

EFFICACY OF NEW PUBLIC GOVERNANCE IN THE IMPLEMENTATION OF STATE ACCOUNTABILITY AND QUALITY IMPROVEMENT PROJECT (SAQIP) IN GOMBE STATE

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Abstract

The New Public Governance (NPG) model has emerged as a contemporary approach to enhancing service delivery in public institutions. Building on the strengths of its precursor, the New Public Management (NPM) model, NPG incorporates principles such as collaboration, participation, and engagement, ensuring community commitment and public official accountability. This study examines the efficacy of the State Accountability and Quality Improvement Project (SAQIP) in Gombe State's healthcare delivery system, comparing it with traditional public service delivery methods in the state. The research utilizes qualitative data from official reports by Pact and other institutions. The findings reveal that SAQIP significantly transformed maternal and neonatal healthcare delivery in Gombe State due to specific factors within its implementation framework. Key elements included the collaboration between the Gombe State Primary Healthcare and Development Agency (GSPHCDA), Primary Health Care (PHC), Ward Development Committees (WDC), and Civil Society Organizations (CSOs); community participation in supporting PHC; and the engagement of mothers through the formation of Mothers Groups (MGs). The paper argues that without proactive measures by the State Government, the successes achieved under SAQIP may not be sustained in maternal and neonatal healthcare. Recommended measures include regular elections for Ward Development Committees, capacity building for staff to facilitate knowledge transfer, and replication of the SAQIP model in other critical sectors such as education, housing, and water.

Keywords: New Public Governance (NPG); SAQIP; Gombe State; Ward Development Committees (WDC); New Public Management (NPM); Service Delivery.

Introduction

New Public Governance has received much attention within the fields of public administration and policy in recent years, but surprisingly few books and publications are designed specifically to help students, researchers, and practitioners examine key concepts, synthesize the growing body of literature into reliable frameworks, and to bridge the theory-practice gap by exploring network applications. Although, various reforms packages in the history of public administration abound, the recent and current wind of change in the administrative reform is the New Public Governance (NPG). The predominant focus of the model is on the increasing significance of governance through networks as an alternative to markets and hierarchy. The state, it is argued, can no longer assume a monopoly of expertise or resources necessary to govern, and must look to a plurality or interdependent institutions

drawn from the public, private and voluntary sectors (Newman, 2004). A key goal of modern management of public organizations is to mobilize and use effectively all kinds of institutional and external environmental resources and opportunities in order to implement changes which would ensure reaching strategic state and regional goals and objectives as well as meeting the legitimate expectations, needs and interests of society.

Pact, an international non-profit organisation appears to have demonstrated the efficacy of the ethos of new public governance in service delivery. In collaboration with the Bill & Mellinda Gates foundation developed and implemented The State Accountability and Quality of Improvement Project (SAQIP). SAQIP aims to achieve quality improvement in Maternal Neonatal and Child Health (MNCH) in Gombe State over a six year period (2014-2019). The modalities for the implementation of SAQIP include working with State agencies in the health sector such as State Primary Health Care Development Agency (SPHCDAS), Local Government Area Health Teams, Primary Health Centres (PHC), Ward Development Committees (WDC), and Local Mothers groups. The question therefore are:

- i. How effective is the new Public Governance model represented by SAQIP in enhancing service delivery in the areas of Maternal, Neonatal and Child Health (MNCH) in Gombe State?
- ii. Which of the implementation modalities distinguishes SAQIP from the established traditions of public sector policy implementation processes?
- iii. How can the principles of SAQIP be adopted by other public sectors in the State for improved service delivery?

Methodology adopted

Data for this study were obtained through a combination of both primary and secondary methods. Primary method of data collection adopted for this study was the interview carried out with key staff of Gombe State Primary Healthcare Development Agency (GSPHDA). Secondary data were obtained through published materials such as a compendium SAQIP by Pact and a publication of the GSPHDA. Analytical approach was used in analysing the data of the study.

Conceptual Explanation

New Public Governance (NPG)

In late 1990s, the decay of the New Public Management and the consequent need for its renewal called for its progressive replacement by the New Public Governance (NPG), signaling the transition to a new era (Andrikopoulos and Ifanti, 2020). Some scholars, however, contend that this paradigmatic change has never been or taken place, arguing that New Public Governance emerges as a result of the New Public Management reconstruction process. Thus, it is pointed out that it is not a systematic change but rather a breach of the narrow limits of this approach by expanding its scope, while at the same time keeping the central core of its ideas, principles and methods in place and in any case dominant in public administration both institutionally and practically (Osborne, 2006; Christensen and Lægreid, 2012). New public governance as a new paradigm has a set of doctrines and approaches aimed at promoting “common good” by incorporating “public values” across the political system. New Public Management (NPM) approach that emerged in the 1980s and 1990s, focused on improving efficiency and effectiveness in public service delivery through market-like mechanisms such as performance measurement, competition, and contracting out.

The New public Governance (NPG) model emphasizes collaboration, participation and engagement between public organizations and citizens in the design and delivery of public services. It is characterized by a shift from hierarchical structures to networked governance arrangements that are more flexible and adaptable to changing circumstances. According to Kjaer, (2004); and Newman, (2004) is mainly concerned with the idea of a change from the realist perception of old government and the Westphalian system, whereby the world is organized into territorially exclusive, sovereign nation-states, each with an internal monopoly of legitimate violence, to new governance. The former is characterized as having a governing administration which is regarded as the key dominant actor in

the policy arena. Internally there exists a clear hierarchy of authority, and governing is seen as a top-down, hierarchical process, with the nation-state taking centre stage. However, with the change from government to governance, the governing administration is now only one player amongst many others in the policy arena. Thus, the policy arena has become visibly more crowded and contested, there are more actors involved, the boundaries between the public and the private spheres are less precise, and the government's command over the policy process is said to have been transformed. Thus, as Koenig-Archibugi, (2003) explains, within governance systems "problem solving is not the preserve of a central authority able to impose solutions on subordinate agencies and individuals, but the result of the interaction of a plurality of actors, who often have different interests, values, cognitive orientations, and power resources." The major assumptions of the model are as follows:

- i. From the perspective of NPG model, governance consists of self-organizing, inter-organizational networks.
- ii. These networks are characterized, first, by interdependence between organizations.
- iii. Changes in the role of the state mean the boundaries between the public, private and voluntary sectors are shifting and opaque.
- iv. There are continuing interactions between network members, caused by the need to exchange resources and to negotiate purposes.
- v. These interactions resemble a game with actors' behaviour rooted in trust and regulated by rules that are negotiated and agreed by network participants.
- vi. The networks have a significant degree of autonomy from the state. Networks are not accountable to the state; they are self-organizing.
- vii. Networks are argued to be a means for co-ordinating and allocating resources – a governing structure – in the same way as markets and bureaucracies.

It is however important to stress the fact that New Public Governance approach, being a new paradigm shift does not imply a complete departure from NPM reform model which remains a significant approach for the role of the state and the private sector in public administration, but rather its inclusion in a wider context that emphasizes stakeholders "increasing participation in decision-making process. In parallel, the new environment generates negotiations between New Public Management and other approaches, thus questioning its coherence at the level of principles and methods related to risk taking and managing the uncertainty of the ever-changing, international environment (Howlett, 2019). New Public Management has been associated with organizational changes that improve the ability to handle and accomplish tasks by delegating authority and granting power to separate, semi-autonomous organizations. However, limiting the role of the government initiated by a series of changes in the implementation of the New Public Management ideas did not deliver the expected results, as it was accompanied by the inability to deal with severe problems beyond organizations' boundaries and organizational levels of administration (Lægreid and Verhoest, 2010; Pollitt and Bockaert, 2011).

The efforts of many national governments around the globe today in designing and implementing new forms of horizontal governance such as public-private partnerships (Osborne and Plastrik, 2000; Hodge and Greve, 2005), collaboration with stakeholders (McLaverty, 2002; Edelenbos and Klijn, 2005) and other forms of citizen participation laid beneath the term New Public Governance. Arising as a more holistic model in public policy and leading to the shift in power relations, it pervades the notion of public management as long as the role of government changes dramatically. Henceforth, governments rely heavily on the support provided by social actors and organizations in their efforts to implement policies designed to cope with increasingly complex problems. Many of these problems have conflicting values and addressing them requires governments to embrace horizontal interconnection and collaboration between organizations (Sorenson and Torfing, 2007). Furthermore, the demands for integrated services intensify the need for horizontal networks to be created through cooperation between different organizations. Taking it one step further, public governance requires the involvement of more than one agent in the policy making and implementation process. Private actors, social organizations and citizens are important factors that can interfere with or even reverse political interventions in public administration (Klenk and Reiter, 2019).

Service Delivery

Service delivery or provisioning can be viewed as the ability of an organisation/unit to meet goals expected of it. This perspective presupposes that prior to its establishment, an organisation/unit have certain predetermined goals to pursue. The idea of service delivery, therefore refers to the outcome of an assessment to determine how effective or how satisfactory the performance of an organisation has been in relation to its predetermined goals over a given period of performance. Shittu (2020, p.2) defines service delivery as referring to “the extent to which the services provided by the listed sectors meet or exceed the expectation of the beneficiaries (general public).” Service delivery is a phenomenon applicable to both private and public sectors in the sense that regardless of the nature of an organisation, there are goals and objectives expected of such organisation by its promoter(s). Thus, the relevance of the organisation is only determined by its ability to deliver expected services.

Service delivery in public organisations attract widespread concern partly because government has profound effect on the life of the generality of the citizenry of a society. Olowu (1999) remarks that service delivery is the *raison d'être* of the public service. This implies that service provisioning is the primary reason for the existence of the public service. Public service delivery becomes so paramount because it represents the fundamental structure of nation-building, it serves a tangible link between government and citizens to the government, and it also promotes the values of nations to the citizens and serves as a bond between the State and citizens (Walle and Scott, 2009). By and large, the healthcare sector in Gombe State like other sectors represents a major aspect of societal life of the people where effective services are expected by the populace. The failure of the agency over the years to meet the expected goals may have propelled the adoption of SAQIP as a strategy of public service reform.

State Accountability and Quality Improvement Project (SAQIP)

The State Accountability and Quality Improvement Project (SAQIP) was an initiative of Pact an international non-profit organisation. The project was funded by the Bill and Mellinda Gates Foundation. The concept of SAQIP is based on the philosophy that for development to be truly sustainable, communities must be at the helm leading and owning their development. SAQIP was deployed in combating the perennial problem inherent in Maternal, Neonatal and Child Health (MNCH) in Nigeria.

According to Pact, SAQIP interventions are delivered across several layers of the Gombe State primary healthcare delivery structure from governance and coordination, to facility-based service delivery, and community stakeholders engagements. In other words, the project focus on a 3 pronged thematic areas, namely:

- i. Improved governance, capacity and performance of the public health system;
- ii. Improved accountability and community participation in the public health system; and
- iii. Increased utilization of public MNCH services.

The specifics of SAQIP entails capacity building for healthcare and other support staff, increasing access to Maternal, New born and Child Health services (MNCH), and enlisting community participation in strengthening accountability. It is the enlisting of community participation in SAQIP that demonstrates a major principle of the new public governance model.

The Implementation of SAQIP in Gombe State

SAQIP was implemented with the objective of reversing the negative trend that became prevalent in maternal and neonatal healthcare delivery system in Gombe State. The project intervention areas in Gombe State include 11 local government areas of the State, 57 wards comprising of Ward Development Committees (WDC), and 57 Primary Healthcare Centres (PHC). The components of the Project are capacity building, clinical mentoring, and quality improvement, the revival of the Ward Development Committees, formation of mother's groups, health management information system, integrated supportive supervision, supply chain management, and community score card. Furthermore, to achieve the outcome of improved governance, capacity, and performance of the

public health system in the State, SAQIP designed and implemented clinical training interventions which focus on strengthening the capacity of selected health facilities. A major feature in SAQIP was the involvement of communities in the running of the PHC in the State. It restructured and revitalised the Ward Development Committees through assessment, capacity strengthening exercises, development of governing constitutions, election of leaders etc. These changes enabled the institutions play active roles in improving public health facilities in the State- such as mobilising resources for the PHCs, among others (SAQIP, 2019; p.29).

Data Presentation, Analysis and Discussion

What constitute data in this section were largely information obtained from a compendium of SAQIP (2019) by Pact. In addition, the research also engaged key staff of the GSPHCDA who also shared insight on the implementation of SAQIP in Gombe State. A major finding of this study is that some of the principles of NPG were prominent in SAQIP and they were responsible for its successful implementation. These principles includes collaboration, participation, and engagement which all played critical roles in SAQIP. The principle of collaboration in SAQIP between various stakeholders involved in the healthcare sector in the State. These stakeholders are GSPHCDA, PHC, WDC, and Civil Society Organisation (CSO). Another important principle of NPG which was found prominent in SAQIP is participation. By reviving the Ward Development Committees (WDC), SAQIP encouraged members of communities to participate actively in mobilising to build and furnish laboratories and other facilities for PHCs. Further investigation during the interview revealed that SAQIP made a major impact on the WDC by rejuvenating them and enlightening the members. Members of the WDC became aware of their importance and took active interest in the affairs of the PHC in their respective locality. There is currently a major challenge with the WDC membership as serving members are resisting attempt to conduct elections through which each ward would reconstitute its committees.

Engagement is the third principle of the NPG model that has remained prominent in SAQIP. The Mother's Groups (MG) formation through the Worth MGs focus on livelihood, income generation, and numeracy literacy among women in various communities to provide opportunities for women to interact in social activities thereby enhancing their livelihood, access to income as well as improving their socialization. For instance, the NGO -Pact utilized its robust set of capacity development tools – Organizational Capacity Assessment and Community Performance Index – to support and improve the operations of the GSPHCDA and its associated LGA structures. This was a factor in GSPHCDA becoming the best SPHCDA in Nigeria in 2018. Pact's capacity development model was also used to revive the WDCs in Gombe State, leading to the committees becoming capable of ensuring demand-driven MNCH services at the PHC level in the state. It is worthy of note to also know that Gombe State's WDCs were adjudged the best in the country as shown by the assessment of the annual score card deployed by the National Primary Health Care Development Agency in 2018 (SAQIP Compendium, 2019). Through the interview with the GSPHCDA, it was revealed that the PHC had not be in touch with Mothers Group since the completion of SAQIP. The loss of contact is a signal that the enthusiasm of group members would wane down with passage of time and this in turn lead to reduction in the patronage of pregnant women at the healthcare centres.

Furthermore, the project engaged civil society organizations to aid in the formation of Mothers Groups for women of childbearing age using Pact's WORTH model's literacy-led approach to economic empowerment through savings, loans and income generating activities. The MGs are exposed to MNH education sessions to increase their factual knowledge of danger signs associated with pregnancy, labour and in newborn, which motivates the women to seek and pay for MNH services.

The success of the implementation of SAQIP in Gombe State between 2014 and 2019; the project has been commended for its improvement in maternal, neonatal and child health care services in the State. In fact, the Gombe State Primary Health Care Development Agency (GSPHCDA) was rated as the best State Primary Health Care Development Agency in Nigeria as at 2018. This rating was due

largely to the improvement recorded in the State. The improvement recorded in the maternal and neonatal healthcare include 132% increase in newborns that received immediate skin-to-skin contact with the mother after delivery, establishment of 1872 mothers groups, 85.6% of pregnant women in the mother's group delivered in a health facility, quality improvement teams constituted from facility and community in 57 supported PHC's to promote community involvement in problem solving at health facilities. In its publication, the GSPHCDA (2020) while reflecting on its successes between 2016 and 2019, shows that staff and equipment in PHC have increased from 25% in 2016 to 53% in 2019, quality of care for sick new-borns have improved from 35% in 2016 to 73% in 2019 just as there have been increase in the number of women that attend ante-natal care from 46% in 2016 to 69% in 2019.

Conclusion and Recommendations

From the foregoing discourse, it is clear that the academic literature on the reform of governance offer a compelling narrative of government and public services, suggesting that traditional hierarchical arrangements have, over time, been replaced with more effective and efficient mechanisms of governance. The rather simplistic argument suggests that market forces were introduced to overcome the inherent limitations of hierarchies. When the inevitable limitations of markets eventuated, a discourse of networks and NPG emerged ostensibly to counter these challenges. In the academic literature, we talk of paradigm shift from traditional hierarchical public administration to New Public Management and now to New Public Governance.

Rather than a wholesale shift to new governance regimes, we suggest that a rather more complex picture of hybrid arrangements comprising features of different forms of governance systems should emerge at the same time. An illustration of the efficacy of NPG in the implementation of State Accountability and Quality Improvement Project (SAQIP) is an effective model of NPG. Under this arrangement, the state should carry out its regulatory role, the markets should provide goods and services and the network of NGOs, Civil Society groups and Community Based Organisations CBOs) should engage with the government in implementing policies and programmes. In the words of Rhodes (2003) "although the state does not occupy a privileged, sovereign position, it can directly and imperfectly steer networks" (Mahmoud, 2023).

The effectiveness of the model has been demonstrated in the unprecedented records attained by the GSPHCDA. The implementation modalities of SAQIP which distinguishes it from the regular policy implementation processes in the public sector are collaborative, participatory, and engagement orientation which collectively sustain the pressure on all the relevant stakeholders in the system. However, it is instructive to note that SAQIP was only implemented in 57 wards out of the existing 114 wards in the State. This means that PHC in the remaining 57 wards across the State are still suffering the same fate which PHCs were subjected to prior to the implementation of SAQIP. It was also discovered that the sustainability of the successes of SAQIP appear to be in danger in the sense that the master trainers which represents a pool of experts for the implementation of the project are not being retained either on account of retirement or relocation from their duty location. Another challenge is the absence of quality improvement team which is to serve as monitoring team over the project.

In order to ensure the sustenance of the successes recorded under the implementation of SAQIP, and more importantly enhance qualitative maternal and neonatal healthcare sector in Gombe State, the following recommendations are put forward:

1. The Gombe State Primary HealthCare Development Agency should actively strengthen the principle of participation which the WDC represent in the implementation of SAQIP. The current situation in which members of WDC are frustrating the conduct of elections through which they are to be replaced can only derail the course of the project.
2. The continuous depletion of the rank of trained personnel of the project as a result of retirement should be halted by a way of carefully designed and implemented knowledge

- transfer programme in form of capacity building as well as continuous recruitment of qualified staff.
3. Quality improvement teams as envisioned in the SAQIP scheme should be activated and given all the necessary supports for maximum performance.
 4. The principles of collaboration, participation, and engagement which are the defining ideals of NPG should be replicated in other equally important sectors of the economy. Education, housing and water sectors are some of the pressing areas of needs of the people and in which the State Government can rapidly deploy a similitude of SAQIP with a view to improving service delivery in the areas.
 5. Other public sector agencies and institutions in the State should be made to incorporate the principles of collaboration, participation and engagement thereby enhancing accountability and effective service delivery in their respective sectors.

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