# Poor people
# poor services ?
*How the poor can
influence the effectiveness
of local services*

Municipal services such as drinking water matter hugely to the poor, and so do the organizations that deliver them. These organizations may be (local) government departments, private enterprises, or something in between, and poor people have several ways of influencing them. In the first part of this publication, Mr Shantayanan Devarajan, lead author of the World Development Report 2004 'Making Services Work for the Poor', discusses the quality of and access to services, and the accountability of the service providers to the poor. The case of the city of Gedaref in Sudan is presented in highly informative detail. It concludes that the poor influence local government providers and NGO providers in many ways, through a layer of local intermediate institutions for participation and local democracy.

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Photo: a water treatment facility in Gedaref, Sudan

# Introduction

Municipal services such as drinking water matter hugely to the poor, and so thus do the organizations that deliver them. These organizations may be (local) government departments, private enterprises, or something in between, and poor people have several ways of influencing them.

The mirror image of this influence is called accountability: providers of services listening to citizens, their clients, and properly answering to them.

The World Development Report 2004 'Making Services Work for the Poor' starts with the observation that many services often fail the world's poor in terms of access, quantity and quality. One reason may be that service providers answer firstly to policy makers and donors who are the source of their budgets. This may push client needs and knowledge-interaction into the background. Services delivered thus suffer, or do not receive the attention they deserve. In the model analyzed in the World Development Report 2004, two primary approaches are identified to change this behaviour. The first is a direct influence of clients on service providers by charging fees (which the service provider would not wish to lose) and response mechanisms (to make views known). This is known as the 'short route of accountability'. The second way is by democratic and participatory processes, in which citizens influence the policymakers who in turn pressure the service providers to raise standards. This is the 'long route of accountability'.

The first part of this publication is a speech by the lead author of the World Development Report 2004, Mr Shantayanan Devarajan of the World Bank, delivered as the Aladin lecture 2007. He outlines the essence of the model proposed by the World Bank and illustrates its points with examples. He argues that common solutions such as participation and decentralization do not always result in better accountability, and that these solutions can also create problems of their own.

Photo: solid waste collection in Gedaref, Sudan

Routes of accountability, participation, decentralization – how do these play out locally? Local governments are policy makers distinct from central government, and they are often also providers (though not the only ones). There may be local elections and a local civil society with strongly felt opinions about services. We also raised the issues contained in the World Development Report 2004 on the city of Gedaref in Sudan, with which the Dutch city of Eindhoven has a longstanding twinning relationship.

The case of Gedaref illustrates how waste disposal, water provision and health services improved and what shifts in accountability took place to facilitate the process. The World Bank model turned out to be helpful for analysis. For instance, one can conclude that Gedaref's Solid Waste Company is now largely accountable to the poor, and that the State Water Corporation is also moving in that direction.

However, the big picture is complex. In Gedaref, there is an important web of intermediate organizations; semi-governmental and voluntary. The presence of this web bodes well for accountability relationships; it offers many channels to voice concerns and project influence. This situation is not the result of a plan (let alone of any overarching idea of accountability), but of accidents of history and many concrete measures for many concrete problems. It was therefore hard to capture in terms of the model.

The model simplifies reality, and one case hardly disproves a theory. Our case though indicates a situation in which local government is both policy maker and service provider, working with many intermediate organizations and associations. It suggests that the issue is not whether routes of accountability are short or long, or more or less effective but whether the poor are convinced they have real influence.

*The Hague, January 2008*
Arne Musch and Rob van den Boom

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**Shantayanan Devarajan**

# Making Services Work for the Poor
# The Aladin
# Lecture 2007

Photo: at a drinking water pump station in Gedaref, Sudan

**Dear friends and colleagues,**

Service delivery is failing the world's poor. We can all see that, and we know the problems have deep roots in many countries. Despite this large number of failures, there are some successes. But the successes come with new sets of problems for citizens, for governments central and local, for development agencies and banks such as the one I work for. So I could use some help...

I would like to deal with today's subject in this way: describe the problems, identify solutions, and then identify problems that come with the solutions. Let us turn to the problems first.
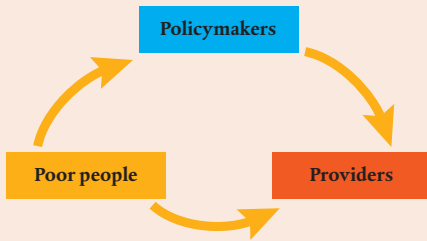
## Problems

The 2004 World Development Report showed how basic services fail poor people because service providers are not accountable to policymakers or to poor clients, and politicians are often insufficiently accountable to poor citizens. We have since learned that services fail poor people in many more ways and for many reasons.

So how are services failing poor people? First of all, there is an allocation problem: public spending benefits the rich more than the poor. Take for example the distribution of health care subsidies in India, over the period 1995-1996, whereby a disproportionate part goes to the richer groups, mostly for hospital services. But not only India has this phenomenon, in most countries a larger share of public expenditure on health and and also education goes to richer quintiles. Costa Rica and Romania do better, and when you look at primary health care or primary education here the picture is better. But in most of the countries we researched, the largest shares of public expenditure on health and education go to the richest people.

Secondly, public funds may be allocated properly, but the money fails to reach frontline service providers. Uganda is a clear example. In 1995 just 13% of the intended grant money for primary education actually reached the primary schools. Fortunately Uganda has improved considerably: in 2000 the amount increased to 90% of the grant money.

Thirdly, service quality is low for poor people. In India for instance absenteeism of teachers at public primary schools may reach 25%, and rises to even 40% in the richer states. In primary health clinics absenteeism of doctors can reach 60-70%. In addition to being absent, the Indian public sector performs worse than a less-qualified private sector. A survey in New Delhi brought these shocking results to light. The public sector has better trained, more knowledgeable doctors but the quality of services is worse. Patients may simply get no attention at all. The private sector has less qualified staff, but the quality of services are better, and patients may get the attention and services that they require.

So why is this happening? The central message of the 2004 World Development Report is that there is a fundamental failure of accountability in the chain of service delivery. The accountability diagram shows the essential accountability relationships in this chain (see figure).

The first link that can snap is the politics: how are politicians accountable to their citizens? It is a fundamental problem. My friends and colleagues, you will probably agree that even in so-called democracies there are imperfections in the political system. And we know that service delivery is a special domain in the mechanisms of patronage.

Take for example Mexico. Between 1989 and 1994 the country had a large programme called PRONASOL – supposed to allocate an impressive 1.2 percent of GDP to battle poverty. It financed programmes to supply water, sanitation, electricity and education infrastructure for poor communities. However, it had very limited impact, as it reduced poverty by 3 percent only. It was found that, if better targeted, PRONASOL could have reduced poverty by 64 percent! What had happened? The allocation of PRONASOL funds depended on party affiliation at the level of the municipal government. If you voted locally for the party ruling at central level, your local government received more. This skewed financial allocations.

The second link that can snap concerns the relationship between policy maker and provider. Can the government get the provider to deliver the right services to the right people? There is the related question of monitoring and enforcement: it is difficult for central government to monitor the absenteeism that I mentioned earlier.

Cambodia provides an interesting experience with the relationship between policy makers and providers. Over the 1997-2001 period, an experiment was done to compare the performance of three different arrangements to deliver in public health:
• Central Government supply
• NGO contracting in
• and NGO contracting out

For this experiment 12 districts were randomly assigned to each of these delivery arrangements. Contracting out meant that the NGO could take many decisions itself: it could hire and fire, transfer staff, set wages, procure drugs, etc. Contracting in meant that the NGO could manage the service delivery in the district, but it could not hire and fire. Finally, for comparison, in some districts the services were still run by a government agency.

Although all districts increased health care service coverage, it turned out that the 'contracting out' formula worked best. Contracted districts outperformed the government districts in targeting services to the poor,

even when considering other factors such as differences in expenditure levels, starting status, and demographics.

The Cambodia example addressed things like vaccination, which is easily monitored and measured. But other services proved more difficult to monitor. Take education; how can a student or parents monitor the quality (and quantity) of teaching? And what else can clients or users do to influence service delivery? Such questions bring us to the third relationship in the accountability figure, and to a solution... a direct link between the poor and the providers.

## Solutions

My friends and colleagues, contrary to the expectation of some, the 2004 World Development Report does not promote private market transactions as the only solution, although a direct line of accountability will certainly promote quality of service. If you buy a sandwich, the direct payment is an incentive for the provider. You the client may refuse to pay if the sandwich looks lousy, or you have an exit option: you go to another provider. But with public goods, there is the more difficult question of holding providers to account and things get more complicated.

The 2004 World Development Report suggests three methods for strengthening poor people's ability to hold service providers accountable: strengthening client power, participation and user fees.

### STRENGTHENING CLIENT POWER

Client power may be strengthened by choice. For instance, a programme in Bangladesh took a hard look at incentives and decided to give scholarships to girls to attend secondary school. These were deposited in an account set up in the student's own name. The programme then gave a stipend to the schools – be they public, private, NGO-run or religious – based on the number of girls they enrolled. Notwithstanding the fact that other things changed favourably as well such as economic growth, especially in the garment industry, and the rise in the number of private schools, the result was astonishing. Secondary school enrolment in Bangladesh is rising twice as fast for girls as for boys, many schools now have separate latrines for girls and boys, and they are hiring female teachers.

Another example of client power is parents who monitor the learning results of their children. The RECURSO programme in Peru seeks to address the problem by specifying a simple reading standard that schools must meet and parents can easily verify. Simple benchmarks for instance for reading fluency: Grade 2: 60 words/min; Grade 3: 90 words/min; Grade 4: 110 words/min. Each triggers a certain response.

Remarkably, the teachers' union showed resistance to this programme.

It argued that education is about many things, not just reading. There are more examples of teachers' unions creating obstacles to improving the services of the poor. The unions support investments and quantitative improvements as that results in greater enrollment, and more jobs for teachers. Measures to improve the quality of education services are less popular as they put pressure on the teachers, create more competition and can lead to loss of jobs. So here we clearly touch the political dimension of public service delivery.

### PARTICIPATION

The second solution for strengthening accountability in service provision is increasing participation by clients in service delivery. This can be done in various ways, for example, parents' associations or school management committees, as in El Salvador or Nepal.  Not only were clients (parents) better able to monitor providers (teachers), but qualitative surveys showed that the teachers felt empowered by the fact that parents were visiting the school on a regular basis.

At times, it can get really spectacular. I visited a community-managed school in Nepal where they had recently discovered a spring.  The school management committee was trying to develop the spring into a bottled-water business for the poorest families in the community so they could afford to send their children to school. An example of social solidarity.

An education reform in Punjab State, Pakistan, shows what decentralization can do for participation. Local committees have enough discretionary finance to allow them to hire and fire teachers (to the dismay of the teachers' unions). There are mechanisms for local groups to monitor service delivery, there is a programme for free text books, and scholarships for girls boost their enrollment in secondary schools. This is explained by good leadership at state level and proper transfers of funds from state to local level through the budget mechanism.

### USER FEES

Another solution in the World Development Report 2004 concerns the introduction of user fees. It is a highly controversial issue.
The arguments are well known: 'The poor cannot afford fees, or they are already taxed heavily through informal mechanisms'.

Consider however the water sector in some South Asian countries, where the rich receive considerable amounts in hidden subsidies. They tend to be reliably connected to the piped water system, paying for the amounts measured by the water meters. With no such connections with water meters the poor have to buy drinking water, paying anything from 5 to 16 times more. This is very expensive! For the poor therefore  water fees could represent considerable savings. And with the fees come new accountability relationships.

> The equity impact of using private sector contracts for the delivery of primary health care as an alternative to traditional government health care provision in Cambodia

A study obtained pre- and post-intervention data from a large scale experiment in primary health care provision in rural districts of Cambodia between 1998 and 2001. Equity as well as coverage targets for primary health care services were explicitly included in contracts awarded in five of nine rural districts with a population of over 1.25 million. The remaining four districts included in the test were given identical equity and coverage targets and used the traditional government methods for the provision of services. After two-and-a-half years of the trial, the results suggest that although coverage of primary health care services in all districts had substantially increased, people in the poorest one-half of households living in contracted districts were more likely to receive these services than similarly circumstanced poor people in government districts, all other factors being equal.

It is difficult to extrapolate the results of the contracting experience on reaching the poor in Cambodia to other countries. The lack of physical infrastructure and the large numbers of established government health care workers in rural Cambodia at the start of the contracting test lent themselves to innovative approaches such as rational redelineation of operational districts and testing new service delivery methods to rapidly rebuild the primary health care system. The circumstances are similar in densely populated urban areas in the four largest cities of Bangladesh and the rural areas of Afghanistan and Pakistan. The results of these large-scale contracting projects could help answer the question of whether experience in Cambodia would provide an effective model for other developing countries.

From: J. Brad Schwartz and Indu Bhushan (2004). 'Cambodia: Using Contracting to Reduce Inequity in Primary Health Care Delivery', Health, Nutrition and Population Discussion Paper, World Bank

Without fees, they can be hard to establish. No one seems to care much about delivering free water to the poor in predictable ways and adequate volumes. In India's state of Andhra Pradesh, farmers prefer secure water delivery for their fields that is paid for, rather than 'free' but insecure water delivery.

## Problems with the solutions

Let us turn to some of the problems associated with the solutions, and therefore to some political issues. Here is a key question: why do services fail poor people even in democracies? There are many poor people, but relationships of accountability between the poor and politicians – part of the long route of accountability – do not always work out well. As in India, a long standing democracy, politicians may fail the poor yet still get re-elected. I outlined the problem of absenteeism, but in India's Bihar the Minister of Education was nontheless re-elected four times! The political market shows imperfections for two reasons: information constraints and social polarization.

### INFORMATION CONSTRAINTS

First, the information constraints. Many poor people are unaware of their rights; they do not know what government should provide. And in India some state governments prefer to construct rural roads instead of improving the education system as politicians are more eager to complete infrastructural works that offer visible results they can boast about.

Another information problem that derives from a solution is that client power requires client knowledge. For instance, parents should preferably be well informed about the schools in their area. A survey in Pakistan showed that parents had heard of only 60 percent of the schools in their area, and had visited less than 20 percent of them.

And lest we become too enthusiastic about client participation, we should keep in mind that this solution, too, demands a fair amount of time and knowledge. Recent work by Stuti Khemani and colleagues shows that in poor villages in Uttar Pradesh, India, only 7 percent of villagers had heard of the village education committee.  Of these, over half (4 percent of the total) could name one or two members of the committee. So at times there can be considerable ignorance or apathy in relation to service delivery.

Decentralization is significant when discussing information constraints. The more decentralization, (to include national and local policy makers) the longer the route of accountability and the more difficult the application of accountability. All involved find it easier to blame others. On the other hand, local politicians and local departments responsible for service delivery are easier to monitor. Are  information constraints truly less significant with decentralization?

## > The effects on student outcomes of decentralizing educational responsibility to communities and schools

In El Salvador, community-managed schools emerged during the 1980s when public schools could not be extended to rural areas because of the country's civil war. In 1991, El Salvador's Ministry of Education decided to draw on this prototype to expand pre-primary and primary education in rural areas through the EDUCO programme (Educacion con Participacion de la Comunidad). The present EDUCO schools are each managed autonomously by a community education association elected from among parents. The associations take a central role in administration and management. They are also responsible for contracting teachers and maintaining schools.

Drawing on a national school survey, third-graders' achievement on standardized tests in mathematics, language and school days missed due to teacher absence were compared in 38 EDUCO schools and 154 traditional rural schools. The analysis compensated for student characteristics and selection bias using an exogenously-determined formula for targeting EDUCO schools as an instrumental variable. Findings indicated that the rapid expansion of rural schools through EDUCO had not adversely affected student achievement and had diminished student absences due to teacher absences.

From: Jimenez, Emmanuel; Sawada, Yasuyuki (1998), 'Do Community-Managed Schools Work? An Evaluation of El Salvador's EDUCO Programme', Working Paper Series on Impact Evaluation of Education Reforms No. 8, World Bank

My impression is that voters are slowly becoming better informed about local public goods and services and that it is easier to monitor these in practice. For instance, in Uganda and the Philippines it was found that voters rely primarily on local social networks for information about local government, and on national newspapers for national government. In those cases citizens have more information sources.

But there are also disappointing cases. In Nigeria, service delivery is a disaster. There is considerable uncertainty about the amount of money available to local governments. Local politicians may blame central government for not allocating enough, or indeed any, and even for stealing what is available. For the people it is very difficult to judge. And in India responsibilities can remain unclear; who is responsible for what? Voters may hold state governments responsible for local services.

### SOCIAL POLARIZATION

Social polarization can skew the politics of service delivery even in democratic countries. Caste or ethnic divisions may hinder social intermingling and groups may want separate access to public goods and services for which separate access cannot be provided. Castes may also frustrate proper service delivery to the poor. It is easier with private goods, like roads. Such programmes can target the poor relatively easily.

Social polarization can also become a problem if it damages the organizations that are the vehicles of client power and participation.

Does social polarization decline with decentralization? Are decentralized units more democratic and homogeneous, so allowing easier organization and better access? My answer is no: some local communities are highly polarized. Especially in India inequality within villages is very high. Villages may polarize in many ways and the local elites then find it easier to mobilize and capture public resources for themselves.

So in creating accountability in service delivery, there are problems, there are solutions, and there are new problems with the new solutions. A more detailed analysis of accountability mechanisms through the long and short routes is therefore required.

## > Participation by local communities in basic service delivery in India

There is a growing belief in development policy circles that participation by local communities in basic service delivery can promote development outcomes. A central pillar of public policy for improving primary education services in India is the participation of village education committees; of village government leaders, parents, and teachers. This study reports findings from a survey in the state of Uttar Pradesh, of public schools, households, and committee members, on the status of education services and the extent of community participation in the public delivery of education services.

It was found that parents often do not know that a village education committee exists, sometimes even when they are supposed to be members of it; that committee members are unaware of key roles they play in progressing education services; and public participation in improving education is negligible. Large numbers of children in the villages have not acquired basic competency in reading, writing, and arithmetic. Parents, teachers, and committee members seem not to be fully aware of the scale of the problem, and seem not to have given much thought to the role of public agencies in improving outcomes.

Learning failures coexist with public apathy to improving it through public action. Can local participation be stimulated by grassroots campaigns that inform communities about village education committees and their role in local service delivery? Can such local participation actually affect learning outcomes, and can any impact be sustained? The authors describe information and advocacy campaigns that have been experimentally implemented to address some of the problems of local participation, and their future research plans to evaluate impacts.

From: Khemani, Stuti et al (2006), 'Can Information Campaigns Spark Local Participation and Improve Outcomes? A Study of Primary Education in Uttar Pradesh, India', World Bank Policy Research Paper 3967

# Case:
# Accountability
# in Gedaref
# Sudan

**Peter van Tilburg and Arne Musch**

# Accountability in Gedaref, Sudan

## Introduction

### BACKGROUND TO THE CASE STUDY

Local democracy and participation give the poor a say in development. The converse of this is contained in the term accountability - the way in which service providers account to their constituents for the way in which services provided contribute to the satisfying of needs, and development and social wellbeing. Accountability of service providers to poor people is not achieved automatically – something explained in the first part of this report. It is a hard won feature of public service provision. This section presents and reviews results of a study on municipal development in Sudan. Here, both state and local government focus efforts energetically on the poor which makes an appropriate setting to understand accountability mechanisms at work at the local level.

In Sudan, municipalities are called localities. The area of study is Gedaref locality, the capital of Gedaref State, located in the East of Sudan. It is not a conflict zone, but until 2005 when the so-called comprehensive peace agreement was signed, the city had to cope with in and

outflows of many internally displaced people from conflict zones in the South. There have also been many migrants entering the city from neighbouring countries Ethiopia and Eritrea who claim to originate from Sudan. These flows have created planning challenges, have put a heavy burden on service delivery, are causing health risks, and require a balanced approach to service fee collection. Gedaref locality has doubled in population in fifteen years, though its growth has now more or less stabilized.

For the last twenty years the city of Eindhoven in the Netherlands has been a partner of Gedaref , and the International Co-operation Agency of the Association of Netherlands Municipalities (VNG International) funds part of this twinning through its LOGO South Programme. Since 1997, innovative approaches to drinking water provision, waste collection and health, including service fees and participation, have been  introduced and implemented. Autonomous departments or companies of the city waste collection and the state water sectors have been supported to deliver some of the services. In addition, this support has been extended to a network of institutions, largely run by women, dealing with issues of health, water, the environment and other socially important issues.

### SOCIO-POLITICAL SETTING

Decentralization in Sudan is still an ongoing process. Presently there are three levels of government: national, state and locality level. Sudan is the largest country in Africa with 25 states together forming a federation. The head of each state is the Governor. Each state has a state council supported by several ministries. One such state is Gedaref, about the size of France, with ten localities and about 1.6 million inhabitants.[1] Its capital, the city of Gedaref (Gedaref locality), has about 300,000 inhabitants. there are 4,000 civil servants (of which 80 percent are teachers). The political head of the locality is the Commissioner, while the Secretary is the administrative head of Gedaref locality town council.

[1] It should be mentioned that since 1993 no census has been taken, so there is some doubt as to the exact number of inhabitants. Estimates  range from 200,000 to 400,000.

The total budget of Gedaref locality is SP 23.1 million (€ 7.7 million), of which it is reported that SP 385,000 is explicitly spent for the poor.[2] But as the vast majority of the population is poor, the actual amount that reaches the poor through services delivered to all is much higher than this quoted figure.

Each locality is divided into neighbourhoods or districts, and villages. Gedaref locality has 92 neighbourhoods and 48 villages. Within Gedaref (urban) locality, there are many different types of neighbourhoods, some towards the city centre and some on the outskirts. Some have electricity and piped water to the houses, and waste collection, but there are also those where one or more of these services is lacking.

It is interesting that the role of women in society is changing rapidly. These days, for example, there are many women graduate engineers, and at medical faculties seventy percent of the students are now female.

RELEVANCE AND APPROACH OF
THE CASE STUDY

The study was carried out in October-November 2007. The descriptions and analysis are based on interviews with many different stakeholders at the level of the state, locality and neighbourhood, and research of (policy and project) documents.

The objective of the study was to assess how and why accountability relationships in service delivery changed over time in Gedaref, particularly in drinking water provision, waste collection, and health. While the study covers one case in one country, nevertheless it supplies interesting information on how a complex society changes its institutions under very difficult circumstances. This case provides extensive comments and criticisms of the accountability model presented in part one of this book.

The outcome of changed accountability relationships must be considered under conditions both past and present. Elections for councils, commissioners and some governors are planned for end-2008 and it is difficult to foresee how this will influence future conditions. It is also hard to predict how long the comprehensive peace agreement will last, and how much the Darfur conflict will influence the relative peace in Gedaref state. These factors may impede the relatively favourable developments of recent years.

In Gedaref, the influence of poor people on service providers has developed through a network of channels between many organizations: governmental, semi-governmental autonomous ones for water supply and waste collection, and civil society in the form of many different volunteer organizations. A tangle of strings is a good analogy. The study analyzed the development of this institutional infrastructure.

Several strata of organizations and institutions can be identified when doing this:
- Suppliers of services at state or locality level, either governmental or non-governmental. These initiate service programmes.
- Intermediate actors who implement the programmes, achieve results, and receive feedback from the clients/citizens.
- Beneficiaries of the programmes, the poor clients/citizens.

The structure of this case study is as follows. Section 2 gives an overview of all the organizations and institutions in service delivery and what they do. Combinations, overlap and relations between policy makers and implementers are identified. Section 3 deals with the interaction between these organizations and clients/citizens.
This involves a detailed look at feedback mechanisms, and a more general analysis of participation and communication. It finally considers the findings through the lens of the World Development Report 2004, and presents some conclusions.

2 Budget Gedaref Locality, 2007

## Service delivery in Gedaref: actors, activities, and products

In Gedaref, several services are supplied to citizens in the neighbourhoods. Drinking water and waste collection feature prominently. Both these services naturally have a strong bearing on the health condition of the population. Health services at locality level are therefore included in the descriptions. Organizations in education are also described because of their role in raising awareness on issues of health, waste and the environment. Finally, general community development services, supporting others, are taken into account. It is impossible to assess the impact of one individual institution. All of these service delivery institutions, governmental and non-governmental, are in one way or another entangled and influence one another.

Figure 1 lists all organizations involved in services delivery in Gedaref, at different levels, either belonging to government or not, with different sizes and objectives. But all are in one way or another supplying services to the poor in the form of programmes, projects or individual activities. Though not all of them perform as feedback channels for the citizens. Those intermediate actors with a feedback function are marked with an asterisk. Some actors mentioned in figure 1 are not described in the text of this section as they contribute to capacity and awareness of rights but have no particular link with the services.

BENEFICIARIES

The majority (about 65 percent) of the citizens of Gedaref locality are poor, with less that SP 3 per day to spend. There are several dichotomies. People with characteristics listed on the right side tend to be poorer than those on the left:

| Centrally located | – | Located at the outskirts |
| Pre-1970 citizens | – | Internally displaced |
| Sudanese nationals | – | Neighbouring nationals |
| Arabs and tribes from northern Sudan | – | Beja tribe (semi-nomadic) |

General information often based on anecdote is easy to identify, such as the better position of the Arab population over the Beja tribe. And those who come from Eritrea, claiming to be former Sudanese nationals, are looked on with suspicion. However, without an anthropological study it is not possible to fully comprehend which groups profit more from the services than others. It is clear that people with characteristics listed on the left side of the table profit more from services. But people on the left side may also opt for private education and private clinics, thereby liberating public money for the poor. And many service deliverers claim to provide to all citizens irrespective of wealth, so also to the poor.

SUPPLIERS AND INTERMEDIATE ACTORS IN WATER SERVICES

### Gedaref State Water Corporation

Water collection, treatment, transport and supply in Gedaref are organized by the Gedaref State Water Corporation. The corporation has the responsibility to supply clean water to the citizens of the entire state. It is a semi-independent institution that can set its own policy and collect fees to add to its income. But the state government nominates the board of directors. The corporation is supposed to make profit in order to invest in further improvement of the water system in the state. Of the total budget, 35 percent is allocated to staff, 40 percent to cover running costs and the balance of 25 percent to cover depreciation. The corporation has a total of 400 staff, including about 100 casual labourers. The corporation recognizes that, due to unattractive job opportunities, it lacks well-trained middle management.

The state council fixes the water fee for five years and this level has a political rather than a financial management character. It seems that the calculation of the fee does not include depreciation. Moreover, it is estimated that less than half of the water treated at the source actually reaches consumers. Also, not all consumers pay their bill regularly.

| Gedaref | | Governmental institutions | Non-governmental organizations |
|---|---|---|---|
| **COORDINATION** | **State level** | • Ministry of Health (Preventive and Curative Departments)<br>• Gedaref State Water Corporation<br>• Hospital<br>• Strategic Planning Department<br>• University | • Gedaref State People's Water Organization*<br>• Family Planning Association<br>• Family Planning Clinic |
| | **Locality level** | • Gedaref Locality Cleaning and Health Environment Corporation<br>• Communication Section of Waste Corporation*<br>• Steering Committee Waste*<br>• Locality Council<br>• Education Department<br>• Health Department<br>• Health inspectors*<br>• Health Centres*<br>• Co-ordinator Neighbourhood Committees*<br>• Agricultural Department<br>• Social Affairs Department | • Women's Forum for Waste*<br>• Health Education Programme<br>• Ma'an, umbrella for nine NGOs in community development*<br>• Gedaref Digital City Organization |
| **IMPLEMENTATION** | **Neighbour-hood level** | • Neighbourhood Committees*<br>• Fee collectors (waste)*<br>• Collectors of waste<br>• Health overseers and assistants (waste related)*<br>• Health overseers (health related)*<br>• Primary health workers *(health centres)*<br>• Public primary schools and teachers<br>• Parent-Teacher Committees<br>• Council members*<br>• Women Sweeping Groups | • Home visitors (health education programme)*<br>• Family planning workers*<br>• Fee collectors at stand posts (water)*<br>• Private primary schools<br>• Zenab (women in development)*<br>• Development of the local skills organization (for urban poor)*<br>• SPEG projects*<br><br>Ma'an NGOs<br>• Women Development (skill training)*<br>• Umbrella Organization (savings and credit)*<br>• Home visitors in health education*<br>• Azza (literacy education)*<br>• El Hawdage (nomadic women & environment)*<br>• Disabled Union (disabled)*<br>• Hadath (legal aid, incl. street children)*<br>• People's Committee for Support to Basic Education (PCSBE) (teachers training)*<br>• Gedaref State People's Water Organization (GSPWO)* |

**Figure 1**
**Governmental and non-governmental institutions for service delivery in Gedaref (Organizations marked with * are also feedback channels)**

**Photo: Gedaref Locality and Eindhoven Municipality sign a partnership agreement**

The corporation therefore runs at a significant deficit. The present water tariff is about SP 2,50 per m3, while the actual cost per m3 is twice as much. The deficit is compensated by not including depreciation, and by a small subsidy from the state development budget. Another consequence is that labourers are not paid in full, which reduces motivation.

Maintenance is a problem. Without keeping the whole system in order, sooner or later the water supply becomes threatened. Not all technical defects are immediately repaired, which adds to the loss of water and income. A survey indicated that about fifty percent of the 425 kilometers of pipeline should be replaced. This represents not only a financial loss, but as water is a scarce good, especially in the dry season, it is a waste of a key limited resource as well. Illegal water tapping results in further damage. It largely goes unpunished and compounds the maintenance problem.

An experiment at another water corporation within Gedaref state, located in the western part (in Hawata), appears to have been very successful. There, not the local government but the clients nominate the board of directors. Each of the five zones where water is supplied elects one member to the board. The result is that the majority of board members has a technical background. In addition, a few politicians are selected. The board sets the price of water. This all has developed a sense of ownership with the local population, and gives the board the incentive to come up with solutions when problems arise. Costs and income are largely transparent. There are fewer problems with collecting fees, as clients are well aware that a good water supply is in their own advantage and that has its price. The director of this corporation has recently been asked to head the Gedaref State Water Corporation to develop a similar system.

In recent years several investments (through the Eindhoven/LOGO South twinning project) have been made to improve the water situation in Gedaref locality, such as enlarging the water supply network, installing 110 standpipes in three large neighbourhoods, the mounting of water pumps, installing water meters to collect fees based on actual consumption, training technical and administrative staff to allow the corporation to function more efficiently, disseminating information to the public on the use of water, and setting up of a laboratory for water quality control measurements.

### Gedaref State People's Water Organization*

In the second half of the nineties, Gedaref suffered a severe water shortage, making water very expensive. The water corporation then had few facilities to do much about this. In 1997, the Gedaref State People's Water Organization was set up with the aim to improve the situation. And from that time onwards it has continued to do so, as citizens had complained about the slow operation of the state corporation.

The organization has the objectives to monitor old water sources, support the poor in becoming connected to the main network, and support the construction of latrines. The organization works in collaboration with the Gedaref State Water Corporation to improve the water situation in the state, facilitating the building of dams and other necessary physical infrastructure. As a private organization it can tackle problems at a faster pace than a government organization. It has, for example, built three dams to store water.

The Gedaref State Peoples Water Organization often operates at state level. But at the level of the neighbourhood it supports poor people in connecting them to the main water network, but only when the main pipe is located close to a house. This is a concrete link at neighbourhood level between the Gedaref State Water Corporation and the Gedaref State Peoples Water Organization.

### Fee collectors at standpipes* and fee collectors of the state

Fee collectors for water are women specially trained by the home visitors organization (see

below). At the same time they inform the public on topics of general health related to water. As a result of being close to residents of their own neighbourhood, the women fee collectors receive direct information on the difficulties in the area. They have, in their turn, direct access to other organizations in the neighbourhood such as the neighbourhood committee, the co-ordinator of the home visitors organization, or the chairperson of the Womens' Forum (all feature below).

Fee collectors at standpipes do not collect fees for water in houses. These are men who are employees of the Gedaref State Water Corporation. They read the meter and deliver the bill to households. Water at standpipes costs SP 0.25 for about 25 litres, equivalent to 10 SP per cubic meter. This is much higher than the official Water Company price of SP 2.50 per cubic meter.

### *Gedaref Locality Cleaning and Health Environment Corporation*

The collection of solid waste is the responsibility of the Cleaning and Health Environment Corporation (called the Solid Waste Corporation) of Gedaref Locality. Prior to1999 it only had the task to clean the market and remove the market's waste. Services for households were not available. In that time the mayor would drive around with loudhailers to call for citizens to collectively clean their neighbourhood during so-called cleaning days.

Until 2005, the corporation answered to the local council. Today it is an autonomous institution within the locality government executive. Its mandate now encompasses all waste-related activities, including:
• Collection of solid waste from households and transporting it to the landfill
• Collection of fees for a self-sustaining organization
• Raising awareness among citizens as to the ideal behaviour towards waste

The new activities started with the collection of household waste as pilot in 12 neighbourhoods. The investment came from Eindhoven municipality, and Gedaref had to see to it that fees were collected and operational costs covered. At present the corporation collects waste in 70 neighbourhoods, being more than eighty percent of the total.

The fee is calculated at SP 3 per household per month. With purchasing power among the very poor of around SP 5 per day, this is a not an insurmountable amount. Moreover, the Commissioner recently signed an agreement that for those clients/citizens unable to pay, the Solid Waste Corporation would be compensated by the locality (exemption policy). These very poor are identified by means of a questionnaire. The group represents between ten and fifteen percent of the population.

Specially trained collectors, currently seven men and twenty women, collect the fees. Men collect fees at the market and shops on a monthly basis, and annually at government offices and larger private enterprises. Fee collectors at households are all women, as in the Sudanese Islamic culture it is not appropriate that a man visits a household when the housewife is alone at home. Female fee collectors do not receive a salary but receive twenty-five percent of the fees collected, whereas men receive a salary and five percent of the collected fees. The female fee collectors are selected by their own neighbourhood, so they know the people they have to collect the fee from. In general the fee of SP 3 per month per household is considered reasonable, but two-weekly collection would be preferred. Collectors currently collect about 56 percent of the fees.

One problem is that there are no sanctions for non-payment. It is not possible to cut off the waste facility as with water and electricity; people would then simply throw their waste on the streets again. So awareness building is important. The corporation has recently come up with the idea to establish a judicial section

so that defaulters can be taken to court. The corporation has eight compactor trucks at its disposal which are more or less operational. These trucks are old ones which were serviced and then donated by the twinning project partner. One difficulty is that the trucks are large and cannot reach every household in the locality. Those households that cannot be serviced are obliged to drop waste at a spot where the trucks can pick it up. Moreover, they seem to be used inefficiently – at least one of them does not compact the waste to reduce its volume and this is likely also the case for others. Due to a lack of immediate repair of damaged parts, the trucks look old and have regular breakdowns. The question still stands whether this large, relatively sophisticated equipment is right for the conditions in Gedaref.

After collecting and transporting the waste it is brought to the landfill. The landfill was prepared and created outside the city only a few years ago in collaboration with the Eindhoven twinning/LOGO South programme. The ultimate aim is to make use of materials derived from waste as much as possible for recycling and creating methane for electricity production.

At neighbourhood level, the women sweeping groups deserve mention. These groups consist of poor and illiterate women, who had previously been working in illegal activities such as selling spirits. They now have an official job as sweeper through the Solid Waste Corporation.

## Steering Committee for Waste*

The Steering Committee for Waste was set up with the aim of approving the budget of the Solid Waste Corporation and advising on policy. In 2005 it formally became a board with appointed members from government, representatives selected by and from households in the serviced neighbourhoods, and representatives of the commercial sector. Its formal task is to approve the annual plan prepared by the Solid Waste Corporation,

including the level of fees. The council of the locality and the state also have to approve this. The Steering Committee meets every month and closely follows the operation of the organization. Both the communication officer and the leader of the home visitors (see below) are present at these meetings. In practice, the steering committee does much more than approve the budget and fees. It discusses all problems concerning waste service delivery.

## Communication Section of Waste Corporation* and the Women's Forum for Waste*

It has already been mentioned that waste management involves awareness building. For that reason the Solid Waste Corporation has appointed a communications officer. She has her own radio programme once a week on environmental and other issues, particularly to inform women in the neighbourhoods. The women are informed about changes in the service delivery specifically during the rainy season and on other waste-related matters. Workshops and debates are also organized to disseminate the importance of living in a clean environment and what citizens can do about it.

The Womens' Forum for Waste was established in 2006 because of waste dumping problems in several neighbourhoods. Its aim was to build awareness among the poor concerning the dangers to health of treating waste unwisely. It presently operates in 30 neighbourhoods. The Forum is supported by the Waste Corporation, and the communications officer of the Waste Corporation is the chairperson. The aim is to have a forum member in each neighbourhood, all to be women.

## Home visitors*

Home visitors can be found in almost every neighbourhood in Gedaref. These are trained women who visit households to disseminate information on preventive basic health issues, particularly related to waste and water. Home visitors are trained by specially educated trainers through the Health Education Programme. A total of more than 40,000

Photo: home visitors meeting

The Womens' Forum mentioned above also has people who are home visitors. As the chairperson of the Forum/home visitors leader is also a staff member of the Solid Waste Corporation with direct access to its officials, the feedback line is short.

Home visitors are supposed to make household members aware of all waste-related risks and hazards. Other related issues are also communicated such as hygiene, clean water, importance of planting trees, etc. In practice it is mostly the women in the house who are responsive to these visits. Home visitors sometimes meet resistance in a household and they have to know how to deal with this. Occasionally the neighbourhood committee (see below) is approached to intervene.

Home visitors and Forum members are also supposed to identify illegal waste disposal and try to convince people to correct their behaviour. Home visitors also organize so-called cleaning days in neighbourhoods, when all citizens in the area are asked to participate in sweeping and cleaning their neighbourhood. If any refuse to participate, social control is strong and they are morally pressured to change their behaviour.

### Fee collectors for waste*

Some home visitors are selected and trained as waste fee collectors. They have to have a strong personality as they may face opposition or even aggression from those who do not want to pay. At the same time they are home visitors, hearing from the beneficiaries about problems households face. They have a close link with members of the Womens' Forum in their neighbourhood and the chairperson.

The above makes clear that many actors at the level of Gedaref state or locality are linked to home visitors or fee collectors at the neighbourhood level. In other words, these women are important grass-root level workers contributing to many local issues. It illustrates how service delivery has taken the form of a web of actors and organizations.

### Health Education Programme

The Health Education Programme is part of the Solid Waste Corporation. It has its own project office and co-ordinator, and is financed by the Eindhoven twinning/LOGO South programme. The basic concept of the programme is to train women how to train other women on basic preventive health issues. The basic training takes one month by means of classes, group discussion and learning-by-doing.

The programme started in 1997 when water standpipes were installed in three neighbourhoods. That is why the programme is still engaged in training women on how to deal with water, as well as in collecting the water fee at the standpipes. Apart from the activities at the standpipes, home visitors are trained. Except for the standpipe water fee collectors and the sweepers, all activities are undertaken voluntarily. Trainers of home visitor only receive compensation for their transportation costs. The home visitor training programme is now exporting its approach to ten other localities in different cities in other states. In 2006 this was the case in Port Sudan, Wad Medani and Kassala and in 2007 in Kosti, Sennar, Singa and Nyala.

The health education programme part of the waste service dealing with water issues illustrates how these themes are linked in practice.

### Waste related health inspectors*

The inspection section of the Solid Waste Corporation has one health inspector and seven health overseers who receive special training. The city is divided into three geographical sectors with two overseers and assistants who live in a sector and work in that sector. The overseer has the task to identify irregularities with regard to waste. In case of problems concerning wrong or improper treatment of waste he must first try to solve the problem himself with the incumbent. If this is not possible he has to report to the health inspector. If the inspector is also not able to

solve the problem the person concerned could appear before a court. But this may take a long time. Normally the overseer writes a report to the health inspector and in collaboration with the members of the Womens' Forum and neighbourhood committee he then makes best efforts to solve the problem. One overseer is located at the landfill to see to it that waste is dumped according to the rules that have been made for sustainable and safe storage of waste, including hazardous waste from hospitals and laboratories.

HEALTH SERVICES

Health services are supplied by government at all levels. Hospitals in Gedaref are the responsibility of the state government. The health centres and a large number of health inspectors and overseers on the other hand, answer to the locality.

*Ministry of Health and health centres\**

The hospitals in Gedaref locality supply second-line healthcare. This is the responsibility of the state. The ministry of health supports all citizens free of charge through the hospitals, irrespective of whether they are rich or poor. However, since the majority of the population is poor, and they are also the ones frequenting the hospitals and health centres, most medical services are in fact supplied to these poor.

Though hospitals mainly perform as a curative health institution, they are also involved in training nurses. The home visitors training programme is also used in the hospital training programme. One important issue is hazardous waste. The hospital produces a large amount of such waste that must be disposed of properly, otherwise forming a health threat to the community. The twinning project now supports the creation of a system to responsibly collect and store this waste.

Another reason that health services are predominantly supplied to the poor is that some diseases are largely found specifically in the poor areas of the locality. The most significant ones are kala-azar (lichmania) caused by the sand fly, malaria, TBC, and increasingly HIV/AIDS. This last is the result of the location of Gedaref, bordering Ethiopia and Eritrea where more than twenty percent of the population is said to be infected. HIV/AIDS is finally receiving recognition from politicians. Services are allocated freely, and include condoms, testing, counselling, treatment, and surveillance.

First line health services in the neighbourhoods are provided by the neighbourhood health centres. Gedaref locality has fifteen such centres. They are involved in curative and preventive health care, but also in extension services for nutrition and prevention at home. Home visitors working in the health centres also have a role in preventive health care. The monitoring of diseases is also done through the health centres in the various neighbourhoods. In ten health centres the number of patients with malaria, diarrhoea, dysentery and trachoma is collected daily and a monthly report is made. The Solid Waste Corporation collects the data in order to be able to give feedback to measure improvements and problems in the different neighbourhoods. Thus was a reduction of malaria patients between 2001 and 2006 recorded of sixty three percent.

The ministry has a separate department for preventive health responsible for policy development, recruitment of staff, capacity building, and procurement of tools and insecticide for the localities. Equipment is distributed freely such as impregnated mosquito nets, and indoor and outdoor sprayings are freely supplied. It also organizes health education on endemic diseases. All operational work for this is carried out by the health centres.

Another department in the ministry deals with environmental health, such as water safety and sanitation, including latrines. Since many endemic diseases are water-borne this department receives special attention.

The actual home visits in the neighbourhoods are not made by staff of the ministry itself but by the home visitors.

The Ministry of Health has a health education department that is engaged in training medical staff at the health clinics and all other health related institutions. Staff at the hospitals and health centres make use of the training programmes of the Fontys Hogeschool in Eindhoven. These programmes were originally made for the training of home visitors. There are as yet not many programmes or training courses on preventive health care in Sudan.

### Health Inspection of Health Department*

In terms of prevention an important section of the Health Department is Health Inspection. This has a total of six health inspectors and thirty-five health overseers. Health assistants take the health department further into the neighbourhood, and as such they provide a feedback function. The city is divided into fourteen sectors, each supervised by several overseers who live in that sector. In case of a problem they must try to solve it, but if not able to do so they report to the health inspector. Health overseers have the task to identify irregularities at neighbourhood level concerning health affairs, such as those concerning food served in restaurants, and potential breeding areas for the malaria mosquito.

### Family Planning Association & Family Planning Clinic

A national family planning association was first created in Sudan in 1969. The most important local agent of the association is the family planning clinic in Gedaref locality. The association has an important position in the total health network of the state. It has outgrown its original family planning mandate of downsizing the number of children per family. Its present mandate goes far beyond that. It is based on the so-called five As: Adolescence, Advocacy, Abortion, Access and AIDS.

The clinic explicitly delivers services to the poorest people in the form of pre-natal and post-natal care, and child care (vaccinations and treatment). For its services it makes use of the medical infrastructure of government through its health centres in the neighbourhoods. It also has one mobile clinic for treatment and prevention especially for rural people, and it intends to set up another four. The current (mobile) clinic is presently treating 3,500 patients per month.

### Family planning workers*

The medical staff of the family planning association and family planning clinic has an explicit health preventive function, as well as verification function concerning pre and post-natal care. As its staff is specialized in handling sensitive issues, such as sexuality and sexual behaviour, they are directly acquainted with many of the constraints and conflicts in the neighbourhoods. They report to the clinic and association in the centre of the city.

EDUCATION SERVICES

As with the health sector, service delivery in the education sector takes place at all levels. The university and seven colleges in Gedaref locality answer to the central government, the twenty high schools are the responsibility of the state government, and primary educational institutions are the responsibility of the local government. The local Education Department is responsible for the public schools, while there is also a significant number of private schools. About twelve percent of the schools, serving about six percent of the children, are private. Families with children in private schools are usually not described as poor.

### Education Department Gedaref locality

In Gedaref municipality about 40,000 children (the number of boys and girls is almost equal) are in the primary school age range of six to fourteen years. For their education there are 87 public schools (separate for boys and girls) for which the Education Department is

Photo: at a Health Centre

responsible. It also has the mandate to inspect private schools and check the curriculum. It has a budget for running the public schools of around SP 13,3 million (over € 4 million).

Public schools receive from the locality government the costs for repair, furniture for the classrooms, salaries of the teachers and cost of books. Other costs (teaching materials, electricity, and so on) have to be paid by the parent-teacher committees. Due to shortage of money, at many schools the traditional breakfast at about 11 o'clock is no longer provided.

There are 12 private schools, most set up by teachers themselves. This number of private schools is significant as the school fee is rather high (SP 850 per year). However, fees include books, writing paper, breakfast and school uniforms. For many parents the quality of the public schools leaves so much to be desired that they decide to spend what is a significant part of their income on private education. Private school classes are smaller; with a standard of 30 pupils per class instead of the 60 or even up to 100 pupils per class in some public schools. Moreover, private schools give more attention to important topics such as English, computer proficiency, music, and awareness building. Staff are better qualified and more motivated.

### Parent-Teacher Committees

These committees collect funds for electricity, water, and equipment for public primary schools. They are also engaged in the construction of new or additional classes, contributing 28 percent of the costs.
The locality pays 12 percent of the costs, and education projects such as those of Oxfam/Novib and the Eindhoven twinning foundation, may make up the balance. Between 1998 and 2006, 119 new classrooms were built. Parents can not influence the curriculum as this is a national task, but they do influence the atmosphere and appearance of the school. The committees play an important role in the welfare of the children.
The involvement of and communication

between parents and teachers is an old practice and has continued over the years. A policy was instituted in 1997 to give more children a chance to go to school. This required extra efforts of the local government and the parent-teacher committees. The policy led to better allocation of building costs and an annual programme for school building using permanent materials. It also led to the involvement of Novib and a teacher training programme.

The Council plays an important role in education both for teachers, parents and the committees. Over 57 percent of the annual budget is spent on public basic education! It has the highest priority in Gedaref. Since 2005 sanitation is now also an issue in the public basic education. Again the council is providing 12 percent of the investment costs and will provide the schools with water for washing and the use of the toilets.

### Teachers at public and private schools

Teachers are in a privileged position when it comes to being aware of the feelings and opinions of the population, both parents and especially the young but they are supposed only to teach and are not an official channel for the voice of clients and citizens. While teachers have many roles, social problems are generally passed on to the neighbourhood committee or the council member in a neighbourhood.

GENERAL COMMUNITY DEVELOPMENT SERVICES

In addition to the specific service institutions, there are those which are oriented to development in general. They largely focus on the poor in the neighbourhoods and have a wider scope than solely water, waste and health. Most of them can be considered as institutions in support of community development, being part of the layer of intermediary institutions between the co-ordinating institutions and the clients/citizens.

## The local council*

The local council consists of 30 people, seven of whom are women. Membership is for two years and people can be re-elected indefinitely. Citizens select the members for the neighbourhood committees among themselves, who then form the local government conference. This conference selects the local councillor from among their members, based on qualifications and attitude. After the comprehensive peace agreement in 2005, an interim system was put into place, awaiting the next elections in 2008. In the interim system, seventy percent of the council had to come from the ruling party, ten percent has to represent those who have come from the South, and twenty percent covers the other parties. In the interim system the council members were nominated and not elected. It is hard to predict whether the 2008 locality elections will result in sweeping changes or not.

The main purpose of the council is to improve the services for all its citizens. The council has five tasks:
• Monitoring developments in the locality
• Approving laws that subsequently need the endorsement of the commissioner
• Approving specific projects and prioritizing beneficiaries in case of general projects
• Deciding on budgets
• Controlling and monitoring the performance of the executive body, including the right to impeach the commissioner

The council normally meets about three times a month. By law it has to establish four functional committees: on services, economic affairs, education, and social affairs. The executive body of the locality answers to the commissioner.

Council members are very much present in the neighbourhoods in which they live. People approach them to ask for support in solving problems and expect them to translate these into action at locality level.

## Neighbourhood Committees and their Co-ordinator*

Each neighbourhood has a committee – the first-line problem-solving organization in the neighbourhood. It is composed of members who live in the area. Members are selected by and among the citizens. Neighbourhood committees cannot be removed by the state or the locality. The committees are the voice of the neighbourhood.

If a committee is not able to solve its problems they can approach the office of the co-ordinator at the city for support. The role of the co-ordinator is to be an intermediary between the neighbourhood committees and the government, local as well as state. He organizes a meeting with the chairmen of all neighbourhood committees four times a year. The co-ordinator has the following tasks:
• When a neighbourhood committee faces problems and needs the support of the co-ordinator, he has to identify under whose responsibility it falls: neighbourhood, locality or state. He will then try to solve the problem with the appropriate institution.
• When conflicts between the neighbourhood committee members are reported to the co-ordinator he has to identify the exact problem and mediate.
• He participates in official meetings with special guests in the neighbourhoods.
• During election periods, he has to stimulate citizens to make use of their right to vote.

## Social Affairs Department

The social affairs department of the locality focuses explicitly on the poor. With its six members of staff, it has to satisfy specific target groups: paying for medical insurance and education of 2,000 orphans in Gedaref up to 18 years old if they do not have relatives, supporting poor people in income generating activities, assuring housing for the elderly, mediating for the adoption of illegitimate children, and training women who want to be trained in handicrafts. Moreover, in collaboration with the ministry of health the department is engaged in awareness building

by disseminating information on malnutrition and AIDS, and on how to raise children, etc. Feedback on and details of past performance of the department are not available.

### *Ma'an, umbrella organization for NGOs in community development*

The local NGO Ma'an (meaning 'together') functions as an umbrella organization for nine NGOs who operate at the neighbourhood level. Six of those are solely staffed by women, three by both men and women. The names and functions of these NGOs are listed in figure 1. The mandate of Ma'an, supported by the Dutch NGO Novib/Oxfam, is to solely focus on the poor. Its aim is threefold:

- Co-ordinating the nine local NGOs
- Functioning as contact organization towards outside donor organization and international NGOs
- Stimulating capacity building programmes

Ma'an has a board with representation by all participating NGOs. In addition it has an advisory group of seven members from various sectors of society. At the office in Gedaref, each of the NGOs has its own room for which it pays rent. Ma'an is respected by government and its activities are even integrated in development plans. Its director is also a member of the co-ordination board of the Association Project Linking Eindhoven-Gedaref (the Dutch acronym SPEG).

Some organizations mentioned in figure 1 are not described here, such as the agriculture department, Zenab women development, local skills organization and Gederaf digital city. They contribute to social change with capacity building programmes and awareness raising, but have no particular role in service delivery.

## Analysis and conclusions

The preceding section describes the many different strata of actors in Gedaref. We conclude that there is a complicated network of organizations with activities in service delivery. Some of these are part of the local government, some are NGOs linked to local government, and some are voluntary neighbourhood organizations.
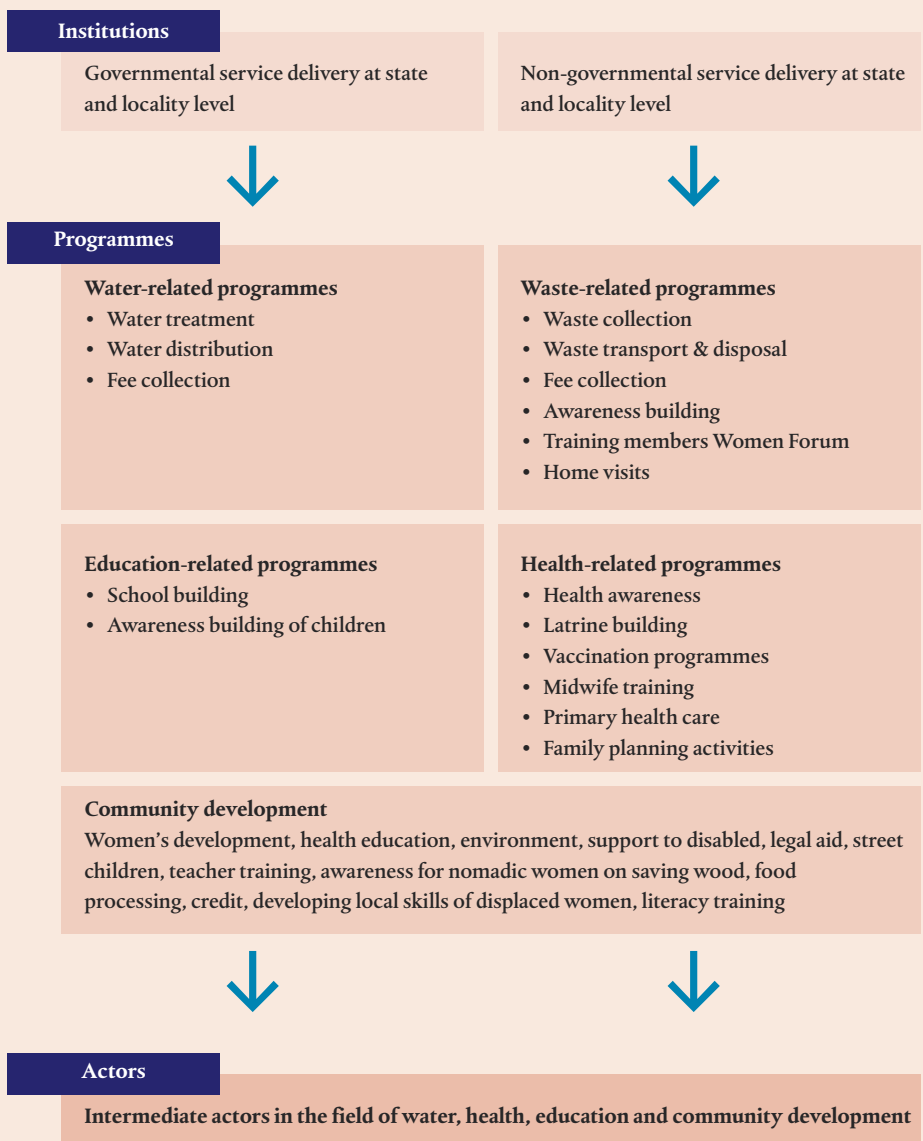This section has the following components. We identify programmes in Gedaref which cover the activities for which accountability is assessed. Then follows the analysis of participation and communication, specifically the way feedback on services is supposed to reach suppliers in Gedaref. These are the day-to-day mechanisms of accountability. After that, we revisit the problems and solutions of the first part of the book and apply them to the case at hand. The final section covers the conclusions drawn.

### PROGRAMMES

There are suppliers of services at state and locality level, initiating and co-ordinating programmes. Several intermediate actors at the level of the neighbourhood implement these programmes in the form of packages of activities. There are a great many intermediate actors, and they are organized around these programmes. See figure 2 overleaf.

We identify a first major change in Gedaref. There are many more service delivery programmes than 15 years ago, and the poor now receive much more attention, both directly and through indiscriminate services than in the past. The impact of this is hard to measure, but there are some indicators available (among many which are not). For instance certain widely spread diseases have become less rampant. According to the statistics from the ministry of health, for example, the incidence of malaria has been reduced by 63 percent. Other development indicators that reflect on services provided are the following:

**Figure 2**
**Overview of service delivery programmes to neighbourhoods in Gedaref**

**Institutions**

Governmental service delivery at state and locality level

Non-governmental service delivery at state and locality level

↓ ↓

**Programmes**

**Water-related programmes**
- Water treatment
- Water distribution
- Fee collection

**Waste-related programmes**
- Waste collection
- Waste transport & disposal
- Fee collection
- Awareness building
- Training members Women Forum
- Home visits

**Education-related programmes**
- School building
- Awareness building of children

**Health-related programmes**
- Health awareness
- Latrine building
- Vaccination programmes
- Midwife training
- Primary health care
- Family planning activities

**Community development**
Women's development, health education, environment, support to disabled, legal aid, street children, teacher training, awareness for nomadic women on saving wood, food processing, credit, developing local skills of displaced women, literacy training

↓ ↓

**Actors**

**Intermediate actors in the field of water, health, education and community development**

- The number of pupils in basic education has risen considerably. In the period 1998 to 2006, 119 classrooms were built by SPEG and Oxfam/Novib; Gedaref locality built 52.
- The basic education curriculum grew from four to six classes and finally to eight, which means that pupils attend education to 14 years of age, instead of 10.
- Between 2003 and 2005 a total of 945 teachers were trained by Oxfam/Novib.
- Secondary education has many more attendees than in the past.
- Gedaref has a University with several faculties serving a significantly larger number of female students than before.
- The number of health centres has increased from ten to fifteen.
- The number of hospitals has increased from one to three, and the city even has a kidney dialysis centre.
- The city is relatively clean compared to other towns in Sudan. In 2003 Gedaref was nominated in a competition as the cleanest city in the Arab World.
- In 2005 and 2006 twenty nine toilet blocks were built or renovated in girls' schools.

A second major change is the increased presence of local NGOs and other intermediate actors at the level of the neighbourhood. This came about in the last decade. The poor in Gedaref now receive services from two sides: government and NGOs. The performance of government institutions has improved because the intermediate actors perform as monitors of government services and at the same time show the local community how services should be delivered. The web is vast. This is the result of local organizations and outside projects constantly creating institutional solutions to specific problems.

It is tempting to speculate on the impact of outside help on this. The twinning relation between the Dutch city of Eindhoven and Gedaref has a history of twenty years, and in the last ten years this twinning has been supported by VNG International's LOGO South programme. Key intermediate actors, such as the home visitors, are a direct result of the twinning and its associated projects. This sort of institutional innovation seems only to be feasible on the basis of a long-term relationship with outside actors and the essential component of local legitimacy.

PARTICIPATION AND COMMUNICATION

With the two changes of the preceding subsection in mind, the mechanisms for participation and communication can be reviewed. Several process components can be identified. Suppliers of services, service delivery institutions at state or locality level, either governmental or non-governmental, initiate programmes, packages of service activities. Intermediate actors implement the programmes in the neighbourhoods. Results from the packages of services reach the beneficiaries, the clients/citizens needing or using the services.

At the same time feedback from bottom up takes place in the web of participatory organizations and associations. The feedback is about access, reliability, quality, and prices of services. Each layer can take the complaints into consideration or not. Figure 3 shows the mechanism schematically.
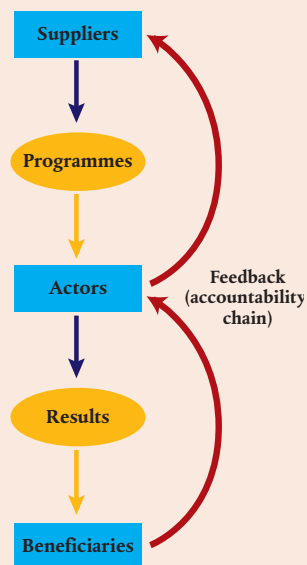


**Figure 3
Overview of the feedback system**

**Photo: at the Locality Council premises**

Figure 3 is how things work in Gedaref. Let us compare this to the figure with the accountability chains in the first part in this book: the relations between service providers and government, between the poor and the government, and between the poor and the providers (figure 4).

In Gedaref there is no rigid division between policy makers of the local government on one side and service deliverers on the other. Services for the poor come from the government as well as the non-government sector. At the same time there is feedback possible from both sides. Volunteer organizations, for instance the Gedaref People's Water Organization, further complicate the picture. There are many intermediate actors of different types in the neighbourhoods. The World Development Report mentions a short route (directly to providers) and a long route (through democratic politics). But when interpreting figure 4 in the context of Gedaref the routes become numerous and winding through intermediate layers.

PROBLEMS IN SERVICE DELIVERY

To assess the accountability mechanisms in Gedaref, it is important to firstly consider three failures in service provisioning to the poor mentioned in the first part of the book. The first failure mentioned is the disproportionate allocation of government expenditures to the rich. Of the total Gedaref locality budget for 2007 of SP 23 million, only SP 385,000 is reported to be  specifically allocated to programmes for the poor. But the poor are citizens and form the majority of the population, so large components of the budget for services provided indiscriminately is spent on these poor. If private health and education services purchased by the rich are taken into account, the picture becomes even better. More public resources are available to the poor. So while calculations are hard to make, we can safely conclude that most of Gedaref's public money is indeed spent on the poor.
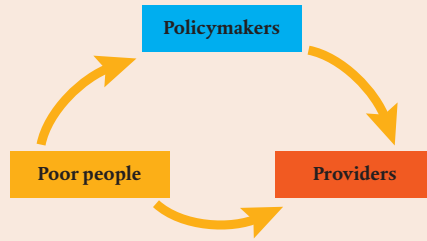
The second failure claimed in the World Development Report 2004 is that even in case allocation is properly carried out, services do not actually reach the poor. There is no indication that this constraint is significant in Gedaref. The feedback channels are generally short and the intermediate actors in the neighbourhoods are many. Drinking water and waste collection services are not available in all neighbourhoods yet, but continuous extension of the services is taking place. The health centres are especially illustrative. The poor contribute to their construction and therefore are partly owners. They choose to build them instead of applying subsidies and their own resources to other causes.

The third claimed failure is the low quality of services. This may be an issue in Gedaref. Depending on the standard or the perspective, public schools and health centres can be characterized as operating at a low quality level. It is not without reason that private schools are popular. And what applies to private schools applies to private clinics. Some public health centres are clean and pleasant; others less so and may be in need of maintenance. Equipment can be old, but this may not say much about its quality. Shortage of staff appears to pose few problems, although it should be realised that qualified doctors and nurses are always hard to find.

For water and waste services the conclusion is clear: over the last decades they have improved significantly for everyone.

We can conclude that the three problems claimed in the World Development Report 2004 are not significant problems in Gedaref.

This is good, but does not mean automatically that the accountability mechanisms in Gedaref are working. The next subsection is about the mechanism or solutions in the World Bank model, but one thing specific to Gedaref needs to be mentioned here.

Many service activities have been initiated and created and associated intermediary actors involved to solve particular problems in particular sectors. The result is the tangle of organizations and associations in which it is hard to assign outputs and roles precisely. Several contributions to accountability can be considered common efforts. This is a strength but the dependencies carry a risk too. If one intermediate actor does not function well, others may lack information and the voice of the poor may not reach the appropriate supplier. So far, there is no integrated plan for the coming years that rationalizes the structure, sets targets and allocates tasks.

POSSIBLE SOLUTIONS

But what if the programmes and intermediate actors in Gedaref are seen in the context of the three proposed solutions in the first part of this book? They are strengthening client power, increasing participation of the poor, and introducing user fees. In this subsection, these solutions are analyzed in the case of water, waste, health and education services in Gedaref. The way communication and feedback takes place is also taken into consideration.

*Client power*

A general observation in Gedaref is that the presence of so many intermediary organizations, public and private, allows citizens to compare the various services. This also makes local citizens aware of their rights. Allowing comparison and stimulating rights-based consciousness are important steps towards client power.

The Gedaref State Water Corporation supplies water to a large number of poor, either through pipes directly to the houses, or at water standpipes. At the same time the Gedaref State People's Water Organization serves the poor in particular. The organization goes beyond the state in service delivery. It has become the support for local people as far as water supply is concerned. Although it does voice concerns, i.e. it is part of a feedback chain, it does not systematically perform as an interest group for beneficiaries. Neither do the fee collectors at the standpipes. So far there is no sign of any other attempts to set up an interest group.

A different situation prevails in the waste sector. Through its Solid Waste Corporation the locality collects the waste and transports it to the landfill. The beneficiaries of the waste collectors are in a different position than of the water supply, as it is not a feasible option to cut off the service (health risks will arise if people leave waste in the streets again). At the same time there are several grass roots organizations that intervene between the beneficiaries and the government on the quality of the service. There are governmental ones, such as the waste health inspectors , as well as non-governmental ones, such as the home visitors. These home visitors, being intermediaries, can perform as a pressure group, though this has not yet become fully institutionalized.

The emancipation of women is important in the framework of client power, as poor women are traditionally considered the ones who do not easily voice their concerns. It is obvious that women have become important players in the local community. The home visitors (who work in different intermediary institutions) stimulate poor women to be more self-confident and to forcefully adapt their traditional modest role. Trained women are increasingly getting the feeling that they 'own' the programmes. They are becoming proactive in solving problems and lobbying departments, instead of waiting for the government to act. Fifteen of the home visitors have a job at ministries and locality departments. This illustrates not only the web-like nature of service delivery, but also the access to the system that home visitors enjoy.

Attitude, possibility of comparison, awareness of rights, and access to education are what we consider the building blocks of client power in Gedaref. In the waste sector, they have brought about a change through the home visitors and related intermediary institutions. And it is particularly the group of poor women who have found it easier to understand the situation and consequently their rights. This makes for a positive conclusion in terms of accountability in waste.

The health centres have two home visitors to support the clients and to listen to possible complaints or to give more information on preventive care. Any problem occurring concerning complaints by patients can be discussed with the manager. When necessary a meeting is organized with patients to find a solution. The home visitor is usually the one to inform the manager as they generally know each other. At the same time there are non-governmental channels that deliver preventive health services to the poor: the home visitors in the neighbourhoods and the family planning foundation. We can conclude that a feedback chain for the voice of the poor, if a rather informal one, is in place in the health sector.

In the formal education sector the situation is different. The numbers and quality have improved over the last ten years. But the role of the parent-teacher committees is still limited and as a channel for voice or representation of interests they are entirely informal and unstructured.

*Participation of the poor*

Many of the descriptions in section 2 are about participation: how clients/citizens are informed and consulted, and how they can influence decisions taken by service providers.
We summarize our observations for each sector.

The Gedaref State Water Corporation does not currently enjoy much formalized participation, but is planning to change its board membership by allowing members to be selected by and

from customers. Experiences gained with another corporation elsewhere resulted in responsible citizens who felt that they were the 'owners' of the water system. The payment by the clients there is better than in Gedaref. This has improved operation and maintenance.

The success of the water sector in the last 7 to 8 years lies in the increase of the number of clients and the improved water quality. The Gedaref People's Water Organization is a participatory volunteer organization, and there are additional conduits for influence. We conclude that participation in the water sector is intensifying.

The Solid Waste Corporation has a steering committee or board with nominated government members and members selected by and from the clients. It also has very intense links with the home visitors who are increasingly owning the waste programmes, and whose leaders have formal roles in corporation. This is the sector in which much headway in participation has been made.

In the formal health services there is no channel or institutions for participation of the beneficiaries in discussing the quality of the services. The situation is different in the health centres where the manager is available at least once a day. And this is made easier for the patients through the home visitors who work in the centres. As the ministry of health has also placed home visitors in hospitals they can also form a bridge to this organization in the case of complaints about the quality of service. This results in a mixed conclusion on participation in the health sector: the channels are there but do not form part of the formal health sector.

At both public and private schools, despite their participation in building new classes, it is not common that parents participate in taking policy decisions (they have no influence on the curriculum, for instance). Private schools deliver higher quality services, and consequently parents will have less to complain about. Moreover, they have the power to take

**Photo: inspecting heavy equipment at the landfill**

their children to another school if performance drops below a certain level. This is not the case with public schools.

## User fees

User fees are a more specific solution than client power and participation. They provide a cost-sharing mechanism, injecting an issue into client power and participation. Once again, we analyze the four sectors.

The perception that people should pay for drinking water is well established in Gedaref. The water corporation is supposed to be financially self-supportive. But in reality only about half of treated water at the intake reaches the customers. This is partially due to the lack of income as a result of the low state-imposed fee. The financial problem is compounded because not all beneficiaries pay the water bill. But the principle of asking a water fee still stands.

One advantage possessed by the water corporation is that it can close the connection of defaulters. There are 32,796 customers in Gedaref. Of this number there are 7,717 who have working water meters and 4,320 who have been disconnected as a result of non-payment. Finally there are still 10,634 without a connection due to the fact that there is not yet a distribution network. If people do not want to pay and are not willing to discuss an arrangement the service is no longer provided to them. (They typically switch to water provision from donkey carts.) Intermediary actors can play no role if there is no will to pay, but a steering committee with client representatives will in the near future be involved in policy decisions such as setting the price.

Much that applies to water also applies to waste. But defaulters are difficult to punish. So awareness building is of crucial importance for the success of the waste collection system. The approach is to create and transmit a feeling of ownership through intermediary organizations and associations, and raising the expectation

that quality follows payment. Where the price of water can make people use their exit power, the risk of waste in the streets results in structured forms of client power.

Primary healthcare is free in Sudan, except for a small amount to be paid for registration. Fees are therefore not an issue and this will remain so. The private medical sector is developing in Gedaref (there are 40 private clinics and 12 laboratories) but this market is not that relevant for poor people.

Primary education at public schools is free, except for the contribution to the parent teacher committees. Private schools are expensive, and parents seem to agree that quality can justify a price. The number of private schools in the locality is increasing. However, this choice or base for comparison among different service deliverers has little influence on the debate on participation and communication in education.

FINAL CONCLUSIONS

What can we conclude after reviewing the conceptual framework of the 2004 World Development Report, the three problems and the three proposed solutions in Gedaref? The first is that the analytical diagram of the World Development Report (figure 4) is a simplification of reality that does not allow for some critical aspects of the Gedaref case. The network of organizations and associations is all over the map and all over the diagram. The aim of the present study is not to refute the analytical model, but rather to identify gaps when trying to analyze how the big picture of accountability relationships in Gedaref now operates. However, the framework presented by the World Bank provides a solid ground for a sector-by-sector analysis.

There are two significant observations concerning the actors and the mechanisms in Gedaref in general (the big picture). Firstly, policy makers in Gedaref are also suppliers, but they are not the only ones. In the locality there are governmental as well as non-governmental

providers focusing on the poor, some of them working together at the level of the state, the locality and the neighbourhood. Secondly, the World Development Report 2004 identifies short and long routes of accountability. Short routes channel complaints directly to providers, and long routes allow lobbying with policy makers and through the ballot box. But in Gedaref the participatory and democratic accountability mechanisms are all part of a tangled web of relationships. It is hard to determine what are short and long routes of accountability in this case. For instance, there are neighbourhood committees and councillors located in neighbourhoods who have short connections with policy makers, while for service providers, such as NGOs with specific mandates and conditional funding, the route can be long without any policy makers being involved.

More specific conclusions, after analyzing the three problems and the three solutions in Gedaref, are:
• There are no allocation problems of services, and these services in general reach the poor.
• The quality of services varies but is better for waste and water than for the other services.
• Some client power and participation can be observed in the water sector, where there is much leverage because of the possibility of cut-off to the provider and client exit power.
• There is much client power and participation in the waste sector, but little leverage over clients through fees.
• The contrast between the water and waste sectors is remarkable.
• There is strong financial participation in the educational sector but little influence on policy.
• The health sector has a mixed record, with informal and unstructured participation and client power, and differences between the health centres and the hospitals.
• The extensive network of service delivery institutions has strong and weak aspects. It covers almost the complete spectrum of services, but due to its high level of interlinkages it is also sensitive to failure of one or some actors.

• Many programmes in Gedaref involve women. This has clearly resulted in an improvement of their position.

Each service is delivered in a certain way with particular intermediate actors for implementation and feedback – the result of a history of many specific problems for which many specific solutions have been sought. This problem-driven process is the main one and the accountability mechanisms are secondary. This may be good, because accountability is not an aim in itself but a means to deliver proper services to the poor.

Gedaref has no overall design plan that disentangles the structures and divides tasks and goals. Should there be one? Or is it enough that some loose principles are maintained by local actors in Gedaref and projects such as the Eindhoven twinning? It is hard to give an unequivocal answer, and the system could definitely use some pruning. But we conclude that the existing accountability mechanisms, which were not specifically designed, give a guarantee for sustained services to Gedaref's poor in the future.

Why this trust in the principles and the big picture, while the analytical framework of the 2004 World Development Report yields different answers? Because we can identify building blocks for participation and client power on the basis of the Gedaref case. These are changes in attitude, awareness of rights, ability to compare, emergence of emancipation issues, and so much improved access to local government and NGOs providing the services that critical mass develops. The building blocks are there even if the web of intermediate organizations is complex. On the ground, people will take note of differences and start asking questions in sectors with less accountability than others.

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