How countries nurture Human Capital
Coordination across government

Greater coordination across government and among development partners, as well as investments in complementary sectors, can substantially advance the human capital agenda.

Chile: linking sectoral programs together

Chile’s Crece Contigo (ChCC) has innovatively and effectively linked programs around children’s developmental needs and matched municipal or local networks to national policies and programs. Rather than being a single program, ChCC is a system of coordinated cross-sectoral programs and services targeted at investing in children under age 9 and their families. About 70 percent of the programs that ChCC encompasses existed before it was set up.

The program’s multidimensional nature strengthens the work undertaken by different sectors and it is jointly managed by three key ministries: Health, Education, and Social Development. The program was developed to leverage existing institutions by focusing on creating new coordination structures while largely maintaining the pre-existing organization of service delivery. More than a decade later, ChCC extends nationwide and reaches the majority of Chilean families.
Ethiopia: aligning development partners

Ethiopia’s Productive Safety Net Program (PSNP) is an example of harnessing synergies across government and development partners. Together, 11 development partners have worked to create effective implementation arrangements that span multiple ministries and provide a unified stream of technical advice to support the government-led program.¹

As a result of PSNP, substantial improvement in food security was observed between 2006 and 2014, reflected in a fall in the mean food gap (the number of months a household reports food shortages) by more than a month. This improvement was most substantial among households with greater initial food insecurity. More specifically, in 2011, the project was credited with reducing the national poverty rate by an estimated 1.6 percentage points—bringing more than 1.4 million people out of poverty.² Recent research also suggests that PSNP is more effective than the redistribution of income taxation in achieving poverty reduction.³

Pakistan: making complementary investments in technology

In Pakistan, the government deployed technology to effectively improve the quality of services delivered. The Punjab Information Technology Board built a bespoke smartphone app that allowed rural health workers delivering vaccines to click a button to save location data whenever they injected a child. While it took a few months for all health workers to be trained to consistently use the app, hundreds of thousands of data points were soon created. When these were linked to satellite maps, planners were able to see which villages were being served and which ones were being missed. Gaps in coverage revealed flaws in the vaccination plans. In some cases, staff were not deployed to the right places and in others there was confusion around which teams were responsible for which locations. The data also showed where teams had failed to do their job and where health workers were not reaching their targets because the provincial government was not paying their transport allowances.⁴

Indonesia: harnessing the power of communities

Conditional Cash Transfer (CCT) programs are often used to link sectoral interventions at either the household or community level. Indonesia’s Program Keluarga Harapan (PKH) is a CCT providing direct cash benefits predicated on household participation in locally-provided health and education services. Families are also required to attend Family Development Sessions which include health and nutrition modules aimed at behavioral change. Started in 2007, PKH today benefits approximately 10 million poor households, raising nutrition levels in families and ensuring that children stay in school longer.⁵

Although these efforts have helped lower the overall stunting rate, which has fallen by 7 percentage points since 2013, stunting remains high at 30.8 percent. To combat this, Indonesia has begun implementing a multisectoral National Strategy to Accelerate Stunting Prevention to ensure that all households with pregnant women or children under age two can access...
the complete package of services essential to preventing stunting. The National Strategy involves coordination among 23 ministries that play a role in ensuring that every village and every household has access to a core package of services proven to help reduce stunting. These include the Ministries of Health, Public Works (for water and sanitation), Education (early childhood development), Social Affairs (social protection programs), Agriculture (food supply), Communication (behavior change), as well as the Ministry of Home Affairs and Ministry of Villages (decentralized service delivery at the district and village levels). The strategy also involves alignment across many layers of government to ensure delivery of stunting reduction services at the frontline, since Indonesia is a highly decentralized country with 81,000 villages.6

Egypt: creating fiscal space through subsidy reform

Many countries have reduced costly energy subsidies and directed the savings toward human capital investments. In 2014, Egypt embarked on fuel and electricity subsidy reform and within three years managed to cut subsidies by more than half. The reduction in energy subsidies created US$14 billion per year in fiscal space which the government used to roll out cash transfer programs that now reach 9.5 million poor, increasing food subsidies by 300 percent, and expanding the school lunch program to cover 12 million children. Recent analysis has found that long-run real GDP growth in Egypt will increase by approximately one percentage point as a result of this reform.7

Afghanistan: community-driven development

Community-Driven Development projects are particularly effective in improving human capital outcomes in countries affected by fragility, conflict and violence where government institutions and services are weak or under stress. In Afghanistan, the Citizens’ Charter Afghanistan Project aims to improve the delivery of core infrastructure, emergency support, and social services to participating communities through strengthened Community Development Councils (CDCs). The project is implementing a large citizens’ scorecard initiative in all of the country’s 34 provinces to improve delivery of infrastructure, health and education services. Its initial results on citizen engagement are impressive. Since its launch in 2016, 77 percent of citizens have participated in local development council elections, with women’s participation at 70 percent. The project builds on the foundation of the National Solidarity Program—the government’s community development program, which mobilized almost US$2.5 billion and worked through more than 35,000 community-elected CDCs to support over 88,000 community-level infrastructure projects in the areas of transport, health, education, and water and sanitation.

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Djibouti, Ethiopia, Kenya, Uganda: multisectoral approaches

A recent multisectoral approach to improve access to basic social services, expand economic opportunities, and enhance environmental management for communities hosting refugees across Djibouti, Ethiopia, Kenya and Uganda has shown great promise. Launched in 2016, the Development Response to Displacement Impacts Project (DRDIP) will ultimately be implemented in 11 refugee hosting districts across the Horn of Africa over a five-year period. It aims to reach 2.5 million people in host communities and 110,000 refugees to provide livelihoods support to 75,000 households. The project has five key components: social and economic services and infrastructure; environmental and natural resource management; livelihoods; project management that includes monitoring and evaluation as well as knowledge sharing; and support to the Intergovernmental Authority on Development for expansion of the regional secretariat on forced displacement and mixed migration. The project has already benefitted over 218,000 people in Ethiopia, nearly half of whom are women. Of this total, over 12,000 children have gained improved access to primary schools, more than 20,000 people have gained improved access to health centers and 76,000 have gained improved access to water.

ENDNOTES