

Inform and Empower to Improve Public Services

Introduction

Effective services, like schools, police, health care, roads, drinking water and sanitation contribute directly to the well-being of communities. Around the world these core services are a responsibility of the public sector and people overwhelmingly rely on public sector providers to make sure that children are born in safe settings and vaccinated; that they have clean water to drink; and that they are taught to read and write. For an economy to grow and prosper, producers - both big and small - must be able to hire literate workers, use well-maintained roads and transport, be protected from crime and disorder, and have safe ways to dispose of waste.

For those living in rich countries, basic services are often taken for granted. However, in the developing world providers often fail to deliver essential services and people bear the consequences.

- Nearly all rich country homes have safe, piped water available 24 hours a day, but about 800 million people in the developing world still get water from open sources such as ponds or streams.¹
- In rich countries only about 85,000 children under age 5 die each year from all causes. In the developing world, some 3 million babies die within the first 28 days from conditions that could be prevented if mothers received prenatal care and gave birth with a trained attendant.²

One of the reasons people in developing countries lack services is physical access - they are just too far away from a provider. But physical access is only one piece of this puzzle, and usually the easiest piece to put in place. Indeed, over the past 20 years large gains in access have been made in many countries and more people live closer to schools, clinics, wells or roads.³

This massive expansion of physical infrastructure has led to the next challenge: are these services effective and of adequate quality? When a child reaches school, do they learn? If a person reaches a clinic are they treated? Does the well have any water? Is the road passable?

In many developing countries, the public sector is unable to meet these challenges alone:

- Providers often do not show up. In a multi-country study, researchers found that on any given day 1 in 5 teachers and 1 in 3 health workers were not at work.⁴
- Even when the providers show up, they often lack the basic tools to do their job. Teachers often have to cope with missing textbooks or writing materials, health workers do without even the most basic instruments such as a scale.
- Even when providers are present and have the tools, they perform poorly. A study of medical practice in New Delhi finds that doctors in public clinics only do a fraction of what they medically should do, and do not achieve the standard of "do no harm".⁵

While it is easy to build a road or a clinic, the complex task of actually *delivering* services -- making sure the asset is maintained and operational, appropriately trained and motivated staff is present -- is the challenge of the future. Resources are necessary, but experience shows that resources are not sufficient. Pouring more resources into the clogged pipe of business as usual will not meet the challenge.

Public service delivery needs to be re-invigorated from the bottom up.

Traditional Approach: Top down vs. bottom up

Changing public service delivery needs to begin with a system approach. Nearly all the developing countries have attempted to address their problems with an organizational form transplanted from a particular period of the history of the rich countries - the hierarchical civil service. Historically, development thinking was seduced by the idea that *the* solution to every problem was to design and fund a program to address it - a program that would be implemented by a top-down bureaucracy following rules. The response to weak services was simply to continue to rely on the same system of top-down civil service provision of services, but adding more and more resources or more special programs to address the obvious gaps.

But what happens when *the solution* is the problem? If clinics do not have drugs the common response has been to provide more - but what if the existing supply is being sold on the black market? If children are not learning the common response is more training for teachers - but what if half of teachers are either not present or not teaching when present? In some ways the pipe that converts inputs into services is clogged and, as the Indian Finance Minister has said, "You do not repair a leaking water supply pipe by simultaneously stepping up the water pressure."⁶

The diagnosis is not to blame the front-line workers—very often the best teachers, nurses, and water engineers are also hampered and demoralized by the same system that frustrates users. A key to solving the "leaky-pipe" problem is to create a system of accountability. Citizens and communities need to hold politicians and policy makers accountable for providing public sector resources. And policy makers must be able to hold providers responsible for their performance in delivering services.⁷

Efforts to improve accountability have been ineffective, largely because they have focused on *top-down* accountability (reporting up the hierarchy) rather than *bottom-up* accountability to citizens (means to communicate their demands to policymakers) and because they have tracked *inputs* and *outputs* rather than *results* achieved.

Rewarding inputs rather than results achieved means that policymakers generally hold providers accountable for money spent and quantity of outputs (like patients treated, wells constructed) rather than what people actually value. Incentives to provide quality service at health clinics are weak if budgets and rewards are tied only to the number of patients seen, not to the quality of care.

For the system to work effectively we need bottom-up accountability to complement these top-down systems.

Providers and policymakers have greater incentives to act if they know that people care and are pushing for change. In Tanzania, for example, money allocated to primary education was not reaching schools on time due to the bureaucratic chain. Policy makers were aware of the problem, but took no action. A civil society group focused on "bottom up" accountability supported five journalists to investigate the issue in five different regions in Tanzania in 2003. Their findings, which confirmed the problem, were published in national papers - creating broad awareness and leading the education minister at that time to personally visit many of the regions affected. While the issue of timely funding for schools has not been fully solved, it is now significantly better. Now, local government officials, teachers and parents are more aware and able to follow-up when there are delays. The government also publishes disbursements

in newspapers and there is more money for books and teaching supplies on the ground. Essentially, providers and policy makers require information from their citizens to be more responsive to their needs.

Policy makers and providers also operate in an information-scarce environment. They often do not have evidence about the effectiveness of their policies. For example, in the water and sanitation sector, more evidence on "what works" has been identified as a critical need to inform better decision-making and ultimately better service quality.⁸ Good information enables them to better allocate resources and plan effectively.

It is important to note that information alone may not be sufficient inducement for communities to overcome collective action problems.⁹ In some cases, informing communities about their rights and entitlements is enough to spur action toward improved service delivery.¹⁰ In other cases, communities remain apathetic and fail to take action to improve their services even when they have relevant information.

Our Approach: Inform and Empower

The Google.org Inform and Empower initiative encourages the vision of a mutually reinforcing system of empowered citizens and communities, responsive providers, and informed decision-makers in pursuit of delivering public services.

We believe that providing meaningful, easily-accessible information to citizens, communities, service providers, and policy makers is a key part of creating home-grown solutions to improve the quality of public services. Better information can help governments and other providers spend scarce resources wisely. And, empowered by information, citizens and communities can demand better services from providers or develop new solutions to meet their own needs.

We will work with public, private, and civil society partners to address each side of this problem. This initiative will begin with a focus on education, health, and water and sanitation services in East Africa and India. Our work will support efforts that lead to empowered citizens/communities, responsive providers, and informed decision making. Success will depend on the presence of strong and effective leadership and we are also committed to investing in the next generation of business, government, and civil society leaders to ensure the sustainability of this initiative.

No Single Solution: Many Paths to Success



Top-down Approach	Bottom-up Accountability	Outcome
Between 1991-1995, a public expenditure tracking study determined that only about 30 cents of every dollar authorized for instructional materials in Uganda reached schools.	In response to this study, the government began releasing data on monthly education spending to newspapers and radio stations. Schools were required to post notices on monthly transfers of funds received.	By 1999, an average of 80 cents of every dollar authorized for instructional materials actually used to buy books.
In 1994, only 9% of citizens living in Bangalore India, were satisfied with public services.	In 1994, 1999 and 2003, Public Affairs Centre (PAC) in Bangalore launched a series of Citizen Score Cards to gauge government performance.	By 2003, 49% of Bangalore citizens were satisfied with public services.
Before 2005, the Education sector in India was only focused on outputs (number of schools, enrollment rates).	In 2005, Annual Status of Education Report (ASER) provided data for the first time ever on basic reading and addition/subtraction skills of rural children across India.	Today, we see increased debate around quality of education in India.

Empowered Citizens and Communities

We will support efforts to provide easily accessible information to people so that they can choose the best strategy for themselves and their community to improve the quality of public services. We will use multiple modes of communication (such as media, mobile, e-kiosks and other technologies) to allow a broader range of citizens to access information and we will seek innovative methods for disseminating information. We're focused on:

- Informing citizens of their rights, entitlements, choices, and quality of public services
- Providing tools and information to increase access to and use of available services Supporting civil society organizations that strengthen links between communities and policy makers.

Responsive Providers

We will enhance public and private providers' abilities to respond to the challenges of service delivery and increased demand. Access to new tools and better information will increase providers' autonomy and flexibility shifting away from "business as usual" approaches to public services. Top-down accountability has too often failed because it is difficult to know what happens on the ground in an information-scarce environment. We envision providers that are responsive to citizen needs and committed to improving performance. We're focused on:

- Increasing transparency in local budgeting and performance for improved resource allocation
- Improving data quality to inform planning
- Expanding service delivery with innovative information-based tools

Informed Decision-makers

We will work to enhance the quality and quantity of data and evidence available for policymaking. To "unlock" existing data that is not publicly available, we are seeking innovations in the way data can be accessed, entered, stored, analyzed and communicated. We believe that the transparency that comes with more public information increases checks and balances between citizens and policymakers. We're focused on:

- Developing local capacity for data collection and analysis to inform decision making
- Making existing information more public and useful for planning and advocacy
- Generating evidence on "what works" and sharing it widely

A lot of creative and innovative efforts addressing these challenges are already happening in a handful of environments. Our role is to strengthen some of these efforts by contributing financial resources and by harnessing Google's talent. We will work in partnership with the public, private and civil society sector.

¹ Unicef (2006), "Meeting the MDG drinking water and sanitation target: A mid-term assessment of progress," Available at: <http://www.unicef.org/wes/mdgreport/index.php>.

² Bryce, J. *et al.* (2005), "WHO estimates of the causes of death in children," *Lancet* 365: 1147-52.

³ World Bank (2004) "Making services work for the poor," Washington DC: World Bank.

⁴ Chaudury, N. *et al.* (2006), "Missing in Action: Teacher and health worker absence in developing countries," *Journal of Economic Perspectives* 20(1): 91-116.

⁵ Das, J. and J. Hammer (2005), "Money for Nothing: The dire straits of medical practice in India," World Bank Research Working Paper 3369.

⁶ Minister Chidambaram, August 2006, http://www.financialexpress.com/old/latest_full_story.php?content_id=138622

⁷ World Bank (2004) "Making services work for the poor," Washington DC: World Bank.

⁸ Zwane, A. and M. Kremer (2007), "What works in fighting diarrheal diseases in poor countries? A critical review," World Bank Research Observer ; Zwane and Kremer 2007, Glewwe and Kremer 2004); Glewwe, P. and M. Kremer, "Schools, teachers, and education outcomes in developing. countries," in Handbook on the Economics of Education, Elsevier

⁹ Miguel, E., and M. K. Gugerty. (2005). "Ethnic diversity, social sanctions, and public goods in Kenya", *Journal of Public Economics*, 89(11-12), 2325-2368.

¹⁰ Reinneka, R. and J. Svenson, "Fighting corruption to improve schooling: Evidence from a newspaper campaign in Uganda," *Journal of the European Economic Association* 3(2-3): 259-67; Bjorkman, M. and J. Svenson (2007) "Power to the people: Evidence from a randomized field experiment of a community-based monitoring project in Uganda," CEPR Discussion Paper 6344.

Chart Source: (i) Reinneka, R. and J. Svenson (2005), "Fighting Corruption to Improve Schooling: Evidence from a Newspaper Campaign in Uganda" *Journal of the European Economic Association*, 3(2-3): 259-267 (ii) Paul, S. 2006. "Public Spending, Outcomes, and Accountability: Citizen Report Card as a Catalyst for Public Action." *Economic and Political Weekly*, January 28, pp. 333-340; (iii) ASER 2005 (<http://pratham.org/ASERdiscussionseries.pdf>)