What is the Local Governance Performance Index (LGPI)?

The Local Governance Performance Index (LGPI) provides a new approach to the measurement, analysis and improvement of local governances. The LGPI is a tool that aims to help countries collect, assess, and benchmark detailed information around issues of local and public sector performance and service delivery to citizens and businesses. It is also a methodology, using heavily clustered surveys to uncover important local-level variation in governance and service provision. This information aids policymakers and development specialists in designing specific action plans, provides an initial benchmark from which to measure of progress, and empowers citizens’ and businesses’ voices to influence government efforts on improving quality and access of public service delivery.

The tool uses household surveys that gather micro-level data from multiple communities, including data on experience, perception and satisfaction regarding cross-cutting governance issues. Specifically, citizen household surveys that include batteries for health, education, security, voice and participation, and other metrics of governance have been developed as the core of the LGPI instrument. The specificity of the information and its focus on experiences rather than simply perceptions permit an in-depth assessment of institutional quality and capacity, providing a detailed map of institutional weaknesses and strengths from the citizens’ perspective. Such information can be combined with data gathered from civil servants and other providers, to provide a full picture of governance. Such information helps identify specific priority areas for reform, facilitating the policy design and policy implementation improvements at the country and local level (Recanatini 2011).

1 This document was prepared by Ellen Lust, University of Gothenburg; Pierre Landry, New York University – Shanghai; Dhafer Malouche, University of Carthage and Jumana Alaref, World Bank. The LGPI modules described here are part of the comprehensive Local Governance Performance Index that has been developed by a team comprised of Ellen Lust, Pierre Landry, Lindsay Benstead, of Portland State University, and Dhafer Malouche. As part of the activities of the Program on Governance and Local Development (GLD) at Yale University, directed by Ellen Lust and financed by the Moulay Hicham Foundation, the Carnegie Foundation, and Yale University, the team designed the instrument, refined it and implemented a pilot survey in Tunisia. This presentation of the LGPI modules has been developed under the World Bank Group Governance and Anti-Corruption (GAC) program, as a product of the Public Service Delivery Global Solutions Group. Gregory Kisunko, Kimberly Johns, Asmeen Khan, and Francesca Racanatini (World Bank) and Jairo Acuna-Alfaro
What are the Objectives of the LGPI?

By assessing the performance of public administration at the local level, the LGPI provides critical feedback to help government officials, political parties, civil society actors, the public and the international development community pinpoint specific geographical areas and substantive areas where policy reform is needed. The performance of public administration is multi-dimensional, including the quality of service provision, equal access to citizens, and rationalization of procedures in obtaining services. We conceptualize performance from a citizen’s perspective, with an eye on the availability and quality of services as they are actually delivered to the respondents’ respective communities. By providing a mechanism for monitoring and evaluating local governance, based on citizens’ experiences and perceptions, the LGPI can support governments in addressing social, political, and economic challenges facing their country or region. In addition, the data collected provides a basis for effective outreach and dissemination of results to local and central governments, citizens, media, and outreach agencies. By making such information available, the LGPI encourages evidence-based advocacy and policymaking, and also strengthens citizen-state engagement.

Indeed, employment of the LGPI can help strengthen local skills and foster a culture of evidence-based reform and implementation. The LGPI implementation in conjunction with local partners builds their skills in data collection, analysis and dissemination. It can also promote policy reform and application that is built upon transparent data collection procedures, replicable analysis and open, evidence-based policy debate.

What Tools Informed the LGPI?

The LGPI draws upon and extends a tradition of measuring governance and service delivery. Like the Governance and Anti-Corruption (GAC) diagnostic studies and Service Delivery Indicators (SDI) implemented at the World Bank, the Public Administration Performance Index (PAPI) implemented in Viet Nam by the UNDP, and Citizen Scorecards, it aims to provide organized and specific evidence that allows citizens, policymakers and development specialists to assess and address existing problems in governance and service delivery.
The LGPI tool builds on the Governance and Anti-Corruption (GAC) country diagnostic surveys that have been implemented and assessed worldwide. GAC surveys have been used as a diagnostic tool that first aimed at unbundling corruption and governance challenges existing at various levels (administrative, state capture, bidding, theft of public resources, etc.) and at identifying weak and strong institutions to determine the source of the problem. The approach further aimed at assessing the costs of corruption and poor governance to different stakeholders, with the objective of identifying concrete and measurable ways to reduce those costs through targeted reforms. GAC surveys have been adapted to sector-specific governance assessments and implemented in fifteen countries in South Asia, Africa, and Latin America and the Caribbean regions, at the request of and in collaboration with multiple local stakeholders. (See the Governance and Anti-Corruption Diagnostics website for more information).

The Public Administration Performance Index (PAPI), which was first implemented in Viet Nam, also inspired development of the LGPI. PAPI used experiences with such issues as corruption, participation, transparency and service delivery to develop governance indices aggregated at the provincial level. The index has proven remarkably useful in Viet Nam. Results have spurred provincial officials to request assistance in developing action plans that help improve performance and researchers have observed a marked improvement in public service provision over time. PAPI aids citizens by giving them information to hold officials accountable, providing the information necessary to target reforms and creating incentives for government agencies to improve performance. (See the PAPI website for more information.)

Why Focus on the Local Level?

The LGPI is based on the premise that local governance matters, and that the drivers that explain local level variation may differ from those that operate at higher levels. The tool aims to uncover this, and thus differs from extant tools by providing information that is representative at the appropriate local level. Even in highly centralized systems, the nature and quality of governance and service provision varies significantly at the local level. Some communities and local leaders find ways to overcome resource deficits, assure transparency and accountability, and provide better services than other communities do. Moreover, decentralization efforts are aimed at extending local rights and responsibilities. Finally, we
recognize that communities do not perform equally well in all areas of governance and services provision; for instance, they may provide adequate health services while their schools suffer, while the converse may be true elsewhere.

Extant tools that examine governance and service provision tend to be representative at the national level, and are thus unable to detect variation at the subnational level and across different agencies. Simply put, they suffer from aggregation bias. Aggregate outcomes at the governorate or country level often fail to detect significant differences at the local or community level. Such aggregation also leads to erroneous conclusions, making inferences about local level processes by examining outcomes at these higher levels—the ecological fallacy. Instead, we need a tool that can measure the variation both within and across local communities if we are to pinpoint needs, determine drivers of positive outcomes, design relevant programming, and assess outcomes. The LGPI is designed to provide such information.

What are the Other Key Characteristics of the LGPI?

The LGPI has a number of other key features:

First, the LGPI provides a comprehensive picture of governance and service delivery across sectors and criteria, giving clearer insight to their interconnectivity. For instance, it is well-recognized that health and security can affect school performance; unhealthy children or those unable to travel safely to and from school are likely perform more poorly than those who enjoy quality health care and public safety. Examining citizens’ experiences across sectors provides a better understanding of these linkages and the complex root causes of poor performance. Thus, the LGPI provides a tool for programming based on service delivery sectors that both advances and complements information collected with the use of sector-specific tools (e.g., SDI, citizen scorecards).

Second, the LGPI emphasizes citizens’ experiences over their satisfaction. Citizen satisfaction is affected by two factors: citizens’ expectations and their experiences. The LGPI focuses on citizens’ experiences, thus providing a better understanding of how access to services, service quality and governance differs across localities and demographic groups. Some GAC tools
focus on experience as well; thus, it is not unique in this regard. However, this is an important difference from citizen scorecards, which generally emphasize satisfaction.

Third, the LGPI is designed to be scientifically implemented and to include experiences of both users and non-users of services. It is thus distinguished from citizen scorecards, SDI and many GAC tools, which focus on experiences of users through such instruments as student and parent surveys, or patient exit interviews. The experience of users is important, but it is equally important to understand the experiences and decisions of those who turn elsewhere for services.

Fourth, the LGPI provides a better understanding of how citizens participate in service delivery and governance. Despite the current concern with participatory planning and implementation, the existing tools tend to limit our understanding of citizen engagement. The SDI, for example, focuses on the role of parents in parent-teacher organizations and contact with the school, but it does little to inform us about the ways parents seek help when their children face problems, to whom they turn to for assistance, and the extent to which they are successful. By asking the problems that citizens often face with regard to education, health, security and other issues, and how they seek to solve these problems, the LGPI draws a better picture of citizen participation and provides insights into entry points for improving participation and accountability.

Fifth, the LGPI allows us to examine the role of state and non-state institutions and actors in service delivery and governance. Often, citizens turn to non-state actors to help access public services, enhance community security, and engage in activities that improve community governance and services. Communities also differ significantly in their social composition, including the existence of formal organizations (e.g., trade unions, CSOs, political parties) and the extent and nature of social norms and institutions. It is thus important to look beyond formal institutional arrangements and actors to understand when communities successfully govern themselves and manage to meet their needs.
What Are the Main Modules of the LGPI?

The LGPI is divided into 6 main modules: 1) Education, 2) Health, 3) Physical Security and Dispute Resolution, 4) Social Assistance and Welfare, 5) Citizen-State Linkages and Corruption, and 6) Social Composition and Culture. Each module includes batteries of questions that are designed to tap into key issues. These can be inserted into existing surveys, using the additional batteries on demographics and other issues in the analysis. However, the survey is also designed to allow us to combine responses to questions across the batteries in order to form indices that tap into governance dimensions (e.g. transparency, participation, and accountability). Using the full complement of modules, combined with demographic questions, is an optimal because it provides a comprehensive view of local level governance and service provision.

**Education.** The education module allows us to tap into school attendance and drop out rates, education quality, and school governance. For each child under the age of 17, parents are asked if the child attends school and the nature of the school attended (e.g., public vs. private, religious vs. non-religious). Questions target the quality of infrastructure, (e.g., well-built schools, clean bathrooms), service delivery process (e.g. crowded classrooms, teacher absenteeism, favoritism), and governance (e.g., use of bribes, informal payments, existence of parent-teacher organizations). It also includes batteries of questions on how parents seek assistance for school fees and to solve problems with their child’s education, allowing us to determine the extent to which they turn to state actors or instead seek assistance from non-state actors or informal channels.

**Health.** The health module measures self-reported physical and mental health and the ability to access health care (e.g., unmet medical needs, insurance). It also focuses on respondents’ experience with doctors and local clinics, both public and private. It provides assessments of the quality of the health infrastructure, (e.g., clean bathrooms), service delivery process (e.g. patients treated with respect, presence of doctor, posted fees, doctor presence) and governance (e.g., use of bribes, informal payments, referrals to private clinics), satisfaction (e.g., with cost, infrastructure, and treatment). It asks whom respondents turn to for help with medical problems (e.g., pharmacist, local healer, doctor, clinic) and inquires about problems in accessing or financing care. Finally, it taps into expectations about local medical
facilities, including doctor presence at the local public clinic and care at various medical providers (e.g., local hospital, private clinic, public clinic).

*Physical Security and Dispute Resolution.* The module on physical security and dispute resolution gauges individuals’ experience with, and perception of, crime and violence. It examines personal experiences with crime and civil disputes and, for each victim, determines whom they turned to for help and their level of satisfaction with the outcome. The module also includes questions that gauge citizens’ experience and perceptions of the police with regard to fairness, responsiveness, honesty, knowledge of the community and effectiveness. Finally, it includes perceptions of security in a variety of places (e.g., at home, in the neighborhood, at the local market) and awareness of crime (e.g., burglary, physical assault, smuggling).

*Social Assistance and Welfare.* The module begins by assessing the utilities and basic public services (e.g., garbage collection, water provision, electricity). It probes personal experiences with food, shelter and clothing shortages, as well as unemployment, asking whom they turn to for help if they experienced problems. It also measures citizens’ experience and perceptions of the availability and fair distribution of welfare assistance, considering the extent to which they believe those in need are served, the need for personal connections (*wasta*) and informal payments in obtaining assistance, and the relative willingness of various state and non-state actors to provide assistance.

*Citizen-State Linkages and Corruption.* The module on citizen-state linkages is designed to assess governance dimensions, including transparency, participation at the national and local level, and accountability. It comprises experiential questions that examine an individual’s participation in elections, engagement in meetings with local council members or others to discuss needs, and experience with corruption—especially if the person has been victimized by corrupt institutions. This module also includes perception questions regarding the willingness of public officials to address corruption complaints and the relative influence of citizens and other stakeholders.

*Social Composition and Culture.* The social composition and culture module allows us to aggregate information on the types of groups and organizations that are influential in local governance. It also examines the nature of social ties and the informal rules of engagement, particularly focused on norms of obligation and the use of *wasta.* *Wasta* is defined as the use of personal connections, usually based on friendship or blood relations, to obtain resources or positions or, alternatively, as the person who performs this mediating function. It can be
understood as a form of corruption (e.g., nepotism) but also reflects cultural expectations. Examining these questions, in conjunction with experiential questions in other batteries that examine which actors individuals turn to in times of need, allows us to compare the relative efficacy of formal and informal institutions.

What Key Questions Can Be Addressed by the LGPI?

The LGPI allows us to examine a range of questions about governance and service delivery. By asking about both citizens’ experiences with and their perceptions of service quality, corruption and other issues, we are able to determine the extent of gaps between perception and revealed behavior. By examining a range of issues (e.g., education, health, dispute resolution, welfare), we can identify the localities that excel in some dimension while falling short in others, and explore how outcomes co-vary across dimensions.

With the LGPI, it is also possible to detect sources of inequality. Variation across localities highlights geographic disparities, allowing the considerable differences in the quality of education or health to be better understood, as demonstrated in the results of the pilot study reported in the Annex. The data also allow for the detection of unequal access to services, levels of participation and other outcomes related to gender, socio-economic status, and age. Finally, it can help us to see differences in the quality of public or private facilities, both experienced and perceived.

How Can LGPI Modules be Adapted for Country-Specific Programming?

The LGPI modules can, and should, be adapted to country-specific considerations in two ways. First, questions within the modules must be adapted to fit the context—use appropriate terminology, incorporate all possible outcomes and remove inappropriate items. Second, specific issues of interest can be incorporated into the modules. For instance, it may be useful to introduce questions that gauge citizen knowledge of (or engagement with)
specific programs. Finally, it may be necessary to eliminate questions that appear to be wholly irrelevant or even culturally offensive in certain country contexts.

The questionnaire should be carefully reviewed and revised before implementation. This should be done in collaboration with relevant officials, service providers, civil society activists, other stakeholders and citizens. Such reviews can take place through focus groups to examine key issues and governance problems, collecting annotated comments on the instrument from relevant stakeholders or holding workshops to review the questionnaire. Vignettes can also be used to help calibrate responses across countries. In each case, implementing careful pre-testing can also provide an important check on the relevance and applicability of different batteries.

Amendments are possible and often necessary, but they should also be made sparingly. The LGPI can be used both to detect subnational variation and, eventually, to make comparisons across countries. Both comparisons can be useful for government officials, civil society leaders, and citizens. All stakeholders should thus be keenly aware of the fact that even small changes in question wording can make comparisons difficult. They should adapt the module by making necessary changes, but resist making less critical ones.

**How Can the LGPI be Supplemented or Extended by Other Tools?**

The LGPI tool, which is a citizen-based approach, can be fielded in conjunction with other instruments. Doing so permits a multi-pronged approach to programming and analysis that can allow for systematic and rigorous measurements of governance and service delivery. It also allows for triangulation of responses to enhance the analysis of existing problems and measurement of programming outcomes.

Sector-specific facility-level instruments may be particularly useful in this regard. The Service Delivery Indicators (SDI), developed by the World Bank and adopted mainly in Africa, provide one potential option whereby the quality and performance of health and education services are assessed from users’ and providers’ perspectives against three key indicators: (i) providers’ efforts; (ii) providers’ abilities; and (iii) availability of resources, by administering facility surveys.
Additionally, facility-level surveys developed in the health sector as part of the World Bank MDTF in governance and service delivery engagement in Jordan may prove complementary with the LGPI. The MDTF instruments extend beyond the SDI surveys as they examine linkages between service delivery outcomes (as measured by provider effort) and governance and accountability mechanisms at the local levels, both internal (in-facility monitoring and incentive systems) and external (citizen engagement). The MDTF instruments include (i) key informant interviews with directors of health directorates; (ii) Chief Medical Officers’ (CMOs) interviews; (iii) provider surveys; (iv) patient exit interviews; and (v) surveys with chairs of community health committees at the local level. The MDTF instruments have been developed and are to be fielded early August 2015.

In addition to facility-level surveys, the LGPI could be further supplemented with targeted municipal and public official surveys. These surveys would further probe local governance challenges, identified in the citizen household survey, that are possibly associated with citizens’ trust and satisfaction levels with services and service delivery outcomes. In specific, such surveys could reveal crucial information on the structure of incentives and actual degree of enforcement within public agencies, the existence and use of accountability mechanisms, the quality of rules and procedures, the degree of transparency of budget and employment decisions, and the overall quality of management. In this regard, a core governance module on municipalities has been developed and pre-tested in Tunisia (funded by the program on Governance and Local Development at Yale University) and may be fielded in conjunction with the LGPI (with a complementary sampling strategy to be identified).

The Local Governance Institutions Comparative Assessment (LoGICA) framework is another complementary tool to consider as it analyzes local and intergovernmental systems, processes, and institutions that contribute to effective local governance and service delivery performance, by examining five main domains: (i) the assignment of functional responsibilities; (ii) the existence of local political space and effective local political systems; (iii) the degree of local control over the administration of local services; (iv) local fiscal autonomy and local financial management; and (v) participatory and responsive local service delivery mechanisms. While the LoGICA framework overlaps with the LGPI tool in that the latter touches on some of the mentioned elements, if both tools are utilized together in a targeted manner their distinct features and insights may prove complementary. For example, the LGPI adopts sector-specific modules with respect to local governance and service delivery from the perspective of citizens’ experiences, while the LoGICA framework provides an
assessment of the overall local system governing service delivery. In doing so, the LoGICA employs a couple of instruments: (1) LoGICA survey that captures information about the organizational governance structure in the public sector; (2) LoGICA score card that examines the five aforementioned domains on the basis of 40 developed assessment individual indicators for each domain2, which in turn are aggregated into an index; and (3) LoGICA report that in turn provides a narrative assessment of the local governance system based on the indicator-led analysis stemming from the scorecard.

Finally, the LGPI may benefit greatly from the Governance and Anti-Corruption (GAC) diagnostic tools that also use experience-based (vs. ‘opinions’) and employ multi-pronged surveys of users of public services/households, business people and public officials, which as previously mentioned permits triangulation of the responses. The GAC diagnostic tools have been adapted to specific sector (health, education, transport etc.) and thematic areas (gender, human rights, security, violence, etc.) depending on policy interest. The approach has been piloted and fielded in over fifteen countries in Latin America, Africa, and South Asia regions. The GAC greatly complements the design of the LGPI, particularly with respect to its emphasis on participatory approach in data collection, analysis, and dissemination to enhance capacity and ownership, in addition to obtaining an initial benchmark of governance and public sector performance at the local level, allowing for monitoring progress on a regular basis, and institutionalizing the tool in projects and country operations. It may offer several valuable complementary tools as an addition the LGPI household survey for consideration, such as public official surveys and business surveys.

**What Operations can Benefit from the LGPI?**

The LGPI tool is an essential tool in generating evidence-based, local level data that could be incorporated in upcoming and future World Bank operations to further inform their designs, provide an initial benchmark for measuring progress, revise specific action plans, and involve stakeholders in meaningful dialogue around reform options. The LGPI can be implemented at various levels (e.g., the municipality, village, or neighborhood level). Lower level analyses

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2 The 40 assessment indicators are focused on assessing the basic performance of the local governance system based on conceptual norms of effective localization and good local governance as well as existing good international practices. The scores of the individual indicators for each of the five dimensions are aggregated into an overall score that forms an index ranging from zero points to a maximum of 50 points.
provide greater insight into how community dynamics impact governance and outcomes, but they increase the costs of implementation. Nevertheless, the results of the Tunisia LGPI pilot reveal considerable variation at the municipal level within governorates, highlighting the importance of examining lower level units. As previously mentioned, the tool is focused on six modules that measure local governance and service delivery performance. We detail the ways in which the LGPI tool could be useful with respect to each program in the following discussion:

*Participation and Accountability at the Local Level.* The LGPI can provide citizens with information about the quality of governance and service provision at the local level, allowing them to monitor providers and officials and to voice their concerns. The tool also measures users’ behavior and modes of engagement with state and non-state actors when seeking public services. It helps gauge state responsiveness, citizen satisfaction and trust, and highlights accountability gaps between citizens and providers. In this regard, household surveys gather data on the experience that citizens have with inappropriate procedures and behavior, the presence of accessible accountability mechanisms (if any) and any informal and non-state mechanisms they rely on for receiving services.

The LGPI tool measures participation at the local level through four main sub-dimensions: (1) civic knowledge, which examines citizens’ knowledge of their electoral rights and awareness of institutions that safeguard political and social participation at the grass-roots level; (2) opportunities for service delivery participation, which assesses citizens’ opportunities to participate in the delivery process of public services in various sectors through exercising their voice and choice rights; (3) quality of elections, including citizen ability to voice demands and hold policymakers accountable; and (4) voluntary contributions, which investigates ‘demand-side accountability’ in citizens’ willingness and capacity to participate in planning and to oversee and contribute to local development projects.

*Control of Corruption and Quality of Institutions.* The LGPI provides a diagnostic tool for assessing the extent of corruption experienced by service users. By pinpointing experiences with corruption at the local level and identifying variations across geographic regions, service-provision sectors, or demographic groups, the LGPI helps measure the scope of country corruption. This approach also allows for the identification of weak and strong local institutions, and in doing so, deepens our understanding of the link between institutional factors and corruption. In addition, it allows for the assessment of the costs of corruption to
different stakeholders, by looking at the impact of poor governance and corruption on their trust levels in state institutions and consequently, their modes of engagement with the state. Finally, the approach allows for the identification of concrete and measurable ways to reduce those costs through targeted reforms. The LGPI measures corruption at the local level by focusing on four main aspects: (1) pervasiveness of corruption in the public sector within local governments; (2) pervasiveness of corruption in public service delivery; (3) willingness to fight corruption; and (4) presence and effectiveness of anti-corruption and monitoring mechanisms.

*Vertical Accountability.* The assessment of voice mechanisms and participation at local and national levels provides evidence on the strength of vertical accountability. It helps to determine in which sectors and over what issues vertical accountability mechanisms are more or less developed, and provides a diagnostic tool for further reform. This dimension is measured through the inclusion of questions that gauge the levels of citizens’ interactions with local authorities and participation in politics, highlight perceptions on degree of effectiveness of such interactions, and underline factors that may limit governments’ and public officials’ accountability to their citizens in the operationalization of governance functions.

*Decentralization and Local Governance.* Countries in MENA and elsewhere are considering the merits of moving towards decentralized governance and granting more autonomy and decision-making power to local authorities. In this regard, the LGPI could be a somewhat useful tool that generates a quantifiable baseline of the current status, which can be used to assess the new approach and measure progress, highlight any problems and bottlenecks with implementation. In this respect, the tool utilizes questions that probe, from citizens’ experiences, issues around financial autonomy, government responsiveness, and the adequacy and availability of key inputs at the local level in different sectors.

*Service Delivery.* The LGPI produces novel and independent information on health services, quality of education services, levels of personal security, trust and use of local state institutions. It also provides insights into possible correlates between governance and service delivery by looking at incentive structures of providers and identifying weak and strong institutions at the local level to determine the source of the problem. In many cases, countries seek to identify concrete and measurable ways for reforms in specific sectors. In this case, the LGPI, as a cross cutting governance tool, can be adapted to address sector-specific challenges (for example, health and education). Additionally, the tool sheds some light on possible sub-
national variation in service delivery performance that may allow for further testing of the relationship between governance at the local level and service delivery outcomes.

Incentives for Service Delivery and Policy Implementation. The LGPI can provide a bottom-up and unique perspective on the grassroots incentives that providers and policymakers face. Combining the modules, and particularly the module on social composition and culture with that on citizen state linkages, allows us to understand how citizens view the obligations and responsibilities of various stakeholders, the extent to which they use connections to obtain services, and whom they turn to for help, and whom they view as responsible. By combining the LGPI with the GAC or other facility- and municipal-level studies that gauge the perspectives of providers and civil servants, we can trace the incentive structure and weigh their relative impact.

How Can Results be Disseminated to Enhance the Impact of the LGPI?

The LGPI tool provides a basis for effective outreach and dissemination of results. As previously noted, the tool allows for a participatory approach in the design, validation, and implementation phase as well as data collection and analysis. As evidenced by previous GAC diagnostic surveys, “if the assessment process is not owned by a broad range of stakeholders, it will not be sustained over time nor will its findings feed back into the policymaking process” (Recanatini 2011). With the aim of empowering governments to develop their own reform strategies based on a more objective and micro-level data, it is also equally important that the analysis and results for the LGPI are disseminated jointly with local stakeholders and policy makers to ensure local ownership and promote long-term, sustainable partnerships between civil society and the government.

Joint collaboration with local partners in disseminating findings to stakeholders and the public may include partnering with civil society organizations (CSOs) in the development of websites and outreach strategies to media to promote awareness and use of the data. Workshops, focus group discussions, and a series of policy dialogues with local and central officials, national and foreign agencies can also promote dialogue that helps accurately identify key issues and
underlying causes of local weaknesses, and consider potential solutions to remedy them. Such efforts should engage policymakers, local non-governmental actors, and other citizens.

Indeed, the PAPI, implemented in Viet Nam, provides a useful model in this regard. The PAPI was undertaken in partnership between the UNDP and a local civil society organization. Importantly, the organization was well respected, committed to doing good work and also had a good relationship with the government. This gave it the inclination to engage constructively with methodologists on the team, the determination to use lessons learned and build capacity over time, and the latitude to undertake the study. Working with the civil society organization, and also engaging other stakeholders in the development of the survey instrument, helped to achieve local ownership. Additionally, the PAPI was disseminated in meetings with the government and local officials, but also through an interactive website that allowed citizens, local civil society organizations, and others to access reports, review the methodology and instruments, and undertake simple data manipulation. The dissemination was furthered as well by small grants provided to local and international researchers, who used the data and prepared working papers addressing critical national issues. These papers formed the basis of workshops and discussions, sometimes sparking intense debate.

There is also scope for the LGPI results to be institutionalized and mainstreamed by the various national and sub-national government institutions as part of their strategy and operations. This should be done through an inclusive approach with all relevant actors. In Tunisia, the government, in collaboration with various CSOs, led various efforts following the revolution to institutionalize participatory monitoring approaches. Options for collaboration with many relevant agencies could be leveraged in disseminating the LGPI findings and in incorporating the tool as part of their operations that can further build on existing efforts to improve public service delivery and enhance citizen engagement. Potential government counterparts may include the National Controllers Body for Public Services (Contrôle Général des Services Publics, CGSP) and the Prime Ministry’s Department of Public Administration Reforms (Direction Générale de la Reforme Administrative, DGRA) that jointly implemented a number of reforms and participatory monitoring. Examples include (i) the national score card ("baromètre de qualité et de gouvernance des services publics") that sought public feedback on over ten public services after which results were published online; (ii) the introduction of participatory audits as part of the mandate of the CGSP, to be overseen by a joint government-civil society coordinating committee; (iii) the adoption of international standards
for participatory monitoring; (iv) the stipulation that all evaluations be published for reinforcing access to information and accountability; and (v) the clear emphasis on neutrality, objectivity and transparency of the CGSP’s mission (World Bank, forthcoming).

A similar government-led approach was also utilized in disseminating the findings of PAPI in Vietnam. The central dissemination strategy included partnering with Ho Chi Minh National Academy of Politics and Public Administration in Hanoi, the Community Part and government-run political school that trained politicians, senior party members, and government officials, in an attempt at leveraging credibility and ownership of research results. Using PAPI results, the academy researchers in turn produced action-based research to support provinces with policy recommendations and drafting action plans. The academy also worked more closely with provinces to issue formal action plans to improve their PAPI scores. The academy researchers further owned the results by conducting case studies that examined in depth why provinces with similar levels of economic development and other indicators received different PAPI scores. Academy researchers afterwards presented their findings to the Provincial People’s Committees (Innovation for Successful Societies Case Study, 2014).

If results are disseminated continually and the survey implemented on a regular basis, the LGPI can help inculcate a public culture of demand for good governance and evidence-based policymaking. Once again, the PAPI provides insights. The PAPI has been implemented on an annual basis, in each of the country’s 62 provinces, and the results have become increasingly anticipated. In addition, short insights from the results are disseminated through Facebook and other social media on a weekly basis. By providing a short, provocative graph and insight, the PAPI helps to keep the issues of governance in the forefront of public debate.

One point of caution to consider is the degree to which the details of the design and the construction of indicators should be shared publicly in recurrent studies. Repeated surveys implemented in the same localities over-time not only lead to survey-fatigue among citizens (possibly resulting in non-response bias), but they can also unwittingly open up opportunities for manipulation when local authorities are eager to rank-higher than then peer ‘competitors’. If localities (e.g., municipalities, provinces) become aware of the specific survey sites, they can strategically deploy resources to potential survey respondents at the expense of non-sampled areas, thus further exacerbating the very inequalities that we seek to measure and reduce. Authoritarian governments may even attempt to ‘mobilize’ citizens in the days preceding the
arrival of the survey team in order to minimize the risk that embarrassing findings will travel up the bureaucratic ladder when the data is analyzed. Researchers must also consider the ethical issues regarding the possible tradeoff between the degree of transparency required in the dissemination exercise and the promises made to respondents about the strict anonymity of their answers. For those reasons, we recommend never to reveal information about the last level of clustering in any design, which thus protects both the households and the immediate communities in which they live from possible pressure or even retaliation.

Such efforts require extensive attention by local actors and organizations, but they are critical to capitalize fully on the tool’s potential. This can help to establish greater ownership, enhance local capacity, spread awareness of weak governance and service delivery performance, and increase knowledge for policy and research.
ANNEX: PRELIMINARY INSIGHTS FROM LGPI PILOT STUDY, TUNISIA 2015

The Program on Governance and Local Development at Yale University (GLD) designed the pilot LGPI citizen household survey and implemented it in Tunisia in February 2015. The survey was fielded in 6 of Tunisia’s 24 governorates, focusing on 3 municipalities in each governorate.3 (See Table 1 for a list of municipalities.) The pilot study illustrates how the tool can help provide a comprehensive picture of service delivery and governance at the municipal level, identifying key areas of need, highlighting significant inequalities, and shedding light on the relationship between governance and service delivery.

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<td>Tunis</td>
<td>La Marsa</td>
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<td>Cité El Khadra</td>
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<td>Jebel Jloud</td>
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Table 1. Municipalities included in the LGPI Pilot Survey, Tunisia 2015.

Health

The Tunisian 2015 pilot study demonstrates how the survey can yield insights into the varying qualities of service across municipalities. It also helps ascertain inequalities based on socio-economic status, gender, and availability of public and private sector services.

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3 Households within each governorate were randomly sampled, using PPS by points of light data (due to the fact that the last census was conducted in 2004 and there appear to be considerable changes in population distribution in the last decade.) Respondents within households were chosen randomly from among those over 18 years old, using Kish tables.
The study found that across municipalities there were exceedingly low expectations for a doctor to be present in local clinics during usual business hours, suggesting a high rate of absenteeism in public clinics. When asked if they believed that the doctor would be present at 8:30 am, at lunchtime, and at 4:30 pm, respondents overwhelmingly answered that the doctor would not be present. There is some variation at the municipal level, as shown in Figure 1. There is a much greater expectation that the doctor will be present in Gaafour, for instance, than in Siliana Ville, despite the fact that these municipalities are located in the same governorate.

Figure 1. Doctor Availability: Questions Included: Do you think there is a doctor present in the local clinic at 8:30 am, lunchtime and 4:30 pm? The answers were coded as a 1 if the answer is “Yes” and as 0 if answer is “No.” This yields a score that ranges from 0 to 3 for each respondent. The sums are averaged across respondents in the municipality. A score of 0 thus would mean that all respondents believed the doctor is never present, and a score of 3 would mean that all respondents believe the doctor is present at all of these times.

The study further examined the quality of healthcare, focusing on respondents who had gone to a doctor or clinic in the last two years. Respondents were asked about specific traits of a
clinic visit, including facility cleanliness, duration of waiting time, costliness, respectfulness of staff, and availability of medicine. The results again revealed significant variation at the local level, even within the same governorate. For instance, while Mahdia scores among the highest on the Health Quality Index, the other two municipalities sampled in the governorate, Ksour Essaf and Souassi, scored considerably worse.

![Health Quality Index](image)

**Figure 2. Health Quality Index:** Index included 1) clean bathroom, 2) doctor present, 3) reasonable costs, 4) reasonable wait time, 5) respectful treatment and 6) medication availability.

Similar variance is seen in the Health Governance Index, which reflects the transparency and accountability of local clinics and doctors. The Index is based on patient use of informal payments or *wasta* to obtain quality medical care, the clear posting of fees, and referrals to private clinics for necessary care (See Figure 3). We find areas in which poor governance is a clear concern, and, within the index, also find significant variation in the extent to which this is due to low transparency, the use of informal payments and *wasta*, or the tendency to refer patients to private providers.
Figure 3. Health Governance Index. Variables included 1) Were you referred to private clinic/doctor? 2) Did you pay an informal payment for better treatment? 3) Did you use wasta to obtain better treatment? 4) Were fees clearly posted?

Furthermore, the LGPI reveals discrepancies between healthcare provided in the public and the private sectors. With the exception of Jbel Jloud, healthcare provided by private clinics far surpassed the quality of that provided by public medical centers. (See Figure 4). For most municipalities even the highest scores given to public medical centers were inferior to those given to the lowest scoring private clinics.
Figure 4. Private and Public Clinics: The index is comprised of six variables, including 1) clean bathroom, 2) doctor present, 3) reasonable costs, 4) reasonable wait time, 5) respectful treatment, and 6) medication availability.

The results indicate a disparity between the services that patients receive under private care and those that they receive under public care. Public healthcare centers lag in doctor availability, duration of patient wait times, availability of proper medication, and the completion of treatment without the use of bribery or wasa.

Education

The LGPI also allows us to examine the quality of education service delivery in Tunisia, finding high numbers of students failing to complete their educations. At the national level, 10.4% of the youth aged 8-17 years (or 178,341 Tunisian youth) did not attend school, including 11.9% (107,674) of the males and 8.9% (70,667) of the females. Considering the results at the governorate level, we find the lowest percentage was observed in Sfax, where
3.9% of potential students this age were out of school, and the highest observed in Monastir, with 10.1%. The official MOE statistic (2012-13) is 107,000 (under 16).^4^ Close examination of the data also reveals gender differences in dropout rates. In Mahdia for example, the dropout rate is relatively low and equal between both male and female students. (See Figure 5.) In Monastir, however, where the dropout rate is the highest overall, the level for male students far surpasses that of female students. Siliana, on the other hand, presents a different situation in which there are more female students dropping out of school than male students. A student’s decision to leave school often rests on factors such as financial need, gender dynamics, customs, and available employment alternatives. Thus, the data reflect other fundamental differences in local governance that are ripe for exploration.

![Figure 5. Drop-out Rates, by Gender and Governorate](image)

The LGPI can also help to pinpoint specific needs in schools. For instance, teacher absenteeism appears to vary substantially across municipalities. Few parents report problems of teacher absenteeism in Bouarada, Cite El Khadra or Gaafour, for instance, particularly compared to Moknine, Mahdia or Taboulba. (See Figure 6.) Taken together in the school quality indices, such as those shown in Figure 7, we have an indication of overall school

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quality across municipalities. The best schools were found in Jbel Jloud and Sfax Sud and the worst in Bizerte Nord and Bizerte Sud.

**Figure 6.** *Education Quality:* Crowded classrooms, Teacher favoritism, Multi-shifts per school day, and Teacher absenteeism

**Figure 7.** *School Quality Index:* Quality of schools across municipalities
There are also important disparities in school quality related to socio-economic status. Figure 8 illustrates how school quality increases as socio-economic class scores increase.

![Graph showing the relationship between socio-economic score and school quality.](image)

**Figure 8. Socio-economic Status Effects on School Quality**

The LGPI allows us to assess the difficulties that parents face within the school system and how parents attempt to address these difficulties. Indeed, it is a particularly useful tool in this regard because of our ability to gauge responses both from parents who have and have not found success in enrolling their children in school. That is, the LGPI avoids some of the selection bias problems inherent in the SDI and similar tools.

In Tunisia, the survey found significant variation in the problems facing students and parents. Respondents faced the least amount of difficulty in Jbel Jloud, and the most in La Marsa (see Figure 9). Importantly, in Tunisia as a whole, the majority of parents facing difficulties do not seek help. Parents in Siliana reported asking for help the most, as opposed to Bizerte where they reported asking the least (see Figure 10).
Figure 9. Students facing difficulty in School, by Municipality

Figure 10. Families Seeking Help, by Governorate
The survey also sought to understand on whom parents placed the responsibility for education, with the vast majority holding the central government responsible. Moreover, when asked on whom the responsibility for education should rest, parents again cited the central government as best suited for providing education. There appears to be widespread acceptance of Tunisia’s centralized education system. (See Figures 12 and 13.)

**Figure 12. Who is responsible for education?**

**Figure 13. Who should be responsible for education?**
Physical Security and Dispute Resolution

The LGPI also found a great deal of variation in security and dispute resolution. For instance, when asked how safe they asked in various areas (e.g., the market place, their neighborhood at night, their house), people reported feeling much safer walking around in their neighborhood at night in Ksour Essaf than they did in Moknine. Along with assessing individual quantifiers of security such as feeling safe in one’s neighborhood, the LGPI also measured overall security scores. Siliana Ville reported the highest levels of security followed by Jbel Jloud and Sekiet Eddayer. The results show, once again, that Moknine suffers from insecurity far more than other areas. (See figures 14 and 15.)

![Bar chart showing neighborhood safety](image)

**Figure 14. Neighborhood Safety:** How safe do you feel walking around at night in your neighborhood?
Figure 15. Security Score by Municipality. The security score is composed of questions asking, “How safe do you feel . . . ?” 1) In your home, 2) Walking in your neighborhood during the day, 3) Walking in your neighborhood at night, 4) At the local market, 5) At the local mosque, and 6) At the nearest school.

Somewhat surprisingly, the survey did not reveal a significant gender differences in feelings of insecurity. As shown in Figure 16, women and men perceive the security of their local environment similarly. Moreover, where we do see differences, it is frequently the case that women feel more secure than the men in their area.
There was, however, important variation in the extent to which people reported that their neighbors helped each other in keeping the area safe from crime. Tebolba reported the greatest amount of cooperation between neighbors, while the least amount of neighbor collaborations for safety was reported from Sfax Sud. (See figure 17.)
The LGPI also explores attitudes towards police. Municipalities varied in their perceptions of police, with about half of the municipalities reporting that the police are moderately fair, and the other half reporting that they are not very fair. (See Figure 18.)

**Figure 17. Neighbor Safety Collaboration:** Do you and your neighbors help each other with keeping the area safe from crime?

**Figure 18. Respondents’ Perception of Police Fairness.**
The LGPI revealed an interesting relationship between perceptions of the police and respondents’ socio-economic status. Figure 19 shows the socio-economic score against a variety of expectations of police officers. Surprisingly, those of lower socio-economic status appear to have a more favorable view of police officers. They are more likely to report the police as being fairer, more knowledgeable of the community, and more honest, compared to those of higher socio-economic status.

![Figure 19. Attitudes toward Police Competencies and Socio-Economic Class](image)

**Social Assistance and Welfare**

The module on social assistance and welfare examines individual municipalities for problems in social welfare provision as well as the sources of assistance that people turn to in case of need. The LGPI found important differences across municipalities with regard to whom people believed were assisting the poor in their areas. In Siliana Ville, Gaafour, Menzel Jemil, and Taboulba, for instance, the majority of respondents said that neighbors were an important source of assistance for those in need. This was not the case in Bizerte Nord, Bouarada, or Monastir. Far more respondents in Monastir, for example—as well as in Taboulba and Sakkiet Eddayer—believed that businessmen and organizations provided better sources of local assistance. Common among all municipalities, however, was the united belief
that local council members were not important points of assistance for the poor. (See figure 20.)

**Figure 20. Sources of Assistance for Those in Need.**

We find that the vast majority of respondents reported having no sources of assistance when faced with personal problems, such as shortages of food, clothing, or shelter. Those who did seek help turned to others in their personal networks: family, neighbors, and members of their tribe or extended family. Very few, however, turned to formal avenues for personal assistance, including the state welfare office. (See figure 21.)
**Figure 21. Personal Sources of Assistance to Those in Need.** Potential sources of assistance included 1) Friends, 2) Your family, 3) Neighbors, 4) Members of tribe or ethnic group, 5) Local imam, 6) Members of mosques or religious organizations, 7) Civil society and associations, 8) Trade unions or professional associations, 9) Leaders of powerful local families or clans, 10) Local council members, 11) Businessmen and organizations, 12) ANETI. Note: We only show results for items with more than 1% positive answers overall.

**Citizen-State Linkages**

The module on citizen-state linkages delves into perceptions and experiences with government corruption, transparency, and participation. Many of the questions in this module can be combined with those in previous modules, giving a more comprehensive picture of governance at the local level.

The results reveal an important variation of individuals’ perceptions of corruption across municipalities. Respondents in Bouarada, La Marsa and Moknine tended to believe that local corruption was high, while those in Sfax Ville, Siliana Ville and Monastir were less likely to report that corruption exists. (See figure 22.) Within both the municipalities that perform poorly and those that perform well on the corruption index, it is important to note the presence of heavy socio-economic and geographic diversity.
Within municipalities, there is also an important disparity between the number of residents who perceive high levels of corruption and those who report experiences with it. For instance, residents of Sfax Ville do not view corruption as prevalent, but they report experiencing corruption frequently. On the other hand, Gaafour perceives corruption to be more prevalent than the reported experience with it would suggest. It is also noteworthy that there is significant variation within some of the governorates. Bizerte Nord and Bizerte Sud have similar experiences, but Sfax Ville and Sfax Sud are very distinct.
Experience with Corruption, by Municipality. Questions incorporated into the additive, normalized index included 1) Did any politician or representative offer you gifts, money, or access to services for your vote? 2) Agreement with “I paid a bribe in order to get a better treatment” for patients of municipal clinics or doctors, 3) Have you been a victim of corruption by a local government official in the past year? 4) Has anyone else in your immediate family been a victim of corruption in the past year?

It is useful to note that awareness of public meetings and the perception of corruption may be positively correlated. As we see in Figure 24, the greater the percentage of respondents who say that the local council holds public meetings, the higher the perception of corruption. The drivers of this relationship are not entirely clear; it may be that in areas where the perception of corruption is higher, there is also a greater awareness of local meetings in which grievances can be aired. What is important, however, is that this relationship is masked when examining only the governorate level. As shown in Figure 25, when data is aggregated at the governorate level, the relationship between awareness of public meetings and perceptions of corruptions appears slightly negative.
Figure 24. Relationship between Awareness of Local Council Meetings and Perceptions of Corruption, Aggregated at the Municipal Level

Figure 25. Relationship between Awareness of Local Council Meetings and Perceptions of Corruption, Aggregated at the Governorate Level.
The LPGI measures the extent that economic, social, political and religious actors that play key roles in local governance varies by locality. Although the sample in Tunisia is limited at this stage to 18 delegations, we are able to detect clear local clusters where most actors are perceived to matter a great deal (Siliana Ville) as well as those where they matter very little (Bizerte Sud). (See Figure 26) Notice that even within the same governorate (Siliana), Bouarada and Siliana Ville lie at opposite ends of the distributions. This highlights the importance of designs that allow us to detect variation at the local level.

**Figure 26 Cross-Correlations between Key Measures of Social Influence**
There is evidence that these local level differences are related to variation in governance. We detect a negative relationship between the density of informal social ties and the perception of corruption in a given locality. It is crucial to keep in mind that these measures should be taken in the immediate geographical context of the respondents daily lives rather than at an (arbitrary) administrative level. Figure 27 displays the relationship between the extent to which informal social actors—matter defined as relatives, powerful local families and clan/tribes—and the perception of corruption. We find that at the delegation level, those areas in which informal social influence is stronger report lower levels of perceived corruption. Importantly, as the Figure 27 illustrates, a relationship that is not detectable at the (higher) governorate level appears far more clear when the data is disaggregated at the municipal level. We recognize that with only six governorates included the survey, a ‘true’ significant correlation that would be detected if all governorates were taken into account is unlikely to appear when the LGPI Tunisia is used at the governorate level. It is thus especially important to design and analyze data at the most appropriate level.

The LGPI reveals an important contrast between answers to questions regarding the perception of corruption in the local area and the individuals’ experience with corruption. In delegations where local stakeholders (e.g., political parties, trade unions, powerful families) have a strong influence, respondents perceive a lower incidence of corruption; yet, the reported experience with corruption is constant across localities, regardless of the strength of local actors.

These relationship of local non-economic actors with perceived corruption and experienced corruption are demonstrated in Figure 28. Non-economic actors include mosques and religious groups, CSOs, and political parties. We find a virtually flat line – indicating no apparent relationship – when we examine the relationship with experienced corruption. Yet, there is a negative slope and narrower confidence interval with regard to perceived corruption. One can question whether this indicates response bias, wherein individuals are less willing to report the perception of corruption in areas with strong local stakeholders, or whether it reflects a perception of security and order, in which those living in areas with strong local stakeholders perceive the situation to be better than those who live in areas without such stakeholders. More work needs to be done to adjudicate between these explanations.
Figure 27  Informal Social Influence and Perceived Corruption at the Governorate and Municipal (Delegation) Levels: An Example of Aggregation Bias
**Figure 28.** Contrasting the Relationship between Non-Economic Actors on Perceived vs. Experienced Corruption
However, as Figure 29 demonstrates, the relationship holds as well between the extent to which other stakeholders influence local governance and perceived corruption. Perceived corruption is also negatively related to the influence of economic stakeholders, which include trade unions and chambers of commerce and business associations. The same holds for informal social influences, which includes ordinary citizens, powerful local families, and clans and tribes.

**Figure 29. Perception of Corruption and Economic, Non-Economic and Informal Forms of Local Influence**
Importantly we also find a similar relationship if we parse local influences by the extent to which they reflect vertical relations (e.g., clientelist networks driven by political parties, trade unions or powerful families) or horizontal ones (e.g., level, mutually reinforcing relationships between ordinary citizens and clans and tribes.) In both cases, the negative relationship between perceived corruption and social ties remains. (See Figure 30.)

Indices computed by MCA. Regression and Confidence Interval based on 18 Municipalities
Corruption perception includes: (1) vote-buying (2) bribes to obtain gov. employment
(3) corruption control (4) perceived failure to provide social assistance when due
(5) providing assistance to those not in need
Vertical influence includes: (1) powerful families (2) trade unions (3) political parties

Source: LGPI dataset, Tunisia 2015
The LGPI also reveals a relationship between the reported necessity of \textit{wasta} to get a government job and the prevalence and need for informal payments. As shown in Figure 31, there is a positive correlation between the use of \textit{wasta} and perceived corruption. Once again, there is no apparent relationship with experienced corruption.

The LGPI pilot study also suggests an interesting relationship between the social composition of localities and citizen engagement. In Tunisia, we find a negative relationship between attendance at public meetings and the strength of stakeholders, whether defined by the type of stakeholder or vertical influence. (See Figure 32.) This suggests that in areas where stakeholders are powerful, people do not appear compelled to attend them. This occurs despite the fact that meetings are held in such areas; indeed, the data reflect a slightly positive relationship between knowing that meetings are held and the power of stakeholders. The results have important implications for programs designed around participatory processes and citizen engagement. We should expect their impact to vary according to the social composition of the locality.
Corruption Perception includes: (1) vote-buying (2) bribes to obtain gov. employment (3) corruption control (4) perceived failure to provide social assistance when due (5) providing assistance to those not in need

Source: LGPI dataset, Tunisia 2015

Formal Non-Economic Influence

Indices computed by MCA. Regression and Confidence Interval based on 18 Municipalities

Corruption perception includes: (1) vote-buying (2) bribes to obtain gov. employment (3) corruption control (4) perceived failure to provide social assistance when due (5) providing assistance to those not in need

Source: LGPI dataset, Tunisia 2015

Legend

95% CI  Fitted values
Bizerte  Siliana
Monastir  Mahdia
Tunis  Sfax

Figure 31. Corruption and the Use of Wasta
Finally, the pilot study in Tunisia uncovers interesting potential relationships between local social organization and the quality of service delivery. The study suggests that, if anything, there is a negative relationship between the significance of local stakeholders (here, economic stakeholders) and the quality of education. The same holds true with the relationship between education quality and density of social ties. (See Figure 33) One potential explanation for this relationship may be the dominance of public education in Tunisia and its centralized provision. This does not fully explain why we observe a negative relationship, rather than a
non-relationship, but it may help explain disparities in the service quality of services in education versus health within localities.

Indices computed by MCA. Regression and Confidence Interval based on 18 Municipalities
Formal economic influence includes: (1) Trade Union (2) Chamber of commerce or bus. assoc.

Source: LGPI dataset, Tunisia 2015

**Legend**
Figure 33. Quality of Education, Influence of Economic Stakeholders and Social Density

We observe a very different relationship between local social influences and health quality. As shown in Figure 34, for instance, the more people know each other, the better the quality of health services in clinics and doctors’ offices. One explanation may be that local clients are able to put greater pressure on health care providers than they are on education providers, given the higher level of private provision and consequently less dominant state-centralized provision in the health sector. More remains to be done to examine these relationships, both by expanding the sample size and combining the LGPI with other tools (as discussed previously.)

Legend

Indices computed by MCA. Regression and Confidence Interval based on 18 Municipalities
HQI includes: (1) clean restrooms in the clinic (2) presence of a doctor at the clinic (3) reasonable expenses (4) reasonable waiting period at clinic (5) patients treated with respect (6) necessary medicines readily available

Source: LGPI dataset, Tunisia 2015
In short, the LGPI provides an important tool for examining local level variation in governance and service delivery. Even where systems are highly centralized, there are significant variations in implementation and needs at the local level. The tool allows us to assess these needs, to better gauge local drivers of governance, and to develop locally appropriate programming. There are often no straightforward answers to what troubles local communities and how best to serve those concerns, but the LGPI can help to pinpoint problems, identify the major players engaged in developing solutions, and create better informed and more effective policies.
References


