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Introduction

This paper has three objectives. First it discusses the main issues surrounding service provision. Second, it will review research on service provision with particular reference to West Africa. The first and second objectives lead to a third objective – identifying gaps in the research on service provision as a basis for a research agenda.

The paper is structured as follows. The first section provides some conceptual clarifications related to service provision. The second section examines the changing context of service provision. The third section will review the available research on service provision. This will be followed by the fourth, which will provide an overview of the key issues and debates surrounding service provision, with special reference to West Africa. The fifth section identifies some sources of research funding and outlines the role of donors. The conclusion pulls together the previous sections and suggests potential areas for research, which could be supported by IDRC.

Some Conceptual Clarifications

This section will briefly clarify the concepts of public goods and services. The debate about whether or not goods and services should be provided by the public sector or by the private sector is linked to the characteristics of goods and services. Economists have defined public goods and services as those that have to be provided to a group or community as a whole and cannot be subdivided for the benefit of particular individuals. These goods and services are characterised by jointness of use or consumption, i.e. one person's use does not preclude availability to another; not easily divisible; difficulty of excluding people who fail to pay; and difficulty of measuring quality and quantity (Walsh, 1995; Foldvary, 1994; Roth, 1987). Thus public goods/services have very low *excludability* and *subtractability*, while private goods have the opposite properties (Pinto, 1998).

Examples of goods and services that have public good characteristics include streets, irrigation dams, public parks and national defence. A number of goods and services have public good characteristics, but are also partly private. These include health, education and social housing.

The main argument for state intervention to produce such goods and services is that left to itself the market will under produce such goods or will even fail to produce, leading to market failure. However, as Walsh (1995) has noted, the use or non-use and the consumption or non-consumption of such services provide joint social benefits or disbenefits respectively in the form of secondary effects through their impacts on national economic success. For example, an educated and healthy population is favourable to economic development and competitiveness. The provision of public services may also help to create legitimacy for government and for a social system or help to prevent unrest, which are public goods. There is therefore some merit in government ensuring that such services are provided and used. Thus merit goods and services are those that society considers having special merit but might be produced in insufficient quantity if left to the market. Since people would not voluntarily buy enough merit goods, governments could either provide them free or finance/ subsidise their production and delivery by the private and voluntary sectors.

Public goods and services may also be classified as social (e.g. education, health), largely financed by tax, or economic (e.g. electricity, urban water, and telecommunications), partly or fully financed by user charges. The latter group is also called utilities.

The concept of *governance* provides the framework and context for the current discussion and debates on service provision. Governance and good governance are concepts that have generated diversity of definitions and uses, especially in the 1990s. In the context of this paper two definitions are useful. First is Kooiman's (1999:70) definition of governance[1] as "All those interactive arrangements in which public as well as private actors participate

[1] The various uses of governance include corporate governance, governance as minimal state, good governance, governance as self-organising networks, governance as new public management, and governance as (international) order.

aimed at solving societal problems, or creating social opportunities, and attending to the institutions within which these governing activities take place." Second, Hyden and Bratton (1992: 6, 7) define governance as "conscious management of regime structures with a view to enhancing the legitimacy of the public realm (... the public realm encompasses state and society...)."

Inherent in the above definitions are three domains of governance – the state (legal, political and administrative institutions and organisations of the state), the private sector, and civil society organisations. Governance is how these various actors interact and how these interactions are managed. The various uses and definitions of governance may be distilled into three core building blocks as:

- rules and qualities of systems;
- co-operation among different actors to enhance legitimacy and effectiveness; and
- new processes, arrangements and methods (Kooiman, 1999: 69).

The World Bank in its influential report on Sub-Saharan Africa (World Bank, 1989) initiated the debate about 'good governance'. In that report the Bank argued that a crisis of governance underlies the litany of development problems in Africa. The Bank emphasised the need for political and institutional renewal in terms of increasing political legitimacy as a precondition for better macro economic and political management. The Bank's view of governance has since evolved (see for example, World Bank, 1992, 1997) as has been the general conceptions of governance by other agencies. A number of multilateral and bilateral agencies have contributed to the debate. The UNDP (1995, 1997), for example, goes beyond the political and economic approaches to governance. It argues for a strong link between governance and social issues such as poverty, human rights, gender and the environment, which are all essential for sustainable human development.

Since the early 1990s good governance has become a broad reforms strategy in many countries, the essential features of which may be summarised here as:

- political legitimacy and consensus orientation
- a strong participatory civil society
- effective financial, bureaucratic and political accountability
- transparency and responsiveness
- a competent and efficient public sector management
- a professional bureaucracy
- respect for the rule of law and human rights
- independent judiciary, fair and predictable legal framework

Growing interdependencies at various levels and the multiplicity of relationships among various societal actors underpin the concept of governance. The emphasis on governance does not only imply a reshuffling of government tasks but also an increasing expectation for government to co-

operate with, and facilitate none-state actors in the development process. Nowhere are these becoming more prominent than in the area of service provision.

Although governing arrangements may differ for all levels of society and will vary from sector to sector, there is some agreement that governments are not the only actors in tackling societal problems, and that traditional and new modes of government-society interactions are required to tackle societal issues (Kooiman, 1999). The concept of public-private partnerships has recently evolved to capture this co-operation between state and non-state actors, especially in the area of service provision.

When applied to service provision, governance may be seen as the various organisational and institutional arrangements at different levels of society - central and local governments, NGOs, private and community - involved in the management and provision of services. In this context, it is important to note the three functions of *provision, production* and *delivery* of goods/services. The current trend is to separate the provider from the producer roles. The former involves arranging for and ensuring that a service is delivered - deciding what should be produced, for whom, to what degree and quantity, and how to pay for the service. Thus allocative policy and financing are central to the provision function (Pinto, 1998). The *production* of service refers to the factors that actually go into producing a good/service, whilst delivery involves distribution to users of the service.

Provision, production and delivery may involve different levels of governance (Walsh, 1995; Savas, 1987; Pinto, 1998). The key to efficiency in public service is increasingly seen within the new public management[2] (NPM) model, to be the separation of responsibility for provision from that of production and delivery. Within the governance framework defined above, government may finance or pay for a service, but does not have to produce or deliver the service by itself. Production and delivery may be subject to different market-based institutional arrangements whilst provision is inherent in policy and remains the core function of the state. In many developing countries provision, production and delivery of services have historically been left to the government or the public sector, but the recent trend is to increasingly involve the private, voluntary and community sectors in the production and delivery roles through contracting out and various forms of private sector participation.

The application of governance to service provision arrangements raises a number of issues for research. The emerging institutional and organisational arrangements for service provision, in particular the nature, forms and role of public-private partnerships in service provision, provide opportunities for

[2] The new public management (NPM) refers to a set of management techniques and practices, many of which are borrowed from the private-for-profit sector, and shift the emphasis from public administration to public management. It has its ideological basis in the belief in markets and competition. The core elements emphasise hands-on professional management, explicit standards and measures of performance, a shift from input to output controls, decentralising management authority, purchaser-provider split, greater use of markets and competition in the public sector (e.g. contracting and charging for services) and customer orientation (see Ferlie et al, 1996; Hood, 1991; Dunleavy and Hood, 1994, Pollit, 1993; Larbi, 1999).

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Service Provision in a Changing Governance Environment

with Special Reference to West Africa

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research. The extent to which people and communities have organised themselves and get involved in service provision either on their own or in partnership with NGOs will be of interest, as will be the response of central and local governments to these people-oriented initiatives. Another governance-related issue for research is how to achieve responsiveness and accountability in service provision in developing countries. Does participation necessarily lead to accountability and responsiveness of service providers to service users and to improved service quality? The political and technical aspects of participation and the questions of who participates, how, where and for what, require investigation.

The Changing Context of Service Provision

In recent decades the provision, production and delivery of public services have undergone radical reforms, particularly in western industrial countries. In some OECD countries (e.g. Britain, Australia, and New Zealand) service provision has been transformed and shaped for over two decades by a bundle of management techniques and practices often called the 'new public management' (NPM). NPM reforms have been driven by the failure or difficulties associated with government provision of public goods and services through bureaucratic structures, which fail to meet the objectives of efficiency, effectiveness, equity and responsiveness to service users.

It is argued by public choice theorists that specialised interests, including elected officials and those in bureaucracies seek, inter alia, to transfer resources to themselves and their agencies at the expense of the general public and tax payers. The political sector fails to allocate resources the way that most of the public would desire (Foldvary, 1994). Wastage, oversupply of collective goods and corruption are common problems of bureaucratic provision of public goods and services.

Thus the main drivers for change in service provision have been the quest for efficiency and effectiveness in government and in public services in an era of economic and fiscal crises in the 1970s and 1980s. There was a growing demand for the extension of consumer choice and influence and increasing tension between limited resources and increasing demands on service providing systems (Robinson and Le Grand, 1995). However, favourable political and ideological changes in western countries, the development of information technology, globalisation and increasing popular and intellectual disenchantment with the role and performance of the state, collectively provided motivation for the reform of service provision organisations and processes.

In most Sub-Saharan Africa (SSA) countries the reform of service provision was prompted by similar factors. First, economic and fiscal crises and subsequent adoption of IMF and World Bank supported stabilisation and adjustment programmes (SAPs) provided the main context and impetus for economic reform and subsequently for the reform of service provision. Huge external debts, budget deficits, and dwindling ability to raise revenue from internal sources were common. For example Ghana, Liberia, Togo had

deficits of over 10 per cent of GDP for several years, compared to an average of 6.5 per cent for the African region between 1975 and 1978 (Bangura, 2000).

Second, and partly symptomatic of the economic and fiscal crises, were internal policy deficiencies, macro economic mismanagement and political and policy instability in most SSA countries (e.g. Ghana, Liberia, Nigeria and Sierra Leone). These internal factors combined with difficult external circumstances that led to a partial collapse of state capacity to provide services that meet the basic needs of citizens. The infrastructure for the production and delivery of public goods and services suffered years of under-investment and lack of maintenance. Staff in the public services left in droves to either join the private sector or to work in other countries. Consequently, the quality and quantity of service provision, especially in education and health, deteriorated over the years, and this was more dramatic in some West African countries than elsewhere in Africa.

In Ghana and other SSA countries measures taken under SAPs were initially meant to achieve fiscal stability. But these were later accompanied by complementary reforms in the organisation and financing of service provision. Through SAP lending conditions and associated liberalisation, the public sector in most SSA countries has been subjected to competitive market pressures and restructuring, including experimenting with some elements of NPM. For example the introduction of user fees in health became part of SAP-related conditions from the mid-1980s, and the World Bank made restructuring of the health sector a condition for its second Health and Population loan to Ghana in the early 1990s. Thus, some countries in the sub-region had to adopt alternative forms of financing and providing public services. However, these reforms have not been subjected to any systematic and comprehensive study to evaluate their impact on service provision.

A third factor in the context of change is the *governance/'good governance' and democratisation agenda* from the early 1990s. It must be pointed out, however, that the governance agenda reinforced the pressures for reforms that were already underway in the 1980s in most SSA countries. As noted above, one of the key benefits of the introduction of these concepts is that they have encouraged looking beyond the state and beyond government to non-state and non-government actors for service provision. They have helped to broaden and strengthen the case for institutional and organisational diversity for the production and provision of public services. Public, private and civil society organisations are recognised as legitimate actors in the production and delivery of public goods and services (World Bank, 1997). Sound governance is considered to be the primary means for achieving sustainable human development and poverty eradication (UNDP, 1997).

Thus good governance is increasingly becoming a lever for ensuring that non-state actors have the opportunity to contribute to both production and delivery of public goods and services. Increasingly, governments in developing countries, with the support of donor agencies and governments, realise the need to provide the enabling environment for this to happen. It must be

added, however, that because it is largely perceived as a prescription, governance sometimes become controversial when it is introduced into development assistance conditionality as a tool or process that should improve the delivery of public goods and services.

It is worth noting here, however, that for most SSA countries (e.g. Ghana, Nigeria, Sierra Leone and the Gambia) service provision was a shared responsibility between the state and the private/voluntary sector in the colonial and immediate post-independence period. Voluntary sector organisations, particularly church missions, were dominant sources of the provision of health and education services, especially in rural areas. However, in the post independence period, the desire of nationalist governments to introduce comprehensive and universal provision of health and education services led to either diminishing the role of non-state actors or nationalising the delivery of important public services. In both Ghana and Nigeria, government took over some private and church-run schools and hospitals. By the 1970s it was evident that most of the attempts had failed. The crises and adjustment of the 1980s and the drive to cut back the over-extended state led to a rethinking of the policy of state monopoly in service provision and subsequent conscious efforts to bring back non-state actors into service provision.

A key element of governance is effective, efficient and accountable public management. As part of the efforts to improve public sector management, including service provision, some SSA countries (e.g. Ghana, Uganda and Tanzania) are adopting elements of the NPM reforms, following examples from countries such as Britain and Australia. These reforms are being introduced through both coercive and voluntary policy transfers. The latter through lending and donor conditions, and the former through best practice learning from other countries (Common, 1998). The extent and nature of NPM-type reforms and their impact on service provision in SSA countries are evolving issues for future research.
From the above it is obvious that the way public services are organised, managed, delivered and paid for has come under increasing scrutiny since the 1980s. These have given rise to a number of issues, some of which have been addressed by researchers. The next section will review a selection of research work on service provision before examining the emerging issues.

Review of Research on Service Provision
Research on service provision in Africa may be categorised into four main groups. First, there are cross-sector and cross-national comparative studies that have examined issues of service provision (Larbi and Batley, 1999; Semboja and Therkildsen, 1996). These studies offer broader and more comprehensive insights into service provision, though they focus on a limited of number of countries in Africa.

In the second category are studies that have either focused on a single issue within a service sector but across countries or on a single issue across sectors in the same country. Several studies fall in this category. The former includes a lot of work in the health sector on user fees/cost recovery and financing (Nolan and Turbat, 1995; Gilson, 1995; Gilson, et al., 1995; Shaw

and Griffin, 1995; Adams and Harnett, 1996; and Donaldson and Gerard, 1993). Others have examined organisational and capacity issues in service provision, including health (Bennett and Mills, 1998), decentralised management in health and water (Larbi, 1998a), contracting in health and/or, water (Larbi, 1998c, Bennett and Mills, 1998).

The third category of studies includes those that focus on some aspect of service provision in a single country. These include work done for the World Bank on improving primary education in Nigeria (Francis et al., 1998), on the process of health reform in Sierra Leone (Siegal et al., 1997) and on improved social service delivery in Nigeria (Woo, 1995).

Most of the above studies have focused on managerial and technical improvements or related issues in service provision, which do not necessarily lead to service improvements in developing countries. There is need for an approach that gives priority to determining the service requirements of users and then adjusting managerial arrangements to these requirements. A few of the studies involved user surveys to assess perceptions about quality and performance in service provision, but these may be harmful if they do not lead to service improvements (Pinto, 1998).

A selection of the above studies will be reviewed briefly here, starting with the 'Role of Government in Adjusting Economies' research[3] (Batley and Larbi, 1999) and the edited work of Semboja and Therkildsen (1996) on service provision in East Africa.

The role of government (RoG) research examined four main sectors – health, water, crop marketing and business (textiles and garments) – across four core countries – Ghana, Zimbabwe, Sri Lanka and India, with several reference countries for particular sector studies. The sectors were chosen to represent different technical cases for government intervention in service provision, given the likelihood for market failure. Using comparative and largely qualitative research methods (semi-structured interviews, case studies, documentary analysis, focus group discussions and user-surveys) the research examined two key questions. First, whether reforms in service delivery mechanisms, which are being introduced in developing countries, are appropriate to those countries' context. Second, whether reforms do present problems of government capacity to manage its new roles. Box 1 presents some of the issues and findings of the RoG research. Some of these will be revisited in the next section.

Box 1: The Role of Government Research – some highlights

[3] The 'role of government' research was a four-year research programme (1994-98) undertaken by a consortium of five British researcher organisations led by the International Development Department, University of Birmingham. The ESCOR unit of the UK aid agency, Department, funded the research for International Development (DfID).

The research highlighted the emergence of alternative forms of service provision that emphasise decentralisation, contracting and other forms of private sector participation, including community participation in service provision. These different forms of organisational and institutional arrangement for service delivery mainly follow western models and raise a number of issues. Implementation of reforms was found to be patchy in most cases. Most governments were confronted with technical, political, administrative and managerial difficulties in developing or supporting the wide range of emerging forms of service delivery in which they are expected to play an indirect role. The new roles are proving quite challenging, particularly regulating service provision, but appropriateness of reforms in service provision is relative to context, sector and timing.

The research addressed some political aspects of reforms, using a principal-agent framework and found few instances where users were able to assert demands at the point of service delivery. The main problem was the lack of basis for organisation. Where users had control, as in some cases in urban water supply, the effect can be seen in improved service provision. In health, there was little evidence of user control because users were disparate, individualised and often vulnerable.

Other conclusions from the study include:

- Implementation capacity is weak in most cases; reform design seems ambitious, beyond what most governments can reasonably manage, especially in the two African countries.
- Donors and governments need to give attention to the sequencing of reforms.
- The new indirect provider roles imposes managerial responsibilities on government and require higher analytical and technical skills, but most governments are faced with perennial problems of attracting and retaining enough qualified staff in service organisations.
- There is some association between the relative operational autonomy of service providing organisations and improved performance

Source: Batley and Larbi, 1999

In the context of this paper, one limitation of the RoG study is that it included only two African countries – Ghana and Zimbabwe. Even though there were reference countries for specific service sectors (Côte d'Ivoire for water and crop marketing, South Africa for water and Kenya for crop marketing), the scope for generalisation of its findings in the African context may be limited. Other service sectors such as education and electricity may be worth exploring in order to build on the research. Another limitation of the RoG research is that it focused on the capacity of government and public sector organisations and institutions in service provision. The role and capacity of the private, voluntary and community sectors in service provision received less attention in the research.

The edited work of Semboja and Therkildsen (1996) on service provision in East Africa provides good insight into a number of issues across three countries – Kenya, Tanzania and Uganda. It examines inter-organisational relations between the state, NGOs, people's organisations and foreign donors who collaborate to provide services - education, health, and law and order - in the three countries. Most of the contributors to this volume show that the nature of inter-organisational action depends on domestic and international political economic circumstances, as well as on political and economic interests and motives of each partner in the inter-organisational arrangement.

They also highlight the fact that the state versus non-state dichotomy is unsustainable in some contexts in Africa because of the overlap between the state and voluntary sectors. For example government employees may unofficially work in the private sector, whilst states are increasingly dependent on voluntary sector financing for their functioning. But the voluntary sector in East Africa lacks autonomy and self-finance as it is heavily dependent on external financial agencies. They also touch on the problematic of reconciling rights with social provision – what should be the role, rights and responsibilities of the individual vis-à-vis the state in the provision of social services? The obvious limitation of the above work is that it is restricted to three East African countries, though some of the findings may be relevant to West Africa.

The World Bank has sponsored a number of project related studies on service provision in some West African states. One such study involved key stakeholders at all levels in the process of primary schools improvement in Nigeria. The study involved consultations with a sample of 54 primary schools and communities across Nigeria. It used both qualitative and quantitative methods such as semi-structured interviewing, focus group discussions, participant observation and questionnaires. The key stakeholders identified included parents, pupils, teachers and headteachers, community leaders, members and officers of Parent-Teacher Associations (PTA), educational administrators and supervisors. The recommendations that emerged from the consultations and follow-up workshops on how to improve the quality of primary education were fed into a policy document (Francis, et al. 1998).

Another World Bank sponsored study looked at the participatory process of health reform in Sierra Leone. The study showed that the participatory process allowed priorities and strategies to bear reasonable resemblance to the wishes of the public, and that new constituencies have emerged. The study also suggests that: (a) communications builds commitments but also builds high expectations from stakeholders; (b) consultations need to be continuous and not one-off exercise; (c) there is need for strong leadership; (d) new interest groups emerge; and (e) managing donors becomes more complicated (Siegal, Peters, and Kamara, 1997).

Woo's (1995) article on the delivery of social services in Nigeria, highlights a background of expansion of education and health services during the oil boom in the 1970s, followed by serious deterioration in the quality and quantity of services in 1980s through the 1990s. In order to reverse this trend the study maps out a number areas that require attention, including enhancing quality and efficiency by improving inputs and processes of social services delivery and maintaining and rehabilitating existing facilities. There is also the need to prioritise policy objectives, set realistic targets for expansion and develop viable, costed implementation plans. At the same time there is need to ensure increasing and stable public funding for the social sectors and to develop strategies to mobilise private resources for social service delivery and strengthen the institutional capacity for planning and management of the social sectors.

Using largely in-depth structured interviews, documentary analysis and observations Larbi (1998a,b) examines decentralisation of management in public health and water services in Ghana. He notes that that some elements of the new public management are being applied. These include the creation of the Ghana Health Service as an executive agency, separate from the Ministry of Health, the decentralisation of management authority from the centre to regional and district health management teams, granting more autonomy to tertiary hospitals and increasing the role and powers of board of governors. The creation of budget centres and devolution of budget and financial control has given decentralised units more control over recurrent expenditure, especially in the health sector. One key finding of the study is that the reform of processes and procedures are lagging behind structural reforms. Consequently, unreformed rules and regulations, especially in finance and human resource management, frustrate the operations of decentralised structures. The study highlights a number of capacity issues at both central and decentralised levels, including the need to develop and implement a formula for resource allocation among decentralised units and to develop indicators of performance and set and monitor performance targets for decentralised units.

Whatever the limitations of the above studies, they make important contributions to our understanding of some of the key trends and issues surrounding service provision. The next section will provide an overview of these issues.

Overview of Trends and Issues in Service Provision

From the above review it is apparent that a number of issues have emerged in the reform of service provision in recent years. These include the changing role of government in service provision, changing organisational and institutional arrangements and emerging alternative forms for service provision, the cost of service provision and how to pay for it, human rights, equity and poverty issues, and customer orientation, responsiveness and accountability in service provision. These issues will be discussed briefly here.

A changing role for government in service provision?

The new public management, structural adjustment and governance have all prompted the new conventional view which sees a reduced role for governments in the direct management of economies and direct production and delivery of services to citizens. Instead governments are expected to rely more on arms-length or 'rowing' agencies, on the private sector and on civil society organisations for the production and delivery of services. Increasingly governments are expected to provide an enabling and regulatory environment for other actors. Governments must put in place the ground rules, restraining monopoly, protecting competition, establishing and enforcing property rights. They also have to support and finance service provision by other actors (Batley and Larbi, 1999; Roth, 1987; World Bank, 1997). Thus shrinking the state and increasing the role of non-state actors in the production and delivery of services does not necessarily mean a shrinking role for government.

Since most African countries are at the implementation stage of reforms in service provision, the issues of government capacity to manage its new roles will still merit the attention of researchers, with a particular focus on Africa. How to match roles to capacity in the reform of service provision remains a major challenge. This should take account of the capacity of both governmental and private/non-governmental organisations.

Emerging organisational, institutional and capacity issues

Private sector participation: With donor support, a number of governments in Africa (e.g. Ghana, Nigeria, Gambia, Uganda and Tanzania) have initiated and are implementing private sector participation (PSP) programmes in the provision of public services such as water, electricity, and urban services. These are based on two principal arguments. First, the private sector might be more efficient than the public sector in providing public services. Second, given the capital required to expand and maintain reliable service provision, PSP is needed to leverage additional investments into the public services.

Thus contracting, privatisation and other forms of PSP are increasingly becoming common policy options for many governments in SSA countries. But this is not an entirely new phenomenon, as public construction and maintenance works, as well as procurement have traditionally been contracted-out to the private sector in many African countries. However, the extension of contracting-out to cover activities that have traditionally been carried out in-house through bureaucratic arrangements or state enterprises is quite new to many African countries.

A review of recent research suggests that contracting out is selectively being used in various service sectors including health, water, electricity, solid waste management and other urban services. In the health sector, the delivery of selective non-clinical services (e.g. cleaning, security, catering, and waste removal) are contracted out in South Africa, Lesotho, and Zimbabwe (Mills and Broomberg, 1998) and Ghana plans to contract out these activities in the near future (Larbi, 1998c). There is limited explicit contracting out of clinical services (acute hospital care) in South Africa, Tanzania and Zimbabwe. However, implicit contracts with church groups and NGO providers of health services are common in Ghana, Nigeria, Sierra Leone, Malawi, Rwanda and South Africa.

Other forms of private sector participation in service delivery are also evident. Management contracts are used in electricity supply in the Gambia, Gabon, Guinea-Bissau and Rwanda, and for water supply in Mali and Gabon (Olowu, 1999). Lease contracts are extensively used for urban water supply in Francophone West Africa, notably in Côte d'Ivoire and Guinea. Ghana has recently called for tenders for private sector participation in the management and delivery of urban water. PSP in municipal waste management services is also increasingly becoming common in developing countries (Cointreau-Levine, 1994). Most big cities in Africa, including, Lagos and Ibadan (Nigeria),

Accra (Ghana), and Dar Es Salaam (Tanzania) have contracted out refuse collection and solid waste management services.

It is worth noting, however, that in most countries in Wes Africa, the failure of state provision created a vacuum which small, often informal, private providers filled-in. For example private tankers have long filled in the gap in urban water supply in both Ghana and Nigeria, whilst the use of private generators for electricity is common in rich households in big cities. Private, often unregulated providers also form a very significant part of the curative health care system in West Africa. However, the extent of this informal service provision has not been subjected to systematic research in West Africa. Much of the evidence is anecdotal.

Marketisation of service provision raises a number of issues, particularly in the context of African countries. These include deciding what are core and non-core activities in the provision, production and delivery of services. The ability to analyse and decide what are the core activities that the state needs to focus on and what are the non-core activities that should be delegated to the private and voluntary sectors is a key capacity issue. A more important capacity issue is the ability of governments to regulate private sector participation and to manage a network of contracts. As PSP becomes increasingly common in SSA countries, the capacity of governments to put in place the right institutional arrangements to facilitate competition and monitor service provision will be crucial and will deserve further research.

Another key issue is how to mobilise private resources for service provision whilst at the same time ensuring accountability and service quality. Issues of equity and access by the poor are particularly crucial for developing countries as governments deliberately open up service provision to competitive pressures. The emphasis on short term cost reduction and marketisation of public services potentially risks excluding the poor through pricing and upsetting the 'basic needs' issues in health, education and housing in the long term. There are also issues of corruption and how to ensure transparency in the tendering process and in award of contracts in order to get better value for public money. As Girishankar (1998) has noted, one of the unanswered questions for researchers is how NPM reformers in developing countries can resolve the perennial trade-off between efficiency and equity.

Decentralising the management of service provision: This is another policy option being adopted by SSA countries, following similar reforms in some western countries like the UK. The economic and administrative cases for decentralising management rest on bringing service delivery closer to users, empowering those who deliver services, encouraging local participation and improving central government's responsiveness to public demands. Decentralising the management of service provision has taken several forms.

First, the decentralisation of service delivery to deconcentrated or field units of central government ministries has been a common pattern in Ghana, the Gambia and Sierra Leone. In Ghana these units have been integrated into the District Assembly structure with twenty-two government departments

coming under the authority and control of the district administration. In the health sector, there has been vertical decentralisation of management authority to health management teams in the regions and districts (Larbi, 1998a, Bennett et al., 1999).

The second form of decentralised management emerging is the separation of some operational arms of government from their parent ministries or departments to form autonomous agencies. For example some large hospitals in Ghana and other countries have been granted semi-autonomous status with their own board of directors. Also a Ghana Health Service has been created as an executive agency, separate from the Ministry of Health.

As was noted earlier in this paper, the concept of governance has helped to broaden and strengthen the case for institutional diversity in service provisioning, by looking beyond both the market and the state. In this context, the decentralisation of service provision to NGOs, local communities, other not-for-profit organisations, and their involvement in financing and delivering of services are key features of service provisioning in SSA countries. This is a third form of decentralised management of service provision. As a result of change in government attitude towards NGOs and donor preferences, non-governmental organisations have emerged as major sources of health services provisioning in some African countries with the active support of official donors (Robinson and White, 1998). Table 1 gives some indication of the extent of non-state involvement in health services provision in Africa.

The Bamako Initiative launched in 1988 by African ministers of health and sponsored by WHO and UNICEF, has encouraged a number of African countries to decentralise decision-making from central to district level, to reorganise health care delivery through community-based institutions, to rely on community financing of health centres and to co-manage basic health services with communities. Mali has been quite successful in the community-based approach to health care and other countries in the region (e.g. Benin and Guinea) are emulating Mali (Dia, 1996; World Bank, 1993).

In both Ghana and Nigeria, religious and other civic organisations and communities have participated in social service provisioning, sometimes on contractual relationship with the state. Co-determination, co-financing and co-production of services by the state and civic organisations are on the increase under the umbrella of partnership and participation. For example, in Ghana (and Uganda) the government pays the salaries of health staff in mission hospitals. Some countries have also designated mission hospitals as primary referral centres and receive grants and subsidies in return (White and Robinson, 1998).

Table 1: Extent of non-state provisioning of health services in Africa

Country (organisation)	*Percentage of total no. of hospitals/hospital beds*	*Percentage of total no. of services/contacts*
Cameroon	40 (facilities)	
Ghana (church)	25 (beds)	40 (population) 50 (outpatient care)
Kenya (NGOs)		35 (services)
Lesotho (non-profit)	50 (hospitals) 60 (clinics)	
Malawi (church)		40 (services)
Tanzania (church)	40 (hospitals)	
Uganda (church) (NGOs)	42 (hospitals) 14 (facilities)	31 (services)
Zambia (church)		35 (services)
Zimbabwe (church)	68 (bed/rural areas)	40 (contacts)

Source: adapted from Robinson and White (1998: 234).

At the community level, Olowu (1999) cites the case of rural communities in Mali that have successfully developed a rural formal education system for their children, including paying salaries of teachers, after the government stopped paying. In Burkina Faso the *Groupements* NAAM, which are solidarity groups, have as their main objective the provision of services to their communities. They have been quite successful in rural development projects and service provisioning (Dia, 1996). These cases illustrate the role communities play in service provision either as a supplement to state provision of or where state provision fails.

Traditionally local governments have been involved in the provision of local services such as primary education and primary health and sanitation. This is the fourth form of decentralisation. As was noted above in Ghana health and education services are being integrated into the district assembly structure as part of the decentralisation programme.

One can identify a number of issues emerging from decentralisation and empowerment of non-state actors and communities in service provision. First, is the reluctance of central agencies to let go control over resource allocation for a number of reasons ranging from resistance to change by senior bureaucrats to unreformed financial regulations and public service commission rules. Second, there has been lack of planning for implementation. Third, the capacity of central agencies to set policy frameworks and monitor the performance of decentralised units, and the capacity of decentralised units to management resources under their control have been major constraints (Larbi, 1998a; Bennett et al. 1999).

In relation to the role of NGOs and other civic organisations in service provision the key challenge is how to build trust and commitment for sustained cooperation and partnership and long term priority for improving service provision in developing countries in Africa. Tension and hostility have sometimes characterised the relationship between the state and civic

organisations, with the result that sometimes they have gone their separate ways in service provision. Coordination mechanisms have rarely worked well.

Attempts to replace state by voluntary provision also raise a number of problems, including quality control, limited prospects for sustainability, pervasive amateurism and inadequate coordination. The capacity of the state to regulate and monitor provision will be essential. Partnerships are held up as alternative arrangements for the production and delivery of public services. However, their potential needs to be explored. As Robinson and White (1998: 242) have noted, such partnerships are premised on the assumption that the state will have the "overall responsibility for ensuring a coherent policy framework and the bulk of financing, while civic organisations perform an essentially catalytic role, fostering innovation and community initiative, while avoiding a wholesale transfer of responsibility for the financing and provisioning of services to the voluntary sector." In this context there is need to examine the problem of financial dependence of both governments and non-government organisations on different segments of the external donor system and what this implies for the provision, production and delivery of services.

There is also the issue of politicisation resulting from conflict between NGOs and the state or inter-NGO rivalry or distributional issues surrounding unequal or uneven service provision. At issue sometimes has been to whom are NGOs, particularly international NGOs, accountable? In countries such as Sierra Leone and Liberia, there are also organisational issues concerning the transformation of civic organisations from coping or emergency service providers to more routinised agencies capable of maintaining high operational standards (ibid.). How to adapt state institutions to the requirements of external collaboration is also an issue not only in relation to NGOs but also to the private sector.

Financing service provision – implications for poverty and equity

At independence Ghana, Nigeria, Sierra Leone and other West African countries had a commitment to free public services, particularly for education and health. SAPs brought with them the progressive withdrawal of subsidies on services such as education health, electricity, water and basic foods. Most governments saw user fees as an important alternative to tax-based financing of service provision. These fees and charges are part of the efforts to achieve fiscal stability by recovering the cost of service provision from users. They are often part of the conditions for sectoral adjustment loans (World Bank, 1994; Adams and Hartnett, 1996). Consequently, they have been widespread in SSA countries (Nolan and Turbat, 1995). It is also argued that charging for services is equitable where the benefits are private; those who do not benefit don't have to be taxed to pay for provision. However, as was noted earlier in this paper, the problem arises when it comes to merit goods like health and education.

One of the original intentions for the introduction of user fees was to mobilise resources from better-off groups, which could then be used to improve services for the poor and vulnerable groups. User fees in health appear to have been successful in cases where there is a broader policy, including health insurance, local control of fees and better management systems (Gilson, 1997). There is evidence, however, that the new regime of user fees is making services less accessible to a large number of people, with the poor being hardest hit (Semboja and Therkildsen, 1996; Bennett et al., 1999). Exemption systems and safety nets for the poorest are not working as expected in most cases. In Ghana the introduction of user fees led to a sharp decline in hospital attendance (Waddington and Enyimayew, 1989, 1990). The introduction of 'cash and carry' or full cost recovery for medication, and the perception that fees are too expensive, means that most poor people do not seek treatment. Instead they resort to other alternatives such as self-medication and traditional medicine. The key issue is how to ensure that the poor can obtain basic services where user fees are beyond their ability (Devas, 1999).

The poor planning, implementation and management of user fee systems leave much to be desired in most West African countries. These deficiencies, combined with inadequacy of provision of basic services, have created room for over-charging and unofficial fees. Preliminary results of an ongoing study of the link between urban governance and poverty suggests that it is often the unofficial charges levied by those controlling access, plus the surcharges levied by landlords for access to services which they control, which are the real barriers to access to basic services for the poor (Devas, 1999). The study suggests that in the case of Kumasi, Ghana's second city, most poor households do not have individual connections for water, and so depend on purchasing water from privately owned taps, at significantly higher prices than that charged by the Ghana Water Company. Consequently, the poor in urban centres tend to pay a higher proportion of their income as charges. Also the privatisation of public toilets and subsequent introduction of charges have effectively reduced access to children and some of the poor population in Kumasi who rely on them (Devas and Korboe, 2000).

Recent studies also show that, due to low user fee charges and the poor management and politicisation of user fees, cost recovery accounts for less than 10 per cent of current expenditure on health in Ghana and other SSA countries (Donaldson and Gerard, 1993:9; Nolan and Turbat, 1995). In a few countries, such as Benin and Guinea, user fees contribute between 30 and 45 percent of the operating cost (Adams and Hartnett, 1996:22). The reasons for the differences in performance need to be examined.

Thus there are equity, access and management issues associated with the introduction of charging policies in service provision. A question that needs to be tackled by research is what mechanisms need to be put in place to ensure sustained improvement in quality and quantity of services, particularly education and health, whilst at the same time ensuring access for the poorest and vulnerable groups. There is an obvious need to evaluate national policies on service provision, particularly in education, health and water. Other areas

for research are the impact of increasing access (and population growth) on the quality of service provision and how to develop policies and regulations on cost recovery and on private contributions to social services provision.

Responsiveness and participation in service provision

Over the past decade, the issues of customer orientation and responsiveness in service provision have increasingly become important. One of the influences has been the UK's 'Citizen's Charter' initiative in 1993, which has provided a learning point for other countries. The main thrust of the charter is that people do not only want efficient public services, and ideally low taxes, but simultaneously want to have their rights protected, to have their voice heard, and to have their views and preferences respected. This challenges the dominant approach in most developing countries where service users are seen as passive recipients of services provided by both the state and the private sector. The citizens charter attempts to improve the accountability of service providers to service users by setting standards, offering information and openness, encouraging regular and systematic consultation with, and participation of service users in decision making, and taking into account their priorities in improving services. It extends the rights of citizens to obtain services and to have 'voice' in the provision of services.

The ideas of responsiveness in service provision and people's rights to have a voice and to be entitled to services that meet their economic and social needs are only beginning to emerge in Africa. In Ghana, Nigeria and other West African countries there are initiatives to involve communities in various programmes including the management of rural water supply, sanitation and health programmes. Participation does not only give voice to service users and communities, but is increasingly seen as a means to enhance accountability in service provision (Cornwall, et al., 2000). Even though participatory methods have long been used, especially in the health sector, they have primarily been used for needs assessment and implementation; a means of consulting service users in the design and evaluation of interventions. However, in recent years, as communities have come to contribute more in terms of time, labour and other resources, their roles have began to change. Increasingly communities are shifting from passive recipients of services to active involvement in making and shaping decisions in service provision, exercising their preferences as consumers and their rights as citizens (ibid.). For example in Ghana, communities are represented in local health management teams.

People's expectations of government for service provision are often very limited, especially in the rural areas. At one level, some countries (e.g. Ghana) have set up public complaints units in ministries, departments and agencies to deal with complaints about service provision. Customer surveys and consultations have also been adopted in Ghana to provide some feedback to civil service organisations. The World Bank study on improving primary education in Nigeria, cited above, allows participation and consultation for key stake -holders.

However, the extent to which participation improves accountability, responsiveness and public trust in service provision has not been subjected to systematic research in West Africa. Effective participation requires not only institutional changes, but also changes in procedures for decision-making and control over resources. It also requires the identification and use of appropriate methods and the development of capacity to participate. How to enhance the capabilities of communities to exercise their rights and responsibilities in service provision and the extent to which communities can hold their own institutions to account in service provision would be worth exploring.

At another level, there is now an emerging debate about the rights-based approach to development as a way of ensuring sustainable human development and poverty reduction (UNDP, 1997, 2000; Hauserman, 1998;). The emphasis on economic, social and cultural rights, rather than just civil and political rights, is increasingly becoming prominent on the development agenda and marks a return to the basic-needs approach to development. This view is central to a recent report by the United Nations Research Institute for Social Development (UNRISD) titled *Visible Hands: Taking Responsibility for Social Development*. The central argument of the report is that development strategies must reassert human values, human priorities and human agency. Service provision has a crucial role to play in the realisation of these rights, by providing access to basic services such as primary education, primary health care, housing, clean water and food. The modalities to ensure or guarantee the equitable and universal provision of effective basic services remain a major challenge for governments and researchers.

The fact that these calls have come at a time when market reforms are being advanced and consolidated in many SSA countries raises a number of challenging questions for research. First is the extent to which people understand their rights and responsibilities in SSA countries and how they could use this understanding to engage with governments and influence resource allocation, prioritisation, delivery, financing and monitoring of services. Second, how to make these rights and responsibilities implementable or enforceable in practice, in the context of market and NGO delivery of services, is a major issue. The challenge is how to move beyond rhetoric. This calls for analysis of the legal frameworks, systems, processes and mechanisms through which people participate in or influence resource allocation decisions. Developing methods of mobilisation and education of the public about their economic, social and cultural rights in a governance environment where governments are often fragile and their legitimacy often contentious, will be a major challenge for research.

There is some evidence that effective participation by service users and other key stakeholders can improve responsiveness and service quality (Batley and Larbi, 1999). However, the experience is quite limited. Research to develop appropriate participatory methods and ways to educate and mobilise people around their rights to service provision will be an appropriate contribution to improving service quality.

Donors and Research Funding

It is implicit from the previous sections that the international donor community has played an active role in service provision and the reform of service provision systems in Africa. This section will outline the specific roles of donors and identify some sources of research support. One role of donors is their involvement in shaping domestic economic and social policies. The main instruments have been lending and aid conditionalities. IMF/World Bank structural adjustment loans are typical examples. This is noticeable in the context of the introduction of charging policies in health and education. Both bilateral and multilateral donors have come to play an increasingly important role in recent years in influencing health policy and financing of service provision in general.

Donors have also contributed to a change of attitude of governments towards the private sector, NGOs and other voluntary organisations and their role in service provision. The World Bank and some bilateral donor agencies like the UK's Department for International Development (DfID) have actively encouraged private sector participation or public-private partnerships. The fact that a large chunk of aid money is now channelled through NGOs rather than governments has given NGOs some clout.

Within West Africa, Ghana has for some time been a darling of the of the donor community and could best illustrate the role of donors. Donor agencies and institutions such as the World Bank, CIDA, USAID, DfID, DANIDA, GTZ, the European Union (EU), UNDP, WHO have all assisted in areas of infrastructure programmes and capacity building for service provision. CIDA and the EU, through their funds for local initiative, have provided assistance for basic needs to District Assemblies in the form of support for schools, clinics, water supply, latrine construction and income-generating activities. However, according to Ayee (1997, 1999), the presence of donors in the districts has two unintended consequences. First it has created legitimacy problems for the government because of the possibility of local people mistakenly crediting NGOs for every project. Second, the DAs have become so dependent on donor assistance for development that they have not taken responsibility, which is contrary to the original objectives for the creation of the DAs.

Research funding

The sources of research funding identified for social science and development related research are categorised into three main groups:

- Government/public agencies
- International multilateral agencies
- Charitable Foundations and NGOs

Government/public agencies: Under this category are most of the bilateral donor agencies which fund research in social science and other fields.

The British aid agency, the *Department for International Development* (DfID), spends about £100 million each year on development-related research and capacity building. Its Economic and Social Committee for Overseas Research (ESCOR) funded the Role of Government research programme referred to earlier. It is currently funding another research programme on 'Urban Governance, Partnership and Poverty' (1998-2000) which is looking at the relationship between city economic growth, the urban poor and the institutions of city governance. Kumasi, the second city in Ghana, is one of the case studies. Other African cities included are Mombassa and Johannesburg. The research involves collaboration between UK research institutions led by the University of Birmingham and local research institutions, including researchers from the University of Science and Technology in Ghana.

Other bilateral agencies that fund research in the social sciences include:

- The German Aid Agency (GTZ)
- The Danish Agency for International Development (DANIDA)
- The Swedish International Development Agency (SIDA)
- The US Agency for International Development (USAID)
- The Canadian Agency for International Development (CIDA)

Most of the above aid agencies undertake evaluation studies with in-house teams, but are increasingly contracting interdisciplinary teams of external experts. Some of them support research in universities in developing countries. SIDA for example is supporting research co-operation programmes, which aim at reinforcing higher education and research in developing countries generally. Areas include economic reforms and debt relief and social development (health, education, water and sanitation and housing (More info: http//www.sida.org)

The Nordic African Institute, based in Sweden, brings together a network of researchers from Nordic and African countries. Researchers from Cameroon, Mali, Nigeria, South Africa, and Uganda are involved in the institute's 'cities, governance and civil society in Africa' research programme. Research themes relevant in the context of this paper include 'the informal city – extra legal housing and unregistered economic activities and how informal land markets operate; and civil society and urban development.

International multilateral agencies: Under this category fall the World Bank and the European Union. The World Bank's funding of research tends to be for in-house teams or externally contracted researchers. Most of the research is related to the Bank's own projects in the economic and social sectors in the member states, as noted above in the cases of primary education and social services delivery in Nigeria and Sierra Leone. The World Health Organisation, through its Regional Office for Africa, is supporting activities to strengthen national surveillance systems, laboratory capabilities and information-sharing networks in West Africa (and Sudan). The project is funded by the Rockeffeler

Foundation ($1.25m). The WHO's Tropical Disease research programme has also initiated a multilateral programme on malaria to strengthen research capability in Africa.

Charitable foundations and NGOs: These sources vary considerably, but they provide substantial funding for individuals researchers and institutions in Africa. Of particular relevance to research in West Africa are the Rockefeller and Ford Foundations based in the USA. The Rockeffeller Foundation is currently supporting the following research projects relevant to service provision in West Africa:

- Research on the health status of children in rural communities of Guinea (Alpha Camara, University of Conakry, Guinea);
- Research on water supply, sanitation and hygiene, including critical analysis of connecting factors in northern Ghana (S. Kendie, University of Cape Coast, Ghana).
- An intervention research study to evaluate and improve reproductive health services for adolescents (Ministry of Health, Burkina Faso).
- Public health schools without walls, including training of public health practitioners (School of Public Health, University of Ghana).
- Demographic surveillance system of the Navrongo Health Research Centre and transferring lessons learned to the national health programme (Ministry of Health, Ghana).

The Ford Foundation is also supporting a number of research projects related to service provision:

- Programmes for groups disproportionately affected by HIV/AIDS and efforts to increase the availability of treatment options in developing countries (Association for the Promotion of Traditional Medicine, Senegal).
- In Nigeria, Ford has provided funding for a number of health related research including reproductive health and economic status advancement through community involvement (Centre for Health Sciences Training, Research and Development, Lagos); reproductive health and economic empowerment for women and youth (Global Health and Awareness Research Foundation, and the International Centre for Gender and Social Research, Lagos).

The Department of Political Science, University of Ghana has undertaken research on governance issues in Ghana, particularly on elections monitoring, consolidation of democratic institutions and decentralisation in Ghana, with funding from the Ford Foundation, DANIDA and other donor agencies.

Four US-based foundations – Rockefeller, Carnegie Corporation of New York, Ford and MacArthur – have recently initiated a $100m collaborative programme to support the improvement of higher education institutions in SSA countries. This is in recognition of the importance of higher education to reduce poverty and stimulate economic and social development.

A number of international NGOs occasionally support small research projects that are of interest to them. These include Oxfam, Save the Children Fund and Christian Aid.

The Council for the Development of Social Science Research in Africa (CODESRIA) has some funding for research and small grants for thesis writing for research students based in African universities. Through its Multi-lateral and National Working Groups, CODESRIA is supporting research on governance themes including the problematic of unity and democracy with a gender perspective.

It appears from the above that health research continues to receive a lot of attention in funding, followed by education. Funding for cross-sector research in West Africa is rare. Most of the research funded by government and multilateral agencies has to meet the criteria of policy-relevance. However, the actual impact of research on policy making in both developing and donor countries and agencies is difficult to judge. The evidence is manly anecdotal. Perhaps this is an area for research.

Conclusions: Towards a Research Agenda in Service Provision

The review of existing research on service provision and the overview of issues surrounding service provision suggest a number of gaps and areas for further research. These may be summarised as follows:

- The implementation of reforms along NPM lines has been very limited in developing countries in Africa. However, there are reasons to believe that the market approach to policy reforms will become increasingly relevant in the foreseeable future. There is emerging evidence of a significant shift towards policies of this kind among influential donors and agencies in different types of service provision, particularly health, education and utilities. This is likely to add impetus to such reform initiatives. There is a huge research task to continue to *monitor the impact of these reforms on the efficiency and effectiveness of service providers generally, and on equity and social development in particular.* The impact of marketisation on equity and possible link with poverty need further research. There is some recognition that market-based innovations of public service might compromise social responsibilities of the state, but there is no strong empirical evidence to substantiate this claim.

- Arising from the governance agenda and NPM are the emerging institutional and organisational arrangements for service provision, in particular the nature, forms and role of public-private partnerships in service provision. It may be worth looking at how people and communities have organised themselves and get involved in service provision either on their own or in partnership with NGOs. One can look at the response of central and local governments to these people-oriented initiatives and how these may be facilitated.

- Another governance-related issue is the relationship between participation accountability and partnership. Does participation necessarily lead to accountability and responsiveness of service providers to service users and to improved service quality? There is need to research and document experience in this field in order to improve in service provision.

- A number of studies have drawn attention to the deficiencies of state provision, but studies assessing the quality of private and voluntary sector provision are rare in Africa and few in other developing regions. This is true for health and education in particular (Aljunid, 1995; Robison and White, 1998). The few case studies that looked at this issue question the common assumption that NGO provisioning is of better quality than state services (Mogedal et al. 1995, cited in Robison and White, 1998: 237). Thus the assumption that private and NGO production and delivery of services are superior to the public is subject to challenge. Comprehensive assessments of the effectiveness, efficiency, relevance and sustainability of state provision versus non-state provision is virtually non-existent in the African context. Voluntary sector failure in service provision needs examining in the same way as state failure and private sector failure. A related research issue is the extent of informal service provision in West Africa. A number of research questions arise here: What are the implications and the impact of state withdrawal on different sectors? Given the multiple modes and multiple actors in service provision, which of these provide quality services and affordable and accessible services for the poor the vulnerable?

- Most studies have focused on managerial and technical improvements or related issues in service provision. These do not necessarily lead to service improvements in developing countries. There is need for an approach that gives priority to determining the service requirements of users and then adjusting managerial arrangements to these requirements. The idea of responsiveness in service provision needs to be developed with the objective of improving service quality and delivering services that meet the needs of poor and vulnerable people. This requires the development and use of a methodology for assessing the needs of service users.

- Given the current emphasis on poverty reduction, it would be strategically appropriate to target research on identifying services that have most impact on improving the livelihood of poor people. These will include health, education, and employment generation. This may be linked to the issue of how to reconcile human rights and social services provision in a developing country context. This will require developing strategies for educating the public about their rights, whilst at the same time developing methodologies and mechanisms for the poor to influence resource allocation for service provision. As noted already one key unanswered question for researchers is how NPM reformers in developing countries can resolve the perennial trade-off between efficiency and equity.

- The continued emphasis on decentralisation of service provision requires assessing existing mechanisms and capacity for co-ordinating and monitoring of decentralised units and what this implies for accountability in the use of resources. Under what conditions will decentralisation lead to improved and responsive service delivery? What are the indicators for measuring improvement in service delivery?

- How to finance social services provision on a sustainable basis remains a thorny issue. Research on user fees, health insurance schemes and other ways of mobilising private resources has not resolved the problem. There is need to examine the problem of financial dependence of both governments and non-government organisations on different segments of the external donor system and what this implies for the provision, production and delivery of services and the sustainability of services.

- There is an obvious need for research to evaluate national policies on service provision, particularly in health, education, water and sanitation vis-à-vis population growth. To what extent are these policies co-ordinated in their design, implementation, and evaluation of impact? To what extent do they complement or contradict each other and what are the effects on performance? Are policies and plans based on realistic assessments of resources required? How can policy co-ordinating mechanisms be improved in order to achieve better service provision? These are questions that research need to be addressed.

- Another key issue for research is how donors can tailor service provision assistance to the specific governance context of states by adopting political economy perspective. This approach will examine the influence of interests groups, political and social institutions on the choice and implementation of policies. Are policies made to serve particular interests or constituencies? As Girishankar (1998: 498) put it, a pertinent question is 'How significant are political institutional structures, ideologies and contending social interests as variables in shaping the choice of innovation modalities for service provision?'

The above are some of the issues in service provision that require further research. Priorities for IDRC may be issues of decentralisation, participation, accountability and partnerships, and the how to improve the capacity of non-state actors, particularly communities in service provision.

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