

Helpdesk Report: Health and Education

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Query: Health and Education Sectors

- * Similarities and Differences
- * Drivers behind poor performance
- * Drivers of change: service delivery, uptake and effectiveness
- * Determinants of effective service delivery.
- * Opportunities/Experiences in Voice and Accountability.

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1. Overview

There is little literature that specifically compares the two sectors – Health and Education – to draw out the commonalities and differences between them. The only paper that searches bring up is a conceptual discussion which is reviewed in section 2.

In terms of sectoral synergies for service delivery - a significant developmental strategy which brings the education and health sector together is 'school health'. This capitalises on opportunities offered by the education sector (as critical points contact with school age population) - where health services are offered. This could be to preventative or curative care, as well as for health promotion. More on this can be found at - www.schoolsandhealth.org

Despite the lack of comparative data across the two sectors, a significant amount of work focuses on the factors that contribute to the poor performance of each of the sectors. Existing literature also has much to offer in terms of what is necessary for effective service delivery in health and education. Some of the common factors that seem to affect sector performance, which can be identified from the literature, include:

- Human resources constraints
- Provision of essential inputs – infrastructure, equipment/commodities and facilities
- Quality of services which affect service uptake
- Inequitable access
- Poor information – lack of quality data that is essential for monitoring and improving performance

- Poor governance – which includes issues of accountability, citizen participation and decentralisation
- Financial resources constraints

Whilst the literature identifies what factors contribute to the poor performance of the sector, there is a gap on the evidence on what incentivises poor performance.

Political economy analysis is a fairly recent development and 'Drivers of Change' is a DFID approach – most of the work in this area has been partly or fully funded by DFID. Political economy analysis at the sectoral level is still emerging and documents which specifically focus on education and health sectors are few.

There have been a wide range of 'voice and accountability' initiatives over the last decades – many of them to improve the performance of education and health sectors. A significant amount of literature has looked at individual initiatives – ranging from report cards to public hearings. However, examples on the specific type of large scale initiative such as ASER are only just emerging (with ASER pioneering the methodology). Similar examples in health were not found.

Finally, this document covers the issues in a very broad way and does not provide in-depth information on each of them. Each of the sub-sections: effective service delivery; political economy; and voice and accountability include large areas of work, and an in-depth analysis could yield more.

2. Similarities and differences

On the Nonexistence of “The Social Sector” or Why Education and Health Are More Different than Alike

C. de Moura Castro and P Musgrove (no date)

http://siteresources.worldbank.org/EDUCATION/Resources/278200-1099079877269/547664-1099079934475/547667-1135281504040/Why_Edu_Health_Different.pdf

This paper is a discussion piece which puts forth the argument that Education and Health need to be treated as two different concepts. Whilst there are similarities, the differences between the two are significant for them to be 'lumped' together as the 'social sector', particularly in terms of policies of one sector to be based from experiences of the other one.

The paper differentiates between two types of similarities/differences. Intrinsic similarities/differences refer to those that are to do with the very nature of how individuals and/or groups need and interact with education and health. And socially determined similarities/differences refer to how health and education services are organised and delivered to individuals and/or groups. The question is whether or not both meet a particular set of criteria but the extent to which they differ across the criteria. For example, education is concentrated in early life, whereas health is not. The paper includes a useful table listing the similarities and differences which is worth reflecting on (Table 1 on page 15).

The paper argues that the similarities/differences should make a significant difference to how policies are charted to improve coverage, quality and equity; encourage technical innovation, raise and spend money, and strike a balance between public and private services. The paper however stops short of offering any practical ways forward.

3. Drivers of performance and determinants of effective service delivery

Significant amount of literature – ranging from individual research projects to systematic reviews have focused on factors that can make service delivery more effective. This review includes selected papers that focus on both education and health which highlight the typical issues delineated in the overview of this document.

South Africa: Effective Service Delivery in the Education and Health Sectors

AfriMap and Open Society Foundation for South Africa, 2007

http://afri-map.org/english/images/report/AfriMAP_SA_PublicServices.pdf

The research reported in this document considers the challenges of making public services universally accessible in post-apartheid South Africa. It examines six areas related to effective delivery of education and health services: the national and international legal framework; information collection, management and publication; the budgeting and expenditure management; human resource management; and the effectiveness of oversight institutions. The research finds that:

- Weak information collection systems in health and education affect effectiveness and accountability to citizens.
- Wider outreach and consultations (seen in the Education sector) help better policymaking and more effective implementation.
- Information about budgets is publicly available but opportunities to comment in advance on the proposals are limited.
- Government information on human resource needs is difficult to obtain, for example teacher supply; the effect of HIV/AIDS on human resource availability; etc.
- Oversight institutions such as the Public Services Commission and Auditor General, face problems in getting the government departments to implement their recommendations.

Institutions and Service Delivery in Asia

Anuradha Joshi, Asia 2015 Conference Paper

<http://www.eldis.org/vfile/upload/1/document/0708/DOC21180.pdf>

This document highlights the typical issues which affect service delivery in health and education. It identifies access, quality and affordability/sustainability as key problem areas. The paper reviews the various approaches on how basic services could be delivered effectively. These include:

- improvements to existing direct government provision
- decentralisation
- institutionalising user participation
- pluralisation of providers (including partnerships with private sector)

The paper then reviews the various examples of these in Asia and draws out lessons. It reiterates what the wider literature has said about these issues and identifies entry points for policy and strategy.

Improving Local Service Delivery for the MDGs in Asia: The Philippines' Case,

PIDS and UNICEF, 2009

http://www.unicef.org/eapro/7_Philippines_Decentralization_and_Local_Service_Delivery.pdf

This document, which focuses on education, health and water sectors in Philippines, draws out similar lessons as the above papers.

Access to essential services: education and health- Synthesis Paper

Human Sciences Research Council, South Africa

<http://www.hsrc.ac.za/Document-1838.phtml>

This publication focuses on access and equity issues which affect services in the health and education sector. It reviews the literature from the international context to identify issues which affecting developing countries generally. It then considers the South African context to look at how these play out in the local context.

4. Drivers of change: service delivery, uptake and effectiveness

The Political Economy Analysis of the Education Sector in Ghana: the Implications for STAR-Ghana (2011)

<http://www.starghana.org/assets/Report%20on%20Political%20Economy%20Analysis%20of%20Education.pdf>

STAR-Ghana is a multi-donor fund programme to increase civil society and parliamentary influence in Ghana for better governance of public goods and services, ultimately to improve accountability and responsiveness of the government and other powerful actors. This report is a political economy analysis aimed to identify drivers of change to help STAR-Ghana's strategy. A review of the literature shows that civil service is not pro-active about change, political interests continue to appease teachers (a potential constituency) and other similar issues have meant that key decisions are not taken or left to senior level bureaucrats. The paper also identifies issues with the civil society which affect the education sector.

The traditional drivers of change in the education sector include government, donors, unions, NGOs, faith-based institutions, traditional leaders, etc. School-going children and their parents – through local groups – also have a significant influence on the education system, but they lack the voice to hold the government accountable. Civil society organisations also suffer from lack of funding and weak coalition building. The media is also limited in its experience of dealing with complex issues in education. The strategies which have worked in improving accountability are the school and district performance appraisal monitoring, budget monitoring and resource tracking carried out by CSOs. Institution building at the grassroots level which is sustainable helps to strengthen accountability.

The document then identifies key issues for STAR Ghana and looks at how CSO engagement with policymaking can be enhanced.

A political economy of education in India: The case of Uttar Pradesh

Geeta Kingdon, Institute of Education, 2008

[http://www.dfid.gov.uk/r4d/PDF/Outputs/ImpOutcomes_RPC/OPI_KingdonMuzammil20081\[1\].pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/ImpOutcomes_RPC/OPI_KingdonMuzammil20081[1].pdf)

A significant amount of literature shows that the effectiveness of a system depends on the motivations of its key stakeholders, such as teachers. This paper focuses on the role that teachers have played in the political process in India. As active participants of the political processes (representation in the state legislature) and public action (such as strikes) teacher associations and unions have been successful in demanding for their rights. However, they have not been successful in achieving improvements for employment (pay, job security and benefits) and wider improvements in the schooling system such as better quality education, equity and efficiency have not been achieved.

Analysing governance and political economy in sectors – Joint donor workshop, 2009

<http://www.odi.org.uk/resources/download/4665-full-report.pdf>

This workshop report highlights that need to apply governance and political economy analysis to sector reform. It also reports that many organisations are increasingly adopting this framework to help policymaking. However, as it points out, 'knowledge sharing and building the evidence base' on political economy analysis at the sectoral level is still emerging, and is one of the areas that still needs to develop. The report includes a mention of EC's work in the education sector.

5. Voice and Accountability

Synthesis Report: Review of impact and effectiveness of transparency and accountability initiatives,

Rosemary McGee & John Gaventa, Institute of Development Studies, 2011

http://www.transparency-initiative.org/wp-content/uploads/2011/05/synthesis_report_final.pdf

Transparency and accountability are seen as essential to address 'developmental failures' and 'democratic deficits'. The belief is that by tackling corruption and inefficiency; and encouraging new forms of democratic accountability, aid can be more effective and can achieve results. Citizen-led approaches have therefore become important. This new report reviews the literature and experiences in this field, with a focus on five sectors: public service delivery, budget process, freedom of information, natural resource governance and aid transparency.

The report finds some evidence that the initiatives have led to state/institutional responsiveness, lowering corruption, creating opportunities for citizen engagement, strengthening local voices, better budget use and better services. Evidence shows an understanding of the formal mechanisms and structures, relationships and power dynamics between the state and civil society; and attitudes and behaviours of actors, is important.

'Citizen voice' is influenced by:

- the capability to access and use information that is available for accountability
- the extent to which it is linked to wider action
- the degree to which they are a part of the 'policy cycle'.

The state's relationship with citizens is influenced by:

- how democratic it is
- the political will and support for accountability within it
- the wider political economy

Impact and Effectiveness of Transparency and Accountability and Initiatives: A review of the evidence to date – (Service Delivery)

(A Background paper to the Report above)

Anuradha Joshi, Institute of Development Studies, 2010

<http://www.ids.ac.uk/download.cfm?downloadfile=64180D7B-C209-4F4A-74E3AD9FFD63C194&typename=dmFile&fieldname=filename&ei=h5r0Ta7cLsO5hAesuOzkBg&usg=AFQjCNFceWxKvtBPauRuFS4041cmAQglpA>

This document is a background paper to the report above and is a review of the literature specifically on the experiences and impact of 'voice and accountability' initiatives in health and education. A large amount of the evidence on service delivery initiatives is around the impact of the tools that have been used. The paper therefore reviews various initiatives including public expenditure tracking, citizen score cards, information dissemination, community monitoring, etc. which highlight citizen voices and aim for accountability. The paper concludes that:

- Context matters: political economy factors, political strength of service providers, legal institutions, media, etc. – have an influence on the degree of success.
- Impact depends on how willing the public sector is to support accountability initiatives
- Accountability initiatives that can trigger sanctions (investigations, audits, etc.) can be more effective in improving responsiveness.
- Availability of information is not sufficient to bring action; other factors influence whether citizens can and will use such information.

- ‘Constructive dialogue’ between service providers and users, about the reforms needed, is important for the success of an initiative.

Strengthening Voice and Accountability in the Health Sector

PATHS, 2008

http://www.healthpartners-int.co.uk/our_expertise/documents/Voiceandaccountability.pdf

This technical brief looks at seven different initiatives in Nigeria which strengthened citizen voices and improved accountability. These include:

- Patient Focused Quality Assurance
- Peer Participatory Rapid Health Appraisal for Action
- Integrated Supportive Supervision
- Facility Health Committees
- Standards of care and Patient Charters
- Safe Motherhood Demand-side Initiative
- Community Action Cycle

A review of these initiatives found that:

- Involving clients and local representatives in the assessment and monitoring of service delivery improved provider responsiveness.
- Including community members in Facility Health Committees helped citizens to challenge failures.
- Although accountability of providers improved, it was more difficult to improve accountability of policymakers.
- Formal mechanisms such as the health appraisal or supervision, were more likely to make policymakers accountable as they not only put an obligation but also included incentives to respond.

Other ‘voice and accountability’ initiatives:

Uwezo – a four year initiative to improve literacy and numeracy levels of children in Kenya, Tanzania and Uganda

<http://www.uwezo.net/>

This includes a household survey which uses a simple tool to assess numeracy and literacy and provides instant feedback to parents and children, as well useful information for public debate, policy and for monitoring purposes. This survey is repeated every year so that it can catalyse change.

‘Reality Check’ – a listening study (a SIDA-funded initiative in Bangladesh)

http://www.grminternational.com/hiBand/news/documents/Bangladesh_Reality_Check.pdf

The aim of the study is to listen to and understand people’s perspectives on national health and education programmes in Bangladesh. It is a qualitative, longitudinal study over five years. The findings will feed into the SWAps of both education and health

Reality Check: the first year’s report

www.grminternational.com/hiBand/news/documents/SIDA_Bangladesh_Reality_Check.pdf

6. Other useful resources

Uganda social sector strategic objectives development

D Evans and B Kennedy (2000)

http://pdf.usaid.gov/pdf_docs/PNADR102.pdf

Rethinking School Health – a key component of education for all

<http://www.scribd.com/doc/52943787/Rethinking-School-Health>

Sharing Knowledge for Action on Maternal, Newborn and Child Health

<http://portal.pmnch.org/knowledge-summaries>

School health and nutrition

<http://www.schoolsandhealth.org/Pages/Bibliography.aspx>

The Africa Governance, Monitoring and Advocacy Project (AfriMaP)

<http://afrimap.org/>

Sectoral and problem driven political analysis

<http://www.odi.org.uk/work/programmes/politics-governance/topics/details.asp?id=451&title=sectoral-problem-driven-political-economy-analysis>

7. Additional Information

Author

This query response was prepared by Shanti Mahendra

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