



## Summary of Phase III of Municipal Services Project 2008-2013

### Background on the MSP

Phases I and II of the Municipal Services Project (MSP) ran from January 2000 to March 2007. Funded in large part by the IDRC (with approximately \$1.2 million in grants), the project also attracted funding from a variety of donor agencies, municipalities, labour organizations and national governments, adding more than \$500,000 to projects activities, as well as creating spin-off funding for project partners in related research activities.

The findings of the project were disseminated in various formats: Occasional Papers series, newsletters, academic articles and books, radio and television productions, conferences and workshops, newspaper articles, special reports and the project website ([www.queensu.ca/msp](http://www.queensu.ca/msp)).

The focus of the MSP has been on the governance of basic municipal services, primarily water, sanitation, electricity and waste management – including research looking directly at the primary health care sector – with particular attention paid to the commercialization of these services (e.g. privatization, cost recovery) and the impact of these reforms on equity and health.

Geographically, the project's main focus was on South Africa, with case studies in other parts of Southern Africa (Namibia, Zimbabwe, Mozambique, Botswana), Western Africa (Ghana) and some research in Latin America (Cuba, Argentina). Though the latter regions did not constitute a major part of the project's activities in Phases I and II they helped establish a continental and international network of researchers and administrative experience with operating on a more global basis.

In terms of outcomes, MSP research has had far-reaching impacts in South Africa and beyond, affecting government policy on service delivery, influencing debates and actions within labour organizations, NGOs and social movements, and helping to shape a dynamic academic discourse on the future of service delivery in countries in the South. With half a dozen books, dozens of academic and popular articles, broadsheets and radio productions (in more than six

languages), and 15 Occasional Papers, the MSP has produced a large body of work that has received wide-spread recognition and acclaim

### **Phase III**

There is now widespread recognition that “privatization” has failed to deliver on its promise to provide adequate and effective basic services such as health, water and electricity to low-income households in countries in the South. This has entailed a “rethink” of privatization efforts (a term used by the World Bank), with renewed exploration as to the role that different agencies might play in service provision – from various tiers of government through to the diverse mix that makes up civil society.

There is a danger, however, that this rethink will not be sufficient in depth or range. Much of the work by the World Bank, for example, continues to seek solutions that provide stronger support to the private sector and/or deepen the commercialization of the public sector (i.e. running public services like a private business).

Equally problematic is the fact that the literature on “non-commercialized” service delivery alternatives has been highly localized and sector specific, lacking in conceptual and methodological consistency and resulting in interesting but somewhat arbitrary case studies.

Phase III of the Municipal Services Project is a five year inter-sectoral and inter-regional study that systematically explores “non-commercialized alternatives” to service provision, with a focus on three systems: health, water/sanitation and electricity. We will develop conceptual and methodological tools that allow us to examine historical, contemporary and proposed alternatives to service commercialization in these sectors, with research in Sub-Saharan Africa, Latin America and Asia.

Throughout the research we will emphasize “health systems”, not specific diseases or selective health interventions. Health systems should promote equity, solidarity, empowerment and development. These have been eroded by commercialisation, vertical programming, macro-economic policies associated with neoliberalism, cost-driven notions of efficiency, and governance failures. We are particularly concerned to link primary health care approaches and alternative forms of water/sanitation delivery and electricity.

In the first stage of the research a set of norms will be developed to evaluate the conditions necessary for progressive service delivery alternatives to emerge and be sustained. These include equity, universality, solidarity, quality and quantity of services, links that integrate the three systems, gender, comprehensiveness, sustainability, workplace health, efficacy and governance. These conditions will be tested against a comprehensive review of existing and proposed alternatives

in the three sectors identified, in as many countries in Africa, Asia and Latin America as possible (by tapping into the already extensive regional networks of proposed project partners).

For the historical survey of alternatives we envisage detailed critical studies of historical state-planning, welfare, health and municipal alternatives as well as an examination of alternatives proposed and tested by nationalist movements, recognizing that under contemporary conditions a rather different configuration of forces for change exists. Under “existing alternatives” we will investigate such models as public-public partnerships, utility management transformation, worker managed co-ops, community owned systems, participatory models, progressive financing and redistributive schemes (such as life-line water and basic health) as well as rights-based constitutional approaches.

What needs to be stressed is that many public sector bureaucracies have thoroughly imbued a commercial ethos and that future progressive public delivery would require both reclaiming and transforming the state. We are also aware that many alternatives are vulnerable to outflanking manoeuvres by private sector interests and that isolated alternatives may easily run aground. We are interested in understanding the robustness of alternatives at the central and local levels and how a local system, in particular, might have broader systemic and multi-scalar linkages that enable it to be sustained and/or reproduced. In doing so, we seek to understand the common challenges facing health and municipal workers, progressive governments, communities, engineers, town planners and social movements.

This “mapping” of service delivery alternatives will involve desktop research and literature reviews but will also require extensive engagement with government officials, social movements, trade unions, academics and NGOs involved in alternatives to gauge better the extent to which these various systems meet the evaluative assessment criteria. Face-to-face interviews, web dialogues and participation in workshops and conferences are some of the ways in which data will be collected. Horizontal studies of particular social groups involved in the development and implementation alternative service delivery will also be undertaken (e.g. public sector unions, social movements).

At the completion of this one-year mapping exercise a workshop/conference will be held to assess the outcomes of the survey, to refine the conceptual models and methodologies employed, and to identify a set of case studies for more in-depth research. The selected case studies will represent a cross-section of sectors, regions and models highlighted by the mapping exercise to be the most significant to furthering our understanding of the (potential) success of alternative service delivery systems.

This second stage of the project will involve a wider selection of research tools and participants, ranging from quantitative surveying techniques to detailed

ethnographic studies. In all cases the research will be as participatory as possible, involving service users, workers and producers in an effort to capture a broad a set of opinions as well as building research and service delivery capacity.

The project will continuously reflect on lessons learned in the research to refine investigative techniques and interpretations, but a final stage of the project will examine the research effort as a whole in an effort to understand better the inter-sectoral and inter-regional significance of the findings, with a particular emphasis on the implications for service delivery options in South and Southern Africa (which were the foci of earlier phases of the project).

We will also identify related research activities for which we will seek partners to develop collaborative research initiatives that dovetail conceptually and methodologically with the core work of the MSP. This will expand the reach of our work while at the same time bringing in additional skills and resources to the project.

Research products will include academic papers, books and Occasional Papers, as well as more popular forms of dissemination such as policy papers, broadsheets, newspaper articles, conferences and workshops, and electronic media such radio and video production where appropriate. A dynamic, user-friendly website will be the principal means of information distribution, with some printed material. English will be the primary medium of dissemination but translation will be provided where necessary (notably into Spanish).

The project will also advocate for progressive service delivery reforms, based on research findings. This advocacy work will range from the local (e.g. municipal government departments in a particular city) to the multilateral (e.g. the World Health Organization) and will include government officials, labour unions, NGOs, social movements, academics, donor agencies, development banks and other relevant decision makers.

The project co-directors are Dr Greg Ruiters (Rhodes University, South Africa) and Dr David McDonald (Queen's University, Canada). All funding and project reporting will be done through these two institutions. The co-directors will work closely with a project Steering Committee made up of representatives of the following organizations, representing a cross-section of regions, sectors and groups (academics, NGOs, labour and civil society):

- Equinet (Regional Network on Equity in Health in Southern Africa)
- Africa Water Network (Ghana)
- Red Vida Network (Vigilancia Interamericana para la Defensa y el Derecho al Agua)
- University Mayor San Simón (Bolivia)
- Focus on the Global South (Bangkok, Manilia, Mumbai)
- Transnational Institute (Amsterdam)

- PSIRU (Public Services International Research Unit) (UK)
- School of Oriental and African Studies (UK)