and citizens associations, although the functions of the latter were not made clear.

Needs assessment was good (score 4), since the decentralization allowed communities, nongovernmental agencies and district authorities to join in decisions on school management. However, the shortage of women on school management boards probably imposed limits on the validity of needs assessment. Organization was good (score 4), since the school boards were involved in the management process. However, more innovation and a system of checks and balances would have rendered the boards more effective in generating resources and support for the schools. Leadership was open (score 4), since board members tended to represent a rather full spectrum of the population in the school areas. A higher score would have been possible if board membership had included more women; if that had been the case, the education of girls would have presumably been promoted more actively.

Teacher training and the monitoring of the performance of teachers and pupils were under central control (score 4). Resource mobilization by communities was adequate (score 4). The focus of board activity was the maintenance of school buildings and grounds and the raising of the funds needed to undertake this work. Teacher salaries were provided through central and provincial budgets. Management was fair (score 3). The management boards were empowered to participate with the provincial department of education in managing finance, construction and maintenance and the supervision of teachers. However, Preston found that up to 58 percent of board time in Bereina, for example, was devoted to finance (27 percent) and buildings and maintenance (31 percent). Board effectiveness would have been improved by more attention to the problems of teachers, pupil discipline, school enrolments and so on. The orientation of actions was fair (score 3). Declared aims, such as boosting attendance and performance, tended not to be accompanied by specific targeting, such as the improvement of the education of girls. Monitoring and evaluation were fair (score 3), since management boards, teachers and the community were all well aware of the problems and programme progress and benefits. However, teachers and board members each expressed concerns about the performance of the other. The decentralization of decisionmaking was excellent (score 5). The role of school management boards in decisionmaking was clearly recognized, and the communities and the state both contributed resources for education services. Institutional

support was fair (score 3). Community responsibility was high, but the financial support from the centre was inadequate. For instance, the proportion of nonsalary expenditures eventually fell because of a drop in state support for matters like curriculum development.

### **The Family Planning Project in Karnataka, India**

This project aimed at promoting the "norm" of the small family and boosting acceptance of family planning through CP and the provision of support services (Anantha Subba Rao 1987). The Family Planning Association of India was instrumental in financing the project in Belgaum, a division in the northern part of the state of Karnataka. The project covered nearly 250,000 people in more than 150 villages.

In 1974 the project relied on a top-down approach focusing on deeper population awareness. Through decentralization and popular participation, it had been transformed by 1983 to a project for community action in family planning. Local volunteer groups were encouraged to popularize family planning and community involvement. Thus, between 1978 and 1983 the proportion of family planning "users" among eligible couples in the project area grew from 19 percent to 43 percent. This compared to the 29 percent acceptance figure for both the state of Karnataka overall and the rest of the country. CP was responsible for this progress, as well as for increased resource mobilization and sustainability.

Needs assessment was initially carried out by the Volunteer Group Liaison Committee and project staff who were familiar with the communities. However, training provided by local volunteer groups eventually furnished community leaders with the skills needed to assess community needs and set priorities (score 4). Organization was good (score 4), since coordination and clear links existed among the Family Planning Association of India, the local volunteer groups and other community groups. Leadership was broad and reflected a variety of community interests (score 5). Elections were held for positions in the local groups. In addition, the project team encouraged the participation of nonelected individuals who had shown a sense of dynamism and leadership potential. Local volunteers were trained to help prepare communities to generate their own initiatives; self-reliance was a key feature of the programme (score 4). The trainees learned to assess community needs, fix priorities and plan and implement programmes by mobilizing support from in and outside the community. The training also involved informal discussions with training staff and the preparation and implementation of a six-month action plan for each local group. Progress reviews were held

every six months for trainees and annually for experienced staff. Trainees took part in the evaluations of their own performance.

Resource mobilization was good (score 4). The Family Planning Association of India provided the training and other resources, while the communities offered a variety of inputs, including volunteer labour, buildings, furniture and electricity for clinics, the management of contraceptive depots and the preparation of nutrition supplements and oral rehydration therapy solutions. By 1984 the local volunteer groups and the Government were contributing roughly equivalent shares. Management was good (score 4). The local volunteer groups were run by the communities and were active with officials of the Family Planning Association in the supervision of volunteers. The volunteer groups facilitated the participation of the communities in planning and project implementation. The orientation of actions was adequate (score 4), since attempts were made to target and integrate the family planning needs of the very poor and lower castes, although this was rendered more difficult because of undemocratic social structures and practices. Efforts were also made to include women in the decisionmaking process. Such efforts led to higher family planning acceptance rates.

Project monitoring and evaluation were well coordinated among the local volunteer groups, staff of the Family Planning Association and the communities (score 4). The system allowed for a two-way flow of information for the adjustment of strategies and policies. Community leaders, youth clubs and women's clubs were also offered training and were encouraged to keep their own records and prepare reports. Decisionmaking was highly decentralized (score 4). The Family Planning Association and the communities joined in deciding various aspects of project planning, implementation and resource mobilization. Institutional support was exceptional (score 5). Training, resource mobilization and the flow of information were coordinated among the local state, the local volunteer groups and the communities. The relocation of welfare workers from central family planning offices to the villages bolstered cooperation among the various organizations and rendered the planning process more sensitive to local needs.

#### **The San Judas Barrio Project, Managua, Nicaragua**

This small project involved the collaboration of one community, a local church organization (CONFER) and the Government of Nicaragua in the creation of 60 low-income dwellings (Moser 1989). The bottom-up approach of the project was assured by the active participation

of female-headed households and the "barrio", the local neighbourhood unit.

Needs assessment was excellent (score 5), since the neighborhood committee played a key part in the formulation and evaluation of the scheme. The committee took a collective decision to reduce the design specifications in order to raise the number of beneficiaries by 25 percent. Organization was also excellent (score 5), since existing structures such as the barrio and CONFER were deeply involved and controlled many of the activities. Leadership was good (score 4), especially because the project was initiated and headed by women. However, traditional attitudes in the community toward the role of women created conflicts during the construction phase. Training was adequate (score 4). It provided the women with construction skills, thereby helping them overcome major physical and ideological constraints and earn the respect of male colleagues and ministry officials.

Resource mobilization was fair (score 3). Participants donated labour, and repayment was limited to 10 percent of costs and depended on the capacity to pay, which was calculated in terms of household income. Management was good (score 4). The clear guidelines issued by CONFER encouraged beneficiaries to participate and share management responsibilities in the execution of the scheme. The orientation of actions was adequate (score 4), since the project was initiated by women to improve their own housing situation. The active role of female-headed households was progressive despite the difficulties with traditional attitudes. Monitoring, evaluation and information were stimulated by weekly meetings, which came to be a mechanism for the community to sort out problems such as priorities in housing allocation (score 4). Decisionmaking was highly decentralized (score 5). The Department of Home Improvement was involved mainly to offer official recognition to the project, but most decisions were made by CONFER and the community. Institutional support in funding, through coordination with CONFER and in the training of women, was adequate (score 4).

### **The Fundacomun Housing Programme, Venezuela**

Fundacomun, the Foundation for Community Development and Municipal Improvement, was established in 1974 as an autonomous agency within the Ministry of Urban Development to create service "modules" to meet the needs of the hundreds of thousands of people living in the marginalized communities in and around Venezuela's major cities (Gomez and Myers 1983). The basic idea behind the project was to locate all public services targeted at residents of a given barrio in a single facility under the supervision of one coordinator. This module

approach was viewed as an important social innovation in the lateral integration of public institutions at the local level and in the creation of the community ties needed for people-centred development. A key project aim was to raise the access of residents of marginalized areas to social services and utilities such as street development, housing, water supply and sewage. Unfortunately, the project achieved only modest results because of political and administrative constraints which prevented the transfer of authority to communities.

Needs assessment was limited (score 2). The original intention had been to include communities in the process of identifying the needs to be addressed by the modules, but few of the project personnel were engaged in community outreach activity. Organization was also narrow (score 2). Fundacomun was imposed on communities by the state with the laudable aim of promoting social development, but clearly defined mechanisms to link and involve community institutions were lacking. Leadership was innovative in that the module project was established by presidential decree, and a daughter of the president was given a leading role. However, this approach did not result in improved local capacities or in the transfer of authority to accountable local institutions such as municipal councils (score 2).

Training for local capacity building was limited (score 2). Fundacomun officials were not trained in local settings. There was little integration of municipalities in the training process. Resource mobilization was fair (score 3), since financing was furnished mainly by the Government. The lack of community involvement and financial control may have reduced community resource contributions. Project management was dominated by Fundacomun, and responsibilities were not equally shared with the communities (score 2). The orientation of actions was good (score 4). The people in the marginalized communities urgently needed better access to social services. Monitoring and evaluation were restrained (score 2), since the communities were not surveyed on their own needs and were not adequately tied into the decisionmaking process at the centre. Information reporting was often tardy, incomplete and inaccurate and had little relevance to programme performance. The decentralization of decisionmaking was fair (score 3). Fundacomun provided links between the centre and the communities, but key decisions were taken at the top. Institutional support was narrow (score 2). Budgetary and staff support was provided for social service provision through Fundacomun, but the agency was not answerable to the community. Contrary to an explicit requirement in the law establishing the programme, interagency coordination was lacking.



### **Social Mobilization for the Protection of Child Rights, Brazil**

During the 1980s the abuse of children in difficult circumstances was widespread in Brazil. The extent of the abuse was very serious. For example, numerous cases of the summary execution of street children were reported in the media.

More recently, as part of the democratization process in the country, the Government, along with UNICEF and various nongovernmental organizations, has been attempting to provide better protection and more support services for poor children (Gomes da Costa and Schmidt-Rahmer 1991, Swift 1991). Services for children had previously been offered in a paternalistic, top-down manner under the direction of a central policymaking body, the National Foundation for Children's Welfare. These services were inadequate. Moreover, the approach toward the institutionalization of children and the overwhelming powers of the police and of judges in courts for minors tended to function to the disadvantage of children.

The struggle for child rights has thus been aimed at legal and institutional reforms. Following a year of intensive lobbying by various organizations concerned with child rights, the National Congress adopted the Children and Adolescents Act in 1990. The law revoked the Minor's Code and abolished the old child welfare policy. It required the family and the state to guarantee child rights and give children priority in provision of basic needs like food and education. After the passage of the law, the National Forum of Nongovernmental Organizations for the Protection of Children and Adolescents was created as a united front by institutions and the popular movement in favour of child rights.

Needs assessment in the passage of the new law and in the related initiatives in favour of child rights was good (score 4). Various community organizations were involved in the mobilization of support. Participation was extensive, and children offered their views at regional, state and national level meetings on the issues. At the Second National Congress in Brasilia, over 5,000 children presented their demand for well-protected citizenship rights to the legislature. Organization was excellent (score 5). Nongovernmental organizations and local participatory councils were active in the passage of the new law and in generating popular support for the initiatives of the forum. Leadership was good (score 4). Various church groups and other NGOs, with support from international organizations like UNICEF, were largely responsible for the effort at social mobilization. The training to improve the provision of child support services was highly innovative (score 4). The "street educator" technique was introduced and was helpful in reaching out to street children and identifying

their needs. Moreover, some states retrained their police in the principles of juvenile justice and the treatment of children. Four states established multidisciplinary teams to contribute screening services within the juvenile justice system. Each team consisted of a social worker, a psychologist and a lawyer who interviewed children apprehended by the police to decide whether to send them home, or to refer them to a social assistance programme or a judge.

Resource mobilization and mechanisms for financing the development of education were included in the new Brazilian Constitution of October 1988. For education, the central Union was obliged to provide at least 18 percent and the municipalities 25 percent of their tax revenue. However, the Constitution did not address the issue of land reform, which, if properly administered, could lead to better welfare for poor rural families and thus perhaps to a drop in the migration from the countryside to the cities. A new measure furnishes economic support for income generating activities among at-risk families, so that children will no longer need to search for work. However, Swift (1991) indicated that cash flow problems and delays in the payment of staff salaries had occurred at one new child rights and social promotion foundation in the state of Goiás (score 3). The management structure was open. The formation of participatory councils to help supervise and deliver education and other services to street children was encouraged (score 4). These initiatives required profound institutional, administrative and technical reorganization and fresh approaches to support services for children at risk.

The orientation of actions was excellent (score 5). The main programme target was families whose children risked ending up on the street. The street-educator approach was impact-oriented through direct interactions and the help offered to street children to learn new skills and become useful citizens. The interaction with at-risk families and the linkages with income generating activities were steps mainly of a preventive nature.

Monitoring, evaluation and information exchange about children and adolescents depended on new deliberative councils at the municipal, state and federal levels. These councils consisted of Government officials and representatives from community institutions (score 4). Decisionmaking was decentralized (score 5). The idea of centralized planning was scrapped. A key feature of the new Brazilian Constitution was the strong emphasis on the devolution of power and responsibilities to state and municipal governments. More concretely, decentralization meant the creation of the participatory Foundation of Brazilian Centres for the Child and Adolescent. Institutional support was very diverse (score 4). It involved collaboration among national, state, municipal, nongovernmental and international

organizations. It is doubtful whether the historic 1990 law on child rights in Brazil could have been passed without the intense cooperation and active participation of so many people.

## VII. AN ALTERNATIVE APPROACH

A summary of the scores recorded in the ten cases outlined above reveals that the results were unsatisfactory only for the Fundacomun Housing Programme in Venezuela and the Kaski District Health System in Nepal (Table 5). These two cases illustrate how political and socioeconomic constraints can inhibit social development at both local and national levels.

Social services such as basic education and health care could be provided based on three models: a centralized model, "A"; a model based mainly on community initiatives, "B"; and a model based on joint initiatives and the pooling of resources among communities, the local state and the central state, "C" (Tables 6 and 7). Given the resource constraints at all levels in most developing nations, Model C represents the best approach for improving social service access. Certain variables may be relevant in this "alternative" approach. A comparison of the way these variables have been viewed in previous approaches to development and how they could be viewed in the "alternative" approach may be useful (Table 8).

Table 5: A SUMMARY OF THE CASE STUDIES

	Tanzania	Indonesia	India	Nicaragua	Brazil	Sudan	Papua New Guinea	Guinea	Venezuela	Nepal
Needs assessment	3	4	4	5	4	3	4	3	2	2
Organization	4	4	4	5	5	4	4	4	2	2
Leadership	5	4	5	4	4	4	4	3	2	2
Training	4	5	4	4	4	3	4	4	2	2
Resource mobilization	5	4	4	3	3	5	4	3	3	2
Management	5	4	4	4	4	4	3	4	2	2
Orientation	5	5	4	4	5	3	3	4	4	3
Monitoring/ evaluation	5	5	4	4	4	4	3	4	2	4
Decisionmaking	4	5	4	5	5	4	5	3	3	2
Institutional support	5	5	5	4	4	5	3	4	2	2
Total (% score)	90	90	84	84	84	78	74	72	48	46

Sources: Some figures for Nepal are from Bichmann (1989); these have been rounded. The rest of the table has been compiled by the author.

Table 6: THREE MODELS FOR THE PROVISION OF BASIC EDUCATION

Variable	Model A	Model B	Model C		
	Centralized	Community Only	Community	+Local State	+Central State
Location	x	x	x		
Curriculum	x	x		x	x
Schedule	x	x	x		
Shifts	x	x		x	
Training, teacher supervision	x	x		x	x
School meals	x	x	x	x	x
Management	x	x	x	x	
<i>Financing</i>					
Capital	x	x	x		
Nonwage recurrent	x	x	x		
Wages	x	x			x

Source: Compiled by the author.

Table 7: THREE MODELS FOR THE PROVISION OF PRIMARY HEALTH CARE

Variable	Model A	Model B	Model C		
	Centralized	Community Only	Community	+Local State	+Central State
Location	x	x	x	x	
Training of VHW*	x	x		x	
Training of health officials	x	x		x	x
Preventive care	x	x		x	x
Monitoring, evaluation	x	x	x	x	x
Management	x	x	x	x	
Setting of user fees	x	x	x	x	x
<i>Financing</i>					
Capital	x	x	x		
Nonwage recurrent	x	x	x		
Wages	x	x			x

Source: Compiled by the author.

\* VHW = village health workers.

Table 8: VARIOUS APPROACHES TO SOCIAL SERVICE PROVISION (1950s To 1990s)

Variable	Modernization (1950s & 1960s)	Community Development (1960s to mid-1970s)	Community Participation (mid-1970s to now)	Alternative Approach (proposed)
Community involvement, Resource mobilization	Minimal, taxes on community production	Minimal, contribution of labour and materials, powerless local communities, dependence on state welfare	More local control and participation in project management and resource contributions	Greater participation in project activities, coordination and support from local state, greater resource mobilization
Administrative structure, Decisionmaking	Centralized, bureaucratic, top-down with support of local elites	Centralized, bureaucratic, top-down, dominated by governmental development entities	Bottom-up, strong emphasis on community empowerment	Decentralized, people-based, decisionmaking by accountable community organizations supported by local state
Information flow	Top-down, little community contribution	Top-down, consultative with community participation	Dissemination within projects, participation of community groups, NGOs included	Bottom-up and top-down, information exchange with local communities, NGOs and local state
Technology generation and use	Focus on capital-intensive technology to "modernize" "primitive" technology	Contribution of modern and local technologies in various projects	Preference for local appropriate technology	Preference for low-cost appropriate technology, information flow from below and state support for new technology generation
Economic efficiency*	High cost due to inappropriate technology, low benefits due to little or no community interest	High cost due to the state role as main contributor, minimal benefits due to little encouragement for active participation	Efficient due to high benefits because of greater community participation and resource contributions	Efficient due to greater benefits of CP, lower costs due to decentralization, economies of scale and state support, especially in preventive care
Policy efficiency**	Minimal due to low perceived benefits and high economic costs of projects	Modest due to minimal impact on poverty despite high economic costs of projects	Perceived benefits are high for participants, but the spread is limited due to lack of integration with local state	High perceived benefits, lower costs for state due to decentralization and greater mobilization of community resources

Source: Compiled by the author.

\* Economic efficiency can be measured by calculating the ratio of cost per beneficiary to intensity of use.

\*\* Policy efficiency requires a comparison of the perceived benefits of the programme compared to the cost to the government (PB/GC).

The links between decentralization and CP must be viewed in a new way in order to maximize social service access. This will require the recognition of two basic facts. First, centralized social service delivery has often not reached the poor because of its limited range, its inability to sustain local action, its limited adaptability to local circumstances and its fostering of dependency (Korten and Alfonso 1983). The decentralization of state functions and the devolution of decisionmaking to communities could thus greatly enhance resource mobilization. Second, while the CP approach has been effective in reaching out to the poor, tighter links with a decentralized state could help expand CP to other areas by utilizing economies of scale and the channels of the local state to empower vulnerable groups further.

## VII. CONCLUSIONS AND POLICY IMPLICATIONS

This study has been undertaken with the broad aim of finding ways to harmonize CP and the public effort in social service delivery. It has shown that the decentralization of the decisionmaking process and the active promotion of community accountability could enhance the equity and efficiency of social service delivery.

While nongovernmental agencies are proving more effective in reaching out to the poor, the evidence is meagre that their projects have been expanded rapidly to include more people at the district and national levels. Thus, greater cooperation between communities and the local state is needed not only in social service delivery, but also in the promotion of local democracy and the greater participation of all groups, particularly those which have been neglected in the past. This requires accountable local institutions which are mainly controlled through democratic processes at the local level.

This study has emphasized that decentralization is a necessary, but not a sufficient, condition for the effective transfer of power to the local level. To be more effective, this transfer must go hand in hand with the strengthening of local institutions. Appropriate decentralization mechanisms could include revenue generation and control at the local level and training and coordination at the district level. Some priority areas in an alternative approach would be community involvement, the orientation of action, structural changes in administration, information flows, technology generation and use, and economic and political efficiency. If properly executed, this alternative approach could greatly enhance economic services (local taxation, for example) and services in health care, nutrition and education.



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