Secure Livelihoods Research Consortium

Basic service delivery and governance processes in South Kivu

Key messages:

- The quality of service provision does play a role in state legitimacy, independent of the government's role in actually providing the service.
- Each service needs to be assessed separately, and health has been found to have an especially strong influence on the perceptions of government actors.
- Although an increase in the quality of services has a positive influence, other factors may well have a much stronger negative influence.

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International donors and policymakers prioritise basic service provision in post-conflict states. Substantial investments are made on the assumption that these services will boost state legitimacy and reduce the potential for conflict. However there is to date little evidence for this approach. As part of a broader project examining the links between basic service provision and state legitimacy, the Secure Livelihood Research Consortium (SLRC) conducted panel surveys in three rural areas of South Kivu in 2012 and 2015.

The surveys found the following:

- Respondents have a very positive perception of the quality of basic services but a low perception of (especially central) government actors. This is the proxy for state legitimacy.
- Regression analyses suggest that there is a significant positive relationship between the perceived quality of health service delivery and the perception of government actors. The reverse is also true: an increase of perceived problems is negatively related to the perception of government actors.
- The state in South Kivu has mainly a policy and regulating role and is partly responsible for funding. Although the state did not deliver health services itself, the population still holds the state responsible for the quality of these services.

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Drinking water: Despite a total lack of quality control the overwhelming majority of users considered their water sources to be clean and safe.

- No positive relationship was found for the delivery of other basic services such as education, water and livelihood support. This is probably related to the lack of a visible government presence in these sectors, but understanding this will require further study of the role of the state in service delivery. This requires a longer timeframe.
- Women, female-headed households and households that have been displaced do not have less access or a lower perception of the quality of basic services compared with other groups. However they do report more negative perceptions of government actors.

Context: Underlying assumptions

A resilient state has the organisational capacity, legitimacy, political processes to manage expectations of the population and access to resources (Gordon et al. 2010). Policymakers and international donors are increasingly focusing on strengthening basic service provision to contribute to state-building in fragile states and to reduce the potential for conflict. State-building can enhance the capacity, institutions and legitimacy of the state, largely through state–society relations (OECD 2008 in Gordon et al. 2010, p. 3). Although service-delivery in fragile states—for example health, education, water and sanitation—is generally viewed as a legitimate end in itself, and there is also an assumption that improving services generally improves state legitimacy (Mcloughlin, 2014; Waldman 2006 in Van der Walle and Scott 2011). For example, services such as health, according to Gordon (2013), can become a tool for fostering respect for the state by making it relevant to the lives of the people. Using these basic services constructs a social contract that may, in turn, lead to stability.

Although authors in various degrees believe that this might be the case (Eldon et al. 2008; Waldman 2006), they generally agree that there is currently little—if any—empirical evidence confirming or challenging this relationship (Carpenter et al. 2012; Gordon et al. 2010; Gordon 2013; Waldman 2006). To test this assumption empirically, the SLRC project collected data in five conflict-affected countries in Africa and Asia. It looked at people's perceptions, expectations and experiences of the state and of local-level governance, and examined whether the nature of service delivery affects people's views on the legitimacy of the state (Hagen-Zanker, forthcoming).

Methods

The SLRC survey is a panel survey—a longitudinal survey that provides information on changes and trajectories over time by following the same individuals over a succession of survey waves.

From September to November 2012, a sample population of 1,243 households in nine villages in three areas across South Kivu (Nyangezi, Nzibira and Bunyakiri) were interviewed. Of those respondents, 1,045 households (83%) were re-interviewed from August to December 2015. The sampling was based on a combination of purposive and random sampling to

achieve a representative sample at village level and to account for attrition between 2012 and 2015. To minimise attrition bias, non-response weighting adjustments were made in the wave-2 analysis. Both descriptive statistical analysis and econometric analysis were conducted. For the econometric analyses, fixed effects models were used for most variables. For variables that are constant over time (i.e. gender), random effects models were used.

Key findings

This section summarises the key findings on three central areas of the research:

- access, use and perceptions of the quality of basic services
- perceptions of government actors
- the impact of the perceived quality of services on state legitimacy.

Access, use and perceptions of basic services

Access, use and satisfaction regarding water, health and education services varied across the research areas. Access was measured using journey times, which were generally short[11] and did not change much between waves for education and health. However, journey times for accessing water generally decreased. Respondents who changed their health or education providers most commonly mentioned distance as the reason, whereas costs were hardly mentioned.

These services were intensively used. Figures for educational enrolment and health service attendance were surprisingly high, despite the substantial user costs involved and still-high levels of armed conflict and crime in two of the three research areas. Net enrolment for primary education was 76%, but actual attendance tended to be lower because schools regularly turned away children whose households did not pay school fees on time. As for health centres, households made an average of 5.3 visits in 2015 compared with 3.7 visits in 2012. This increase can be interpreted as either positive (better access and service) or negative (increased need caused by declining health conditions)—we simply cannot tell from the survey data.

Respondents highly appreciated the quality of health and education services.[22] Focusing on the different aspects of health and education services, respondents were especially satisfied with the staff (both number and quality). As expected, they were largely dissatisfied with service costs. Satisfaction with infrastructure and, in the case of health, the availability of drugs decreased over time. When viewed alongside a reported increase in the number of problems experienced with these services, this is potentially quite a worrying trend. With respect to water, despite a total lack of quality control the overwhelming majority of users considered their water sources to be clean and safe.

> The quality of basic services is only one factor amidst many others that determine state legitimacy.

The study found that more educated households, on average, lived slightly closer to health centres, were less positive about water quality and used health services slightly less frequently, compared to households with lower levels of education. It also revealed a link between increased food insecurity and the increased use of health services. Other household characteristics, such as gender, gender headship and displacement, did not show a significant, consistent relationship with distance, use or satisfaction concerning basic services.

The survey shows many respondents were aware of health, education, water and security meetings, and that participation in the meetings was relatively high. Men were found to participate more frequently than women.

Most health and education services are run by religious organisations, with the government's contribution mainly limited to providing partial funding, implementing a regulatory framework and conducting inspections. However, we observed a strong increase in the number of respondents who believed that the government runs their school and health service, rising from approximately 40% in 2012 to over 55% in 2015. Despite the generally positive perception of the quality of service delivery, the respondents (when asked) judged the government's performance in service delivery as very poor, and the majority took a dim view of its efforts.

Livelihood support was concentrated in areas of armed conflict and insecurity. One in three respondents received some form of livelihood assistance in 2012. This decreased substantially to one in five in 2015, with food aid especially being reduced even though overall food insecurity had hardly changed. In 2012 female- and male-headed households had equal access to livelihood support. Although this had declined for both groups by 2015, female-headed households received a higher level of support than their male counterparts. Respondents clearly indicated that receiving livelihood support had a positive impact on their livelihood activities in 2015.

Perceptions of government actors

The survey measured trust and confidence in a range of government actors using five perception-based questions. These variables were combined into an index scoring central government, local formal government and customary government actors. Perceptions were not at all positive in 2015, with customary actors scoring no higher than 39 out of 100 on the combined index and central state actors scoring

1 Distance was influenced by the sample selection, which excluded very rural villages and red-zone areas.

2 User-assessed quality is not identical to quality as assessed by health professionals; as Soeters (2011) has demonstrated, these assessments can differ substantially.

as low as 13 out of 100. Little change was observed in the average perception of customary and formal local actors between the survey waves, but central state actors scored significantly lower in 2015 than in 2012.

Certain individual characteristics affected the perception of government actors. Women and internally displaced people held more negative views, especially towards customary actors, whereas the elderly had slightly more positive views. Neither education level nor ethnicity had a significant effect on these perceptions.

Basic service provision and state legitimacy

The regression analysis confirmed the assumption that service delivery has a positive effect on the perception of government actors, but also added nuance. The results showed that respondents who thought health facilities had improved between the survey waves were more positive about all levels of governance, compared to those who did not perceive any improvements. The respondents who believed that the government does all it can to improve health services had significantly more positive perceptions of government actors at all levels - additional evidence of the relationship between the provision of health services and the perception of the government actors. The reverse was also found: experiencing problems with these services had a strong negative effect on respondents' perceptions of government actors.

However, this result did not hold for education. Respondents who saw an improvement in education services did not have a significantly improved perception of government actors. The lack of a relationship between the quality of education and the perception of government actors could well be influenced by the broken election promise of free primary education; respondents repeatedly mentioned being disillusioned.

Improved water provision and receiving livelihood support in 2015 for the first time did not have a positive influence on perceptions of government actors. This is not surprising, as the government is hardly associated with the rural water sector, and people apparently associate livelihood support with international development and humanitarian agencies rather than with the state.

With regard to participation in the delivery process, the regression analyses showed that there was no significant relationship between the number of meetings respondents were aware of, or had attended, and their views on the governance of these sectors. Participation in parents' committees and health committees did not influence the perceptions of government actors. This contradicts the combined findings of the five surveyed countries, where a positive relationship between participation and perceptions of governance was observed (Hagen-Zanker forthcoming).

Finally, it was observed that, even in a context (such as South Kivu) where the government provides hardly any health services itself, a relationship was found between the quality of service delivery and the perception of government actors. In these areas the government's role is largely limited to regulating, supervising and to some extent funding these services. This relationship apparently exits even where support for basic service delivery is provided by third parties (e.g. religious organisations).

The observed relationships do not automatically imply that services such as education have no impact at all on the perception of governance. These findings only show that changes occurring in the short time period between the survey waves did not have an impact on perceptions of government actors (a so-called 'immediate impact'). We must keep in mind that timescale is an important aspect of panel surveys. This survey covered a three-year period, and this may be too short to show real changes. The respondents might think little of smaller or short-term changes and only alter their perceptions if changes occur over a longer period of time.

Conclusions

The findings presented above show that the quality of service provision does play a role in state legitimacy, independent of the government's role in actually providing the service. However, the impact cannot be assessed under the catch-all category of basic services. Rather, each service needs to be assessed separately, and health has been found to have an especially strong influence on the perceptions of government actors.

These perceptions are influenced by many factors. Several of these were included in our research framework, but others were not, e.g. broken election promises. Basic service quality is only one factor amidst many that determine state legitimacy. Although an increase in the quality of services has a positive influence, other factors may well have a much stronger negative influence. This explains that, despite the perceived overall improvement of the quality of basic services, we also observed a decline in perceptions of the government, especially the central government.

Understanding why health provision has a strong influence and education does not, at least in this context, requires further research. Future studies should take the time factor into account; a timeframe of three years may be too short to find significant impact in other sectors, such as education.

Although service improvement through investment and capacity-building programmes garners a great deal of attention, it is also important to pay attention to the negative impact of a decrease in service quality. A drop in governmental funding or the withdrawal of support of international organisations can have impact on the perceptions of state legitimacy. This is especially significant in areas such as South Kivu, where state legitimacy is already weak and/or decreasing, and the conflict potential is still very high.

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