

## Conference on Transformation and Development: Social Service Delivery

### Background note on accountability in the delivery of social services

One crucial difference between social service delivery in middle income and poor countries is the level of accountability. Absenteeism is a clear and simple indicator of this general lack of accountability and poor functioning social services. In this respect Sierra Leone is typical of a poor country, having very high rates of absenteeism amongst both health workers and teachers. It is very difficult to fix any other aspect of social services without fixing endemic absenteeism—there is no point in having drugs or books if there are no health workers or teachers to use them. Accountability is a difficult problem to fix, particularly in rural areas where teachers and health workers are often more educated and better paid than the communities in which they work making it hard for locals to challenge them. This note will try to briefly highlight the current situation in Sierra Leone and examine the record of other countries in tackling this difficult problem.

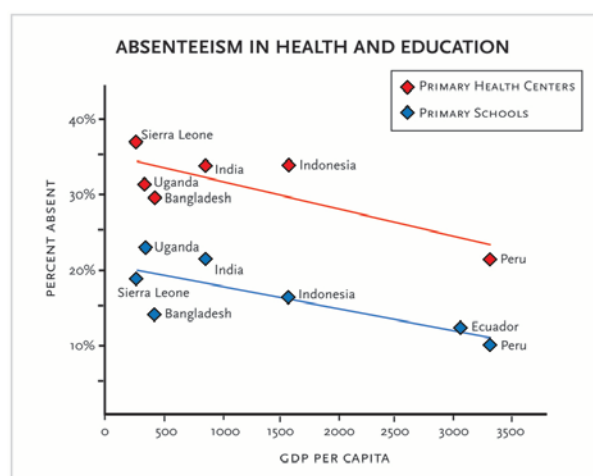
#### Absenteeism in Sierra Leone Social Services

In 2006 surprise visits were made to 287 schools across the country to assess the level of absenteeism. Around 3 percent of schools nationally were closed when enumerators arrived. In schools that were open 22 percent of teachers and 27 percent of head teachers were absent. When teachers were present and only 45% were actually teaching (the rates were much worse in some districts). Yet there was little evidence that the system was punishing teachers who were absent. Of the 60 head teachers who said they had had a problem with a teacher being repeatedly absent, 31 percent had issued verbal warnings whilst only 24 percent had issued written warnings, none were reported to have been fired.

As with the majority of countries, healthcare absenteeism appears to be an even larger problem. A 2008 survey in Sierra Leone found 18 percent of clinics closed, despite staff having prior warning of the visit and all clinics having several members of staff. Staff rosters indicate that health worker absenteeism may be as high as 44 percent.

#### Absenteeism Worldwide

At 22 percent teacher absenteeism in Sierra Leone is high, exceeding the 16 percent rate in Bangladesh and far higher than the 5 percent absentee rate reported by New York State, although below the 27 percent rate in Uganda. Chaudhury et al (2006) demonstrate that income per capita and the level of absenteeism in a country are closely connected—in other words if Sierra Leone is to become a middle income country it needs to fix this problem.



## What Can be Done?

Given the importance of these services to poor communities in Sierra Leone finding effective, implementable solutions to combat low accountability as measured by poor absenteeism are crucial. Drawing on international experience three categories of intervention are discussed here; external monitoring, incentives, and community monitoring and empowerment.

**External Monitoring-** Allowing supervisors to reward or penalise employees based on attendance is a commonly followed strategy. Worldwide experience suggests that such schemes are not very successful. The Kenyan Early Childhood Education Project provided bikes to teachers with sufficiently high attendance rates. This scheme seemed to be a huge success, with every targeted teacher qualifying for the prize. Unannounced visits to the schools however showed the scheme to have had no effect at all. Principals were unwilling to deny absent teachers prizes and gave them out irrespective of actual attendance so the mechanism failed. In Udaipur, India, a local NGO (Seva Mandir) worked with the government to install date and time-stamping machines to monitor nurses and provided information on attendance to their supervisors. A rigorous evaluation found that for a few months this program was successful; however this was short-lived as nurses deliberately broke several machines and supervisors became willing to excuse nurses even if they had high absence rates (Banerjee, Duflo, and Glennerster, 2008), so that by the end absenteeism was higher in the monitored group than in the control group.

External monitoring has however been shown to work effectively, when properly enforced in a situation where supervisors have no discretion about whether providers are punished. In rural Udaipur, India, teachers at 60 schools were given cameras with tamper-proof date and time stamps. Their pay was then linked to taking photos of themselves with their class at least 5 hours apart on a school day. Teacher absence fell quickly and remained low, with absences dropping 20 percentage points, extreme delinquency disappearing, and 36% of teachers recording above 90 percent attendance. This had an important impact on the students who scored significantly higher on their tests in the following year.

**Outcome Incentives-** Another way of trying to increase accountability is to reward results. For 50 rural schools in Kenya prizes were made available to teachers if their classes performed well on standardised tests. Glewwe, Ilias and Kremer (2003) found that rather than improve either attendance or teaching quality, this scheme simply increased the number of test preparation sessions. A similar scheme in Andhra Pradesh, India, improved teaching, successfully raising student test scores, even for subjects in which there were no incentives (Muralidharan and Sundararaman, 2006.) The impact on absenteeism however was still limited. The reward scheme with the greatest impact reducing teacher absenteeism was found to be giving scholarships directly to pupils themselves. A Girls Scholarship program in Kenya offered scholarships to sixth-grade girls who scored highest on tests. It was unexpectedly found that in response to students' increased motivation teachers were absent 4.8 percentage points less (Kremer, Miguel, and Thornton, 2007)

**Community monitoring and empowerment-** Another method of reducing absenteeism may be to empower communities to hold their local service providers to account. The Citizen Report Card programme in Uganda informed communities about the quality of services in their community and facilitated a 'shared action plan' to monitor providers, including a 'community contract'. Björkman and Svensson (2007) showed an increase in the quality of health care due to increased provider

effort, including a 10 percentage point improvement in attendance, increases in vaccination rates and a fall in child mortality. A very similar program of prompting the community to hold poorly performing teachers to account in India however was unsuccessful (Banerjee, et al., 2008).

Producing report cards on schools which give information on school's relative to other similar schools was effective in improving education outcomes in Madagascar (Nguyen and Lassibille, 2008). It is not clear whether the improvement came because the information was used by communities to pressure schools to improve or whether the information was used by the education system to improve performance or whether teachers simply felt shamed into performing better by the information released to their peers.

Giving communities real power over social service providers has proved to be effective in a number of settings. In a 2008 study of the Kenyan Extra Teacher Programme Duflo, Dupas, and Kremer found that by contracting teachers locally on short term renewable contracts teachers were 16 percentage points more likely to be teaching than centrally contracted teachers in non-target schools and test scores were higher in classes run by the locally hired teachers. These 'extra' teachers held the same qualifications as centrally contacted teachers, but were paid less. Despite this their attendance and results were better, demonstrating the power that communities may be able to have if they can hold service providers to account. Other programs where teachers were hired on short term contacts also saw positive results such as the Balsakhi program in India (although here the teachers had lower qualifications than regular teachers they performed substantially better than government teachers).

**Private schools, competition and vouchers:** it is tempting to think that private schools will have greater accountability than public schools because parents in this case hold the purse strings. As yet there is not conclusive evidence, on whether private schools for the poor produce better outcomes than government schools. In addition there are concerns that the very poor are excluded from private schools. Voucher schemes, whereby the government provides financing for poor students to go to private schools is one strategy that has been advocated to maintain free education while promoting competition and accountability as they allow parents to choose between different schools and to vote with their feet if they are unsatisfied (Friedman, 1962). Colombia's PACES program, which provided vouchers to students from poor neighbourhoods to attend private schools as long as they maintained their grades, showed that the program led to substantial increases in both attendance and test scores for participants (Angrist et al 2002 and 2007). However, the evaluation was not able to assess the impact of vouchers on the overall education system and there are concerns that the public schools in the area may have performed worse as the most motivated parents left the system.

In Pakistan, a program promoted competition between different schools in an area served both by public and private by providing information on the quality of the school. A rigorous evaluation found that the program was effective in increasing test scores in public schools and putting downward pressure on fees in private schools (Androdi et al, 2009).

In Sierra Leone, vouchers and increase competition, however, are only likely to be an option in Freetown and other major cities as in rural areas the local school is usually a monopoly provider.

## Conclusion

If Sierra Leone is to provide middle income quality social services it needs to improve the accountability of service providers such as teachers and health workers. Rewarding for performance is one option but the evidence is that it is quite hard to make these systems work well. Local communities have the incentive to make sure that local service providers are good but simply having them monitor providers and send their information up the system has only worked in a few places. Publishing league tables of performance has been shown to work well in some cases but this is likely only to be a solution in Freetown where there is competition between different schools or clinics. In most rural areas even if you know the local school is bad people cannot change to a better one. Perhaps the most promising approach for rural and urban areas is to use the system of community teachers and help them improve their impact. Teachers hired by the local community have been shown to outperform those hired centrally in Kenya and India. India has pioneered a system where this type of para teacher can be trained to perform specific tasks very effectively (namely getting all kids to the point of being able to read). Ghana is experimenting with this approach, learning from India and Kenya. This seems a promising avenue to explore in Sierra Leone.

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