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**About the Photograph:**

*In Rajasthan the Project brought Medical Camps in nine desert and tribal districts*

## *Bringing health services for tribals in Karnataka, Rajasthan and Tamil Nadu*

**T**ribal people make for about 8 percent of India's population. However, they account for over a quarter of the country's poorest people. Although these groups have seen considerable progress over the years – poverty among tribal groups declined by more than a third between 1983 and 2005 – nearly half the country's Scheduled Tribe remains in poverty, due to their low starting point.

Three World Bank-supported State Health Systems Projects – in Rajasthan, Karnataka, and Tamil Nadu adopted a number of

*Medical camps have proved to be very popular with number of beneficiaries ranging from 500 to 4,000*

innovative strategies to improve the health of tribal groups. Given the wide diversity among these groups and their various levels of socio-economic development, the interventions adopted were multipronged and area-specific.

### *Bringing medical services in remote areas*

While medical camps have often been conducted in the past, there was an overwhelming need for mobile medical camps to reach remote tribal populations. All three projects, therefore, sought to improve outreach, through state-sponsored medical camps in Rajasthan, and through NGO-run mobile health clinics in Tamil Nadu and Karnataka.

#### Rajasthan

**Medical outreach camps:** In Rajasthan, the project brought medical outreach camps to nine desert and tribal districts where brick-and-mortar health facilities were dysfunctional. Six outreach camps were conducted every month in each district. Each camp was followed by two smaller camps to dispense lab reports and medicines and provide follow-up care. Populations were drawn to these camps through door-to-door canvassing by



Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANM), as well as loudspeaker announcements, banners and pamphlets. The range of free medical services provided was widened to include pediatric, gynecological, and general medical services, in addition to free immunization, basic lab tests, free medicines for a full course of treatment, and referral of the more complex cases to advanced facilities. Doctors were brought in on a rotational basis from satellite hospitals that

*Mobile health clinics are very popular, especially for women and children's illnesses*



had lighter patient loads as well as from higher health facilities to ensure that no facility was left unattended for long. With the number of beneficiaries at each camp ranging from 500 to 4000, outreach camps have proved to be extremely popular and the uptake of services by underserved populations has been consistently encouraging.

The number of camps increased from 15 camps catering to some 9400 tribal beneficiaries over a six-month period in 2006 to 433 camps catering to some 45,000 tribal people over a similar period in 2008.

### Tamil Nadu and Karnataka

**Mobile health clinics:** In Tamil Nadu and Karnataka, the projects introduced mobile health clinics to bring basic health services to tribal populations in underserved parts of the state, and contracted NGOs to run them. Each mobile health clinic consisted of a large vehicle staffed with a qualified doctor, two ANM/nursing staff, a pharmacist, a lab technician and a male and female support staff. The vehicle was equipped with an oxygen cylinder, IV lifelines, emergency drugs and plenty of information materials. Medical staff treated common illnesses and provided first aid and maternal and child care services, as well as family planning services. They also helped raise awareness

*Mobile health clinics not only helped raise awareness, but also collected data on the disease profile of tribal populations*



of health issues and collected data on the disease profile of tribal populations. The Mobile Health Clinics have proved to be very popular, especially for women and children's illnesses. In Tamil Nadu, some 17,000 villages were serviced by tribal outreach vans between May 2008 and September 2010, with medical benefits accruing to over 630,900 beneficiaries. In Karnataka, over 250,000 tribal patients availed of the services of mobile outreach vans between June 2008 and May 2011.



All three states have used Public-Private Partnerships (PPP) to provide emergency transportation for pregnant tribal women



### *Providing emergency transportation for expectant mothers*

All three states of Tamil Nadu, Karnataka and Rajasthan have used Public-Private Partnerships (PPPs) to provide emergency transportation to take pregnant tribal women to health facilities for obstetric care. While not all hamlets have access to tarred roads, the emergency ambulance services reach the nearest motorable point to pick up patients in all three states.

*Counselors from tribal communities have played a major role in facilitating better services*

#### Tamil Nadu – ambulances for pregnant women

With the project paying for 385 well equipped, state-of-the-art ambulances, free

emergency transportation is now available to take pregnant tribal women to primary and higher health centers.

Lessons learnt from the poor management of multiple NGOs contracts for ambulance services led the state government to revise its strategy and contract a single professional agency to provide free emergency transportation services in health, fire, and police emergencies across the state. An additional 200 ambulances are being supported by the project to effectively address the increasing demand. To encourage institutional deliveries amongst tribal groups, another scheme provides full boarding and lodging facilities at PHCs in tribal regions for the mother and a maximum of two attendants for 10 days at a cost of Rs.100



per day. The scheme has proved promising and has been expanded by the Department of Medical Services to over 15 PHCs that cater to remote tribal populations. NRHM too has expressed interest in the scheme and has set aside a budget to expand it to 43 PHCs in the neediest tribal areas.

### *Employing health workers from tribal communities*

As tribal populations find it difficult to navigate through the complexities of medical facilities, all three health projects have made provisions to help them. In partnership with local NGOs, counselors who are often from tribal communities themselves have been placed at district



*Round-the clock Citizens Help Desks have been set up to address complaints*

hospitals to guide patients, explain doctors' prescriptions, help patients take advantage of welfare schemes, and counsel them on preventive and promotive health behaviors.

### Rajasthan

**Patient counselors:** Initially patient counselors were placed at all facilities which had 100 beds or more, in partnership with local NGOs. As these counselors proved quite popular, qualified counselors were directly recruited and placed at all facilities with 50 beds or more.

### Tamil Nadu

**Tribal counselors:** NGOs were contracted to train and place counselors from tribal populations in government hospitals and PHCs in 12 tribal districts. These counselors also pay weekly visits to tribal hamlets to raise awareness about health issues and promote healthy behaviors. Attendance by tribal groups has increased at health facilities. The project is now expanding this service to other tribal districts.

### Karnataka

**Increasing local expertise through tribal ANMs:** For the first time in Karnataka, tribal ANMs were recruited and trained to bring health care closer to tribal settlements. In every batch of ANM trainees, ten seats were reserved in each district for tribal girls who have passed Class 10 and are willing to work in tribal settlements where no ANMs are posted and where accessibility to health services is poor.

**Citizens Help Desks:** Citizens Help Desks have been established to provide round-the-clock assistance to tribal and other vulnerable groups in selected district and taluk level hospitals. These help desks also address complaints by mediating between consumers and service providers. Nineteen of these desks are supported through the World Bank-financed project, with NRHM expressing interest in expanding these services to other health facilities in the state.

### *Changing the behavior of health care providers*

The Tamil Nadu and Rajasthan health projects supported behavior change communications campaigns amongst the clinical, paramedical, and lower staff, as well as mechanisms to obtain feedback.

### Rajasthan

A behavior change communications campaign was conducted in medical facilities in six districts. The campaign sought to instill patient-friendly behavior among health care providers and helped them develop team spirit and pride in their work. Pre-and post-training evaluations as well as independent surveys indicate that the



training was greatly valued by lower-level staff who have the most contact with patients and that it has indeed improved their attitudes and behavior patterns towards tribal patients.

**Consumer feedback and complaint redressal pilot:** A consumer feedback and complaint redressal initiative is being piloted that logs patient feedback and complaints through both anonymous and open channels. Action taken on complaints is publicly disclosed for greater awareness.

### Tamil Nadu

A Training of Trainers model in Tamil Nadu helped build substantial capacity within the state's health department to hold heterogeneous and homogenous group trainings in behavior change communication. The objective of inculcating team spirit, pride in work and client friendliness was central to these workshops. This method ensured

*A campaign to install patient-friendly behaviour among health care providers proved successful*

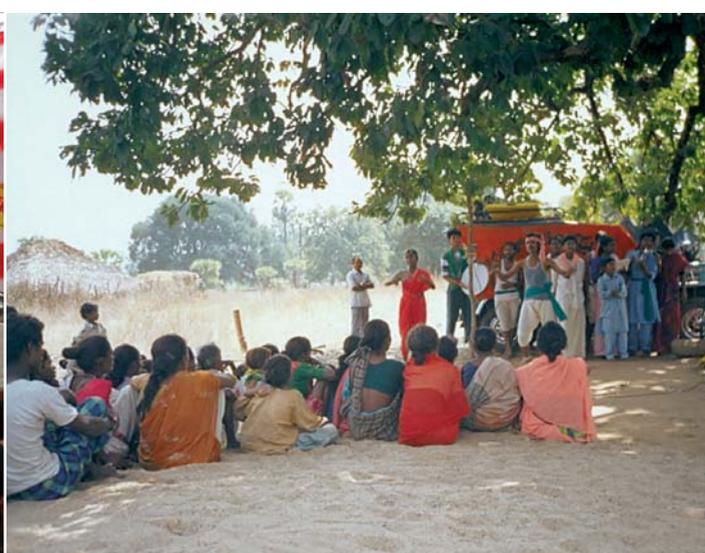
these skills remained available with the state long after the agency completed its assignment, making it possible to conduct refresher courses at no additional cost to the state.

### *Providing financial support*

While most innovations have included the provision of free medical services to poor tribal populations, a few pilots have sought to ease the financial burden of inpatient care on these groups.

### Tamil Nadu

**Bed grant scheme:** Lack of reliable public health care services in certain underserved tribal areas prompted the project to partner with NGOs for the provision of free inpatient care to tribal populations.





*Government is making an effort to sustain initiatives introduced under these Projects*

All costs pertaining to minor ailments and surgeries are reimbursed by the project. The scheme has been well received by tribal populations and uptake has improved. For instance, the number of inpatients at the hospital facility run by the Nilgiris Wynaad Tribal Welfare Society increased from 7 per month to 47 per month over the two-and-a-half-year period between 2008 and 2010.

### Tamil Nadu

**Mortuary van services:** The project procured forty two mortuary vans and contracted an equal number of NGOs to run them at pre-defined competitive rates. The vans were stationed at the larger public facilities. They were also promoted actively by counselors stationed at facilities. The project is now moving towards a comprehensive mortuary van service with the International Red Cross Society, to be supported by a centralized call center facility, a unique toll free number, and trained staff.

### *Ensuring sustainability*

Taken together, these activities in Rajasthan, Karnataka and Tamil Nadu have significantly contributed to better access to health care

by poor, underserved tribal populations.

Given the limited scope, scale and duration of World Bank projects, all three projects made specific efforts to ensure that the capacities built, initiatives supported, and systems institutionalized with the projects' support remained sustainable.

This was done through a constant dialogue with the states' Directorates of Health and the National Rural Health Mission (NRHM) to ensure there was no duplication of effort and that the innovations introduced would continue after Bank financing was over. For instance, in Rajasthan, where the project introduced mobile health clinics in remote tribal and desert regions, the state government is planning to take these over. Similarly, in Tamil Nadu and Karnataka, the state NRHMs have built the capacity to manage the public-private contracts with the NGOs to run the Mobile Health Clinics and the Citizens' Help Desks. The Tamil Nadu project also plans to dovetail the efforts of the wide range of stakeholders working on tribal development issues – both government and non-governmental – into an integrated state tribal development plan. 🌐

### *Fortifying our future*



*India, like much of South Asia, needs strong political will to ensure adequate nutrition for all, writes Kalpana Kochhar, World Bank's chief economist for the South Asia region*

The World Bank and International Monetary Fund just concluded their annual meetings in Washington.

At an event on nutrition in South Asia, the evidence presented was clear and astonishing. On the one hand, South Asia has experienced robust economic growth averaging 6 percent a year over the past 20 years. On the other hand, the region continues to have unacceptably high rates of malnutrition with Bangladesh and India having a higher proportion of malnourished children than even the poorest countries in Sub-Saharan Africa. This seems inexplicable to many, and indeed is referred to as the 'Asian Enigma'.

There is considerable evidence that malnutrition affects not only children's chances of survival but also their cognitive capacity and learning ability. Losses of up to 13 IQ points have been attributed to micronutrient deficiencies in children under

two. And children who learn less, earn less. A recent study in Guatemala showed that children who received nutritional supplements up to age three had significantly higher scores on cognitive tests and earned 34-47 percent higher wages as adults than those who had not received these inputs.

Some continue to question the data, even suggesting that South Asian children should be held to a different growth standard, despite the extensive evidence showing that the global growth references are credible. As documented by the World Health Organization's 2008 multicountry study, it is now well established that our children have the same genetic growth potential through two years of age as other children globally, if given the same opportunities for the once malnourished girl to become the grandmother of a well-nourished child.

The 'World Development Report 2012:



Gender, Equality and Development' highlights issues on the persistence of malnutrition in South Asia. Malnourished adolescent girls cannot deliver healthy babies. Literate and more empowered mothers have better nourished children. Recent analyses in Bangladesh reaffirm evidence that when women are involved in household decisions and have control over earnings, their children are better nourished, and that a woman's experience of abuse and acceptance of domestic violence had a significant negative impact on her own nutritional status, affecting her ability to produce a healthy newborn. In general, efforts to improve gender equality will be critical to reducing South Asia's disadvantage in nutrition.

In order to attain a fully healthy and well-nourished-and even more intelligent and productive-population, we need to improve access to nutritious and diverse foods, clean water, sanitary environments, female education, pre-natal services and knowledge and support for appropriate child care, such as exclusive breast-feeding for the first six months. It is possible.

Take Mexico, for example. The country took a targeted approach to address malnutrition and achieved remarkable results. There was a marked reduction in infant mortality, increases in children's height, higher enrolment rates in secondary and high school, better educational attainments, and a reduction in failure and drop-out rates between primary and secondary school.

Clearly, there are important lessons for South Asia from other countries as well, such as Thailand and Brazil that have reduced malnutrition to very low rates. First, an integrated multi-sectoral approach is needed. Second, if we invest in the right strategies, investing in nutrition has very high economic

returns. Third, households respond to incentives, as has been demonstrated by the use of conditional cash transfers to encourage better nutritional practices. Fourth, the issue is not access to food alone, but access to income and information; more food per se will not necessarily solve the problem. And last, high level leadership is necessary to steer an initiative which is carefully designed and targeted in terms of food, healthcare, hygiene and environment.

Indeed, a study by the Nutrition Foundation of India found that the growth curves of well nourished Indian children are indistinguishable from those of similarly nourished children in other parts of the world.

So, what explains this 'enigma'?

Researchers have spent considerable effort on this. We know that pregnant women in South Asia put on less weight during pregnancy than they should: 5 kgs on average compared to the worldwide average of close to 10 kgs. Too often, new mothers are still children themselves, a staggering 75 percent of them are anemic, and some one-third of all babies in India are born with low-birth weights. We know that poor hygiene, combined with dense populations, leads to the frequent occurrence of infections which deplete young children of nutrients. We also know that while not genetic, malnutrition is inter-generational, meaning that it takes a few generations can cost just about 0.5 percent of GDP annually.

The good news is that we see high-level commitment to addressing malnutrition across the region. Prime Minister Manmohan Singh has emphasized the importance of this issue and state nutrition missions have been launched. We know what works, what needs to be done and the remedies need not be expensive. We now need the political will to make sure that South Asians receive the adequate nutrition they need to become fully productive members of their societies. If we would take on the nutrition challenge, South Asia will build strong human capital for the future and we could experience even higher economic growth and far more impressive results in other indicators of development. 

*This article was originally published in the Hindustan Times on 20 October, 2011*

# ICR Update

**T**his is a short summary of the Implementation Completion Report (ICR) of a recently-closed World Bank project. The full text of the ICR is available on the Bank's website.

To access this document, go to [www.worldbank.org/reference/](http://www.worldbank.org/reference/) and then opt for the Documents & Reports section.

## *Gujarat Emergency Earthquake Reconstruction Project*



### **Context**

Gujarat experienced a devastating earthquake on 26th January 2001, which left 13,000 people dead and 167,000 injured. Large-scale destruction crippled the state's social, public, and municipal services as well as its economy. The earthquake affected 12 districts but Kutch, one of the poorest districts in the state, was most seriously affected with an average of 70 percent of all buildings destroyed. The Government of Gujarat (GoG) acted swiftly to move beyond relief towards reconstruction. It undertook a damage assessment study and invited the World Bank along with other multilateral and bilateral agencies to develop an innovative strategy for rebuilding damaged infrastructure and services, supporting the sustained livelihoods of very vulnerable households and building disaster management capacity.

<b>Gujarat Emergency Earthquake Reconstruction Project</b>	
<b>Approval Date:</b>	May 2, 2002
<b>Closing Date:</b>	October 31, 2008
<b>Total Project Cost:</b>	US\$M 480.5
<b>Bank Financing:</b>	US\$M 348.24
<b>Implementing Agency:</b>	Gujarat State Disaster Management Authority
<b>Outcome:</b>	Satisfactory
<b>Risk to Development Outcome:</b>	Moderate
<b>Overall Bank Performance:</b>	Satisfactory
<b>Overall Borrower Performance:</b>	Satisfactory



### **Project Development Objectives**

The objective of the Project was to assist Gujarat in carrying out a program of rehabilitation and reconstruction in the areas affected by the earthquake including restoration of housing and public buildings, restoration of basic infrastructure in the roads and irrigation sectors, and development of an institutional framework to allow better disaster mitigation and risk management for future natural disasters.

### **Main Beneficiaries**

The Project's direct beneficiaries included:

- owners of homes destroyed by the earthquake;
- farmers and other users of the dams and irrigation infrastructure;
- road users;
- communities who improved their disaster preparedness;
- the public administrative services which utilized affected public buildings; and
- residents of Gujarat who benefit from an improved state disaster management capacity.



### **Project Components**

- The Project implemented owner-driven housing construction for 42,000 partially damaged and 125,000 fully damaged houses with associated capacity building support and training of masons and engineers.
- It financed repair and reconstruction of 1,200 residential and non-residential buildings in several government departments; retrofitting of 500 undamaged critical public buildings located in highly vulnerable seismic zones; construction of three new buildings for Gujarat State Disaster Management Authority (GSDMA), and for the newly conceptualized Gujarat Institute of Disaster Management (GIDM) and the Institute of Seismological Research (ISR).
- Repair of 222 dams and irrigation infrastructure in Kutch and Saurashtra and technical assistance in carrying out the repairs. The Dam Safety component was expanded to include strengthening vulnerable (but undamaged) dams in earthquake sensitive areas.
- Rehabilitation and strengthening of 800 km of state roads and associated technical assistance.
- Another component was information and communication activities, establishment of village level institutions, strengthening local governments, gender sensitization and community-based disaster awareness and preparedness programs.
- It also supported Gujarat in achieving its long term goals of building institutions to better manage disasters.

### **Major Achievements**

**Restoration of Housing:** The physical targets were met and exceeded. However, completion rates and technical quality of construction remain issues of concern. A post-facto technical audit suggested that 7 percent of a sample of houses did not conform to the earthquake resistant structural construction standards. The GSDMA is currently reviewing each case and taking required action. Efforts to address transparency, participation and voice in housing reconstruction were sound and the housing program did improve

access to services, housing conditions and gender equity for beneficiaries.

**Gender Equity:** The opening of a Bank account (for transfer of the benefit) and the registration of the house in the names of both the husband and wife was a tremendous step for gender equality, although awareness of joint ownership is low.

**Public Buildings:** The Project met and exceeded the physical targets for the reconstruction, repair and retrofitting of public buildings.

**Dams and Irrigation:** All targeted 225 dams were strengthened including 4 additional vulnerable dams in the earthquake sensitive area.

**Roads:** Rehabilitation and maintenance of 800 km of roads and associated structures was achieved. Almost 60 percent of urban and 65 percent of rural population expressed satisfaction with connectivity to nearby locations and noted a decrease in travel times to surrounding locations/villages thus leading to increased frequency of travel.

Disaster management plans were prepared for all districts, and in approximately 10,375 villages, 97 urban local bodies and 144 talukas in 14 vulnerable districts.

### **Lessons Learnt**

- The integration of long- term goals (e.g. disaster management capacity building, drafting of seismic resistance planning standards, ensuring quality control in



dams reconstruction) into a disaster reconstruction project is effective, but requires a longer (and more realistic) implementation period.

- Home-owner driven approach is popular and effective in reconstruction; but assumes a pace of implementation that can exclude some beneficiaries.
- Transparency and equity interventions work best when incorporated into a program, than as a stand-alone activity. The repair and reconstruction of over 1.14 million houses with minimal grievances or allegations of corruption reflected a successful incorporation of transparency and voice.





- Fund disbursement linked to construction progress (for individual construction) facilitated effective use of funds.
- A legal and institutional framework is key to integrated disaster management. The Gujarat government's 2003 promulgation of the Gujarat Disaster Management Act, which provided for the formation of the GSDMA allowed for quick policy decisions during project implementation. Without the Act and the GSDMA an integrated disaster management would not have been possible.
- The Project's approach to the reconstruction of housing (the homeowner based approach, the cash grant transfer

process, the damage assessment, the grievance redressal process, the third part audits) are now standard across South Asia disaster management housing reconstruction programs and has influenced housing reconstruction in Aceh, Indonesia. Lessons learnt from the project (including closely linking fund disbursement to construction progress, a more than two tier grievance redressal process etc) have been integrated into those projects. 🌐



## Recent Project Approvals

### West Bengal Accelerated Development of Minor Irrigation Project

The World Bank has approved a \$250 million credit and loan to the West Bengal Accelerated Development of Minor Irrigation Project (ADMIP) for increasing agricultural production of small and marginal farmers. About 139,000 hectares (ha) of irrigated area are expected to be developed under the Project, benefitting an estimated 166,000 farm families.

Agriculture serves as the backbone of West Bengal's rural economy. It accounts for about 20 percent of the state's Gross Domestic Product (GDP) and provides employment to more than 55 percent of workers in the state. Agricultural growth over the past decade was on average about 3 percent per annum.

Maintaining this growth rate requires infrastructure support, crop diversification and market access. There is, however, very little scope for increasing the current cultivable area with more than 93 percent of landholders belonging to small and marginal farmer categories with land areas of less than one or two ha respectively.

This Project will focus on investments targeted at strengthening community-based institutions for the management of minor irrigation schemes; development of surface and ground water based irrigation systems; and agricultural development along with improved support services to farmers to enhance agriculture productivity and income in 4,660 minor irrigation schemes to be developed under the Project. 🌐

## Recent Project Signings

### Eastern Dedicated Freight Corridor Project-I

The World Bank and the Government of India has signed a US\$ 975 million loan agreement to set up the Eastern Dedicated Freight Corridor-I (a freight-only rail line) that will help faster and more efficient movement of raw materials and finished goods between the Northern and Eastern parts of India. The corridor will also allow Indian Railways to free up capacity and better-serve the large passenger market in this densely populated region.

This is part of India's first Dedicated Freight Corridor (DFC) initiative – being built on two main routes – the Western and the Eastern Corridors. These corridors will help India make a quantum leap in increasing the railways' transportation capacity by building high-capacity, higher-speed dedicated freight corridors along the “Golden Quadrilateral” – the four rail routes that

connect Delhi, Mumbai, Chennai, and Kolkata. Currently, these routes account for just 16 percent of the railway network's length, but carry more than 50 percent of India's total rail freight.

The agreements were signed by Mr Venu Rajamony, Joint Secretary, Department of Economic Affairs, on behalf of the Government of India; Mr Anshuman Sharma Project Director, on behalf of the DFCCIL; and Mr Roberto Zaghera, Country Director for India on behalf of the World Bank. 🌐



**T**his is a select listing of recent World Bank publications, working papers, operational documents and other information resources that are now available at the New Delhi Office Public Information Center. Policy Research Working Papers, Project Appraisal Documents, Project Information Documents and other reports can be downloaded in pdf format from 'Documents and Reports' at [www.worldbank.org](http://www.worldbank.org)

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## South Asia Publications

### Reshaping Tomorrow: Is South Asia Ready for the Big Leap?



By Ejaz Ghani, World Bank  
Price: Rs. 795

English; Hardback;

310 pages

Published October 2011

by World Bank and Oxford

ISBN: 978-0-19-807502-8

South Asia is among the fastest growing regions in the world, but it is also home to the largest concentration of people living in conditions of

debilitating poverty, human misery, gender disparities, and conflict. This volume focuses on the impact of demographics, globalization, human mobility, and the rise of the middle class in accelerating growth in South Asia, in the context of transformational challenges—modernization, inclusiveness and vulnerability. Taking cognizance of the diversity within and across countries, it emphasizes pluralism in development.

Bringing together essays by distinguished academics on South Asia, the volume examines critical issues and offers incisive analysis to bring out the diversity of perspectives and arguments for a nuanced picture of economic transition in South Asia. Offering rigorous empirical evidence, it highlights the role of governance and the need for sound policies to manage transformation as well as harness growth drivers within the region.

## India: Policy Research Working Papers

### WPS5761

#### Learning versus stealing: How important are market-share – reallocations to India's productivity growth?

By Ann E. Harrison, Leslie A. Martin and Shanthi Nataraj

Recent trade theory emphasizes the role of market-share reallocations across firms ("stealing") in driving

productivity growth, while the older literature focused on average productivity improvements (“learning”). The authors use comprehensive, firm-level data from India’s organized manufacturing sector to show that market-share reallocations did play an important role in aggregate productivity gains immediately following the start of India’s trade reforms in 1991. However, aggregate productivity gains during the overall period from 1985 to 2004 were driven largely by improvements in average productivity, which can be attributed to India’s trade liberalization and FDI reforms.

## WPS5778

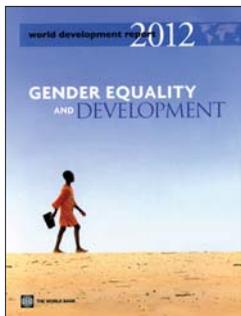
### The impact of recall periods on reported morbidity and health seeking behavior

By Jishnu Das, Jeffrey Hammer and Carolina Sanchez-Paramo

Between 2000 and 2002, the authors followed 1621 individuals in Delhi using a combination of weekly and monthly-recall health questionnaires. In 2008, they augmented these data with another 8 weeks of surveys during which households were experimentally allocated to surveys with different recall periods in the second half of the survey. This paper shows that the length of the recall period had a large impact on reported morbidity, doctor visits, time spent sick, whether at least one day of work/school was lost due to sickness, and the reported use of self-medication. The effects are more pronounced among the poor than the rich. In one example, differential recall effects across income groups reverse the sign of the gradient between doctor visits and per-capita expenditures such that the poor use health care providers more than the rich in the weekly recall surveys but less in monthly recall surveys. The authors hypothesize that illnesses—especially among the poor—are no longer perceived as “extraordinary events” but have become part of “normal” life. They discuss the implications of these results for health survey methodology, and the economic interpretation of sickness in poor populations.

## Other Publications

### World Development Report 2012: Gender Equality and Development



By World Bank  
Price: \$26.00  
English; Paperback;  
300 pages  
Published September 2011  
by World Bank  
ISBN: 978-0-8213-8810-5  
SKU: 18810

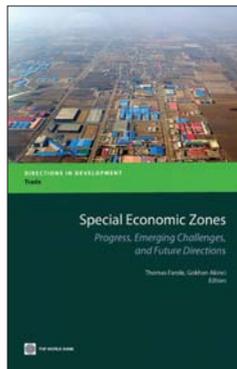
*The WDR 2012: Gender Equality and Development* focuses on the evolution of

gender equality across the world in the context of the development process. The report considers gender equality as a core development goal in itself, and argues that gender equality matters for the pace of

development. Improvements in gender equality can generate gains in economic efficiency and improvements in other development outcomes. And gender equality has consequences for the quality and representativeness of the institutions a society develops.

For key dimensions of gender equality, the report shows that although many women around the world still continue to struggle with gender-based disadvantages, much has changed for the better and at a more rapid pace than ever before. But the report also shows that progress needs to be expanded, protected and deepened.

### Special Economic Zones: Progress, Emerging Challenges, and Future Directions



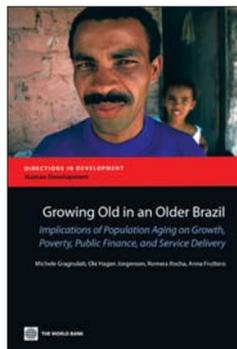
Edited by Thomas Farole and Gokhan Akinci  
Price: \$35.00  
Directions in Development  
English; Paperback;  
344 pages  
Published August 2011  
by World Bank  
ISBN: 978-0-8213-8763-4  
SKU: 18763

For countries as diverse as China and Mauritius, Special Economic Zones

(SEZs) have been a powerful tool to attract foreign investment, promote export-oriented growth, and generate employment; for many others, the results have been less than encouraging.

This volume aims to contribute to a better understanding of the role and practice of SEZs in developing countries, in order to better equip policymakers in making effective decisions in planning and implementing SEZ programs. It covers some of the emerging issues and challenges in SEZs – including upgrading, regional integration, WTO compliance, innovation, the environment, and gender issues – with practical case examples from SEZ programs in developing countries.

### Growing Old in an Older Brazil: Implications of Population Aging on Growth, Poverty, Public Finance and Service Delivery



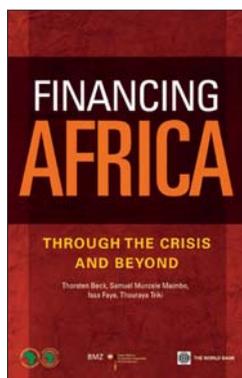
By Michele Gragnotati, Ole Hagen Jorgensen, Romero Rocha and Anna Fruttero  
Price: \$35.00  
Directions in Development: DID - Human Development  
English; Paperback;  
304 pages  
Published September 2011  
by World Bank  
ISBN: 978-0-8213-8802-0  
SKU: 18802

Brazil is in the middle of a profound socioeconomic transformation driven by demographic change. Because of profound changes in mortality and, especially, fertility over the past four decades the population at older ages then begun to increase, a trend that will become more and more rapid as time progresses. While it took more than a century for France's population, aged 65 and above, to increase from 7 to 14 percent of the total population, the same demographic change will occur in the next two decades in Brazil (between 2011 and 2031).

The elderly populations will be more than triple within the next four decades, from less than 20 million in 2010 to approximately 65 million in 2050. This book investigates the impact of demographic changes on several dimensions of the Brazilian economy and society.

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### Financing Africa: Through the Crisis and Beyond



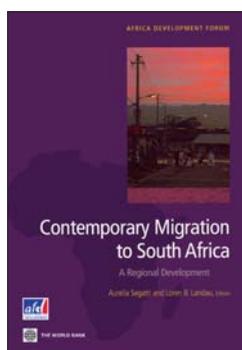
By Thorsten Beck, Samuel Munzele Maimbo, Issa Faye and Thouraya Triki  
 Price: \$40.00  
 English; Paperback;  
 308 pages  
 Published September 2011  
 by World Bank  
 ISBN: 978-0-8213-8797-9  
 SKU: 18797

*Financing Africa* takes stock of Africa's financial systems in light of recent

changes in the global financial system – including the greater risk aversion of international investors, a shift in economic and financial powers towards emerging markets and the regulatory reform debate – and the increasing role of technology.

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### Contemporary Migration to South Africa: A Regional Development Issue



Edited by Aurelia Segatti, Loren Landau  
 Price: \$35.00  
 Africa Development Forum  
 English; Paperback;  
 204 pages  
 Published August 2011  
 by World Bank  
 ISBN: 978-0-8213-8767-2  
 SKU: 18767

Building on global interest in migration development,

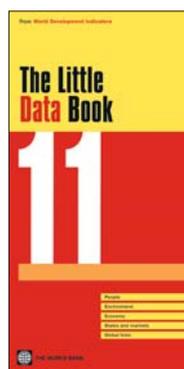
the volume draws attention to one of the most important migration systems in sub-Saharan Africa. It reviews South Africa's approach to international migration in the post-apartheid period from a regional development perspective, highlighting key policy issues, debates, and consequences.

The authors find at least three areas where migration is resulting in important development impacts. First,

by offering options to those affected by conflict and crises in a region that has limited formal disaster management and social protection systems. Second, by mitigating shortcomings and distortions in regional labor markets. Third, by providing support to struggling rural economies and ever expanding urban areas in terms of livelihoods and social capital transfers.

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### The Little Data Book 2011

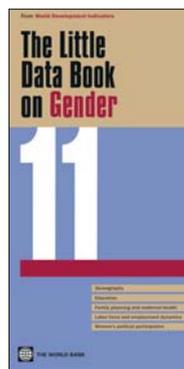


By World Bank  
 Price: \$15.00  
 World Development Indicators  
 English; Paperback; 248 pages  
 Published August 8, 2011  
 by World Bank  
 ISBN: 978-0-8213-8859-4  
 SKU: 18859

This pocket-sized reference on key development data for over 200 countries provides profiles of each country with 54 development indicators about people, environment, economy, technology and infrastructure, trade, and finance.

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### The Little Data Book on Gender 2011



By World Bank  
 Price: \$15.00  
 World Development Indicators  
 English; Paperback; 246 pages  
 Published September 2011  
 by World Bank  
 ISBN: 978-0-8213-8881-5  
 SKU: 18881

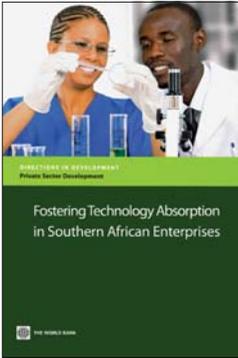
This handy pocket guide is a quick reference for users interested in the gender statistics. The book presents gender-disaggregated data for more than 200 countries in an easy country-by-country reference on demography, education, health, labor force, political participation and the Millennium Development Goals. The book's summary pages cover regional and income group aggregates.

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### Fostering Technology Absorption in Southern African Enterprises

By World Bank  
 Price: \$30.00  
 Directions in Development: DID – Private Sector Development  
 English; Paperback; 224 pages  
 Published September 2011  
 by World Bank  
 ISBN: 978-0-8213-8818-1  
 SKU: 18818

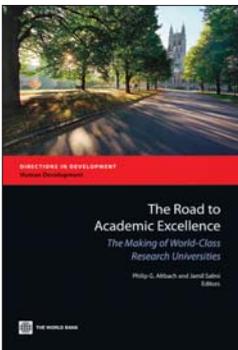
While economic theory considers technological progress to be a key factor for sustained long-term



economic growth and job creation, technology absorption is particularly an important driver for 'catch-up growth.' This study seeks to identify channels of technology transfer and absorption for Southern African enterprises, constraints to greater technology absorption, and discusses policy options open to governments and

the private sector in light of relevant international experience. It has been done based on sector and enterprise case studies carried in four countries: South Africa, Mauritius, Lesotho and Namibia.

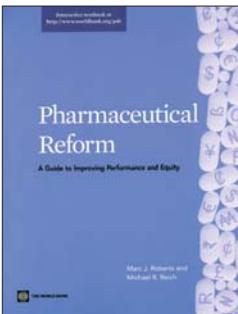
### The Road to Academic Excellence: The Making of World-Class Research Universities



Edited by Philip G. Altbach and Jamil Salmi  
**Price: \$35.00**  
 Directions in Development: DID - Human Development  
**English; Paperback;**  
 400 pages  
 Published September 2011 by World Bank  
 ISBN: 978-0-8213-8805-1  
 SKU: 18805

This book examines the recent experience of 11 universities in 9 countries that have grappled with the challenges of building successful research institutions in difficult circumstances and presents the lessons learned from these experiences.

### Pharmaceutical Reform: A Guide to Improving Performance and Equity



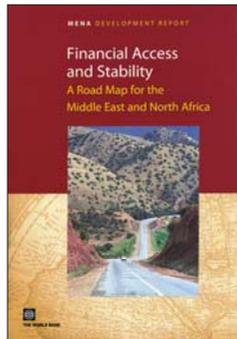
By Marc J. Roberts and Michael R. Reich  
**Price: \$35.00**  
 World Bank Training Series  
**English; Paperback;**  
 352 pages  
 Published September 2011 by World Bank  
 ISBN: 978-0-8213-8760-3  
 SKU: 18760

This book explores the relationship of ultimate outcomes (like health status or risk protection) to classic health systems concepts like efficiency, access and quality.

The second part of the book devotes one chapter to each of five 'control knobs': finance, payment, organization, regulation and persuasion. These are sets of potential interventions that governments can use to improve pharmaceutical sector performance. Each

chapter presents basic concepts and discusses examples of reform options.

### Financial Access and Stability: A Road Map for the Middle East and North Africa



By World Bank  
**Price: \$40.00**  
 MENA Development Report  
**English; Paperback;**  
 364 pages  
 Published September 2011 by World Bank  
 ISBN: 978-0-8213-8835-8  
 SKU: 18835

The countries of the Middle East and North Africa (MENA) have been

recovering from the global financial crisis, but the recent political turmoil has interrupted the pace of credit and output recovery in many countries. The relatively weak growth performance reflects a combination of insufficient reforms and weak reform implementation, including financial sector reforms. This study reviews the region's financial systems, the severity of the limitations on access to finance, and the main factors behind such limitations. It goes on to provide a road map for expanding access and preserving financial stability.

### Igniting Innovation: Rethinking the Role of Government in Emerging Europe and Central Asia



By Itzhak Goldberg, John Gabriel Goddard, Smita Kuriakose and Jean-Louis Racine  
**Price: \$20.00**  
**English; Paperback;**  
 184 pages  
 Published September 2011 by World Bank  
 ISBN: 978-0-8213-8740-5  
 SKU: 18740

Innovation and technology

absorption are now firmly recognized as one of the main sources of economic growth for emerging and advanced economies alike. However, innovation activities are rife with market failures that tend to hold back private investment. And badly designed or badly implemented interventions can further hamper the development of an innovative and entrepreneurial culture among businesses and research communities.

This book builds on the lessons from public institutions and programs to support innovation, both successful and failed, from Eastern Europe and Central Asia as well as China, Finland, Israel, and the United States. The lessons highlight the pitfalls of imitating models of government interventions from "innovative" countries without having adequate systemic governance and institutional reforms.

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Date 18 September 2011  
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Report No. 64613 (Procurement Plan for civil works for Meghalaya, Shillong)  
64475 (Procurement Plan: Vol.1 Procurement Plan for Nagaland)  
(Procurement Plan: Vol. 2 Procurement Plan for Tamil Nadu)  
(Procurement Plan: Vol. 3 Procurement Plan for Goods)  
63399 (Procurement Plan 2011-2012)  
(Procurement Plan for consulting services Vol. 1)

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Report No. AC5281 (Integrated Safeguards Data Sheet)  
AB5602 (Project Information Document)

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Date 8 September, 2011  
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Report No. 64544 (Project Paper Rajasthan Health Systems Development: Vol 1 and 2)

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Project ID P084792  
Report No. 64309 (Project Paper) Vol.1 – Main Report  
(Project Paper) Vol.2 – Data Sheet

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(Environmental Assessment – Environmental management action plan Vol. 2)

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63374 (Project Paper Vol.2 – Data Sheet)

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Date 1 August, 2011  
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Report No. 64345(Procurement Plan)

### Karnataka Community Based Tank Management Project

Date 1 August, 2011  
Project ID P071033  
Report No. 64399 (Procurement Plan)

### Second Phase of Karnataka Community Based Tank Management Project

Date 1 August, 2011

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Report No. 64401 (Procurement Plan) 63236 (Procurement Plan – NPMU Vol.1)  
(Procurement Plan – works, goods,  
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AB6495 (Project Information Document)

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Report No. 63310 (Integrated Safeguards Data Sheet)

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Date 5 July, 2011  
Project ID P104164  
Report No. 63136 (Summary of Discussion)

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Date 2 June, 2011  
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Report No. AC5829 (Integrated Safeguards Data Sheet)

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Date 1 July, 2011  
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RP1179 (Resettlement Plan for State Highway SH -3 Vol. 1 – 4)

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### Sustainable Urban Transport Project

Date 1 July, 2011  
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Report No. E2088 (Environmental Assessment – Environmental and social management framework) Vol.1  
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