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Non-state services  
and state building:  
Squaring the circle

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# Service provision & state-building

## Dual policy aspiration

- Meeting basic needs and building states

## Questions

- Do services affect state legitimacy & capacity?
- Do services and state-building compete as priorities?
- State or NSP: does it matter who delivers?

## NSP is prevalent in most countries & services

- Gap-filler or preference?
- Can we have non-state delivery with state-building?

# Avoiding the trade-off

## WDR triangle

- Direct delivery
- Indirect provider roles (policy and compact)

## State intervention may best focus on indirect roles

- A better entry for state-building?

But these too are usually poorly performed...

- Lack of enabling conditions and capacities

# Balancing risk & incapacity in indirect roles

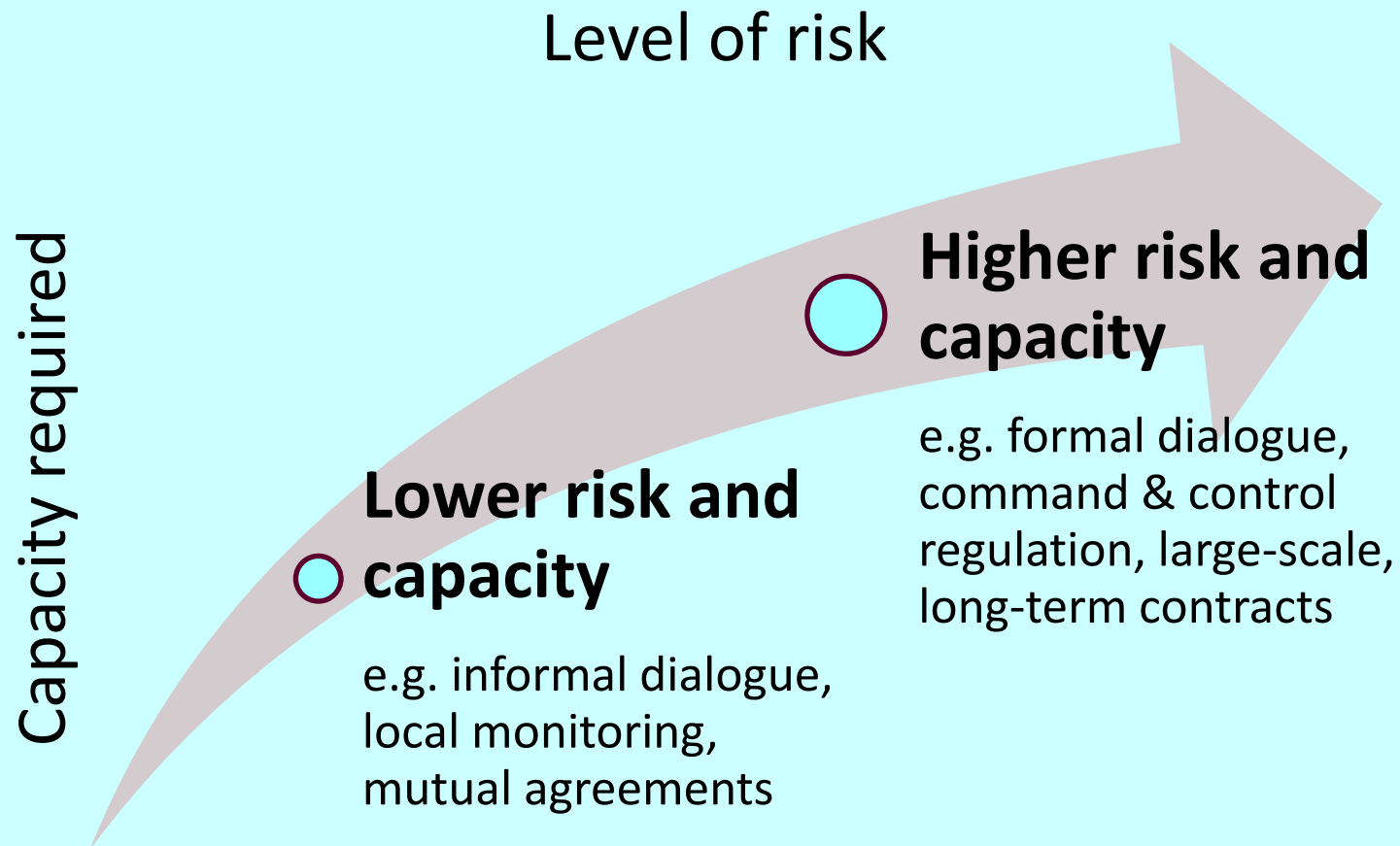
Risk of harming NSP without gains in state-building

- Intervention is obligatory for specified actors
- Regulation and formal contracts *versus* dialogue, information-sharing and collaboration

Incapacity to perform government & non-state roles

- intervention is large-scale, complex, unenforceable
- Regulation of all health providers *versus* local agreements about expected service standards

# Hierarchies of risk and capacity



# Optimizing interventions for service delivery and state-building

- The 2 imperatives have different time frames

Link them more flexibly:

- deliver services fast; bring state in incrementally
- begin with lower risk and capacity roles
- advance up the scale of risk and capacity