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INFORMATION AND SERVICE DELIVERY: CASE STUDIES FROM KENYA AND ETHIOPIA

Editors: Sahr Kpundeh, Gilbert Khadiagala, and Shyamal Chowdhury

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ACKNOWLEDGMENTS

The findings in this monograph are based on research conducted in 2005–06 by Ethiopian and Kenyan researchers. This work was supported by the World Bank–Netherlands Partnership Program (BNPP). At the time, Jane Kiringai and James Njeru were based at the Institute for Policy Analysis and Research (IPAR) in Nairobi. Mulat Demeke and his colleagues in Addis Ababa were then affiliated with the University of Addis Ababa. Following the completion of field research, in June 2007 the authors presented their findings to a select group of Kenyan and Ethiopian stakeholders in Addis Ababa. During this workshop, experts from the two countries in each of the sectors debated the findings and made suggestions that the chapter authors incorporated in subsequent revisions. We would like to acknowledge that helpful comments and advice were received from numerous workshop participants. The chapter authors and editors have made attempts to update the data on some of the cases. However, there have been changes in some sectors and the broader institutional environment of information access and service delivery that the present study has not adequately captured. Similarly, an earlier version of the findings published as part of the World Bank’s PREM Note series in July 2008 did not include some of the more recent changes. Despite the limits of addressing all the significant changes in each sector and country, we hope that this study illuminates the significant progress and shortfalls in improving information for service delivery and poverty reduction in Ethiopia and Kenya.

ACRONYMS

AAWSA	Addis Ababa Sewage and Water Authority
AAADRO	Addis Ababa Acts and Documents Registration Office
AAL	Adopt-A-Light
ADRO	Acts and Documents Registration Office
AMREF	African Medical Research Foundation
BNPP	World Bank-Netherlands Partnership Program
CAS	Country Assessment Strategy
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control (US)
CIDA	Canadian International Development Agency
CIFA	Community Initiative Facilitation and Assistance (Kenyan regional NGO)
CRDA	Christian Relief and Development Association (Ethiopian NGO)
CSO	Civil society organization
DARO	Documents Authentication and Registration Office
DFID	Department for International Development (UK)
DHS	Demographic Health Surveys
EMA	Educational Mass-Media Agency (Ethiopia)

FAR	Financial administration regulation
FBO	Faith-based organization
FDRE	Federal Democratic Republic of Ethiopia
FM	Financial management
FMOH	Federal Ministry of Health (Ethiopia)
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
HELB	Higher Education Loans Board
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
ICPA	Institute of Certified Public Accountants
ICT	Information and communication technology
IMS	Information management system
IPAR	Institute for Policy Analysis and Research (Nairobi)
ITU	International Telecommunication Union
KEI	Knowledge Exchange Institute
KEMSA	Kenya Medical Supplies Agency
KEPSA	Kenya Private Sector Alliance
KfW	Kreditanstalt für Wiederaufbau (corporation under public law domiciled in Frankfurt am Main)
KIPPRA	Kenya Institute for Public Policy Research and Analysis
KNCCI	Kenya National Chamber of Commerce and Industry
KNCHR	Kenya National Commission on Human Rights
Ksh.	Kenya shilling
LC	Local council
Le	Leone
m ³	cubic meter
M&E	Monitoring and evaluation
MDA	Ministries, departments, and agencies
MDTF	Multi-Donor Trust Fund
MoFED	Ministry of Finance and Economic Development (Ethiopia)
NCC	Nairobi City Council

NHA	National Health Account
NHAPCO	National HIV/AIDS Prevention and Control Office (Ethiopia)
NCWSC	Nairobi City Water and Sewage Company
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty (Ethiopia)
PDO	Project development objective
PDP	Plasma display panel
PETS	Public Expenditure Tracking Survey
PFMRU	Public Financial Management Reform Unit (Ministry of Finance)
PLWHA	People Living with HIV/AIDS
PPP	Public-private partnership
PTA	Parent-Teachers Association
RHAPCO	Regional HIV/AIDS Prevention and Control Offices
STI	Sexually transmitted infection
TI	Transparency International
TIVET	Technical, industrial, vocational, and entrepreneurship training
TSC	Technical Steering Committee
UNAIDS	Joint United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
V-Sat	Satellite dish receiver
WEDC	Water Engineering Development Centre
WHO	World Health Organization

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EXECUTIVE SUMMARY

ANAND RAJARAM

This monograph probes the role of information in service delivery by focusing on key sectors in Kenya and Ethiopia. Findings from comparative studies done in 2005–06 in the health, education, and water and sanitation sectors plus public and private partnerships (PPPs) illustrate the significance of information access to delivery of quality services. Linking information access to service delivery is instructive to deepen institutional reforms around transparency and governance. This volume contends that three constraints—governance, trust, and technology deficits—impede information flows for service delivery in Ethiopia and Kenya. Although these constraints are formidable, the cases reveal that reforms in the governance arena have begun to make a difference in the domain of service delivery.

The role of information in service delivery is vital in understanding the nature and pace of second-generation public sector reforms. In the first-generation reforms, which began in the 1980s, the focus was on how governments could build institutional capacities to manage the development process. The interest in creating functional government institutions identified a wide menu of capacities that informed the policy reform agenda. These capacities included commitment to policy choices, flexibility in adjusting to change, and enforcement and implementation of given choices. As key players in the reforms, donors emphasized the centrality of quality institutions in forging new relationships between states and markets, and states and societies. Equally significant, the development of capacities for sound public policies entailed the corresponding expansion of societal efficacy in the policy domain, including measures to empower non-state actors.¹ The current public sector reforms seek to draw from the successes of previous reforms by bolstering the sturdiness of institutions in the provision and delivery of services. Given the importance of service delivery in meeting development objec-

¹ Batley 2004, 31–56; Keefer and Khemani 2004, 935–43; Grindlee 2003.

tives, a core part of the reform centers on how to craft functional service delivery systems. Once they have been established, public institutions ought to have a stake in transparent mechanisms to disseminate information about the services that they provide. This is the broad context that drives interest in information as a core puzzle in service delivery.

The research that informs this monograph addresses the links between information access and service delivery in the health, education, water, and sanitation service sectors in Ethiopia and Kenya. Through the generous funding of the Government of the Netherlands, researchers from these countries studied the contribution of information access to better service delivery. By the same token, this research has assessed the wide array of impediments to information flows in these sectors and proposed ways of improvement. These findings reinforce the view that information is the building block of transparency, accountability, and governance—questions at the heart of the reform agenda in both countries and in Africa as a whole. Furthermore, since service delivery is anchored in the wider political and socioeconomic environment, these studies point to how reforms in both countries over the last few years have affected service delivery. Overall, this research emphasizes the need for additional research and policy interventions that would improve service delivery, reduce citizen mistrust of public institutions, and reinvigorate private and public-partnerships in the production and delivery of services. It is by learning best practices that the authors of this study also will be able to popularize them across sectors and countries. This monograph constitutes a modest, but significant, beginning toward this comparative enterprise.

Institutions of service delivery still are weak in most of the developing world, primarily because of the slow pace of implementation of first-generation public sector and governance reforms. Research also reveals that, in these countries, the poor are disproportionately impacted by the absence of efficient mechanisms for service delivery. In Africa, for instance, service provision is politicized through capture by narrow interests and is characterized largely by inefficiencies, corruption, and weak institutional capacity.² In addition, there is recognition that limited information about the quality of service inhibits service delivery. In the post-independence statist pattern of service delivery, Africa's public sectors bore the primary responsibilities for the delivery of social services. However, they have fallen on difficult times since the 1980s, continually confronting fiscal, physical, and infrastructural crises that from which some countries are only starting to recover. It is a demonstration of the determination to reverse these trends that Ethiopia and Kenya have made remarkable strides in overcoming the past legacies inherent in the statist mode of service provision. Although the cases in this study

² Engberg-Pedersen and Levy 2004, 87–108.

bring out important differences between Ethiopia and Kenya and among the sectors studied, the dominant theme is the centrality of reforms in transforming service delivery regimes. This is the reform momentum that undergirds the search for open and transparent modes of information about service provision.

The service sectors chosen for this study are important because of their impact on livelihoods of the poor and dovetail with the Millennium Development Goals (MDGs). Health and education, in particular, are strategic sectors that, while germane to livelihoods, often are the least affordable to the poor. This monograph focuses on sectors in which there have been demonstrable institutional reforms to enhance efficiency, expand the voices of multiple stakeholders, and experiment with innovative arrangements that link public and private actors in service delivery. Under the previous statist mode of service delivery, the health and education sectors faced chronic fiscal crises that galvanized reforms. These gradually have whittled down the over-stretched and inefficient state. Likewise, when urban authorities could no longer provide water, sewerage, and other basic services, pressures for change intensified, resulting in ongoing experiments to improve performance.

The decline in public services and weak economies drove most of the institutional reforms. However, these cases demonstrate that reforms that increased information access and transparency for service delivery can flourish in environments of marked economic growth, reinforced by governments' renewed efforts to deepen reciprocities and responsibilities with their peoples. The case studies in this monograph underline why information availability may be an intrinsic good, helping to expand the social and economic rights of individuals, particularly the poor and vulnerable. Furthermore, information access has instrumental value, helping both public and private service providers to improve the quality of their services; and availing service recipients of critical information about choice and alternatives. Both providers and consumers of services benefit from information flows that enable consumers to exercise influence on the quality of the service while providers offer better services when these providers can obtain input on their performance.

The *World Development Report 2004* enjoined governments to put people at the center of service provision by “enabling them to monitor and discipline service providers, by amplifying their voice in policymaking, and by strengthening the incentives for providers to serve the poor.”³ In this study, the authors underscore some of the obstacles to meeting these objectives by identifying three constraints that impair information access and transparency in service delivery. The three constraints are governance, trust, and technical. This tripartite framework

³ World Bank 2003, 1.

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of constraints neatly combines broad institutional and sector-specific variables and enables comparisons across sectors and countries. More important, the cases point to the close interrelationships among these constraints and stress the need for comprehensive approaches to overcome them.

For instance, reforms to reduce information asymmetries that typically accrue from imbalances in technical capacities between service providers and recipients may have additional benefits in building trust in service providers. The explosive growth of information technology, quite apart from its contribution to economic efficiency, has enabled vast improvements in public provisioning and, at the same time, facilitated greater transparency and accountability in service delivery. For the public to have trust and confidence that government and private service providers are working on their behalf, the public needs information about the quality and quantity of services at their disposal. In the same vein, the lack of transparency engenders corruption that then contributes to the erosion of the essential links between the people and government. Similarly, there is growing recognition that information dissemination about the quality of public services can assist in building political credibility, strengthening governance, and in mobilizing the population about the issue of basic services. For recipients of public services, information about these services is the first component in the long chain of demands that increase participation about resource distribution.

Research on information availability for service delivery furnishes a window on momentous questions about how Ethiopia and Kenya are striving to erect strong transparency and accountability mechanisms around health, education, urban services, and other sectors. However, research also has generated interest in reforms in the organizational structures for making information easily accessible and available through means such as public information agencies in sectors and the enlargement of the freedom of the media. Thus far, debates on access to information in these countries have become a critical component in building actors, coalitions, and constituencies that are coalescing to achieve reforms in information access and governance. Evidence also is beginning to accumulate that, as these reforms and their constituencies expand, they potentially broaden the demand-making abilities of citizens beyond issues of service delivery. In Ethiopia and Kenya, the outcomes of reforms in the political and economic spheres already have yielded some progress in the improvement of information availability and service delivery. Further progress hinges on seizing and building on existing successes and learning from past failures.

Using local researchers for this study has contributed to the World Bank's vision and mission of strengthening knowledge production by local institutions, particularly in Africa, where the low rate of the input of indigenous voices in the

Executive Summary

development debates is a growing concern. Augmenting the corpus of knowledge about African issues by Africans also fits into the objective of capacity building: providing local experts the opportunities to research and highlight experiences on the ground. As more countries embark on public sector reforms that deepen transparent information mechanisms and better service delivery, the need for more of these studies will increase. What the authors of this study have articulated is a rich research agenda that ties information access and service provision—research that should help advance policy dialogue with actors involved in public sector and governance reforms.

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Information and Service Delivery: Case Studies from Kenya and Ethiopia

1. INTRODUCTION TO INFORMATION ACCESS, GOVERNANCE, AND SERVICE DELIVERY IN ETHIOPIA AND KENYA

SHYAMAL CHOWDHURY, SAHR KPUNDEH, AND GILBERT M. KHADIAGALA

The *World Development Report 2004* has outlined analytical and practical framework on how to make services accessible to citizens and especially to poor citizens. In this study, the authors have taken a step further in this direction and examined how services are delivered in a few key sectors in Ethiopia and Kenya. These sectors are education, health, street lighting, and water and sanitation. The crucial role of access to information in service delivery is now well recognized. Identifying the key barriers that hinder citizens' access and linking them with how services may fail to reach citizens have not been well understood. Cases presented in this study are designed to help us to understand this link and guide us to design policies that give citizens greater access to services.

Certain questions, although crucial, are not often asked in a specific service delivery context. These questions include: What are the substantive links between information access, transparency, good governance, and effective service delivery? and How does information lubricate service delivery to citizens? In this study, these questions were posed and elaborated in field research conducted in Ethiopia and Kenya in 2005 and 2006 as part of the World Bank-Netherlands Partnership Program (BNPP) on nurturing access to information, transparency, and good governance in service delivery. Local researchers sought empirical evidence and comparative experiences to inform policy reform debates and future programming in these and other sectors. Data were generated through interviews with service providers and focus group discussions with clients of services. This research has probed how information about service delivery is generated in each sector and availed to its clients.

Case studies conducted in these two countries reveal that, in addition to insufficient information, sector-specific obstacles and institutional legacies hinder effective service delivery to citizens. Many sector-specific legacies are structural. The persistence of institutional legacies of centralization and public mistrust of government roles in service delivery continue to hamper improvements in access to channels of information. Furthermore, while service delivery in some sectors confronts problems that are more structural than informational, enhancing channels of information access is still a critical task in forging more transparent systems of service provision. This study seeks to spark deeper interest by World Bank researchers and operational staff, policymakers, and development practitioners in better understanding the impact of information access on program design and program outcomes in the social and infrastructure sectors. Before turning to the specifics, the authors define the context of information access and service delivery in the two countries studied.

Context of Information Access and Service Delivery: Governance, Trust, and Technical Deficits

Information is the essential bridge between the service users and the service providers. Information furnishes the links that build reciprocity between the two, enhance the responsibilities of both, and increase the responsiveness of providers. As public resources are turned into social outcomes, service delivery is the penultimate stage for a public service provider on its planning-implementation continuum. Similar reasoning holds for private service providers that deliver public services. Current discussions in development recognize that the manner in which the public garners information about services and service delivery reveals a great deal about the sturdiness of the mechanisms of transparency and accountability. Information is salient in gauging the public's ability to learn about service providers' operations and decisions, and, has been seen to be essential in pro-poor service provisions (World Bank 2004).

Service delivery information typically entails information on availability of services and their prices; service usage rates; and feedback from service users such as qualitative ratings of services and performance reviews of providers through financial and budgetary data. There are two ways to link the accessibility of such information to service provision:

1. Private and public service providers need avenues that explain their services and the modalities by which clients can obtain access to them. The existence of such mechanisms often signals service providers' commitment to transparency

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2. The access of outsiders, notably of citizens and media, to information related to service provision is a valuable tool in the informational chain. This information is particularly valuable when such access increases citizens' ability to monitor and enhance the accountability of public or private providers involved in service delivery.

Understanding impediments to information availability at these two levels is important in designing interventions to broaden the responsiveness and efficacy of service providers.

It also is important to note that information about service delivery is used differently by various stakeholders. Providers use it to inform clients about services, to efficiently allocate resources among service options, and for legitimization particularly in the case of public providers. Clients generally use service delivery information to choose between service options, to measure performance, and to hold providers accountable. These contrasting usages are significant and should be taken into account in prioritizing improvements in service provision.

In the context of the two countries from which the authors drew lessons for this study, three prevailing constraints on information access can be viewed as three deficits:

1. Governance deficit
2. Trust deficit
3. Technical deficit.

Each of these has a different significance and requires specific policy attention. However, eliminating or reducing these deficits requires recognizing their synergy and addressing them together.

The governance deficit denotes the deliberate efforts by such agents to hoard or deny information to clients to curtail their input in decisionmaking. From a wider perspective, the governance deficit is largely a reflection of unresolved issues in the transition from centralized to participatory systems. Specifically, the rules of the citizens' engagement in decisionmaking are neither widely accepted nor shared. In addition to hindering access to information, the governance deficit has implications for the quality and credibility of information. The transition to participatory governance in both countries has revealed many similarities, but there also are differences in how these transitions have affected service delivery. These transitions are central to the policy debates in the Bank and member countries on decentralization and delivery of public services and access to information.⁴

⁴ Cottrel and Ghai 2007, 1–25; Harbeson 2005, 144–58.

Linked to the governance deficit is the trust deficit: the lack of trust between citizens and governments. Although the trust deficit is inextricably linked to the governance deficit, it also reflects the legacy of state abdication of service delivery roles. Since citizens have been accustomed to weak service delivery systems, the common attitude of mistrust obstructs current efforts to resuscitate these mechanisms, even where information may be available. To recapture the trust and support of citizens who remain skeptical of the management of the public purse and service delivery requires not only improving information about government performance but also substantively repositioning government agencies to take responsibility for their core function as agents of change. Information can restore trust in government capabilities. However, ultimately, it is how governments recreate themselves as meaningful actors in people's lives that will matter more in building enduring trust and accountability systems.

Technical deficits are the constraints that accrue from the technical difficulties that clients routinely confront to access information and receive public services. The technical difficulties, or technical deficit, characterize the bulk of service delivery regimes in both countries. More frequently, information on sectors such as health, water and sanitation, and education are not readily accessible to the ordinary citizens, posing challenges to information flows. However, these cases also reveal that, despite these difficulties, technological changes—notably, the widespread adoption of information and communication technologies (ICTs)—have boosted service delivery in many of these sectors. While the merits of technological change outweigh problems pertaining to the technical informational deficit, *these cases prescribe the steady reduction of information asymmetries as a means to foster access.*

Governance, trust, and technical deficits are inseparable. This study recognizes that, in both countries and elsewhere, neat boundaries among the three only obscure the complex realities on the ground. For instance, the lack of trust reflects poor governance; and technical issues are linked to even more deeply rooted governance issues. As the cases in this monograph show, information broadly conceived empowers citizens both as the recipients of services and as demand-makers on political actors and public institutions. In this regard, the governance deficit denotes a larger puzzle in the disempowerment of citizens. Both Ethiopia and Kenya recognize that information is power, and that, thus, *to supply adequate levels and forms of information implies empowering citizens vis-à-vis governments.* Yet, the two countries also recognize the imperative of building trust as a foundation for the stabilization of authority and the need for legitimacy that accrue from better performance in service delivery. The tripartite framework of constraints that undergirds this study complements the framework elaborated in *World Develop-*

1. Introduction to Information Access, Governance, and Service Delivery in Ethiopia and Kenya

ment Report 2004. This service delivery framework is structured on a triangular relationship among policymakers, providers, and clients in which these actors perform distinctive but complementary roles in delivering services.⁵

COMPARATIVE EXPERIENCES AND FINDINGS FROM ETHIOPIAN AND KENYAN CASES

In the Ethiopia and Kenya case studies, the authors have reflected on how to manage the governance, trust, and technical deficits. They also have pondered creative policies that may reduce informational disparities and promote pro-poor, pro-client service delivery to reduce poverty. Based on the comparative experiences, *it can be inferred that the governance deficit undergirds the constraints to all the sectors studied here*. This lack of governance is *due primarily to unresolved problems of institutional change*. Although democratic transitions in these societies have opened space for societal contestation, structural rigidities in both Ethiopia and Kenya still abound, particularly in the institutions tasked with service delivery. Economic reforms that have attempted to reform the public sector and unleash market mechanisms in service delivery have markedly advanced in both countries. Nevertheless, these reforms have not obliterated the culture of centralized control (Steffensen and Trollegaard 2000).

Similarly, decentralization has been popularized as one way to guarantee the control of clients over services by making providers more responsive to clients' needs. However, in both countries, decentralization has not always resulted in real devolution of power due to the lingering reluctance of government agencies to devolve authority to the local level. Decentralization has proceeded markedly across the board in both countries. Nevertheless, the sectors studied in this monograph revealed that central government interference in decisionmaking is still pervasive, to the detriment of efficient service delivery.

To reiterate, the governance deficit pervades all of these sectors, as witnessed by the opaqueness of decisionmaking in the Ministries of Health and Education in both Addis Ababa and Nairobi. The study on the supply of drugs to public health facilities reviews the efficacy of the delivery of drugs by the Kenya Medical Supplies Agency (KEMSA). Created as part of the public sector liberalization reforms to expedite service delivery, KEMSA has been endowed with autonomy by MOH to manage the distribution of drugs in public hospitals. However, its record so far shows that KEMSA remains mired in pre-existing institutional problems, particularly inadequate information about the demand for drugs and their supply, inefficiencies in drug distribution, and bureaucratic corruption.

⁵ World Bank 2003.

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Questions of institutional autonomy and inadequate information provision also characterize the Ethiopian health sector, as revealed in the study on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GF). To draw from the Global Fund, the Ethiopian Ministry of Health (FMOH) created a central agency, the HIV/AIDS Prevention and Control Office (NHAPCO) and its regional branches. Although autonomous by law, in reality, NHAPCO is controlled by MOH, limiting the agency's responsiveness to clients' needs. Internally, NHAPCO has not evolved adequate mechanisms to provide information about its services to NGOs, its major clients. Outside actors such as the media also cannot access information about its services and the agency's performance in general. Similarly to many other public agencies in Ethiopia, NHAPCO has no requirement for public reporting. This lack of accountability leads to slow follow-through in implementing client scorecards and other feedbacks. Consequently, despite the enormous resources that NHAPCO has received from the GF, the persistence of information asymmetries between NHAPCO and its clients has severely hampered the agency's ability to reach the vulnerable HIV/AIDS victims. From the client side, this lack of information is partially responsible for the absence of any demand for services, even in urban centers in Ethiopia.

Similarly, the study on the Educational Satellite Television Program in Ethiopia details the weak attempts by Ethiopian authorities to accord autonomy to the Educational Mass-Media Agency (EMA). The government had not set up a proper governance structure built focused on client-oriented service provision. As a result, EMA does not effectively communicate its programs to school managers nor do the latter incorporate students' and their parents' inputs in the design of these programs. Many students find the TV instruction very difficult to follow. Moreover, most students noted that the school management, student council, and Parent-Teachers Association (PTA) have not asked for students to evaluate the newly introduced instruction system. A national study by EMA ascertained that 73 percent of the instructors had not received any training regarding the use of the satellite TV instruction system. The only training known to the teachers was given to a limited number of them on the technical operations of the satellite TV. In short, the absence of consultations and training made both teachers and students unhappy and significantly reduced the effectiveness of the technology.

The experiences of service delivery by city governments in Nairobi and Addis Ababa also underline the correlation between unrepresentative, unresponsive institutions and weak performance of service provision. Although public sector reform in Ethiopia gave priority to local government institutions, especially municipalities, these reforms have hardly generated meaningful changes in the ways that city governments and their agencies provide services. The case studies on the service

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delivery by the Addis Ababa Sewage and Water Authority (AAWSA), and on the Addis Ababa Acts and Documents Registration Office (AAADRO) demonstrate that these agencies remain overly centralized and decisions are taken only at the top management level, thus preventing information from reaching the clients. These agencies also are characterized by frequent executive interferences, weak legal frameworks, and lack of adequately trained staff. In Nairobi, action by city authorities to outsource street lighting services to a private actor, the Adopt-A-Light (AAL) program, have tremendously improved security on the streets and forged an innovative experiment in public-private partnership (PPP). However, the absence of any clear legal and regulatory framework has constrained this initiative by subjecting it to uncertainties and predatory competition.

Experiences brought out in the case studies are not all doomed. When rightly implemented, decentralization and privatization, along with the information campaign, have markedly improved service delivery as well. Two Kenyan studies are cases in point. The study on the financing of higher education in Kenya suggests that the privatization of student loan services through the formation of the Higher Education Loan Board (HELB) has improved accountability and transparency while promoting efficiency in service delivery. A key explanation for HELB's success has been its extensive information campaign to publicize its role to clients. Over the years, the media and citizens also have been accorded wider access to HELB's services, significantly deepening its channels of information.

Similarly, the study on the Nairobi Water and Sewage Company shows that privatization has led to discernible changes in the quality of water and sanitation services for city residents. These two cases dovetail with studies that underscore the gains in responsiveness and efficiency that arise from decentralization and privatization (Tayler 2005, 337–48; Tati 2005, 316–24). Although there is a burning debate in several countries whether privatization improves water services, the Nairobi case seems to indicate the beneficial impact of privatization.

Privatization and decentralization may foster allocative efficiency, but the trust deficit permeates even the successful cases of service delivery in Ethiopia and Kenya. The citizens' mistrust and disengagement from government's bids to reclaim its ascendancy in service provision is attributable to the legacies of unpredictable service delivery. Furthermore, most of these cases reveal that disengaged citizens frequently lack the organizational tools to contest their rights and demand information about services. Where private providers and NGOs have carved alternative niches in service delivery, as in the health sector in Kenya, the government finds it increasingly difficult to dislodge these actors. Surveys conducted in Kenya indicate that people prefer private health providers because the people perceive government health institutions as incompetent and corrupt. The case of Kenya's

HELB demonstrates another dimension to the trust deficit whereby some members of the citizenry deliberately withhold information to beat the system, despite the fact that the institution is relatively efficient in disbursing student loans.

Overcoming technical deficiencies requires additional resources and human capital and sometimes skills from the clients' end as well. Such deficiencies cannot be overcome entirely, but the key to the puzzle lies in the ability of providers of these services to reduce these deficits through improved communication channels and transparency. Most of the cases demonstrate that the bulk of service delivery problems lie with human hindrances rather than with technology. The overarching theme seems to be that technology facilitates the availability of information and enhances service delivery by injecting impartiality and professionalism in service provision. In the Kenyan cases of student loans and the Nairobi Water and Sewerage Company, the introduction of new information technologies has fostered rapid improvements in access to these services. Yet, technology also is mediated through political and social institutions. Thus, the narrow-focused introduction of satellite TV technology in Ethiopia widened the divide between schools and EMA, the agency that provides this service. Teachers and students were alienated by a technology that nullified and marginalized their roles. The Ethiopian government recently made new efforts to revisit the method of satellite TV services to emphasize citizens' participation and input from teachers and students.

The 8 case studies conducted in 2 countries and presented in this volume bring important insights, lessons, and policy prescriptions that, although country- and sector-specific, have applicability beyond Ethiopia and Kenya. The conceptual framework of good governance, rebuilding citizen trust, and technological innovations in service delivery binds together all these studies. The common question of the role of information access in a citizen-centered service delivery framework that has been asked in all case studies has created room for generalization. Through the lens of some of the most important service sectors such as health, education, water, and sanitation, these cases show how information, or lack of it, acts as a fundamental ingredient in service delivery. The cases also show how information, along with privatization or decentralization, can improve service provision, without necessarily increasing the allocation of resources. Some of the policy lessons derived from the case studies, such as implementation of right to information laws, are obvious. Other lessons, such as how to improve citizens' trust in the governing process, are not easily understood. This volume may spark debates in the areas that are not so obvious and guide policies in other areas.

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Information and Service Delivery: Case Studies from Kenya and Ethiopia

2. INFORMATION AND EFFICIENCY IN THE SUPPLY OF DRUGS TO PUBLIC HEALTH FACILITIES IN KENYA

JANE KIRINGAI AND JAMES NJERU

The availability of drugs determines the use of public health facilities and is a critical determinant of health outcomes, especially for the poor. Since drugs are a key input in healthcare provision, one of the objectives of Kenya's health policy has been to ensure the continuous availability of safe and cost-effective drugs to the population. However, the achievement of this objective has remained elusive. The formation of an autonomous agency, the Kenya Medical Supplies Agency (KEMSA), was motivated by the need to increase effectiveness and efficiency in drug provision to public health facilities. This study analyzes the information gaps in Kenya's health sector and specifically references the supply, distribution, and dispensation of drugs to public health facilities. The study demonstrates that, although the current reforms in drug supply and distribution are necessary, they require complementary reforms that guarantee citizen access to public information. The study suggests the kind of information required on both supply and demand sides, and options for dissemination in the context of the language and literacy levels of the citizens.

The study identifies three areas of weak information on the supply side: *planning and procurement, warehousing and distribution, and prescription and dispensing*. At the planning and procurement stage, inadequate information for the planner on regional morbidity patterns and regional demand specificity engenders waste, pilferage, and drug stock outages. At the warehousing and distribution stage, inadequate information on the supply and distribution of drugs, compounded by poor stock management systems in the health facilities, creates loopholes for pilferage, especially where institutional governance is weak. In addition, lack of

information on occasional parallel supplies from donors and other development partners compounds existing information problems at all levels.

On the demand side, *perpetual drug outages have eroded citizens' confidence in public health facilities*. This study reveals that, although recent reforms have sought to reverse these trends, the lack of information about the reforms and availability of essential drugs at the health facilities has resulted in two consequences on the efficiency in service delivery:

1. While recent reforms improved drug supply, the use of public health facilities remains low.
2. Without adequate information, citizens cannot demand their right to healthcare.

Thus, despite the reforms, the information vacuum has continued to deepen public mistrust of the public health system.

This case study is presented in six sections. Following a short outline of the methodology in section 2, section 3 covers an institutional assessment of health-care provision in Kenya and the role of KEMSA. Section 4 discusses information and supply deficiencies in the distribution of drugs, and section 5 uses Public Expenditure Tracking Surveys (PETS) data to demonstrate the low-level use of public health facilities, compared to use of other facilities. Section 6 offers suggestions to improve information on drug supply and availability in public health facilities to increase the efficiency of healthcare provision.

METHODOLOGY

To demonstrate inefficiencies arising from weak information on the supply side, the study analyzed data from 2 PETS and 1 survey on the status of the right to access to health in Kenya. In 2003 the Kenya Institute for Public Policy Research and Analysis (KIPPRA) undertook an expenditure-tracking survey covering the Ministries of Education, Health and Agriculture, (Nafula and others 2004). In 2004 the Kenya National Commission on Human Rights (KNCHR) and KIPPRA undertook a survey on the status of the right to education and health in Kenya (KNCHR 2005). In 2005 the Ministries of Finance and Planning and National Development undertook an expenditure-tracking survey covering the Ministries of Health and Education (GoK 2005). These three studies provided rich data on which the findings in this case study are grounded.

2. Information and Efficiency in the Supply of Drugs to Public Health Facilities in Kenya

To assess the implications of weak information on healthcare use by the beneficiary (on the demand side), we use the National Health Accounts 2003 household survey. The Ministry of Health carried out the survey in February and March 2003 using a nationally representative sample. The analysis draws from a subsample of the survey population who reported illness during the survey period. We establish the healthcare-seeking patterns and the level of satisfaction by type of facility at which care was sought (public, private, missionary, and other⁶), with particular interest in the availability of drugs. This analysis is supplemented by findings from in-depth interviews with a Kenya Medical Supplies Agency representative and a representative from one district hospital.

HEALTHCARE SYSTEM

Institutional Environment

The public healthcare system in Kenya operates at four levels: national, provincial, district, and community. At the national level, there are two referral hospitals: Kenyatta National Hospital in Nairobi and Moi Referral Hospital serving the North Rift region. Below this tier, there are the provincial, district, and subdistrict hospitals. At the bottom are health centers, dispensaries, clinics, health posts, and mobile clinics. In addition to government facilities, there are nongovernmental organizations (NGOs) and private sector healthcare providers. The government owns 52 percent of the health facilities. The private sector and NGOs are concentrated in nursing and maternity homes and health clinics (table 1). Primary and preventive healthcare is provided at health centers and dispensaries. To access care in government facilities, patients pay a user fee of Kshs. 20 in dispensaries and health centers, and Kshs. 100 in hospitals. For common ailments whose treatment is covered under the essentials drugs list, drugs are provided at no charge. Immunization and healthcare for children under the age of five years also are provided for free. However, for uncommon ailments such as hypertension and diabetes, patients must purchase their medicines. In addition, patients must pay for necessary laboratory tests. Health facilities have discretion to use the revenues they have collect from the sale of nonessential drugs, consultation fees, and laboratory tests.

⁶ Others include traditional healers and herbalists.

Information and Service Delivery: Case Studies from Kenya and Ethiopia

Table 2.1 Ownership of Health Facilities in Kenya

Type	Number	%	Number	%	
Hospital	110	49.8	111	50.2	221
Health center	465	80.2	115	19.8	580
Dispensary	1,583	61.5	992	38.5	2,575
Nursing & maternity home	-	-	189	100.0	189
Health clinics & med centers	94	12.9	635	87.1	729
Total	2,252	52.4	2,042	47.6	4,294

Source: Muthaka and others 2004.

Access to health is a basic human right, which guarantees an acceptable minimum level of healthcare (Soucat and others 2005). The Kenyan government's performance on meeting this objective has been below average. Statistics show retrogressing health outcomes: between 1992 and 2003, infant mortality increased from 51 to 71 per 1000 and under-5 mortality rose from 74 to 115 per 1000. Between 1985 and 2002, life expectancy fell from 57 to 46 years. The Kenya National Commission on Human Rights (KNCHR) report on the right to healthcare in Kenya indicated that only 30 percent of Kenyans could afford, 55 percent could partly afford, and 12 percent could not afford to pay for healthcare. The findings indicated that 77 percent of Kenyans seek healthcare only when their conditions are too severe to avoid it. These statistics reflect the people's high level of mistrust of public health facilities.

On the supply side, key determinants of health outcomes include availability, accessibility, price, and quality of health services. However, although supply side factors are important, ultimately, health outcomes depend on the interaction between the supply and household characteristics. This interaction, in turn, determines the level of use of health facilities, especially by the poor. The poor health outcomes in Kenya have been attributed to, among others, ineffective transfer of health inputs, leakages, wastage, delays, and corruption (GoK 2005).

Drugs are an important input in the supply of health services, so their availability often is used to measure the quality of healthcare. Many people in and outside the Kenyan government have recognized the history of inefficiencies in the public drug and medical supplies systems (MOH 1998). Two commissions were set up (1994 and 1997) to improve the drug supply system. The commissions recommended the formation of an autonomous agency to supply drugs, which led to the establishment of KEMSA. Although it was officially announced through Legal Notice No. 17 of 11 February 2000, KEMSA became independent

2. Information and Efficiency in the Supply of Drugs to Public Health Facilities in Kenya

only in 2005. Before then, KEMSA operated as a government department within the Ministry of Health. However, although KEMSA is independent, the funds for procurement of drugs still are managed by the parent ministry. Thus, the findings contained in this report relate to what the newly independent KEMSA inherited from the Ministry of Health.

KENYA MEDICAL SUPPLIES AGENCY

KEMSA is responsible for the procurement, storage, sale, and distribution of drugs and other medical supplies to public health institutions (MOH 1998).⁷ The agency is mandated to provide the right quantity and quality of drugs as part of the National Health Strategic Plan. The plan mandates the government to provide 80 percent of the health needs of the population. It identifies a list of 200 drugs as sufficient to meet 80 percent of the ailments of the population. These 200 constitute “the essential drugs.” It is beyond KEMSA’s mandate to supply drugs for the remaining 20 percent of ailments.

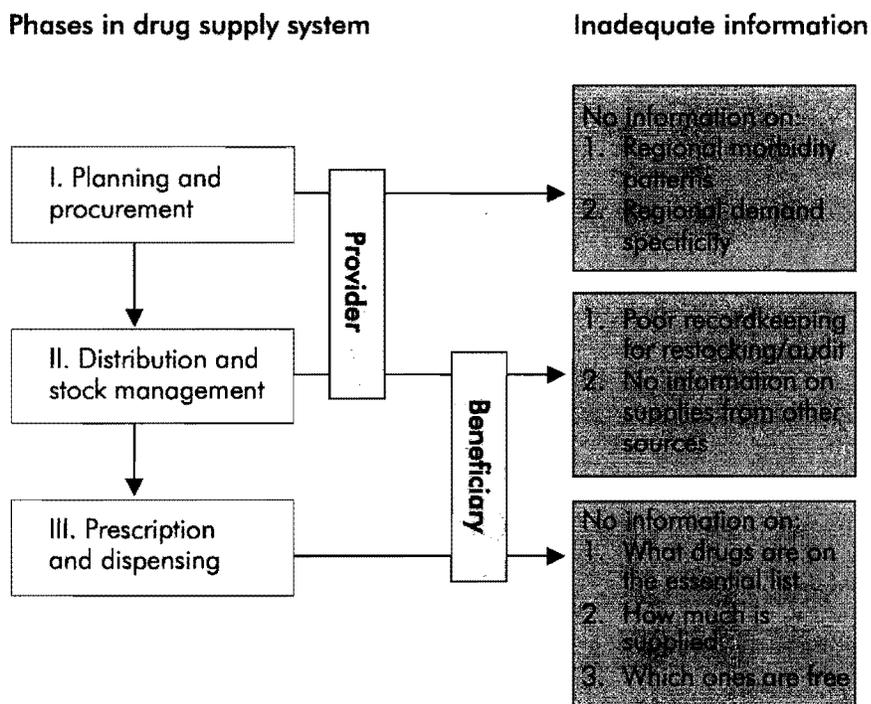
KEMSA’s core customers are the 2,300 public health facilities—from dispensaries at the local level to provincial hospitals. However, this core mandate does not restrict KEMSA from supplying medical supplies to other institutions, such as private hospitals and pharmacies, or even to individuals. The agency’s main warehouse is in Nairobi. The warehouse also serves as a regional depot for some districts, which are easily accessible from Nairobi. The rest of the country is served by eight regional depots. They are located in Eldoret, Kakamega, Kisumu, Nyeri, Garissa, Nakuru, Meru, and Mombasa. As part of the ongoing reforms, KEMSA has converted these depots into regional offices that take orders and provide customer service in addition to storing and distributing supplies. This spatial distribution around the country has the advantage of improving access to medical supplies by bringing the supplies and the administration nearer to intended beneficiaries.

⁷ The Chief Executive Officer oversees the day to day running of KEMSA under the supervision of an 11-member Board of Directors, which represents a cross section of interests in the healthcare delivery system. They include a non-executive chairman, the Government of Kenya through the Ministry of Health’s Permanent Secretary, the Ministry of Finance’s Permanent Secretary, the Director of Medical Services, the Chief Pharmacist, and the Registrar of the Nursing Council. Others on the board include the Pharmaceutical Society of Kenya, the Federation of the Pharmaceutical Manufacturers of Kenya, District Health Management Boards, the Kenya Medical Association, the Kenya Institute of Management and the Chief Executive of KEMSA.

DRUG SUPPLY: ROLE OF INFORMATION

Information in the drug supply system can be analyzed at three levels: (1) planning and procurement, (2) warehousing and distribution, and (3) prescription and dispensing. Information deficiencies that constrain healthcare delivery can be identified at each of these levels (figure 1). At these three levels, we identify a governance deficit in the procurement and distribution of drugs anchored in a technically deficient system for warehousing and tracking. This lack of governance is evidenced by the low public confidence or mistrust in the level of service available at public health facilities.

Figure 2.1 Information Gaps in the Drug Supply System



PLANNING AND PROCUREMENT

There are two approaches to the supply of drugs: the *pull system* and the *push system*. In the pull system, drugs are distributed based on the needs of the health facility. Under the push system, drugs are distributed in standard kits to all public health facilities of the same class, regardless of the morbidity patterns or demand specificity in a given area. For instance, a kit might have antivenom drugs in a region in which there are no snakes and shortages of the same drugs in

2. Information and Efficiency in the Supply of Drugs to Public Health Facilities in Kenya

areas in which snakebites are a health hazard. If the kit contains drugs that are not required, they can be returned to the warehouse before or after they expire. There is, however, no mechanism in place for returning drugs that are not required after the distribution in standard kits, which gives healthcare workers discretion in handling unneeded supplies.

Lack of information in planning and procurement can lead to wastage and systemic corruption. Wastage results when drugs expire in public hospitals in one region while there is a shortage of similar drugs in other regions. Wastage occurs often because the system of retrieval of unused drugs is inefficient. Wastage also can occur when procurement agents conspire with local pharmaceutical companies and purchase short-expiry drugs. Entrenched systemic corruption occurs when health workers sell unused drugs from the kit to merchants or, in collusion with merchants, exchange unused drugs from the kit with short-expiry drugs. These results reflect the weak governance within the institutions in the drug supply chain.

Wastage, collusion, and systemic theft result in perpetual outages in medical supplies. The 2005 PETS (GoK 2005) reported a drug stock outage rate of 53 percent, and stock outages last for 40–60 days. Findings in the 2003 PETS indicate that 85 percent of health facilities experienced drug outages. The outage rates were higher (98 percent) for dispensaries compared to health centers (75 percent). As a result of the drug outages, *83 percent of all health facilities buy their own drugs, using revenue from cost sharing.*

Although the ongoing reforms are intended to shift from the push to the pull system, it will take time for KEMSA to create good information based on patterns of disease by region. The pull system is being piloted in the Coast and North Eastern provinces. This system enables health facilities to make orders by fax. They receive the drugs one week after the request.

Another complication in the delivery of drugs is that donor agencies sometimes procure drugs and deliver them to KEMSA for distribution. Information on these supplies often is not available to the central planner, and the supplies are not harmonized with the KEMSA's procurement program. This can lead to excess supply of drugs in some areas and even more wastage and pilferage.

PROCUREMENT DISTRIBUTION AND STOCK MANAGEMENT

The second area of weak information is KEMSA's distribution of drugs and stock management at the health facility level. Ideally, District Allocation Budgets should guide the distribution of drugs. However, this has not been the practice, and KEMSA does not keep proper records of the quantity of drugs distributed to each health facility. Furthermore, health facilities do not have good stock management systems and are unable to keep good track of drug usage. Lack of information on the supply and use of drugs complicates restocking operations as well as oversight and audit by the Ministry of Health. The technical deficit is manifest at this level of the supply chain.

Inadequate information and weak accountability provide fertile ground for pilferage of drugs. Indeed, the 2003 Public Expenditure Tracking Survey (PETS) indicates that *40 percent of drugs designated for dispensaries and 22 percent of drugs designated for health centers did not reach the facilities*. The leakage happened between district headquarters and the facilities. The findings also show that the leakages are lower in locations that have some degree of oversight through audits. The leakage in audited facilities was estimated at 25 percent, compared to 34 percent at facilities where there were no audits. The leakages estimated in the 2005 PETS (GoK 2005) were higher at 46 percent. Anecdotal evidence suggests that *theft of drugs is a well-organized syndicate* starting from the central medical stores down to local health centers. This syndicate also fabricates the names of patients who purportedly received drugs.

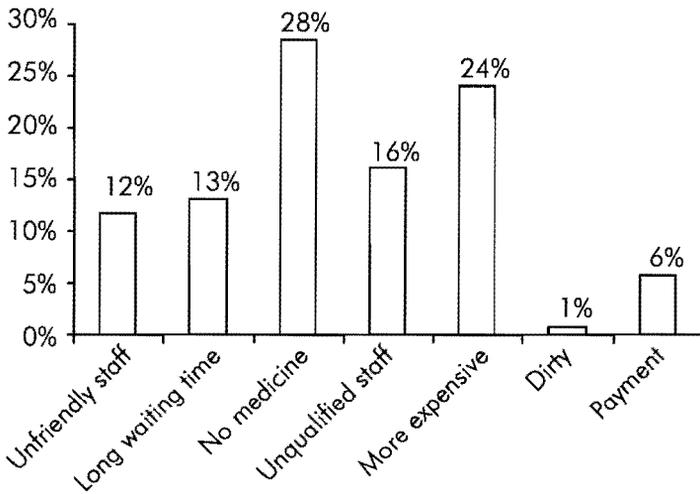
PRESCRIPTION AND DISPENSING

The third area of weak information is between the beneficiary and the provider. In the context of drug wastage and pilferage, healthcare providers may not have any medicine to dispense, even if the medicine is on the essential drug list. Even when drug outages are not a problem, healthcare providers may charge for drugs that are supposed to be free, or prescribe alternative drugs outside the KEMSA list to increase sales in their private pharmacies. Providers also may prescribe outside the essential list so that they can purchase drugs directly from the supplier, which is a lucrative area for rent seeking where oversight is weak. More often, patients have no information about the drugs that are on the essential drugs list and whether they are available at the nearest health facility. Since most of them do not know that they have a right to healthcare, they will passively accept any treatment they are given. There also are many patients who are unaware of other programs, such as the provision of free medicine for tuberculosis under the Global Fund or free medicine for children under five years of age.

DRUG SUPPLIES AND USE OF PUBLIC HEALTH FACILITIES

In this section, we analyze the National Health Accounts (NHA) 2003 household survey, isolating the subsample who reported that they had fallen ill during the survey time period to establish their healthcare-seeking behavior. Some of the questions the survey sought responses to were: Where did the sick seek healthcare? Was it at the nearest health facility? If not, what type of facility is nearest to them and why did they not seek healthcare there? Were all the drugs available at the facility where they sought care? Answers to these questions furnished insights into the centrality of information in the efficient delivery of services in public health facilities.

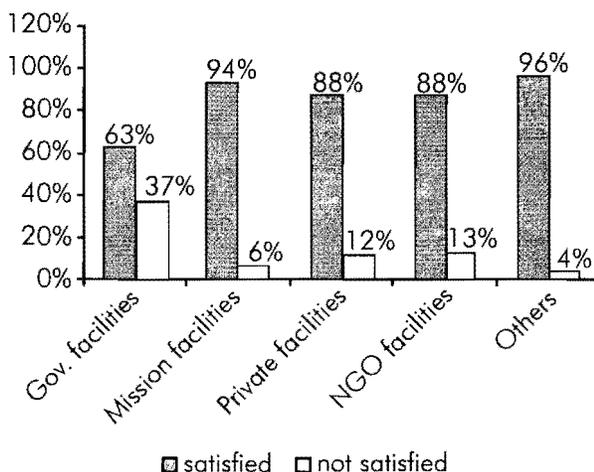
Figure 2.2 Patient Reasons for Bypassing Government Health Facilities



First, we examine why patients bypass the nearest government health facilities to seek care in other facilities. The NHA survey suggests that *drug shortages* are the most common reason, cited by 28 percent of respondents as the reason that they bypassed a government facility. The *cost of treatment* is the second most common reason. Twenty-four percent of patients who bypassed a public health facility feared that it would be too expensive. This finding reflects that patients have inadequate information on the policy of free medicine at primary-level healthcare facilities, at least for essential drugs.

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Figure 2.3 Patient Satisfaction with Drug Provision



Source: Authors' computations from NHA 2003.

Patient views on drug availability from different health providers show that patients who visited public health facilities recorded the lowest satisfaction levels, at 63 percent, compared to mission health facilities, with which 94 percent of all patients were satisfied. For patients who sought care in NGO and mission health facilities, 88 percent were satisfied with the availability of medicine. Drugs are highly subsidized in mission hospitals and are dispensed for free by some NGOs.

Table 2.2 Drug Availability in Health Facilities (%)

	All	Some	None
Government facilities	60	30	10
Mission facilities	89	6	5
Private facilities	89	8	3
NGO facilities	100	0	0
Others	93	4	3

Did patients get all, some, or none of the prescribed medicine? Among the patients who sought medical care, only 60 percent of those who visited public health facilities received all of the drugs that were prescribed. Thirty percent got some of the drugs, and 10 percent got none of the prescribed drugs. It is evident that public health facilities recorded the worst performance (table 2). In missionary health facilities, 89 percent of the patients received all of the prescribed drugs, and in NGO facilities all the prescribed drugs were available. Since these findings are recent, they confirm that serious inefficiencies and/or corruption persist in the public drug supply system.

2. Information and Efficiency in the Supply of Drugs to Public Health Facilities in Kenya

BETTER INFORMATION TO IMPROVE THE SUPPLY OF DRUGS

The foregoing analysis has identified a number of information gaps that cause inefficiencies in the supply of drugs. Regarding planning and procurement, the push system and the inadequate information on occasional parallel supplies from development partners lead to wastage and pilferage in the supply of drugs. To close this gap, KEMSA has initiated the process to replace the push system with the pull system. Once completed, this reform will improve the distribution of drugs to better match regional morbidity patterns and demand specificity, and to reduce wastage and pilferage of drugs. KEMSA also has outlined plans to integrate numerous parallel programs in the government's planning and procurement of medical supplies. Other programs include CDC, CIDA, DFID, Global Fund, KEI, KFW, UNICEF, UNIFPA, USAID, WB, and WHO. Good information at the planning stage constitutes good management practice.

Regarding distribution and stock management, poor recordkeeping and stock management systems facilitate leakages in the supply of drugs. KEMSA has announced plans to computerize the warehouse inventory systems and expand its computerization's coverage to the regional offices. To go further, computerizing the health facilities' stock management and tracking systems and linking them to KEMSA's information systems would facilitate more comprehensive management and oversight of the drug supply system. Developing such information systems will take time. In the meantime, KEMSA has recruited customer service officers to visit hospitals every month and health centers and dispensaries at least once every quarter to report on the availability of drugs. It also initiated and is piloting the Nyamira Revolving Drug Scheme to better track and monitor drug supply and distribution. In this trial scheme, prescriptions are written on specially issued, serialized paper. In the current system, prescriptions can be written on any piece of paper, so health-care workers can make fictitious prescriptions to siphon drugs from health facilities. Once fully tested, this system can be rolled out to other health facilities.

Regarding prescription and dispensing, the main problem is that the beneficiaries do not know what drugs they can expect to get from public health facilities and which ones are provided for free. One way to improve information is through publication of a catalogue of drugs available from the essential list, or the ailments for which they can expect to get drugs, as well as the cost of the drugs. This catalogue needs to take into account the average person's limited understanding of complex medical terminology. Another way to improve information to beneficiaries is through regular publication of KEMSA deliveries to public health facilities. However, the problem with this approach is that it creates expectations and can put undue pressure on the health facilities. Furthermore, publication of either kind of information does not reach illiterate beneficiaries.

Providing information to beneficiaries in open meetings would reach illiterate beneficiaries. While one of the functions of the primary healthcare facilities is to provide health education to the local population, due to shortage of staff, approximately only half of health facilities offer outreach services. To supplement health facilities' limited means, KEMSA's mandate could be expanded so that during outreach services, their representative can educate the public on drugs. Currently, KEMSA's education program is targeted only at medical personnel in the health facilities and does not reach the public.

Mobile telephony is one of the technologies that has revolutionized and increased access to information. In Kenya, mobile telephony has changed the style of doing business, especially in the education and financial sectors, through the short text message facility. Given the level of mobile coverage in the country, the health sector can increase information access to the beneficiaries through queries via short text messages. This capability already has been achieved through computerization in the education sector.

Finally, the continued opening up of the media industry and the licensing of several broadcasting houses have caused a proliferation of FM radios that broadcast in national and vernacular languages. Most communities have FM radio stations that broadcast in their languages. Community broadcasting in vernacular FM stations is an excellent way of availing information to the public, especially in areas with significant illiteracy rates. Thus, *just like mobile phones, FM radio stations have tremendous potential to bridge the information gap and must be embraced by the health sector.*

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Persons interviewed:

- Mr. Joseph M. Gichuru, KEMSA Public Relations Officer, Nairobi
- Dr. Shem Y. Kiptoon, District Medical Officer of Health, Kiambu

Information and Service Delivery: Case Studies from Kenya and Ethiopia

3. ACCESS TO INFORMATION AND SERVICE DELIVERY IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA

RAKEB ABATE AND MULAT DEMEKE

In 2005 an estimated 38.6 million people worldwide were living with HIV/AIDS (human immunodeficiency virus/acquired immune deficiency syndrome). Of these, 24.5 million were in Africa.⁸ In the same year, of the 4.1 million people who became infected with HIV, 2.7 million lived in Africa. Globally, Ethiopia ranks third in the number of people living with the virus and sixteenth in the percentage of its population living with the virus. One in every 12 people in urban Ethiopia is infected with HIV.⁹ Prevalence in Ethiopia is higher among women: in 2003, 5.0 percent vs. 3.8 percent among men.

AIDS is a leading cause of death in Ethiopia. In 2005 AIDS was responsible for 134,124 deaths and orphaned 678,936 children in the country. By the end of 2003, an estimated 720,000 children younger than 17 years had been orphaned by HIV/AIDS. Anti-retroviral therapy (ART) services were initiated in July 2003, and a free ART program was introduced in March 2005.

To tackle the AIDS epidemic, the government of Ethiopia has developed a National HIV Policy and a National Strategic Framework, to provide a proper forum within which to address the disease. To coordinate efforts for resource mobilization and information exchange, in 2000 the government formed the National HIV/AIDS Prevention and Control Office (NHAPCO) and Regional HIV/AIDS Prevention and Control Offices (RHAPCOs). NHAPCO/RHAP-

⁸ UNAIDS/WHO 2006.

⁹ FMOH 2004.

COs oversee the implementation of the federal and regional HIV/AIDS plans, examine and approve annual plans and budgets, and monitor plan performance and impact.

It is against this backdrop that in 2004 the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) granted a significant amount of money to Ethiopia to curb the detrimental effects of HIV/AIDS as well as tuberculosis and malaria, which also have been rampant in the country. The GF is a global public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis, and malaria. It is not an implementing agency. Instead, it relies on local ownership and planning to ensure that new resources are directed to programs on the frontline of this global effort to reach those most in need.

The purpose of the present study is to examine how the HIV/AIDS component of the Global Fund is managed, assess the flow of information among the main actors, and determine whether all stakeholders are getting access to the right information and effective services. The study analyzes the process involved in applying for and obtaining a grant during the period of 2005 and 2006. It also explores the relationship among groups of key stakeholders, such as between (1) the Country Coordinating Mechanism (CCM) and the national HAPCO; (2) regional HAPCOs and local nongovernmental organizations (NGOs); and (3) associations, clubs, and individuals (that is, grantees) and local NGOs. The questions that grantees and other stakeholders can or cannot demand efficient services and whether a proper complaint mechanism exists also are examined.

The methodology of the case study involved informant and focus group discussion with six key stakeholder groups: (1) NHAPCO staff, (2) regional HAPCO staff, (3) CCM members, (4) members of the National Review Board, (5) representatives of local NGOs, and (6) grantees. In each case, 3 to 5 respondents were contacted to check the validity of the information collected. A focus group discussion also was held with 5 women and 1 man on ART medication in Addis Ababa.

ORGANIZATIONAL STRUCTURE FOR MANAGING THE GLOBAL FUND GRANT

The National HIV/AIDS Prevention and Control Office developed the HIV/AIDS component of the Global Fund grant proposal in close collaboration with key stakeholders. They detailed yearly action plans over the five years of the grant. NHAPCO is the principal recipient of the HIV/AIDS portion and provides technical support to the regional HAPCOs and the actual implementers.

3. Access to Information and Service Delivery in the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Because information is critical, NHAPCO organizes a 2–3 day familiarization workshop for all regional HAPCOs and selected NGOs. It also undertakes monitoring and evaluation (M&E) to ensure that resources are properly utilized and are in line with national policies and priorities. NHAPCO has five units: Advocacy, Planning, Public Relations, GF Coordination Unit, and Project Coordination Unit. The GF Coordination Unit employs 1 coordinator, 3 program officers, 3 finance personnel, and 1 secretary.

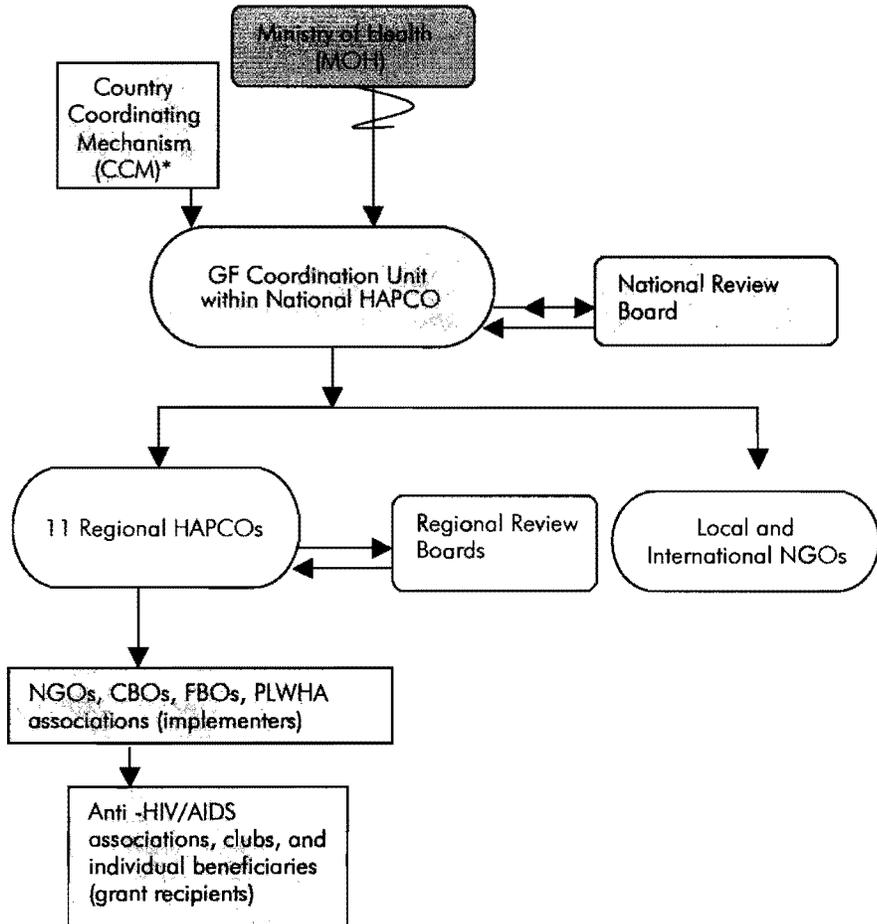
NHAPCO reports to the Ministry of Health (MOH) (figure 1). It functions as an autonomous agency and works independently, with the exception of receiving some technical assistance (TA) from the MOH. However, NHAPCO's autonomy in managing the GF is not very apparent in practice. For instance, the GF Coordination Unit within the national HAPCO also falls under the direction of the CCM, whose chairperson is the Minister of Health. Therefore, the MOH plays a significant role in the GF Coordination Unit.

The CCM was established in February 2004 to better coordinate Global Fund-supported activities. It comprises key governmental actors, representatives of civil society, bilateral donors, United Nations agencies, and the private sector. However, the government holds disproportionate control over the CCM's inner workings. The main mandate of the CCM is to ensure that the programs funded by the GF are sustainable and have commitment from beneficiaries. The mechanism oversees the allocation of GF resources so that they are in line with national policies, government priorities, and partnerships.¹⁰

The government established a National Review Board to review proposals submitted for funding. Board members represent numerous organizations. These include the Ministry of Health, Ministry of Finance and Economic Development, Ministry of Defense, Ethiopian Public Health Association, Ethiopian Health and Nutrition Research Institute, Mekdim Ethiopia (Organization for People Living with HIV/AIDS), Ethiopian Employers' Association, Christian Relief and Development Association (CRDA), Addis Ababa University, and NHAPCO. Members work on a part-time basis, and the Board does not meet regularly.

¹⁰ National HIV/AIDS Prevention and Control Office (NHAPCO) 2005.

Figure 3.1 Structure of the Global Fund HIV/AIDS Component



Note: * = Chair of CCM. Minister of Health.

In general, the CCM is perceived as an entity with limited power. It also is viewed as government dominated with less active participation by nongovernmental and private sectors in the CCM meetings. To be effective, the CCM needs to be empowered and derive its authority from the composition and legitimacy of its membership.

Eleven regional HAPCOs have been created to work with the 9 regional governments and 2 city administrations. The regional HAPCOs have their own regional review boards, whose main duty is to approve or reject proposals for financial support. Local administrations, community-based organizations (CBOs), PLWHA (People Living with HIV/AIDS) associations, NGOs, faith-based orga-

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nizations (FBOs), and private organizations are eligible for funding and are considered key implementers of the GF. Implementers can use GF grants to conduct soft programs such as education, awareness, outreach, and support and care for orphans and those affected and infected by HIV/AIDS (table 1). They also make subgrants to Anti-HIV/AIDS associations and clubs. The youth have formed a large number of associations and clubs at the local level, focused mainly on awareness raising.

Table 3.1 Areas of Focus for the Global Fund

Strengthen and expand voluntary counseling and testing centers
Improve clinical management of HIV/AIDS infection
Improve community home-based care and support*
Expand syndromic management of sexually transmitted infections
Strengthen and expand prevention of mother-to-child transmission
Ensure blood safety
Improve universal precautions in clinical practices
Support information, education, and communication and behavior-change communication*
Build national capacity
Conduct surveillance
Carry out monitoring and evaluation
Provide anti-retroviral treatment

Note: * = Activities carried out by NGOs; remaining activities are conducted by the government.

GRANT APPLICATION AND DISBURSEMENT PROCESS

NGOs applying for direct funding from NHAPCO must submit a proposal describing activities to be performed and the budget required. A proposal with an operational cost below US\$30,000 is appraised by the program officers in NHAPCO. Those exceeding this amount are forwarded to the National Review Board. The length of time required for appraisal and release of funds varies depending on how well the grant application is written. NHAPCO usually reviews well-written grant applications in less than a month. However, if the program officer or board finds issue with a proposal, NHAPCO sets up a taskforce to evaluate the capacity of the organization and develop recommendations for improvement. However, this entire process takes time and results in lengthy delays, as it requires significant time and effort to convene meetings and review proposals.

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Regional HAPCOs are allocated funds as per the government subsidy formula, which takes into account the HIV prevalence rate in the region, population size, level of poverty, national priorities, and needs of the regional governments. Regional offices announce calls for proposals through the mass media and public notice boards. The offices also can invite stakeholders to information sessions on the Global Fund. These meetings include information on the amount of money allocated to the region, areas of intervention, purposes for which the fund can be used (for instance, it does not cover overhead costs), and other technical details. Applicants seeking funds from regional HAPCOs use a standard application form. Appraisal of the proposal by the staff of the regional HAPCO and regional review boards (where these are functional) takes 1–3 months. Depending on the time taken to reimburse the money from the national HAPCO, disbursement of funds can take a few additional months.

Anti-HIV/AIDS associations and clubs approach GF implementers in their vicinity to fund their planned activities. Unemployed youth in cities such as Addis Ababa participate actively in Anti-HIV/AIDS activities. The implementers use elders, officials of the local administration, and representatives of CBOs and associations to identify HIV/AIDS victims who require financial assistance. Victims have no associations of their own at the local level due mainly to the stigma attached to the disease. AIDS patients on ART receive a donation of Birr 100 (US\$11) per month. Financial assistance for orphans takes the form of education grants to keep them in school.

EFFICACY OF GF PROGRAM AND ACCESS TO INFORMATION

Implementing Agencies

First, *access to information is among the major constraints* in accessing the GF. NHAPCO does not have a systematic way of informing NGOs about the fund. NGOs interviewed for this study were unaware that there had been an official call for proposals. They had learned about the fund informally through NHAPCO, Christian Relief and Development Association, or their own independent online research. Most NGOs that applied did so because they had had previous interaction with NHAPCO from other projects unconnected to GF. One respondent said that although some information was available over the mass media, it was too vague to be of much use. Another respondent indicated that no valuable information was obtained even after a visit to the NHAPCO office.

3. Access to Information and Service Delivery in the Global Fund to Fight AIDS, Tuberculosis, and Malaria

Second, *the inaccessibility of NHAPCO staff* has impeded applicants' access to information. The limited number of staff administering the GF has hindered the provision of information and delayed processing applications and disbursing funds. As NHAPCO workers often travel to the different regions to monitor and evaluate projects, these staff are hard to reach. While frontline workers at times make attempts to provide information and TA, respondents noted that they usually do not show willingness to help.

Third, *lack of clarity about procedures and criteria for funding* further impedes the efficacy of the GF program. NHAPCO workers provide inconsistent information on the application process and outcomes of the review process. The staff did not have a clear understanding of how the GF works and how the fund could be used. The various GF structures did not have a common understanding of GF. Applicants who are told to revise and resubmit their applications often are unsure of the changes that they need to make, further delaying accessing and using the fund. Discussions with respondents suggest that the lack of clarity may arise from inadequate training of NHAPCO workers to deal with the many vague rules of the Global Fund.

Moreover, NHAPCO suffers from high staff turnover as workers move to private and nongovernmental agencies in search of better wages. New and inexperienced workers lack the required knowledge and information to assist clients. A study for the USAID¹¹ has also identified lack of qualified staff to undertake planning and management of GF-supported activities as the primary constraint.

Fourth, *lack of a formal system to file complaints* has undermined service delivery. One NGO stated that it had been over six months since it had turned in its report and was waiting for the second disbursement of funds. The NHAPCO had not contacted the NGO within this period, and the NGO was not able to get information about the delay. Since there are no formal complaint mechanisms, the NGO sent its complaint through an informal channel—CCM members—but the NGO was not optimistic that the situation would be resolved soon. None of the NGOs interviewed considered taking legal recourse to demand an effective service level a viable option, as there is no mechanism to process complaints.

Fifth, regional HAPCO staffs have their share of complaints regarding the Global Fund as well. Their interaction with the NHAPCO is affected by an asymmetry of information between the national and regional HIV/AIDS Prevention and Control Offices. By and large, *the regional offices did not learn of the GF from NHAPCO*. One respondent stated that the first time his office had heard about the GF was through the media; others claimed that they heard about the fund

¹¹ Banteyerga and others 2005.

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through their regional health bureaus. One NGO learned about the GF in a workshop that a HAPCO staff member also was attending.

The relationship between regional HAPCOs and NHAPCO started to become tenuous. Their interaction was limited to planning meetings, submitting reports, and monitoring visits. Due to time constraints and limited capacity in the early rounds of GF grant applications, there was little consultation between the core team and implementers at the regional level and below. Communication problems between the different stakeholders have negatively affected implementation activities.

Sixth, *NGOs accessing the Global Fund from regional HAPCOs have more complaints than those dealing with the NHAPCO*. Staff in the regional offices are less informed or more inexperienced than those working at the national level. Information about the requirements to access and utilize the GF is vague and incomplete. There is no standard in the amount of time required to review a proposal and disburse funds. There are no complaint-handling mechanisms. Concerned NGOs have no choice but to wait as long as it takes.

Seventh, information and communication technologies (ICTs) such as websites have become important tools to improve service delivery. However, *neither the national nor the regional HAPCOs use websites to provide GF information to clients*. It would have been much more convenient to disseminate information via a website than through the print or broadcasting media. Nor has any effort been made to use existing networks and fora of NGOs, such as CRDA, to provide GF information. The research team observed that neither the national nor the regional HAPCOs is under any pressure to publicly disclose GF-related financial or programmatic information to the public.

BENEFICIARIES

There is very little appreciation of the right to efficient service delivery and access to information at the lowest level, where the target beneficiaries access the fund. The top-down and supply-driven approach of the Global Fund has not encouraged a free flow of information, especially from beneficiaries upward to top management. Decisions are made at the top and passed down to the lower levels. The focus is on disbursing funds using bureaucratic approaches without involving the actual stakeholders or assessing their needs and priorities. Target beneficiaries have very little information about the program and limited influence how the fund is being managed or utilized. *The vast majority of people living with HIV/AIDS remains unorganized and has no voice power to demand efficient service, accountability, or transparency.*

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Discussions with AIDS patients on ART revealed that they have little interest in issues of basic rights and empowerment as a group. They are well aware of the risks associated with any attempt to disclose their status in public and get organized. Very few are prepared to risk physical and social isolation from family, friends, and community. The main causes of the stigma are insufficient and inaccurate knowledge about the disease as well as fears of casual transmission and death. The belief that there is no cure for AIDS has reinforced the thinking that minimizing contact with infected people is the best protection against the disease. Greater awareness about the disastrous consequences of the disease has intensified discrimination.

As a consequence of the entrenched discrimination and stigmatization, most victims prefer to approach the NGOs and other implementers of the Global Fund program individually and in secret. Often, financial assistance is acceptable to the beneficiary if the organization disbursing the fund agrees not to disclose names to the public or if the patient is too poor and desperately needs the financial support.

The lack of openness at the community level has undermined the capability to monitor the program and ensure that the money is reaching the intended beneficiaries. This difficulty in monitoring increases the risk of corruption in the Global Fund. Indeed, respondents suggest that some implementers may not disburse the intended amount or may tamper with payment documents because of the secrecy and lack of information regarding the identity and number of people involved in each *kebele* (lowest administrative unit). Neither the NHAPCO nor the RHAPCOs has the capacity to check the leakage of funds. The few field visits by the small number of overburdened NHAPCO staff cannot be effective in deterring abuse. Information on actual spending is largely limited to what the implementers themselves report, with no cross-checking mechanism.

Monitoring and evaluation of the GF is generally inadequate. The top-down approach has failed to take into account the needs of beneficiaries. It is not clear to beneficiaries whether there is either any real commitment or a system of monitoring to check whether the GF is reaching its intended target.

The beneficiaries who were contacted pointed out that their main concern is lack of information and uncertainty about the continuity of the support they are getting. They have no clue about the reasons behind the long delays and they are not sure if they will get the same assistance next month. They prefer financial support for income-generation activities but such support is not available, even though the Global Fund program is known to include this form of assistance. Lack of basic information and needs assessment has negatively affected the effectiveness of the program.

CONCLUSIONS AND RECOMMENDATIONS

The study has revealed information asymmetries in the management of the Global Fund, which limit the effectiveness of the program. On the one hand, the national and regional HIV/AIDS Prevention and Control Offices do not provide basic information to the implementing organizations. They do not announce the amount of funds allocated in a given year nor do they provide adequate information on what the process and criteria are for receiving Global Fund money. The Offices do not publicize the awards that they gave nor do they try to create a network of beneficiary organizations to exchange information and share experiences. This tight-lipped policy has undermined the ability of program participants to demand accountability in the management of the program. With inadequate or no complaint-filing mechanisms, implementers of the Global Fund can do very little about delays or the lack of technical support by NHAPCO or RHAPCO.

In turn, implementers do not provide clear information to beneficiaries on the kinds of assistance and the amount of money for which they are eligible. Moreover, the implementers do not always provide beneficiary-level information to the national or regional HIV/AIDS Prevention and Control Office. Without information on what funds they are entitled to, people living with HIV/AIDS (PLWHA) cannot react to funding shortfalls. In the absence of beneficiary-level data, HAPCO cannot monitor the disbursement of funds. In the absence of any beneficiary or community participation in the entire process and limited supervision by HAPCO, some implementers may underpay the beneficiaries.

A number of actions can be taken to improve access to information and ensure that the Global Fund meets its intended goals:

1. As clearly indicated by the Global Fund to Fight AIDS, Tuberculosis and Malaria,¹² transparency needs to be ensured by making available all approved proposals and signed grant agreements on a website or communicated to all stakeholders through all other appropriate means. All relevant and detailed information must be uploaded on the website. Thus, investment in information technology should be given special attention to ensure transparency and build monitoring and evaluation capacity at the national, regional, and local levels.
2. The government should enforce antidiscrimination legislation to protect people living with HIV/AIDS. Strong support and protection also must be provided to local-level organizations of people living with HIV/AIDS to encourage their meaningful participation in policymaking bodies and structures.

¹² <http://www.theglobalfund.org/en/about/how/>

3. Access to Information and Service Delivery in the Global Fund to Fight AIDS, Tuberculosis, and Malaria

3. More resources need to be allocated to improve the human capacity of the HAPCOs and related structures. The recent move to replace the top management and recruit more professional staff is a step in the right direction. However, the recruitment of more staff should be accompanied by putting in place a system that ensures adequate incentives and a motivating environment aimed to retain staff longer. Training as well as visits to countries with best practices (study visits) also could be considered to build staff capacities.
4. The monitoring and evaluation system needs to be strengthened to ensure that GF is reaching target beneficiaries. HAPCOs need to maintain a more regular and frequent monitoring presence at local levels and hold evaluation meetings with beneficiaries. It is important to develop the Information Management System (IMS) for making operational the M&E system. IMS should capture all relevant data at the beneficiary level and send it to the HAPCOs for a review, feedback, and action.

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Information and Service Delivery: Case Studies from Kenya and Ethiopia

4. TRANSPARENCY AND SERVICE QUALITY IN FINANCING HIGHER EDUCATION IN KENYA

JAMES NJERU AND JANE KIRINGAI

Education is a key pillar of economic development and poverty reduction in Kenya. The sector is regarded as one of the main priorities for government action. Government spending on education accounts for about 35 percent of total government spending and 7 percent of GDP (GoK, PER 2005). The government shares financing of education with households, as shown in the table below, but finances a greater share of university education than other levels of education.

Table 4.1 Structure of Education System in Kenya

Level	Enrollment	Financing shares (%)	
		Government	Households
University	91,541	92	8
TIVET	89,198	25	75
Secondary	934,608	40	60
Primary	7,600,000	80	20
Early childhood		5	95

Source: Ministry of Education, Public Expenditure Review 2005.

Note: Technical, industrial, vocational, and entrepreneurship training.

In addition to the direct financing of university programs, the government provides loans and bursaries to needy university students. Loans are financed from loan repayments of previous beneficiaries. An autonomous agency, the Higher

Education Loans Board (HELB), administers this program. HELB has emerged as an efficient organization whose model of information sharing and service delivery is being replicated in neighboring countries including Lesotho, Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe.

This study analyzes the role of information and transparency in supporting the efficient financing of higher education in Kenya. It examines transparency in HELB's application process, eligibility for assistance, loan disbursement, and appeals process. The study also identifies ways that they can be improved to enhance service delivery. The case study identifies two types of stakeholders who require information from HELB. The first are potential beneficiaries who require information on the existence of HELB and the criteria and procedure for applying and qualifying for a loan. The second are beneficiaries who require different kinds of information, for instance amounts and disbursement of loans.

The study starts with a brief description of the methodology and, in section 3, provides an overview of HELB's operations. Based on findings from focus group discussions and interviews, section 4 evaluates information flows between HELB and students. Section 5 concludes with suggestions for improving the information flows in HELB's operations.

METHODOLOGY

The findings from this study are based on focus group discussions with current and former students who benefited from HELB loans and grants, in-depth interviews with HELB administrators and with deans of students at two universities (1 private and 1 public), and a field survey administered to key stakeholders: current and past beneficiaries, parents/guardians, and high school head teachers. Focus group discussions and questionnaires were used to get the views of beneficiaries on transparency and information flows from application, eligibility, and disbursement to appeals. In addition, the study used secondary sources of data and review materials written on HELB.

OVERVIEW OF THE HIGHER EDUCATION LOANS BOARD (HELB)

What Is HELB?

HELB is an autonomous institution mandated to disburse loans, bursaries, and scholarships to needy Kenyan students in institutions of higher learning. The board receives more than half of its funds from the exchequer: approximately

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Kshs. 800 million (approximately US\$12 million) and Kshs. 82 million (\$1.22 million) per annum for loans and bursaries, respectively. The board also finances loans from a revolving fund, which collects payments from past borrowers. The revolving fund generates slightly over 40 percent of the total budget of the board.

Prior to the formation of HELB in 1995, the Ministry of Education provided loans to cover tuition fees and personal needs of all students regardless of their income status. The original university loan scheme had no legal basis for loan recovery. As a result, it did not have sufficient funds to cope with the increased demand as university enrollment expanded in the early 1990s. To respond to this problem, the ministry established HELB and the revolving fund. HELB has expanded its operations beyond providing loans to public university students. It also provides bursaries to the very needy, loans to students in figureered private universities, and loans and scholarships to graduate students. To qualify for assistance, undergraduate students must be less than 25 years old, and graduate students must be less than 30 years old.

HELB's board members represent multiple institutions: the Ministry of Education, Ministry of Finance, Commission of Higher Education, Committee of Vice-Chancellors of Public Universities, Federation of Kenya Employers, vice chancellors and principals of private figureered universities, Kenya Bankers Association, and two members from the private sector.

OPERATIONS OF HELB

HELB's operations include loan application and processing, loan disbursement, loan appeals, and loan recovery.

LOAN APPLICATION AND PROCESSING

To reach potential new beneficiaries, HELB:

- Calls for applications through advertisements in the media and intermediary institutions that include the offices of the deans of students in respective universities and high schools
- Periodically during their national and provincial meetings addresses the assembly of head teachers who are in contact with the students before they leave school

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- Publishes a magazine, *The HELB Review*, which is distributed to schools for prospective university students
- Publishes calendars of events and deadlines that are distributed to schools
- Maintains a website with information on the board's mandate and loan application process.

For continuing students, the board relies on linkages between the offices of the deans of students at various universities and itself. The board sends any new information to the offices of the deans, which in turn share this information with students. The board also organizes an annual conference every May for both private and public universities to deliberate on issues of service delivery in higher education financing to enhance efficiency. In addition, continuing students easily can assess the HELB website at their university libraries.

HELB makes loan application forms available in a number of venues. For new entrants to public universities, the forms can be obtained from the District Education Offices or HELB's offices. In the case of new applicants from private universities, the forms are available in their deans of students' offices. New applicants fill out a 14-page form with detailed background family information. This information must be certified by the head of the previous secondary school attended, the area chief, and/or a representative of one's religion. Continuing students receive their loan application forms from the offices of the deans of students in the various universities or online. To expedite loan processing, the board has introduced a 1-page application form for continuing students. Graduate students obtain application forms after paying an application fee at HELB's offices.

Since 2004, the board has been processing close to 40,000 applications annually. To ensure that only the most deserving get assistance, the board appointed a loan qualification committee that developed a means-testing formula for awarding loans and bursaries. Through a point system, the formula classifies needy students based on family income, number of students in the family, fees paid in previous schools, and other variables. A student from a household with an annual gross family income of below Kshs. 850,000 is classified as a needy student. If there is more than one student, the income is divided among the number of students attending the university. The ultimate allocation depends on the points acquired, total amount of funds available, and total number of students who qualify to attend university. The board revises the means-testing formula from time to time to reflect the available funds and the shifting pattern of demand for loans.

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LOAN DISBURSEMENT

Based on the loan qualification committee's recommendation, HELB disburses loans and bursaries to qualifying students. The loan has two components: tuition fees and students' maintenance. Tuition fees are paid directly to the university while the portion for student upkeep is remitted to the student's bank account through electronic funds transfer. To ensure efficient disbursement of loans, HELB requires that each student have a bank account with Post Bank, Kenya Commercial Bank, or the Cooperative Bank.

Although the grant from the exchequer has remained fixed at Kshs. 800 million

(approximately \$12 million), increasing payments from past borrowers has allowed HELB to increase disbursements on loans and bursaries from slightly less than Kshs. 1 billion in 2000 to Kshs. 1.7 billion in 2005 (table 4.2).

Table 4.2 Total Loan Disbursements by HELB, 2000–05

Year	Total no. students enrolled at University		Total no. students who applied for loans		Total no. students who received loans		Total loans disbursed (Kshs. millions) (not should rest on bottom of this call and the call to the left)		
	Public	Private	Public univ.	Private univ.	Public univ.	Private univ.	Public univ.	Private univ.	Total
2000/01	43076	7234	29107	995	28320	745	923.5	17.53	941.03
2001/02	53065	7531	27946	1136	27275	933	924.7	23.47	948.17
2002/03	68296	8680	31794	1257	31214	1047	1165.5	33.15	1198.65
2003/04	63174	9541	33670	1540	33000	1336	1380.5	48.92	1429.42
2004/05	81491	10050	35108	2273	34700	2152	1453.1	83.39	1536.49
2005/06	79735	10244	36119	2736	35854	2543	1555.4	106.22	1661.62

Sources: HELB database, economic survey 2005, and Statistical Abstract 2005.

A student can access information on the size of his/her loan or bursary award, the mode and time of loan/bursary disbursement, and the reason for the amount awarded in multiple ways. The information is available on the website, www.helb.co.ke, as long as the students have their identification or registration numbers; via short message services (SMS) on both local mobile networks; by e-mailing the HELB office; by telephone inquiry; and through the deans' offices of respective universities.

LOAN APPEALS

When students do not get a loan or bursary or fail to get the full amount, there is a window for appeal. Appeals often arise as a result of inadequate and incomplete information at the time of loan processing. Some of the appeals may arise as a result of changes in students' socioeconomic status, such as HIV/AIDS affecting the family or the death of a parent. The appeals process is manual and complex since each appeal case is different. The board relies on evidence from the deans of students' offices on the changing circumstance of the continuing students that may warrant quick intervention. Less than 30 percent of beneficiaries appeal for more funds.

LOAN RECOVERY

After the completion of university education, borrowers are granted a one-year grace period after which they are expected to start repaying the loan. Payment of the loan is not tied to those who have secured employment in the formal sector but to all student borrowers. When a borrower secures employment, the employer is required to inform the board in writing within three months and furnish the board with information necessary to help establish a borrower's personal details for the purpose of billing the borrower.¹³ The bill schedule is then sent to the employer, which is expected to deduct the amount shown on the loan statement and remit the outstanding installments to the board. Over time, loan recoveries have increased from an initial Kshs. 57.5 million, or approximately 9 percent of loan disbursement, in 1995 to Kshs. 864 million, or approximately 50 percent of loan disbursement, in 2005.

ICT INVESTMENTS

Due to the ever-growing number of beneficiaries, in its 2002–07 strategic plan, HELB identified enhanced information systems as key to its operation. Consequently, the board has invested heavily in ICT, computerizing its operations and launching a new interactive website. Through the website, a large number of current and past borrowers seeking information on their loan status can access the database from any internet outlet. This capability has reduced the number of

¹³ According to the HELB Act (1995), an employer who fails to notify the board of his/her graduate employees will be guilty of an offense and liable to a fine of not less than Ksh. 3000 for each month or part of the month of employment per student that the employer fails to notify the board of such employment.

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physical visits to the head office and the board's paperwork. Other services available on the web are:

- Regular transmission of data to the universities
- Inquiries on loan repayment and production of statements for all borrowers,
- Loan payments through e-commerce facilities
- Various queries answered online.

The board also is acquiring scanners that will eliminate manual entry of the data from the applications and thus reduce subjectivity and the possibility of manipulation of information by workers. For better monitoring of service to day-to-day visitors, the board has installed a closed circuit television (CCTV) in its office.

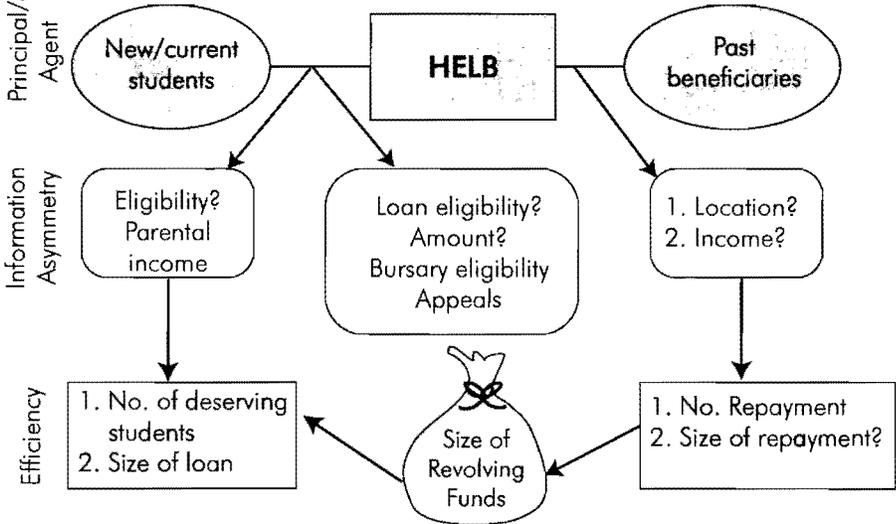
INFORMATION BETWEEN HELB AND STUDENTS

The flow of information between HELB and students is an important element in service delivery. HELB holds information that is vital to students, including how to apply for loans, qualifying criteria for loans and bursaries, mode of disbursing the loans, appeals process, and repayment rules. On the other hand, the board requires students to provide truthful background information about their families in general, and their family income in particular. The board also will require information on the total number of students who qualify to enter the universities and also the total amount of funds available through the exchequer.

Misconstruing low incomes as the only criteria by which to qualify for higher loans, students may or may not present the true picture of the family. This cheating becomes a source of information asymmetry. However, HELB has a verification mechanism that enables it to access how the students paid for their secondary

education. The levels of information flows are presented in figure 4.1.

Figure 4.1 Information Flow



INFORMATION ABOUT THE APPLICATION PROCESS

In focus group discussions, beneficiaries noted that HELB could improve information about the application process, especially for potential beneficiaries who still are in secondary school. HELB invested heavily in ICT and greatly improved information dissemination on the application process. However, some beneficiaries indicated that they learned about HELB only when they received admission forms from the university through a caption at the bottom of the form. While HELB continues to place advertisements in the media, for example, the study found that not all potential beneficiaries have access to print media. Only 20 percent of those interviewed learned of HELB through print media. The majority of beneficiaries indicated that FM radio stations are their preferred source of information.

Furthermore, secondary students have to obtain application forms from district headquarters, which for some students in remote areas entails extensive and expensive travel. In addition, students from private universities decried the release of only a limited number of application forms to their institutions, as well as the 25-year age limitation. Those already at universities generally rated highly the access to information about applying for loans, with 80 percent of those interviewed indicating that, with the current improvement in the ICT, the board was doing a good job at disseminating information. In one example, a

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student indicated that he learned about HELB only after organizing a fund-raiser for university fees.

INFORMATION ON BENEFICIARY: MEANS TESTING

In selecting the beneficiaries, HELB must contend with the moral hazard problems faced by any lending institution: the beneficiaries know more about themselves than HELB does. The moral hazard problem is compounded by the myths that students and parents have about how to qualify for assistance. There is a firm belief that if they fill out the form with truthful information, they cannot qualify for the loan. Although the board shares eligibility criteria with beneficiaries through a brochure attached to the application form as well as through its website, these criteria often are disregarded. The board also describes in its quarterly review magazine how the means testing formula and the points-awarding criteria work, but students rarely see the magazine, or see it only after they have submitted their applications. In practice, students rely on the advice of peers and past beneficiaries to fill out the form. Among the beneficiaries, the perception is that single-parent households and peasant farmer backgrounds increase the chances for eligibility. Moreover, students doubt the objectivity of the selection process. During the focus group discussions, an often-cited case was that of twins who filled out the loan application forms with the same information, but one of the twins got a higher loan amount than the other and qualified for a bursary as well. Although the information on means testing is available, students distrust HELB's level of objectivity in applying the stipulated criteria.

Since, typically, most students want to manipulate family information to qualify for a loan, HELB has evolved mechanisms to access secondary school data to ascertain how the students paid for their secondary education. In addition, HELB relies on the offices of the deans of students at universities to verify information provided by continuing students. These offices are in charge of the students' welfare so are more knowledgeable about each student's background.

INFORMATION ON LOAN DISBURSEMENT

Focus group discussions and questionnaire answers revealed consensus that the board is very efficient in providing information on students' loan status. Ninety percent of the sample interviewed agreed that information access at this level is excellent. Investment in modern ICT has tremendously reduced the cost of accessing information, as students need not travel from their respective universities or villages to the HELB office to enquire about the status of their loans.

However, the focus group discussions revealed that students did not know how the loan would be subdivided among semesters. This was especially a concern for students extending their studies over additional semesters.

INFORMATION ON APPEALS

Students expressed frustration with the appeals process. It is slow and can extend into the following semester before a verdict is reached. Eighty percent of those interviewed considered information about the appeals process to be poor. This poor appraisal, especially at the public universities, is attributable to the lack of guiding information on the process. Where students have full information, as is the case for some private universities, the verdict in the appeals can be rendered in 14 days, sometimes even in 1 day for very urgent cases.

RECOMMENDATIONS

As this study shows, the efficient delivery of service depends on how well institutions manage and share information with the beneficiaries. This case study revealed that HELB was founded on a strong legal and regulatory framework, lending it more institutional standing and legitimacy. However, regarding transparency, there was evidence of mistrust among the stakeholders. Through its investment in ICT, HELB has facilitated applying for, receiving, and repaying loans. Nonetheless, ICT is not a panacea. The board could improve the transparency of its operations and mitigate mistrust by taking these actions:

1. Intensify dissemination of information about HELB by addressing and distributing HELB brochures at student gatherings such as sports/drama competitions at all high schools.
2. Establish a means-testing and post-qualification formula for appeals and disclose the formula on the application forms and on the website. Making the process more transparent may encourage beneficiaries to provide more accurate information instead of trying to outguess the allocation committee.
3. Display the loan amount awarded to each student on university notice boards and/or on the web.
4. Demystify the eligibility criteria and enhance the transparency of the process.

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5. Provide reasons to students who did not qualify for loans or received only partial loans. This feedback will not only increase transparency but also educate students and enable them to appeal from an informed position. Students have options to apply in subsequent years, but they often need information on how to proceed
6. Join forces with university admissions and include a loan application and detailed HELB brochure in the university application packages sent to secondary schools.

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Persons interviewed

- Mr. Benjamin Cheboi, CEO and HELB Board Secretary
- Mr. Otieno Agiro, HELB Public Relations Officer
- Fr. Dr. Dominic Wamugunda, Dean of Students, University of Nairobi
- Mr. Ndolo, Assistant Dean of Students, Catholic University of East Africa

Information and Service Delivery: Case Studies from Kenya and Ethiopia

5. ACCESS TO INFORMATION, TRANSPARENCY, AND SERVICE DELIVERY: EDUCATIONAL SATELLITE TELEVISION IN ETHIOPIA

TEGEGNE GEBRE EGZIABHER

In 2005 Ethiopia adopted TV satellite education for all of its public high schools. The purpose was to improve the quality of education and narrow the gap between urban and rural areas in access to teachers and overall facilities. However, the outcome has been the opposite: the deterioration of students' educational experience. The key reason for the failure of this program was that the government made this change without transparency or consultation with any stakeholder, including teachers and students. This case study reveals that information is critical to the introduction of new technologies in service delivery and that, in the absence of such information, new technologies contribute to mass alienation and apathy. More important, social institutions determine the usefulness of technology. Consequently, building transparent institutions is one way to bridge the technical and trust deficits resulting from the introduction of information and communication technology (ICT) in the education system.

Ethiopia has the world's lowest enrollment rate of secondary school-age children. In 2004 the enrollment rate for primary education was 74 percent, whereas that for secondary education was only 23 percent (MoFED 2005). Passed in 1994, the government's educational policy recognizes that the education system is faced with a range of complex problems including relevance, quality, accessibility, and equity.¹⁴ The policy intends to improve the content of education, curriculum structure, and pedagogical approach. The policy also gives attention to

¹⁴ Education Sector Development Programme (ESDP) is the formal name of the education policy passed in 1994.

the appropriate use of educational facilities, technology, materials, environment, organization, and management to strengthen the teaching-learning process and expand education (FDRE 1994).

Alongside this effort, in 2005 the government embarked on adopting information and communications technology (ICT) to maximize the delivery of education services. Government officials expect ICT to solve “the lack of qualified teachers in secondary schools, the poor quality of education provided to secondary students and the necessity to improve students’ command of English” (Gagliardone 2005). The program that incorporated ICT for improved education services delivery is called School Net. Its objective is to transform education by connecting all public high schools (grades 9–12) in the country (more than 600) to its network. Satellite television (TV) instruction is one component of School Net.

Begun in 2004–05, satellite TV instruction in Ethiopia is coordinated by the Educational Mass-Media Agency (EMA) under the Ministry of Education. Satellite TV instruction service seeks to overcome the shortage of well-trained teachers, laboratories, and equipment in schools; and to address the inequality between rural and urban areas by teaching a uniform curriculum. The technology also is expected to facilitate the teaching of new and complex concepts. In 2004–05 the government allocated significant resources to satellite TV instruction—600 million birr (US\$70.6 million)—indicating the priority given to implementing this technology in the public school system.

The program has involved two primary activities: (1) building the physical infrastructure and producing educational materials, and (2) building human capacity. The first activity included the production of 2,978 TV programs filmed in South Africa, the supply of 455 generators to schools without electricity, and the installation of satellite receiving devices, known as plasma display panels (PDPs), and satellite dish receivers (V-Sats) in every school. The second activity entails broadcasting prerecorded lessons over both the nation’s terrestrial infrastructure and satellite TV according to a fixed schedule from the EMA studio. Each class program mimics an actual lesson with the on-screen instructor, who teaches basic concepts and refers students to exercises in accompanying guidebooks.

This case study examines the effectiveness of satellite TV instruction and the role of information flows among different stakeholders via the technology. Information for the study was collected from different actors, including students (service users), teachers (front-line service providers), schools, and the Educational Media Agency (organizational provider). A small-scale survey of students was conducted in two schools in 2006: Kokebe Tsebeh and Menen. The former comprised grades 9 and 10, the latter grades 11 and 12. One section from each of the 4 grades was randomly selected, and students were asked to fill in a short, structured questionnaire. A total

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of 172 students participated in the survey. A focus group discussion was conducted with teachers in Kokebe Tsebeh School, and an in-depth interview was carried out with the Kokebe Tsebeh school director and an EMA program officer.

The second section of this case study examines the effectiveness of satellite TV instruction as perceived by students and teachers. The third section looks at access to information and interaction among stakeholders. The final section presents the case study conclusions.

EFFECTIVENESS OF SATELLITE TV INSTRUCTION: STUDENTS' AND TEACHERS' PERCEPTION

Based on the survey and the focus group discussion, it has been found that both students and teachers have been dissatisfied with the technology since the start of the satellite TV instruction program.¹⁵ The sources of dissatisfaction can be broadly categorized into those related to the form and content of the program delivery and those related to the lack of information and information flows among the different actors.

Starting in grade 9, the language of instruction is English. However, most students have limited understanding of the English since the main medium of instruction is Amharic and other local languages at the primary level (grade 1–8)¹⁶. In the form of delivery, most students have complained about the rapid speed of the lectures and the unfamiliar English pronunciation of the lecturers (table 5.1). These factors constrained students' ability to follow the instruction, take notes, and learn effectively. Teachers, too, reported that the speed of the presentation was beyond the hearing and writing capacity of students. As a result, most students simply gave up taking notes.

Technical problems such as malfunctioning of TV sets or poor signals (71 percent) and power failure (74 percent) also were major problems that disrupt the teaching and learning process. Another problem that hindered the use of the technology has been of the lack of class discipline. Students viewed the TV instruction as entertainment and this encourages them to misbehave in class. The teacher, who also is watching the TV, has difficulty in controlling their behavior.

Concern about the one-way broadcasting system, which leaves no control in classrooms, also has expressed by education experts at Addis Ababa University, Faculty of Education. They believe that most high school students can barely

¹⁵ Due to the short time that has elapsed (two years) since this program was launched, no systematic performance evaluation has been carried out.

¹⁶ English is taught as a subject only at primary level.

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speak and understand English. The students expect their own teachers to discuss important concepts using local languages (Amharic), but there is no time for such supplementation. The incapacity to interact has made one-way broadcasting system an inferior substitute for traditional face-to-face teaching. Not surprisingly, students demand more face-to-face instruction and fewer televised lessons.

Table 5.1 Student's Complaints about Satellite TV Instruction (%)

Complaints	Yes	No	No answer
Instruction too fast	90.1	9.3	0.6
Limited assistance from local teachers	77.9	21.5	0.6
Power failure	74.4	24.4	1.2
Malfunctioning TV sets or poor signal	70.9	26.7	2.3
Pronunciation difficult to follow	64.0	33.1	2.9
Disciplinary problems	60.5	38.4	1.2

Source: Author survey 2005.

More than three-quarters (78 percent) of the surveyed students reported that they receive only limited assistance from their teachers before or after the broadcast (table 5.1). Apart from shortage of time, many teachers may lack the knowledge of the content presented in satellite TV instruction programs, which limits how they can assist their students. Finally, many teachers do not come to class prepared to teach, as they used to when there was no televised class.

Teachers also have raised concerns about the dominant role played by the technology in education. The technology is given the lion's share of the class time (30 minutes of the total 40 minutes is devoted to the TV instruction every class and assumes the central role in instruction. Left with limited time, teachers are relegated to providing support services that focus only on facilitating the audio-visual requirements of the technology-based instruction, not the content. According to the teachers, this not only deprofessionalizes them, but also undermines the learning process and students' respect for them. The latter contributes to looser class discipline.

The other factor that undermines the learning process is the effort to cover topics that are not suitable for TV instruction. In particular, a laboratory experiment requires that students to go through the process and experience the results for themselves, instead of observing what others are doing. This is not possible with TV instruction. Similarly, teachers observe that the TV can present graphic displays of many-dimensional and complex objects, but it does not teach students how these objects or graphs are constructed or arranged. This "show-but-not-tell"

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dynamic undermines learning-by-doing education, thus reducing the quality of instruction. This technology does not facilitate the student-centered approach to learning. Students are forced to passively watch the TV and take notes. Students' taking the initiative in the learning process is de facto ruled out.

ACCESS TO INFORMATION AND INTERACTION AMONG STAKEHOLDERS

Consultations and Access to Information

The government's decision to use satellite TV instruction throughout the public high school system was taken in a nontransparent and non-consultative manner. The government embarked on this course without any input from stakeholders or any kind of needs assessment or piloting in the education system. The absence of consultation and piloting—including the design and delivery of lectures, role of instructors, and students' feedback—in the planning stage seriously compromised the design of the satellite TV programs.

The government has never justified this new course in high school education. To date, citizens have not received any convincing justification from the government on why the new technology was hurriedly implemented across the nation. This technology's impact on the Ethiopia's education system clearly is considerable, and will continue to be. It is equally obvious that any failure will have far-reaching consequences for the younger generations. Finally, the cost of the program is very high, and the country can hardly afford experimentation at a national level. It is commonly argued that the budget used to introduce the new technology could have been used much more fruitfully had it been directed to train and assign more teachers and to equip schools with better laboratories.

The government also failed to provide an orientation for students on how to prepare and learn through satellite TV and for teachers on how to effectively use the technology in teaching students. Approximately 85 percent of the students surveyed reported that they had never received any information to learn how to use satellite TV. Teachers also mentioned that they did not receive any training or information regarding what satellite TV instruction entails and how it should be conducted. A national level study by EMA ascertained that 73 percent of teachers had received no training regarding the use of satellite TV (EMA 2005). The only training known to the teachers was that provided for a limited number of them on the technical operation of satellite TV. The absence of consultation and training made both teachers and students unhappy, further reducing the effectiveness of the technology.

INFORMATION FLOWS WITHIN THE SCHOOL SYSTEM

Limited information flows within the school system also restricted the opportunity for stakeholders to register complaints and demand change. Students had a limited opportunity to express their views. Only approximately 16 percent of the students registered complaints to the school management, approximately 13 percent to the student council, and approximately 7 percent to the Parent Teachers Association. However, approximately 55 percent of the students communicated their grievances with satellite TV instruction to their teachers. Some teachers responded to these complaints by giving short lectures to students while the TV lesson was running. In addition, a very small minority of teachers provided make-up-classes on Saturdays and tried to redesign the whole TV lesson.

Table 5.2 Student Complaints Communicated to Various Actors (%)

Communicated to	Yes	No	No answer	Not applicable
Teachers	54.7	40.1	5.2	
School management	16.3	75.0	8.7	
Student council	13.4	70.9	9.3	
Parent-Teacher Association (PTA)	7.0	55.8	10.5	26.7

Source: Author survey 2005.

For the most part (73 percent), students did not complain about the satellite TV instruction because they had no forum or opportunity to do so (table 5.3). An additional 22 percent of the students indicated that they did not complain because no one was willing to listen to their complaints. Students felt they had very little recourse to change the problematic TV instruction.

Table 5.3 Students' Reasons for Not Complaining about Satellite TV Instruction

Reasons	%
Have no problem	4.7
Nobody is listening	21.5
No forum or opportunities to express views	71.5
No answer [from student]	2.3

Source: Author survey 2005.

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More generally, most students noted that the school management, student council, and Parent Teachers Association (PTA) had not asked for students to evaluate the newly introduced instruction system (table 5.4.) Contrary to experiences elsewhere in the world, in Ethiopia the role of both student councils and PTAs in voicing students' demands has been minimal. The fact that Ethiopian student councils did not show any visible interest in this critical issue suggests that they may not operate as independent civil society organizations (CSOs). Ethiopia has had a history of politicizing and controlling student councils since the military took power in 1974 and later declared Marxism as its political ideology. Many thousands of students died while protesting that era of political repression.

Table 5.4 Actors Seeking Student Views (%)

Actors	Yes	No	No answer
Teachers	41.9	50.6	7.6
School management	14.0	77.3	8.7
Student council	14.5	77.3	8.1
Parent-Teacher Association	7.6	82.0	10.5

Source: Author survey 2005.

In the absence of formal discussions and limited information and feedback from students, school management tends to rely on alternative channels of communication. Informal discussions with teachers and students are the main sources of information for management. The school director who gave an in-depth interview for this study reported that he also seeks students' views during meetings with student representatives to discuss general school issues.

However, schools have not interacted with PTAs about satellite TV instruction. The school director said the reason is that PTA members are not knowledgeable enough to discuss pedagogical issues such as satellite TV instruction. It is unfortunate that *most (if not all) parents serving on the PTA have no educational background to comment on this very controversial issue for their children.* This lack of knowledge to comment is also an indication of the educational divide in Addis Ababa. In this divide, the educated and better-off parents send their children to private schools (which do not use TV instruction), while the less educated and poorer families use the public schools, in which they have no voice in the manner in which their children are taught.

INFORMATION FLOWS BETWEEN SCHOOLS AND IMPLEMENTING AGENCIES

Information flows between the school system and outside bodies such as EMA also are limited. The main communication that the school has with EMA is to report technical failures that are beyond the ability of the trained teachers to address. EMA does not have a formal mechanism of communicating regularly with stakeholders—particularly school management, teachers, and students—to discuss issues of satellite TV instruction. Although EMA claims that it conducts studies to collect feedback, the agency has conducted a short study only once, and the results do not reflect the problems noted in this case study. Moreover, EMA has provided little information to schools to educate them on the technical use of satellite TV instruction. EMA also had distributed a short booklet on the use of the satellite TV instruction, but in the focus group discussion, teachers said they had not seen one. To date, EMA has prepared only one teachers' guide per subject and one student booklet—which has not been distributed to students.

On the other hand, the Addis Ababa Bureau of Education has held occasional meetings with school management on the issue. The school director interviewed noted that, in these meetings, school directors aired their views regarding the problems of satellite TV instruction. There even were instances in which they challenged the Bureau of Education for its idea of applying satellite TV instruction to the evening programs.

The discussion with teachers revealed that they have no forum in which to discuss the issues of satellite TV instruction. The only forum they remembered was national, organized as a one-off. The instructors pointed out that they have not seen any outcome from the national forum nor have they seen any improvement in satellite TV instruction. It also is surprising that the Ethiopian Teachers Association has not shown interest despite the serious impact and implications of the technology on the profession. The political environment may have discouraged the association from openly criticizing the government's policy.

The Ministry of Education approves the plans and programs of the executing agency, EMA. However, the ministry has not set up a regulatory system to monitor EMA's activities and thereby assess the effectiveness of satellite TV instruction. Moreover, the ministry has set up no mechanism through which students, teachers, and schools can voice their complaints. Therefore, citizens do not have the power to voice their concerns to politicians and policymakers about satellite TV instruction.

CONCLUSIONS

This case study shows that satellite TV instruction was initiated by policy-makers. The objective was to narrow the gap between rural and urban educational facilities. However, the program was implemented from the top with little consultation with, input from, or participation by the service users and service providers. As implemented, the technology has serious limitations, including the fast speed and unfamiliar language of the instructors, signal failure due to power interruption and malfunctioning TV sets, and lack of relevant content. In addition, the lack of interactivity has made the technology a weak substitute for traditional face-to-face teaching. It has undermined student-centered education by denying students the opportunity to participate and engage in the learning process. Teachers also are unhappy because the technology deprofessionalizes them, limiting their role to switching the TV sets on and off.

These problems limit the effectiveness of satellite TV instruction program in both the teaching and the learning process, compromise the quality of education in the country, and widen the gap between private and public schools. Private schools depend upon teachers only, and the quality of education in private schools is reported to be superior and more interactive. However, approximately only 5 percent of Ethiopian households can afford private schooling. The fight to end poverty in Ethiopia cannot be won if the system of education continues failing to meet the needs and aspirations of the vast majority its youth.

To redress these problems, the government must improve the flows of information throughout the school system. In particular, government must provide mechanisms for students, teachers and parents to provide feedback, that is, make suggestions and report complaints that will be acted upon by government. In this regard, student councils should be empowered to operate freely and independently and to interact with the authorities on students' behalf. Teachers' associations also should have the latitude to articulate their members' views. PTAs' contributions should be recognized, and the schools must take steps to ensure parent participation. Users will not have the power to influence service delivery so long as they have no effective organizations to exert pressure on policymakers and there are no independent media to inform the public. The information gap between users and officials will be bridged and demand-driven service delivery will occur only when government nurtures and promotes civil society organizations and encourage the media to report on all issues.

The government has a plan to improve one technical aspect of currently broadcast satellite TV education. Once the ongoing project of fiber-optic and satellite internet network is complete, the government expects to broadcast the

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programs via Internet-streamed MPEG2 digital video. This method will give more control to teachers, that is, teachers will be able to prescreen, slow down, or fast-forward each broadcast. However, this improvement of the current one-way broadcasting system will not solve the fundamental problems. Apart from the technical difficulty of managing the new system, both teachers and students are likely to continue complain that their concerns are ignored. *The main interest of students is to have more face-to-face interaction with their teachers, while teachers want more time to exercise their profession: teaching or sharing their knowledge with their students.* The Internet system will remain technology driven with little time for human interaction in the teaching-learning process.

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6. INFORMATION FLOWS AND THE QUALITY OF WATER SERVICES IN NAIROBI

JANE KIRINGAI AND JAMES NJERU

Access to safe water is a basic necessity for human life. In Kenya, however, access to safe water is not guaranteed. According to the most recent census (1999), only 58 percent of the population had access to safe water. There also are marked disparities in access to water for urban and rural populations. The Kenya Demographic Households Survey (DHS) of 2003 showed that more than three-quarters of the households in Nairobi had piped water in their dwellings, compounds, or plots, whereas only slightly over 10 percent of the entire rural population enjoyed the same (table 6.1).

Table 6.1 Disparities in Households' Access to Water, 2003 (%)

Source of drinking water	Urban	Rural	Nairobi	Total
Piped into dwelling	19.2	3.8	33.2	7.6
Piped into compound/plot	30.2	7.8	43.4	13.4
Public tap	21.8	6.8	15.0	10.6
Other	28.8	81.6	8.4	68.4

Source: KDHS 2003, CBS July 2004.

Kenya is classified as a chronically water-scarce country with a fresh water endowment of only 647 cubic meters (m³) per capita.¹⁷ Water scarcity is attrib-

¹⁷ The per capita endowment is computed as total fresh water resources available in the country (both tapped and untapped) divided by the population. "Water experts define areas where per capita water supply drops

uted to the limited natural endowment, the growing needs of a rapidly increasing population, and serious water resources degradation associated with the destruction of the forest cover. Poor management of water resources also has contributed to water scarcity.

This case study examines the role of information in improving service delivery in the water sector with specific reference to water provision in Nairobi Municipality by the Nairobi City Water and Sewage Company (NCWSC). The study analyzes information flows in the sector using both primary and secondary data. This methodological framework is intended to assess the institutional environment that enables access to information in the water and sanitation sector. The study identifies the gaps in access to essential information that subvert the levels of service delivery in Nairobi city. Primary data comes from focus group discussions and in-depth interviews. Secondary data comes from reports on studies commissioned by NCWSC. The focus group discussions were aimed at identifying the gaps in governance and transparency; the analysis is supplemented by secondary sources.

This case study is divided in five parts. Section 2 outlines the challenges to providing water in Nairobi, while section 3 describes the reforms undertaken by NCWSC. The fourth section evaluates the information flows between the new company and consumers. Section 5 concludes with suggestions for a more open information environment to increase the efficiency of NCWSC's service provision.

CHALLENGES OF WATER SERVICE PROVISION IN NAIROBI

The Ministry of Water and Irrigation has overall responsibility to manage and develop Kenya's water resources. However, the provision of water in urban areas falls under the Ministry of Local Government, which oversees all local authorities in the country. The local authorities are in charge of water connections and distribution for urban consumers. Prior to 2003, the Nairobi City Council (NCC) provided water services in the city. It served approximately 187,000 households, or the 42 percent of the residences in Nairobi that had legal water connections. Nearly all others—largely poor households—obtained water from kiosks, water vendors, or illegal connections. Although a few kiosk owners have private tube wells, vendors usually have sourced their water from illegal connections to the network.

below 1,700 m³/year as experiencing 'water stress'—a situation in which disruptive water shortages can frequently occur. In areas where annual water supplies drop below 1,000 m³ per person per year, the consequences can be more severe and lead to problems with food production and economic development unless the region is wealthy enough to apply new technologies for water use, conservation, or reuse." World Water Institute 2006.

6. Information Flows and the Quality of Water Services in Nairobi

Water shortages and service interruptions occurred frequently under NCC's management. According to data from 2002, close to 40 percent of those served by the network did not receive a 24-hour supply, while 30 percent received water only once in 2 days, and 10 percent received water only once a week (PPIAF 2002). During dry seasons or droughts, residents experienced frequent water rationing and sometimes were forced to buy water fetched from shallow wells. These shortages occurred despite what seemed like an oversupply of water. In 2002, for example, the Department of Water and Sanitation Services of the City Council pumped 392,000 m³ each day from the reservoirs, against a projected demand of approximately 350,000 m³. Water losses occurring between the treatment facility and legal connections sometimes reached over 50 percent of the total volume of pumped water.

In 2002 the Ministry of Local Government requested the Public Private Infrastructure Advisory Facility (PPIAF) to evaluate water service operations in Nairobi. The study identified four main problems with the service. First, *poor infrastructure led to frequent leaks and bursts in the distribution system*. Compounding this problem, inadequate information on how to report breaks delayed the City Council's response to breakages so increased water losses.

Second, the City Council did not take regular meter readings, and even when it did take them, did not produce timely and accurate water bills for the water consumed. Instead, consumers received estimates of their consumption, which appeared highly inflated. *With no information on the formula for calculating the bills, consumers filed complaints, refused to pay their bills, and at times faced disconnection of their water service*.

Third, consumers had to pay their bills in a central office and typically had to wait in long lines. *Disputed bills were commonplace*. Settling disputes on the bills before payment complicated the process. In some cases, disputes arose because of seemingly inflated charges. In other cases, disputes arose because current bills did not reflect payments made.

Finally, *clerks and water technicians of the Nairobi City Council Department of Water and Sanitation Services solicited bribes from water consumers*. They targeted institutional consumers more than households, threatening disconnections on the days preceding a weekend or a public holiday. Some consumers preferred to bribe rather than endure slow resolution of disputed bills and to avoid a long spell of days without water. Consumers also paid bribes to speed up getting connected to the network. As just noted, in addition, the majority of water vendors, water kiosks owners, and open-air car washers sourced their water through illegal connections to the network. Although the City Council from time to time forcefully disconnected these distributions from the mains and initiated legal suits, some

of these operations continued their activities under the protection of corrupt employees. The discussions revealed deep-seated mistrust of the operations of the water company, particularly in the mechanism of dispute resolution.

REFORMS UNDER NCWSC

To address these problems, in 2003 the government established the Nairobi City Water and Sewage Company (NCWSC), and increased involvement of the private sector and community in the delivery of water services. NCWSC is a wholly owned subsidiary of the Nairobi City Council (NCC). A chief executive officer runs the company day to day, supported by a team of 6 professionals and a staff of 2,200 staff inherited from the Nairobi City Council Department of Water and Sanitation Services. A board of 12 directors oversees management of the company. This board is drawn from nongovernmental organizations (NGOs), the private sector, professional bodies, and the NCC.¹⁸ The NCC controls the company only through its annual general meeting. The formation of the new company completely changed the style of management from that of a government department drawing resources from the city budget to one that relies on privately generated resources.

NCWSC has improved provision of water services to the residents of Nairobi. According to the findings of a Water Consumers' Perceptions Survey carried out in Nairobi in November 2005, consumers are generally happy with the improvements made by NCWSC. The survey indicated that over 80 percent of water consumers noticed positive changes in the company's services. Interviewees cited improvements in the regularity of water bills, introduction of service centers, and positive attitude of employees. Consumers in focus group discussions also reported a better supply of water with fewer incidences of rationing, and improved cleanliness and safety of the piped water. In addition, consumers noted that, under the new company, reconnection to the network is faster.

These improvements are the result of an intensive program of reforms. Since its inception, NCWSC has made improvements in each of the problem areas identified by the 2002 Public Private Infrastructure Advisory Facility study. Nevertheless, some challenges remain. As will be discussed in the following section, to a great extent, these improvements are attributed to a more open information environment between the new company and Nairobi residents.

¹⁸ The directors of the company comprise the Mayor of the Council; Town Clerk of the Council; Town Treasurer of the Council; two councilors; managing director of company; and representatives from African Medical Research Foundation (AMREF), Kenya National Chamber of Commerce and Industry (KNCCI), Institute of Certified Public Accountants (ICPA), Justice and Peace Commission, and Plan Kenya.

INFORMATION FLOWS BETWEEN NCSWC AND CONSUMERS

The flow of information between the NCSWC and consumers is an important element in each ongoing reform. The company holds information that is important to consumers, such as the formula for computing bills, dispute resolution, how to pay bills, and how to secure a new connection to the network. On the other hand, consumers hold information that is important to the company, such as knowledge of breaks in the water system, illegal connections, and corruption.

Minimizing water losses. NCWSC acknowledges technical inefficiencies and dilapidated distribution networks as the main causes of leakages and pipe bursts.¹⁹ The company has enhanced supervision of repairs, retrained the staff to respond quickly, and improved technicians' equipment. In addition, the company has put in place a 24-hour surveillance and emergency response team to ensure that any bursts are repaired immediately. Consumers have access to this team through emergency telephone numbers that are posted in public notices and in the media. Consumers also can report water breaks to radio stations.

Improving the billing system. Accurate billing remains a big challenge for NCWSC. Readings still are taken manually and irregularly. The infrequent readings mean that, on some occasions, bills are based on estimates. A 2005 survey by the Kenyan chapter of Transparency International (TI), which NCWSC had commissioned, revealed that most residential respondents (89 percent) had functional water meters, but only 43 percent had their readings done on a monthly basis. The survey also showed the irregularity of the company's billing system. Only 50 percent of the residential respondents received monthly water bills, whereas 29 percent had not received a water bill in more than 12 months. Mix-ups among consumers further weakened the accuracy of the billing system. According to the survey findings, only 23 percent of residential respondents felt that the bills were accurate; 57 percent found them unfair and raised disputes; and 20 percent were unsure but paid the bills to avoid disconnection. By contrast, the institutional clients consumed more water, had their meters read more frequently, and perceived their bills to be more accurate than did the households.

To address the many complaints and disputes regarding water bills, NCWSC launched the *Bill Bila Balaa* campaign (meaning "bills payment made easier") in May–July 2005. The company set up temporary offices in tents around the estates and shopping centers, and invited consumers to resolve billing problems on the spot. Consumers presented more than 90,000 billing problems in this way, revealing the magnitude of the problem. NCWSC has plans to install a new billing

¹⁹ According to the company's technical director, the company loses 30 percent–40 percent of water through vandalism, mismanagement, and illegal connections.

system to help resolve the billing problem and reduce disputes and complaints. The company acknowledges that consumers do not have good information about the billing system.

Improving modes of payment. To improve the payment system and ease congestion at the main office, the company has opened several regional offices and customer care centers and is linking them in an electronic network. The company also has entered into an agreement with the Cooperative Bank of Kenya and the Post Bank of Kenya that enables city residents to pay their bills at any of their branches within the city. In addition, NCWSC is creating a website that will enable consumers to access their accounts online and will provide answers to frequently asked questions. The company also has established a customer care service department and a corporate affairs department to handle disputes and ensure better dissemination of information to its customers.

Minimizing corruption. In response to the PIAFF study, the company has taken steps to minimize corruption within the organization. It invited the Kenya Anti-Corruption Authority to conduct an investigation. Based on the findings, the company fired 26 employees for corruption. NCWSC also invited TI to review its operations and recommend reforms. The former set up a committee to oversee implementation of TI's recommendations. The reforms include:

- Sensitizing employees to the negative consequences of corruption
- Recruiting staff through well-established and credible recruitment firms
- Developing human resource policies and a procedures manual
- Retraining the staff in a variety of areas including management practices, customer care, and computer skills
- Training the staff on a transparent and well-documented tendering process²⁰
- Encouraging consumers to report any theft or corruption.

Improving the process of connecting to the network. In addition to addressing the problems identified in the 2002 study, NCWSC has improved applying for a new water connection. As part of the application, the consumer must establish whether a nearby water main exists, and then submit an application form and a site plan showing the position of the dwelling and the exact location of the service pipe. To facilitate this task, NCWSC now provides maps showing water main

²⁰ In December 2005, the company received an award from the Association of Insurance Brokers as the Public Company with the second most transparent procurement procedures in Kenya.

6. Information Flows and the Quality of Water Services in Nairobi

distribution lines, sizes, and locations. The company also makes application forms available from its regional offices and customer care centers, saving consumers a trip to the central office. In addition, the new company makes a decision within 15 working days on applications for connections to an existing water main distribution line, and within 25 working days for connections involving the provision of a new water main distribution line. Once the company approves an application and receives payment from the consumer, it notifies the consumer of the approximate date of connection. The consumer is then responsible for all excavation and reinstatement of trenches required for the connection. Before the connection can be made, the consumer also must obtain permission from the local Roads Service Office to open a road, verge, or footpath. Focus group discussions revealed that consumers still feel that the process of connecting to the network is difficult and lengthy, particularly after payment is made.

RECOMMENDATIONS

The reforms undertaken to date have enhanced the flow of information from NCSWC to consumers. As noted above, the company is automating its customer information and linking the information systems in the regional offices, service centers, and main office. These actions will ensure that consumers can access all the required information at the offices or centers without having to go physically to the main office. The company also is launching a website to enable consumers to get answers to simple questions, compute their estimated bills, and obtain interactive online assistance. The company also has made available maps of the water network. Moreover, it intends to make all of its forms available in mainstream vernacular languages to reach as many customers as possible. Finally, the company has created a Corporate Affairs Department and a Customer Care Department to facilitate its outreach to consumers.

The reforms also have enhanced the flow of information from consumers to NCWSC. The company has set up emergency telephone numbers for consumer to report water breaks and has posted these numbers in public notices and in the media. It also has encouraged consumers to report any theft or corruption. Since its inception, NCWSC has made great progress in managing provision of water services. Improving the flow of information between the company and consumers has been key to this progress. However, additional measures intended to address three key gaps—trust, governance, and technical—could add to this good foundation.

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1. To address the public's pervasive distrust, NCWSC could increase awareness of its new image and the need for consumers to pay for water services and resolve outstanding disputes. Although the company produces a quarterly magazine of Nairobi water news, circulation is limited to a small category of stakeholders. To reach more of its customers, the company could run programs on FM radio stations operating within the city. In these programs, NCWSC could follow the lead of the Kenya Power and Lighting Company, which runs advertisements and programs on how meter readings are done, how bills are computed, where to pay bills, and how to conserve electricity.
2. The company could improve consumers' access to information on their water usage and bills by minimizing the technical deficits via the implementation of the planned introduction of a new billing system. The company could automate meter reading or introduce use of a data-logging system that requires technicians to transmit meter readings to the company's computer network. Depending on the meter technology, the company also could provide instructions for consumers to read their own meters to verify the accuracy of meter readings.
3. To further reduce the trust and technical deficits, NCWSC could invest more resources in the Customer Care and Corporate Affairs Departments. The two departments function as powerful channels of information between consumers and the company, and are key to good service delivery. The company could hire more employees for these departments, intensively train the staff, and connect these offices to the company's computer network to ensure that employees can access up-to-date customer information. Finally, to address the governance deficit, NCWSC could establish more channels to enable customers to report employee corruption or illegal water connections. The company could designate a staff member in each of the regional offices and customer care center to receive and follow up on confidential reports. It also could provide a phone number, mailing address, or secure box for receiving reports in each of its offices.

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- Corporate Affairs Officer, NCWSC
- Human Resources Officer, NCWSC
- City Engineer, Nairobi City Council
- Stakeholders during the focus group discussion

Information and Service Delivery: Case Studies from Kenya and Ethiopia

7. ACCESS TO INFORMATION, TRANSPARENCY, AND SERVICE DELIVERY: ADDIS ABABA WATER AND SEWERAGE AUTHORITY

MULAT DEMEKE

The Addis Ababa Water and Sewerage Authority (AAWSA) was established as an autonomous government institute in 1971 to provide clean water and sewerage services to the inhabitants of Ethiopia's capital city. Revenues generated by water supply and sewerage service fees collected from users were sufficient to pay for all recurrent expenses and a portion of the investments. However, the fees for water and sewerage services are determined by the Addis Ababa City Administration, and these rates are low and have not been changed since October 2000. As a result, for most of its investment needs, AAWSA depends heavily on financial support provided by the Addis Ababa City Administration.

Until recently, the AAWSA was supervised by a board consisted of the Addis Ababa City Manager acting as Chairman and representatives from various government institutions. However, the composition of the board has changed recently, and the task of chairing has been transferred first to the Ministry of Water Resources Development and very recently to the Prime Minister's Office. The organizational structure of AAWSA is composed of a General Manager, 3 Deputy General Managers, and 8 administrative departments. The focus of this case study is on the sewerage services that are handled by the Sewerage Service Department. Sewerage services are operated from six branches located in different parts of the city: Arada, Addis Ketema, Nifassilk, Southern, Gulele, Akaki, Megegnagna and Gurd-Shola branches.

The objective of this study is to assess the governance and trust deficits by examining the challenges of service delivery and looking at the extent to which access to information enables customers to hold AAWSA staff and policymakers to account. The data for this case study has been collected through key informant and focus group discussions with key stakeholders including (1) frontline staff of AAWSA, (2) management staff of AAWSA, (3) AAWSA clients, (4) private providers of similar services, and (5) policymakers. Two to five respondents were contacted in each category to verify the validity of the information collected.

The case study is organized as follows. Section 2 deals with the challenges of sewerage removal in Addis Ababa, while section 3 discusses characteristics of AAWSA's sewerage service. Section 4 is devoted to information flows and the power of citizens to influence service delivery, and finally conclusions of the case study are presented in section 5.

OVERVIEW OF SEWERAGE REMOVAL SERVICES

Providing effective sanitation services to the inhabitants of Addis Ababa is a challenging task for several reasons. Categorizing inhabitants by the form of sewerage system employed reveals that less than 3 percent of the inhabitants use flush toilets connected to a central piped sewerage system. Approximately 9 percent of the inhabitants use flush toilets connected to septic tanks, where sewerage overflows from storage tanks into public places, streets, and ditches often take place. Nearly one-quarter of the city's inhabitants use streams running through poor areas as an open sewerage system, and the rest, 63 percent of the inhabitants, use pit latrines, of which only 60 percent of the pit latrines are accessible for vacuum trucks. The remaining 40 percent of pit latrines are not accessible because the roads are too narrow in the congested city centers. These pit latrines are either connected to storm water drains, streams, and ditches or simply overflow into the surrounding open spaces.

In a bid to address the domestic waste problem and in line with the government's liberalization policy of the early 1990s, the administration of Addis Ababa has involved an array of institutions working as partners in sewerage removal. The administration has developed partnerships with businesses, NGOs, and other public organizations. As a result, 11 business firms, 3 NGOs, and 5 government organizations are involved in the disposal of liquid waste by truck.

AAWSA has a fleet of 71 older vacuum trucks to dispose of liquid waste, which accounts for approximately half of the sewerage collected by trucks (table 7.1). The Authority provides its services for a small fee—approximately US\$7.60

7. Access to Information, Transparency, and Service Delivery: Addis Ababa Water and Sewerage Authority

per truck (medium size) on weekdays and US\$14.30 on weekends. As indicated above, the city administration holds fixed these rates, which cover only 15 percent of the total cost of sludge removal.²¹

Table 7.1 Planned and Actual Sewerage Removal by Vacuum Trucks Owned by Different Providers, 2003/04–2005/06 (m³)

Type of providers	2003–04		2004–05		2005–06	
	Planned	Actual	Planned	Actual	Planned	Actual
Total	394,200	350,465	330,168	330,168 ^a	361,328	-
AAWSA ^a	230,680	225,519	210,776	210,776 ^a	226,928	-
Others ^b	163,520	124,946	119,392	119,392 ^a	134,400	

Source: Plan and Projects Department, AAWSA.

Notes:

a Estimated figures.

b Includes business, NGOs, and government organizations other than AAWSA.

The private sector has 17 vacuum trucks that account for approximately 21 percent of the total sludge removed by truck. Private operators charge differential rates depending on the distance to the residence, road conditions, and speed of service. For instance, 1 of the operators (Tirign Sewerage Service) charges approximately US\$33.30 for service provided on the day of the request and US\$27.70 for services provided 2 days after the initial request. According to most of the city's inhabitants, these rates are too high. However, according to the private operators, the current charges merely cover their operating costs. They have not shut down their operations yet only because no new firm is interested in entering the sector, hence they cannot sell their trucks. To yield a reasonable return on their investment, they estimate that their rates would have to increase to in excess of US\$50.

The share of other providers (government and NGOs) of sewerage removal services is less than 15 percent and their service is targeted only to particular groups, not to the general population. They provide the service either free of charge or at a rate lower than the AAWSA rates. For instance, the Addis Ababa Rental Houses Administration provides sewerage service to government-owned houses for a nominal fee.

Although the city is experiencing high rates of population growth, the sewerage service providers are not expanding their operations proportionately (table 7.1). While the demand for AAWSA services continues to outpace supply, due

²¹ Organizational customers (nonhouseholds) are charged a higher tariff (US\$21.70 per truck), but even from such users, the Authority does not recover its costs.

to the rate differential, the private providers operate below their capacity. High poverty levels have undermined the initiative of private service (sewerage) providers. As a consequence, sewerage removal remains inadequate, and the population continues to be exposed to a serious health hazard. Sewerage in open spaces not only is visually and nasally offensive but also serves as media for the transfer for water-borne diseases, such as diarrhea, trachoma, and scabies. In countries such as Ethiopia, diarrhea is not just a nuisance but also a killer. The incidence of acute respiratory infections due to poor sanitation also is very high. Diarrhea alone is reported to account for 46 percent of the total under-five mortality.²² Inadequate sanitation also has exacerbated the problems of people living with HIV (human immunodeficiency virus), exposing them to a variety of infectious diseases.

CHARACTERISTICS OF AAWSA'S SEWERAGE SERVICE

Clients seeking sewerage removal service from AAWSA go to the branch office closest to them and place their request with a coordinator of sewer trucks (one of the frontline staff). The coordinator determines the kind of vacuum truck needed (small, medium, or large) and the date of removal; after ascertaining that the cesspool is accessible and the sludge to be collected can be pumped. There is often a waiting time of 2–3 months to get the service on weekdays. A faster service is provided on weekends at a higher rate, approximately US\$14.30, as opposed to the US\$7.60 weekday rate, with the weekend premium being paid to workers in the form of an overtime payment.

There is a general consensus among customers and staff of AAWSA that the Authority's sewerage services are poor. However, the two groups give different reasons for the problem. The AAWSA staff attributes the poor service level to the small number and poor condition of vacuum trucks. Although the Authority submitted a request to buy new trucks to the City Administration some years ago, approval was denied on the grounds that the Federal Government had suspended vehicle procurement.²³ Recently however, the move to buy new trucks has helped, although the number of trucks required to meet demand is still quite large. The staff also note that the low pay and inadequate protective clothing for the drivers, which expose them to contaminants and result in a foul odor developing on their clothing, have contributed to low morale among frontline staff. In response to the complaints, AAWSA made salary adjustments in 2007, but the staff have continued complaining because these have not kept pace with the high rate of inflation (currently estimated at 20 percent). In addition, frontline staff cite the misuse of

²² UNICEF 2007.

²³ Budgetary and/or foreign exchange problems are believed to have triggered the suspension. AAWSA recently was given permission to buy new trucks.

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toilets (dumping rags, plastic, and other solid waste into the latrines) as another reason for the poor service.

On the other hand, focus group discussions with clients revealed that inadequate services are due mainly to poor management. Apart from the delays due to a shortage of trucks, there is petty corruption involved in the provision of removal services; with truck drivers often demanding a bribe (approximately US\$5 in many cases). Several excuses may be used to deny service to a customer who is not willing to pay the bribe. For instance, the customer could be told that the latrine is not fit for removal because of too many solid objects that clog the pipes or that the road is too poor to handle a loaded truck. Personal relationships with drivers or staff of the Authority also help clients get timely and relatively better services.

Clients also feel that reporting corruption and poor service delivery by frontline staff to management is counterproductive. Clients know that the staff (drivers) can report all kinds of excuses for not serving an individual who refuses to give bribes and complains to management. The management tends to accept whatever the frontline staff report, and this could mean no service at all for the client or waiting for an additional 2–3 months. The management staff receiving complaints from clients rarely investigate any of these claims, and the poor conditions of most pit latrines also make any investigations very difficult.

Data reporting the number of customers served on weekdays and weekends corroborates customers' claims about poor management. Sewerage removal is systematically shifted to weekends; the average number of customers receiving service per day during weekends exceeds the average number served during normal working days for seven months of the year (table 7.2). These statistics imply that AAWSA could serve more customers on weekdays with the same number of trucks and thereby reduce waiting times for service. However, AAWSA staff have an incentive to make the waiting time long enough to force desperate customers to pay the weekend premium for faster service.

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Table 7.2 Number of customers served during weekdays and weekends in Eastern Branch in 2002/03

	Weekdays (Monday-Friday)		Weekends (Saturday-Sunday)	
	Total no. of customers	Average no. of customers/day	Total no. of customers	Average no. of customers/day
July	202	10.1	152	19.0
August	205	10.3	127	15.9
September	148	7.4	101	12.6
October	161	8.1	84	10.5
November	155	7.8	85	10.6
January	278	13.9	185	23.1
January	411	20.6	109	13.6
February	390	19.5	35	4.4
March	488	24.4	168	21.0
April	380	19.0	84	10.5
May	394	19.7	160	20.0
June	469	23.5	173	21.6

Source: AAWSA Evaluation Report of the Anti-corruption Commission, memo (Amharic), April 2003–04.

In 2003 AAWSA attempted to address inefficiency and corruption in its service as part of the government-wide Civil Service Reform. This reform sought to: set service standards, facilitate access to service, promote a positive attitude toward serving the public, provide adequate information to stakeholders, and consult with customers. However, the reforms at AAWSA were abandoned after a few weeks because they were not associated with the provision of any additional resources. With no change in the number and condition of the trucks, the management claimed it could not achieve its daily targets of 6 rounds of services per truck (serving approximately 6 clients per day per truck). Drivers continued to report frequent breakdowns and served on average 2 clients per day. Verification of truck breakdowns by the management also was found to be difficult since drivers had no incentive to cooperate.

AAWSA also has failed to improve working conditions and promote positive attitude among its frontline staff, especially among those involved in removing sewerage. Apart from the meager pay, drivers and their assistants often are ostracized due to the offensive odor they contract from working with the sewerage, and provision of uniforms and protective covers are inadequate. Not surprisingly, the staff seem to have developed an indifferent attitude towards customer care. The high rate of inflation also has rendered insignificant the recent rise in wages and salaries. In such a poor working environment, the bribes that the drivers collect

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from clients may serve as a monetary incentive, in addition to the obvious lack of alternative employment opportunities.

INFORMATION AND THE POWER OF CITIZENS TO INFLUENCE SERVICE DELIVERY

Sewerage service customers can influence service delivery in three ways:

1. They can learn how to dispose of waste properly so that sewerage can be vacuumed easily.
2. In their dealings with AAWSA staff and management, they can demand better service, resist bribes, and file complaints.
3. They also can advocate for more resources and better management of sewerage services by interacting with their elected representatives.

Through any or all of these channels, customers must be able to obtain information about sewerage services to understand their role in sewerage removal and how to evaluate shortcomings in service.

Research for this case study has shown that AAWSA has not made efforts to provide citizens with information on its services. AAWSA does not provide information to customers about the waste that can be put into septic tanks and latrines, or about the link between an inadequate sewerage system and infectious diseases. Moreover, the water authority has not established a standard regarding the number of days a client must wait for service, nor does it provide information about the average waiting time for different branches and different times of year. There is no transparency in the number of trucks that are running each day, jobs they complete, and jobs they do not complete due to poor road or sewerage conditions. At the point of service, asymmetry of information also exists between drivers and clients. Clients cannot tell whether the vacuum trucks are empty on arrival and full on departure, or whether the sewerage to be removed is in a condition acceptable for sucking. Drivers take advantage of the clients' lack of knowledge to extract bribes.

AAWSA does not provide clients with an effective means of providing feedback and voicing their complaints. It sets out suggestion boxes or register books in branch offices, but these are rarely consulted by the management partly due to the lack of effective means of verification. Moreover, unlike other government institutions that have implemented the Civil Service Reform, complaint officers or desks do not exist in AAWSA. There is no proactive effort by AAWSA to ascertain customers' satisfaction with the service, such as by issuing surveys to customers.

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Attempts to organize a public forum to discuss problems of sewerage service delivery and provide information have not been very effective. It was reported that the Authority did try to consult with major users of its water service such as the Addis Ababa University, major hospitals, and local authorities. However, little progress was made as very few showed up for the consultative meeting. Establishing an effective means of communication with clients remains a major challenge facing AAWSA.

The absence of consumer associations and the weakness of CSOs or pressure groups also have contributed to the clients' lack of information and empowerment.²⁴ The management faces no pressure from organized groups to provide information or to be held accountable for its poor services. The absence of media interest in sewerage services is another factor contributing to lack of information and poor performance. The only article on this topic that the study team came across was the one by an international newspaper, *Guardian Unlimited* home edition (June 21, 2005) under the heading "A Storm of Diseases," discussing sanitation and pollution in the capital city.

A restrictive political environment also contributes to lack of information and poor performance in sewerage removal services. The political environment does not permit the use of protests and demonstrations to press management for improvements. The frontline service providers of AAWAS lack the confidence to demand better pay or the protective clothing necessary to deliver the service. Similarly, AAWSA management does not ask for the increased investment required to enhance the service delivery infrastructure, provide better incentives, and improve working conditions for its frontline staff. Rather, information that may be viewed as a sign of management weakness is censored while that thought to earn praise is given more emphasis. The upward flow of information from section heads to division and branch heads, then to department heads, and finally to the Deputy General Managers and the General Manager is checked and filtered at each stage, hence compromising the quality and quantity of information reaching the Board and the City Administration. Research carried out for this case study suggests that, as a result, the City Administration and the City Council of elected representatives²⁵ are unaware of the need to allocate additional resources and improve sewerage services.

²⁴ A society under the name of Clean and Green Addis Ababa Initiative was formed in 2003 with the objective of creating awareness, promoting behavioral change in sanitation, and facilitating exchange of knowledge and experience among various communities. However, the society is more concerned with solid waste and beautification than sewerage problems.

²⁵ The City Council of elected representatives oversees the work of the City Administration. The Council has not existed since the problems associated with the elections of May 2005.

CONCLUSIONS

Addis Ababa is faced with the difficult challenge of removing sewerage that pollutes the city and is a serious health hazard to its inhabitants. The public provider—AAWSA—has sufficient capacity to meet the demand for sewerage removal, and the fees charged by private providers' are too high for most city dwellers. Other providers, such as NGOs, are not available to the general population. Despite 2007 initiatives to increase capacity and motivation by acquiring new trucks and raising workers' pay, the persisting truck shortage, inadequate safety standards for frontline staff, and low morale remain among the major problems confronting AAWSA in delivering effective sewerage removal.

Even while the sewerage removal services of AAWSA are grossly inadequate, the resources available to the Authority and private service providers are underutilized. AAWSA could take six measures to address this crisis and improve the city's sewerage removal.

1. Given that the Prime Minister's Office is now in charge of supervising the Authority (chairing the Board), AAWSA should use this opportunity to attract more budgetary support to improve the working conditions of its frontline staff and buy more service trucks.
2. AAWSA could spearhead a public awareness campaign to inform citizens of the benefits of investing in sanitation, especially when viewed against the cost of treating infectious diseases, and thereby garner political support for allocating more resources to sewerage removal.
3. AAWSA could increase the transparency of its operations by posting in each of its branches the average wait times over the preceding twelve months and the average number of clients served each day. These postings would give clients information to plan to use of sewerage services when demand is low and to push for increased services on weekdays.
4. AAWSA could invest in improved monitoring and evaluation (M&E) capacity that includes comparing the performance of different branches and offering bonuses or rewards to the best-performing workers.
5. The Authority could designate roads that are inaccessible to vacuum trucks and work with other city departments to improve the state of these roads. This procedure and collaboration would reduce the frontline staff's discretion in determining whether road conditions are acceptable.

6. AAWSA could establish mechanisms to consult clients about its service and to receive complaints. These mechanisms could include setting standards for pit latrines and organizing follow-up visits to verify drivers' claims that the sewerage was not in an acceptable condition for pumping. If a customer association or CSO emerges to take up this issue, AAWSA also could provide opportunities for participatory planning, management, and monitoring.

With regard to the private sector, the government can take a number of measures to utilize the existing capacity of the private providers and promote additional investment in sewerage removal services. It can subsidize the private providers so that they can compete with the prices charged by AAWSA. The government also can provide incentives such as duty free importation of vacuum trucks and free garage space to reduce their costs of operation. Promoting public-private partnerships could be an effective response to the challenges of sewerage removal in Addis Ababa.

The non-separation of service delivery from service regulation also has created problems. At present, AAWSA performs the dual role of a service provider and the regulator. This conflict of interest has contributed to the Authority's inefficiency. Consequently, an independent regulatory body needs to be created to monitor both AAWSA and the private service providers. Having an independent body also would improve accountability of AAWSA to policymakers, inhabitants and politicians. If sewerage services are to attract adequate attention from policy makers, institutional arrangements must be clearly defined and the power of citizens to voice their concerns about service providers must be strengthened.

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8. TRANSPARENCY AND PUBLIC-PRIVATE PARTNERSHIPS: STREET LIGHTING IN NAIROBI

JANE KIRINGAI AND JAMES NJERU

Public-private partnerships (PPPs) are formal mechanisms for information- and resource-sharing to attain common objectives. These partnerships often are driven by limited public budgets to finance investments and by the need to increase efficiency and quality of public services. The public sector in Kenya accounts for approximately 30 percent of GDP, and partnerships with the private sector provide an excellent opportunity for improved service delivery and private sector development. Yet, as with the provision of public services, transparency and access to information are important elements in the effectiveness of PPPs. A lack of openness and information can undermine efficiency gains envisaged from PPPs.

This study analyzes the experience of a public-private partnership for providing streetlights in Nairobi. The partnership between the Adopt-A-Light Company (AAL) and the Nairobi City Council has operated within a weak information environment, compounded by the absence of a legal and regulatory framework. The consequence of inadequate information has been legal battles between AAL and its competitors on one hand, and extortion for bribes by City Council officials on the other. While the partnership has great potential to improve the provision of street lighting and deepen the private sector, lack of openness threatens the success and sustainability of an excellent initiative.

The analysis is organized in five sections. Section 2 outlines the methodology adopted in study. Section 3 presents the genesis, operations, and achievements of the AAL. Section 4 examines the impact of inadequate information on street lighting operations and the public-private partnership (PPP). That section also

brings out the level of mistrust between the local government and the provider on one hand and the provider and its competitors on the other. Concluding section 5 suggests reforms of the information environment to nurture public PPPs as a model for private sector development.

METHODOLOGY

Information was gathered through in-depth interviews with the management of AAL, its competitors, and the city engineer in charge of street lighting on NCC. In addition, two focus group discussions were convened with beneficiaries of street lighting provided by the company to gauge the outcomes from the lighting venture. One of the focus group discussions was organized in one of the slums in which the company has erected high lighting masts. The other was organized with the business community operating within the central business district in which AAL installed street lights. This case demonstrates that weak governance in the local authority and the absence of a legal framework or any rules of engagement in the PPP have hampered mechanisms for information sharing. Consequently, as demonstrated in media reports, the stakeholders and the general public have a high degree of mistrust and suspicion against AAL.

ORIGINS OF ADOPT-A-LIGHT COMPANY

The provision of street lighting in the city is the mandate of the Nairobi City Council. The concept of lighting the streets of Nairobi was born in the late 1980s. Eagle Advertising Company, through a project funded by United Nations Environment Programme (UNEP), was given the mandate to light Uhuru Highway, from the Bunyala Road roundabout to the Haile Selassie Avenue roundabout. In conjunction with Reckitt & Colman, a consulting firm, Eagle Advertising initiated the project and placed light poles on both sides of the designated road. However, the project did not take off due to litigations between the two companies and interventions by the Ministry of Roads and Public Works on the right size of poles and space. Although NCC continued to plan for street lighting, the project never started due to inadequate budgetary allocations.

In the meantime, crime and insecurity escalated in the 1990s as a result of poor street lighting and lack of lighting on some streets. In 2001 citing increased crime and violence, the United Nations Habitat downgraded the status of Nairobi from a “class B” to a “class C” city. In 2002 to improve security and restore the lost glory and status of the city, AAL proposed to finance street lighting through

8. Transparency and Public-Private Partnerships: Street Lighting in Nairobi

advertising rates. This concept borrowed heavily from the street lighting model applied in Johannesburg, South Africa, which enables the use of revenues from advertising to finance the costs of installing lighting poles.

In 2002 AAL was registered under the Companies Act. To contribute to community development, the company operates a community-based initiative that enables companies to advertise on street light poles, which they install and maintain. In addition, the company employs mature rehabilitated street children as gardeners, masons, painters, and security guards. The intention of the company is to work in partnership with various city councils and municipalities in the country to improve street lighting. The partnership with the Nairobi City Council to install streetlights in designated areas in Nairobi was the company's pioneer project. Through this initiative, AAL has emerged as one of the models of successful public-private sector partnership in Kenya.

The street lighting partnership was formulated in this way: AAL installs and maintains street lighting posts, then private companies "adopt" a pole by advertising on it. The advertising company pays AAL, but instead of the company's remitting the advertising rates to NCC, the revenues are used to finance the capital venture of the project and to maintain the adopted light poles.

According to the contract, AAL is responsible to:

- Install and service street lamps and replace damaged posts for 5 years on the 3 major highways: Mombasa Road, Uhuru Highway, and Waiyaki Way.
- Put up single- or double-sided advertising frames and get a rate waiver on the advertisement and electricity to light the advertisement.

For its part, the Nairobi City Council committed to:

- Prohibit other forms of advertisement on the designated streets.
- Provide 80 percent of all labor requirements.
- Waive advertising rates collected from advertisements on the poles.

The contract was passed through the Council's resolution and later signed by both the Mayor and the town clerk in accordance with City Council bylaws, enabling the operations to start in 2004.

In the first phase of the project, AAL erected streetlights on major highways and roads.²⁶ By May 2006, the company had erected 2,500 light poles with 914 light boxes and 23 billboards. In the second phase, the company has installed 14

²⁶ These include Uhuru Highway, Waiyaki Way, Limuru Road Ring Road, Parklands, Chiromo Road, Mombasa Road, Muranga Road, Langata Road, and Ngong Road.

high masts on major highways and 5 slum areas: Kibera, Mathare Valley, Soweto in Kahawa West, Mji Wa Huruma, and Mukuru. One mast can light up an area of approximately 90,000 square meters and cover over 7,500 homes. Thus, besides using advertising revenues to light streets and highways, the company has made a deliberate effort to provide light in the slums.²⁷ In this regard, the company has started a campaign, "Light is life," which seeks to extend this project to all slum areas in partnership with media houses and major corporate organizations.

Although efficiency gains are difficult to quantify, evidence from focus group discussions and in-depth interviews suggest that lighting streets and slums has improved well-being at the individual and community levels. Welfare gains include:

- *Improved security in Nairobi streets and slums.* The incidences of mugging, robbery, gang violence, and gender-based violence such as rape have declined.
- *Enhanced economic activities:* Trading and hawking in the streets have increased because it is possible to work for longer hours.
- *Improved hygiene:* Streets are cleaner with less garbage and human waste because people are ashamed of littering in the light.
- *Improved social interactions:* The sense of community is being restored because people do not fear visiting friends and relatives at night.
- *Elevated education performance:* Children in the slum areas are able to do homework after sundown under the newly erected lighting masts.

ROLE OF INFORMATION AND TRANSPARENCY IN PUBLIC-PRIVATE PARTNERSHIPS

AAL forged a unique partnership with the Nairobi City Council. Unlike other companies, especially small enterprises, AAL works directly with the Council and therefore has easy access to information about registration, licensing, utility connections, and tax payments. The company did not experience any difficulties in establishing its operations and acquiring the necessary licenses. However, as a path-breaker in the realm of public-private partnerships, the company is operating without a clearly defined national legal and regulatory framework for PPPs. Neither Kenya nor NCC has developed any legislation or bylaws to guide PPPs.

²⁷ In June 2006, Adopt-A-Light was awarded the Citizen and Corporate Management Award for the Small and Medium Enterprise Sector during the 2006 Company of the Year Awards.

8. Transparency and Public-Private Partnerships: Street Lighting in Nairobi

The Council has relied on the city by-laws that enable advertising companies to construct public facilities, such as bus stop shades, on which the companies can display advertisements but which, on completion, belong to the City Council.

The weak legal environment means that there are no requirements for public information on procurement procedures or the content and requirements for the contracting parties. As a result, there is no mechanism for the beneficiaries to hold accountable either the local authority or the service provider for the quality of service. A lack of openness thus characterized the original contract negotiations between the Nairobi City Council and AAL. Since it was essentially the company's proposal for a partnership on street lighting, the Council awarded the contract on a single-source basis without opening it to competition. Only the Council and AAL were privy to the information in the contract. The partnership became public only after operations were underway.

The lack of transparency and the biased information has fueled both public and private hostility toward the players in the partnership. AAL competitors feel that the contract locked them out of the lucrative streetlight advertising business. They also feel that one player is not able to light up Nairobi fast enough and that the market would benefit from the entrance of additional players. Arising from this hostility, AAL has experienced vandalism of its property. Competitors have hired hooligans to pull down the company's billboards and destroy the lighting poles with their vehicles.

Biased media reporting has compounded the lack of openness in the partnership. Although the street lighting contract became public through the print media, the versions of the story published are skewed in favor of the parties that paid for the coverage. For example, one article computed the implicit subsidy from Nairobi City Council to AAL from the electricity bills on the advertising billboards. However, what the article failed to report was that AAL had invested in the installation of high mast lighting posts in public places and that these posts do not carry advertising boards on them. These posts are financed through the revenues collected from the billboards placed alongside the major roads.

Through their umbrella organization, Out-Door Advertising, competitors took AAL to court to force NCC to open the street lighting contract to competition. The court rejected this request because legally it could not interfere with the Council's operations. In defense of the contract, the national government has argued that the partnership was formulated as a response to an investor's proposal and therefore there was no need for competitive bidding.²⁸ However, due to the

²⁸ During a press briefing, a government spokesperson explained that it was Adopt-A-Light, and not the government or the Nairobi City Council, which had proposed the idea of street lighting paid by advertising revenue. As such, the spokesperson said that awarding the contract did not warrant tender bids, adding that it

pressure from other players in the industry, the City Council recently opened the business to other players—but under different terms and conditions. Whereas AAL does not pay for advertising and electricity, other firms have been asked to construct the streetlights and pay for both advertising (Ksh. 3,150 per m², or approximately US\$50) and electricity. With such unfavorable terms, no new entrant has taken up the lighting business.

The competitors filed a case to stop the City Council and AAL from forming a joint company to streamline the collection of all advertising revenue on streetlights and billboards based on a new proposal by AAL.²⁹ The competitors claimed that the arrangement amounted to unfair competition and was likely to create a loophole for corruption and manipulation of accounts to the company's advantage. It was proposed that the city should form a company similar to the Water Company, which is fully owned by the City Council and has an oversight board made up of representatives drawn from all stakeholders. Broad-based board membership would ensure that all stakeholders have access to information and opportunity.

The weak information environment and the absence of a legal and regulatory framework for the partnership also have exposed AAL to extortion. Although AAL has a contract, it is vulnerable because Kenya has legal basis for the partnership. This is especially problematic when AAL proposes to expand to new areas of operation. The AAL management indicated that, in seeking to expand its operation, the company has lost significant amounts of money through extortion by a syndicate that starts all the way at the top of city government with councilors and public officers in the City Council. Most stakeholders in Nairobi charge that personal connections and bribery are the dominant modes of obtaining public contracts from the Council. For the most part, officials manipulate contracts to suit certain companies. Then, because it was not awarded through competitive bidding, the contractors have to withstand extortion to keep the business running.

RECOMMENDATIONS

Public-private partnerships can improve quality and efficiency in service delivery in which pure public provision is inadequate. Staab (2003) cautions, however, that if the relationship among partners is not open, mistrust and suspicion can cloud the partnership. Hence derives the criticality of information in such partnerships. The street lighting project in Nairobi illustrates some of these

was not the policy of the government to ask investors to bid before investing.

²⁹ Under the new proposal, Adopt-A-Light is to collect the advertisement payments and use 80% of all streetlight and billboard advertising revenue to light the informal settlements.

8. Transparency and Public-Private Partnerships: Street Lighting in Nairobi

problems. Although the initiative has remarkably improved service delivery, the former has not exploited service delivery's the full potential due to three systemic issues. Vandalism, extortion, and barriers to new firms entering the street lighting business have constrained the rapid lighting of Nairobi streets. These problems have been fueled by inadequate information and the absence of a legal and regulatory framework.

This study points to *the importance of a clear legal and regulatory framework for public-private partnerships*. Such a framework would clarify the rules and legal framework for engagement. These would comprise establishing an open and transparent information environment on the qualifications for getting the contract, the rules governing the contractual engagement, the provisions for contract extension and renewal, and the opportunities for other firms to engage in the business. Institutionalizing such clarity could reduce the hostility and suspicion that accompany deals made without transparency and would make private partners less vulnerable to extortion.

The dissemination of accurate information is another essential element in effective public-private partnerships. The government should aim to inform stakeholders and the public more generally about new partnerships such as the street-lighting venture in Nairobi. Making such information publicly available can reduce the scope for biased media reporting. In addition, training journalists and editors on their role in disseminating information and other initiatives to improve professionalism in the industry can contribute to a more informed response to new partnerships. In the absence of a sturdy legal framework, to eliminate the trust deficit between contracting parties the industry and the beneficiaries have the right to information on the rules of engagement. This case also reveals that, while information is essential to private sector development, public information needs to be underpinned by good governance in contracting institutions.

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9. INFORMATION FLOWS AND SERVICE DELIVERY: CASE OF THE ADDIS ABABA ACTS AND DOCUMENTS REGISTRATION OFFICE

MULAT DEMEKE

The purpose of notary services is to help ensure that documents are properly executed, that facts are duly certified, and, above all, that the general public is protected from fraud. Notarization is essential for many official documents including mortgages, deeds, contracts, and various corporate transactions. Notarized documents provide the public, the government, and private organizations with legal evidence for the execution of secure and reputable transactions.

In Ethiopia, the Documents Authentication and Registration Office (DARO) provides notary services.³⁰ The Office was established as an autonomous public office reporting to the Addis Ababa City Manager in 1995 and formerly was known as the Addis Ababa Acts and Documents Registration Office (ADRO). In 2003 DARO was mandated, through Proclamation No. 334/2003, to provide notary services to the country as a whole (Federal Democratic Republic of Ethiopia 2003). A second DARO office was established in the Dire Dawa City Administration, some 500 km east of the capital, Addis Ababa, to provide the same service at the national (Federal) level. Services such as identification, birth, death, marriage, and separation certificates have been brought under the Addis Ababa Municipal Administration. The proclamation also gave authority to each regional administration to establish its own notary offices.

³⁰ Notary services include registration of agreements for the sale or bestowal of residential houses and vehicles, registration of agencies, registration of contracts and agreements, verification and authentication of signatures, certification and provision of copies of documents, registration of an undertaking, memoranda and articles of association, amendments, minutes of companies, verification of affidavits, and verification and registration granted to vehicles and businesses.

When DARO first started operation, validation, authentication, and registration required 20 or more signatures and took several days to complete. The manager responded to customer complaints by streamlining operations. The manager also introduced an open door policy in which each client's case is handled in the presence of the others waiting to be served, thus limiting opportunities for bribery or favoritism. The improvements were noticeable, and various organizations commended DARO for its exemplary services. However, in recent years through 2007, an increasing workload and budget constraints have undermined this progress. A sustained and improved service delivery requires both active participation of clients and allocation of sufficient resources.

This case study examines the challenges of providing notary services in Ethiopia and the extent to which information flows between clients and service providers can improve this service. The study assesses clients' access to information as well as clients' ability to provide feedback to service providers. The focus is on the period before 2007.

Information for the case study was obtained primarily through discussions with more than 10 frontline staff, 2 section heads, the general manager, and 2 focus group discussions with clients. A key informant was identified to explain some of the technical details of the activities and organizational structure of DARO. Reports and various documents provided by the Office also were reviewed. This case study is organized in four sections. Section 2 reprises the challenges of providing notary services, and section 3 examines clients' access to information and ability to influence service delivery. Section 4 presents the conclusions and policy implications of this case study.

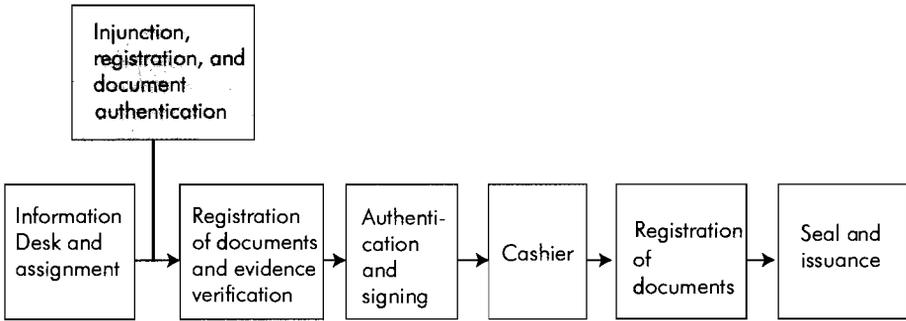
CHALLENGES OF SERVICE DELIVERY

A client seeking notary service is required to appear in person at the Documents Authentication and Registration Office (DARO) with all of the necessary documents. A short description of the type of documents required for each service is posted on a notice board at the gate of the Head Office and some branches. There is an Information Officer who is supposed to assist with checking that a client has the right documents. However, due to time constraints, this officer primarily performs the role of guiding the client to the appropriate offices to handle the notarization. Various officers then check the validity of the documents, authenticate the documents, accept payment for the notary services, register the documents, and issue the seal. Meanwhile, a data processing department enters data into the Office's computer files on injunctions and on authentication of sig-

9. Information Flows and Service Delivery: Case of the Addis Ababa Acts and Documents Registration Office

natures against samples given by officials of government institutions, large private enterprises, and nongovernmental organizations (NGOs) (figure 9.1).

Figure 9.1 Work Flow for a Typical DARO Service



Preparing documents for notarization is a cumbersome and often difficult task. Most clients must visit nearby privately run kiosks to get help to prepare their documents. Clerks in the kiosks prepare application letters and various documents in accordance with the nature of the case and charge the customers for their services. However, due to inadequate training, the clerks often make mistakes, so the clients must go back to them for the necessary corrections. Although DARO knows about the vital role of these private providers, it has no relationship with them. Moreover, after the clients come into DARO, the Information Officer at DARO does not check to make sure that they have the right documents. Having only one Information Officer for all clients, who number 500–600 per day, makes checking every single person's documents impossible. It is only after spending a long time in queues and visiting two or more officers that clients learn that their documents are incomplete or incorrect.

Long waits for service pose another problem for people seeking notary services at the head office in Addis Ababa. It is understaffed primarily as a consequence of decentralization. In line with the government's overall decentralization policy, five branch offices of DARO were established: 4 within Addis Ababa and 1 in Dire Dawa. The mandate of the branches is limited to less complicated tasks such as registration of an agent will, revocation and power of attorney appointment documentation, translation, affidavit and authentication of photocopies. Employees of the head office were deployed to the branches, which resulted in the workload

being much greater³¹ at the head office than at the branch offices.³² The number of clients at the head office more than doubled between 2000–01 and 2004–05, but the number of employees declined due to decentralization.

Decentralization has introduced a second challenge: coordination among offices for effective service delivery. There is very little information-sharing between the branch offices and the head office. This lack of communication is attributable to the absence of either a electronic local area network (LAN) or a paper-based system for sharing documents.³³ For instance, a person registered as an agent of a client at the head office may have her registration cancelled by the client in one of the branch offices. However, the cancellation would not be communicated to the head office so the agent would continue to hold a valid registration with the head office.

Inadequate communications with other federal offices or the Addis Ababa administration further impede the effective delivery of services. Documents from the courts, police, and Ministries of Transport and Inland Revenue often are incomplete. For instance, injunction orders from courts often indicate the address of the property but not the address of the owner. Similarly, vehicle sales documents from the Ministry of Transport may not include old plate numbers (new plate numbers were issued in the late 1990s). However, without such information from the ministries, DARO cannot certify a client's document. In short, DARO does not have well-established lines of communication, particularly compatible email and web connections, with other government agencies, so cannot always accurately certify clients' documents.

Worker dissatisfaction poses a third impediment to effective service delivery within DARO. Most employees hold the view that they carry a heavier workload and generate more revenue, but are paid less, than their counterparts in other public institutions. Even though their workload has increased in recent years, they have not received any compensation in salary adjustments or benefits such as insurance, medical allowances, or education grants. Moreover, employees complain about the poor work environment such as insufficient ventilation and congested working conditions, because the corridors and offices are usually filled with people.³⁴ The combination of the high workload and worker dissatisfaction means

³¹ Registration of sales or bestowal agreements remains in the head office and one of the branches (Amst Killo). In addition, joint venture agreements, loans, security or guarantee agreements, and documents to be authenticated by reference to specimens of signatures services also are provided only by the head office and branch four.

³² The head office is staffed with 44 employees whereas each branch office has 11–15 workers. It should be noted that the number of staff has increased following recruitment of approximately 50 staff in 2007.

³³ In 2007 the head office was connected to the Amst Killo through a local area network (LAN).

³⁴ In 2007, to overcome the congestion problem, the Head Office was moved to a new building (near Mexico Square).

that verification is not handled with sufficient attention and care. Worker dissatisfaction also has resulted in high staff turnover and as a consequence a pool of less experienced employees. Vacancies often are filled by individuals who have little or no qualification in law and legal affairs (Burka 1998). Clients have reported incidences of conflicting opinions when, for example, a document accepted by one employee was rejected by another. It should be pointed out that the government responded to these problems in 2007, and conditions have begun to improve in recent months.

The contrast between the limited budget allocated to the Office and the significant revenues generated by the Office contributes to this dissatisfaction. Unlike many public institutions, DARO generates significant revenues, but it has no authority to use them to improve its service or provide incentives to its staff. DARO is allocated a budget equivalent to approximately only 3 percent of the revenue it generates. The entire budget of the Office during Fiscal Year 2005–06 was only Birr 1.1 million (US\$129,412) in contrast to the Birr 37.05 million (US\$4.4 million) of revenue expected in the same year.³⁵ The government puts pressure on DARO to expand its revenue collection effort, setting ambitious targets of revenue collection in its annual plan. Table 9.1 shows that the targets at all levels have been set well above actual achievements, although actual collections increased by 34 percent in 2004–05 and by 30 percent (projected) in 2005–06.

Table 9.1 DARO's Planned and Actual Revenue Collection

	Revenue collection (million Birr++)		Target achieved (%)
	Planned	Actual	
2003–04	35.00	21.23	60.66
2004–05	40.00	28.45	71.14
2005–06	40.00	27.79*	
2006–07		37.05**	

Notes: * = actual for 9 months; ** = projected for the year.
++ US\$1 = 8.5 [Birr] on average during 2003/04–2005/06

³⁵ In sharp contrast to the previous years, DARO's annual budget for 2006–07 was raised to 11 million Birr.

INFORMATION FLOWS BETWEEN USERS AND THE SERVICE PROVIDER

The flow of information between DARO and clients is a critical element in service delivery. The Office holds information that is vital to clients, principally concerning which documents are necessary for each kind of service and how to fill out the required paperwork. By coming to the Office with all the necessary documents and the completed forms, clients can avoid being sent back to the private kiosks for corrections and reduce the amount of time that DARO officers spend in reviewing their documents.

In focus group discussions, clients noted that DARO could improve information about the documents and paperwork necessary for notary services. In addition, given the high levels of illiteracy in Ethiopia, clients stressed the essential role of the privately run kiosks in disseminating this information. To improve service, clients felt that DARO should forge partnerships with the kiosks and training them on how to properly prepare documents and application letters.

To provide detailed information to clients in written form, in 2003 DARO developed an Information Booklet for Clients. However, this booklet was never distributed to clients. The booklet was part of a civil service reform program that intended to re-engineer the process and reduce the time required to deliver services. For notary services, the information booklet listed the types of services provided along with the documents required, delivery time, and service fees for each type of service. The maximum delivery time was given as one hour (for the authentication of Memoranda and Articles of Association), while most services were estimated to take only 20–25 minutes. However, because in reality DARO lacked the necessary resources to deliver services in the time specified in the booklet, the business re-engineering process was suspended and the booklet was shelved.

The flow of information from clients to DARO is very limited. Likewise, DARO does not formally consult users about its services. It does not undertake customer surveys or organize discussion forums with clients or other stakeholders such as nongovernmental organizations. Moreover, the Office has set up no formal mechanism for it to receive and respond to client complaints. Client feedback thus is limited to situations in which dissatisfied individuals express their views directly to frontline staff or report to the management. However, using this route risks being treated less sympathetically. DARO's operations could benefit from the development of a system to collect and analyze information from clients. Information about the quality of the service and ways to improve it then could be included in the Office's internal reports, which at present focus only on meeting financial targets.

DARO lacks a clear organizational structure that would enable dissatisfied clients to raise their complaints with the appropriate authority and policymakers. To most clients and stakeholders, it was not even clear how and where real policy decisions are made. Previously, DARO management had reported to the City Manager of Addis Ababa, but the manager's mandate was ambiguous since all major decisions were left to the Executive Committee and the Council of the Addis Ababa City Administration. For instance, the annual budget was presented to the Executive Committee and approved by the Council of the City Administration. Moreover, all issues related to recruitment, salary increases, and disciplinary actions were decided centrally by a Committee of Employment, Promotion and Discipline comprised of representatives from 14 City Administration offices.

In 2005, through Proclamation No. 467/2005, the government transferred authority over DARO to the Federal Ministry of Justice. However, the implementation of this new arrangement was delayed until 2007 (Federal Democratic Republic of Ethiopia 2007). It remains to be seen whether the transfer will clarify the decisionmaking structure or guide DARO toward a preference for customer satisfaction over revenue generation.

Furthermore, even if the decisionmaking structure were clear, the overall policy environment in the country would limit the ability of clients of DARO to hold policymakers accountable. There is a notable absence of civil society organizations (CSOs) or strong media bodies that could draw attention to DARO's problems. The public lacks the channels of communication and voice empowered to influence the efficiency with which notary services are delivered.

CONCLUSIONS AND POLICY IMPLICATIONS

The DARO management is proud of its achievements, which include putting in place a system that is effective in preventing bribery and preferential treatment. Management also takes credit for the policy of delivering service within the same day of request, although it admits that the Office has failed to cope with the growing demand for its services. In recent years, the Office has failed to satisfy customer expectations, namely, to provide adequate working conditions for its staff, to ensure proper data management, and to improve staff training to deter fraud.

This case study shows that a management initiative to improve service delivery needs to be complemented by an adequate flow information between the service provider (DARO) and its clients and by effective partnership with the private sector. A number of measures can be taken to improve information flows and service delivery.

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DARO can improve information to its clients first by distributing a detailed information booklet, strengthening the information desk, forging partnerships with the private providers, and making effective use of information and communication technology (ICT). Although the number of Ethiopia's internet users is very limited,³⁶ a DARO website³⁷ would provide relevant information to those with access to internet services.

Second DARO can increase the information it receives from its clients by creating a system that would formally and proactively seek feedback from users, analyze the information gathered with the objective of satisfying clients, and report the results to decision-makers and the wider public. As a component of this system, DARO also should establish formal mechanisms for handling client complaints.

Third, the government should work to create a stable and effective organizational structure for DARO that facilitates the flow of information within the Office and its branches, and between DARO and its clients. The different branches of DARO need to be connected to the main Office. Finally, business owners and investors in different parts of the country must be able to access DARO's services via mail, email, and the internet.

Fourth, DARO may consider working more closely with the private agents who provide related services. With proper training and partnership arrangements, the role of the small privately run kiosks in facilitating the paperwork necessary for notary services can be enhanced. Doing this will save valuable time and money for service users as well as reduce the workload at DARO.

Fifth, the recent move to reorganize DARO as a national notary service provider and the resulting significant increase in its budget have created the opportunity to address some of the critical problems. Adjusting salaries and wages, recruiting additional staff, and renting a new office building—all in 2007—improved working conditions. However, access to information, transparency and institutional issues such as stakeholder participation as well as recruitment of qualified staff need to be given a similar level of attention to ensure that notary services in Ethiopia become client-centered and improve on a sustainable basis.

³⁶ The number of internet users is estimated at 164,000 in 2007, a mere 0.2% of the population (ITU, March 2007).

³⁷ Despite the claims and promises of the management, by the time this report was revised (January 2008), DARO had no website.

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10. CONCLUSIONS: LESSONS FROM THE KENYAN AND ETHIOPIAN EXPERIENCES

SAHR KPUNDEH, GILBERT M. KHADIAGALA, AND SHYAMAL CHOWDHURY

The case studies in this monograph have probed the links between information access and service delivery in key sectors in Ethiopia and Kenya. These links highlight the broader institutional environment of governance and transparency for information access and service delivery. Understanding the strengths and shortfalls in the institutional environment serves as a way to think through improvements in mechanisms for information access around service delivery. We expect lessons from these cases to inform other African countries that are grappling with reforms to foster information access, transparency, and good governance in service delivery. This concluding chapter reviews findings from some of these cases to underscore the policy implications from the research in Ethiopia and Kenya.

REVISITING THE LINKS BETWEEN INFORMATION ACCESS AND SERVICE DELIVERY

Service delivery constitutes a critical component of poverty alleviation. The former furnishes insights into how public authorities translate budgetary priorities and programs into tangible welfare outcomes. Our researchers have analyzed some of the sectors that are important to the attainment of the Millennium Development Goals (MDGs)—specifically, health, education, water, and sanitation—and have emphasized how meeting these objectives depends, in part, on information and communication mechanisms. Information access for service delivery has been conceived primarily at two levels: (1) knowledge that service providers avail to

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consumers and customers about forms and costs of services; and (2) the ability of outsiders—the public and media—to obtain access to service providers. This dual conception of information permitted the authors to examine how and why information is essential to service delivery.

Against this background, one of the central conclusions derived from these cases is that information access is the fulcrum of accountability and transparency, opening a window on the responsiveness of public institutions in meeting obligations to service recipients. Equally, openness and transparency are as decisive to democratic governance as they are to service delivery, building links between the governors and governed regarding rights and obligations.

Throughout the analysis, the authors have been guided by a framework that specifies the major challenges—governance or institutional; trust or attitudinal; and technical or technological—that impede information access for the attainment of quality service delivery. With varying levels of severity, these challenges pervade sectors in Ethiopia and Kenya, contributing to constricted information flows and poor service delivery. As noted previously, the challenge of governance speaks to the fundamental problems of slow transition from opaque and insular political systems to more participatory and accountable systems, a problem that characterizes the policymaking environment of both countries. Weak governance structures in Ethiopia and Kenya underlie the persistence of institutional rigidities and practices that hamper information flows and service delivery. These practices are legacies of centralization, feeble participatory institutions, uncertain legal and regulatory environments, and corruption. Both countries have overcome some of the governance deficiencies through wide-ranging reforms. These have fostered participation and expanded public voice; decentralized, privatized, and streamlined agencies of service delivery; and evolved new norms that balance welfare, equity, and efficiency. Nonetheless, much more needs to be done to deepen these reforms.

The capacity of citizens to assert their interests and articulate their voices (individually or collectively as members of civil society) is important to service delivery. Both countries exhibit marked progress in this regard, even though Kenya seems to have made more progress than Ethiopia. Recently, Ethiopia has instituted far-reaching reforms to avail information to the public. These initiatives are still new and tentative, but they demonstrate a new commitment by the government to undo the legacy of centralization. Both countries face continuing challenges in building democratic governance. However, the reform momentum has unleashed actors and processes that have created new demand-driven constituencies who are developing larger stakes in open, transparent mechanisms for service provisions. In turn, these constituencies are the long-term linchpins for additional reforms

10. Conclusions: Lessons from the Kenyan and Ethiopian Experiences

that may reduce the governance gaps that prevent access to information and service delivery.

These case studies have demonstrated that public sector reforms to inject a modicum of efficiency, transparency, and openness in the management of government institutions are one of the key underpinnings of reform, translated in the search for autonomous institutions with the room to innovate on service delivery. Institutional autonomy is more prevalent in states that have ceded meaningful responsibilities to agencies that deliver services, that have confidence in the ability of these institutions to perform better than previous providers, and that have managers of these institutions who take their new roles seriously.

In both countries, inefficiencies and opacity continue to characterize service provision and information flows in formerly centralized parastatals and agencies. These serious flaws are more prevalent in Ethiopia's health, education, registration, and urban agencies for service provision. In Kenya, the health and education sectors have implemented wide-ranging public sector reforms. Nevertheless, these sectors still confront the governance concerns of accountability and accessibility. Kenyan citizens and public watchdogs such as the media and civil society still must navigate the maze of regulations that cloud the operations of these agencies. Similarly, while it has conceded to the privatization of water and sewerage services, with respect to other services such as street lighting, the approach of the Nairobi City Council remains mired in old practices of corruption.

Another vital conclusion that this research has reached is that governance reforms are a process not an event. Hence, there will be a continual need for routine institutional learning and experimentation to address new and old challenges of poor information access and service delivery. Although the responsiveness of public institutions is one of the major aspects of governance, societal vigilance is necessary to sustain the momentum to reform service delivery. Even though government agencies may have adopted business approaches and consumer-friendly policies in service provision, improvements in information flows to enhance the quantity, quality, and equity of service provision are always contingent on informed and demand-making citizens. In the same vein, disengaged and apathetic citizens often abdicate essential responsibilities necessary to force changes that undergird governance reforms. For this reason, the prevalence of weakly organized pressure from below hampers the evolution of long-term reciprocal links between service providers and recipients. Ethiopia and Kenya provide contrasting examples on the efficacy of media and CSOs to be at the forefront of agitation for better information and quality service provision.

Our cases have delineated as citizens' mistrust of public institutions in general, and service providers in particular, as the second major constraint to effective ser-

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vice delivery. Availability of information helps build citizens' confidence and trust in, and reduces the gulf between, recipients and service providers. Yet mistrust also is a legacy of the bad performance records of public institutions in service provision, a widespread problem in Ethiopia and Kenya. Third, citizens mistrust government agencies under which private providers, NGOs, and community-based organizations have carved strategic niches in service delivery, as demonstrated in the case of the health sector in Kenya. More salient, public disengagement and mistrust result from the lack of information about services embedded in oftentimes weak, but complex, bureaucratic agencies. The public, particularly consumers, face formidable barriers in penetrating the walls of these agencies, resulting in disenchantment and despair. Furthermore, most of these cases reveal that disengaged citizens frequently lack the organizational tools, another reason they feel disempowered, to contest their rights and demand information about services. This is a vicious cycle.

The image of helpless citizens searching for faceless bureaucrats captures the acute information gaps that exist in the absence of clear and accurate information about available services and their costs. Mistrust is worsened when, as in most public services, citizens have little or no choice about the services that they receive, deepening information asymmetries. The dilemma is often compounded by the fact that while information sometimes is the only available tool that citizens have to exercise their right to good services, such information is often lacking. Without accessible and transparent channels of information about services, citizens are frequently vulnerable to predatory practices by individuals who exploit the information asymmetries for private gains. To correct these anomalies, most of the successful service providers in Ethiopia and Kenya are beginning to experiment with customer- and consumer-based services. More government agencies are learning novel cultures of customer care and responsiveness from the private sector. They also are boosting their budgets for public relations departments to reduce the barriers between them and citizens. Furthermore, to improve the opportunities for public influence, some of these agencies are working toward regular and systematic consultations between service users and consumers, and providers.

The mistrust of public service providers is, in part, a reflection of the governance problems that have confronted Ethiopia and Kenya. Thus, efforts to resuscitate accountability and transparency mechanisms are at the heart of recreating confidence in government institutions. In most cases, information access may be a necessary but not sufficient condition to rebuild trust in public services. Hence comes the significance of additional measures to replace the legacy of ineffective government performance. The ability of government agencies to reposition themselves as meaningful actors in people's lives forms an important step in the

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restoration of enduring reciprocity and accountability systems.

As multiple public surveys about the health sector in Kenya indicate, the public has difficulty in shifting its preference from private health providers because of the perception of incompetent and corrupt government health institutions. The popularity of public-private partnerships arises, in part, from the quest by public institutions for strategic alliances that supplement service delivery roles without undercutting government responsibilities in these arenas. PPPs in Ethiopia and Kenya are improving service provision, but there are mounting pressures on them to be sensitive to the poor and vulnerable groups. One of the innovative qualities of the Nairobi Water and Sewerage program is to target slum residents to mitigate concerns about water services not reaching the poor.

The third set of challenges that these cases have pinpointed are the technical difficulties that ordinary citizens routinely confront in making demands on service providers. Some sectors such as health, water, sanitation, and education are dominated by information that is not readily accessible to the lay public, posing challenges to information flows. For instance, gaps in technical knowledge have decreased the provision of medical services to vulnerable populations in Ethiopia and Kenya. Information users and consumers of public services typically seek accurate information about the services to which they are entitled. Problems arise when technical information gaps exist between the providers and recipients. Service providers that couch information solely in the arcane language of experts often fail to disseminate their messages to the larger public because the language is too technical.

The public's technical deficiencies cannot be overcome entirely. They can only be managed—through improved communication channels, clarity of information, and transparency. New technologies can enable service providers to overcome information asymmetries by broadening the accessibility, scale, and reach of information about services. For instance, sectors in Ethiopia and Kenya that have embraced information and communication technologies (ICT) markedly improved service delivery and boosted efficiency and accessibility. The democratization of technical knowledge for accessibility is a key theme that emerges from some of the Kenyan and Ethiopian cases. Also significant from the demand side is the ability of new media technologies such as cell-phones to expedite information availability and service delivery. As these technologies reduce the barriers to information dissemination, the wider public is gaining the voice to contest public policy around service provision.

Our cases also have addressed other factors that hamper the quality of service delivery. This is an interesting puzzle in light of debates about the relationship between the quality of services and their provision. For instance, in the case of

the Addis Ababa Water and Sewerage Authority, it would appear that building a modern and broad-based system may be more urgent than the narrower question of improving the public's access to information about decrepit and dysfunctional services. The question of inadequate quality of services in Ethiopia and Kenya is tied to whether public authorities can muster sufficient resources to provide these services efficiently and at lower costs. It is in this regard that the private sector or PPPs are prescribed across the region to meet some of the shortfalls in service provision.

POLICY IMPLICATIONS

Comparative analysis of sectors in Ethiopia and Kenya has enabled drawing lessons across these sectors while pointing to distinctive country patterns and experiences. Identifying country and sectoral gaps in information flows and service delivery is instructive in the search by donors and indigenous actors for comprehensive reforms. Furthermore, the country experiences followed best practices. This body of evidence should invite substantive debates in efforts to create cross-regional networks and constituencies around information and service delivery. As they pondered creative policies to close information gaps and promote efficient service delivery to reduce poverty, these case studies stressed the primacy of governing institutions in shaping the context and content of policies and programs. Information is crucial to service delivery, largely in circumstances of vibrant governance institutions of accessibility, openness, and accountability. Information is able to mediate between service providers and recipients in country contexts of robust institutions that delineate responsibility and reciprocity.

Public sector reforms and democratic transitions have laid the basis for policies around information flows and service delivery. Questions remain concerning the solidity of market reforms and consolidation of participatory institutions in Ethiopia and Kenya. Economic reforms that sought to scale down the public sector and inject market mechanisms in the management of resources have markedly advanced in both countries. However, they have not obliterated the culture of centralized control. Likewise, recognition of the centrality of pluralism has not translated into fundamental shifts in political practices. These still are dominated by narrow elites, ethnic exclusiveness, and zero-sum political mentalities. More work needs to be done on second-generation economic and governance reforms that, through elaborate constitutional changes, seek to underwrite economic and political liberties. These should decentralize executive power, build principled political parties, and strengthen market and non-state sectors, writ large.

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Sound governance in both countries will be predicated on the ability of citizens to learn and acquire the capacity to lay claims on public authorities and contest the performance of public institutions. The long-term challenge is how citizens are empowered through information to become political claimants with stakes in quality and predictable services, particularly where, as is common, these services derive from public revenues. Information is a large puzzle in the empowerment and disempowerment of citizens. Where information is available, citizens have more opportunities to galvanize voice and action in service delivery. From this perspective, information could be conceived as a right because it affords citizens opportunities to make responsible decisions. At the same time, it forces public institutions to be transparent and accountable about their priorities and objectives. In a nutshell, information access strengthens the reciprocal relationship between informed citizens and responsible public authorities. This reciprocity is at the core of efforts to reconcile information access, transparency, and service delivery.

If information empowers, the dilemma is whether its availability in the absence of adequate resources to deliver services raises false expectations that may exacerbate public disenchantment. Part of the attraction of PPPs is that they can supplement the public sector by offering the resources, management capacity, and technical skills that public authorities often lack. In this way, private actors are able to provide services to larger populations than can public actors alone. The case of the Nairobi Water and Sewerage Authority illustrates this dynamic. In contrast, in other African examples, such as South Africa, PPPs have met with stiff resistance, particularly in water and sewage sectors.

Nevertheless, even in the context of resource scarcity, information remains an intrinsic good. More transparency about resource scarcities is quite important in decisionmaking as opacity increases the distance between public authorities and tax-payers. Irrespective of context and circumstances, there is no substitute for building institutions that promote transparent and accessible information.

FINDING THE RIGHT BALANCE BETWEEN SHORT- AND LONG-TERM STRATEGIES

The Ethiopia and Kenyan cases raise profound questions about the balance between long-term and short-to-medium modalities of overcoming the challenges to information access and service delivery. For instance, democratization and market reforms capture the array of long-term imperatives that solidify the reciprocity central to more open channels of information and constituencies for

better services. Similarly, campaigns that educate citizens about their obligations in the service delivery chain as taxpayers are long-term objectives that need to start in earnest to create the structures of responsibilities.

Short-term strategies hinge on crafting internal information systems in government agencies that deepen transparency and accountability. If information for service provision is treated as a fundamental right, then service providers must provide it routinely alongside performance and accountability reports. Furthermore, opening service providers to external media scrutiny and reviews has been instrumental in improving trust and accountability, but more critical, has allowed the public more latitude in decisions about how these institutions operate.

The growing popularity of Citizen Charters seems to be one innovative institutional framework that seeks to bind a wide array of service providers to their consumers in a chain of reciprocities and expectations. Although the Charters in themselves cannot enhance information flows, they are a foundational building block for improving the context in which information access flourishes. Since 2003, the Kenyan government has introduced and implemented performance agreements as management tools to create accountability to the public. From a pilot group of 16 commercial enterprises in 2004, the agreements expanded to cover the entire public service, including local authorities. A central component of these agreements is the introduction of the Citizen Service Delivery Charters, which require every public institution to outline the nature, quality, and quantity of services that citizens can expect. In addition, all public institutions are expected to conduct annual Customer Satisfaction Surveys. In Ethiopia, a Citizen Charter launched after the civil war never got off the ground, in part because of the absence of strong political support and the legacy of mistrust.

Ethiopia and Kenya recently have enacted freedom of information (FOI) legislations that, if implemented, could strengthen information availability and reduce the culture of opacity. In addition, these instruments could improve the ability of the public, particularly the media and CSOs, to obtain information from government agencies. Although most FOI laws worldwide are not geared directly at boosting service delivery, they have the additional benefit of fostering the climate for wide-ranging reforms that contribute to quality service delivery.

Elsewhere, FOI has been used as leverage to protect or promote other socio-economic rights. In 2004 women in KwaZulu-Natal, South Africa used SA's freedom of information law, the Promotion of Access to Information Act, to demand information about the allocation of water services by an urban municipality. The women also asked for the municipality's integrated development plan and budget. After almost six months, the municipality released this information amidst mounting pressure from media coverage. Armed with this information, the

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women began questioning the delivery of water services. A year after the initial information request, the municipality addressed the problem (Dimba 2008). This case demonstrates how freedom of information enhances socioeconomic rights. The South African law enabled citizens, women in this case, to uncover the legal basis for demanding that the government make the correct legal decisions on resource allocation.

ESTABLISH SECTORAL PUBLIC INFORMATION OFFICES IN PUBLIC AND PRIVATE AGENCIES

The broader menu of governance reforms accruing from Citizens Charters or freedom of information legislation needs to be complemented by *sector-specific measures that link information access to service delivery*. For a long time, Ethiopia and Kenya did not have *sectoral public information offices (PIOs) who both educate the public about services and promote routine interaction between service providers and recipients*. More recently, the Ethiopian government established information and customer service officers in various institutions in different levels of governments to enhance information access and service delivery. Kenya has a tradition of public relations (PR) officers in the public and private sectors. However, there is a need for both private and public providers of services to have well-staffed and competent PIOs. Universalizing these offices would require that the service providers train the PR officers in information management, but it also would boost information flows across the board.

ESTABLISH UNFETTERED COMMUNICATION BETWEEN GOVERNMENT INFORMATION OFFICERS AND NATIONAL MEDIA

A related and equally relevant issue is the tenuous links between government information offices and the wider media in Ethiopia and Kenya. The historical and cultural domination of most information channels by executive branches (particularly ministries of information and the president's/prime minister's offices) continues to impede the evolution of transparent mechanisms of information access. In this era of competitive politics, information is too significant to be centralized in these institutions. Instead, there should be discussions about transforming most of the ministerial/parastatal public relations offices into more professional and sector-specific information agencies that furnish credible information that is useful for improving service delivery.

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Alongside these reforms in the information arena, improvements are needed in the technological base of service delivery sectors, particularly through information technology (IT) instruments that promote impartiality and efficiency.

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APPENDIX 1.

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