

## Overview

### What is the Service Delivery Indicator initiative?

The SDI initiative is a partnership of the World Bank, the African Economic Research Consortium, and the African Development Bank. The World Bank is the implementing partner of this initiative for the first five years of this 10-year program. The World Bank implements the SDI surveys jointly with host country governments. The two other components of the SDI initiative are to build the analysis capacity mid-level and senior analysts in this type of research, and to use creative ways to communicate and disseminate the data and findings.

### Why should we use SDI?

#### Addressing the unfinished quality agenda

Access to schools and clinics has increased in the majority of African countries, but many children who leave school are unable to read or do basic arithmetic, and the quality of care in clinics remains uneven. Increased spending and expansion in access to education and health services have not been matched with equivalent improvements in human development outcomes, suggesting an unfinished quality agenda.

#### Quality is critically dependent on what service providers know and what they do

Inspired by the World Bank's 2004 World Development Report [Making Services Work for Poor People](#), we know that the key characteristics of provider behavior are knowledge, skills and effort. While knowledge and skills are determined by levels of education and ability to perform in the classroom and health facility, effort is highly discretionary: determining how much time to spend with a patient or student is a judgment. This complicates relationships of accountability for education and health services.

#### Accountability for public resources

Developing country governments allocate roughly a third of their recurrent budgets to education and health. Demands for accountability and for the efficient use of public resources—from citizens and taxpayers in developed or developing countries alike—are gaining in prominence, partly because of the global economic situation.

#### The SDI surveys and data are different from other available studies in a few key ways:

- The SDI surveys use robust and cutting edge data collection methods.
- The survey instrument is nimble allowing for relatively rapid fieldwork and data analysis, making it more useful for decision-making and policy discussions.
- It is focused on the links between expenditure and human development outcomes.
- The indicators are standardized allowing comparison between nations and across subnational boundaries and over time.
- The surveys are repeated every two years.

## Sources of data

### Doesn't this information already exist?

Although there are currently several surveys and data collection activities that capture aspects or portions of education and health service delivery, the SDI data are different from those in several ways. SDI is designed to provide the link between investment and the performance outcomes; it includes both education and health; it is more frequent (surveys are meant to be conducted every two years rather than five or 10-year cycles); and the SDI survey instrument has been standardized so the data can be compared internally as well as across countries.

Finally, SDI does not rely on data that are self-reported by educators and health workers at the community level, which can be inconsistent. Instead, an SDI team conducts the survey.

### **How is SDI different from other surveys funded by donors?**

SDI is more than just a survey, it has three distinct components: the service delivery indicators data, capacity building of local organizations, and communication of the results.

With its partner the African Economic Research Consortium, the SDI Initiative builds the capacity of local organizations in research and policy analysis. The SDI Initiative makes sure the data and information are made available to all interested parties so it can help in making future decisions in education and health service delivery.

Also, SDI is different from other surveys because it is more frequent – it is designed to be conducted every two years; it focuses on both the education and health sectors; and the methodology is standardization to be used and compared across countries.

### **What are examples of Service Delivery Indicators?**

The indicators are designed to measure both the efforts and abilities of health providers and educators as well as the education and health facilities' resources.

There are established acceptable standards that schools and clinics must meet for service delivery and the SDI survey monitors whether a country's facilities and professional staff are regularly meeting those standards.

For example, in education the indicators record how much time a teacher spends teaching in the classroom or what the student to teacher ratio is. In health, indicators capture a health provider's adherence to clinical guidelines or what the caseload is per clinician. In terms of resources, the survey records whether the appropriate books and materials are available in schools and medicine and equipment in health clinics.

In terms of resources, the survey records whether the appropriate books and materials are available in schools and medicine and equipment in health clinics.

## **Implementation and funding**

### **Who is funding this project? Why isn't the World Bank funding this?**

Funding is being provided by the World Bank.

The World Bank is joined by the African Economic Research Consortium and the African Development Bank to implement the SDI. Contributions have also been made by several private foundations, such as the Hewlett Foundation, and in-kind technical leadership from universities and international organizations. The United Kingdom's Department for International Development has provided complementary resources for Mozambique and Tanzania.

The World Bank has made a major financial commitment to SDI and plans to continue to support it with technical assistance and grants. The World Bank welcomes additional support from other donors and organizations, both public and private, to allow SDI to expand to more countries.

### **Who is implementing the project?**

The World Bank has joined with the African Development Bank and the African Economic Research Consortium (AERC) to develop and implement SDI. The World Bank is the initial partner with the AERC handling the country level implementation that includes gathering the data and providing technical

leadership to local entities.

SDI has a [Steering Committee](#) made up of representatives from various international think tanks and international organizations that provide advice and guidance.

SDI also has a [Technical Panel](#) comprised of experts from leading education and research institutions that focus on the quality and integrity of the SDI survey and analysis.

SDI is collaborating with the Global Partnership for Social Accountability (GPSA) to encourage civil society organizations (CSOs) to advocate for improved service delivery. Not only do CSOs help in disseminating the information but SDI provides capacity building for CSOs to use SDI data.

### **Where has SDI been conducted?**

The SDI survey has been conducted in six countries: Kenya, Nigeria, Senegal, Tanzania, Togo, and Uganda. The results are available under the [Countries](#) tab, above.

### **Perspectives on/from SDI**

#### **Could the Service Delivery Indicators be interpreted as a judgment on a country's commitment to education and health?**

SDI is an evidence-based tool that helps policy makers and implementers, health providers and educators measure the performance of their education and health delivery services. It is not a judgment on people or services. Instead, it is a status report: it reflects where the services are in a given time period and whether there is progress or—hopefully not—regression.

Many African countries spend roughly a third of their budgets on education and health. While access to care at public education and health facilities in schools has increased the quality of these services remains uneven.

Consistent and accurate information on the providers' knowledge and performance is needed to assess the quality and accountability of these services.

#### **Might education and health officials see this as critical of the work performed by many dedicated professionals in their sectors?**

Educators and health professionals deserve tremendous credit for their work in often less than ideal situations. SDI is providing evidence for many of the issues raised by unions, civil society and private individuals who have said that the demands created by more students and patients coupled with reduced funding are making it more difficult for them to do their jobs.

SDI shows where there is progress and where there is regression and possible ways to fix these.

#### **How can numbers alone give a fair picture of the situation?**

The methodology for the service delivery indicators is quantitative; however, we take into consideration other issues when analyzing the data. For example, any political or social conditions or even natural disasters that may cause absenteeism or delays in delivery are documented and are incorporated into the overall analysis.

### **Design / Methodology**

#### **How were the indicators developed?**

The Service Delivery Indicators initiative takes as its starting point existing research on how to improve education and health outcomes in developing countries. While resources alone appear to have a limited impact on the quality of education, it is possible that inputs are complementary to changes in incentives. The fact that budgets have not kept pace with enrollment, has led to large student-teacher ratios, overstretched physical infrastructure, and insufficient number of textbooks, etc. However, simply

increasing the level of resources might not address the quality deficit in education and health if providers' incentives are not taken into account. Service delivery outcomes are determined by the relationships of accountability between policymakers, service providers, and citizens. In turn, health and education outcomes are the result of the interaction between various actors in the multi-step service delivery system, and depend on the characteristics and behavior of individuals and households.

### **How were the indicators chosen?**

SDI uses three types of indicators: provider competence and knowledge; measures of effort; and availability of key infrastructure and inputs (or resources). In addition, the indicators are quantitative (to avoid problems of perception biases that limit both cross-country and longitudinal comparisons); ordinal (to allow within and cross-country comparisons); robust (the methodology used to construct the indicators can be verified and replicated); actionable; and cost effective.

### **How does SDI link with other surveys?**

- **Education.** *The Southern and Eastern African Consortium for Monitoring Educational Quality (SACMEQ)* focuses primarily on education outcomes. The *System Assessment and Benchmarking for Education Results (SABER)* initiative of the World Bank focuses mainly on policy and institutional environment. The focus of the SDI on quality offers potential complementarities with these instruments by linking inputs, policy and institutional environment factors on the one hand, and education outcomes on the other.
- **Health.** *Service Availability Mappings (WHO)* and *Service Readiness Assessment Surveys (USAID/Macro International)* are two other major health facility surveys. These comprehensive data efforts are complementary to the SDI, which will focus on a sub-set of key health facility indicators, but be a more nimble tool that can be repeated at lower cost and with greater frequency.
- USAID/Macro International's *Demographic and Health Surveys (DHS)* are household surveys aimed at assessing health service access and utilization, and health outcomes (such as infant mortality rate and under five mortality rate). The SDI and DHS surveys are highly complementary, while SDI goes beyond measuring utilization, but assesses the functioning of services that people have access to.

### **How reliable are SDI surveys?**

The survey has been designed to capture data that can be analyzed in several ways, including by location (rural or urban) and provider type (health and education.) The survey can be adapted to the needs of each country, for example, with more data collected in certain locations if that is useful to inform policy.

### **Why are no qualitative data collected by SDI surveys?**

Although it is true that SDI focuses on quantitative facility based data, information is also collected on institutional factors that help to understand and interpret the results. Beyond the indicators in each sector, the other information gathered helps to interpret the indicators and to perform more detailed analysis.

### **Why does SDI have an exclusive supply side focus?**

SDI surveys focus on facility-based data, which is data that isn't gathered systematically anywhere else. While there are household surveys that give insight into education and health outcomes and their socio-economic determinants, this information does not show what these systems should be held accountable for. This is the gap that SDI aims to fill.

### **Is there a risk of laying the blame on providers for service delivery weaknesses?**

The actions of service providers are viewed as a reflection of weaknesses in the underlying system rather than a judgment on individual service providers. From the consumer's point of view, however, providers' ability and effort are what they see, hence this is the focus of SDI.

### **What is SDI doing to build capacity to better use the data?**

The SDI partners are committed to making raw SDI data available. However, not everyone will be able to access and use the data. One of the SDI partners, the African Economic Research Consortium (AERC), will implement two types of training workshops in each SDI country: one for basic analysis targeting young researchers, and one for advanced analysts and researchers. Mini-grants will be awarded to promising analyses to develop them into SDI policy briefs.

### **Do the SDI surveys undermine the investment made in education and health management information systems?**

SDI and existing management information systems can work hand in hand. Not all types of data are suitable for collection in management information systems. The type of data that are being collected in SDI are best suited to collection by (independent) third parties.

### **How are the participating countries chosen?**

The main requirement is country demand: countries ask to participate. Participating countries also commit to making the findings available within three months of data collection, to data transparency, and to conducting the survey in both the education and health sectors.

### **Are private sector providers included in SDI surveys?**

Yes. SDI covers both public and private sectors. In the education sector both non-profit private sector providers (mainly faith-based organizations or FBOs) as well as low cost for-profit providers have been included. In the health survey only non-profit private providers (also mainly FBOs) have been included.

### **Why not include services other than education and health?**

The quality of services such as water and sanitation must typically be measured through a household survey. This differs from the facility-based approach of the SDI surveys. Surveys on water and sanitation are probably best administered independently of the SDI surveys.