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Yasmin Khodary

The British University in Egypt, yasmin.khodary@bue.edu.eg

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Good governance: a new perspective for institutional reform – a comparative view of water, education and health institutions in Egypt

Yasmin Khodary

Political Science Department,
The British University in Egypt,
P.O. Box 43, El Sherouk City, Suez Desert Road,
Cairo 11837, Egypt
Email: yasmin.khodary@buc.edu.eg

Abstract: Reform of state institutions is a gateway to a country's progress and development. This research seeks to answer the following questions: 'to what extent do institutions, such as water, basic education and primary healthcare institutions, conform to good governance standards in Egypt?' and secondly, 'how can good governance offer a new perspective for institutional reform in Egypt?'. The research presents a comparative assessment for governance within the Egyptian water, basic education and primary healthcare institutions. The assessment is based on nationally-owned governance indicators, which informed the measurement and assessment of governance within the water, basic education and primary healthcare institutions in Egypt. The comparative assessment reveals low levels of transparency, participation, accountability and responsiveness shared among the water, basic education and primary healthcare institutions. As a result, the research suggests a reform process for state institutions from a good governance perspective that, in particular, emphasises transparency, participation, accountability and responsiveness.

Keywords: governance; measurement; institutions; reform; Egypt; composite index; transparency; accountability; participation; responsiveness.

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Biographical notes: Yasmin Khodary is an Associate Professor of Political Science in the British University in Egypt. He has two PhDs in Development/Gender and International Relations. He enjoyed two post-doc research visits to the Danish Institute for Human Right and Brown University's Advanced Research Institute. Also, she engaged in a one month professional program in Germany for Arab education-policy makers and was selected by Adam Smith International to visit policy-making think-tanks in UK. He is a member of the 'Post-2015 MDGs' Committee, the Academic Integrity Network by Transparency International, the Association for Middle-Eastern Public Policy and Administration, EU-Middle East Forum and WHO Good Governance in Medicine and Good Governance in Health Networks. Among her research interests are governance, gender, public participation, state-building and peace-building.

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1 Introduction

Reform of state institutions is a gateway to a country's progress and development. Reforming state institutions associated with corruption or poor service delivery helps prevent the recurrence of violations, establishes social justice and leads to more dignified living standards. However, despite the numerous initiatives to reform state institutions in Egypt and other Arab countries, very little has been achieved in terms of improving state institutions and, consequently, boosting development and democratic transition processes in such countries.

The 25 January 2011 and 30 June 2013 revolutions saw an outcry of Egyptians against corruption, lack of transparency, weak accountability and other similar manifestations of poor governance in general, and in specific sectors related to their daily life, such as water, basic education and primary healthcare. Those manifestations of poor governance seriously hinder the effective mobilisation and allocation of resources needed for development and for the achievement of the Post 2015 Millennium Development Goals. This research seeks to answer the questions: 'to what degree do institutions, such as water, basic education and primary healthcare institutions, conform to good governance in Egypt?' and 'how can good governance offer a new perspective for institutional reform in Egypt?'

This research argues that the malfunction in state institutions in Egypt can be traced back to the lack of good governance inside such institutions. Regardless of the type of institution, it is generally characterised by authoritarianism, lack of transparency and accountability, low levels of responsiveness and inequity. By presenting a comparative assessment of governance inside Egyptian water, basic education and primary healthcare institutions, this research shall assess the degree to which Egyptian institutions conform to good governance principles, such as transparency, participation, accountability, responsiveness and equity. Based on the results of the governance assessments, the research suggests a reform policy to state institutions from a good governance perspective.

This research is important not only because it offers a new perspective for reform based on governance principles and practices, but it also presents comprehensive governance profiles for three important types of institutions using governance indicators and assessments. In general, governance indicators and assessments are considered effective tools to raise the awareness of decision makers, private sector and civil society, including academia and the media, about the current situation in a certain country. In that sense, the governance profiles for the water, basic education and primary healthcare institutions in Egypt are expected to create more awareness among different actors about the possible deficiencies within such institutions and the key solutions to overcome them. In addition, the governance profiles will help, particularly, in initiating an evidence-based dialogue on the available deficiencies and their remedies.

2 Research design and structure

In four consecutive sections, this research explores and demonstrates the lack of good governance in state institutions in Egypt which eventually led to malfunction in state institutions. First, the research starts with conceptualising the term good governance by referring to literature from international agencies, institutions and governments. Second,

the research presents the methodology for three governance assessments of the water, basic education and primary healthcare institutions in Egypt. The assessments are based on nationally-owned indicators that were developed in consultation with stakeholders from government, private sector and civil society in order to better reflect the Egyptian economic, social, institutional and political context. The three assessments evaluate the degree to which service providers within the water, basic education and primary healthcare institutions conform to the dimensions of good governance (i.e., efficiency, effectiveness, responsiveness, equity, transparency, fighting corruption, accountability and participation)¹. Third, the quantitative findings of the assessments and their qualitative connotations are explained in a comparative manner with a particular focus on the governance dimensions that attained the lowest scores, which happened to be the same dimensions in the water, basic education and primary healthcare institutions. Finally, the research concludes by providing a new perspective for institutional reform that promotes good governance and addresses the deficiencies that were found throughout the governance assessments for the water, basic education and primary healthcare institutions. This perspective emphasises four particular dimensions or principles of good governance, which are transparency, participation, accountability and responsiveness.

3 Good governance

Good governance has been increasingly emphasised in the recent years. In 1998, the former UN Secretary General Kofi Annan underlined that “good governance is perhaps the single most important factor in eradicating poverty and promoting development”. This emphasis on good governance has emerged with the increase in foreign direct investments and international investors’ assets abroad. As a result, investors became more interested in boosting the quality of governance in the countries where they were investing to ensure their investments are not exposed to risk (Oman, 2000). In addition, with end of Cold War, aid donor countries and agencies sought to promote governance hand in hand with economic and social development in developing countries as a means to minimise tendencies of falling back under communism. Another important reason is the failure of the neo-liberal policy reforms in developing countries which some scholars and practitioners trace back to weak and ineffective implementation of the recommended reform policies and agendas. Accordingly, they started to call for better governments and not only reduced roles for governments (Oman and Arndt, 2010). For these particular reasons, more attention was drawn to good governance worldwide and particularly in developing countries.

There have been many attempts by various international agencies and institutions to define governance. The World Bank defines governance as traditions and institutions by which authority in a country is exercised for the common good (The World Bank Group, 2011). “This includes the process by which governments are selected, monitored and replaced; the capacity of the government to effectively formulate and implement sound policies; and the respect of citizens and the state for the institutions that govern economic and social interactions among them” (Kaufmann et al., 2009). In that sense, the term ‘governance’ includes various principles, such as accountability, transparency, participation, equity, effectiveness, efficiency and control of corruption. The World Bank

produces, on annual basis, the world governance indicators (WGI), which include six main dimensions: regulatory quality, rule of law, political stability and absence of violence, government effectiveness, voice and accountability and control of corruption (The World Bank Group, 2015a). Similarly, the EU defines governance as the “rules, processes and behaviour that affect the way in which powers are exercised at European level, particularly as regards to openness, participation, accountability, effectiveness and coherence” (European Union, 2001).

On the other hand, UNHABITAT stresses that governance is not the same as or limited to the concept of government. On the contrary, it should be expanded and applied on any form of power whether it was inside or outside government formal authority and institutions. As a result, the UNHABITAT perceives urban governance as “the sum of the many ways individuals and institutions, public and private, plan and manage the common affairs of the city. It is a continuing process through which conflicting or diverse interests may be accommodated and cooperative action can be taken. It includes formal institutions as well as informal arrangements and the social capital of citizens” (UNHABITAT, 2015).

Kovač et al. (2016) emphasised the correlation within literature between good governance and good administration particularly with the increasing complexity of life, globalisation and limited resources (Kovač et al., 2016). According to Pierre and Peters (2000), western democracies were dominated at the beginning by the Weberian model of administering public services, which reflected governance primarily through laws and regulations. This form of governance separated the state from the rest of the society. However, with the increasing complexity and pace of interaction, the role of the state became more of a coordinating role between public and private interests allowing more participation from the side of civil society while relying more on bottom up approaches of decision making (Pierre and Peters, 2000). Halsall and Powell (2016) added that the economic, political and social processes of globalisation such as privatisation or deregulation have impacted and restrained the role of institutions, which were initially developed and operated to support the vulnerable segments within a society. As a result, governments started to appropriate more powers and responsibilities to the local levels, thus, providing governance at a distance, which according to Halsall and Powell (2016), is an attempt to “detract blame from government and its policies and place this blame onto individuals and communities themselves”. Referring to the case of Slovenian administrative agencies, Kovač et al. (2016) asserted that good governance reflects good administration characterised not only by participation of people and on local levels, but also characterised by rule of law, responsiveness and efficiency. Therefore, it can be concluded from the above literature that good governance refers to administering or running an institution or an entity through policies, mechanisms and practices that ensures efficiency, effectiveness, responsiveness, equity, transparency, anti-corruption, accountability and participation of all stakeholders.

In overall, poor governance and corruption have a pervasive and troubling impact on every dimension of the development process and inflict considerable economic costs on the economy. The 2010 Millennium Development Goals (MDGs) Summit identified corruption as a serious barrier to the effective mobilisation and allocation of resources needed for development. Systemic corruption eventually leads to the insufficient progress in achieving MDGs and affect, mainly, the poor and vulnerable groups in society who suffer the most from the consequences of corruption. The outcome of the Transparency International study ‘Anti-corruption Catalyst: Realising the MDGs by 2015’ also

reiterated this point. For example, the report emphasised that bribes are directly related to childbirth death rates and has a corrosive effect on any efforts to promote literacy, access to primary healthcare, basic education and clean water especially in poor areas. The 2009 UNESCO 'Education for All' Global Monitoring report asserts that inefficiency and poor governance in basic education in Bangladesh, for instance, resulted in geographical and social gaps in the quality of basic educational services and the accessibility to them. Without good governance in the basic education, the potentials of basic education and basic education reforms do not fully and effectively 'trickle down' to the poor and marginalised groups (Al-Samarrai, 2008). As a result, inculcating good governance and anti-corruption efforts in general and inside the water, basic education and primary healthcare institutions fosters the better use of domestic resources for development and directly pushes for effective achievement of post 2015 MDGs, which – similar to the old MDGs – are also concerned with boosting the performance in the water, basic education and primary healthcare institutions.

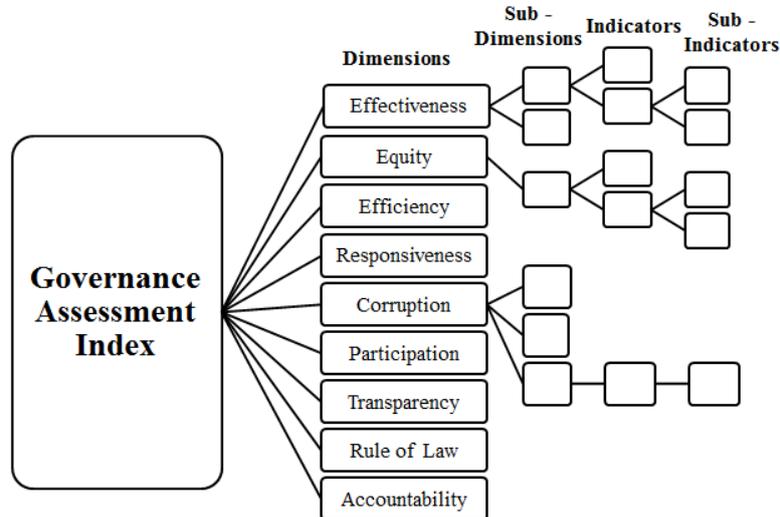
4 Governance assessment methodology

4.1 Developing nationally-owned composite indexes

The 2005 Paris Declaration on Aid Effectiveness emphasised the importance of nationally-owned governance assessments under its 'national ownership, harmonisation and alignment' goal. In three main steps, the Social Contract Center in Egypt developed nationally-owned governance composite indexes for the water, basic education and primary healthcare institutions¹. The first step involved reviewing available international governance documents and models, such as the WGI, USAID governance indicators, EU country governance profile/CGP, urban governance index, UNDP governance framework and UN University's world governance assessment. After reviewing and analysing international governance literature, the key shared components and areas of governance that fit Egypt economic, political and social context and circumstances were identified (Amin, 2010).

The second step in developing the nationally owned composite governance indexes involved deliberating with various stakeholders concerned with water, basic education and primary healthcare over the major shared components and areas of governance. The stakeholders included representatives from government, the private sector and the civil society (e.g., academia, NGOs and trade unions). This step was complemented by a further step whereby the governance indexes for water, basic education and primary healthcare were revised based on the stakeholders' debates and suggestions.

Each of the three governance indexes was constructed of eight main dimensions. Each dimension was assessed through a set of indicators that have been mapped to specific questions in a household questionnaire. As shown in Figure 1, each index was composed of dimensions. Each dimension had a set of sub-dimensions and each sub-dimension was composed of a list of indicators to measure that sub-dimension. The sub-dimension was sometimes measured directly through one indicator (especially in the water and primary healthcare governance indexes). The last level was the sub-indicators level, for which each sub-indicator was simply measured through one question. Moving from the sub-indicators to indicators, then to sub-dimension and finally dimensions was what ultimately produced the composite governance index.

Figure 1 Governance index

4.2 Weighting

The index proposed a nationally-constructed governance assessment for the first time in Egypt. There was no theoretical evidence in the literature that weighted a governance dimension or sub-dimension more than the other or perceived it more important than the other. As a result, at all levels of its composition, the index used equal weights.

4.3 Development of a household questionnaire

The household questionnaire included two different types of questions; quantitative questions that were designed to respond to a pre-defined set of indicators and a number of qualitative questions that added a deeper focus on the households' response. While the quantitative questions were included in the calculations of the index score, the qualitative questions were not included in the calculations but were rather used for analysis purposes.

4.4 Sampling

Utilising the household questionnaire, a household survey was conducted over a sample of 3000 households in the Fayoum Governorate, which was randomly selected from Egyptian governorates to pilot the governance assessment. The 3,000 households sample was randomly selected for the assessment, representing urban/rural and local districts distribution (six local districts and one city). The sample design was a stratified cluster probability sampling for 3,000 household covering the six districts of Fayoum, including six cities and 42 villages. The Central Agency for Public Mobilization and Statistics (CAPMAS) had drawn and provided the required sample using the households lists from 2006 National Census and validated it at the ground because of the time elapsed since 2006.

4.5 *Imputation of missing data and non-applicable cases*

The problem of missing data and non-applicable cases did exist in some of the variables used in the analysis. For the non-applicable cases, the index either used only applicable cases, or imputed the non-applicable cases with the relevant dimension code depending on the questions. While for the variables that contain missing values, some of them have been removed from the analysis as the number of the missing cases were very large, and for some other variables, the single imputation technique were used where imputations were the means.

4.6 *Aggregation*

The technique used for the composite indexes was the additive aggregation method (simple averaging) per individual/household.

4.7 *Scale transformation of data*

The majority of the variables that have been used for different composite indexes had the same scale while for some other indicators/variables, the index made rescaling and reversing to standardise all the final variables to be ranged on a scale from zero to 100, where zero reflects the lowest value of governance and 100 reflects the highest value.

5 Research findings

5.1 *Overall governance indexes*

On a scale from 0 (the lowest degree of governance) to 100 (the highest degree), governance within the water, basic education and primary healthcare institutions scored 48, 51 and 56 out 100. Figure 2 shows the histograms of the water, basic education and primary healthcare governance indexes. A histogram is the graphical representation of the data distribution. The histogram of the basic education shows that the households' responses were mostly concentrated between 40 and 65 for education where there were no outliers in the values and the distribution was not heavy tailed. The histograms of the water and primary healthcare governance indexes were relatively skewed to the right. Still, the number of outliers was not major. It can still be observed that the majority of the households' responses were mostly concentrated between 45 and 65 for the water and between 45 and 70 for the health. The normal probability plots over the histograms were consistent with the data distribution.

As appears in Figure 3, the scores of the governance assessments within the water, basic education and primary healthcare institutions reflected low levels of participation, accountability, transparency and responsiveness among all the designated sectors. It is worth noting that the low level of transparency and access to information had negatively impacted the degree of citizens' participation and accountability because citizens were not aware that they had the right to participate or hold officials accountable and even when they knew about such rights, they had no information about how to practice them in terms of the mechanisms, procedures or channels they could use.

Figure 2 Histograms of the governance assessments in the water, basic education and primary healthcare (respectively)

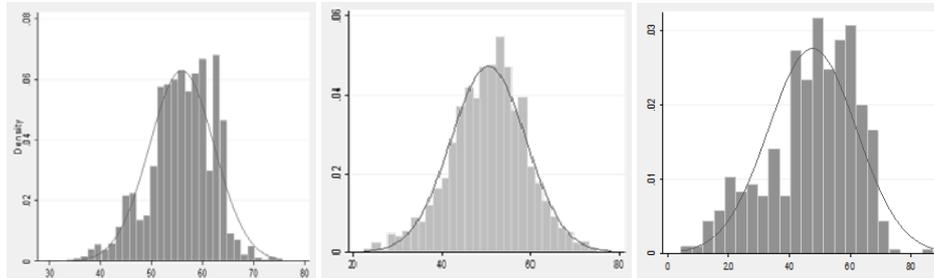
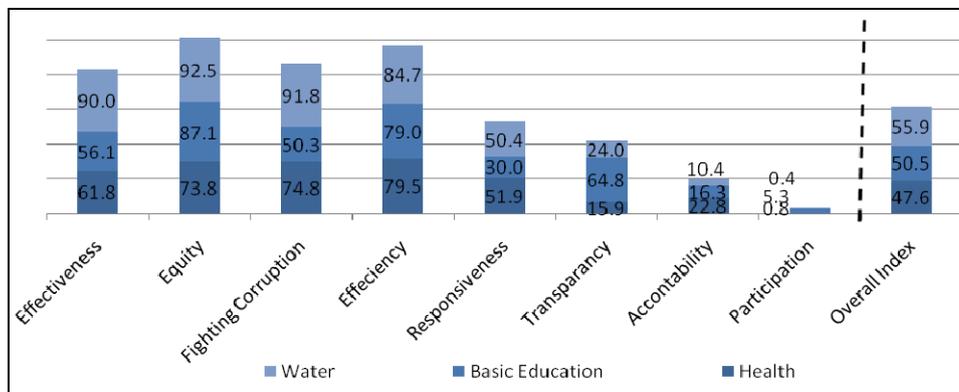


Figure 3 A comparative view of the governance indexes and dimensions in water, basic education and health institutions (see online version for colours)



Reforming public sector from a governance perspective requires improving the principles which scored the lowest degrees in the index, such as participation, accountability and responsiveness. The dimension of transparency, in particular, needs to be addressed because, if improved, it can have a positive multiplier effect on the rest of the principles, such as participation, accountability, responsiveness or fighting corruption. Therefore, it is particularly rewarding for a state to boost the level of transparency and access to information.

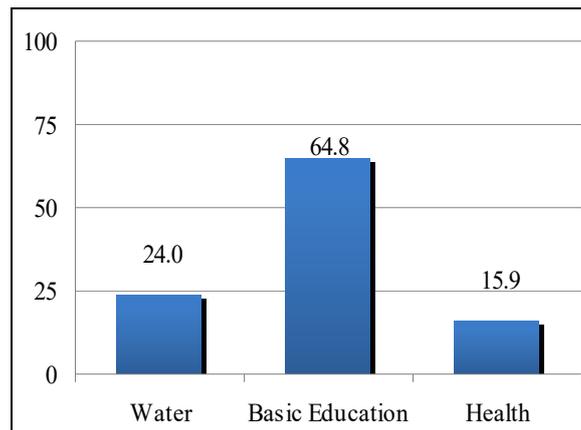
5.2 Transparency assessment

Freedom and access to information are very important to ensure accountability and enhance the fight against corruption (Freedom House, 2014). With information becoming more accessible, citizens become more informed about their rights and the channels and procedures they can use in order to fully and equally attain these rights. In addition, citizens become more aware of the occasions when their rights were violated and who to consult when this happens and what to do in order to hold officials accountable. As explained earlier, transparency is considered a prerequisite for the next two dimensions in the governance indexes, which are participation and accountability.

The dimension of transparency in the governance indexes is concerned with assessing how far citizens were fully aware and knowledgeable about the decisions, policies and activities of the water, basic education and primary healthcare institutions. The transparency dimension in the indexes included two main sub-dimensions. One sub-dimension measured the institution's tendency to both share and avail information concerning the institution's mandate, plans, activities and indicators willingly and through various channels (e.g., website, printed materials, orally, written on the board, etc...). The other sub-dimension measured the citizens' ability to request information and obtain it from authorised persons in the institution whenever needed. The availed or requested information can be both technical and financial.

As appears in Figure 4, the scores of transparency within the water, basic education and primary healthcare institutions were low except for the education institutions which were obliged by law to share information about the students' grades and educational standards, as will be explained later. As a result, while transparency in the basic education institutions scored 64.8, transparency in the water and primary healthcare institutions scored only 24.0 and 15.9 respectively.

Figure 4 Transparency within the water, basic education and health institutions (see online version for colours)



For water institutions, the overall score of transparency was 24, which reflected unwillingness from the side of water authorities to share and avail information willingly about the institution, its mandate, plans and activities, which scored only 6.6. Respondents reported that water authorities generally do not notify them about interruption of water supplies (water cuts), new projects, maintenance plans, sector performance indicators, or any change in water tariffs. The 'transparency in water' score also reflected a limited tendency by water authorities to provide citizens with information when requested, which scored 41.5 (Salem, 2013).

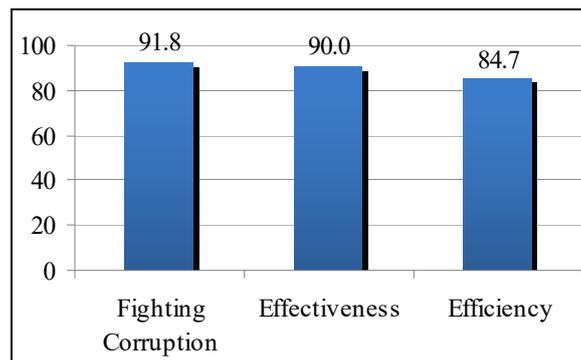
For basic education institutions, the transparency dimension scored 64.8. The transparency score reflected a limited tendency by schools and the Ministry of Education to share and avail information willingly about the institution, its mandate, plans and activities, which scored only 47.6. A special deficiency was shown in the Ministry of Education tendency to avail financial information regarding the schools and Ministry of Education budget (revenues and expenditures) despite the availability of channels for

communicating such information as reported by respondents (e.g., the school administration and teachers, newspapers, national and local TV channels and radio). Nevertheless, the transparency dimension in basic education reflected a much better tendency by schools and Ministry of Education to provide citizens with information when requested, which scored 82.0 (Khodary, 2013).

For the primary healthcare institutions, the transparency dimension attained a very low score which was 15.9. It measured the degree primary healthcare institutions disseminate information about the existing and new services, medical advice, procedures to be followed to get the services, complaints mechanisms, the primary healthcare units' budget, performance indicators and future plans or projects. Transparency in primary healthcare score reflected a certain tendency by primary healthcare institutions to disseminate information related to medical advice, existing services, the procedures required to attain such services, their cost compared, but a very limited practice of availing information about complaint filling mechanisms, the budget (revenues and expenditures), performance indicators or future plans and project (ElGammal, 2013).

It is worth noting that, more than with basic education and primary healthcare, the results of the governance in water index, in particular, reflected a serious lack of citizen's knowledge and awareness. Citizens normally have limited contact with the water authorities, which they usually interact with once per lifetime when they apply for the water service. Accordingly, the respondents reported they were rarely exposed to acts of corruption and perceived the sector to be free from corruption to a large degree. As appears in Figure 5, the dimension of fighting corruption scored very high (91.8). This dimension measured the respondents' perception of corruption in the water institutions in terms of nepotism, fraud or bribes and respondents' exposure to acts of corruption in terms of having to offer bribes, gifts, or any unjustified payments to the employees. However, only 10.7 of the respondents perceived there was corruption in the water sector and only 5.7 of the respondents reported that at some point they had to pay bribes (Salem, 2013).

Figure 5 Fighting corruption, effectiveness and efficiency dimensions in the water institutions (see online version for colours)



In addition, respondents were unaware of the quality and standards of the service they should have received. As a result, they did not have any high expectations and were quite satisfied generally with the water service they received despite this service did not conform to international standards. The effectiveness dimension scored 90, which

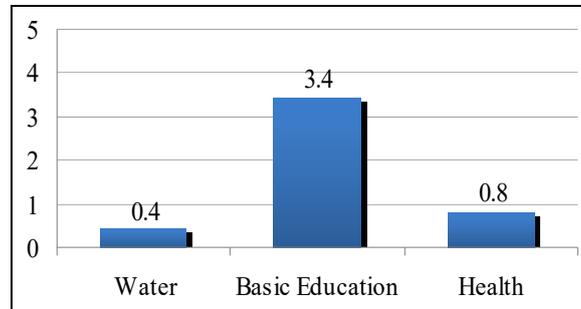
reflected strong levels, according to the respondents, of safety and protection of water source (96.4), water accessibility (96.7), water quality and satisfaction (84.1) and affordability (97.4). The only aspect of effectiveness that scored a moderate score was service quality which obtained 67 out of 100. Similarly, the efficiency dimension attained a high score, which was 84.7, because the respondents reported that the installed water meters were efficient (97.8) and the service request procedures were, to some extent, also efficient (71.2). Again respondents lacked knowledge and awareness of the effectiveness and efficiency levels they should have received (Salem, 2013).

In certain international governance measurements and indexes, transparency is being measured within the procedures and requirements of fighting corruption. This is the case, for example, for the World Bank WGI and the corruption perception index. Measuring transparency and anti-corruption according to the above mentioned measurements affirms the low levels of transparency which has been seen in the basic education, water and primary healthcare institutions. According to the Corruption Perception Index, on a scale from 0 to 100 where 0 is the lowest level and 100 is the highest, Egypt scored 36 and 37 respectively in 2015 and 2014, which is very low compared to the Scandinavian countries which scored up to 91 (Transparency International, 2015). Also, according to the WGI, on a scale from 0 to 100 where 0 is the lowest level and 100 is the highest, Egypt scored 32 out of 100 in the control of corruption indicator. In comparison with the OECD countries which geared an average of 85 out of 100 in the control of corruption indicator, the level of transparency and fighting corruption in Egypt is considered very low (The World Bank Group, 2015b).

5.3 Participation assessment

The International Covenant on Civil and Political Rights (ICCPR) emphasises the right of citizens to “take part in the conduct of public affairs, directly or through freely chosen representatives”. In 1996, the Human Rights Committee attempted to interpret public participation in a detailed and comprehensive manner in its General Comment no. 25 on the First Optional Protocol of the ICCPR. It emphasised that public participation in public affairs involves participating in legislative, executive and administrative affairs (Human Rights Committee, 1996). As a result, according to Khodary (2016), public participation can be found in the identification of a problem or an issue, planning, implementation, monitoring and follow-up and finally, assessment and evaluation.

According to Chambers (1997), public participation reflects the people or the communities’ different points of views and provides more informed and consensus-based outcomes. Unlike non-participatory approaches of decision making, Mansuri and Rao (2013) believes that participatory decision making gives voice to a wider range of stakeholders, reflects the diverse views of stakeholders, thus, providing more informed, representative, responsive outcome. As appears in Figure 6, the scores of participation within the water, basic education and primary healthcare institutions were extremely low. Participation in the water, education and primary healthcare institutions scored 0.4, 3.4 and 0.8 respectively. This reflected a serious lack in the culture of participation among these institutions.

Figure 6 Participation within the water, basic education and health institutions (see online version for colours)

In the water institutions, participation was very weakly adopted. Participation scored the worst among all governance in water dimensions as it only scored 0.4. This very weak score was derived from measuring implicit and explicit participation of water consumers. Implicit participation of water consumers was measured through identifying the percentage of households covered by any consumer satisfaction surveys conducted by the water authorities in the last year. Unfortunately, implicit participation of consumers scored 0.7, which reflected a very weak tendency by water authorities to consider consumers' views and opinions about the service. On the other hand, explicit participation of water consumers scored almost zero in all its components which reflected absolutely no attempt to engage citizens or consumers directly in needs assessments, budgeting, planning or follow up. As a result, there is a need to implement new methods and techniques of participation in order to take into account the input of citizens. In addition, there is a need to improve the level of transparency because both participation and transparency are interlinked. There is a high probability that the low level of transparency in water institutions resulted in very low level of participation (Salem, 2013).

For the basic education institutions, participation scored 5.3, which was the lowest among the various dimensions of governance in basic education. It reflected extremely low levels of participation by students and their parents in the financial and educational matters related to the school (7.5) or related to the Ministry of Education and its directorate (0.8). Most of the students and their parents were unable to express their opinion or evaluate the school administration, teachers, activities, premises or facilities. In addition, students and their parents rarely took part in students unions and the school boards of trustees, which were the two main mechanisms of participation. Lack of participation by students in the students unions and by parents in the boards of trustees was traced to the apathy by students and parents (possibly because the two entities were neglected by the school and were ineffective), the direct selection by the school administration of the student union and board of trustees' members and lack of transparency in communicating their elections' times and other information (Khodary, 2013).

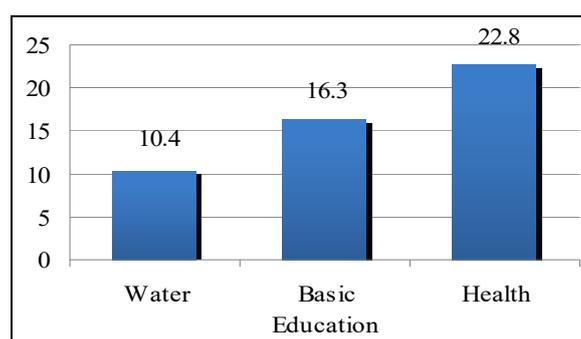
For the health institutions, the participation dimension attained a very low score, which is 0.8. The dimension measured the extent citizens were engaged in assessing service quality, identifying their needs, discussing the budget and monitoring and evaluating healthcare units and projects. Results showed citizens were not allowed to engage even in simple activities like evaluating the quality of the service or expressing

their needs, which scored 1.5 and 0.7 respectively. On the other hand, participating in budgeting and in monitoring and follow up of healthcare units and projects scored 0.3 and 0.1 respectively (Khodary, 2013).

5.4 Accountability assessment

The UNDP Oslo Governance Center (2009) defines accountability as “clear and effective lines of accountability (legal, financial, administrative and political) are necessary to safeguard judicial integrity, and to ensure honest and efficient performance by civil servants in the delivery of public services to women and low-income group”. As appears in Figure 7, the scores of accountability within the water, basic education and primary healthcare institutions were very low. This was a normal consequence for the weak levels of transparency and participation, which was reflected earlier in scores. Citizens were not aware of the incidences when their rights were violated and had no idea which entity to consult when their rights were violated and what to do in order to hold officials accountable. In turn, accountability in the water, education and primary healthcare institutions scored 10.4, 16.3 and 22.8 respectively.

Figure 7 Accountability within the water, basic education and health institutions (see online version for colours)



For the water institutions, accountability scored very weakly at 10.4. The accountability dimension measured the citizens' propensity to hold officials accountable through reporting to the relevant authorities. The dimension reflected the “incidence of households' reporting complaints to the sector's authorities in case of problems” which scored 6.8 and the “incidence of households' reporting complaints to other levels” when their complaints did not get solved at the first place which scored 13.9. According to the households' survey, 81.2% of households faced a problem in the water sector. However, they rarely reported this to the water authorities. Furthermore, the survey revealed that only 17% of the respondents who reported complaints and their complaints were not solved considered escalating their complaints to higher levels. These behaviours might reflect a lack of trust in the complaint mechanisms, a lack of confidence in entities responsible of holding people accountable or even a lack of awareness of both their right to hold officials accountable and the appropriate channels to pursue this right or escalate their complaints (Salem, 2013).

For the basic education institutions, the accountability dimension scored 16.3, which was the second lowest score among the governance eight dimensions. It reflected a

serious inability of students and their parents to hold accountable the responsible officials either in the schools or the ministry (1.3). In addition, the score reflected their overall low acquaintance with available internal or external agencies and entities responsible for monitoring basic education service providers or holding them accountable and their sense or perception of their existence and their role (31.3). The respondents' knowledge of the available entities in charge of holding basic education service providers accountable was limited. Their knowledge of external entities, such as students unions and boards of trustees was extremely weak compared to their knowledge of internal entities (e.g., Ministry of Basic Education) (Khodary, 2013).

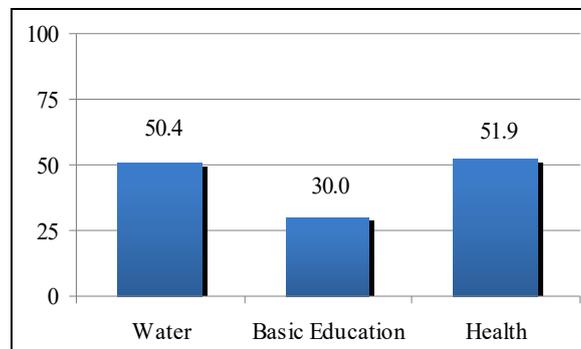
For the primary healthcare institutions, the accountability dimension measured two sub-dimensions, which were the availability of accountability mechanisms and the extent to which people use these mechanisms if they do not get good services. The accountability dimension in primary healthcare institutions attained a low score which was 22.8. The respondents reported that there were ways to hold the service provider accountable; however, almost no one used them (e.g., the number of those who actually filed a complaint was very limited) (Khodary, 2013).

It is worth noting that the findings of measuring accountability in basic education, water and primary healthcare institutions are similar to the findings of the World Bank WGI on voice and accountability in Egypt. In 2014, on a scale from 0 to 100 where 0 indicates the lowest level and 100 indicates the highest, Egypt scored 15 out of 100 in voice and accountability. In comparison with the OECD countries which geared an average of 87 out of 100, the level of accountability in Egypt is considered very low (The World Bank Group, 2015b).

5.5 Responsiveness assessment

Responsiveness means that institutions actively interact with and respond to citizens' needs, problems or complaints, changing realities, and crises. As appears in Figure 8, the scores of responsiveness within the water, basic education and primary healthcare institutions were not high. The results of responsiveness in the basic education was, however, particularly low in comparison to the results of responsiveness in the water and primary healthcare institutions. While responsiveness in basic education scored 30.0, it scored in the water and primary healthcare institutions 50.4 and 51.9 respectively.

Figure 8 Responsiveness within the water, basic education and health institutions (see online version for colours)



For the water institutions, the responsiveness dimension scored 50.4, which can hardly be seen as a reasonable score. Responsiveness was measured through three main aspects, which were the complaints handling mechanism adopted in the sector, the level of citizens' satisfaction on the mechanism of handling their complaints and the responsiveness to crises and urgent needs from the citizens' perspective. While the mechanism of handling complaints scored 63.4, which was a reasonable score, the consumers' satisfaction on handling complaints and the responsiveness to crises attained lower scores, which were 40.9 and 46.9 respectively. The scores reflected a weak response level to citizens' complaints and weak ability to handle any crises or urgent needs (Salem, 2013).

For basic education institutions, responsiveness to students and parents' needs and problems scored 30.0, which was the third lowest among the governance dimensions. It reflected the low degree of responsiveness to students and parents' needs by both schools which scored 25.9 and the Ministry of Education and its directorate on the local levels which scored 34.1. This reflected a low level of proper and timely response to the needs and complaints in addition to lack of complaint tools and mechanisms such as complaint box, hot lines, consumer offices, etc... Most notably, even when there some complaint tools in place, the process and exact mechanism of complaining was unclear to citizens. The inability of educational institutions in Egypt to respond to the needs and complaints of students and their parents can be partly traced to their lack of funds, resources and technical capabilities. According to the survey, the primary need for the respondents that was not properly met was the availability of secondary schools (general or technical), females' friendly schools and classes for disabled. It is worth noting that one of the best mechanisms for having complaints reported and heard was through holding meetings with the schools' staff (Khodary, 2013).

For the primary healthcare institutions, the responsiveness dimension scored 51.9, which was similar to responsiveness score in the water institutions. The responsiveness dimension in primary healthcare institutions measured solely the extent primary healthcare institutions responded to the needs and opinions of citizens or consumers. It was planned that the responsiveness dimension measures the response to the complaints as well. However, because of the small number of complaints filed within the sample (only one person), it was decided to exclude this aspect from calculating the index and the analysis focused only on responsiveness to people's needs. When respondents were asked why they do not file complaints, they replied "how to file complaints? to whom? who will listen to us?" (ElGammal, 2013). This reflected a lack of awareness of the complaints mechanisms and procedures and, most importantly, a lack of trust in the complaint mechanisms and the officials responsible of answering their complaints.

5.6 *Final remarks*

One of the most interesting findings that was shared among the water and basic education governance indexes but not the primary healthcare index was related to 'equity'. Equity in the water and basic education services scored 92.5 and 87.1 respectively, which were the highest among all dimensions. Equity was concerned with measuring the extent to which citizens were treated equally when they came in contact with the water, basic education or primary healthcare services. Respondents reported that they were equally and fairly provided with water coverage and water service and equally treated by schools

and Ministry of education institutions. Apparently, it is very difficult to cut the water service from the whole neighbourhood while excluding one or few houses that are privileged. Similarly, a school teacher can not improve his teaching methods for one or few students and not the rest of the class. True respondents were equally provided with services, but these services at the end were low quality services provided equally to all.

6 Conclusions: a new perspective to institutional reform

Despite the numerous initiatives implemented in Egypt to reform state institutions, very little has been achieved. In the coming years, it is important to integrate the dimensions of good governance gradually into institutional reform priorities. At the current stage, for prioritisation purposes, it is recommended to focus on enhancing the dimensions of participation and accountability followed by the dimensions of responsiveness and transparency as the initial steps to improve the levels of governance in basic education. It is imperative that the government, private sector and civil society work together and coordinate their agendas in order to revolutionise institutional reform and address governance related deficiencies. Together, they should address weak transparency, improve access to information, expand channels of participation and increase levels of accountability and responsiveness. The following are some insights for institutional reform through addressing governance related deficiencies:

6.1 Enhancing transparency

It is important that institutions themselves avail or share technical and financial public information with citizens and provide it to them efficiently when requested. A 'Right to Information' (RTI) Act or legislation that reflects a high degree of freedom and accessibility to information is needed in order to categorise information and achieve more transparency. However issuing laws and passing legislations does not alone guarantee a higher level of transparency. A complementary and necessary step to issuing a 'Right to Information Law' in Egypt is to enforce measures and take actions in order to avail public information and make it accessible to everyone. This might include increasing access to information related to institutions' budgets (revenues and expenditures), plans, activities, challenges, indicators, etc... It might also include inventing new mechanisms and improving existing ones to disseminate information through websites, printed materials, citizens' inquiry officers, pictures on walls, TV channels, radio, etc... With information becoming more available, citizens become more informed about their rights and the channels and procedures they can use in order to, fully and equally, attain their rights. In addition, citizens become more aware of the incidences when their rights are violated and who to go to when this happens; and what to do in order to hold officials accountable. Dayanandan (2013) states, freedom and access to information are essential for stronger and more informed public participation and accountability. As The United Nations General Assembly (1946) concluded, "Freedom of Information is a fundamental human right and is the touchstone of all the freedoms to which the UN is consecrated".

6.2 *Enhancing participation and building partnerships*

Embracing participation in institutions is essential, especially in countries that lack resources or do not have consensus over a unified vision. According to Khodary (2015), participation reflects the diverse views of stakeholders and provides more informed, responsive, representative and consensual outcomes. It also facilitates mutual communication and understanding of others and empowers and gives voice to a wider range of stakeholders. In addition, the participation of CSOs and private sector in implementation reduces the cost of implementation and ensures better quality and more informed outcomes. Most importantly, participation ensures a greater sense of legitimacy and ownership or buy-in from stakeholders and rebuilds mutual trust among stakeholders. Accordingly, it is beneficial to state institutions to encourage stakeholders' participation and build constructive partnerships with them. However, according to Jacobsen (2013), meaningful participation requires freedom of expression, freedom of assembly and freedom of association. As a result, enhancing participation and building partnership in Egypt requires creating channels and simplifying procedures to allow civil society and private sector to participate in discussing problems, planning, implementing, following up and evaluating. Students unions, boards of trustees, NGOs, and other civil society groups should be encouraged, supported and provided with the necessary information to undertake their required roles. Institutions can hold intra-community dialogues, hearings, public meetings or invent hot lines, surveys or suggestion boxes to encourage others to evaluate services or make suggestions.

6.3 *Ensuring accountability*

According to Bastidas (2004), public participation ensures that officials are better held accountable for their actions and are more responsive to citizens. However, increasing supervision and accountability requires taking other actions such as establishing clear and transparent rules for appointments and increasing supervision over officials in order to ensure better quality services. In addition, it is imperative to create among citizens more awareness of their right to hold officials accountable and the available channels or entities they can consult in order to hold service providers accountable or escalate their complaints. The channels they can resort to are not restricted to government or formal channels as they can also resort to media, NGOs, boards of trustees and other civil society or societal groups. In fact, social accountability emphasises the ability of civil society groups, political parties and journalists to hold officials accountable. In short, citizens need to be better aware and acquainted with the available channels and mechanisms to hold officials accountable. Most importantly, they need to be aware that there are external or societal groups which they can still resort to in order to hold officials accountable.

6.4 *Improving responsiveness to citizens' needs and complaints*

Improving the responsiveness of institutions does not necessarily require an extra budget to establish new healthcare units, schools or water facilities. On the contrary, some smart and cost effective choices can be invented, such as partnering with CSOs and private sector, calling for collective action, redistributing staff, sponsoring innovative and cheap

solutions, shifting emphasis and budget allocation according to societal priorities, etc.... In basic education institutions, for example, this may include choices like arranging with local units to have cheap and safe transportation to schools or redistributing available teachers among the schools to ensure the existence of teachers for activities and all other classes. In addition, it might include allocating the best teachers for first, second and third grades instead of hiring new ones, which is a societal need. It might also require encouraging non-traditional and low-cost but potentially successful solutions like establishing inside schools some small projects that serve villages and generating profit, encourage cost-effective and cheap construction or open new classes for secondary education instead of building new schools. At last, creating a suggestion box can be a method to learn about citizens' needs, hear some innovative suggestions and solutions and solidify the culture of participation.

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Notes

- 1 The governance assessments were initiated and prepared by the Social Contract Center, under author's capacity as the Head of the Governance Unit. The Social Contract Center was a joint initiative by UNDP and Cabinet of Ministers in Egypt.