

Accountability for Public Services: Do You See a Solution?

Do you know of any examples of schools or health centers delivering great services against the odds?

"Kefaya!" ("Enough!" in Arabic), was one of the main slogans in 2011 as people took to the streets and called for social justice. Although change has taken various forms across the region, *the quest for social justice* remains prevalent throughout.

One of the key ways to promote social justice is through better public services. As surveys suggest, social justice for citizens largely means equal access to quality public services such as healthcare and education.

Arab countries have made impressive gains in providing access to basic public services over the past decades. Education has become a constitutional right in most Arab countries, and public expenditure on education has in many countries reached a respectable five percent of Gross Domestic Product. Girls and boys have enrolled in schools – nearly universally in primary education, and increasingly in secondary and tertiary education. Facilities across rural and urban areas have offered basic health services – often for free or with fee exemptions for the poor.

As economic development continues, however, pure *availability* of schools and health facilities is no longer enough to meet citizens' needs. Citizens demand fairness in access to *quality* services, which many schools and health facilities fail to offer.

Education systems in the region are failing to produce the relevant skills that the labor market requires. Student repetition and dropout rates are relatively high, and rural schools often lack qualified teachers and textbooks. Arab students are falling behind in international tests, with the regional average on TIMSS 2007-11 Grade 8 mathematics at around 380 compared to the international average of 500.

In health, one third of rural health facilities in Morocco and Yemen, and 40 percent of such facilities in Egypt, have no water. Most health facilities lack some essential medicines. Surveys indicate that up to 30 percent of doctors are absent during working hours.

The slogan "kefaya!" continues to be heard as citizens struggle to find qualified professionals and obtain medicines in health facilities, or have to rely on expensive private tutoring to fill the instruction gaps facing their children in schools.

In recent years, many governments in the Arab world have correctly prioritized quality and equity in service delivery. Reforms have sought to improve school curricula, train teachers and health professionals, and strengthen health coverage and local autonomy. Surveys suggest, however, that good policies and government budgets do not necessarily translate into improved results in schools, hospitals and health centers.

Where is the chain from policies and budget allocations to student learning and patients' health broken? Surveys suggest two key problems.

First, policymakers seem unable to hold administrators and providers accountable for quality service delivery. Public service delivery systems in the region are highly centralized and complex. It is not clear who is responsible for implementing policy, enforcing standards. If someone does not perform according to standards, they are rarely held to account. And budgets are rarely monitored. Importantly, the systems fail to generate information. In the rare instances where a performance problem of some sort is identified, such as the absenteeism of teachers, it needs to be reported from the school all the way up to the Ministry of Education; which then needs to advise the respective ministry in charge of civil servants.

Available data suggests that layoffs in civil service are uncommon. Any financial penalties to address civil servants' performance failures require action by the Ministry of Finance. These processes take years and corrective actions are rare. Overall, the civil service – whether in government agencies or service facilities – seems devoid of any meritocracy. Recruitment and careers in the civil service seem to be largely driven by personal relationships.

Second, citizens in the Arab countries seem unable to hold anyone accountable for service delivery performance as they lack information, choice and channels to engage. Surveys suggest that citizens

generally lack information about their entitlements and rights, about service standards, and about service providers' responsibilities and performance, as well as about their own health or their children's learning. Schools in the region involve parents to discuss their child's learning on average only twice a year, compared to the international average of more than four times. Citizens also seem to have limited choices as private schools are uncommon in rural areas, tutoring – for a fee – tends to be provided by the same teachers who teach their children in school, and private care – for a fee – tends to be provided by health staff of public clinics. Although schools and health facilities generally invite citizens' feedback, surveyed citizens reported being unsure whether and how their feedback is used.

Some observers reckon that vested interests and political capture (where the system is held hostage by personal interests) are the root of the service delivery problem in many Arab countries, and that the service delivery systems need to be shaken in order to make services work. Drawing on the experience of Africa (for instance, in a blog on the [politics of service delivery](#)), Shanta Devarajan suggests that service delivery failures persist due to "*a political equilibrium where politicians and service providers (teachers, doctors, bureaucrats) benefit from the status quo and will therefore resist attempts at improving services.*"

In the Arab world, the data suggest that services are delivered in some places better than others. The variation in the availability of essential medicines or in staff absenteeism across locations within countries is significant. While exploring the options for improving service delivery systems, we believe that there is a lot to learn from the local examples of positive local experience.

What has your experience been? Can you share any examples of good schools and health centers? Any examples of local leaders striving to ensure quality services for the poor?

Please write and let us know.