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ADB BRIEFS

KEY POINTS

- Mongolia's community-based welfare services (CBWS) program provides five types of services: counseling and skills building services, employment opportunities, rehabilitation services, temporary shelter, and home-based care.
- In 2011, the Asian Development Bank (ADB) conducted a qualitative assessment of the impact, operations, and monitoring and evaluation of the CBWS program, and found that coverage is low because of the program's novelty, poor staff capacity, and lack of standards for contracting service providers.
- The CBWS model of demanddriven services—delivered through a mix of state agencies, nongovernment organizations (NGOs), and private organizations—has the potential to be an effective social welfare program if sufficient staff capacity and improved quality of services are provided.

SOCIAL PROTECTION BRIEF Mongolia's Community-Based Welfare Services Program

BACKGROUND

The Government of Mongolia's Ministry of Social Welfare and Labor (MSWL) introduced the CBWS program social welfare program in 2005 to provide services based on citizens' actual demands. The program devolves primary responsibility for the development of social welfare services on the community level where individuals, private entities, or NGOs implement services.

Since 2011, the CBWS program has been providing five types of services: counseling and skills building services, employment opportunities, rehabilitation services, temporary shelter, and home-based care. The program's target recipients include older persons, fully incapacitated individuals with disabilities, children in difficult circumstances, abused individuals, and individuals from socially vulnerable groups whose social welfare pension or welfare benefits have been terminated.

In 2010, the CBWS program reportedly benefited about 180,000 individuals with a budget of nearly MNT1.4 billion in 2010. This, however, represents less than 1% of expenditure on welfare services, and is a small fraction of the MSWL's overall budget.

QUALITATIVE ASSESSMENT

In 2011, ADB conducted a qualitative assessment of the impact, operations, and monitoring and evaluation of the CBWS program, through 100 semistructured interviews with government officials (central, and from smaller administrative regions: aimag/duureg, and soum/khoroo), service providers, and households. Fieldwork was also conducted in two districts in Ulaanbaatar and in two rural aimags to supplement the interview results.²

The interviews solicited the respondents' perceptions on (i) the CBWS program's low coverage despite apparent high demand for services, (ii) how to improve coverage, (iii) services that are working well, and (iv) how to improve monitoring and evaluation.

This policy brief is based on ADB. 2011. Social Welfare Programs Assessment Report: Food and Nutrition Social Welfare Program and Project Monitoring and Evaluation Report. Consultant's report. Manila (Grant 0137 and 0138: MON). The report was prepared by Ian MacAuslan, Oxford Policy Management and Enkhtsetseg Byambaa, Population Teaching and Research Center.



Approximately \$1.1 million based on ADB Forex (1 December 2010). MNT stands for Mongolian togrog.

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The assessment found that coverage is low because the program is new, and also due to poor staff capacity and lack of standards for contracting service providers. Coverage could be improved by providing additional training, ensuring efficient use of staff's time, and introducing accreditation and legislation of service providers. Also, rehabilitation and community group services are the most popular, but too much of the program's resources is used for training. Lastly, monitoring and evaluation focus primarily on activities and outputs (e.g., number of training sessions conducted and number of people housed in temporary shelters). More data on outcomes and impact would help show politicians and other decision makers that the CBWS program is a worthwhile investment.

RECOMMENDATIONS

The CBWS model of demand-driven services—delivered through a mix of state agencies, NGOs, private sector organizations, and individuals—has the potential to be an effective social welfare program. However, this depends critically on staff capacity and quality of services provided (which the respondents identified as the major program constraints), resulting in poor outreach. In a demand-driven program, poor outreach results in a low level of participation among households. The report noted that unless investments are made to improve staffing capacity and to develop a system and pricing standards for service providers (particularly in areas where NGOs or private entities do not exist), the CBWS program will always experience low coverage and will exclude the most marginalized households.

Based on the assessment's findings, the study recommends the following:

 Improve staff capacity. (i) Reassess the frontline social workers' use of time, given the large number of programs; (ii) ensure the social welfare agency, not political officers, appoints all staff members; (iii) provide adequate training on the contracting process of service providers

- and of individuals in remote areas; (iv) hire additional staff members to implement the CBWS program; and (v) conduct training needs assessment of citizens to improve the training program.
- Develop a system of standards and pricing for providing services: To include (i) a licensing system of accredited providers, (ii) a set of (initially voluntary) standards for the quality of services, (iii) an agreed-upon price list, and (iv) an independent inspection system that links with the monitoring and evaluation of the CBWS program.
- Increase program flexibility. (i) Consider varying the total number of awards given and the number of awards in each khoroo/soum to meet demand and (ii) allow award recipients to be flexible in spending after they understand the market for their goods; they then submit a revised application and accounting.
- Improve information dissemination. (i) Take into account the situations of the program's target groups: the marginalized, elderly, immobile, and herders; and (ii) continue information dissemination through the frontline staff but use communication materials such as leaflets, notice boards, and social events.
- Improve monitoring and evaluation. (i) Monitoring and evaluation officers can provide scorecards to participants on the quality of services they receive so that participants can make suggestions for improvements, including identifying underperforming areas and services; (ii) reward regions and services that are performing well; and (iii) tie the results of the evaluation to the development of a system for setting and monitoring standards that would improve coverage and quality of service provision.

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