Making quality social services such as education, health, water and sanitation available to the people remains one of the most daunting challenges facing developing countries. This is particularly so for Sub-Saharan Africa where still many poor people are excluded from accessing these vital services. Even when they access the services, in most cases those services are only of poor quality. Yet quality services are core to overall human development because they improve the capabilities of the people that enable them to fully participate in the development process of their countries. Today, many of the people in Africa only receive very poor quality education and health services and many do not have access to clean water or improved sanitation. Even when children are enrolled in schools, the quality of learning is extremely poor while attending clinics and other health facilities for treatment is often a frustrating experience: medical providers who are absent or rude, long waiting lines, and often essential drugs are missing.

The critical importance of social services has been recognized by African governments and has received priority in their development plans and budget allocations. Significant amount of resources have therefore been devoted to the provision of these services. In fact, education is for example one of the sectors that receives the highest budgetary allocations. The flow of resources to the social sectors accelerated since the enactment of the Millennium Development Goals (MDGs) as development partners increased their support toward meeting the MDGs. However, the huge investment in social services has not been matched by improved service delivery outcomes.

In part, the poor service delivery outcomes are the result of resource constraints. To deliver quality education and health services, facilities that have some minimum level of equipment and supplies are necessary. Classrooms and

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school books are essential for effective teaching and learning. Likewise, to provide even basic services, health facilities should have essential drugs, and diagnosis equipment should be available. In addition, at the core of service delivery are trained personnel that have the capacity to deliver the services all which require substantial investment of resources. Unfortunately, for many poor countries, the infrastructure for delivering social services and also the human resources are poor in quality and low in quantity. Thus, it is indeed the case that, the poor service delivery outcomes are to some extent the result of resource constraints.

However, resources are just part of the reason for the poor service delivery outcomes and probably not the most important factor. Evidence suggests that increasing expenditures devoted to the delivery of services does not always result in improved access and quality of those services. Even when additional resources translate into better outcomes, the gains are relatively small compared to the magnitude of the additional resources. In essence, there is a weak link between resources and quality and quantity of services provided. This is because often resources flows are characterized by leakages so that resources reaching facilities are only a fraction of what is intended. Thus, although a government may be allocating large amount of funds to health and education facilities, often only a small share of the resources reach the intended facilities. In addition, although teachers and nurses are recruited to provide services to clients, they may be absent from work often and even when present, they may not deliver the service as expected. These and many other outcomes lead to widespread service delivery failures.

For a continent where delivery of social services remains grossly inadequate, there is need to understand the sources of failures beyond the resource constraints. The available evidence suggests that service delivery outcomes can be improved without additional resources if there were improvements in the utilizations of resources—resource leakages are minimized, teachers and health providers report to work regularly as expected, and while at work, they actually put in the effort necessary in delivering the services. Thus, to strengthen the link between resource and service delivery outcomes and get value for the money, improving governance across the entire service delivery chain is necessary. It is because of weak accountability that service delivery tends to be poor.

An insightful 2004 World Development Report, Making Services Work for the Poor, explained the problem of service delivery in developing countries and especially the weak link between expenditures and delivery outcomes using a accountability framework. The report noted that service delivery outcomes are the result of not just the resources spent but by the nature of the accountability relationships between the actors in the service delivery chain. These actors
include: clients and citizens; policymakers; and provider organizers and frontline providers. Clients/ (i.e., citizens) are the ultimate beneficiaries of a service, such as the students in the case of say primary education or patients who seek treatment in a health clinic. But this category of actors also includes the general citizens who while they may not be direct beneficiaries of a particular service have the responsibility of financing as taxpayers or as voters who elect the representatives. Policymakers are normally elected by the citizens and are responsible for defining the policies and also for decisions concerning the allocation of funds. The other category of actors are provider organizations including all those agencies that are involved in organizing and monitoring the provision of services. And finally, the frontline providers who are responsible for delivering the services and thus come into direct contact with the clients. These include the healthcare workers, teachers, etc.

For efficient service delivery, the accountability framework posits that the actors in the service delivery chain should be linked by well-functioning accountability relationships. The first accountability relationship is one between the clients and the policymakers which is referred to as voice. The voice relationship implies that the policymakers are accountable to the clients and thus clients’ concerns and views should be heard and appropriately acted upon by the policymakers. As would be expected, the when clients/citizens have an effective voice, then policymakers are bound to be responsive to their demands. Such a relationship is strong in institutional arrangements in which the clients can effectively punish policymakers for failure to take into account the demands of the voters. The other important accountability relationship is between policymakers and the provider organizations and is described as a compact. This relationship includes agreement on what the policymakers except the providers to do and also what the providers should expect from the policymakers. For the providers to be able to deliver services, they require policies, rules and guidelines that define their roles and operations. Likewise, policymakers are expected to provide the necessary resources necessary to affect the delivery of services – salaries, infrastructure, equipment, and so on. Accountability requires that the policymakers be able to monitor and reward the performance of the providers. Finally, provider organizations and frontline providers should be accountable to clients and this is referred to as client power. Client power implies that the clients can directly hold the providers accountable.

When the accountability relationships work well, services are provided efficiently. But this requires that all the actors in the service delivery chain be motivated to achieve the same end goals-quality services. However, service delivery is characterized by the problem of agency which arises because the different actors have divergent interests. The service delivery framework alludes to the fact that the network of principal-agent relationships associates with numerous incentive problems that impact on the efficiency of delivery. Agency
problems are therefore the primary source of service delivery failures. Furthermore, the scope of these problems largely depends on the institutions of service delivery. Specifically, effectiveness of service delivery therefore largely depends on how well institutional arrangements impact on the accountability across the service delivery chain.

**COLLABORATIVE PROJECT ON INSTITUTIONS AND SERVICE DELIVERY (ISD)**

Over the last five years, the African Economic Research Consortium (AERC) has sought to support research on service delivery in Africa under the broad theme of institutions and service delivery. The goal of these studies has been primarily to understand the sources of accountability failures in the provision of services and the reforms necessary to strengthen accountability. A primary focus of the ISD project was the preparation of country. To inform and guide researchers in their case studies, several framework papers on institutions and service delivery were commissioned and later published and compiled in Kimenyi, et al, 2012). The framework papers provided in depth analysis of the accountability framework and various aspects that affect service delivery in Africa. One of the main challenges identified in the process of preparing the framework papers was the lack of good data to analyze institutions and service delivery.

The next phase of the study involved the preparation of country-case studies which are included in this special issue. The studies focus on education and health care and use different types of data and methodologies to analyze the role of institutions in the delivery of the specific services studied. While the studies do make a credible attempt at linking institutions and service delivery, all the studies are characterized by inadequacy of data. In most cases, the studies are based on one time surveys of small samples individuals or facilities. The inadequacy of the data raises many estimation problems including the appropriateness of the methodologies applied. Nevertheless, the studies do raise important issues on the institutional weaknesses characterizing service delivery in Africa and provide some good examples of the problem of agency in service delivery.

Six of the country-case studies focused on health. The first two of these look at health services delivery in Cameroon. Njong and Ngantcha explore a particularly serious problem in service delivery in Africa-the leakage of resources. As many other studies have shown, weak accountability in delivery of services often associates with large leakage of resources. Because of such resource leakages, provider facilities receive only a small share of the resources meant to provide services and this directly impact on the quality of provision. Njong and Nganthca investigate the extent and determinants of the resource leakages in the Cameroonian health sector using 2004 Expenditure Tracking Survey data. The
authors find that the health sector is characterized by large resource leakages with the frontline providers receiving only 26.4% of the allotted resources. The study investigates the impact of several institutional factors in explaining the observed leakages.

In the next paper, Zamo-Akono, Ndokou and Song-Ntamack also use Cameroon health sector Public Expenditure Tracking Survey data to investigate the efficiency of hospitals and then undertake empirical estimations to explain the determinants of inefficiency. The authors find that weak accountability as reflected by compact failures and weak client power, are important in explaining inefficiency in the health sector. For example, they find provider absenteeism to be important in lowering efficiency while client voice as captured by the management committees increases efficiency. The paper offers proposals to strengthen compact and also client power.

The next two papers look at institutions and health services delivery in Ghana. Osei-Akoto, Fenny, Adamba and Tsikata focus on the client power and health delivery. The authors look at recent reforms of the Ghanaian health system involving the introduction of a national health insurance scheme. The insurance scheme changed the incentive structure of providers and also created a more competitive environment. In addition to improving the quality of services so as be eligible to qualify as treatment centers for the insured, the authors find that the providers have become more receptive to the needs of the clients. An important aspect of the reforms has been its effects on the participation of the clients in the decision making process. In addition, the fact that clients can choose the facility to seek service has been important in leveraging better quality from the providers.

In the next paper, Amporfu, Nonvignon and Ampadu look at health provision in Ghana with a specific focus on the incentives and performance of frontline health providers. The paper focuses on the compact aspect of the accountability relationship and investigates management’s effectiveness and provider incentives. Key findings include the fact that provider job satisfaction and involvement in the decision making process are important determinants of the quality of provision. When workers have a high job satisfaction, they have a positive attitude towards work. The authors offer suggestions to improve accountability by strengthening the compact relationship.

Justine Nanyonjo and Nicholas Okot investigate the impact of decentralization of health service delivery in Uganda with a focus on the interaction between decentralized provision and local capacity on the efficiency of service delivery. Decentralization is one of the institutional reforms that have the potential to improve accountability in service delivery by entrenching more local participation. In their study, Nanyonjo and Okot use a data envelope analysis to estimate efficiency of the health production and then estimate the impact of institutional and other variables on efficiency scores. The broad finding of the
study is that accountable, decentralized governance in Uganda’s health sector is hampered by weak capacity.

The final study on health care delivery looks at the cleanliness of health facilities in Nigeria. In this study, Omobwale, Donstop Nguezet and Amao, investigate the institutional determinants of health facility cleanliness. The thrust of the study is to investigate whether institutional aspects such as voice, client power and compact impact on the cleanliness of facilities. The researchers find that facility cleanliness is to a large extent determined by the strength of the accountability relationships.

The next three country case studies focus on the delivery of primary education in Mali, Nigeria and Ethiopia. For the Mali study, Dedehouanou and Berthe investigate the effectiveness of local community involvement in the management of primary schools. Contrary to expectations that more local involvement should improve the service delivery, they find that such participation has no significant effect.

George, Olayiwola, Adewole and Osanuohien investigate the role of non-state actors in the provision of education in three Local Government Areas of Lagos State in Nigeria. The non-estate examined include international agencies, community based organization, parent-teacher associations, private sector, etc. They authors find that although these organizations are involved in supporting public schools by providing inputs, they do not play a significant role in pushing for accountability such as monitoring providers. In essence, the non-state actors do not contribute to the improvement of accountability in the delivery of primary education. The authors recommend that for better service delivery outcomes, these non-state actors should be more involved in supervision and evaluation of the providers.

The final study on education delivery looks at primary education provision in Ethiopia. This study provides a narrative of the education system in Ethiopia and catalogues various initiatives that have been put in place. Abay stresses that one of the notable features of the system has been increased funding of primary education. While the increased spending has associated with rapid expansion in access to education opportunities, the quality of education has declined steadily. The author suggests that there is need reform the institutions for delivery of education to improve accountability in order to achieve quality.

The Kenya study focuses on the effect of institutions on the performance of devolved funds provided under the Constituency Development Fund (CDF). These funds are made available to constituencies by the central government and the communities identify the priorities on which to spend the funds. Because of differences across the constituencies, it is hypothesized that client satisfaction from the services funded under CDF would vary depending on the accountability
relationships. Awiti, Mutua, Nyaga and Muthaka find that indeed constituencies with better institutions in terms of citizen voice and client power associate with better service delivery outcomes.

By and large, the country case studies offer credence to the service delivery accountability framework. However, as observed previously, the studies suffer a problem of data adequacy. For better understanding of the institutional failures in the delivery of services in Africa, it is necessary to put more effort in gathering data that can better capture the character of institutional arrangements in the delivery of services. Analysis of institutions using such data would go a long way in informing policy reforms for better service delivery.

REFERENCES