

# Service Delivery

Topic Guide

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## Executive summary

Equitable access to essential public services is vital for human development, inclusive growth, and tackling persistent inequality. Underlying inequalities can be exacerbated or reproduced where access to public services is uneven, or marginalises certain groups on the basis of their identity or location.

Often the main barriers to inclusive service delivery are political and institutional. Common blockages include weak state capacity or commitment, elite capture, skewed incentives of front-line workers, policy incoherence, and an absence of accountability. Yet politics and institutions have also enabled progress in some cases. Recent experience suggests a stable political settlement, political entrepreneurship, and long-term policy continuity can underpin remarkable improvements in access and coverage.

Development partners seeking to support broad-based and inclusive public goods face significant challenges, especially in fragile states where the distribution of access can become deeply politicised, the state may have weak incentives to provide for the basic needs of its people, or where most services are delivered by non-state providers (NSPs). Failure to deliver public services is both a symptom and cause of fragility. Though it is often assumed that services can help to build the state's legitimacy, in practice this is likely to depend on people's locally-grown expectations of what should be provided, where, and by whom.

Providing users with information about their rights and entitlements, involving users in design and decision-making forums, strengthening accountability, bringing services closer to the people through decentralised governance, or distributing vouchers are some of the strategies used to improve services. Evidence is to date patchy and inconsistent on the effects of these interventions. Much research emphasises that there are both potentials as well as pitfalls in these approaches.

While there are many challenges, there are also cases where aid has been effective at addressing weak front-line incentives, where services have been delivered in very difficult environments, or where access has been expanded equitably over time. These cases provide multiple lessons. Community engagement can help to address social norms around access. Understanding incentives is often key to improved performance. From an aid perspective, flexible aid, building trust between different actors, and adapting to changing realities are emerging lessons from recent experience.

# 1. Inclusive service delivery

## 1.1 Equity of access

Equitable access to essential public services is vital for human development, for making growth inclusive, and for tackling persistent inequality. Disparities in access exist between different income groups, urban versus rural areas, conflict-affected versus relatively stable regions, between men, women and girls, and between and within ethnic groups. Underlying inequalities can be exacerbated or reproduced where they manifest as uneven access to public services. For example, cross-country longitudinal research has illustrated that inequitable access to education, coupled with uneven quality of delivery, underpins long-term inequality in education outcomes. In practice, formal and informal institutions and social norms determine whether access to services is inclusive and equitable, or not.

**Rolleston, C. James, Z., & Aurino, E. (2014). *Exploring the effect of educational opportunity and inequality on learning outcomes in Ethiopia, Peru, India, and Vietnam* (Education for All background paper 2014/ED/EFA/MRT/PI/09). Paris: UNESCO.**

<http://www.younglives.org.uk/publications/PP/exploring-educational-opportunity-and-inequality>

Access to good quality education for all requires improvements in the way access and quality are distributed between more and less advantaged children. Improving equity requires targeting interventions towards learning among the most disadvantaged groups. This is not only good for equity, but may be the most efficient way to improve overall learning levels.

**Walton, O. (2012) *Evidence for the Development Impact of Inclusive Service Delivery* (Helpdesk research report). Birmingham: GSDRC.**

<http://www.gsdrc.org/docs/open/HDQ851.pdf>

Efforts to make services more inclusive mostly involve extending access to under-served or marginalised groups, or improving uptake or quality of services delivered to those groups. Evidence demonstrates that within under-served regions (e.g. rural, conflict-affected), women, certain minority ethnic or religious groups, and people with disabilities are persistently marginalised from access to services.

**Transparency International. (2010). *Corruption and Gender in Service Delivery: The Unequal Impacts* (TI Working Paper 02/2010). Berlin: Transparency International.**

[http://files.transparency.org/content/download/220/884/file/2010\\_WP\\_GenderinServiceDelivery\\_EN.pdf](http://files.transparency.org/content/download/220/884/file/2010_WP_GenderinServiceDelivery_EN.pdf)

Corruption in health and education provision can have disproportionate and negative consequences for women and girls. Women may be more exposed to petty corruption. Women and girls may be compelled to make informal payments for services that are supposed to be free, or through the use of sex as a form of payment in return for public services. Existing inequalities and patriarchal structures may also be exploited to commit abuses.

## 1.2 Political and institutional drivers of delivery

Over the past decade in particular, there has been growing realisation that politics determines the distribution and performance of public services. Often the main barriers to inclusive or high quality service delivery are political and institutional. These include weak state capacity or commitment to delivery, elite capture, poor incentives of front-line workers, policy incoherence, and an absence of accountability.

Empirical research across a variety of contexts consistently demonstrates that political actors can have weak incentives to invest in broad-based, inclusive public services, often preferring to deliver goods that are targetable towards their own political constituencies. The so-called 'long-route' of accountability between citizens and their political representatives may become dysfunctional where there is information asymmetry, an absence of programmatic political parties, and social fragmentation. For example, lack of information about the quality of provision, particularly a problem in health and education, makes it difficult for citizens to know and credit/blame the state for weak or poor performance.

Whilst politics and institutions can block reform, they may also enable progress in other cases. Remarkable improvements have been made in some cases where there has been a stable political settlement, political entrepreneurship, and long-term policy continuity.

**Keefer, P., & Khemani, S. (2003). *Democracy, Public Expenditures and the Poor* (Policy research working paper 3164). Washington D.C.: World Bank.**

<http://elibrary.worldbank.org/doi/pdf/10.1596/1813-9450-3164>

Countries vary systematically in terms of the incentives of politicians to provide public goods. Even in democracies, politicians often divert resources to political rents and private transfers, for the good of the few. Three main political market imperfections are especially pertinent. These are: Lack of information, social fragmentation, and the lack of credibility of political promises to citizens. These factors explain why services perform poorly in Uttar Pradesh poorly in comparison with the well performing services of Kerala.

**Booth, D. (2011). *Towards a theory of local governance and public goods provision. IDS Bulletin, 42(2), 11-21.***

<http://www.odi.org/node/8507>

This synthesis of research on service provision in Africa suggests much of the observed variation in outcomes is attributable to common institutional problems. These include the degree to which there is a coherent vision underpinning how resources are allocated, effective top-down performance disciplines, and locally-anchored institutions enabling collective action and problem-solving. Other variables include the incidence of populist policy-making, and whether aid generates negative incentives.

**Bell, C. (2011). *Buying Support and Buying Time: The Effect of Regime Consolidation on Public Goods Provision. International Studies Quarterly, 55(3), 625-646.***

<http://onlinelibrary.wiley.com/doi/10.1111/j.1468-2478.2011.00664.x/abstract>

This study uses quantitative testing to assess temporal variation in the provision of 15 public goods. It finds that regime consolidation changes leaders' incentives for provision. New political leaders face institutional challenges – such as coups and revolutions – that affect spending priorities. States with inclusive institutions spend more on public goods as they consolidate and become less vulnerable to elite demands.

**Khemani, S. (2013). *Buying Votes vs. Supplying Public Services: Political Incentives to Under-Invest in Pro-Poor Policies* (Policy research working paper 6339). Washington D.C.: World Bank**

<http://elibrary.worldbank.org/doi/book/10.1596/1813-9450-6339>

Vote buying in poor economies is associated with lower provision of public services that disproportionately benefit the poor. Data from the Philippines reveal a significant, robust negative correlation between vote buying and the delivery of primary health services. In places where households

report more vote buying, government records show that municipalities invest less in basic health services for mothers and children. A higher percentage of children are severely under-weight in those municipalities.

**Chambers, V., and Golooba-Mutebi. (2012). *Is the bride too beautiful? Safe motherhood in rural Rwanda* (APPP research report 4). London: ODI.**

<http://www.institutions-africa.org/filestream/20120312-appp-research-report-04-safe-motherhood-in-rural-rwanda-by-v-chambers-and-f-golooba-mutebi-march-2012>

Rwanda has made impressive progress in maternal health, particularly in rural locations. The coherence of the policy environment has been a key element, particularly clear lines of responsibility and mandates. Laxity in professional standards and lack of motivation have been overcome by accountability mechanisms which serve as strong deterrents against misconduct by all actors responsible for service provision. Accompanying performance pressures based on consistent incentives comprising rewards and punishment ensure that all actors work toward the same objective of providing high-quality services.

**McLoughlin, C., & Batley, R. (2012). *The politics of what works in service delivery: An evidence-based review*. Manchester: Effective States and Inclusive Development (ESID).**

[http://www.effective-states.org/wp-content/uploads/working\\_papers/final-pdfs/esid\\_wp\\_06\\_mcloughlin-batley.pdf](http://www.effective-states.org/wp-content/uploads/working_papers/final-pdfs/esid_wp_06_mcloughlin-batley.pdf)

Some forms of politics are likely to promote inclusive social provisioning and enable, as opposed to constrain, improvements in service outcomes. Particularly key are: the influence of periods of crisis and transition which throw the rules into flux; whether the political settlement is inclusive and stable; and the types of calculations of political returns being made by political actors at all levels. Inclusive provision is also likely where the state derives its legitimacy through the provision of an historically salient service.

### 1.3 Role and impact of non-state providers

Providing vital public services is typically seen as the responsibility of the state. However, in practice a number of formal and informal providers are likely to be delivering water, sanitation, education and health in most developing country settings. Non-state providers (NSPs) take many forms, ranging from large-scale for-profit firms, to individual entrepreneurs, to non-profit community groups. In conflict-affected contexts, some basic services may also be delivered by non-state armed groups with territorial control over a particular area. In other contexts, NGOs or faith based organisations may be the provider of choice for some or all parts of the population. Research shows that poor people use private providers to a surprising extent, given the associated costs, and sometimes choose them over free public services.

There is considerable debate about the role and impact of private and non-state health and education providers in developing countries. Some experts argue NSPs are pro-poor where they provide access to services in areas not reached by state provision. Others are concerned with the equity, quality, affordability and sustainability implications of non-state provision. Promoting better state engagement with non-state providers is often proposed as a route towards reducing any such negative impacts, but in practice state-NSP relationships are often characterised by mistrust.

**MacLean, L. M. (2011). *The Paradox of State Retrenchment in Sub-Saharan Africa: The Micro-Level Experience of Public Social Service Provision*. *World Development*, 39(7), 1155-1165.**

<http://www.sciencedirect.com/science/article/pii/S0305750X1000224X>

What has been the impact for sub-Saharan Africans of declining state involvement in public service provision? This paper examines public service experiences in Africa following neoliberal economic reform.

It argues that the erosion of the quality of state services has led to a two-tiered system. The rural poor are forced to rely on public schools and clinics, while better-off urban citizens use private services providers. This has important implications for the sustainability of publicly provided social services in sub-Saharan Africa and elsewhere.

**Batley, R. (2006). *Engaged or Divorced? Cross-service Findings on Government Relations with Non-state Service-providers. Public Administration and Development, 26(3), 241-252.***

<http://onlinelibrary.wiley.com/doi/10.1002/pad.422/abstract>

This article synthesises case studies of non-state provision of education, healthcare and sanitation services in South Africa, Malawi, Nigeria, Pakistan, Bangladesh and India. It finds that, while policy is now generally in support of NSPs, practice is more often unsupportive and relationships are surrounded by mistrust. Nevertheless, enhanced operational engagement between governments and NSPs – in the form of strong, independent regulatory bodies and joint ventures – could promote better services for poor communities.

**Tadros, M. (2011). *Faith-Based Organizations and Service Delivery: Some Gender Conundrums (Gender and development program paper number 11)*. Geneva: UNRISD.**

[http://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/592137C50475F6A8C12577BD004FB5A0/\\$file/Tadros.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/592137C50475F6A8C12577BD004FB5A0/$file/Tadros.pdf)

Women face particular dilemmas when the extension of services and assistance is conditional on their conforming to the FBOs' interpretation of religiously appropriate gender roles and behaviour. Without generalising for all service-providing FBOs, in some instances, services are used overtly or more subtly as a means of seeking to inculcate religious values and ideologies. Often, controlling women's behaviour becomes a symbol of conformity to religious ideology. While women are the targets of many such processes, they are not simply repositories of doctrines and ideologies and often engage in acts of subversion as well as covert and overt contestation.

**Oxfam International, (2009). *Blind optimism: Challenging the myths about private health care in poor countries (Oxfam Briefing Paper 125)*. Oxford: Oxfam International.**

<http://www.oxfam.org/sites/www.oxfam.org/files/bp125-blind-optimism-0902.pdf>

The realisation of the right to health in poor countries depends on a massive increase in health services to achieve universal and equitable access. A growing number of international donors are promoting an expansion of private-sector healthcare delivery to fulfil this goal. This paper contends that while the private sector can play a role in healthcare, prioritising this approach is extremely unlikely to deliver health for poor people. Governments and rich country donors must strengthen state capacities to regulate and focus on the rapid expansion of free publicly provided healthcare, a proven way to save millions of lives worldwide.

**Day Ashley, L., Mcloughlin, C., Aslam, M., Engel, J., Wales, J., Rawal, S., ... Rose, P. (2014). *The role and impact of private schools in developing countries: a rigorous review of the evidence (EPPI report 2206)*. London: Department for International Development.**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/307032/Private-schools-2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307032/Private-schools-2014.pdf)

This rigorous review asked: can private schools improve education for children in developing countries? Its findings include the following. There is strong evidence that teaching is better in private schools than in state schools, in terms of higher levels of teacher presence and teaching activity as well as teaching



approaches that are more likely to lead to improved learning outcomes. There is moderate evidence that girls are less likely than boys to be enrolled in private schools. The evidence is ambiguous about whether private schools geographically reach the poor. Although private schools are continuing to focus on urban areas, they are also becoming increasingly prevalent in rural areas; but research cautions against assuming this means they are reaching the poor.

## 1.4 Service delivery in fragile and conflict-affected states

Failure to deliver basic services is increasingly understood as both a symptom and cause of state fragility. Conflict adversely impacts the coverage and quality of basic services, and this in turn negatively affects human development and economic activity. Supporting basic services can become highly political in situations where there is conflict, instability, inequality and social exclusion.

Since the rise of the state-building agenda, the impetus for donors in supporting service delivery in fragile states is not only meeting basic human needs, but also in building state capacity, reciprocal state-society relations and state legitimacy. Balancing the need to provide essential services at scale and fast while also trying to develop state capacity is a critical challenge for aid agencies. Even in failed states or areas of limited statehood, service delivery may be negotiated through some nascent form of state control. In any given context, the degree of state capacity may not correspond with the level of service delivery.

**Lee, M., Walter-Drop, G., & Wiesel, J. (2014). Taking the State (Back) Out? Statehood and the Delivery of Collective Goods. *Governance: An International Journal of Policy, Administration, and Institutions*, 27(4), 635-654.**

<http://onlinelibrary.wiley.com/doi/10.1111/gove.12069/abstract>

A global normative script emphasizes the role of the modern state in providing collective goods and services from security to education to health. This paper analyses state performance in six dimensions of service delivery in a cross-sectional sample of more than 150 countries. It finds there is remarkably little evidence of a consistent relationship between statehood and service delivery. Service delivery has been admirable in some areas of limited statehood in which the state has very little capacity. There are other polities with much higher state capacity where service delivery has been wanting.

**Titeca, K., & de Herdt, T. (2011). Real Governance Beyond the 'Failed State': Negotiating Education in the Democratic Republic of the Congo. *African Affairs*, 110(439), 213-231.**

<http://afraf.oxfordjournals.org/content/early/2011/02/25/afraf.adr005>

How are state services governed even when the state administration has retreated from the public domain? Failed states are often described as a vacuum of authority, yet although there is often no overall regulatory authority, this does not mean that sectors are ungoverned. In the Democratic Republic of the Congo, education delivery is the result of negotiation processes between state and non-state actors. Instead of producing uniform results, this form of regulation depends on power configurations in particular places at particular times.

**Jones, A., & Naylor, R. (2014). *The quantitative impact of armed conflict on education: counting the human and financial costs*. Reading: CfBT Education Trust.**

[http://educationandconflict.org/sites/default/files/publication/CfBT%2023\\_Armed%20Conflict\\_Online.pdf](http://educationandconflict.org/sites/default/files/publication/CfBT%2023_Armed%20Conflict_Online.pdf)

Attacks on schools are the 'tip of the iceberg' when the full extent of armed conflict's adverse impact on education is taken into account, not least when measured in terms of the millions of children out of school for various reasons in times of insecurity and violence. This report estimates the impact of conflict and insecurity on education in terms of direct and indirect costs, concluding that economic growth is negatively affected in significant ways.

**Carpenter, S., Slater, R., & Mallett, R. (2012) *Social protection and basic services in fragile and conflict-affected situations: a global review of the evidence* (Secure Livelihoods Research Consortium briefing paper 8). London: Overseas Development Institute.**

<http://www.odi.org.uk/resources/docs/7860.pdf>

This review of secondary literature finds that evidence on social protection and service delivery in conflict-affected situations is fairly limited and of variable quality. The claim that there is a causal link between service delivery and state-building is frequently made but rarely evidenced. Gaps remain in the guidance about how to deliver basic services in volatile, low capacity situations, particularly in relation to comparative costs and programme effectiveness.

SLRC has also released baseline data from surveys of basic services and livelihoods in [South Sudan](#), [Sri Lanka](#), [Pakistan](#), and [Nepal](#).

**Baird, M. (2010). *Service Delivery in Fragile and Conflict-Affected States* (World Development Report 2011 Background Paper). Washington, D.C.: World Bank.**

[http://web.worldbank.org/archive/website01306/web/pdf/wdr\\_service\\_delivery\\_baird.pdf](http://web.worldbank.org/archive/website01306/web/pdf/wdr_service_delivery_baird.pdf)

Can the delivery of basic services help to promote lasting stability and peace in fragile and conflict-affected states (FCAS)? Drawing on 40 case studies, this paper argues that successful delivery of basic services can contribute to broader political legitimacy and stability. Donors, government and non-state actors can provide a virtuous circle of improving services, increasing public expectation and creating greater will to avoid violent conflict. However, to avoid aggravating conflict, service delivery improvements must be part of an informed process of activities that address the inequities created by conflict. A key lesson is to nurture strong leadership that is committed to security, justice and equity.

For a fuller discussion, see section on [service delivery in fragile and conflict affected contexts](#) in the GSDRC's fragile states topic guide.

## Can service delivery support state-building?

It is widely assumed that better service delivery helps to improve the capacity and legitimacy of fragile and conflict-affected states. Several donors therefore argue that the state should play a visible role in service delivery from as early as possible after conflict. However, recent research has questioned this assumption, highlighting that service delivery can be either a positive or negative force for state-building. Any legitimising effects of delivery may depend on citizens' expectations and perceptions of procedural fairness and distributive justice in the allocation of services among different social groups. Redistribution rather than absolute improvements may be particularly significant in post-conflict situations where horizontal inequalities prevail.

**Practical Action, Save the Children & CfBT Education Trust. (2011). *State-Building, Peace-Building and Service Delivery in Fragile and Conflict-Affected States: Literature Review*. London: Department for International Development**

<http://www.gsdrc.org/docs/open/SD34.pdf>

This review finds that, according to the literature: 1) service delivery can contribute positively and negatively to state-building and peace-building; 2) citizens' expectations of service delivery vary in different sectors; 3) different types of provision (state versus non-state) may have a different impact on legitimacy through visibility; 4) equitable service delivery is important; and 5) a simultaneous focus on both service delivery and state-building is challenging.

**Wild, L., & Mason, N. (2012). *Examining the role of WASH services within peace- and state- building***

**processes: Findings from Tearfund programmes in the Democratic Republic of Congo and the Republic of South Sudan.** London: Overseas Development Institute.

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8292.pdf>

This research explored the links between Tearfund's service delivery of water supply, sanitation and hygiene programmes and wider processes of state-building and peace-building in South Sudan and the DRC. The findings challenge assumptions that the delivery of WASH services per se will contribute to positive peace-building and state-building effects.

**McCloughlin, C. (2014). When Does Service Delivery Improve the Legitimacy of a Fragile or Conflict-Affected State? *Governance: An International Journal of Policy, Administration, and Institutions*. Advance online publication.**

<http://onlinelibrary.wiley.com/doi/10.1111/gove.12091/abstract>

Received wisdom holds that providing vital public services is likely to enhance state legitimacy. This article finds that in practice, there is no straightforward relationship between how well a state performs in delivering services on the one hand, and its degree of legitimacy on the other. Where citizens do evaluate the state's right to rule through the services they receive, this evaluation is likely to be affected by a number of intervening factors, including: expectations of what the state should provide; subjective assessments of impartiality and distributive justice; the relational aspects of provision: how easy it is to attribute performance to the state; and the degree to which services are more or less visible to citizens.

**Van De Walle, S., & Scott, Z. (2009). *The Role of Public Services in State- and Nation-building: Exploring Lessons from European History* (GSDRC Research Paper). Birmingham: GSDRC.**

<http://www.gsdrc.org/docs/open/CON68.pdf>

What role can public service delivery play in state-building? This article explores lessons from Western European history to argue that the design of public services is a far more political matter than is often recognised. Rather than being a neutral process, a historical review of service provision shows that it has been used as a political tool for building state legitimacy and concepts of nationhood.

## 2. Evidence: what works?

### 2.1 Information and incentives

Helping users understand their rights and entitlements is often pitched as central to improving service delivery. Likewise, it is sometimes argued that openly publishing information on the performance of public services can encourage political actors to commit to addressing persistent problems of underperformance. Nevertheless, the evidence on the relationship between information, user demand, and political incentives is inconsistent. Research suggests information may be a necessary, but not sufficient, condition for better services.

**Khemani, S. (2007). *Can Information Campaigns Overcome Political Obstacles to Serving the Poor?* In S. Devarajan & I. Widlund (Eds.) *The Politics of Service Delivery in Democracies - Better Access for the Poor* (ch. 5). Stockholm: Ministry for Foreign Affairs.**

[http://www.sarpn.org/documents/d0002962/Politics\\_SD\\_EGDI\\_2007.pdf](http://www.sarpn.org/documents/d0002962/Politics_SD_EGDI_2007.pdf)

Using information to empower citizens to hold public agents accountable is an area of growing interest. But significant gaps in knowledge and experience remain. Local information campaigns designed to generate local participation cannot have sustainable or large-scale impact on public services unless they change the incentives of politicians.

**Banerjee, A. et al. (2006). *Can Information Campaigns Spark Local Participation and Improve Outcomes? A Study of Primary Education in Uttar Pradesh, India* (Policy Research Working Paper 3967). Washington, D.C.: World Bank.**

<http://go.worldbank.org/FX1C1LL1G0>

What role can local community participation in basic service delivery play in promoting development outcomes? This paper considers the participation of Village Education Committees (VECs) in improving primary education services in Uttar Pradesh, India. It reports findings from a survey of public schools, households and VEC members on the state of education services and the extent of community participation in delivering such services. Findings suggest that local participation might be constrained by lack of information regarding VECs and that substantial apathy exists towards education as an area for public action.

**Keefer, P., & Khemani, S. (2011). *Mass Media and Public Services: The Effect of Radio Access on Public Education in Benin* (Policy Research Working Paper WPS 5559), Washington, D.C.: World Bank.**

<http://go.worldbank.org/2VSFQ319N0>

Does radio access improve public service provision? And if so, does it do so by increasing government accountability to citizens, or by persuading households to take advantage of publicly-provided services? Using data from Benin, this paper finds that literacy rates among school children are higher in villages exposed to signals from a larger number of community radio stations. However, government input into village schools and household knowledge of government education policies are no different in villages with greater access to community radio than in other villages. Instead, households with greater access are more likely to make financial investments in the education of their children.

**Banerji, A., Duflo, E., Imbert, C., & Pande, R. (2013). *An impact evaluation of information disclosure on elected representatives' performance: evidence from rural and urban India* (3ie Impact Evaluation Report 11). New Delhi: 3ie.**

[http://www.3ieimpact.org/media/filer\\_public/2014/08/20/ie11\\_voter\\_education.pdf](http://www.3ieimpact.org/media/filer_public/2014/08/20/ie11_voter_education.pdf)

This study evaluates the impact of two pre-election voter education campaigns (PEVACs) on civic participation, public service provision and elected legislator performance in two regions of India. In Rajasthan, the PEVAC weakened the incumbent and widened and changed the pool of candidates. In Delhi, a report card had an impact on the councillors as they directed more spending towards slum relevant categories and less was spent on roads, materials and 'trucking'. However, a second set of report cards had no significant impacts on toilet infrastructure and prices charged. Overall, information provision can play a role in reducing information asymmetries between politicians and their constituents and in improving service delivery.

## 2.2 Voice and participation

Users' ability to express preferences and participate in the design or monitoring of public services is considered vital for ensuring provision is inclusive and responds to community needs. Community-based approaches, where communities are involved in decision-making processes around delivery, have been successful in some cases.

Nevertheless, citizens' capacity to make their voices heard or participate can be constrained by poverty, inequality, low awareness of rights, government resistance, information asymmetry, and unequal power dynamics at local level. Power hierarchies can mean that socially excluded or marginalised groups may have less of a say than others. Participatory spaces are political spaces that can be open to local capture. Research shows participants' perceptions of the relative costs and benefits of participating are important. Collective action is more sustainable where it is genuinely locally-embedded, and builds on an existing culture of participation.

**DFID (2010). Improving Public Services. In *The Politics of Poverty: Elites, Citizens and States: Findings from ten years of DFID-funded research on Governance and Fragile States 2001–2010* (ch. 7). London: Department for International Development.**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67679/plcy-pltcs-dfid-rsch-synth-ppr.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67679/plcy-pltcs-dfid-rsch-synth-ppr.pdf) The poor, more than any other group, rely on basic public services. For vulnerable families, access to education and healthcare are important routes out of poverty. Practitioners should involve citizens in service delivery reform to improve accountability, but should be aware that formal participatory mechanisms can exclude the poor. Where groups are involved at significant moments of public reform, they are more likely to be able to influence the design of institutional mechanisms.

**Banerjee, A. V. et al. (2008). *Pitfalls of Participatory Programs: Evidence from a Randomized Evaluation in Education in India* (Policy research working paper 4584). Washington D.C.: World Bank.**

[http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2008/04/23/000158349\\_20080423083903/Rendered/PDF/wps4584.pdf](http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2008/04/23/000158349_20080423083903/Rendered/PDF/wps4584.pdf)

This paper evaluates three different participatory interventions aimed at improving education in Uttar Pradesh, India: providing information, training community members in a new testing tool, and training and organising volunteers to hold reading camps for illiterate children. None of the interventions had any impact on community involvement in public schools, teacher effort, or learning outcomes, despite high attendance at public meetings. Citizens face substantial constraints to participating in public school improvement even when they care about education. Participant attitudes are important. Small group action, where members can act directly, is effective and requires little coordination. Collective action needs to be learned over time.

**Ban, R., & Rao, V. (2009). *Is deliberation equitable? Evidence from transcripts of village meetings in south India* (Policy Research Working Paper 4928). Washington D.C: World Bank.**

<https://ideas.repec.org/p/wbk/wbrwps/4928.html>

Deliberative decision-making processes are increasingly important, but there is little empirical evidence about how they actually work. This paper uses data from India extracted from 131 transcripts of village meetings to study whose preferences are reflected in the meetings. The findings show that the more land a person owns, the higher the likelihood her preference is mentioned in the meeting, the longer the amount of time spent discussing this preference, and the higher the likelihood that a decision to provide or repair this public or private good is taken. At the same time, the voices of disadvantaged castes, while not dominating the meeting, are also heard.

For further resources, see section on [the impact of voice and participation](#) in the GSDRC's voice, empowerment and accountability topic guide.

## 2.3 Accountability

Accountability failures can be an underlying cause of persistently poor service delivery. The seminal World Development Report in 2004, *Making Services Work for Poor People*, drew attention to the problems of accountability at three levels; between citizens and political actors, between political actors and bureaucrats/providers, and between citizen-users and providers. It placed particular emphasis on the so-called short route of accountability, between citizens and providers, as key for better services. More recently, researchers have stressed that progress can be made where top-down control and bottom-up pressures work in combination.

Different services may encounter particular barriers to accountability. This is partly because of their different technical characteristics – such as the targetability of the good being delivered, the level of discretion involved in delivery, or the degree of information asymmetry between users and front-line providers (e.g. doctor and patient).

Some experts argue that viewing service delivery as the failure of accountability gives a narrow principal-agent perspective, whereas the widespread failure of public services is better understood as a series of collective action problems. Others highlight that even where formal accountability mechanisms break down, there are likely to be local informal controls on political actors where those actors are embedded within community structures.

**World Bank. (2003) *World Development Report 2004: Making Services Work for Poor People*. Washington D.C.: World Bank.**

<http://go.worldbank.org/XM002D4F50>

**Jelmin, K. (2012). *Democratic Accountability in Service Delivery – A Synthesis of Case Studies*. Stockholm: International IDEA.**

<http://www.idea.int/resources/analysis/democratic-accountability-in-service-delivery.cfm>

Existing formal accountability systems are dysfunctional in many countries due to weak formal mandates, the capacity constraints of parties and parliaments, or underlying political practices such as clientelism or corruption. Balancing political and social accountability efforts needs to be a higher priority. Social actors are not suitable as the sole form of accountability, since they often engage in short-term advocacy at a specific point in time. Civil society organisations also are severely limited when it comes to interest representation as they themselves are not accountable to those they claim to represent. Formal arrangements need to be in place to ensure enforcement and continuity of accountability mechanisms.

**Lynch, U. et al. (2013). *What is the evidence that the establishment or use of community accountability mechanisms and processes improves inclusive service delivery by governments, donors and NGOs to communities?* (EPPI report 2107). London: EPPI Centre.**

<http://www.3ieimpact.org/evidence/systematic-reviews/details/226/>

This systematic review analysed four types of intervention: greater freedom of information, greater transparency in service delivery mechanisms, an increase in budget control by citizens and increases in the consumer's assessment of service accessibility and quality. The findings highlight the importance of capacity development, empowerment, level of corruption and health. Interventions are most effective when they are grounded in grassroots communities and adopt cross-cutting approaches, for example, combining cash transfer interventions with education and training opportunities, or combining community infrastructure programmes with quotas for the participation of women in governance roles.

**Joshi, A. (2008). *Producing Social Accountability? The Impact of Service Delivery Reforms.* *IDS Bulletin*, 38(6), 10-17.**

<http://onlinelibrary.wiley.com/doi/10.1111/j.1759-5436.2007.tb00414.x/abstract>

How can accountability mechanisms improve service delivery? This paper draws on the polity approach, which suggests that the organisation of state institutions influences who engages in collective action and around what issues. Collective action is essential for the poor if direct accountability is to work. Successful cases of social accountability are often the result of alliances that cut across class and public-private divides.

**Mcloughlin, C., & Batley, R. (2012). *The Effects of Sector Characteristics on Accountability Relationships in Service Delivery* (ODI Working Paper 350). London: Overseas Development Institute .**

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7790.pdf>

Different types of services encounter different accountability challenges. The paper outlines a number of ways in which the nature of the good being produced, the type of market failure encountered, the tasks involved in delivery, and how the service is demanded and consumed can influence the balance of power between politicians, users and provider organisations. These defining or 'fixed' characteristics may influence key relationships of accountability and control between elected politicians, policymakers, providers, and potential and actual users in service provision.

**Hossain, N. (2009). *Rude Accountability in the Unreformed State: Informal Pressures on Frontline Bureaucrats in Bangladesh* (Working Paper 319). Brighton: Institute of Development Studies.**

<https://www.ids.ac.uk/publication/rude-accountability-in-the-unreformed-state-informal-pressures-on-frontline-bureaucrats-in-bangladesh>

How successful are the informal pressures that poor citizens exert on officials to provide services in Bangladesh? This paper examines how poor people experience safety nets, schools and health services. Local political and social pressures provide responsiveness to demands for services through shame and the threat of violence. The gains from 'rude' accountability are often short-lived, however, and may backfire. It is important to bridge the informal and official mechanisms of accountability.

## 2.4 Vouchers

Voucher schemes aim to support better access to vital public services for previously disadvantaged or excluded groups. However, recent systematic reviews have highlighted that there are very few rigorous studies of the equity impacts of vouchers.

**Morgan, C., Petrosino, A., & Fronius, T. (2013). *A systematic review of the evidence of the impact of school voucher programmes in developing countries* (EPPI report 2102). London: EPPI Centre.**

<http://r4d.dfid.gov.uk/pdf/outputs/systematicreviews/VoucherProgrammes2013Morgan.pdf>

This systematic review identified two studies that met the inclusion criteria. It found that voucher programmes in Colombia and Pakistan increased private school enrolment among the countries' poorest income groups, thus probably improving equity. The Pakistan programme resulted in girls being educated for less than it would have cost for the government to create public school spaces, while the Colombia programme cost rather more, but will most likely prove cost-effective in terms of long-term economic gains.

**Meyer, C. et al. (2011). *The Impact of Vouchers on the Use and Quality of Health Goods and Services in Developing Countries: A Systematic Review* (EPPI report 1905). London: EPPI-Centre.**

<http://r4d.dfid.gov.uk/PDF/Outputs/SystematicReviews/HealthVouchers2011Meyer.pdf>

Have health voucher programmes achieved their objectives? This study assesses and synthesises evidence on such programmes' targeting and their effects on service usage, quality and efficiency, and on people's health outcomes. It finds robust evidence that health voucher programmes can increase the use of health goods/services and modest evidence that they can effectively target specific populations and improve service quality. Overall, the evidence indicates that voucher programmes do not affect the health of populations. However, this conclusion was identified as unstable by a sensitivity analysis: one additional positive outcome variable would change the conclusion to robust evidence.

## 2.5 Decentralisation

In theory, decentralised services respond better than highly centralised systems to diverse local needs. They may also be more efficient and encourage local accountability. In practice, however, challenges at the local level, such as weak incentives and limited financial resources, mean decentralisation may not automatically improve services. Some argue political decentralisation needs to be combined with fiscal decentralisation to strengthen the incentives of local governments to provide better pro-poor service delivery. Evidence of the effects of decentralisation on preference matching, technical efficiency and equity in services so far remains inconclusive.

**Channa, A., & Faguet, J.-P. (2012). *Decentralization of health and education in developing countries: a quality-adjusted review of the empirical literature*. (Economic organisation and public policy discussion paper EOPP 38). London: STICERD.**

<http://eprints.lse.ac.uk/44887/>

Many influential surveys have found that the empirical evidence of decentralisation's effects on service delivery is weak, incomplete and often contradictory. This review finds that higher quality evidence indicates that decentralisation increases technical efficiency across a variety of public services, from student test scores to infant mortality rates. Decentralisation also improves preference matching in education, and can do so in health under certain conditions, although there is less evidence for both.

**Skoufias, E. et al. (2011). *Electoral Accountability, Fiscal Decentralization and Service Delivery in Indonesia* (Policy research working paper 5614). Washington: D. C.: World Bank.**

<http://www->

[wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2011/03/29/000158349\\_20110329091113/Rendered/PDF/WPS5614.pdf](http://wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2011/03/29/000158349_20110329091113/Rendered/PDF/WPS5614.pdf)

How does the introduction of local elections affect the pattern of public spending and revenue generation at the local level? This paper analyses how institutional design for electoral accountability affects public sector spending choices and service delivery in districts of Indonesia. It finds that electoral reforms had positive effects on expenditures, mainly due to expenditures brought about by the election of non-incumbents.



**Robinson, M. (2007). Does Decentralisation Improve Equity and Efficiency in Public Service Delivery Provision? *IDS Bulletin*, 38(1), 7-17.**

<http://onlinelibrary.wiley.com/doi/10.1111/j.1759-5436.2007.tb00333.x/abstract>

To what extent does decentralisation produce improvements in service delivery for the poor? This paper argues that political and institutional decentralisation does not currently contribute to increases in either equity or efficiency. However, a poor record on service delivery so far does not rule out scope for improvement. The challenge for proponents of democratic decentralisation is to specify methods by which equity and efficiency can be achieved under decentralised forms of service delivery.

**Ahmad, E., Brosio, G., & Gonzalez, M. (2009). Uganda: managing more effective decentralization. In E. Ahmad and G. Brosio (Eds.) *Does Decentralization Enhance Service Delivery and Poverty Reduction?* (pp. 192-222). Cheltenham: Edward Elgar.**

<http://books.google.com/books?id=5->

[rzoA4qP1wC&printsec=frontcover&source=gbs\\_v2\\_summary\\_r&cad=0](http://books.google.com/books?id=5-rzoA4qP1wC&printsec=frontcover&source=gbs_v2_summary_r&cad=0)

For further resources on decentralisation, see the [GSDRC Topic Guide on Decentralisation and Local Government](#).

## 3. Tools, approaches and lessons

### 3.1 Incentivising performance

It is increasingly recognised that improved technical or financial capacity does not automatically translate into improved service delivery performance or better development results. Understanding incentives has been identified as a key variable in any thinking about motivation, behaviour, capacity and institutions involved in service delivery. Central to this is how to incentivise positive change in both the formal and informal institutions that affect service delivery.

**Tavakoli, H., Simson, R., Tilley, H., & Booth, D. (2013). *Unblocking results: using aid to address governance constraints in public service delivery*. Centre for Aid and Public Expenditure. London: Overseas Development Institute (ODI)**

<http://www.odi.org/publications/7469-governance-politics-aid-service-delivery>

What can be learned from aid packages that appear to have successfully engaged with governance constraints in public service delivery? This report draws on four case studies from Tanzania, Sierra Leone and Uganda. Successful approaches include strengthening government prioritisation in addressing implementation gaps, and brokering arrangements to promote collective action and local problem solving. Enabling factors are: 1) identifying and seizing windows of opportunity; 2) focusing on reforms with tangible political pay-offs; 3) building on what exists to implement legal mandates; 4) moving beyond reliance on policy dialogue; 5) facilitating problem solving and local collective action by bearing the transaction costs; and 6) adaptation through learning.

**Herbert, S. (2014). *Incentivising governments to improve service delivery* (GSDRC Helpdesk Research Report 912). Birmingham, UK: GSDRC, University of Birmingham.**

<http://www.gsdr.org/docs/open/HDQ912.pdf>

Although there is substantial research on service delivery, empirical research into how development activities incentivise better service delivery is fragmented. This report reviews the available evidence on upstream and downstream interventions to improve incentives for inclusive provision.

**Guerrero, G., Leon, J., Zapata, M., Sugimaru, C., & Cueto, S. (2012). *What works to improve teacher attendance in developing countries? A systematic review* (EPPI report 2010). London: EPPI Centre.**

[http://r4d.dfid.gov.uk/pdf/outputs/systematicreviews/Q39Teacher\\_attendance\\_2012Guerrero.pdf](http://r4d.dfid.gov.uk/pdf/outputs/systematicreviews/Q39Teacher_attendance_2012Guerrero.pdf)

This review analysed nine studies looking at direct interventions, where the main goal was to reduce teacher absenteeism, and at indirect interventions, where reducing teacher absenteeism was an intermediate objective or a mechanism to reach the ultimate goal of improving student achievement. The findings show that direct interventions coupling monitoring systems with rewards have a positive and statistically significant effect on teacher attendance and no effect on student achievement. For indirect interventions, involving the community in students' education and providing incentives schemes for students had a positive and significant effect on teacher attendance, but neither strategy had an effect on student achievement.

**Duflo, E., Dupas, P., & Kremer, M. (2012). *School Governance, Teacher Incentives, and Pupil-Teacher Ratios: Experimental Evidence from Kenyan Primary Schools* (NBER Working Paper No. 17939). Cambridge, M.A.: National Bureau of Economic Research.**

<http://www.nber.org/papers/w17939>

This study examines a programme under which Kenyan Parent-Teacher Associations (PTAs) at randomly selected schools were funded to hire an additional teacher. The teachers were employed on an annual contract renewable conditional on performance, outside normal Ministry of Education civil service channels, at one quarter of normal compensation levels. Test scores increased for students assigned to be taught by locally-hired contract teachers. Contract teachers had low absence rates, while centrally-hired civil service teachers reduced their effort, and captured contract teacher positions for their relatives. Overall, there are potential benefits from supplementing a civil service system with locally-hired contract teachers brought in on a probationary basis and granted tenure conditional on performance.

## 3.2 Expanding equitable access

Social groups who are routinely excluded from access to basic services may need to be effectively targeted. Over the long term, progress on equitable access has been made in some cases where there has been a consistent commitment to pro-poor policies among key political leaders. Elsewhere, success has been seen where the poor or marginalised are involved in the design of local services. Community engagement has proven particularly significant for addressing social norms that generate inequality of school enrolment between girls and boys, for example.

**Yazbeck, A. (2009). A Menu of Pro-poor Policies. In *Attacking Inequality in the Health Sector: A Synthesis of Evidence and Tools* (pp. 157-172). Washington, D.C: World Bank.**

<http://siteresources.worldbank.org/INTPAH/Resources/Publications/YazbeckAttackingInequality.pdf>

Several successful programmes addressing the problem of healthcare inequality have been documented in recent years. This chapter draws on 14 such case studies to suggest general lessons learned. It presents a menu of pro-poor policies, and identifies recurring themes and emerging 'rules of thumb'. Success in reducing inequality can be achieved through programmes that are: developed with an empirical and exploratory spirit; crafted with input from the poor; responsive to specific local realities; and continually evaluated and adjusted.

**Save the Children UK. (2008). *Making Schools Inclusive: How Change Can Happen*. London: Save the Children UK.**

<http://www.savethechildren.org.uk/resources/online-library/making-schools-inclusive-how-change-can-happen-save-the-childrens-experience>

What can NGOs do to promote inclusiveness in the school systems of developing countries? This book uses the experience of Save the Children UK and its partners to identify what changes are needed for school systems to become inclusive of all children, and how these can be leveraged. The experience of national education teams working for Save the Children provides insight into the approaches that have worked best.

**UNIFEM. (2009). *A User's Guide to Measuring Gender-Sensitive Basic Service Delivery*. Oslo: UN Development Program.**

[http://www.undp.org/content/dam/aplaws/publication/en/publications/democratic-governance/dg-publications-for-website/a-users-guide-to-measuring-gender-sensitive-basic-service-delivery-/users\\_guide\\_measuring\\_gender.pdf](http://www.undp.org/content/dam/aplaws/publication/en/publications/democratic-governance/dg-publications-for-website/a-users-guide-to-measuring-gender-sensitive-basic-service-delivery-/users_guide_measuring_gender.pdf)

This guide is intended to contribute to the development and more effective use of gender-sensitive indicators so that services are delivered more efficiently and effectively to women.

**Pose, R. & Samuels, F. (2011). *Bangladesh's progress in health: Healthy partnerships and effective pro-poor targeting*. London: Overseas Development Institute.**

[http://www.developmentprogress.org/sites/developmentprogress.org/files/resource\\_report/bangladesh\\_report\\_-\\_master\\_1.pdf](http://www.developmentprogress.org/sites/developmentprogress.org/files/resource_report/bangladesh_report_-_master_1.pdf)

Infant and child mortality rates have reduced dramatically in Bangladesh. Immunisation coverage has rocketed and life expectancy has risen steadily. A few key converging factors have contributed to these achievements. The government of Bangladesh has shown policy continuity and commitment to targeting the poor, women and children. Innovative practices and approaches for targeting and empowering the most vulnerable, together with effective partnerships with nongovernmental organisations (NGOs), have contributed to these successes.

**Engel, J. & Cossou, M. (2011) *Benin's progress in education: Expanding access and closing the gender gap*. London: Overseas Development Institute.**

[http://www.developmentprogress.org/sites/developmentprogress.org/files/resource\\_report/benin\\_report\\_-\\_master\\_1.pdf](http://www.developmentprogress.org/sites/developmentprogress.org/files/resource_report/benin_report_-_master_1.pdf)

Substantial improvements in access and equity in education has been made in Benin, with limited institutional capacity. Three interlinked factors have been central to this. First, successive governments since 1990 have made access to education for all children a constitutional right and a central policy objective. Second, development partners have provided substantial funding and technical expertise. Finally, non-governmental organisations (NGOs) working at local levels have been instrumental in addressing constraints and increasing demand for education. The case also highlights the importance of engaging with parents – especially mothers – and community elders to increase recognition of the importance of equitable access for boys and girls.

For further resources, see section on *tackling exclusion: sectoral aid* in the GSDRC's topic guide on social exclusion.

### 3.3 Lessons from service delivery in fragile states

Some of the most repeated advice to donors supporting service delivery in fragile states is to coordinate their interventions, take a long-term approach, build local capacity, foster local involvement and target marginalised groups.

**OECD DAC. (2008). *Service Delivery in Fragile Situations: Key Concepts, Findings and Lessons* (OECD/DAC discussion paper). Paris: OECD.**

<http://www.oecd.org/development/incaf/40886707.pdf>

How can service delivery be strengthened in the context of a fragile state? This report reviews evidence on the impact of state fragility on service delivery. Donors should tailor interventions to context, maintain a long-term focus on governance and state-building and manage transition and hand-back sensitively. Efforts at national government level need to be balanced with programmes linked to local authorities and communities.

**Commins, S. et al. (2013). *Pooled Funding to Support Service Delivery Lessons of Experience from Fragile and Conflict-Affected States*. London: DFID.**

[http://r4d.dfid.gov.uk/pdf/outputs/misc\\_Gov/61050-PFs-Full\\_Volume\(May2013\).pdf](http://r4d.dfid.gov.uk/pdf/outputs/misc_Gov/61050-PFs-Full_Volume(May2013).pdf)

The literature on pooled funds highlights their potential advantages, but it also notes that their performance frequently falls short of expectations. Potential advantages include coordination and harmonisation among donors, enabling operation on a larger scale and with lower transaction costs, and allowing participating donors to pool the risks of operating in fragile contexts. At the same time there are many examples of pooled funds that have fallen short of expectations, with slow disbursement; dissatisfaction with results often leads donors to pursue alternative or parallel channels of funding. This paper distils factors associated with success and failure.

See also: *individual analyses from pooled funds in Liberia, South Sudan and Yemen.*

**Krasner, S., & Risse, T. (2014). External Actors, State-Building, and Service Provision in Areas of Limited Statehood: Introduction. *Governance: An International Journal of Policy, Administration, and Institutions*, 27(4), 545–567.**

<http://onlinelibrary.wiley.com/doi/10.1111/gove.12065/abstract>

It makes little sense to orient external efforts at capacity building and service provision toward an ideal of consolidated statehood that only exists in some parts of the world. The effectiveness of external support to services depends on three things. First, legitimacy: politically relevant audiences in the target state must accept the legitimacy of efforts by external organizations. Second, task properties: the simpler the task, the more likely it is to be provided. Third, institutional design: appropriate resourcing and higher legalization increase the prospects for effective state-building and service provision.

**Oswald, S., & Clewett, J. (2007). Delivering health services in fragile states and difficult environments: 13 key principles. London: Health Unlimited.**

[http://www.healthpovertyaction.org/wp-](http://www.healthpovertyaction.org/wp-content/uploads/downloads/2012/07/Keyprinciplesforworkinginfragilestatesreport2.pdf)

[content/uploads/downloads/2012/07/Keyprinciplesforworkinginfragilestatesreport2.pdf](http://www.healthpovertyaction.org/wp-content/uploads/downloads/2012/07/Keyprinciplesforworkinginfragilestatesreport2.pdf)

What is needed to extend appropriate, effective healthcare to the under-served in fragile states and difficult environments? This paper draws on case studies from Burma/Myanmar, Cambodia, Ethiopia, Guatemala, Peru and Somaliland. Flexibility, understanding of a given context, the establishment of trust and long-term commitment are key to improving health outcomes. Targeting support to marginalised communities fosters a trickle-up effect, also providing improved service delivery to others along the 'marginalisation' continuum.

**Berry, C. (2009). A framework for assessing the effectiveness of the delivery of education aid in fragile states. *Journal of Education for International Development*, 4(1).**

[http://www.equip123.net/jeid/articles/8/Berry-](http://www.equip123.net/jeid/articles/8/Berry-FrameworkAssessingtheEffectivenessDeliveryEducationAidFragileStates.pdf)

[FrameworkAssessingtheEffectivenessDeliveryEducationAidFragileStates.pdf](http://www.equip123.net/jeid/articles/8/Berry-FrameworkAssessingtheEffectivenessDeliveryEducationAidFragileStates.pdf)

How can the effectiveness of education aid in fragile states be assessed and improved? This paper presents an assessment framework based on OECD principles of coordination, state building and 'do no harm'. The framework is applied to four approaches to education aid (sector-wide approaches, trust funds, social funds, and UN-led approaches). No single approach will provide all the answers. Planning structures that include a wide range of stakeholders are particularly important in fragile contexts.

## Case examples

**Al-Iryani, L., De Janvry, A., & Sadoulet, E. (2013). Delivering good aid in hard places: The Yemen Social Fund for Development approach (WIDER Working Paper, No. 2013/080). Helsinki: UNU-WIDER.**

<https://www.econstor.eu/dspace/bitstream/10419/80970/1/767043200.pdf>

Since its inception, the Yemen SFD has been widely viewed as successful in implementing programmes to deliver services in rural and urban communities throughout the country. It has steadily expanded and scaled-up its activities, despite Yemen's weak state and political unrest. Its success is attributed to: (1) stakeholder ownership over projects, due to its close work relationship with local communities following a demand-driven approach; (2) trust based on its political neutrality in allocating resources; (3) flexibility due to its mode of project funding and operations; and (4) relevance of SFD interventions for beneficiaries who in reciprocity provide strong support to its programmes.

**Newbrander, W. et al. (2014). Afghanistan's Basic Package of Health Services: Its development and effects on rebuilding the health system. *Global Public Health: An International Journal for Research, Policy and Practice*, 9(Supplement 1), S6-S28.**

[http://www.msh.org/sites/msh.org/files/afghanistans\\_bphs\\_its\\_development\\_and\\_effects\\_on\\_rebuilding\\_the\\_health\\_system\\_newbrander\\_et\\_al.pdf](http://www.msh.org/sites/msh.org/files/afghanistans_bphs_its_development_and_effects_on_rebuilding_the_health_system_newbrander_et_al.pdf)

The Afghan health system was rebuilt based on the Basic Package of Health Services (BPHS). BPHS helped translate policy and strategy into practical interventions, focus health services on priority health problems, and helped the Ministry to exert its stewardship role. As a result, access to and use of primary healthcare services in rural areas increased dramatically; access for women to basic healthcare improved; more deliveries were attended by skilled personnel; supply of essential medicines increased; and the health information system became more functional.

**Johnson, R., Ockelford, J. & Power, T. (2013). *Learning from BSF: Lessons from the Basic Services Fund, South Sudan, 2006 to 2012*. London: Department for International Development.**

<http://oro.open.ac.uk/38023/>

This review seeks to provide lessons to DFID and other stakeholders in the design of future pooled funds and coordinated delivery mechanisms. What began as a short-term bridging fund to deliver basic services in health, education and WASH over 20 months was renewed with a succession of short-term extensions, to the end of 2012. Over this period, in a context where other programmes have struggled, BSF has developed a reputation for delivering outputs on the ground.

**Zivetz, L. (2006). *Health Service Delivery in Early Recovery Fragile States: Lessons from Afghanistan, Cambodia, Mozambique, and Timor Leste*. Washington, D.C.: United States Agency for International Development (USAID) and BASICS.**

[http://www.basics.org/documents/Early\\_Recovery\\_Fragile\\_States\\_Zivetz\\_Final.pdf](http://www.basics.org/documents/Early_Recovery_Fragile_States_Zivetz_Final.pdf) What are the impacts of foreign assistance on state stewardship of the health sector in early recovery fragile states? How can aid encourage better state performance? This case study finds that donors have undermined state capacity to regulate service delivery by creating a two-track system. Promising approaches to support state stewardship include: contracting with NGOs; equity funds; civil service performance-based reform; sectoral plans; and budget support. Increased donor harmonisation is also important.

For further resources, see section on [service delivery in fragile and conflict-affected contexts](#) in the GSDRC's fragile states guide.

### 3.4 Local capacity building and community based approaches

Building local capacity for service delivery may entail support to formal and informal local governance structures, including within and outside of government. Large-scale community-based approaches, and approaches which build trust and relationships with local service providers, have helped to reach deprived populations in some cases.

**Williamson, T., & Dom, C. (2010). *Making sector budget support work for service delivery: good practice recommendations (Policy briefing no. 37)*. London: Overseas Development Institute.**

<http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/5629.pdf>

The second in a series of three Project Briefings on Sector Based Support (SBS), this briefing focuses on good practice recommendations. It finds that complementary SBS and general budget support (GBS) packages are the preferred modalities for support to service delivery, and that funding, dialogue, conditionality and capacity-building practices must change for SBS to realise its promise. It concludes that the required focus on service quality at the front line will not happen automatically.

**Arifeen, S., et al (2013). Community-based approaches and partnerships: innovations in health-service delivery in Bangladesh. *The Lancet*, 382(9909), 2012-2026.**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62149-2/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62149-2/abstract)

In Bangladesh, rapid advancements in coverage of many health interventions have coincided with impressive reductions in fertility and rates of maternal, infant, and childhood mortality. Three distinctive features have enabled Bangladesh to improve health-service coverage and health outcomes: (1) experimentation with, and widespread application of, large-scale community-based approaches, especially investment in community health workers using a doorstep delivery approach; (2) experimentation with informal and contractual partnership arrangements that capitalise on the ability of NGOs to generate community trust, reach the most deprived populations, and address service gaps; and (3) rapid adoption of context-specific innovative technologies and policies that identify country-specific systems and mechanisms.

**Khan, Q. M., Faguet, JJ.-P., Gaukler, C. & Mekasha, W. (2014). *Improving basic services for the bottom forty percent: lessons from Ethiopia* (World Bank study 90430). Washington, D.C: World Bank Group.**

<http://eprints.lse.ac.uk/59516/>

Ethiopia, like most developing countries, has opted to deliver services such as basic education, primary healthcare, agricultural extension advice, water, and rural roads through a highly decentralised system. This paper describes how development partners and the government have co-financed block grants for decentralised services through the Promoting Basic Services (PBS) Program. Aside from funding the delivery of services, the program supports measures to improve the quality of services and local government's capacity to deliver them by strengthening accountability and citizen voice.

**Schanke, L., & Lange, S. (Eds.). (2008). *Decentralisation and Gender. Coordination and Cooperation on Maternal Health Issues in Selected District Councils in Tanzania*. Bergen: Chr. Michelsen Institute.**

<http://www.cmi.no/publications/publication/?3145=decentralisation-and-gender>

This study identifies good practices in examining how five district councils cooperate with local communities, civil society organisations and the private sector to improve maternal health, and how well different departments within district councils coordinate their work. Structural problems, partly linked to financial issues, impede sustainable cooperation between local government and civil society. Cooperation with the Department for Community Development is central to enhancing participation and including lower local government levels.

**UNDESA. (2010). *Promoting Citizen-Centric Public Service Delivery in Post-Conflict Situations. In Reconstructing Public Administration after Conflict: Challenges, Practices and Lessons Learned - World Public Sector Report 2010* (pp.105-122). New York: United Nations Department of Economic and Social Affairs (UNDESA).**

<http://unpan1.un.org/intradoc/groups/public/documents/un/unpan037819.pdf>

What challenges and strategies are involved in rebuilding public service delivery after conflict? This chapter considers the benefits of a multi-stakeholder approach and the potential of information and communication technologies (ICTs). Effective delivery of public services contributes to peace and stability, which in turn facilitates economic development. Post-conflict situations offer opportunities as well as challenges in public administration. Any framework aimed at restoring public services must derive legitimacy from national ownership and local involvement.

### 3.5 PPPs and contracting

Public Private Partnerships (PPPs) are a system where government services are funded and operated through a partnership between the government and a private company or citizen-based organisation. PPPs are used extensively in developed countries, and increasingly in developing contexts. Contracting is a type of PPP. With careful design and management, contracting can bring benefits to the state, including increased efficiency and the transfer of risks and costs to the private sector. However, criticisms of PPPs include the complexity of the contracting that underlies these partnerships and the considerable government design, implementation and monitoring capacity that may be required to realise these benefits. This is likely to be of greatest concern in countries with limited experience of working with the private sector.

**Batley, R., & Mcloughlin, C. (2010). Engagement with Non-State Service Providers in Fragile States: Reconciling State-Building and Service Delivery. *Development Policy Review*, 28(2), 131-154.**

<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-7679.2010.00478.x/abstract>

The OECD questions whether non-state services in fragile states may delegitimise the state in the eyes of citizens, arguing that 'state-building' depends on governments' engagement in service management. This article reviews the available evidence to identify what types of engagement are feasible and most likely to contribute to service delivery, or not to damage it. It considers the capacity requirements and the risks associated with state intervention through policy formulation, regulation, contracting and mutual agreements, and concludes by identifying ways of incrementally involving the state, beginning with activities that are least likely to do harm to non-state provision.

**OECD Partnership for Democratic Governance. (2010). *Handbook on Contracting Out Government Functions and Services in Post-Conflict and Fragile Situations*. Paris: OECD .**

<http://www.oecd.org/dataoecd/24/14/46119235.pdf>

**Pérez-Ludeña, M. (2009). *Towards a New Model of PPPs: Can Public Private Partnerships Deliver Basic Services to the Poor?* (UNESCAP Working Paper). Bangkok: United Nations Economic and Social Commission for Asia and the Pacific.**

<http://www.unescap.org/sites/default/files/wp-09-01.pdf>

This paper examines the difficulties of reaching the poor through Public Private Partnerships (PPPs). Case studies show that 'pro-poor PPPs' are possible: they need to incorporate some of the strategies and methods of the informal sector, and include civil society organisations among their partners.

Governments should adapt regulations to accommodate these arrangements and encourage the participation of private companies, NGOs and community organisations.

**Patrinos, H.A., Barrera-Osorio, F., & Guáqueta, J. (2009). *The Role and Impact of Public-Private Partnerships in Education*. Washington, D.C: World Bank.**

[http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079934475/547667-1135281523948/2065243-1239111225278/Role\\_Impact\\_PPP\\_Education.pdf](http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079934475/547667-1135281523948/2065243-1239111225278/Role_Impact_PPP_Education.pdf)

How effective are public-private partnerships (PPPs) at improving education in the developing world?

This book argues that PPPs can increase equity in education systems and improve education quality. In addition, such arrangements can make service delivery effective and expand possibilities for financing the education sector. Although few rigorous studies have been undertaken, early indications from the recent private education boom indicate that heightened efficiency, more choice and wider access result. Overall, better test scores seem to come from privately-operated institutions, even if they are publicly financed, and private management appears to be more efficient.



**Asian Development Bank and UNICEF. (2011). *Non-State Providers and Public-Private Partnerships in Education for the Poor*. Bangkok: UNICEF East Asia and Pacific Regional Office.**

<http://www.adb.org/publications/non-state-providers-and-public-private-partnerships-education-poor>

How can non-state providers of education and public private partnerships work most effectively for poor people in East Asia and the Pacific? This report highlights issues, opportunities and challenges related to non-state providers and their partnerships with the state in fulfilling the right to education for all. It argues that non-state providers present a significant resource for improving access and quality that the state should harness.

**Fall, M. et al. (2009). *Reforming Urban Water Utilities in Western and Central Africa: Experiences with Public-Private Partnerships: Impact and Lessons Learned* (Water Sector Board Discussion Paper Series, Number 13). Washington, D.C: World Bank.**

<http://www->

[wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/06/02/000333037\\_20090602235914/Rendered/PDF/487300NWP0v10B1P131PPPWestAfrica1v1.pdf](http://wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2009/06/02/000333037_20090602235914/Rendered/PDF/487300NWP0v10B1P131PPPWestAfrica1v1.pdf)

What has been the impact of public-private partnerships (PPPs) on urban water quality and access in Central and Western Africa? This report examines fifteen countries throughout the region, analysing different models and drawing out lessons learned. It concludes that public-private partnerships have had a positive impact on access, reliability, and cost of water in Central and Western Africa and can provide useful examples for the implementation of such arrangements elsewhere.

**Harding, A. (2009). *Partnerships with the Private Sector in Health: What the International Community Can Do to Strengthen Health Systems in Developing Countries - Final Report of the Private Sector Advisory Facility Working Group*. Washington, D.C.: Center for Global Development.**

[http://www.cgdev.org/files/1423350\\_file\\_CGD\\_PSAF\\_Report\\_web.pdf](http://www.cgdev.org/files/1423350_file_CGD_PSAF_Report_web.pdf)

Can and should the international community help developing-country governments engage with the private components of their health systems? This report presents the findings of a working group hosted by the Center for Global Development (2008-2009) to examine this question. The working group examined the need for support in this area, and interviewed a broad range of stakeholders to ascertain the demand for assistance and type of support desired. It recommends the creation of a global advisory facility to provide technical and implementation support to strengthen governments' capacity to work with their private health sectors.

### 3.6 Scaling up

Improving the coverage of quality basic services is a major concern for states and development partners. Some of the challenges to ensuring national, equitable coverage are a lack of skilled personnel, the prevalence of HIV/AIDS, and unsustainable financing.

**Chambers, R. (2009). *Going to Scale with Community-Led Total Sanitation: Reflections on Experience, Issues and Ways Forward* (IDS Practice Paper, Volume 2009, Number 1). Brighton: Institute of Development Studies.**

<http://www.ids.ac.uk/publication/going-to-scale-with-community-led-total-sanitation-reflections-on-experience-issues-and-ways-forward>

How can Community-Led Total Sanitation (CLTS) be scaled up to address open defecation (OD) and its resulting health problems? This paper draws on cases from Bangladesh, India, Indonesia, Pakistan, Ethiopia and Kenya to highlight learning points. A crucial component in bringing this revolutionary, participatory approach to more of the two billion people living with OD involves finding, supporting and multiplying champions.

**Bourguignon, F., & Sundberg, M. (2006). *Constraints to Achieving the MDGs with Scaled-Up Aid* (UNDESA Working Paper, no. 15). New York: United Nations Department of Economic and Social Affairs.** [http://www.un.org/esa/desa/papers/2006/wp15\\_2006.pdf](http://www.un.org/esa/desa/papers/2006/wp15_2006.pdf)

What are the macroeconomic and structural challenges associated with scaling up aid? This paper explores six aspects of financing for scaling up public service delivery, using a dynamic model applied to Ethiopia. Under certain circumstances, the MDGs could be achieved by 2015 but this will require large levels of grant financing and careful attention to the allocation and sequencing of investments.

**DFID. (2008). *Scaling up basic services: effects of budget support on social sector results* (DFID Africa Human Development Advisers' Retreat, February). London: Department for International Development** <http://www.eldis.org/assets/Docs/36782.html>

**EQUINET, HealthNet Consult, University of Cape Town Health Economics Unit, & TARSC. (2010). *Improving equitable domestic public financing to reach universal coverage in East and Southern Africa* (Policy brief 23). Harare: Regional Network for Equity in Health in East and Southern Africa (EQUINET).** <http://equinetafrica.org/bibl/docs/POL%20Brief%2023%20domfin.pdf>

## Further resources

- The **Health & Education Advice & Resource Team (HEART)** provides online resources and on-demand research in the areas of health, education and nutrition.
- The **INEE Working Group on Education and Fragility** provides a community of practice on education and conflict.
- The **Achieving Sustainable Governance Transitions** programme at the Overseas Development Institute (ODI) is researching the politics of public goods.
- The **Effective States and Inclusive Development Research Centre (ESID)** investigating the Politics of Redistribution through Social Provisioning.