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NEW PUBLIC MANAGEMENT AS A TEMPLATE FOR REFORMS IN LOW-INCOME COUNTRIES

ABSTRACT. This article presents findings and conclusions from a study of the application of "new public management" type reforms in a low-income country context, Ghana. Using case study data from the health and water sectors, including interviews and documentary analysis, it argues that reforms tend to put more emphasis on issues of what to implement and less on issues of how to implement. The evidence provided suggests that some progress has been made in downsizing, decentralizing, contracting-out, and performance contracting in the health and water sectors. In spite of this, the implementation of reforms has been patchy due to capacity constraints. Reforms are fragile and yet to be embedded.

INTRODUCTION

"New Public Management" (NPM) has become a short-hand term for a set of management techniques and practices associated largely with the private-for-profit-sector which have been used to bring about changes in the management and delivery of public services across a range of countries with different governance, economic, and institutional environments (OECD, 1993; Hood, 1991; Matheson & Kwon, 2003). Although the reforms that NPM represent were originally conceived and applied in mainly OECD countries, the past decade has seen attempts to adopt similar reforms in an

QUẢN LÝ CÔNG MỚI VỚI VAI TRÒ LÀ MÔ HÌNH CẢI CÁCH ở những nước có thu nhập thấp

TÓM TẮT. Bài viết này trình bày những phát hiện và kết luận từ một nghiên cứu về việc áp dụng cải cách kiểu "quản lý công mới" trong bối cảnh quốc gia có thu nhập thấp, Ghana. Sử dụng dữ liệu nghiên cứu trường hợp của ngành y tế và nước, bao gồm các bài phỏng vấn và phân tích tài liệu, bài này lập luận rằng những cải cách thường chú trọng vào vấn đề thực hiện những gì và ít chú trọng vào vấn đề thực hiện như thế nào. Minh chứng thu được cho thấy đã xuất hiện tiến bộ trong tinh giản biên chế, phân cấp, hợp đồng ra ngoài, và hiệu quả ký kết hợp đồng trong các lĩnh vực y tế và nước. Mặc dù vậy, việc thực hiện các cải cách vẫn còn chắp vá do hạn chế về năng lực. Những cải cách dễ bị tách rời và vẫn chưa được gắn kết.

GIỚI THIỆU

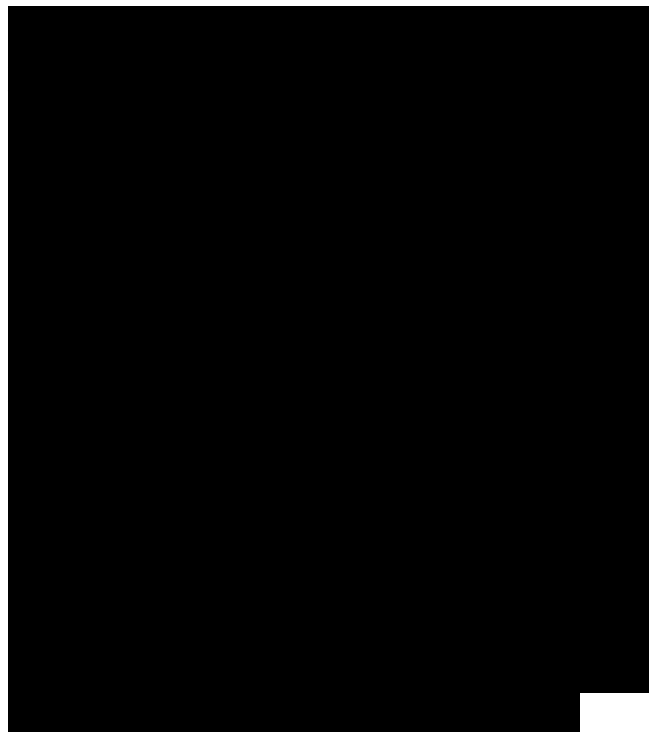
"Quản lý công mới" (NPM) đã trở thành một thuật ngữ tắt ám chỉ tập hợp các kỹ thuật quản lý và thực thi liên quan chủ yếu tới khu vực tư nhân vì lợi nhuận, được sử dụng để tạo ra những thay đổi trong quản lý và cung cấp các dịch vụ công cộng ở các nước có mô hình quản lý môi trường kinh tế và thể chế khác nhau (OECD, 1993; Hood, 1991; Matheson & Kwon, 2003). Mặc dù những cải cách mà NPM đại diện ban đầu được hình thành và áp dụng chủ yếu ở các nước OECD, trong thập kỷ qua ngày càng nhiều các nước thu

increasing number of low-income countries, often due to external pressure or influence (Batley & Larbi, 2004; Bangura & Larbi, 2006; McCourt & Minogue, 2001).

While NPM reform in developed countries is well documented (cf. Pollitt & Boukaert, 2000; Kickert, 1997; Christensen & Lægrid 2002), the empirical evidence of its application in low-income countries has only recently begun to receive attention (Batley & Larbi, 2004). This article contributes to our understanding of NPM in a low-income country context by presenting a summary of findings and conclusions from a study of selected new public management practices in Ghana. These are downsizing, management decentralization, contracting-out, and performance contracting in Ghana's public health and water services.

The article addresses the following questions: To what extent have new approaches to public management been introduced and implemented in the public services? What are the institutional constraints and capacity issues encountered in introducing and implementing such reforms in a low-income country context? It argues that NPM-type reforms in low-income countries are based on a similar template as that of developed countries and tend to follow 'blueprint' rather than a process or contingent approach. Yet countries differ widely in terms of their capacity and institutional conditions to implement the new approaches to public management reform, even in OECD countries (Pollitt, 2002;

nhập thấp nỗ lực áp dụng những cải cách tương tự do áp lực hoặc ảnh hưởng từ bên ngoài (Batley & Larbi, 2004; Bangura & Larbi, 2006; McCourt & Minogue, 2001).



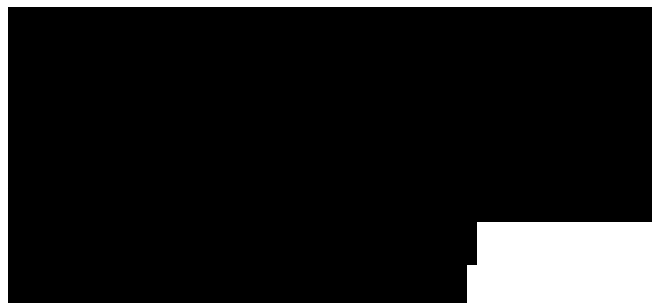
Matheson & Kwon, 2003; Ridley, 1996). The radical NPM reforms in countries such as Australia, New Zealand, and the UK in the 1980s and 1990s cannot be seen as an appropriate model to transfer or emulate in low-income countries. Ghana is selected because it became one of the early test-beds of IMF/World Bank sponsored structural adjustment and liberalization programs in the 1980s and subsequently new public management reforms.

The rest of the article provides a brief context and overview of NPM. It then goes on to describe the methodology used for the study followed by a summary of the findings and then a discussion that draws lessons and conclusions.

BACKGROUND AND CONTEXT

New public management as a model of reform has evolved over the past two and half decades and its principal features have been extensively discussed by various authors (cf. Hood, 1991; Larbi, 1999; Pollitt, 2002). From the literature, three core central tendencies may be teased out:

- Decentralizing management through restructuring in order to enable managerial autonomy and to separate policy making from execution roles (e.g. by creating executive agencies).
- Emphasising the use of markets and competition in order to give choice and voice to



users and to provide incentives for efficiency and responsiveness in service delivery (e.g. through contracting).

- Reframing systems of performance and accountability by emphasizing outputs and outcomes instead of inputs (e.g. through performance contracting).

NPM reforms attempt to achieve organizational change with a goal to strengthen management capacity in government and to introduce within those sections of the public service that are not privatised, the performance incentives and the disciplines of a market environment (Flynn, 2000). The assumption is that there are benefits in terms of efficiency and effectiveness in exposing public sector activities to market pressures and in using markets to serve public purposes, and that government can learn from the private sector despite contextual differences. Thus, NPM seeks to make the public sector less insulated from the private sector in terms of personnel, reward structure, and methods of doing business (Dunleavy & Hood, 1994).

Incentives for Reforms

In explaining the incentives for public management reforms in a low-income country, one needs to look beyond the specific context of that country in order to understand the factors driving reforms. Public sector management reforms in Ghana and other African countries cannot be disassociated from their international context and influences, particularly the involvement of international financial institutions and donor agencies. This section briefly reviews the intellectual and pragmatic incentives for NPM reforms.

ái thiết

hiệu quả

The literature suggests several theoretical underpinnings of NPM reforms, the most prominent of which are neoclassical economic theory and new institutional economic theories. The former argues for limited government intervention only in cases where markets are likely to fail; otherwise markets are best suited for service delivery and for managing the economy. The threat of 'contestability' will drive efficiency in the public sector (Vinning & Weimer, 1990).

Theories based on new institutional economics provide the main intellectual provenance for NPM reform. Of most relevance here are public choice and principal-agent theories (Jordan, 1995). Public choice theory argues, inter alia, that reward systems in the public sector do not provide incentives to control costs because of the absence of any automatic disciplining mechanisms such as markets and competition; there is an in-built tendency for growth, expansion and opportunistic behaviour by officials (Niskanen, 1971; Tullock & Eller, 1994; Dixon et al., 1998).

Principal-agent theory also argues that the public (as principals), on whose behalf politicians and bureaucrats (as agents) are supposed to govern and work, are unable to hold the latter accountable because of insufficient information, the incompleteness of the contracts of employment and the problems of monitoring behaviour (Walsh, 1995; Lane, 2000). The public sector under-performs because state officials pursue their own narrow self-interests rather than the public interest. NPM reforms based on agency theory aim to further clarify the

relationship between policy makers and service providers and to enhance the accountability of managers to policy makers. The creation of executive agencies, the introduction of performance contracts, and performance-related pay are examples of NPM practices that have been influenced by agency theory.

The above theories explain the main intellectual origins of NPM reforms. However, for low-income countries such as Ghana, there are much broader and pragmatic reasons for reforms that relate to economic, social, political, and other environmental factors. Economic and fiscal crises, characterized by massive public sector deficits, external trade imbalances, and growing indebtedness, has been by far the most important factors driving the introduction of ambitious reforms in the public sector in most sub-Saharan African countries since the 1980s, which then led to reforms in public administration (World Bank, 1997; Batley & Larbi, 2004; Bangura & Larbi, 2006). In the specific case of Ghana, external debts stood at US\$1.7 billion at the end of 1982, and disposable resources available for exports stood at US\$33 million vis-à-vis outstanding short-term commitments on debts amounting to US\$348 million. With credit lines to international banks blocked, the government was left with no option but to accept the IMF/World Bank's stabilization and adjustment package in 1983 (Larbi, 1998a: 177; Ghana, 1987; Hutchful, 2002). Like most sub-Saharan African countries, issues of downsizing, privatization, and contracting-out gained prominence as instruments for controlling the fiscal deficits and

restructuring the public sector. Thus, crises led to the urgency for change by challenging existing "rules of the game." Economic reforms became a catalyst for the introduction of public management reforms.

For low-income countries like Ghana, a related factor driving NPM- type reforms has been donor advocacy and lending conditions of international financial institutions, notably the IMF and the World Bank. Adjustment lending conditions did put pressure on most African countries to embark on complementary public administration reforms. In the view of the IMF and the Bank at the time, the apparatus of government in many African countries has been far too extensive, intrusive, expensive, and inefficient (World Bank, 1989; Lensik, 1996), and thus there was 'too much state' but weak capacity to undertake its role (Grindle, 1997). Reforms were necessary to restore capacity and promote effectiveness and efficiency. However, this realization came later in the 1980s after disappointing results of the preceding structural adjustments programs (SAPs).

Another incentive for public management reforms in low-income countries has been the increasing emphasis on good governance from the late 1980s. Good public administration and management with emphasis on decentralization,

accountability, efficiency, and more recently, improved service delivery, are essential ingredients of good governance. Variants of NPM come in handy for donors and governments keen to promote efficiency and accountability and to improve performance in public services.

Other incentives for reforms include changing public expectations and increasing criticisms of the ineffectiveness and inefficiencies in public service delivery. These have been encouraged partly by the return to democratic politics over the past decade. Governments had to respond with improved public services. A clear example of this is Tanzania's "Quick Wins" programme, which was designed to improve service delivery in order to sustain public support after years of painful reforms without significant improvement in service delivery (Kiragu, 2002). In sum, even though NPM has its intellectual roots in new institutional economics and other theories, reforms based on the model may be broadly seen as the result of a more pragmatic response to some of the pressures that governments have to confront.

The response to the above incentives in low-income countries has been gradual shift from the initial liberalization and structural measures that characterised most of the 1980s to more difficult institutional and service delivery reforms embracing some aspects of the new approaches to public management. The next section describes the methods used for the study.

CÁC

METHODS USED IN THE STUDY

The study examined the application of four examples of NPM-type reforms in the public health and water services in Ghana. These were downsizing, management decentralization, and contracting-out, and performance contracts. These four types of reforms were selected because they were some of the most commonly applied NPM reforms. They are also logically linked to each other. For example, contracting-out of services may imply downsizing, as public organizations may no longer need to keep all the staff previously involved in the delivery of contracted-out services. Increasing managerial autonomy is usually balanced with some form of performance agreements with targets as a way of controlling managers' performance. Again contracting-out may involve pre-defined targets and service-level related payments to contractors.

The Ghana Water and Sewerage Corporation, now renamed as the Ghana Water Company Limited (GWCL), and the Ministry of Health (MoH) provided the principal organizational settings for examining the application of the selected NPM practices in Ghana. Case study methods were used (Yin, 1989), taking both longitudinal and processual approaches (Pettigrew, Mckee & Ferlie, 1988) in order to allow for the analysis of retrospective, on-going, and prospective or anticipated changes and processes. The main data collection for the study was undertaken during 1995 and 1996 and

subsequently updated between 1998 and 2001 during the author's visits to Ghana. The main methods used were semi-structured interviews and documentary analysis.

Interviews were held with 62 key informants in the MoH (17), the GWCL (20), the Office of the Head of Civil Service (8), and the State Enterprises Commission (3). Others included the Ministry of Finance, the National Institutional Renewal Programme, international consultants who were advising on the reforms, and representatives of donor agencies supporting reforms in the two sectors. Interviewees were identified through key contact persons and included both policy level officials and frontline managers. A general interview guide was used covering the selected new management practices. Where permission was granted, some interviews were audio taped and transcribed. However, over half of the interviews relied on note-taking by the researcher. A significant number of documentary sources were collected and contents analyzed for the study. These included official reports and evaluation studies, programme documents, and consultants' reports. Overall, a combination of interviews and documentary sources provided adequate evidence for the study. The next section presents a summary of the findings.

FINDINGS: NPM IN PRACTICE

This section examines the extent to which the

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selected NPM-type reforms have been introduced and implemented in Ghana. It then looks at the capacity issues emerging from the implementation of reforms

Downsizing: Why and How?

Downsizing the public services in Ghana and elsewhere in Africa took the form of retrenchment of staff either by voluntary retirement or compulsory redundancies in the context of SAPs. It was a common feature of first generation reforms in the late 1980s to mid-1990s, which were largely structural and aimed at cost containment and cost reduction in response to fiscal crisis. Also despite a high proportion of revenue spent on salary costs, real basic salaries deteriorated in the public services due to a combination of high rates of inflation, dwindling revenue, and bloated numbers of employees. One of the expectations of downsizing was that the savings made would be used to improve the salaries of those who remained.

Analysis of the available data indicated significant reductions in the size of employment in both the MoH and the GWCL as part of the public sector-wide downsizing policy. Table 1 shows the trend of staff reductions in the GWCL up to 1995. The staff strength of 7,062 in 1985 was reduced to 4,013 by the end of 1995, representing an overall reduction of approximately 43 percent. However, the decreasing trend from 1985 seems to have ended in 1993 with a slight increase since 1994. This was explained new recruitment to fill critical professional and mid-level management staff positions. Along with this downsizing, has been an improvement of compensation

thực hiện Nguyên nhân và cách

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TABLE 1

Staff Downsizing Trends in GWCL

Sources: Ghana Water and Sewerage Corporation, (1991, 1996).

packages and expansion and upgrading of training facilities in GWCL, but these were funded from sources other than pay roll savings from retrenchments

Comparable disaggregated figures over the same period were not available for the MoH. However, at the start of the redeployment in 1987, the MoH had staff strength of about 35,000 and constituted about a third of the civil service. Documentary evidence suggests that the employment size stood at about 30,000 in 1994. This means only 14 percent reduction in staff numbers, compared to 43 percent in the GWCL and about 37 percent in the civil service as a whole. The MoH has been less affected by downsizing than the rest of the civil service and the GWCL. It still has a large number of support staff partly because, unlike the GWCL, the health sector is yet to contract- out the delivery of support services such as security, cleaning, and catering across the sector. It has to be mentioned here that over the past few years employment levels in the public services in general have increased as politicians seek to fulfil their election promises, including addressing the problem of high unemployment.

Decentralizing Management

As a general background, the pre-reform

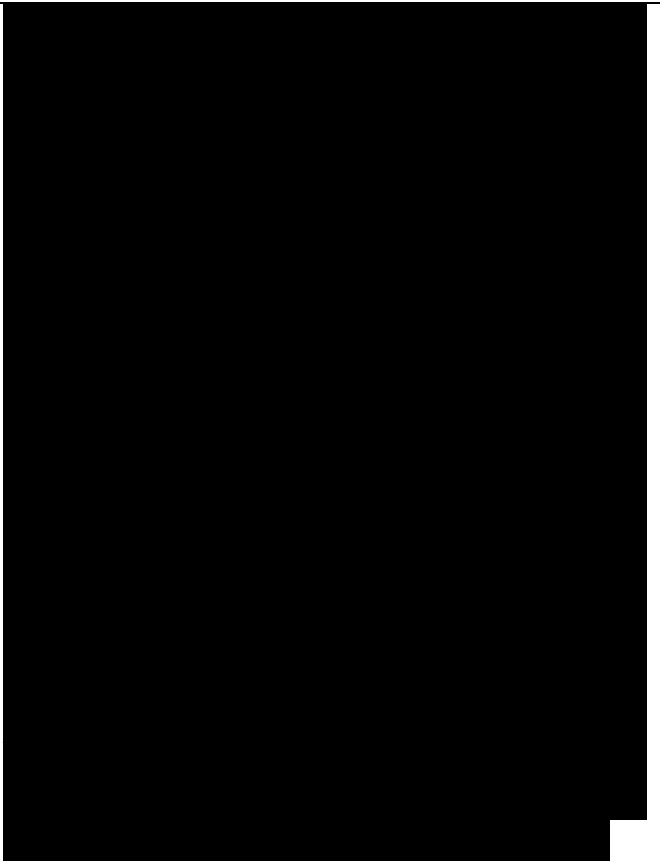
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organizational and management arrangements for the delivery of health and water services were much centralised, giving managers less operational freedom. The concern for cost containment rather reinforced centralization in terms of controls in expenditure and staffing. Organizations in both sectors had introduced some degree of decentralization in the 1970s and 1980s with the creation of regional and district health management teams, and the appointment of Regional Directors in the MoH and the GWCL respectively. However, this early efforts did not go far enough as decision-making remained largely centralized until further reforms were introduced in the late 1980s and the 1990s. In both sectors, the World Bank and other donors were influential in demanding restructuring as a condition for loans.



The research identified four main forms of decentralization in the public health and water services with varying levels of autonomy. These are summarised in Table 2. The first is deconcentration, i.e. the delegation of responsibilities and functions to the field offices of



TABLE 2

Forms of Decentralization in Health and Water

Form of decentralization

Health Sector



Water Sector

Deconcentration Strengthening RHMTS and DHMTs with greater allocation and control over resources.

Regional Directors have limited autonomy over operational resources. Plans to give them more autonomy.

Devolution to sub-national government.

District Assemblies (DA) have some health responsibilities; but planned integration of DHMTs into DA structure has not happened.

Responsibilities for rural water and sanitation transferred to DAs.

Autonomous/

Executive Agencies

Ghana Health Service created as Executive Agency and two govt, teaching hospitals granted semi-autonomous status by legislation with their own Boards.

Hiving off the management of rural water supply from urban systems to form an agency.

Corporatization None Ghana Water and Sewerage Corporation corporatized as Ghana Water Company Ltd.

both organizations. Although this form of decentralization was not new, what was new was the deepening of its process. In the health sector, district health management teams created in the 1970s have been significantly strengthened in the 1990s with more control over resources delegated to them.

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To illustrate, the share of the recurrent budget controlled by district hospitals more than doubled from 10 to 23 percent (Mills et al. 2001), while at the same time the share of the MoH head office reduced from 66 to 28 percent between 1992 and 1996 (see Table 3). In the GWCL, regional directors were given more authority in the 1980s, but this was reversed in 1990 when the head office reinstated controls due to financial crisis. Further restructuring in 1996 gave regional directors control over their operational budget with the exception of training and chemicals. However, interviews with regional directors and managers suggested that their “new freedoms” remain largely on paper.

The second form of decentralization is devolution, i.e. the transfer of responsibilities by legislation to sub-national levels of government. Even though this is political rather than management decentralization, it is worth pointing out that under the second phase of the Community Water and Sanitation programme, responsibility for provision of rural water is being transferred to District Assemblies. In the case of health, the expected integration of district health

TABLE 3

Devolution of non-salary recurrent budget in MoH: 1992 vs. 1996 (%)

Health Institution	1992	1996
MOH Head Office	66	28
Teaching Hospitals	8	17
Psychiatric hospitals	n/a	14
Regional admin.	12	5
Regional hospitals	3	7

vẫn chỉ mang tính hình thức

Regional training institutions n/a 5

District level 10 23

Total 99 100

Sources: Smithson, Asamoah-Baah and Mills (1997).

management teams into the District Assembly structure has been stalled due to inertia and resistance from the MoH (Larbi, 1998b).

The third form of decentralization and a clearest example of NPM-type reform is the creation of semi-autonomous executive agencies. In the health service, two examples of the new management model can be identified. The first is the hiving-off of the operational arm of the health ministry to create an executive agency, the Ghana Health Service (GHS), along the line of the UK's National Health Service (NHS). There is thus a separation between the policy making and execution aspects of health. The second is the institutionalization of the autonomous hospital concept; two teaching hospitals (Korle Bu & Komfo Anokye) have been granted semi- autonomous status. Both developments followed the passage of the Ghana Health Service and Teaching Hospitals Act, 1996 (Act 525), even though the GHS itself became operational in 2000/2001.

As an executive agency, the GHS was separated from the civil service and made responsible for the implementation of national health policies. Its independence and the independence of the Teaching Hospitals, was designed to ensure that staff have a greater degree of managerial flexibility to carry out their responsibilities, which would not be possible if they remained wholly within the civil service. The Act 525 also revived and strengthened the status of teaching hospitals and their boards. The revamped boards were, inter alia, charged with determining the

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policies of Teaching Hospitals and the scale of user fees, as well as appointing staff and determining their remuneration and benefits within the government policy framework.

Although the GHS and the Teaching Hospitals have more operational freedom, in principle, they are accountable to the Ministry of Health for their performance. Like the UK model of purchaser-provider split in the NHS, the Act 525 also gave the GHS a 'purchaser role' in relation to the provision of referral services by the Teaching Hospitals (Ghana, 1996). In the water sector the only example of "agencification" is the creation of the Community Water and Sanitation Agency out of the GWCL. This separated out the management of rural water from urban water and was to form the basis of Community-managed water supply system, leaving the large and complex urban systems to operate as a public utility with possible private sector participation.

The fourth example of NPM-type management decentralization is corporatization, an arrangement to enable a public organization to operate as a legal entity under the company law. The only example was in the water sector, which is the aforementioned transformation of the Ghana Water and Sewerage Corporation into a company, i.e. the GWCL, in 2000/2001. As a public enterprise, the GWCL had some degree of autonomy and it was separated from the civil service with its own board of directors. However, like other state-owned enterprises (SOEs), it had tension between its social and economic objectives and was historically characterised by overlapping responsibilities and entrenched practices of ad hoc political intervention in operational issues, which limited its autonomy.

As part of the reform of SOEs, the government, with the support of the World Bank and other donors,

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initiated the reform of the legal frameworks of governance for SOEs. This was to accord real autonomy to public enterprises and to concentrate their accountability for direction and performance on their respective boards of directors. The Statutory Corporations (Conversions to Company) Act, 1993, rectified the problem of diffused authority and responsibility for the governance and management of SOEs. However, the corporatization of GWCL into a company under the 1993 Act was delayed due to concerns about increases in tariffs.

The above analysis suggests that there have been some degree of decentralized management introduced in both public health and water organizations since the inception of reforms. While traditional forms of decentralization have been strengthened, new forms such as executive agencies and corporatization have also been introduced.

Contracting-out

This section examines the extent of contracting-out in public health and water services in Ghana. Table 4 categorizes and summarizes the activities contracted out in the two public service organizations. Both sector organizations have traditionally contracted out certain activities, including feasibility studies for new projects and construction and maintenance works (Larbi, 1998a; 1998c). Thus, contracting out is not new. What is new is the extension of the practice to activities that were previously provided in-house. These include service and management contracts (see Table 4) for support services (e.g. non-clinical services like cleaning and security in large hospitals) and customer management (e.g. metre reading, billing, and collection of water tariffs).

In-house staff who used to undertake these activities have either been retrenched or redeployed, especially



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in the water sector. In the health sector, there was no explicit example of service contracts for clinical services. However, it is worth pointing out that the government has formalized agreements with faith-based hospitals into two-year rolling contracts. Under the contract the government provides block grants to the hospitals, and in return, they provide specified health services to communities in different parts of the country, which are subject to government monitoring (see Mills et al, 2001).

At the time of this research, there were very strong indications that the government and the GWCL's senior management were seriously considering some form of private sector participation in the water sector. Indeed a water privatization secretariat was created to oversee the process, and the whole of the urban water systems were grouped into two business units for the purpose of tendering. However, the process has been stalled since the mid-1990s, due principally to a well-organized and successful campaign by civil society groups against what they see as the privatization of the water. Given the political sensitivity of water in Ghana and many other African countries, neither the previous government nor the current government has been able to take the risk of ignoring the opposition to private sector participation.

TABLE 4

Activities Contracted-out in Health and Water

Categories of Activities Contracted Out

Examples

Health

Water

Feasibility studies



Contracting out ancillary services; National Health Insurance Feasibility studies and implications of GWSC restructuring

Construction

and

Maintenance

Works Health Infrastructure: capital projects, major repairs and maintenance of buildings and other infrastructure Laying of new pipelines, extension works and repair of production and distribution systems; electrical and building engineering works

Supply,

Installation and Maintenance of Capital Equipment

Long-term agreements with private suppliers of hospital equipment

Agreements with private firms for the supply of, and major maintenance of production and distribution systems; rehabilitation of pipelines and pumping stations; new household meter installations

Recurrent Supplies

Drugs and medical expendables; food items to hospitals Chemicals, catering for staff

Management Training and other HRD programmes Agreements with local Management Training Institutions for training of senior health personnel Use of management consultants for workshops / seminars on various aspects of management

Administrative and Miscellaneous

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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Nguồn cung cấp định kỳ

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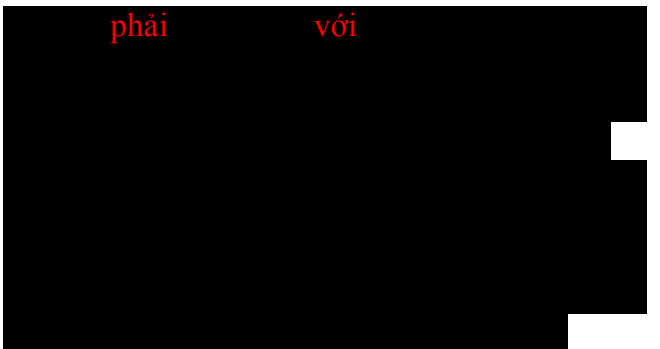
Services Supply, installation and maintenance of office equipment (e.g. computers); stationery; repair and maintenance of vehicles Security services at selected installations; stationery supplies, office equipment supplies; office cleaning

Service/Management Contracts Two-year rolling contracts with faith-based hospitals for specified services. Non-clinical services identified as possible candidates. Customer management - billing and collection, debt management.

Source: Author's own research

Why contracting out? Interviews with relevant officials and documentary analysis suggest the following incentives for contracting out in the two sectors:

- There is a lack of requisite staff and skills in some areas such as construction and maintenance. In other activities like cleaning in the GWCL, contracting-out was resorted to the retrenchment of manual workers.
- In the GWCL, the need to attract significant private sector investment to rehabilitate aging infrastructure and expand service coverage is a major driving factor.
- Sometimes contracting-out is resorted to in order to speed up work and other activities such as procurement of supplies and maintenance.
- The inability of government to provide services to all communities and the comparative advantage of non-state providers in some areas (e.g. health services in rural communities) are also factors.
- In some donor-funded projects, it was found that contracting-out was used at the insistence of donors who were keen on a competitive process and



value-for-money.

With the increasing cost of health care and potable water provision, government has been under pressure to consider several options for the delivery of services. Contracting out is seen as one policy option for improving efficiency in urban water supply and ancillary services in hospitals. However, as will be seen in the discussion section later, the introduction and implementation of contracting out is not without problems. The next section looks at performance contracting.

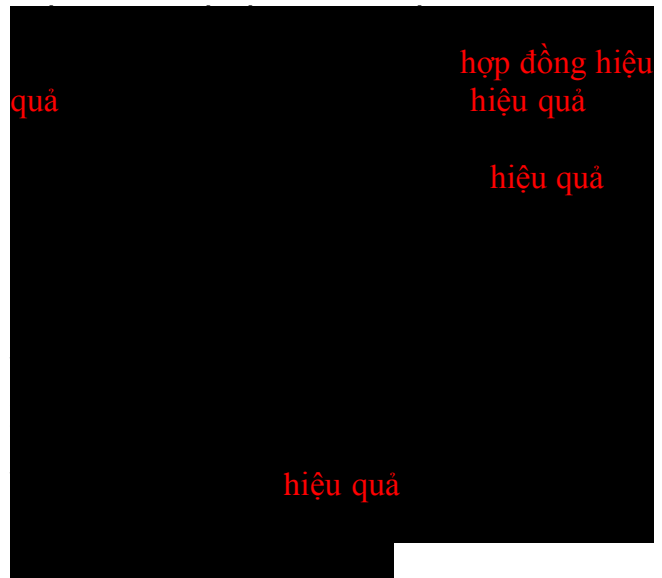
Performance Contracting

This section attempts to address the following questions: What are the circumstances leading to the introduction of performance contracting and how has performance contracting worked in practice? At the time of this research, performance contracting or agreement has been formally introduced only in the water sector. As noted above, contracts between government and faith-based hospitals include arrangements for monitoring their performance. The health sector also had plans to link the funding of teaching hospitals to their performance but indicators were yet to be developed. Beyond this, performance contracting was not being used in the health sector. This section therefore focuses on only the water sector.

Performance contracts or agreements have increasingly been used to structure the relationship between government (as principal) and public enterprises (as agents), especially where these enterprises have not been privatised for various reasons (World Bank, 1995; Mayne & Zapico-Goni, 1997; Shirley & Zu, 1997). The GWCL was one of the strategic SOEs that



Hợp đồng hiệu quả



did not come under the government's divestiture programme, but were instead subjected to restructuring. The World Bank was instrumental in the adoption of corporate planning and performance-contracting in the GWCL and other SOEs by making them part of the conditionalities for the second and third structural- adjustment credits in the late 1980s.

The GWCL's performance contract has three main elements-the performance information system (mainly quarterly operational and financial reports); the monitoring and evaluation role, played by the State Enterprises Commission (SEC); and the performance incentive system (rewards and sanctions). Once the corporate plan is formulated, performance targets are negotiated and agreed with the SEC. The contract itself is signed between the sector Minister (for Works and Housing), the Minister for Finance (representing the government as principal), and the Chief Executive/Managing Director of GWCL (representing the agent). The Executive Director of SEC and the Chairman of the GWCL's Board sign as witnesses.

Has the introduction of performance-contracting made any difference to the GWCL's performance? Table 5 summarises the GWCL's performance in terms of some key indicators. It shows that significant improvements were made in staff reduction (over 40 percent), and in productivity, which is marked by a decrease in staff per 1000 connections from 33 in 1976 to 13 in 1995. The company made

TABLE 5

Summary of GWCL

Key Performance Indicators

Indicator	Actual Performance	Remarks
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không
mà
quy
hiệu quả

hiệu quả
hiệu quả

hiệu quả

Unaccounted for water 63% in 1988 to 55% in 1995

Some improvement, but still high by industry standard of 30%

Staff per 1000 connections 33 in 1976 to 13 in 1993

Some improvement but still not satisfactory standard

Reduction in staff numbers 7062 in 1985 to 4013 in 1995 Significant improvement

Staff cost/ revenue ratio 25% in 1989 to 36% in 1994 No improvement

Operating ratio 130% in 1989 to 78 % in 1994
Some improvement, but does not reflect depreciation and debt servicing costs

Net profit/loss before tax (million cedis) loss of 4,398 in 1987 to loss of 7,881 in 1995
Deterioration

Source: Larbi (1998a).

modest improvements in reducing unaccounted for water and operating ratio, which suggest some improvement in efficiency. Other indicators of performance either deteriorated or stagnated during the period examined. However, it is important to note here that the GWCL started reforms from a relatively low base, compared to other SOEs.

Capacity Issues in Reform Implementation

The research identified a number of capacity issues in the introduction and implementation of the selected new management practices. Following Grindle and Hildebrand (1995) and Batley and Larbi (2004), these

Cải thiện phần nào

may be categorised broadly into the following three— internal organizational capacity issues; task network or inter- organizational issues; and institutional/governance environment issues. These issues have limited the application of new management reforms in the two sectors as explained below.

Internal Organizational Capacity Issues

Some of the problems identified in the introduction and implementation of reforms can be attributed to organizations themselves. One major constraint was weak management information systems. In performance contracting, this was evident in both the GWCL and the SEC (the monitoring agency). There were different databases, which were not linked. Again the SEC relied on information from the SOEs, which was not always timely and reliable. The information advantage of the SOEs enabled them to negotiate soft targets. Weak information system was also evident in the case of downsizing; there was the lack of accurate data on the size of employment and skill mix in the public services at the start of reforms in 1987. This resulted in the adoption of a formula of cutting across-the-board, which led to loss of experienced staff as well as some institutional memory.

Another internal capacity issue was lack of adequate professional staff in some cases. For example the SEC was understaffed and overstretched in the professional cadre; it had less than one-third of its professional staff complement at the time of this research. This was also evident at the level of decentralised health agencies, especially in critical areas such as finance and accounting, which were essential to support delegation of budgets and financial control as well to manage user charges. In the case of the GWCL, it initially lacked the human resource capacity to undertake corporate planning, but gradually developed that capability through recruitment and training of staff. Overall, there



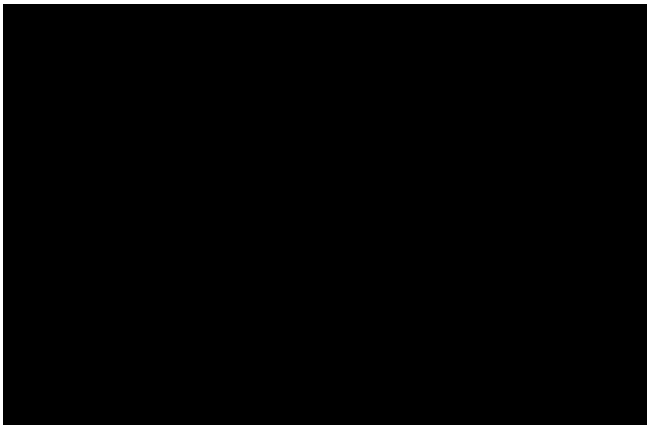
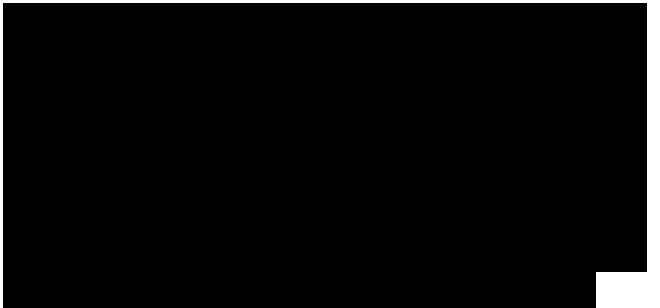
is a general weakness in ability to attract and retain professional and managerial expertise in the public services due to relatively poor pay and conditions of service.

A general problem that plagued all the public organizations was limited finance and budget. This was related to the broader financial crisis and the unpredictability of government budgets. In some cases, those organizations also lacked the capacity to maximize their own internally generated revenue (e.g. inconsistent billing and collection rates by the GWCL).

Task Network and Inter-Organizational Issues

Task network is used here to refer to inter-organizational cooperation and relationships; how the role or functions of one organization may be enabled or undermined by action or lack of inaction by other organizations in the network. The four NPM practices examined highlighted a number of task network problems that affected the capacity to implement reforms. It is clear in the case of downsizing that the Redeployment Management Committee (RMC) set up by the Government encountered several administrative bottlenecks in coordinating retrenchments in various public service organizations. The lack of consultation created distrust in management and the government by the trade unions, which undermined the work of the RMC.

Perhaps decentralized management presents more challenging task-network problems than the rest. There are several agencies, which exercise controls over personnel and financial issues. In general, powers of appointment, promotion, and discipline of staff are concentrated in separate bodies that are different from the direct users of their services. This sometimes creates enormous clumsiness in accurate assessment of performance of public servants working in those

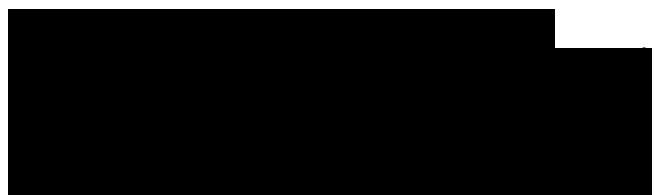
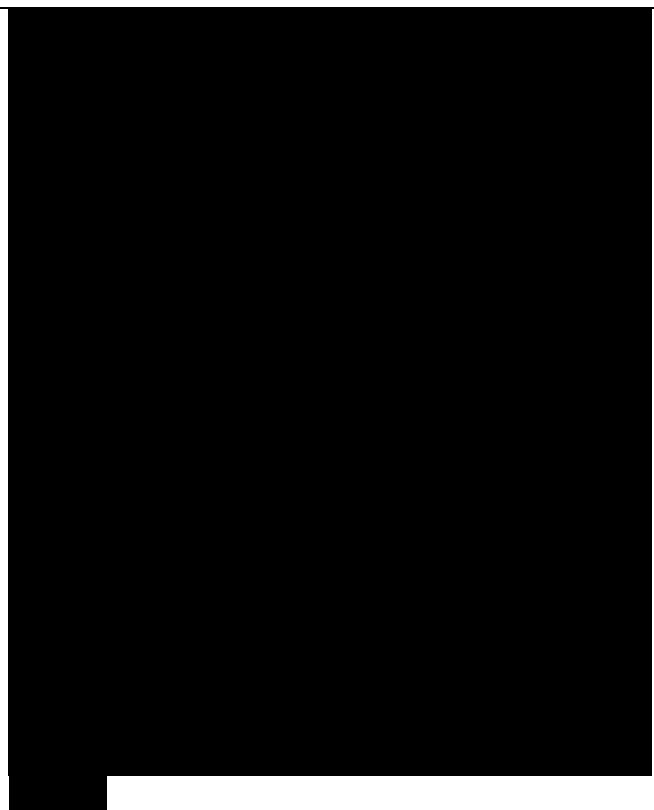


organizations, especially at a time when these organizations are expected to move toward performance-related pay. Overlapping lines of responsibility and weak coordination mechanisms sometimes lead to policy confusion, conflict of authority, and delays in appointments and approval of some capital expenditure for decentralised agencies. The centralization of control over operational resources are due to lack of adequate financial decentralization, mistrust in the capacity of decentralised agencies and units to manage their budgets, and uncertainty in government finance. The capacity of central agencies to set and monitor targets, and to set the macro policy and regulatory frameworks for decentralised agencies, is crucial in a decentralized environment (Larbi, 1998b). However, this capacity is yet to be developed and consolidated, especially in the health sector. The water sector has made more progress, but as noted earlier, the capacity of the monitoring agency was over-stretched.

Other task network issues include defective implementation strategies and lack of enthusiasm and commitment to implement reforms within the MoH and the GWCL. The design and implementation of reform policies were divorced from each other. There seems to be an attitude to legislate first and think of implementation later. This was obvious in the case of autonomous hospitals, the creation of the Ghana Health Service, and the attempt to bring in private sector participation in the urban water sector—all these were delayed for several years before implementation.

Institutional/Governance Environment Issues

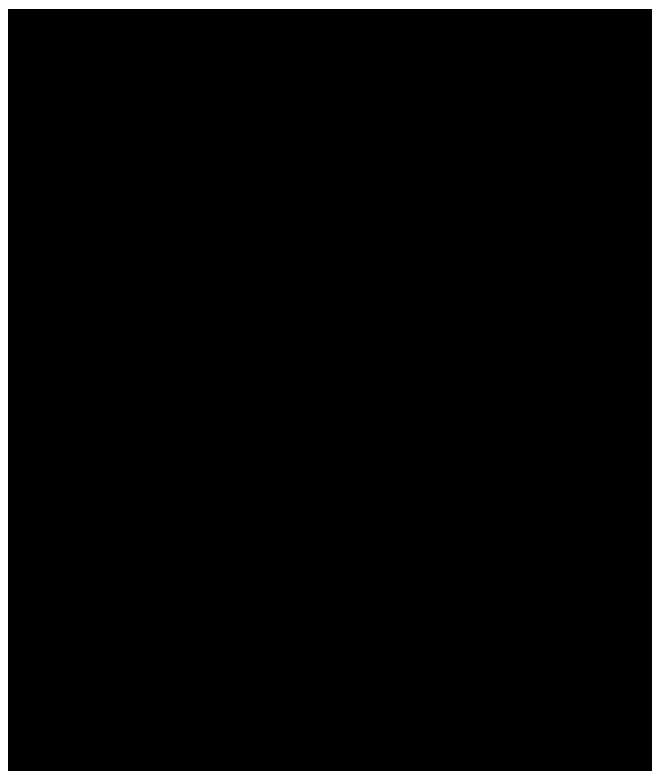
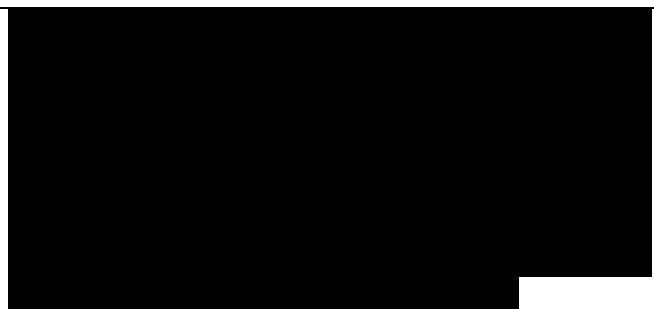
The broader institutional and governance environment can either enable or disable the implementation of specific reforms. Paradoxically, the macro economic



crises, which triggered reforms in Ghana and other low-income countries, also constrained the implementation of some of the reforms. For example, crises in public finances and the resultant adjustment programmes led to a demand for strict fiscal controls in order to check expenditure, which in turn undermined the policy of decentralizing management in public sector organizations.

The weak compliance to contracts and weak enforcement were other institutional issues. It explains why the government sometimes reneges on its side of performance contracts with SOEs, as well as the reluctance to enforce sanctions in cases of under-performance. Another key institutional/governance environment issue is poor public service pay and conditions, which are constraints to the ability of public sector organizations to attract and retain key professional staff critical for their performance. Even though there have been some improvements made in past few years, the value of any pay increases is usually eroded by high rates of inflation.

Defective legal and governance frameworks have also undermined implementation to some extent. This was apparent in the case of decentralized management. Decentralized structures such as autonomous hospitals were created, but the financial administration and regulations that would enable them to have control over financial resources, were reformed much later. To this can be added the top-down and non-participatory policy process, which did not provide much opportunities for debate and discussion on policies, especially in the 1980s and 1990s. In the case of autonomous hospitals, it was clear that if the issue had been opened up for discussion by key stakeholders (e.g. the Ministry of Finance and the Public Service Commission) at the initial stages, some of the potential problem areas would have been highlighted and the



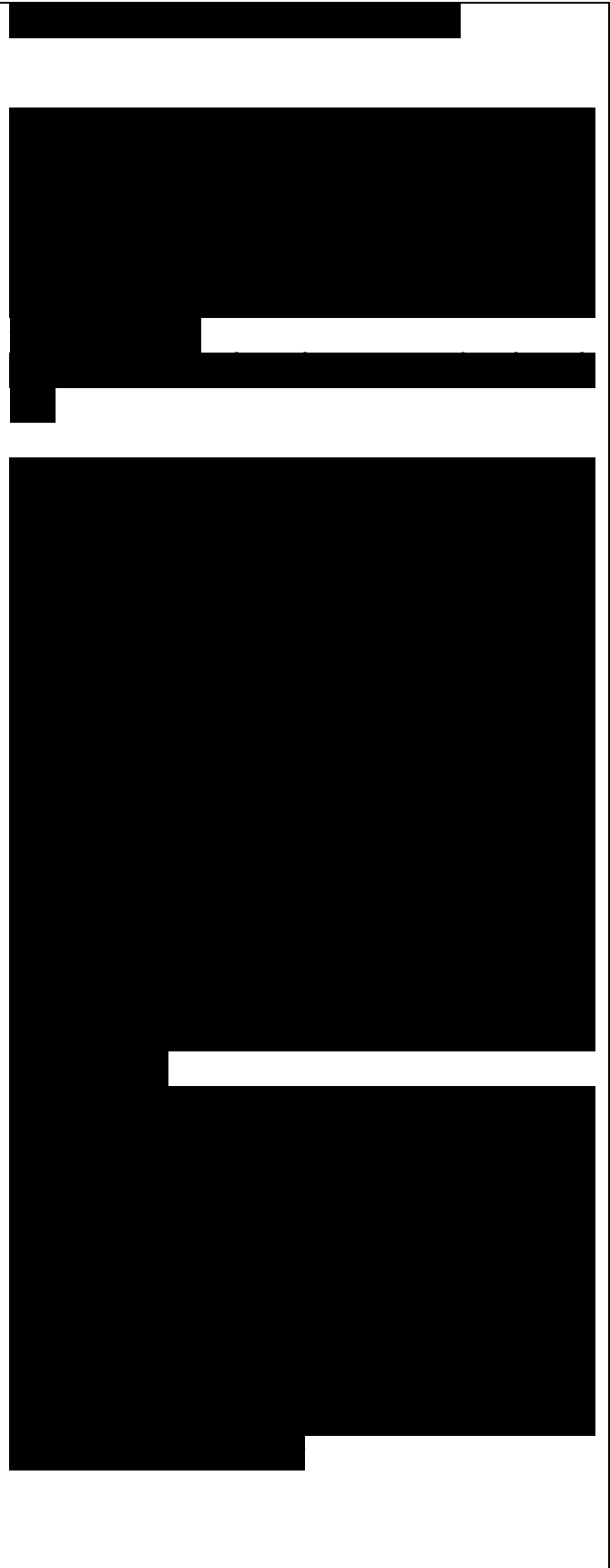
building of consensus on what was realistically implementable would have been possible.

In sum, the introduction and implementation of new approaches to public sector management raises a number of capacity issues, which are constraints to implementation. The next section identifies some key lessons from the case of Ghana, which might be relevant to other low-income countries.

DISCUSSION: WHAT ARE THE KEY LESSONS?

From the findings presented in this study, a number of key lessons and issues emerge that need to be taken into account in the application of new management approaches to low-income countries. The findings and conclusions have resonance to the experience of administrative reforms in other low-income countries. It is apparent that NPM is not a 'quick-fix' solution to the problems of public administration and management in low-income countries for a number of reasons. First, in spite of the limited progress made in implementation, NPM reforms are only at the embryonic stage. Reforms appear comprehensive in design but thin on actual implementation. This is consistent with the experience of administrative reforms in other low-income countries in Africa and south Asia (Batley & Larbi, 2004).

Second, in comparative perspective and within the limited progress made, it can be concluded that the structural components of reforms- downsizing and management decentralization within the public services-have made more progress in implementation than the reform of processes such as performance contracting and contracting-out that entail redefining the 'rules of the game'. These institutional aspects of reforms will take much longer time to embed.



Third, there is variation in the degree of introducing and implementing the selected NPM practices in the two sector organizations. Particular NPM components may be more suitable or relatively easy to introduce in some sectors than others. For example, it is apparent from the evidence that performance contracting and contracting-out are relatively easy to introduce in water organizations where performance is more easily measurable than in the health sector where outputs are more difficult to measure.

Fourth, the findings highlight the sequencing problems in reforms - process changes are lagging behind structural changes, and the necessary preconditions for effective implementation are also lacking. For example, unreformed legal/ institutional frameworks (e.g. in GWCL) were found to be frustrating the operations of decentralised management structures and performance contracting. The sequencing problem is also illustrated by the fact that the creation of decentralised management structures and performance contracting has taken place before the development of management information systems that can facilitate monitoring, reporting, and evaluation. The experiences of countries that have gone farthest with decentralizing management and other NPM practices (e.g. New Zealand and the UK), show that implementation is taking place in the context of elaborate and technologically sophisticated systems of information and financial management, which enable the monitoring of cost as well as rigorous technical training of staff at both the central and decentralised levels (Nunberg, 1995). This point is also reiterated by Barnes (1997, p. 30) who advises that "decentralization must not precede the development of, and establishment of working financial and management information systems." This is because, if it does, the information system may never catch up with the process of decentralization. In the case of

Ghana, it is apparent that decentralizing management is taking place without improved management information systems. Consequently, central controls over operational resources are prevalent in the public services. However, such controls do not in any way compensate for the effectiveness of a functioning management information system. It is also worth mentioning that decentralized management and other NPM practices, especially those emerging from agency-type reforms, may “increase system susceptibility to fraud, patronage and corruption” (Nunberg, 1995, p. 20) if effective controls are not put in place.

Fifth, another general lesson is that context matters in the design and implementation of reforms. The limited progress in introducing and implementing NPM reforms is partly explained by constraints emanating from the governance and institutional environment of Ghana's public services. The unstable and binding macro economic environment in the 1980s and 1990s, defects in institutional and governance frameworks, uneasy and unclear relationships between principals and agents, weak contract enforcement mechanisms, unchanged bureaucratic culture, poor public sector salary and incentive systems, and lack of resources, are some of the constraints this study has highlighted. Again, this chimes with the experience of other low-income countries. For example, in a study of public sector reforms in East and Southern African countries, Therkildsen (1999) found that attempts to apply performance management systems in these countries ran into a number of problems, including measurability problems and the unpredictability of resources. It is apparent that grafting NPM practices onto organizational hosts whose cultural roots, history, systemic characteristics, and environment are fundamentally different and possibly hostile, is not only problematic but may also lead to implementation

failures if attention is not given to these contextual factors.

Sixth, there is also the need for selective adaptation and targeted capacity development. Apart from cross-sector capacity issues such as public sector pay and conditions of service, each of the NPM practices presents specific capacity problems. Decentralised management, contracting out, and performance contracting involve more institutional changes and are therefore more demanding on organizational capacity.

Last, one general lesson that can be drawn from the findings is that the capacity of government and its central agencies needs to be strengthened to enable them to perform their integrative, co-ordinating, and monitoring roles as government moves into more arm's length relationships with direct service providers. Management decentralization, performance contracting, and contracting out, all imply that government (as principal) relates with agents at a distance. Direct, often politicized, controls over agents are expected to be replaced by indirect controls, which must be seen to function effectively.

In conclusion, the introduction and implementation of NPM reforms need to be tailored to the maturity and capacity of both the reforming public sector organizations and reform-management agencies in low-income countries. Reform design and implementation need to be sensitive to the operational reality and conditions of low-income countries. This requires a shift of emphasis from what to do to how to do it, which challenges the "blueprint" or "one size fits all" approach to public sector management reforms. Weak administrative and implementation capacity and resource constraints in such countries have been major obstacles to public administration and management

reforms (Batley & Larbi, 2004). These constraints limit the extent to which low-income countries can adopt NPM reforms. While NPM has something positive to offer to low-income countries, the question of its appropriateness has to be relative to timing, sequencing, sectoral nature, existing capacity, and institutional conditions.

[REDACTED]. Mặc dù NPM có khả năng mang đến thay đổi tích cực cho các nước có thu nhập thấp, nhưng câu hỏi về tính phù hợp của nó phải tính đến thời gian, trình tự, tính chất ngành, năng lực hiện có, và điều kiện thể chế.