

Public Service Delivery: Global Evidence on Alternative Strategies for Sierra Leone

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Overview: Sierra Leone

- Access to health and education services has improved sharply since war
- Learning levels and health outcomes are still very low
- Absenteeism of social service providers is endemic
- Clean water is an area of underinvestment (as in much of West Africa)

Overview: Global Evidence

- Innovative strategies to improving public services have been tested using randomized control trials across Africa and the developing world
- Sierra Leone can benefit from this evidence and select proven innovations that meet the needs of the country
- Improving accountability and addressing absenteeism is key if services are to improve
- Mass delivery of cheap health prevention products can bring large gains without complex infrastructure
- Highly successful literacy strategy from India now being tested in Ghana
- Some new ideas for rural water

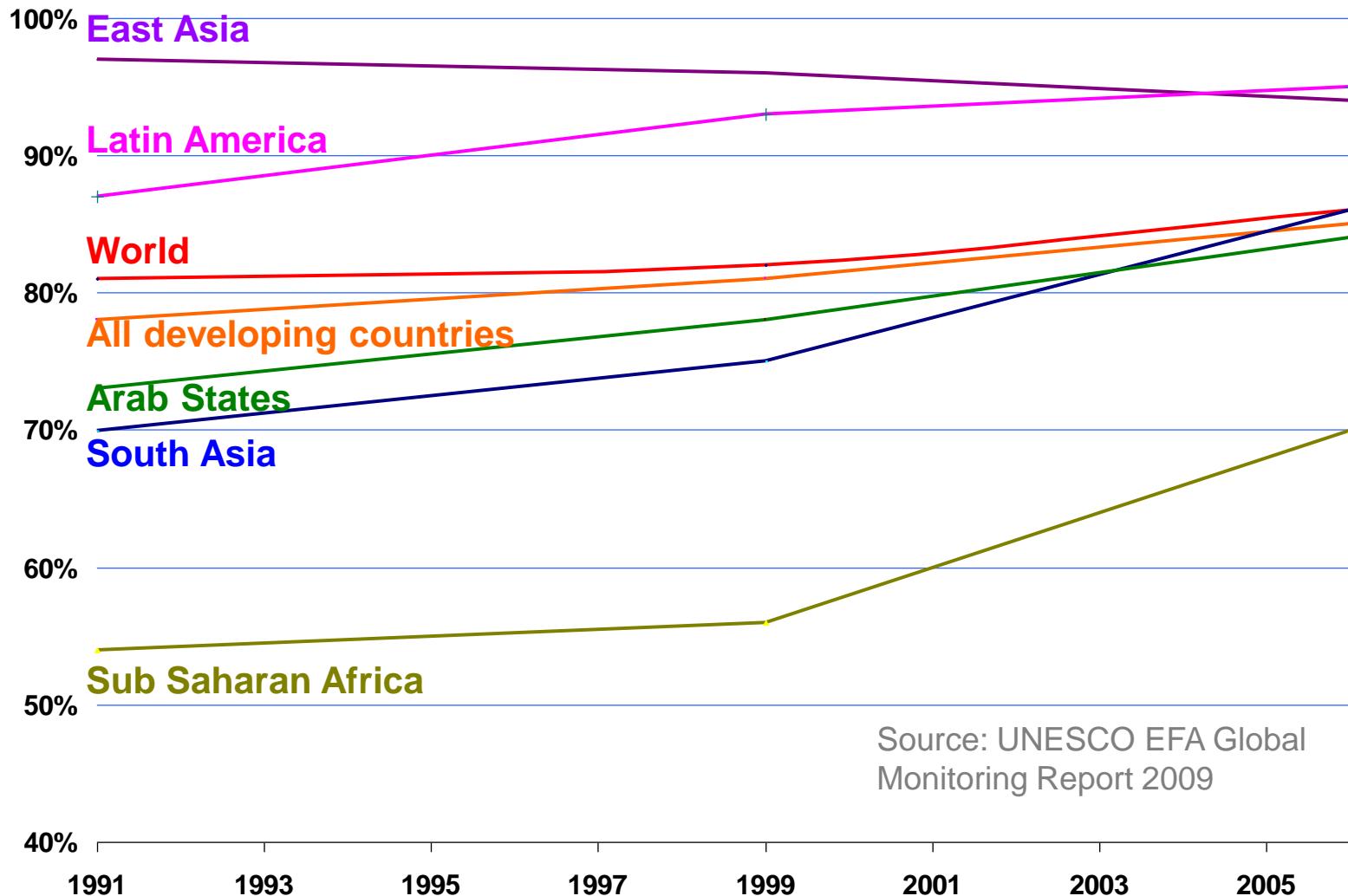
EDUCATION

Access to education has improved

Access to Primary Schools (all types)			
time to nearest primary school	% of households		
	2005	2007	2008
less than 15 min	50	65	65
15 to 30 min	18	9	9
31 min to 1 hr	19	14	14
between 1 and 2 hr	8	8	8
over 2 hours	3	2	2
none nearby	2	3	2

Note: less than half of rural adults had any schooling when they were children, now more than 70% of primary aged school children attend school regularly, this is a dramatic turn around in a generation.

Primary School Enrollment Rates



COST-EFFECTIVENESS: ADDITIONAL YEARS OF EDUCATION PER \$100 SPENT

19.5 YRS



INFORMATION
ON RETURNS
TO EDUCATION,
FOR PARENTS
(MADAGASCAR)

1

14.0 YRS



DEWORMING
THROUGH
PRIMARY
SCHOOLS
(KENYA)

2

.71 YRS



FREE PRIMARY
SCHOOL
UNIFORMS
(KENYA)

3

.27 YRS



MERIT
SCHOLARSHIPS
FOR GIRLS
(KENYA)

4

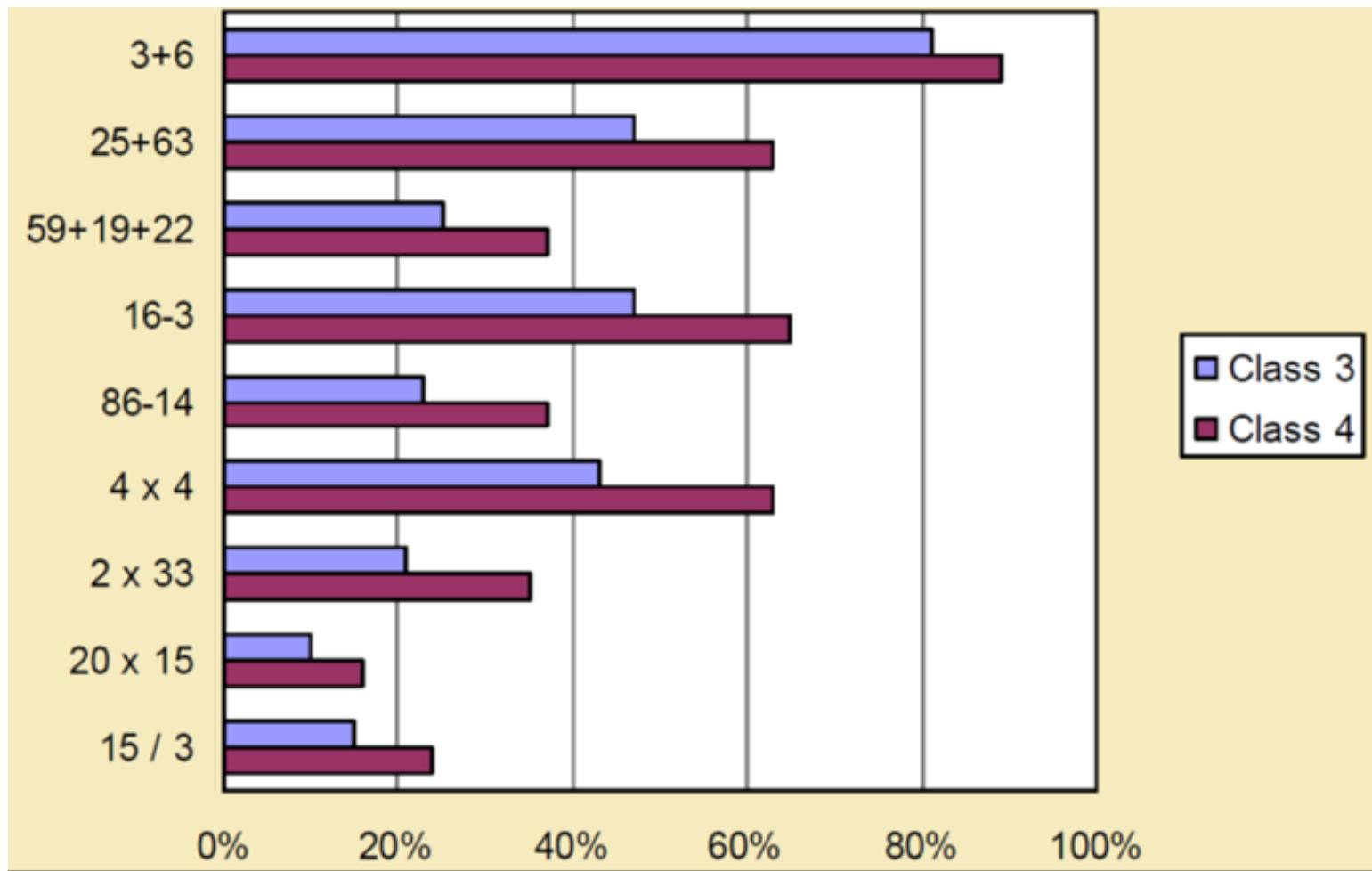
AFRICA

■ information ■ incentives/reduced costs ■ health ■ inputs



★ PROGRAM ACHIEVES MULTIPLE OUTCOMES

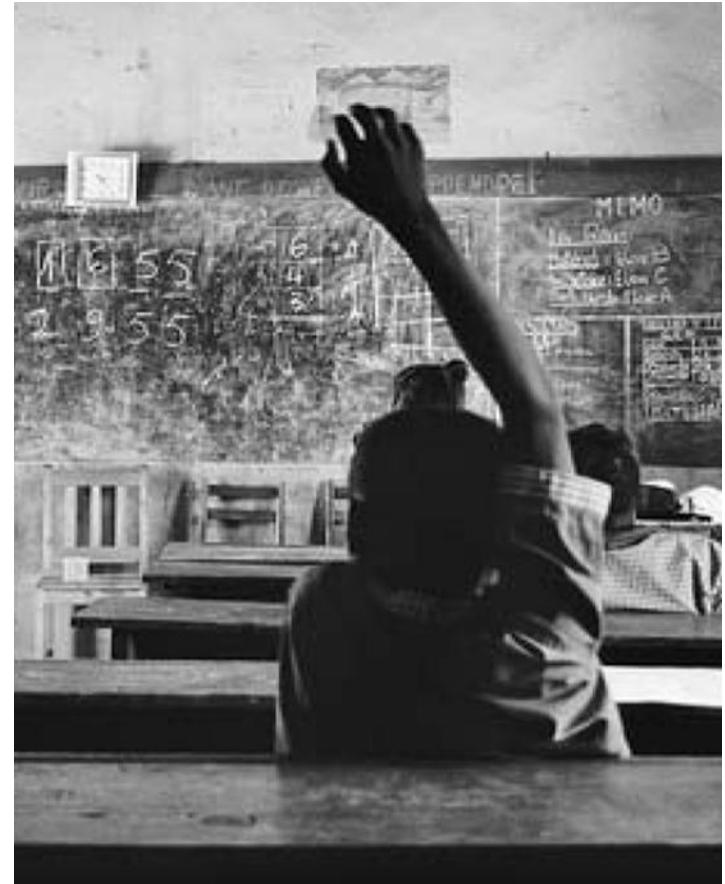
Quality of learning is very low



Numeracy levels in 350 disadvantaged schools in 5 randomly chosen districts in Sierra Leone

Evidence on improving learning

- Accountability is key
- No evidence that more textbooks or more teachers on their own will improve learning levels
- Possibly because curricula often pitched at the wrong level
- Sharply increasing the number of textbooks in Kenya only benefitted those who were already performing well
- Several studies suggest that aiming teaching to the right level can produce substantial gains



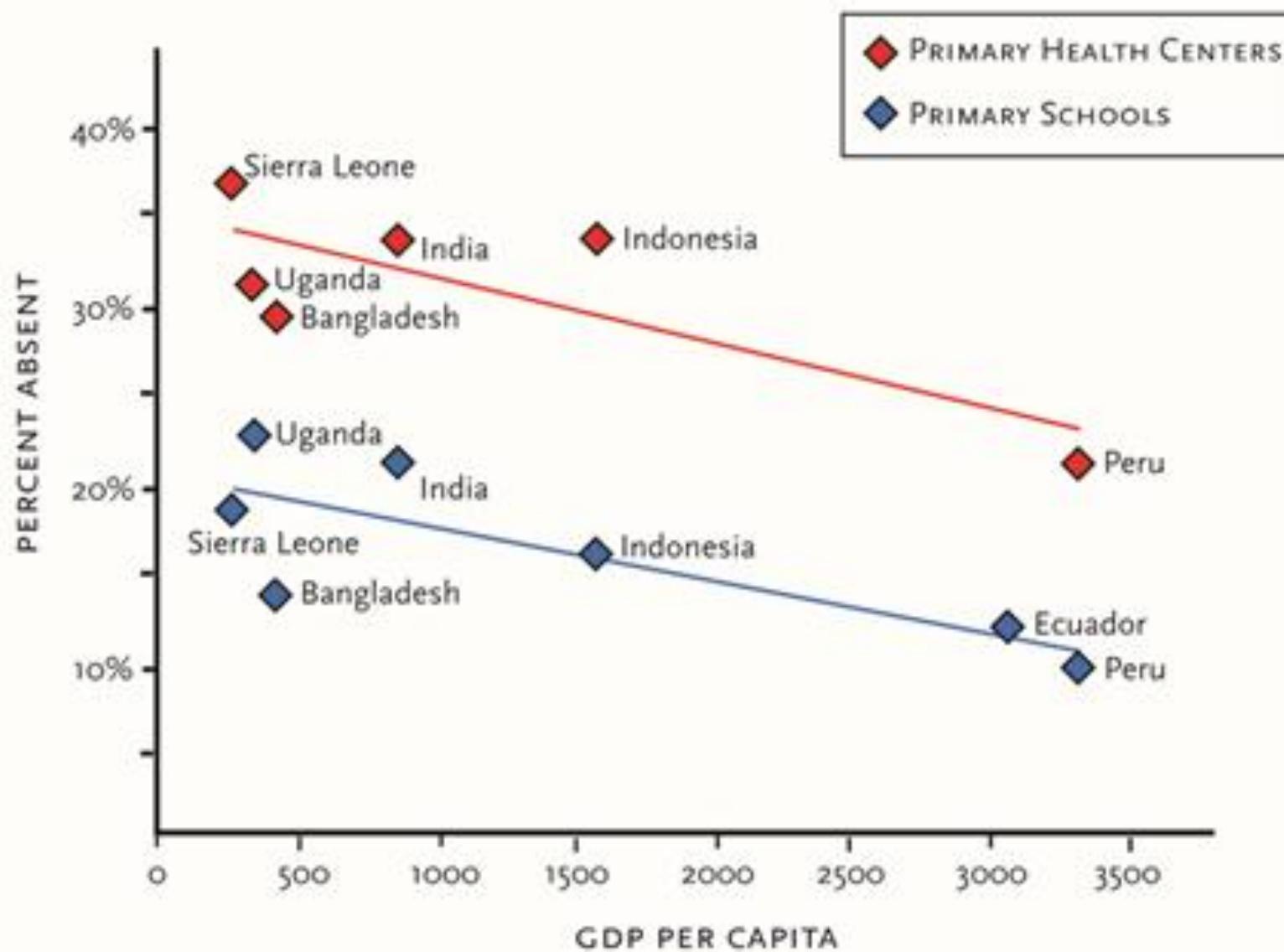
Promising Literacy Program

- Innovative program in India trained local teachers/volunteers to deliver basic literacy to children falling behind
 - different models in different states all highly effective
- Locally hired teachers in Kenya used to divide classes by initial knowledge of English
 - locally hired teachers outperformed centrally hired teachers
 - low performing children gained most
- Ghana taking this evidence and training youth to provide supplemental literacy to those falling behind



ACCOUNTABILITY IN PUBLIC SERVICES

ABSENTEEISM IN HEALTH AND EDUCATION



Staff rising – but availability is falling

Indicator	2005	2006	2008
Fraction of functional clinics open at arrival	0.84	0.88	0.82
Average fraction of staff positions filled	0.59	0.63	0.71
Fraction of clinics with patients present	0.56	0.53	

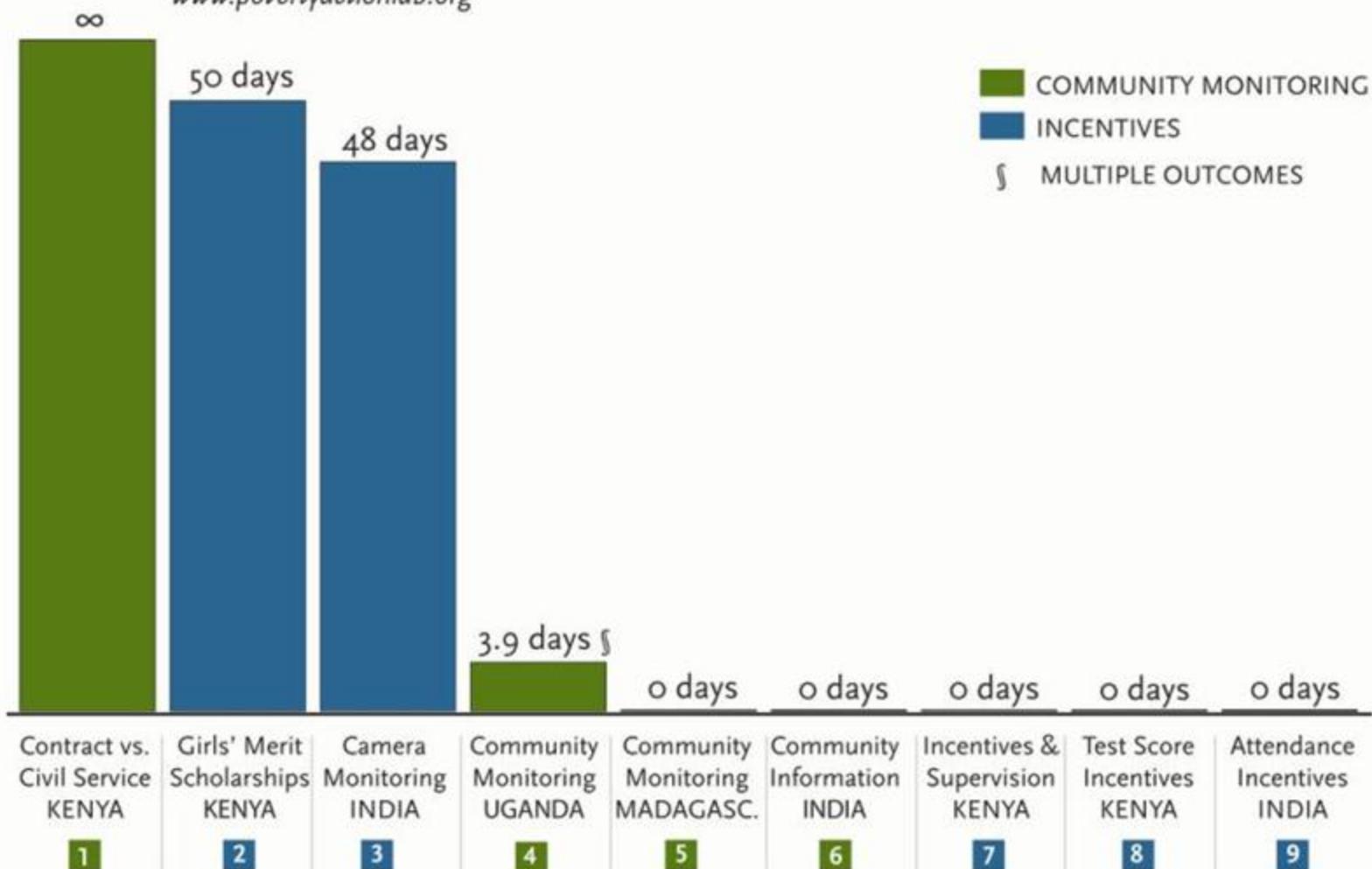
Accountability Must Be Real

- Incentives to teachers in Kenya failed because headmasters had discretion and gave to everyone
- Giving local school committees power to hire and fire teachers in Kenya was successful
- Teachers in India paid bonuses based on number of complete days taught
 - Had to take picture with class at start and close of day to get bonus
 - Absence dropped from 44% to 21%
 - Test scores increase 0.17 sd



Figure 1:

J-PAL COST-EFFECTIVENESS: additional days of provider attendance per \$100 spent
www.povertyactionlab.org



HEALTH

Health in Sierra Leone

- Sierra Leone has some of the worst health indicators in the world
- Network of clinics restored after war, improving access
- Policy of free health care for lactating mothers and children under 5
- But regular distribution and reliability of supplies and staff are major challenges
- Policy of free care does not always translate into actual free care:
 - Prior to new policy, over 50% paid for vaccines

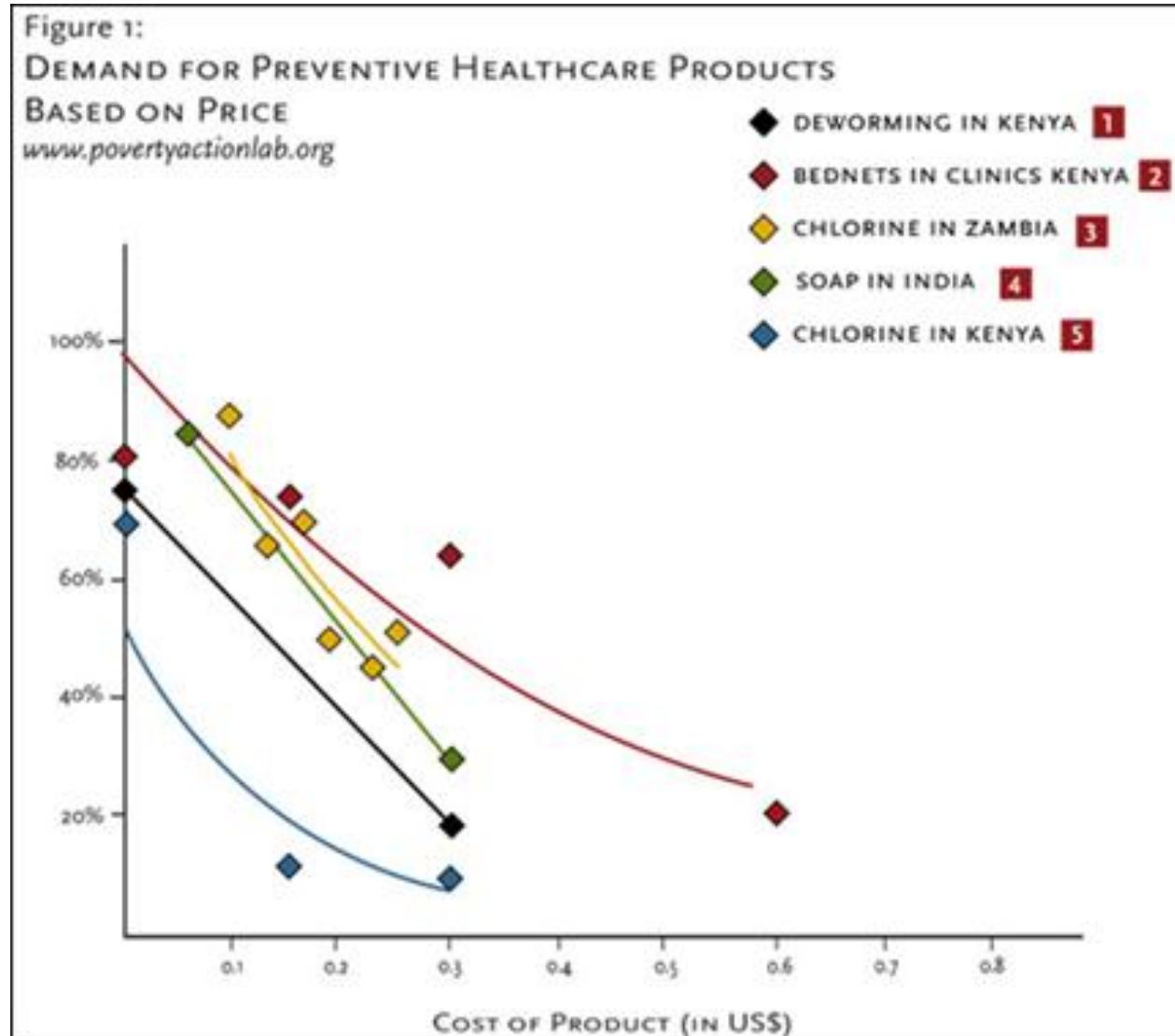


Health Priorities

- By far most costeffective investments in health are simple prevention or mass treatment technologies:
 - Vaccines, insecticide treated bednets, deworming Incentives, dilute chlorine, vitamin A
 - Also easier to absorb these investments in a natural resource boom than more doctors or more clinics
- Challenge is achieving high take up as people do not invest in prevention
- Evidence shows that people will not pay much or travel far to invest in prevention and nonacute treatment



User fees and take up rates 5 studies



Strategies for distribution

- How to get free, reliable, convenient access to prevention in a country with very low population density? Can't have clinics everywhere
- Schools: closer, more reliable
 - E.g. mass school based deworming, vitamin A, HIV education, micronutrients
- Incentives: study in India showed takeup increase and costs fall with incentives
 - Mothers travel further for vaccines with incentives, saves nurse time
- Reliable camps and 1kg lentils
 - Vaccination rate rose from 6 to 39%



WATER

Urban Water Privatization

- Improving urban water systems is extremely expensive
 - Is this the priority for massive public investment?
 - Can the private sector help?
- Evaluation of private water delivery in Argentina suggested it improved quality of service delivery and reduced child mortality by 5-7%
- Important to have contestable contracts—i.e. if private company does not deliver good quality penalties enforced and contract given to another firm



New Ideas in Water Delivery

- Diarrhea one of the major causes of death amongst young children
- Even if water is clean at source it often gets contaminated before it is drunk
- Adding dilute chlorine kills bacteria and prevents recontamination
- Standard approach is to sell small bottles of dilute chlorine to households but this is expensive
- New approach of having stands of free dilute chlorine next to water sources was very effective in Kenya
- Unlike other technologies use increased over time

