

Introduction

The provision of public goods and services is an important aspect of socioeconomic development. Access to basic services such as clean water and sanitation, health care, schooling, and transportation enhances citizens' well-being. Access to roads and telecommunications systems lowers transaction costs, leading to improvements in trade and economic activities (Xu, 2013). In spite of the importance of public services to individuals and nations, the World Bank's World Development Report (2004) found large variations in the quality and quantity of public goods and services across developing countries and within countries.

In most African countries, including Ghana, providing public services is a huge challenge for the state, which is traditionally seen as solely responsible for the production and distribution of these services. In practice, given scarce resources and management challenges, the state alone often cannot provide these services at levels that match rapid population growth, development, and urbanization.

In Ghana, attempts at adopting a public-private partnership approach for the delivery of some public services has met with apprehension by citizens who fear the consequences of profit-seeking private-sector entities producing or distributing these essential public goods. With the government left to play the primary provider role, citizens continue to have difficulties accessing vital public services because of a lack of service facilities or inadequate service quantity or quality.

Quality has been an important focus of management models used by service providers in developed countries since the 1980s. Notable among these are the total quality management (TQM) and new public management (NPM) approaches (Mwita, 2000). These consumer-oriented models approach public service quality from the perspectives of the technical professional, the manager, and the client (Ovretveit, 1992; Curry & Herbert, 1998; Kadir, Abdullah, & Agus, 2000). Similarly, Joss & Kogan (1995) distinguish among technical, systemic, and generic (or interpersonal) aspects of quality, while Grönroos (1982) distinguishes technical from functional quality, the latter having to do with the way services are offered and received.

Underlying these approaches is the idea that an essential part of public service quality is clients' evaluation of the level of service received, which is often founded on perceptions formed during service encounters (Parasuraman, Zeithaml, & Berry, 1988; Bitner, Booms, & Tetreault, 1990; Johnston, 1995).

Recent Afrobarometer survey data from Ghana shows widespread public dissatisfaction with public services. The survey did not ask specifically about service quality, but analysis of the data points to the importance of service quality in citizens' negative evaluations of government service delivery performance. This paper examines the hypothesis that the quality of public services is an intrinsic factor – and therefore an important indicator to monitor – in Ghanaians' assessment of government service-delivery performance.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 30 countries in Africa. Five rounds of surveys were conducted between 1999 and 2013, and Round 6 surveys are currently under way (2014-2015). Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples of between 1,200 and 2,400 adults.

The Afrobarometer team in Ghana, led by the Center for Democratic Development (CDD-Ghana), interviewed 2,400 adult Ghanaians between May 24 and June 10, 2014. A sample of this size yields results with a margin of error of +/-2% at a 95% confidence level. Previous surveys have been conducted in Ghana in 1999, 2002, 2005, 2008, and 2012.

Service-delivery questions

This analysis draws on responses to questions (see Appendix 1) focusing on:

- 1. The availability of public services in the 163 urban and 137 rural enumeration areas (EAs) where the survey was conducted, based on observations by Afrobarometer field teams.
- 2. Respondents' experiences with service-delivery institutions: whether they accessed specific services during the previous year, how difficult or easy it was for them to access these services, and whether they made unofficial payments (i.e. offered gifts, bribes, or favours to an official) before they could access the services.
- 3. Respondents' evaluations of national and local government performance in delivering services to residents.

Availability of services in enumeration areas

The availability of services varied widely in survey EAs (Table 1). Services with high availability included cell-phone network services (present in 94% of the survey EAs), schools (90%), electricity grids (85%), and piped-water systems (70%). Services with average availability (in 51%-59% of EAs) included market stalls, sewerage systems, health clinics, and tarred or paved roads. Police stations (28%) and post offices (28%) constituted the least available services.

Table 1: Presence of services in enumeration areas | Ghana | 2014

	% of EAs where service was available				
High-presence services					
Cell-phone services	94%				
School	90%				
Electricity grid	85%				
Piped water system	70%				
Average-presence services					
Market stalls	59%				
Sewerage system	54%				
Health clinic	53%				
Tarred/paved road	51%				
Low-presence services					
Police station	28%				
Post office	23%				

See Appendix 1 (Q1-Q3) for questions tracking presence of services in survey EAs.

Urban-rural differences in service availability

Across all types of services, urban EAs are far more likely to have the services than rural EAs (see Appendix 2 for percentages). Urban-rural differences in service presence range from 13 percentage points for schools and cell-phone service to 52 percentage points for sewerage (Figure 1).

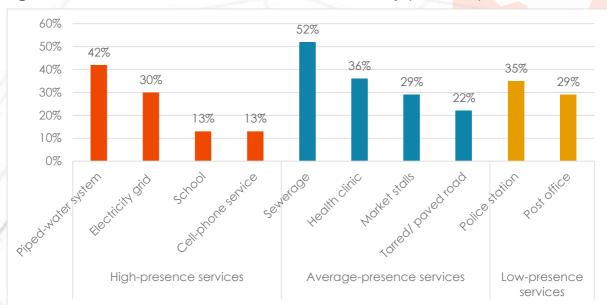


Figure 1: Difference in urban vs. rural service availability | Ghana | 2014

Percentage-point difference in service availability between urban and rural areas

Opinions about public service delivery

Ghanaians are largely negative in their evaluations of central and local government performance in the delivery of public services.

Among those who contacted service providers during the previous year in order to obtain services, significant proportions found the process difficult, and some say they had to pay bribes to obtain the services.

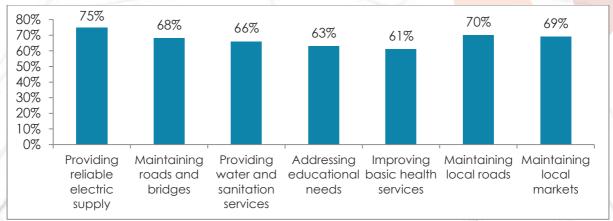
If the government were to increase its spending, a majority of citizens say they would want to see increased investment in education and health. But they are divided as to whether they would willingly pay higher taxes or user fees in exchange for increased government expenditures on public health care.

Evaluation of government service delivery

Most Ghanaians say the central government is performing "badly" or "very badly" when it comes to providing reliable electricity (75% of respondents), maintaining roads and bridges (68%), delivering water and sanitation services (66%), addressing educational needs (63%), and improving basic health services (61%).

Similarly, most Ghanaians say their local government is performing "badly" or "very badly" in maintaining local roads (70%) and local marketplaces (69%) (Figure 2).

Figure 2: Negative rating of government service delivery performance | Ghana | 2014



% who say government is performing "badly" or "very badly" See Appendix 1 (Q8-Q9) for questions tracking government service delivery performance.

The analysis found little difference in the negative ratings by gender and by age group. However, urbanites are more likely than rural residents to give the government negative performance ratings in providing reliable electric supply (67% urban, 59% rural), addressing educational needs (80% vs. 69%), and improving basic health services (65% vs. 56%).

Challenges obtaining government services

Among respondents who say they tried to obtain government services during the previous year, significant proportions describe the process as "difficult" or "very difficult." Appreciable proportions say they had to make unofficial payments to obtain these services (Table 2).

Four out of 10 respondents (43%) sought medical care. Among these, 45% say it was "difficult" or "very difficult" to obtain care, and 16% say they paid a bribe "once or twice," "a few times," or "often." Similarly, of the 28% who say they had contact with a public school official, 44% say it was "difficult" or "very difficult" to obtain the service they needed, and 24% say they had to offer a bribe before they could obtain the service.

Among the 18% who say they tried to get water, sanitation, or electric services from the government during the previous year, 64% experienced difficulties, and 32% say they had to pay a bribe. Lastly, of the 12% who sought assistance from the police, 63% experienced difficulties, and 57% say they had to offer a bribe.

Table 2: Experiences in obtaining government services | Ghana | 2014

	Tried to obtain services	"Difficult" or "very difficult" to obtain services	Paid bribe to obtain services
Medical treatment	43% (n=1,037)	45%	16%
Public school services	28% (n=675)	44%	24%
Water, sanitation, and electric services	18% (n=425)	64%	32%
To get help from or avoid problem with the police	12% (n=286)	63%	57%

See Appendix 1 (Q4-Q7) for questions tracking experiences obtaining government services.

Services to target for more investment and readiness to pay more for service

Nearly one-half of Ghanaians (47%) say that in case the government can increase its spending, education should be the topmost priority, followed by health care (29%). However, when asked whether they would support a government decision to make people pay more taxes or user fees in order to fund greater government spending on health care, respondents are divided, 45% in favour and 41% opposed.

Right or wrong not to pay for public services

Most Ghanaians exhibit a sense of citizenship and see it as an obligation to pay for services they receive from the government. Seven in 10 respondents (71%) say it is wrong and punishable to access government services without paying for them. One-fifth (21%) describe such conduct as wrong but understandable, and only 4% say that not paying for government services is "not wrong at all" (Figure 3).

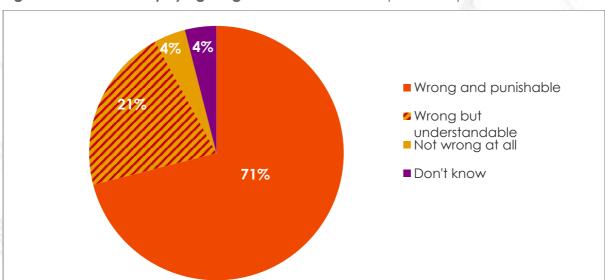


Figure 3: Ethics of not paying for government services | Ghana | 2014

See Appendix 1 (Q10) for question tracking citizens' opinion regarding non-payment for services received from the government.

The role of quality in service delivery performance ratings

Given that Afrobarometer fieldworkers found infrastructure for electricity, water/sanitation, schools, and health-care services in a majority of EAs, why would a majority of citizens rate the government as performing "badly" or "very badly" in delivering these services?

This part of the paper is devoted to testing the hypothesis that the quality of services is an intrinsic factor in Ghanaians' assessment of government service-delivery performance.

For the analysis, variables relating to these four services of interest were created through recoding: 1) ease of obtaining services ("easy/very easy"); 2) difficulty of obtaining services ("difficult/very difficult"); 3) both difficulty in obtaining services and payment of a bribe to obtain services; and 4) evaluation of government performance in service delivery ("very/fairly well" and "very/fairly badly").

Only responses from survey locations with electricity grids, piped-water systems, health clinics, and schools were included in the analysis.

As shown in Table 3, a majority of residents who sought services rate the government's service delivery negatively even when they found it easy to obtain the desired service or assistance. The proportion rating the government's performance negatively increases as the conditions under which they obtained these services change to "difficult" or "difficult and paid bribe."

Table 3: Quality factor in government service-delivery performance ratings | Ghana | 2014

	Govt. performance			
	Very or	Very or fairly good	Cramer's V	p-value
Government providing reliable electricity supply	Talliy bau	rairry good	V	
Difficult to obtain water, sanitation, or electric services and paid bribe	79%	21%	0.036	0.463
Difficult to obtain water, sanitation, or electric services	78%	21%	0.140	0.023
Easy to obtain water, sanitation, or electric services	67%	30%	0.140	0.023
Government providing water and sanitation services				
Difficult to obtain water, sanitation, or electric services and paid bribe	81%	19%	0.069	0.044
Difficult to obtain water, sanitation, or electric services	77%	22%	0.243	0.000
Easy to obtain water, sanitation, or electric services	53%	46%	0.243	0.000
Government improving basic health services				
Difficult to obtain health services and paid bribe	82%	18%	0.094	0.011
Difficult to obtain health services	72%	25%	0.220	0.000
Easy to obtain health services	51%	46%	0.220	0.000
Government addressing educational needs				
Difficult to obtain education services and paid bribe	68%	31%	0.031	0.549
Difficult to obtain education services	72%	27%	0.189	0.000
Easy to obtain education services	55%	42%	0.189	0.000

For instance, among residents in areas with electricity grids who found it "easy" to obtain water, sanitation, or electric services, 67% rate the government's performance in providing reliable electricity negatively. Among those who had difficulties (but didn't pay bribes) and those who had difficulties and paid bribes in obtaining water, sanitation, or electricity services, larger majorities (78% and 79%, respectively) scored the government's performance in providing reliable electricity negatively.

The evaluations of those in the "difficult" or "difficult and paid bribe" category can be understood as assessments informed by the challenges they encountered and the victimization they suffered by way of having to offer bribes. But what would compel citizens from areas where services are available who also found it "easy" to obtain these services to rate the government's performance negatively, if not the quality of services received?

Thus, the effect of service quality can be seen as the proportion of respondents from areas with services who found it "easy" to obtain these services and yet rated the government's service delivery performance negatively. The difference in negative ratings between residents who obtained services with some amount of difficulty and residents who had it easy could be interpreted as the effect of difficulties experienced whilst obtaining (poor-quality) services. Similarly, the difference in negative evaluations between residents who had difficulties and paid bribes and residents who had it easy reflects the composite effect of the difficulties experienced and the victimization suffered by way of unofficial payments made.

Indeed, in 10 of the 12 analyses, the Cramer's V statistics, which test the strength of association between variables, was highly significant, with p-values ranging from 0.000 to 0.044.

The interpretation of the analysis as pointing to the intrinsic role of service quality in Ghanaians' assessment of government service delivery performance is strengthened by findings from the Afrobarometer Round 5 survey in 2012.

Sizeable proportions of Ghanaians in 2012 said they encountered problems such as long wait times (44%), lack of medicines or other supplies (32%), lack of attention/respect (29%), and absent doctors (27%) at their local health clinics or hospitals. Similar proportions said they battled problems of unavailability of textbooks/supplies (20%), absent teachers (20%), overcrowded classrooms (20%), and poor teaching (17%) while accessing education services (Table 4).

Table 4: Problems encountered by citizens obtaining health and education services | Ghana | 2012

Health care	Education
44%	20%
32%	20%
29%	17%
27%	20%
31%	18%
16%	20%
	44% 32% 29% 27% 31%

See Appendix 1 (Q11-Q12) for Round 5 questions tracking problems in obtaining government services.

Policy recommendations

Public service provision by government has socioeconomic implications for citizens and for the country as a whole. Health care, education, water and sanitation, and electricity are public goods with a huge impact on citizens' welfare and well-being. Their provision is a major responsibility of government, and large portions of government budgets are channelled into the supply of these services. Yet citizens continue to contend with inefficient and poor-quality service delivery. Moreover, it is quite common for citizens to access these low-quality services only by circumventing official red tape and using back-door arrangements.

As a way forward, the policy recommendations below are offered for the consideration of policy makers in the public service sector.

- Public service-delivery entities must make it a point to evaluate the quality of their services from the perspective of their clients/customers. This can be done through periodic customer-satisfaction surveys and the use of survey results to inform the providers' policies, programs, and decisions. Such assessments of the quality of public services from the clients' point of view should be made mandatory for all service providers and the government.
- 2. Through the regulatory agencies responsible for public service delivery, the government should make customer satisfaction one of the key criteria it uses in evaluating the performance of providers and regulators.
- 3. Providers and regulatory agencies should conduct regular and consistent monitoring of public service delivery. This monitoring should transcend issues of quality to address challenges of administrative procedures for accessing public services. Experiential information to aid service providers in reforming their administrative systems can be obtained through regular interfacing with customers. Many public service-delivery entities already have service charters that detail standards and practices to be followed by clients and providers. What appears to be missing is the effective application of these standards by line officers.

- 4. Public service-delivery procedures should be made less cumbersome and time-consuming by reducing the amount of face-to-face interaction between clients and line officials of service-delivery entities. This is possible by simplifying procedures and using technology. Enabling clients to complete certain processes online has the added advantage of curbing bribery, which often happens during the face-to-face interaction between clients and service-delivery officials.
- 5. Lastly, corruption an offspring of administrative bottlenecks in public service delivery is a major obstacle to the delivery of quality services. Service providers should make serious efforts to arrest this canker by ensuring that there are clear criteria for decision-making that reduce personal discretion and increase transparency in administrative processes.

To further explore this data, please visit Afrobarometer's online data analysis facility at www.afrobarometer.org/online-data-analysis.

References

- Bitner, M. J., Booms, B. H., & Tetreault, M.S. (1990). The service encounter: Diagnosing favourable and unfavourable incidents. *Journal of Marketing*, *54*, 71-84.
- Curry, A. C., & Herbert, D. (1998). Continuous improvement in public services a way forward. Managing Service Quality, 8(5), 339-349.
- Grönroos, C. (1982). A service quality model and its marketing implications. *European Journal of Marketing*, 18(4), 36–44.
- Johnston, R. (1995). The determinants of service quality: Satisfiers and dissatisfiers. International Journal of Service Industry Management, 73(3), 407-427.
- Joss, R., & Kogan, M. (1995). Advancing quality: Total quality management in the National Health Service. Buckingham: Open University Press.
- Kadir, S. L. S. A., Abdullah, M., & Agus, A. (2000). On service improvement capacity index: A case study of the public service sector in Malaysia. *Total Quality Management, 11*(4-6), 837-843.
- Mwita, J. I. (2000). Performance management model. *International Journal of Public Sector Management*, 13(1).
- Ovretveit, J. (1992). Health service quality: An introduction to quality methods for health services. Oxford: Blackwell.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, 64(1), 2-40.
- World Bank (2004). World development report: Making services work for poor people.

 Available at:

 https://openknowledge.worldbank.org/bitstream/handle/10986/5986/WDR%202004%
 20-%20English.pdf?sequence=1.
- Xu, G. (2013). Development through empowerment: Delivering effective public services a literature review. ADB Economics Working Paper Series No. 382. Available at: http://www.adb.org/sites/default/files/publication/31153/ewp-382.pdf.

Appendix 1

Round 6 questions

Fieldworkers were asked:

- (Q1) Are the following services present in the primary sampling unit / enumeration area: a) Electricity grid that most houses could access? b) Piped water system that most houses could access? c) Sewage system that most houses could access? d) Cell phone service?
- **(Q2)** Are the following services present in the primary sampling unit / enumeration area or in easy walking distance: a) Post office? b) School? c) Police station? d) Health clinic? e) Market stalls (selling groceries and/or clothing)?
- (Q3) Thinking of the journey here: Was the road at the start point in the PSU / EA paved / tarred / concrete?

Respondents were asked:

- **(Q4)** In the past 12 months, have you had contact with a public school? If yes, a) How easy or difficult was it to obtain the services you needed from teachers or school officials? b) And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a teacher or school official in order to get the services you needed from the schools?
- **(Q5)** In the past 12 months, have you had contact with a public clinic or hospital? If yes, a) How easy or difficult was it to obtain the medical care you needed? b) And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a health worker or clinic or hospital staff in order to get the medical care you needed?
- (**Q6**) In the past 12 months, have you tried to get water, sanitation or electric services from government? If yes, a) How easy or difficult was it to obtain the services you needed? b) And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a government official in order to get the services you needed?
- (Q7) In the past 12 months, have you requested assistance from the police? If yes, a) How easy or difficult was it to obtain the assistance you needed? b) And how often, if ever, did you have to pay a bribe, give a gift, or do a favour for a police officer in order to get the assistance you needed, or to avoid a problem like passing a checkpoint or avoiding a fine or arrest?
- (Q8) How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: a) Improving basic health services? b) Addressing educational needs? c) Providing water and sanitation services? d) Providing a reliable supply of electricity? e) Maintaining roads and bridges?
- **(Q9)** What about local government? I do not mean the national government. I mean your metropolitan, municipal, or district assembly. How well or badly would you say your local government is handling the following matters, or haven't you heard enough about them to say: a) Maintaining local market places? b) Maintaining local roads?
- **(Q10)** I am now going to ask you about a range of different actions that some people take. For each of the following, please tell me whether you think the action is not wrong

at all, wrong but understandable, or wrong and punishable: a) Not paying for the services they receive from government?

Round 5 questions

Respondents were asked:

(Q11) Have you encountered any of these problems with your local public clinic or hospital during the past 12 months: Services are too expensive / unable to pay? Lack of medicines or other supplies? Lack of attention or respect from staff? Absent doctors? Long waiting time? Dirty facilities?

(Q12) Have you encountered any of these problems with your local public schools during the past 12 months: Services are too expensive / unable to pay? Lack of textbooks or other supplies, Poor teaching? Absent teachers? Overcrowded classrooms? Poor conditions of facilities?

Appendix 2

Table 1: Presence of services | urban vs. rural enumeration areas | Ghana | 2014

		Rural EAs
Cell-phone services	100%	87%
School	96%	83%
Electricity grid	98%	68%
Piped-water system	89%	47%
Market stalls	72%	43%
Sewerage	78%	26%
Health clinic	69%	33%
Tarred/ paved road	61%	39%
Post office	36%	7%
Police station	44%	9%



Daniel Armah-Attoh is the Afrobarometer project manager for Anglophone West Africa at the Center for Democratic Development (CDD-Ghana) in Accra, Ghana.

Afrobarometer is produced collaboratively by social scientists from more than 30 African countries. Coordination is provided by the Center for Democratic Development (CDD) in Ghana, the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and the Institute for Empirical Research in Political Economy (IREEP) in Benin. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

Core support for Afrobarometer Rounds 5 and 6 has been provided by the UK's Department for International Development (DFID), the Mo Ibrahim Foundation, the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), and the World Bank.

Contact: daniel@cddgh.org