

Services Delivery Reforms in Africa: A Review of Initiatives and Outcomes^{*}

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Abstract

At a time where it is becoming clear that most Africa countries will not meet the Millennium Development Goals, this paper takes stock of selected reforms in service delivery in education, health, water and sanitation across Africa. Examples of both successful and failed reforms implemented across Africa are given. With the advent of structural adjustment programs, most African countries embarked on administrative decentralization and privatization of selected service delivery. Twenty years after those reforms, neither decentralization nor privatization seems to have significantly improved service delivery in Africa. Both reforms are still unfinished business. Decentralization across Africa has faced both upward and downward accountability in part because of the lack of management capacity of lower-tier government levels and information asymmetry between local communities and officials. Decentralization success stories have all been accompanied by increased accountability of local communities. As for privatization, instead of fully privatizing public service delivery, public-private partnership was the preferred option. A number of countries have also introduced user fees. However, so far the efficiency-equity trade-off arising from privatization of public services is inconclusive. Further research, both by benchmarking countries and through case studies, are needed for policy makers to learn from the best reform practices.

Keywords: Africa, Service Delivery, Reforms

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1. Introduction

How did institutional reforms of civil service in Africa affect the delivery of basic services such as education, health, water and sanitation? In mid 1980s throughout the early 1990s, a wave of institutional reforms hit most of Africa, partly as a result of pressures from the international community. Structural adjustment programs of the mid 1980s were the framework for African countries' reforms. In the eyes of many, Africa had no other choice: widespread poverty, illiteracy, proliferation of ethnic conflicts and pandemics, made institutional reforms look like a real emergency. The main objectives of reforms included: increasing access to services, enhancing efficiency of delivery, and improving overall quality of services. In most parts of Africa, reforms included the devolution of public authority, resources, and management to local governments; encouragement of private-public partnerships; and the participation of different stakeholders including the civil society, NGOs, and donors (The World Bank 2004).

More than a decade after the onset of these reforms, a performance review is in order to measure progress and identify best reform practices. This paper offers a review of African countries' performances with services reforms, balancing between successes and failures, in an attempt to draw valuable lessons. The impacts of reforms on pro-poor outcomes, focusing on three key areas: education, health, safe water and modern sanitation, are highlighted. The reasons for choosing these areas are that they generate high social returns, exhibit high positive externalities and can have the highest impact on poverty reduction.

Conceptually, the paper is divided in two parts. In the first part, we contrast reform performances of African countries. The result of this first step is then used to interpret cross-country differences in social outcomes. In that second part, some key indicators of social service delivery (e.g. infant and maternal mortality and life expectancy for health; enrolment ratios, and pupil-teacher ratio) are provided. We focus review the experiences of a few countries with public service delivery. As some services complement one another in the production of social outcomes such as health and literacy, we also

highlight the need for coordination mechanisms. For example, high literacy rate among mothers can have beneficial effects on child health, which in turn may increase a child's learning ability. The presence of such spillover effects adds another channel through which to assess effectiveness of reforms. We also highlights the importance of expanding reforms to include national institutions that will help implement these reforms.

A comparative study of success stories and failures will prove instrumental in identifying these institutions. In particular, where data is available we will make a comparative assessment of the performance of delivery mechanisms - public versus private provision - and explore the political economy of public provision. When appropriate, case studies will be performed to help understand the reasons for their success or failure. We can thus distinguish countries with better track record from those which are not doing so well.

The rest of the paper is organized as follows. Section 2 briefly reviews countries' experiences with services delivery reforms, highlighting successes and failures, as well as measuring progress. Section 3 reviews the state of social outcomes following the onset of reforms, in order to ascertain the effectiveness of reforms, and derive valuable lessons for improving access to basic. Finally, Section 4 concludes and draws policy recommendations. All tables are in the appendix.

2. Experiences with Reforms

This section reviews African countries' experiences with decentralization and privatization policies with the goal of measuring performance and highlighting the determinants of best practices. We begin with decentralization.

2.1 Decentralization

Decentralization is the transfer of decision-making power, resources, and management from the national level to sub-national jurisdictions. Since the early 1990s, either as an international donor-imposed adjustment process or as an expressed goal of liberalization

and competitive politics, decentralization has taken shape in most part of Africa, affecting the way in which political power, fiscal authority, or public administration is to be shared between the central government and local governments. How well have decentralization reforms gone in Africa? Has it succeed in adequately institutionalizing political accountability? The literature on development unfortunately features a paucity of empirical studies of decentralization reforms in Africa. Part of the reason is that Africa's experience with decentralization is relatively recent, while decentralization itself is long process. Therefore, it may take more than a decade for the full impact of the changes to be felt.

We draw from a 2002 World Bank sponsored study (Ndegwa 2002) to gain a first-hand idea of how decentralization is working in Africa. Decentralization in Africa has four main characteristics. First, by international standards, transfer of political, fiscal, and administrative responsibilities central to low-tier governments is an unfinished business in Africa. Second, decentralization efforts are unevenly distributed among African countries, reflecting a cross-country performance pyramid characterized by a very wide base. Third, of all three components of decentralization --- political, fiscal, and administrative ---, political decentralization was the most advanced throughout Africa, with fiscal decentralization lagging far behind. Finally, for all but two countries who have attempted to transfer responsibility to low-tier governments, decentralization was basically a response to ethnic or regional conflicts (Ahmad, Devarajean, Khemani, and Shah 2005). Only in Uganda and Côte d'Ivoire was the expressed motive of decentralization concerned with the improvement of services delivery.

Overall Decentralization

Ndegwa (2002) constructs an index of decentralization which aggregates sub-indices of (i) political, (ii) administrative, and (iii) fiscal decentralization, and ranges from 0 to 4. Ndegwa describes the pace and depth of decentralization in Africa as moderate and in

need of deepening in many parts of Africa. Using Ndegwa's overall composite decentralization index Figure 1 ranks the 30 countries in the sample according to the extent to which they are decentralized. Only about a third of the sampled countries have effective decentralized structures of governance, and only 4 had an overall decentralization index greater than 3 (of which South Africa and Uganda). Why are South Africa and Uganda outpacing other reformist States? This question requires an analysis that goes beyond the Anglophone-Francophone dichotomy put forward by Ndegwa (2002). Observe from Figure 1 that if the pace of reform was linear in the country's source of colonial power, so that countries with an English institutional heritage are better reformers than those with a French institutional heritage, then Nigeria (which has an Anglo-Saxon colonial history) should outperform Rwanda (which has a Belgian - French colonial institutional heritage).

Political Decentralization

Why were African countries' efforts to institutionalize political decentralization relatively more successful? Ndegwa reveals that of all three components of decentralization, political decentralization was the most advanced, with more countries reporting a political decentralization index of more than 2.5 (see Figure 2).¹ Therefore, on a scale of 0 to 4, 12 among the 30 countries received a score of more than 2.5, compared to 8 who performed poorly. The common denominator of many high-performing countries is (i) the presence of high ethnic diversity (South Africa and Kenya are a few cases in point), which hampered the effective delivery of basic services under centralization (Ahmad, Devarajean, Khemani, and Shah 2005), (ii) the fact that they are emerging from civil wars or ethnic conflicts (Ahmad, Devarajean, Khemani, and Shah 2005), or (iii) that they are still affected by political instability (Jütting *et al.* 2004).

Fiscal Decentralization

¹ Ndegwa's political decentralization index is based upon (i) the number of elected sub-national tiers, (ii) the score for the existence of direct elections for local governments, and (iii) the score for turnout and fairness of such elections. A score of 4 (respectively 0) is one that has more (respectively no) levels of sub-national government that were elected rather than appointed, and where local government elections were adjudged free and fair (respectively, unfair).

Ndegwa (2002) measures fiscal decentralization by the proportion of national public expenditures controlled by local governments. As shown in Figure 3 below, with the exception of five countries, fiscal decentralization was very low in Africa: local governments in 19 of the 30 countries in the sample control less than 5 percent of their national public expenditure. Only two countries (South Africa and Nigeria) had fiscal decentralization figures closer to international standards (above 10 percent). However, Ndegwa's measure of fiscal decentralization is incomplete. Fiscal decentralization also includes the devolution of revenue collection authority to lower tiers of government. Indeed, a typical question asked in the context of fiscal decentralization is how much autonomy lower tiers of government have in the collection of revenue. For example, how much is collected through shared taxes versus locally determined taxes? Or, in a shared tax fiscal structure, how much input do the lower tiers of government have in the determination of the tax rates? As these important functions of fiscal decentralization are ignored in Ndegwa's index, the result, as he himself points out, must be taken with great caution.

Devarajan, Khemani, and Shah (2005) also reveal that from the viewpoint of improving services delivery in Africa, the accountability of lower-tier governments to local clients needs to be enhanced. This task is best accomplished if local governments have access to own-taxes with the right to adjust tax rates. Indeed, service delivery incentives facing local governments may improve if they have to raise their own revenues through own-tax collection rather than relying on central transfers or bailouts that soften the budget constraint. The fact that only South Africa, for example, has considered allowing provinces a surtax on national income tax to enable them greater autonomy in decision making is indicative of the reluctance of African central governments to devolve control of tax instruments to lower tiers of government. From this fact emerges the suggestion that fiscal decentralization is still an unfinished business in Africa, and that proposals for fiscal decentralization reforms should include tax instruments that can be devolved to lower-tier governments.

Limits to Decentralization

There are a number of constraints which prevent effective decentralization to happen. First, there is no guarantee that local administrations have the capacity to properly levy taxes and administer resources. Indeed, Junaid, Devarajean, Khemani, and Shah (2005) report that the most frequently-cited problem which countries face in implementing decentralization is the lack of capacity at sub-national levels of government to exercise responsibility for public services. Many African countries do not have the required human capital to ensure that taxes are diligently collected at the decentralized levels and actually channelled into social services. It is not therefore surprising that this component of decentralization is also the least advanced in African countries. For example, Akin, Hutchinson, and Strump (2001) find that in Tanzania and Uganda, the lower tiers of government lacked the ability to manage public finances and maintain proper accounting procedures. Since these were a requirement for transferring money to the lower tiers, the latter received less money than before decentralization.²

Second, greater reliance on own-revenue, though important for enhancing downward accountability, can also create regional imbalances in the level of social outcomes. Richer regions with a high fiscal base would have better social outcomes. Furthermore, tax-induced inter-regional migrations would also increase, further worsening regional imbalances. Thus fiscal decentralization is a very technically complex process involving a large number of fiscal variables, all of which need to be included in the assessment of the extent to which fiscal authority is devolved to lower-tier governments.

Third, even if they do have the capacity, end-users may not be in a position to hold local communities accountable for resource allocation (upward accountability), while the central government may be too weak to monitor local communities (downward accountability).

Overall, decentralization as a mechanism for enhancing citizen-State accountability relationships in the delivery of basic services is still work in progress. Given the complexity of the process, a recurrent question is whether African governments have

² In Uganda, spending on primary health care fell from 33 percent to 16 percent during decentralization.

built enough capacity to carry out this task with success. Particularly important is the issue of how to resolve the trade-off between enhancing downward accountability---i.e., local government accountability to their citizens--- which involves strengthening the fiscal link between citizens and their local government, and fighting regional imbalances in social outcomes. However, before we assess the impact of this reform process on the delivery of basic services such as health, education, safe water, and modern sanitation, let us first review African countries' experience with another aspect of service delivery reforms, namely privatization.

2.2. Privatization of Service Delivery

In nearly all African countries privatization of delivery of some services has gained momentum. Privatisation effectively includes contracting government functions out of the public sector or selling state assets. When SSA countries became independent, the provision of basic services such as health, safe water, and telecommunications were dominated by the State. However, in the 1980s the debt crisis, and the ensuing contraction of fiscal revenue, prompted a re-appraisal of public sector provision. Donors began lobbying for the restructuring of public services; by the 1990s, they were demanding full-scale privatisation, through structural adjustment programs that conditioned loans to privatization, so as to enhance client power, increase investment and service coverage, and to reduce the financial burden on government budgets. In response, a range of services including water supply has been privatized in parts of Africa (Kirkpatrick, Parker and Zhang, 2004).

The dilemma posed by privatization is that it introduced a conflict between efficiency and equity in the delivery of basic services, unless accompanied by direct transfer of public funds to citizens, say in the form of services vouchers, such as education vouchers. Indeed, according to the UNDP (2007)³ the initial hopes for privatisation were extremely high, leading to a withdrawal of donor spending on infrastructure in the expectation that

³ See *Policy Research Brief*, No. 03, Jan 2007, International Poverty Center.

the private sector would take up the slack. The World Bank, for example, reduced its lending for infrastructure investment by 50 per cent during 1993-2002, while increasing its support for private investment in utilities through its International Finance Corporation and its Multilateral Investment Guarantee Agency. Yet, after the high boom of privatization in the early 1990s, not only has donor financing of public investment declined but also private investment has followed suit. This has led to a slowdown of the implementation of privatization reforms in Africa.

Moreover, in 2004, two influential reports (World Bank 2004; OECD 2004) exposed the deficiencies of public utilities privatisation. A few examples illustrate these deficiencies. First, in Tanzania, the privatisation of Dar es Salaam's water supply began in the mid-1990s. This first attempt collapsed in 2000, while a second initiated in 2003 was terminated 18 months later after no improvement in services.⁴ Second, 2002-2003 statistics for Zambia indicate that almost 25 percent of households could not afford water tariffs, even those designed for low-cost housing. Third, in pre-privatization Ghana, rural areas and small towns had benefited from cross-subsidies on water made possible by higher tariffs in larger urban areas. But following the onset of privatisation, the government eliminated these subsidies, thus jeopardizing the financial sustainability of the country's rural services. Finally, in the widespread case of water and electricity privatization in Sub-Saharan Africa, the UNDP (2007) reveals that the poor pay more for both water and electricity, mainly because they have to rely on more expensive secondary or tertiary informal suppliers. For example, water vendors operating in Nairobi slums can charge 8-10 times as much as public utilities that supply piped water.

Overall, privatization of social services is perceived as having met with limited success in Africa, leading experts to formulate a number of recommendations for reforming this process. First, reforms must be preceded by capacity building for its effective management. Second, restructuring of public sector basic service delivery needs to be preceded by credible cost-benefit analyses of its impact on the poor. Third, emphasis on

⁴ See UNDP (2007) Policy Research Brief, No. 03, Jan 2007, International Poverty Center.

cost recovery while essential for privatization to succeed must rank behind poverty reduction as a goal of services delivery reform.

3. Service Delivery Reforms and Social Outcomes

The literature is unanimous in its assessment of the consequences of service reforms in Africa. It is, at best, a case of the *glass is half full-half empty*. If one bears in mind that reforming institutions is a long process that begins with capacity building for successful management of appropriately designed reforms, then the glass is half full, implying that there is progress, albeit slow. However, if one considers the level of public funds invested in the process, then the glass becomes half-empty in the sense that a great deal of resources have been wasted in pushing reforms beyond what the existing capacity can command.

A look at the microeconomic evidence indicates why government spending does not necessarily translate into better outcomes. Reinikka and Svensson (2004), for example, shows that decentralization is not a panacea, as corruption can cripple down to low tiers of government, particularly when the citizens-State fiscal link so crucial for enhancing accountability is missing. Ahmad, Devarajean, Khemani, and Shah (2005) argue that despite decentralization, public spending on health has no significant association with reduction in child or infant mortality, while public spending on education has an extremely weak association with primary school completion rates. They report that spending on health care in Uganda fell from 33 percent to 16 percent following decentralization. They also find that in Ethiopia, Tanzania, Côte d'Ivoire, and Uganda, most lower-tier public managers lack the ability to manage public funds. Finally, Oriakhi (2006) reveals that in spite of the huge funds allocated and seemingly expended by the Federal, State and Local Governments in Nigeria towards the provision of educational, health and other infrastructural facilities, satisfactory service delivery remain a mirage.

Yet there are a few success stories in Africa. Jutting and *et al.* (2004) list the reform experiences of South Africa and Ghana as relative successes in terms of pro-poor

outcomes. Not surprisingly both countries scored very high on decentralizations indices constructed by Ndegwa (2002). In general, poor outcomes can be attributed to poor reform performances. In what follows, we separate outcomes associated with services reforms by sector - education and health - to distinguish between countries that made gains and those that faced losses following reforms.

3.1 Education

Education enhances freedom from illiteracy, which is essential for an individual's ability to escape poverty and generates positive externalities to the rest of society through a number of channels. First, educated individuals can adopt behaviors which promote their health as well as that of their immediate family.⁵ Second, education transmission across generations has very important implications for dynamic efficiency. It is very often argued that poor individuals are at a disadvantage compared to richer ones in the amount of education they can acquire. Indeed, poor individuals tend to have low-educated parents (see Nimubona and Vencatachellum 2006) who cannot monitor their studies and low-income parents are often compelled to send their children to work (Dostie and Vencatachellum 2006.) The gender gap in educational attainments has very important static and dynamic efficiency and welfare implications. In almost all countries in Africa, school enrolment rates are lower for females than for males.⁶

Basic education should be judged not just by accessibility but also quality. An efficient education system should allow (i) children to attend school regardless of their family background, ethnicity, religion, or gender; and (ii) schools should not only have adequate control over teachers' presence, but also enough resources and pupils/teacher ratios consistent with high-quality learning. How did school systems in Africa perform with respect to these two criteria? What were the main determinants of this performance? Are there country-specific characteristics? These are some of the questions that will guide our

⁵ For example, washing hands after having used the toilet prevents the spread of diarrhoeal diseases and reduces the likelihood of contracting a number of infections such as Hepatitis A and Salmonella.

⁶ One interesting exception is South Africa where proportionally more females than males attend school. This is the consequence of the apartheid legislative policies whereby men were employed in mines and had no, or very low, returns to education (Michaud and Vencatachellum 2003).

investigation. We begin by presenting the general picture of Africa's performance in education. We then proceed to discuss lessons from success and failures.

The General Picture

Gross enrolments in education are still low in most African countries, particularly in Sub-Saharan Africa, despite reforms that have been implemented over the past two decades. In a majority of these countries, gross enrolments were below 60% in 2004 (Appendix Table 1).⁷ This compares with rates of about 70 percent in East Asia and Pacific, 81 percent in Latin America and the Caribbean, and about 90 percent in the OECD countries. Even within Africa, there are cross-country differences, even though some progress has been achieved at the primary level, for almost all countries. Some countries have made relatively long strides forward (e.g., Uganda, Seychelles), others have made small improvements (e.g., Burundi, Cameroon, Gambia), some others have suffered setbacks (e.g., Congo (DRC), Congo, Malawi, Namibia, Swaziland, Zimbabwe). These regional discrepancies reflect different experiences with reforms, with the exception of war-torn countries. A look at Figure 1 reveals that GDP per capita is not an accurate predictor of school enrolment rates. Some relatively poor countries such as Bolivia performed better than a richer country like South Africa, or Benin. Even within Africa, relatively poorer countries like Gambia performed better than Angola or Guinea. Thus availability of resources alone cannot be blamed for poor performances.

Centralized versus decentralized education system

A centralized education system, which has been a common feature in many African countries, does not provide many degrees of freedom to the local school to (i) allocate resources according to the needs of the community they serve, (ii) tailor the curriculum to the needs of the children, and (iii) reward and penalize staff according to their performance. It is therefore not a surprise that there have been many calls for school decentralization across Africa with the objective of making schools more accountable to their end-users, i.e. children and their parents. Gershberg and Winkler (2003) argue that evidence of decentralization of education in Africa is consistent with international

⁷ With the exception of South Africa, Mauritius, Cape Verde, Namibia, Uganda, Lesotho, and Kenya.

experience that moving responsibilities to school governed by elected school councils can improve accountability and performance.

The Experience of Nigeria

The goals of the Nigerian federal government include the implementation of the Universal Basic Education policy (UBE) which requires education to be free and compulsory for all children at the primary and junior secondary school levels. The Nigerian's National Policy on Education (NPE) was devised in 1977 and updated in 1981 and 1991. It is responsible for all educational activities and functions from the provision of educational services to administration, planning and Financing. The NPE contains only a few specific measurable targets, no prioritization of goals, and no realistic assessment of costs. After more than a decade of decentralization, roughly 49 percent of Nigeria's total population was illiterate in 1990, with a higher rate of 61 percent for women due to their lower school enrolment levels, which represents an improvement over the 1985 estimates of 58 and 69 percent respectively. Enrolment in Primary Schools increased by 7 percent, but enrolment in secondary schools fell by 4.9 percent in 2004. On average, Oriakhi (2006) finds that pupil to teacher ratio worsened from 34 students per teacher in 1970 to 41 students per teacher in 1990, which according to recent studies can harm learning performance.

Oriakhi (2006) traces the poor education performance of Nigeria to the manner in which resources are allocated across competing priorities, highlighting lack of allocative efficiency in the management of resources. For Oriakhi, *"effectiveness is lacking in most of the states in which expenditure is higher but with poor education outcomes"*. Gershberg and Winkler (2003) also offer an explanation for Nigeria's shortcomings with education decentralization. They reveal that many of Nigeria's accountability problems *"stem from the fact that the 1999 Constitution does not spell out the division of functions and responsibilities between the three levels of government and the myriad agencies with some role in funding and providing basic education."* In short, the Federal government of Nigeria has set up a complex set of institutional and intergovernmental relations for providing basic education, albeit leaving no government or agency clearly accountable

for results. Furthermore, rather than moving to enhance local governments' management capability, the central government appears to use this low local capacity as an excuse for maintaining control over education expenditures.

The Experience of South Africa

The historic end of apartheid in South Africa and the election of a new government brought great hope that intergovernmental fiscal and administrative relations would change for the better. After the democratic elections in 1994, much attention was focussed on transferring government functions in South Africa to 9 newly-created provinces and, to a lesser extent, to its 284 municipalities. Education expenditure responsibilities were transferred to the provinces, each of which now has its own line ministry. Financing is still provided centrally. First, provinces get equitable shares of revenue to fund their general needs. In addition, the central government funds schooling directly through a funding formula based largely on the number of students. Some additional weight is given to poor and rural provinces. The central ministry sets curriculum and evaluation guidelines, credentialing standards for teachers and has (increasingly since the initial decentralization) attempted to target central funds to priority areas of concern. Provinces are required to rank schools by a poverty index and allocate funds for non-personnel expenditures. Personnel expenditures represent over 90 percent of the spending, and while provinces appoint, assign, and transfer teachers and headmasters, labour regulations negotiated with the national teachers unions do not leave much room to manoeuvre. Even the number of teachers in a school is dictated by a centrally regulated post-provisioning model. The government has faced many challenges relating to accountability and management of schools, including a steady erosion of the authority of the central State, and overspending at the provincial level. Since 1994, the proportion of the central budget allocated to education through the provinces has risen sharply, although as mentioned, this increase was absorbed entirely by hiring new teachers and salary increases. Jutting and *et al.* (2004) argue that the experience of South Africa can be listed as a success in terms of pro-poor outcomes.

The Experience of Mauritius

Mauritius stands out as a successful country in Africa to achieve universal primary and secondary education for a large proportion of the population. Primary and secondary education are free (secondary education was made free in 1976). There is also no disparity between the enrolment of girls and boys. Mauritius has implemented three major phases of reforms in the education sector.⁸ Over the years, access has been improved by the construction of new primary schools. School libraries were strengthened and schools were provided with audio-visual facilities; the pupil teacher ratio was improved through the recruitment of more teachers; and a grant scheme was established for Parent Teacher Associations to enable them to participate more actively in the school activities. Another round of reforms, which began in 2001, provides incentives through grants to pre-primary school for early childhood development, decentralizes education, while quality and accreditation are looked after by two new bodies.⁹ Moreover, ranking at the Certificate of Primary Education (CPE)¹⁰ level has been abolished.

Accountability

There is indeed mounting evidence that accountability is key for service delivery to translate into better education outcomes. For example, using the Public Expenditure Tracking Survey, Reinikka (2000) finds that Ugandan schools received less than 30% of the capitation money allocated by the end of 1995. The bulk of the grants were captured by local government officials and politicians. While debt relief is supposed to help beneficiaries make progress towards the MDGs, and reach the poorest of society, the Ugandan PETS show that actual education spending is actually regressive: a larger share of the government's spending on education does not reach poorer communities than better-off ones. There are also concerns that local governments fail to account in time for funds released to them.

⁸ See Parsuramem (2001).

⁹ The Mauritius Qualifications Authority and National Accreditation and Equivalence Council.

¹⁰ Ranking became an instrument of selection in the context of a dramatic mismatch between demand and supply for Form I places in a few highly regarded secondary schools. It perverted the very aims and objectives of primary education by giving rise to lopsided education focused on examinable subjects rather than emphasizing the holistic development of the child.

In reaction to this, the Ugandan government acted by improving the flow of information and making budget transfers transparent through: (i) publishing information on conditional grants to schools in the national press and radio broadcasts (ii) requiring all schools to display details of accountability of primary education funds in the most convenient places in the school (iii) legally provisioning for accountability and information dissemination in the 1997 Local Governance Act. By 1999, capitation grants received by schools had almost reached 100%, although delays were noticed to have persisted. The Uganda case is an example of a cost-effective survey that demystified a government process, prompting a smoother flow of information to enhance transparency in budget allocation and use that resulted in capitation grants that schools were supposed to be receiving going up from almost 0% in 1991 to nearly 100% in 1999. The findings of the survey and a wave of positive reaction they generated illustrate best how modest methods that lead to the realization of important concepts such as transparency and accountability can dramatically alter pro-poor outcomes in public service delivery¹¹.

Mauritius also provides a number of interesting solutions to the accountability issues. First, it combines is an interesting mix of public and private schools which compete to some extent for good quality students. Second, school principals are in a position to monitor teachers and report any discrepancy quickly to the central government. Given the small size of the country and population, these reports can be dealt with in a quick manner. Third, school teachers are competing against one another for students on the private tuition market. It is conjectured that their in-school performance an important decision variable for students in choosing the teacher(s), if any, from whom to purchase private tuition. Third, the whole education system in Mauritius is based on 'leagues' table, or ranking of students, at the end of each education cycle (primary school certificate and higher school certificate or 'A' level exams). Scholarships and labour market performance depend on the student's rank in the national exam.

¹¹ See World Bank (2003). Case study 5- Uganda: Participatory approaches in budgeting and public expenditure management. Social Development Note No.74

3.2. Health

In sub-Saharan African countries discussions on health financing reforms centre on ways to improve the sustainability, equity and effectiveness of health services. These discussions also include debate about the impact of health financing reforms on efficiency, quality of care, access by the poor, and the respective roles of the public and private sectors. Designing effective policies to address all these issues is often difficult because of the conflicting nature of the means to achieve the multiple goals simultaneously. For example, attempts to raise revenues from user fees may improve financial sustainability, but can hurt equity or create disincentives to use needed services if offsetting measures are not taken. Alternative financing methods also involve significant political considerations and trade-offs. Attempts to reallocate government funding towards more cost-effective health services can conflict with employment expectations of health workers who are civil servants.

Leighton (1995) reveals that most African governments have considered or instituted user fees in the past decade as one of the primary methods of reforming the financing of their health systems. The initial impetus for these changes is usually recognition that government budgets have not been able, and will probably not be able in the short term, to support an adequate - or in some cases, a minimum – level of health services for the population. In addition to raising revenues and strengthening sustainability, public officials have sought to use fees as a means to improve the availability and quality of care, and ultimately health status. Many public health managers have also recognized that they could use available resources more effectively and that private sector health service providers may provide additional resources for expanding the availability of health care.

Yet, in spite of the recognition of the potential advantages of user fees and related reforms, many concerns remain among public health officials that people will not be willing or cannot afford to pay for health services, that changing from systems where services are free of charge will create barriers for the poor, or that private or public sector fees will discourage utilization of high priority preventive and primary care services.

They have also been concerned that fees will not raise adequate revenue to justify implementation costs or to improve quality. So far evidence is inconclusive either way, implying that future studies will need to focus on this efficiency-equity dichotomy in order to extend knowledge of adequate means to resolve this trade-off.

Unlike education, individuals' health outcomes are produced by households—albeit with contributions from many services. As such health outcomes are private goods, which are produced using services, some of which are privately financed, and some publicly financed. This implies that these outcomes are linked to an individual's earning capability, which in turn depends on his or her health status. Thus poverty and ill-health can coexist in a vicious cycle, disempowering their victims. A country's performance in the delivery of health services therefore must be judged by its ability to break that vicious cycle. In what follows we derive lessons from countries' experiences with reforms and health outcomes.

Reforms and Health Outcomes in Nigeria

In a case study of Nigeria, Oriakhi (2006) reveals that the Nigerian National Primary Health Care Development Agency was established in 1992 to work in close collaboration with local government authorities to ensure a smooth delivery of services. Huge resources have also been directed by government towards the secondary and tertiary levels of health care over time. The National Insurance Scheme initiated as part of National Health Policy is currently in operation, and several programmes directed at preventing and managing HIV/AIDS scourge have received large investment from the Nigerian government and international development institutions. Yet, despite high expenditure level on health, readily preventable diseases remain unchecked. Diarrhea, respiratory infections and Malaria are major killers, while the HIV/AIDS and other sexually transmitted diseases (STD) are a growing threat. Health indicators such as the number of people per physician, hospital bed and nursing staff have failed to improve, due partly to frequent strikes by doctors, nurses and mid-wives.

There is also evidence that there were no improvements in health indicators between 2003 and 2004. The population per physician increased from 19,172 in 2003 to 19,745 in 2004. The number of patients per hospital bed also increased by 1.6 percent from 2003 to 2004. Moreover, the crude birth and death rates during the year remained unchanged at 11.4 and 10.00 per 1000 persons, respectively. Likewise, maternal and infant mortality rates also remained unchanged at 10 and 100 per 1000 live births, respectively in 2004.

Available data for Nigeria also reveal striking regional discrepancies in health performances. For example, over the period 1998 to 2003, Adamawa state posted the highest average number of children immunized, while Ogun state registered the lowest. Imo state has the highest average number of hospital beds. While Taraba state recorded the lowest. Kano state has the highest average number of doctors over the study period, while Borno state employed the lowest. More disturbing is the evidence that states which exhibited high expenditure profile failed to justify such expenditure in terms of available materials and personnel. The mechanisms to ensure that expenditures were made in accordance with planned targets were weak. The analysis thus suggests a strong mismatch between public expenditure and the broad range of performance indicators.

Infant Mortality: A Global outlook

Globally, child mortality rates seem to track a country's level of income. It is therefore not a surprise that Africa fares poorly. This is consistent with the fact that individuals' wealth and/or earning capability constraint their consumption of health services. Rich economies have higher investments in health as reflected by their health indicators including health expenditure per capita, births attended by skilled personnel and physicians per person (see Appendix). For example rich nations like US, Switzerland and Canada have mortality rates of less than 10, as compared to low-income countries like Sierra Leone, Niger and DRC, which have rates of over 100 per 1,000 live births. US, Switzerland and Canada on average spend about 150 times the health per capita of Sierra Leone, Niger and DRC. However, countries at similar levels of income display large variations. For example, Mauritius, with a per capita GDP lower than Saudi Arabia achieved a lower rate of child mortality. Eritrea seems to fare better than South Africa,

despite being poorer. Therefore, low-income alone does not explain poor performance. Others factors matter!

Infant Mortality Trends in Africa

According to the World Bank, under-five mortality is on the rise in 22 countries in Sub-Saharan Africa. Over the period 1990-2003 the rate at which child death rates in African countries fell was one third slower than during the 1980s, and the gap between rich countries and countries in Africa seemed to have widened. Child death rates in sub-Saharan Africa were about 25 times higher than those in rich countries in 2003. In 1980, they were 13 times higher than in rich countries. In relative terms, therefore, the figures do not indicate progress. Yet, for most African countries, there has been a continued decline in child mortality over the past decade; although there are also sharp cross-country disparities, with some countries experiencing improvements in the fight against child mortality over the last decade, while some others failed to follow suit. Given the close link between education outcomes and infant mortality, it is not surprising that Mauritius stands out as the best performer in terms of reducing informality.

Maternal Mortality

Maternal mortality shows similar trends like those of infant mortality, with Mauritius again leading the way as an outstanding performer. Countries that performed poorly in terms of child mortality also do so in terms of maternal mortality. Examples include Cameroon, Kenya, Malawi, and Zimbabwe. Indeed Malawi saw maternal death rise by almost threefold between 1990 and 2000. This implies that health services delivery in these countries has gone from bad to worst. The vicious cycle of poverty and poor health is apparent in these outcomes, as women worldwide are overrepresented in the subset of poor people. This implies that reforms aimed at decreasing maternal death are very complex, and spanned across sectors including, education, civil rights, health, social protection etc. Among the issues which warrant further research we can note:

- Improvements in civil rights may be necessary to eliminate all forms of gender discrimination that increase women's representation in the subset of poor individuals.

- Improvements in education outcomes for women, coupled with enforcement of civil rights may be crucial to lifting women out of poverty, by empowering them to make choices that benefit their health and individual well-being.
- Social protection targeted at women may also be important in reducing women's vulnerability to economic shock. For example, since women tend to cluster in the production of food crop, they are hit harder by onset of long episodes of drought or flood.

3.3 Water and Sanitation in Africa

Across Africa many governments have been reforming the water and sanitation sectors most notably during the past decade, with the main objectives of:

- (i) increasing access to safe drinking water and sanitation services,
- (ii) enhancing economic efficiency (in the public and private sectors),
- (iii) improving quality of service,
- (iv) generating financing for the necessary investments (largely from third party donors),
- (v) improving resource management; and
- (vi) reducing the negative impact of service provision on the environment.

The reforms have included the devolution of responsibilities to local governments thus giving local authorities more control over projects, allowing them to be better-tailored to local needs; encouragement of private sector participation in the provision of water and sanitation; participation of different stakeholders including government civil society,

NGOs and external support agencies¹²; and adoption of policy ensuring free basic water and regulatory reform. In countries like South Africa, clear laws and regulations have clarified the roles of water authorities and service providers.

User fees were introduced in the build-up to privatizing water services. However, this overlooked the financial burden on the poor, resulting in non-payment.¹³ More recently countries like Uganda have implemented another round of reforms involving a comprehensive assessment of the water and sanitation sectors, including studies of the rural and urban sub sectors, and preparation of action and investment plans; and have moved towards a sector-wide approach (SWAP)¹⁴. Finally, Water, Sanitation and Hygiene campaigns (WASHs) have been introduced in some countries e.g. South Africa and Uganda.

Whereas these investments have improved coverage and service levels of water and sanitation for some countries, they have not done so for others, particularly for African nations, where less than 60% of the total population in many countries has access to improved water and sanitation services. The average safe water coverage for sub-Saharan Africa is 56%. This should be compared to 79%, 91%, 85% and 99% for East Asia and Pacific, Latin America and Caribbean, South Asia, and OECD coverage, respectively. In SSA good performers in the water sector include Mauritius, Botswana, South Africa, Namibia, Côte d'Ivoire, and Zimbabwe where at least 75% of the population were served with sustainable access to safe water in 2004. A majority of the remaining countries have made some progress, though they still have less than 75% of the population served with

¹² The water and sanitation reforms of Uganda were developed through an unprecedented participatory process, with strong links to the PRSP process, and thus to governments primary objective of poverty alleviation. This participatory process has been high quality, sustained and influential. It has brought civil society, NGOs, external support agencies and government together, leading to real partnerships and mutual understanding among sector stakeholders. It has also fostered the development of networks of policy advocates, such as the Uganda Water and Sanitation Network (UWASNET), and legitimized civil society's role in monitoring the use of poverty alleviation funds.

¹³ The poor of KwaZuluNatal could not afford the new user fees. This led to a cutting of water supplies by local authorities (UNDP, 2003 pg 117).

¹⁴ The SWAP concept involves a quantum change in the way the sector operates, and in the relationship between government and its development partners. First, it involves the replacement of current project based approaches with comprehensive sector-wide programmes; and, a move to coordinated funding of water and sanitation provision through government budgets.

safe water. Among the averagely performing countries are Burundi, Senegal, Ghana, Central African Republic, Rwanda and Cameroon with the population having access to safe water ranging from 66% - 75 %. Among the poor performers are Nigeria, Democratic Republic of Congo, Niger, Chad, and Ethiopia, which had less than 50% of the population served with safe water in 2004.

Less progress has been made towards improving the sanitation coverage, which is much worse than the water coverage in every region. Less than 50% of the population in a majority of sub-Saharan Africa countries was served with safe sanitation in 2004. This situation also applies to East Asia and Pacific, and South Asia, which had averages of 50% and 37% coverage safe water, respectively, in 2004. However, the performance is lower than that of Latin America and Caribbean and OECD countries where 78% and 96% of households, respectively, had access to safe sewerage in 2004. Moreover, these averages mask huge regional (urban and rural areas) and gender gaps.

The significant lack of sanitation and water throughout the developing world continues to explain high mortality rates, and sicknesses related to water and sanitation as reflected in the poor health and socio-economic indicators. The poor performance of the previous investments in water and sanitation has in general been attributed to a number of factors. The World Bank (2001) highlights problems in the Ugandan water and sanitation sectors: insufficient sector funding; weaknesses in management of projects; inefficient resource use; supply driven project approaches; ineffective sector coordination; where water and sanitation services are provided by local government, there is a combination of problems including weak incentives to collect revenue, poor financial accountability, political interference, low capacity attached to water and sanitation service responsibilities and the diversion of funds from the accounts to other activities.

There are practical problems associated with applying decentralization policies in urban and dense settlements. Where responsibility for town supply has already been transferred to Water User Associations, problems have arisen due to lack of local capacity, lack of funding and confusion over asset ownership; lack of clarity in key aspects of institutional

framework, due to the continuing process of transformation complicates the development and implementation of policy; excessive emphasis on projects rather than service, with insufficient attention given to aspects such as governance, financial management and business planning, administration and consumer relations; minimum standards quoted in services policies tend to conflict with appropriate design criteria. Seeking to provide minimum hypothetical standards can result in the over design of systems and may be against the interests of the very if high costs and unaffordable charges result in system deterioration and failure (World Bank, 2001).

The policy priorities for achieving the water and sanitation goals thus are:

- Increasing resources to the water and sanitation sectors. In this regard, there is a potential role for PSP schemes as method of raising private finance and introducing PSP into rural water operations.
- Strengthening private sector participation (PSP) as a method of raising private finance and introducing PSP into rural water operations.
- Promotion of greater community involvement, especially by women, in decisions about rural water and sanitation provision.
- Increasing appropriate maintenance by the government to support the maintenance of local supply facilities.
- Capacity building initiatives at both the central and local levels, with a focus on governance, financial management and business planning, administration and consumer relations.
- Regulatory arrangements, capacity building, timetable and legislative changes.
- Identifying the differences of approach appropriate to urban and rural areas in respect of community participation.
- Adoption of the principles of setting practicable service level targets and progressive attainment of standards.
- Adopting a stronger service orientation in water and sanitation sector policy.
- Minimizing the scope for political interference in designing policy, legislation and PSOP contracts.

- Addressing inequities including regional and gender inequities.

Private Sector Participation

Private participation in the delivery of water and sanitation has become widespread in developing countries though it is still relatively low in sub-Saharan Africa, where in only 20% of the countries is the private sector involved in the delivery of these services, compared to private sector participation averaging 35% in developing countries, 80% in developed countries, more than 60% of East Asian and Eastern countries and about 40% in Latin America (Thoonon, 2006 page. 3). The private sector participation can occur in several ways: The private sector can render specific contracted services like management of distribution network to full privatization.¹⁵ One form of private sector participation often talked about is public private partnerships (PPP), which include a whole range of private sector participation with the exception of full privatization. PPP emphasize the collaborative element between the public and private sector for achieving a particular goal. They have the potential of combining the concerns of the public sectors for equity and universal service delivery with competencies and strengths of the private sector such as efficiency, cost effectiveness and responsiveness to consumers' needs (ECA 2005c, Labuschagne 1998). The benefits of water and sanitation supply privatization include increased efficiency in investment, management and operation.

Private sector participation in sub-Saharan has a mixed record of performance. In some countries, for example, Senegal and Ghana, the public-private partnerships have increased the level of efficiency in the provision of water, thus leading to an increase in the quantity of water¹⁶, as well as the number of connections. The collection of water bills also improved and water losses were reduced. However, privatization more often led to higher prices for basic services such as water¹⁷, but with little or no improvements in

¹⁵ Examples of countries where privatization of water and sanitation delivery has occurred are Senegal (check).

¹⁶ The coverage of safe water in Senegal and Ghana improved from 65% and 55% in 1990 to 76% and 75%, respectively, in 2004.

¹⁷ Water consumers, who have to rely on water vendors instead, are paying approximately 10 times the price of piped water (World Bank 2005a).

services in some countries. Overall, the use of private services has fallen short of achieving the level of competition and efficiency possible.

There are a number of obstacles facing private participation in water and sanitation supply sector. These include:

- Inadequate pricing mechanisms due to the challenge posed by the often conflicting goals of equity and financial sustainability.
- Coincidence between low connectivity rates and lack of interest from private investors, which calls for the State to retake full responsibility in the provision of water.
- Underestimation of the social impact of privatization, namely on the poor. This has led to the emergence of informal payments forcing the poorest of the poor to reverse to rivers as a source of safe water.
- Non-payment of the user fee, which represents a serious challenge to financial sustainability.
- Political uncertainty, which may make foreign investors (the main source of capital) reluctant to invest. For example, political uncertainty is high in Nigeria, and in traditional utilities the capital costs are high, expected lifetime of the investments is long, and returns will be in local rather than in foreign currency. Thus investment appears quite risky, and if foreign investors are willing to invest, they may demand a high-risk premium (Adelegan and Adelegan 2006). Thus to attract foreign investors on acceptable terms, governments need to create a favorable business climate.
- Institutional and operational shortcomings, including inability to collect revenue, high wastage, operational losses and inadequate staffs.
- The policy on PSP is inadequate, requiring both greater direction and greater clarity, and
- The highly politicized nature of water provision in some countries leads to a strong tendency toward excessive political involvement in (and direction of) decision about water service provision, for example, Uganda (World Bank, 2001). These calls for: PSP issues should be included in the National Water Policies and should specify: policy objectives; scope of private sector involvement and possible PSP models;

regulatory arrangements, capacity building, timetable and legislative; initial guidelines on key issues, for example, tariff control, reporting and accountability, preparation of plans and consumer relations; and minimizing the scope for political interference in designing policy, legislation and PSP contracts.

- As UNDP (2003) notes, private companies are unlikely to be interested in providing water services in rural areas in low-income countries – because rural areas are generally considered unprofitable. In sanitation, public-private partnerships sometimes also view poor people as unprofitable. Reflecting such biases, some private water companies have found ways of excluding the poor people from service even in urban areas.

4. Conclusion

This paper has addressed the questions of public service delivery in Africa by focusing on the education, health, water and sanitation sectors. It has reviewed some of the reforms implemented in Africa to enhance service delivery. It has also discussed the reasons behind the success and poor performance of a number of African countries in those sectors. As a way forward, we conclude that the way forward is to benchmark African countries in their social service delivery. Such an exercise requires the development of an appropriate metric. In particular, a more comprehensive benchmarking of decentralization performances of laggard countries against those of relative successes (e.g. South Africa and Uganda) is required. More control variables should be introduced in this empirical process, including whether or not a violent conflict preceded the decentralization process, so as to ascertain whether or not the country was already in a post-conflict rebuilding stage. What is needed at this level is a theory-guided empirical research to identify the main determinants of best reform performance. Moreover, to gain a better understanding of the possible ingredients of this empirical exercise, a more detail analysis of country-reform performances in relation to each component of decentralization may be necessary.

Moreover, case studies should be conducted to take a deeper look at issues arising in service delivery and contrast reform experiences. A number of non-exhaustive issues which would deserve greater attention:

- The pros and cons of decentralization in service delivery
- How to reduce spatial disparity in the provision of public services
- The role of public-private partnerships in the delivery of social services and draw lessons for the future.
- The financing of education and do we need user fees.
- The financing of health and the issue of user fees.
- Policies which can increase female school enrollment in particular.
- What education cycle should donors target ?
- What financing instruments should they use in supporting school attendance?
- Public services as an empowerment tool

A number of methodological approaches could be used to address those issues. However, given the scope of the analysis, it would be desirable that in depth case studies be conducted so as to draw from the best practices both in and outside Africa.

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Appendix Table 1: Education indicators – selected countries

Country	Gross Enrolment Ratio 1995	Gross Enrolment Ratio 2004	Net Primary Enrolment (%) 1991	Net Primary Enrolment (%) 2004	Net Secondary Enrolment (%) 2004	Public expenditure education % of GDP 2002-04	Children Reaching Grade 5 % of Grade 1 Students 2003	Net Primary Enrolment ratio of female to male	Net Sec. Enrolment ratio of female to male
South Africa	81	77	90	89	62	5.4	84	1.01	1.12
Mauritius	61	74	91	95	80	4.7	99	1.02	1
Gabon	60	72	85	77			69	0.99	
Botswana	71	71	83	82	61		91	1.03	1.11
Cape Verde	64	67	91	92	55	7.3	91	0.99	1.12
Namibia	83	67		74	37	7.2	88	1.08	1.35
Uganda	38	66	53	86	15	5.2	64		0.9
Lesotho	56	66	71	86	23	9	63	1.06	1.54
Kenya	52	60		76	40	7	75	1	1.01
Equatoria Guinea	64	58	91	85	24	0.6	33	0.85	0.59
Swaziland	77	58	77	77	29	6.2	77	1.01	1.24
Madagascar	31	57	64	89	11	3.3	57	1	1.03
Togo	60	55	64	79	22	2.6	76	0.85	0.48
Nigeria	49	55	58	60	27		36	0.89	0.83
Zambia	52	54		80	24	2.8	98	1	0.78
Congo	68	52	79			3.2	66		
Zimbabwe	69	52		82	34		70	1.01	0.93
Gambia	39	50	48	75	45	1.9		1.06	0.83
Benin	38	49	41	83	17	3.3	69	0.78	0.49
Mozambique	25	49	43	71	4		49	0.9	0.78
Tanzania U. Rep. of	33	48	49	86			88	0.98	
Ghana	44	47	54	58	36		63	1.01	0.86
Comoros	39	46	57	55		3.9	63	0.85	
Mauritania	38	46	35	74	14	3.4	82	0.99	0.82
Guinea	25	42	27	64	21	25.7	82	0.84	0.51
Cote D'ivoire	38	40	45	56	20		88	0.8	0.57
Senegal	33	38	43	66	45	4		0.95	0.72
Guinea- Bissau	29	37	38	45	9			0.71	0.55
Burundi	23	36	53	57		5.2	63	0.89	
Ethiopia	20	36	22	46	25	4.6		0.89	0.61
Eritrea	29	35	16	48	24		80	0.85	0.63
Chad	27	35	35	57	11		46	0.68	0.33
Mali	18	35	21	46			79	0.85	
Angola	30	26	50						
Burkina Faso	19	26	29	40	10		76	0.77	0.68
Djibouti	20	24	29	33	19	6.1	88	0.8	0.7
Niger	15	21	22	39	7	2.3	74	0.71	0.67

Source: UNDP (2006, 2005, 2004, 2003,)

Table 2: Population with sustainable Access to improved sanitation (%) selected countries

	1990	2004		1990	2004		1990	2004
Mauritius	99	94	Botswana	38	42	Congo (DRC)	16	30
Djibouti	79	82	Rwanda	37	42	Central Afr. Republic	23	27
South Africa	69	65	Lesotho	37	37	Namibia	24	25
Malawi	47	61	Cote D'ivoire	21	37	Ghana	15	18
Senegal	33	57	Burundi	44	36	Guinea	14	18
Zambia	44	55	Togo	37	35	Ethiopia	3	13
Zimbabwe	50	53	Madagascar	14	34	Burkina Faso	7	13
Cameroon	48	51	Mauritania	31	34	Niger	7	13
Tanzania Rep. of	47	47	Mali	36	34	Eritrea	7	9
Nigeria	39	44	Comoros	32	33	Chad	7	9
Uganda	42	43	Benin	12	33			
Kenya	40	43	Angola	29	31			

Source: UNDP, 2006

Figure 1. Overall Decentralization Score in Selected Countries

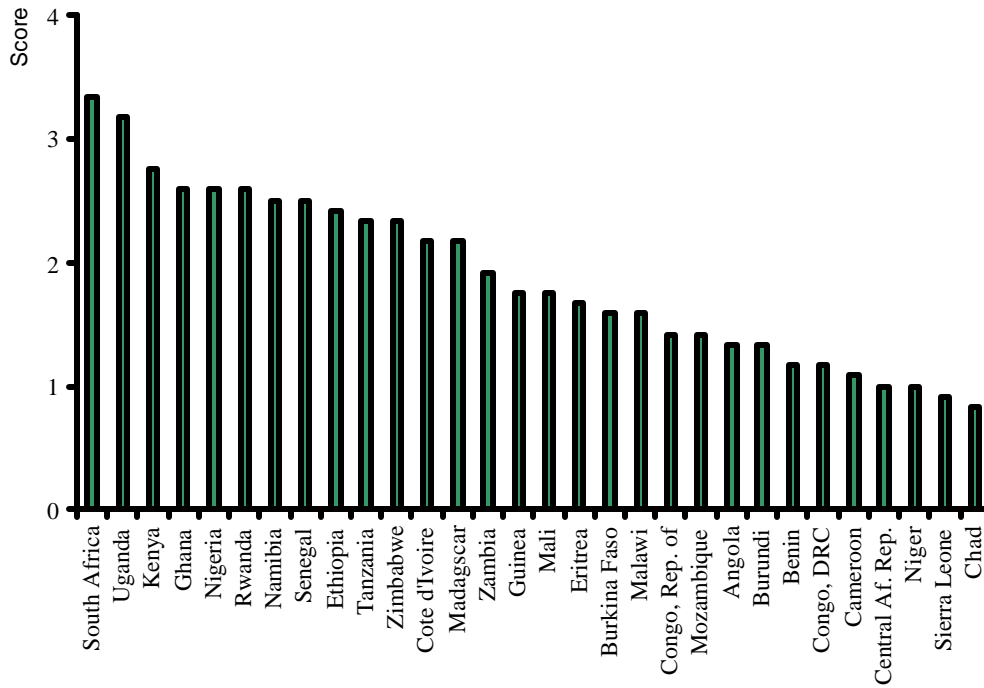


Figure 2. Extent of Political Decentralization in Africa

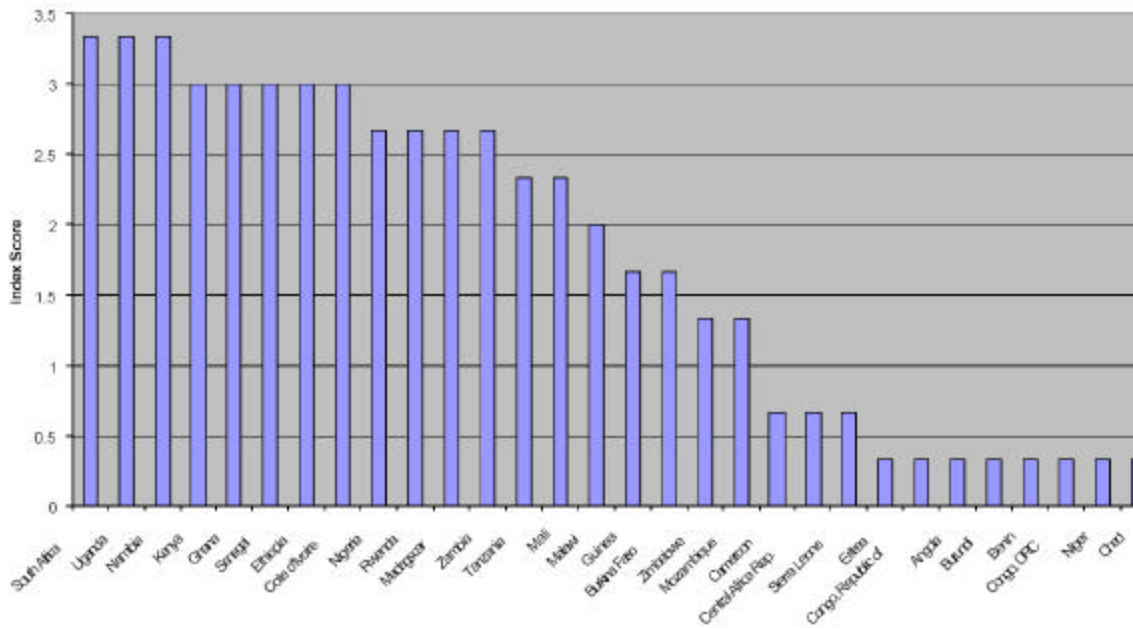


Figure 3: Extent of Fiscal Decentralization

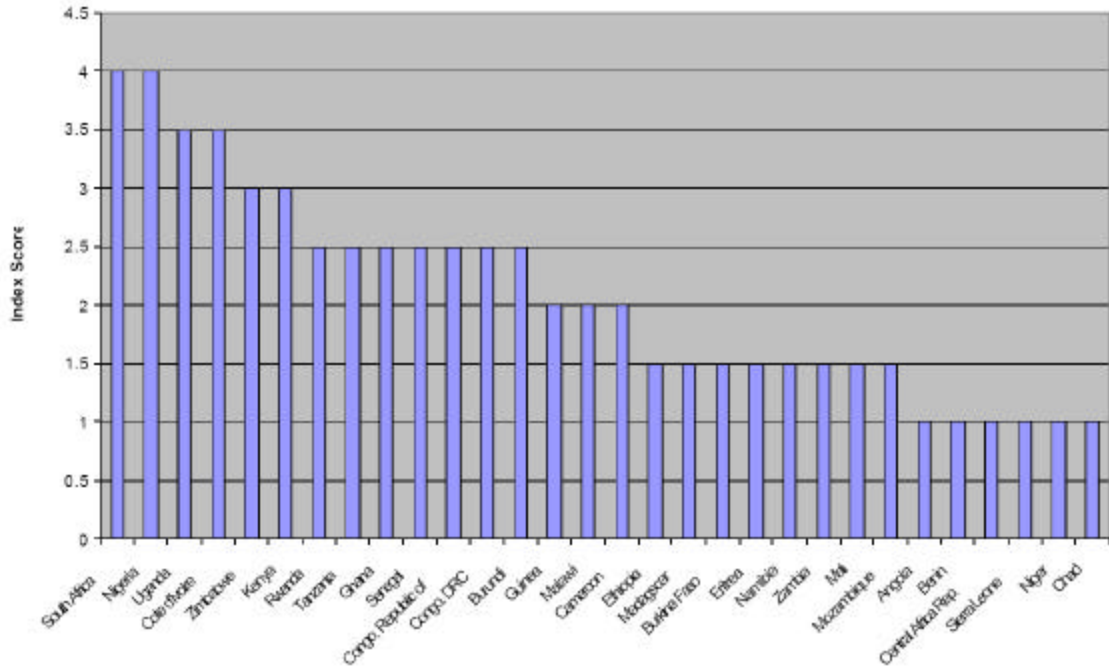


Figure 4 1: Net primary school enrolment rate in 1990/91 as a function of public resources allocated to public education from 1985 to 1989.

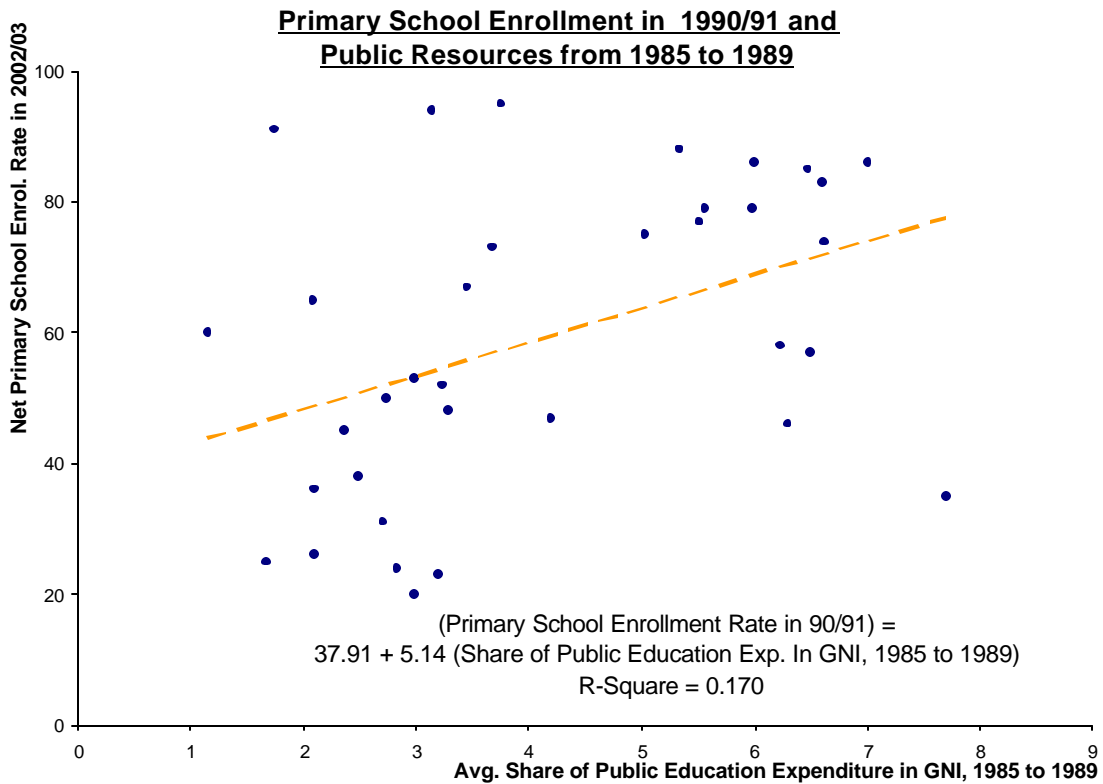


Figure 5: Net primary school enrollment rate in 2001/02 as a function of public resources allocated to public education from 1990 to 2001

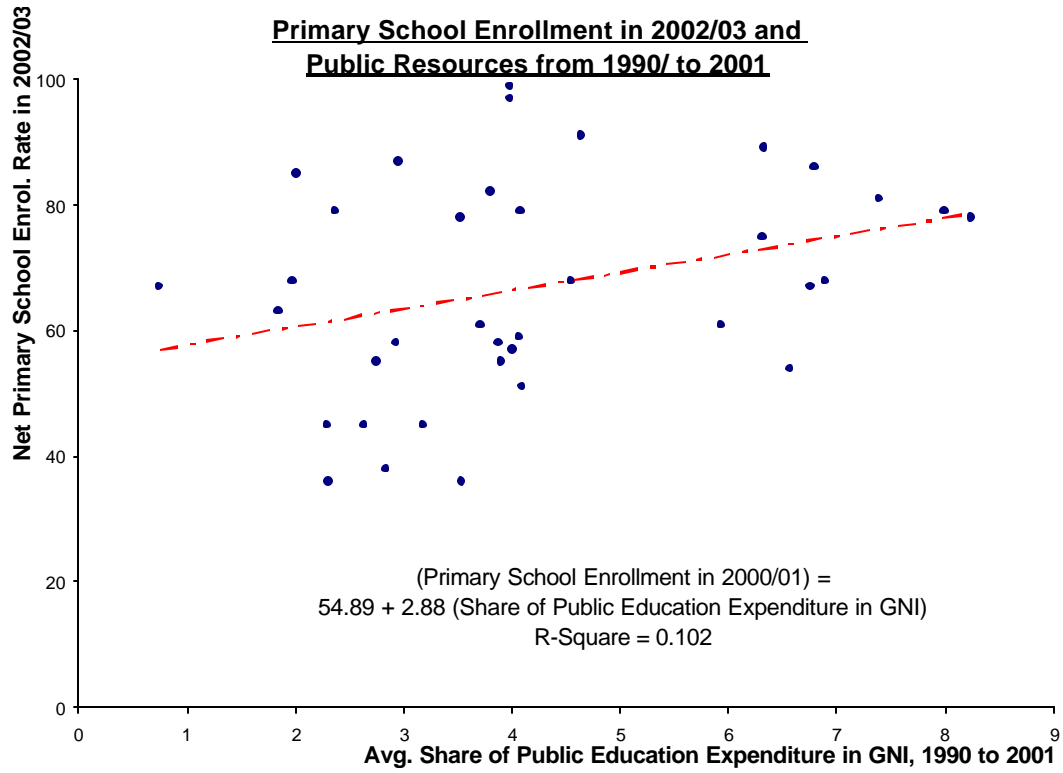


Figure 6: Combined Gross Enrolment Ratio for Primary, Secondary and Tertiary Schools (%) 2002/2003

