

A photograph of a woman in a rural setting, carrying two large, cylindrical water jugs on her back. She is wearing a colorful, patterned dress and a headscarf. The background shows a grassy field and a thatched-roof building. The image is partially obscured by a dark grey diagonal overlay in the top right corner.

AFRO
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LET THE PEOPLE HAVE A SAY

**What People Want From
Government**
Basic Services Performance Ratings, 34 Countries

Joseph Asunka
11 December 2013

Introduction

Across 34 African countries¹, people's ratings of government performance in providing basic services -- water, sanitation and electricity -- are poor and declining. Ratings for health and education are somewhat better, but also declining. Furthermore, large numbers identify serious shortcomings in these services. Ratings on the handling of HIV and AIDS are exceptions: absolute majorities approve of governments' performances.

The findings suggest that while service infrastructure such as schools, clinics and power grids are necessary for delivering services to people, infrastructure alone does not guarantee effective and high quality services. Africans report major problems with public services including inability to access services, the poor state of facilities, and high user fees. Difficulties with access to services as well as negative personal experiences with service personnel largely shape popular assessments of government performance in the continent. The mere presence of service infrastructure such as schools and clinics does little to motivate positive views about government policy performance.

Key Findings

- Most Africans are dissatisfied with public provision of basic services: 56% say government has done fairly or very badly in providing clean water and sanitation services, and 55% say the same about delivering reliable power supply.
- Government performance in basic health service delivery attracts higher approval rates: majorities say the government has done fairly or very well at improving basic health services (57%). A large minority – four in ten people (41%) – say the government does fairly or very badly. Education receives similar approval/disapproval rates (59% approve, 37% disapprove).
- Majorities of users identify serious shortcomings in service delivery, including long wait times (77%) and lack of medicines or supplies (69%) in public clinics and hospitals, and overcrowded classrooms (61%) and lack of textbooks and supplies (57%) in schools.
- Overtime, approval ratings have declined across 16 countries in which data are available. In contrast, nearly 7 in 10 Africans (69%) approve government performance in combating HIV/AIDS, and the over-time trend in assessments is positive.

¹ Afrobarometer surveys are based on nationally representative samples. These 34-country results therefore represent the views of approximately three-quarters (76%) of the continent's population. Countries included in Round 5 are: Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Cote d'Ivoire, Egypt, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Morocco, Mozambique, Namibia, Niger, Nigeria, Senegal, Sierra Leone, South Africa, Sudan, Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, and Zimbabwe. Results from a 35th country, Ethiopia, will be available shortly. The total number of respondents in the 34 countries was 51,605. Interviews are conducted face-to-face in the language of the respondent's choice. Previous rounds of the Afrobarometer were conducted in 1999-2001 (Round 1, 12 countries), 2002-2003 (Round 2, 16 countries), 2005-2006 (Round 3, 18 countries), and 2008-2009 (Round 4, 20 countries). For further information visit www.afrobarometer.org

- The analysis suggests that service inaccessibility and negative personal experiences with public services underlie popular evaluations of government performance. The mere presence of service infrastructure such as schools and clinics plays almost no role in shaping popular views about government performance.



Government Policy Performance

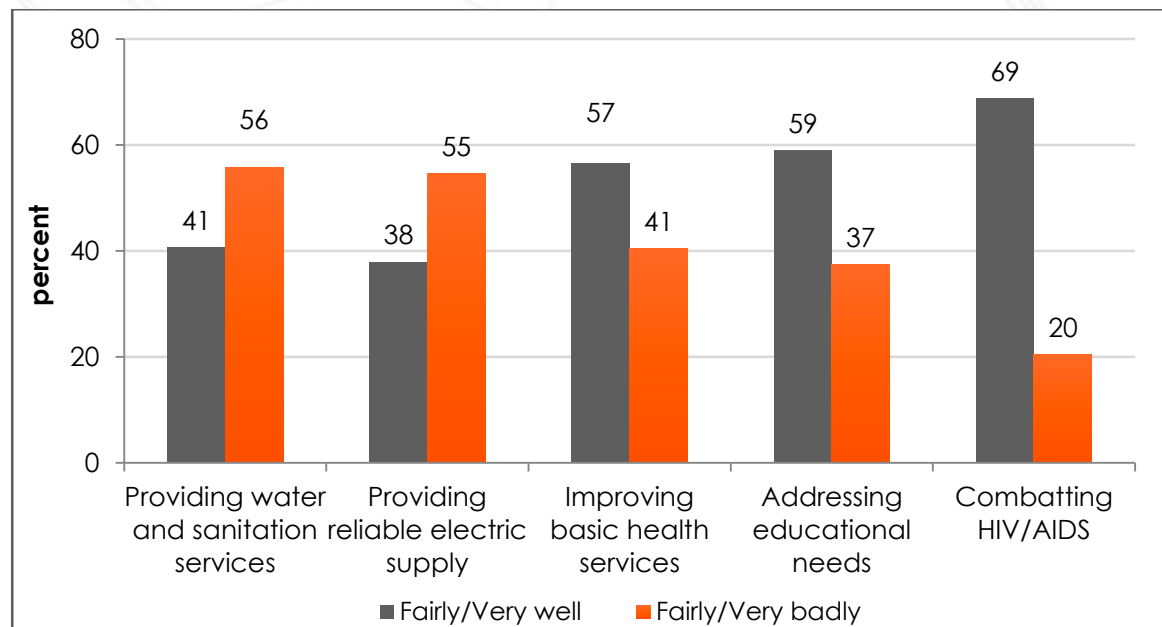
Afrobarometer asks respondents how well the government is handling the provision of a range of public and household services (Figure 1). Africans largely disapprove of government performance in the delivery of household services. Across the 34 countries, majorities of all adults disapprove of government performance in providing water and sanitation services (56%), and supplying reliable electric power (55%).

Approval of government performance in education and other aspects of health service delivery is significantly higher. Majorities approve of governments' efforts to address educational needs (59%) and improve basic health services (57%).

A sizeable majority approve government performance in combating HIV/AIDS (69%).

Figure 1: Government performance in providing public services

| 34 countries | 2011-2013



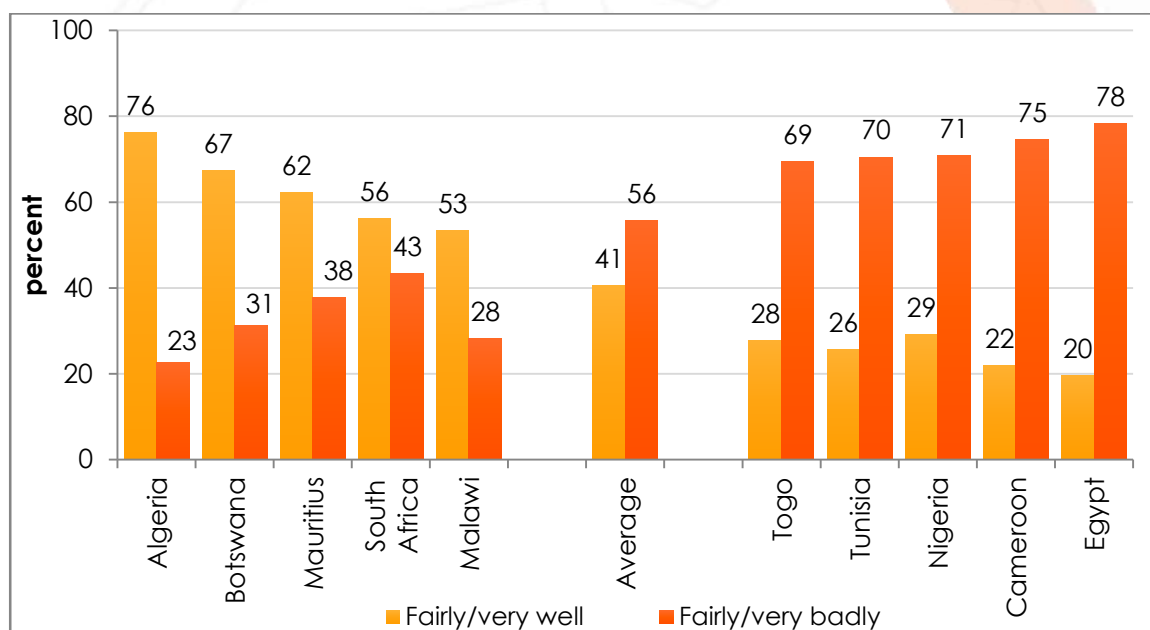
Participants were asked: "How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say?"

Though, on average, Africans are dissatisfied with government provision of water, sanitation and power some of Africa's wealthiest nations do much better in delivering these services. For example, large majorities of all adults in Algeria, Botswana, Mauritius and South Africa rate governments' provision of both water and sanitation and electricity supply 'fairly well' or 'very well' (Figures 2 and 3). But less than a quarter of those in Egypt and Cameroon are content with government provision of water and sanitation services.

Meanwhile roughly 8 in 10 adults in Liberia, Uganda, Nigeria, Guinea, and Zimbabwe disapprove of government efforts to supply reliable electric power. In fact fewer than

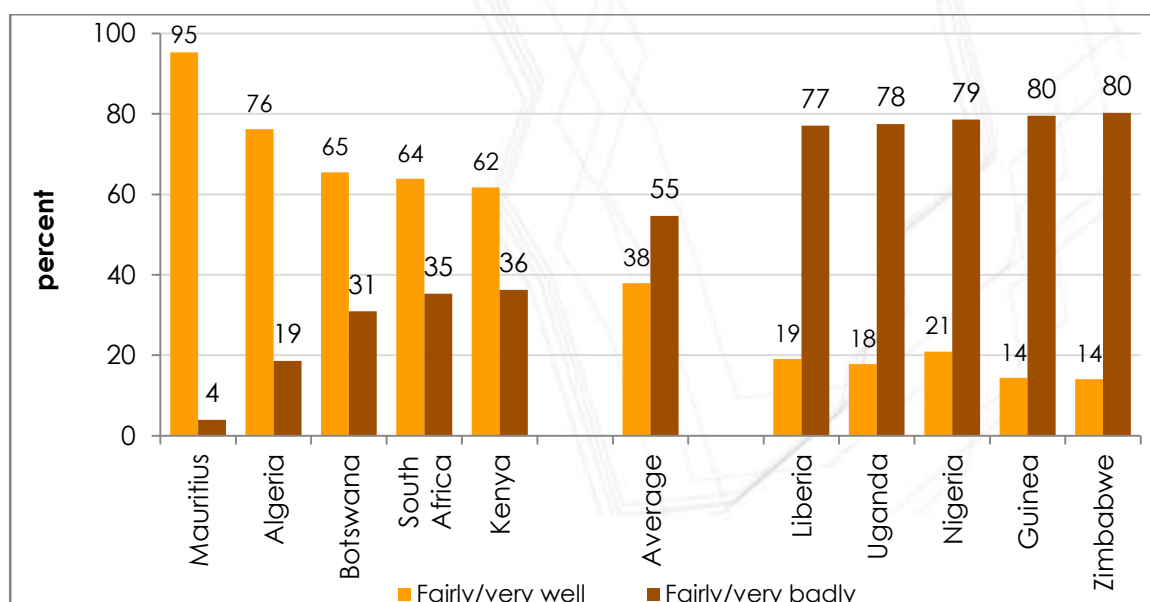
15% of adults approve of government efforts to supply reliable power in Zimbabwe and Guinea, two of Africa's least democratic countries (Figure 3)².

Figure 2: Highest & lowest countries: government performance in providing water & sanitation services | 34 countries | 2011-2013



Note: Results for all countries can be found in the annexes.

Figure 3: Highest and lowest countries: government performance in providing reliable electricity supply | 34 countries | 2011-2013

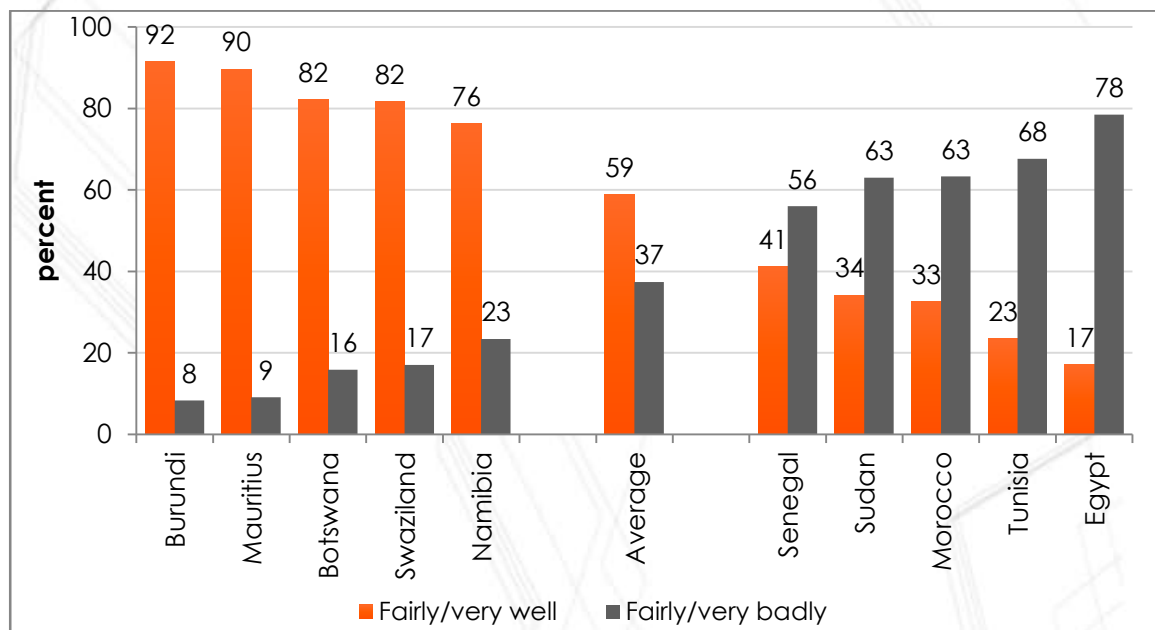


Note: Results for all countries can be found in the annexes.

² The 2012 Democracy Index report by the Economist Intelligence Unit rank Guinea and Zimbabwe at 146 and 148 respectively out of 167 countries; with overall democracy scores of 2.79 and 2.67 out of 10 respectively.

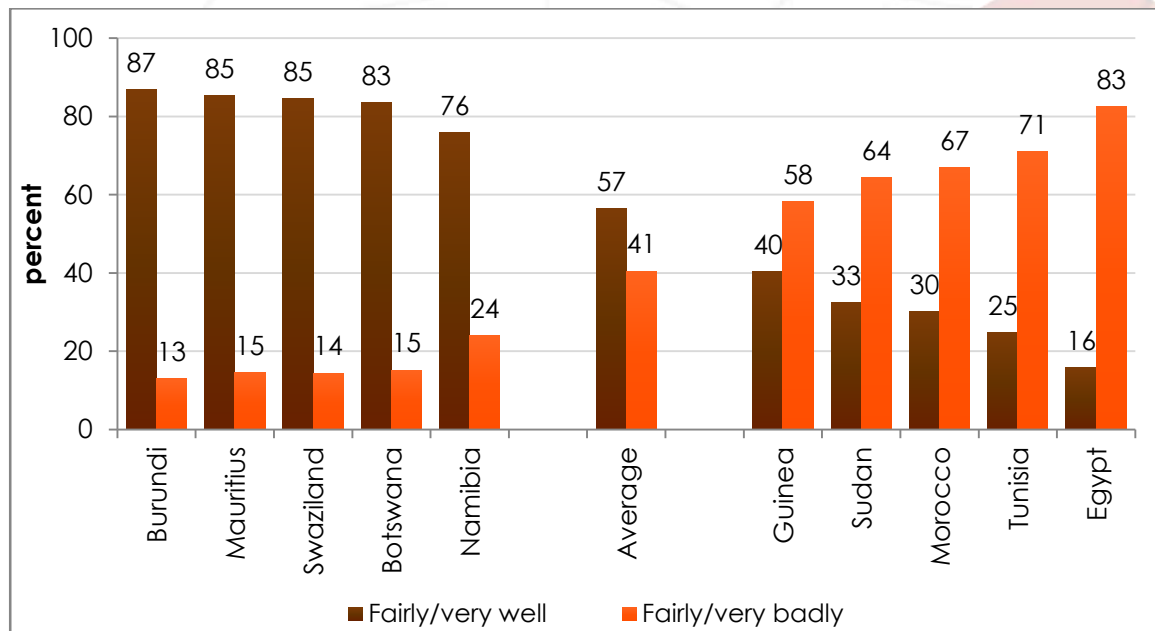
Approval of government performance in education and health service delivery is lowest in North Africa. In fact, Egypt and Tunisia consistently occupy bottom positions in terms of popular approval of government performance, suggesting a possible link between public dissatisfaction and the political turmoil of the 'Arab Spring', although whether as cause or effect cannot be determined based on this data. In fact, less than a third of all adults in Egypt, Tunisia, and Morocco approve of government performance in both addressing educational needs and improving basic health services. On the other hand, large majorities of people in Botswana and Mauritius (Africa's most stable democracies) as well as Burundi, Namibia and Swaziland, approve of government performance in education and health service delivery.

Figure 4: Highest and lowest countries: government performance in addressing educational needs | 34 countries | 2011-2013



1 (<http://www.irinnews.org/>) Burkina Faso

Figure 5: Highest & lowest countries: government performance in improving basic health services | 34 countries | 2011-2013



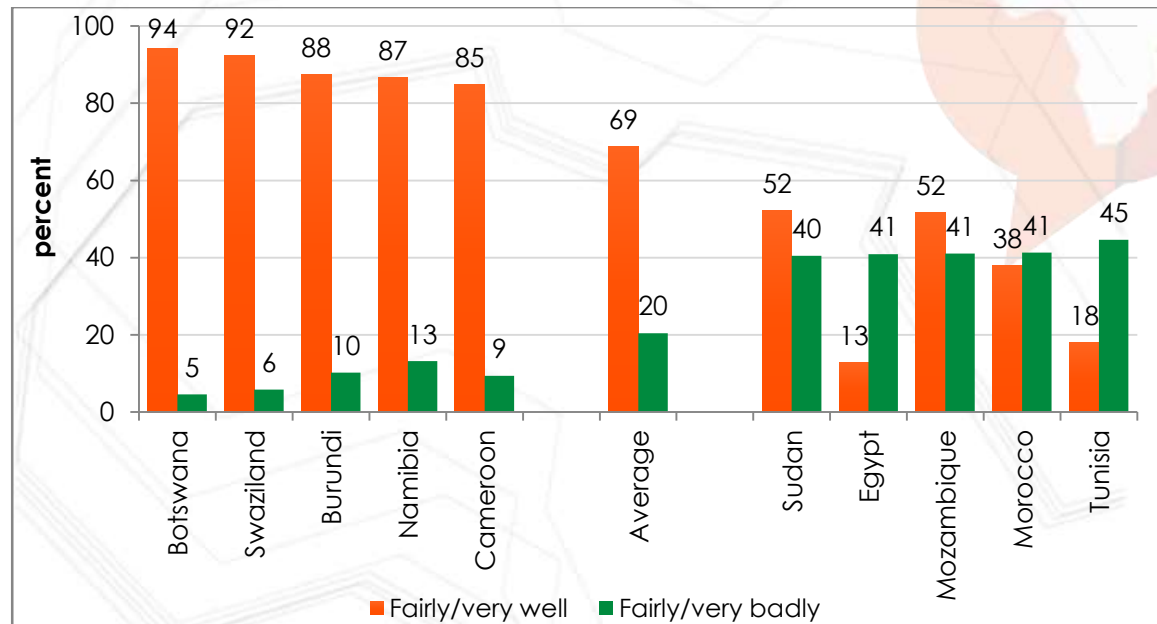
Cross-nationally, popular approval of government performance in combating HIV is very high in Botswana (94%) and Swaziland (92%), two countries with some of the highest adult HIV prevalence rates in the world (Figure 6).³ Meanwhile in Egypt and Tunisia where adult HIV prevalence is less than 0.1% according to official data (compared to almost 27% in Swaziland), fewer than 20% of all adults think governments do well in combating HIV/AIDS. Indeed, in the latter cases, where there is little room for improvement, government efforts to combat the scourge might be invisible to many people.



[2\(http://www.irinnews.org/\)](http://www.irinnews.org/) Lesotho

³ UNAIDS, [Report on the Global AIDS Epidemic](#), 2013. Swaziland has the highest prevalence rate of 26.5%, followed by Lesotho and Botswana at 23% each, and South Africa at 18%. Prevalence in Egypt and Tunisia is less than 0.1%.

Figure 6: Highest & lowest: approval of government performance in combating HIV/AIDS
 | 34 countries, 2011-2013 |



Note: Results for all countries can be found in the annexes.

Performance Assessment Changes | 2002-2013 |

Afrobarometer has asked respondents the same questions on government policy performance since 2002 in 16 countries⁴ (although the question on electricity supply was only introduced in 2008). It is therefore possible to track changes in people's assessments of government performance for these countries over time.

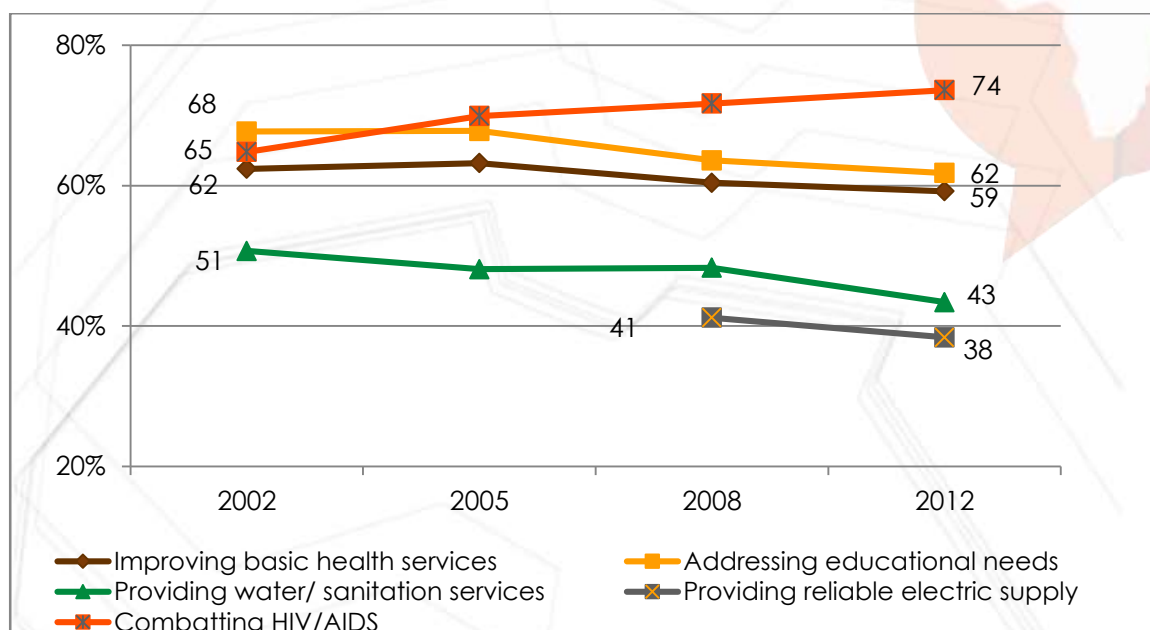
Across these 16 countries, government performance ratings have declined in four of the five sectors since 2002 (Figure 7). The decline in assessments of health care delivery is quite small, from 62% positive down to 59%, but statistically significant. Larger declines have been recorded with respect to education (down 6 percentage points, from 68% to 62%), and water and sanitation (down 8 percentage points, from 51% to 43%).

Assessments of performance in providing electricity have dropped 3 percentage points, from 41% to 38%, just since 2008.

Rising approval of government performance in fighting HIV/AIDS, from 65% to 74% positive, stands in sharp contrast to the trends observed in other sectors.

⁴ Botswana, Cape Verde, Ghana, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

Figure 7: Assessments of government performance in household & public service delivery
 | 16 countries | 2002-2012



Electricity option was not available in 2002 and 2005

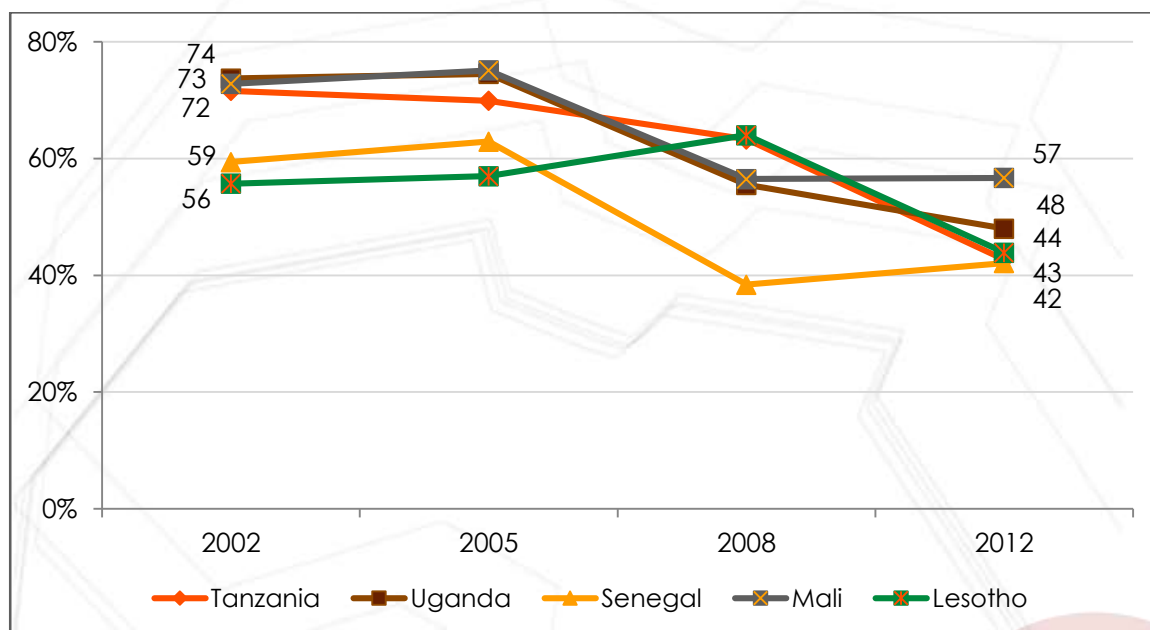
But these average trends can obscure some wide differences across countries. For example, although the average reveals only a small decline in assessments of health service delivery, five countries – Tanzania, Uganda, Senegal, Mali, and Lesotho – have experienced sharp declines (Figure 8a). Tanzania recorded the largest decline of 29 percentage points over the period (from 72 to 43%), followed by Uganda, which dropped 26 percentage points (from 74% to 48% positive).



3(www.irinnews.org) Guinea

Figure 8a: Countries with declining performance: health care

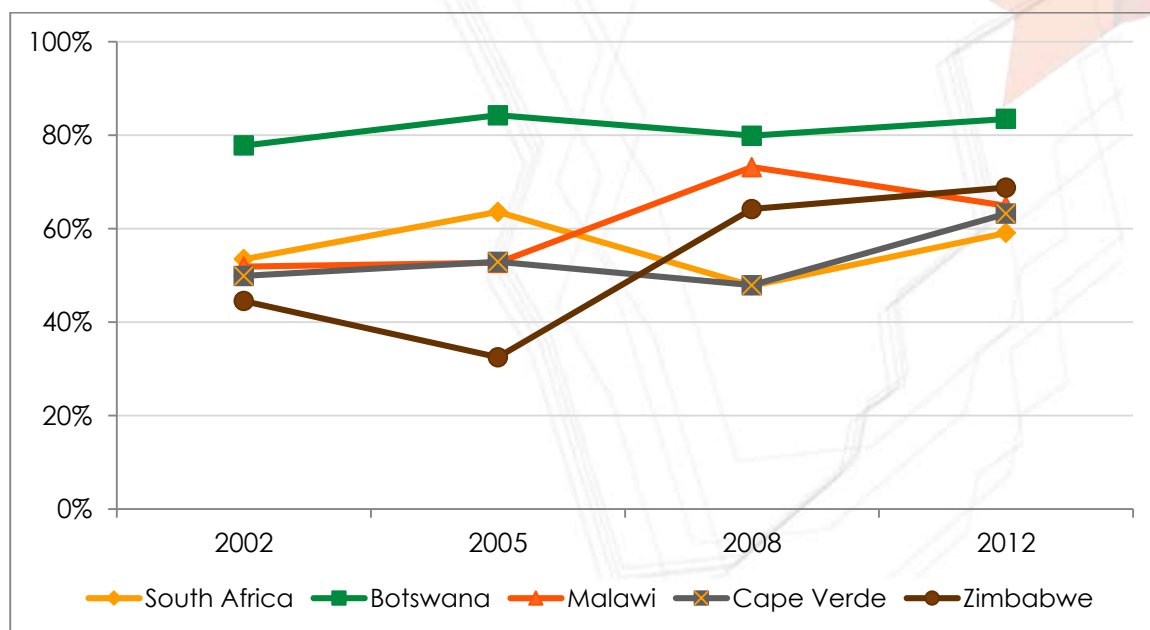
| % fairly/very well |



On the other hand, several other countries recorded significant gains in health policy performance between 2002 and 2012. The gain was sharpest in Zimbabwe, up 24 percentage points from 45% in 2002 to 69% in 2012.

Figure 8b: Countries with improving performance: health care

| % fairly/very well |



The declining average approval of government education policy performance was led by Lesotho (34 percentage point decline, from 77% to 43%), Uganda (28 point decline), Tanzania (23 point decline) and Kenya (20 point decline) (Figure 9a). But large improvements were also recorded in several countries, including South Africa (20 point gain), Zimbabwe (16 point gain) and Malawi (14 point gain) (Figure 9b).

Figure 9a: Countries with declining performance: education
 | (% fairly/very well |

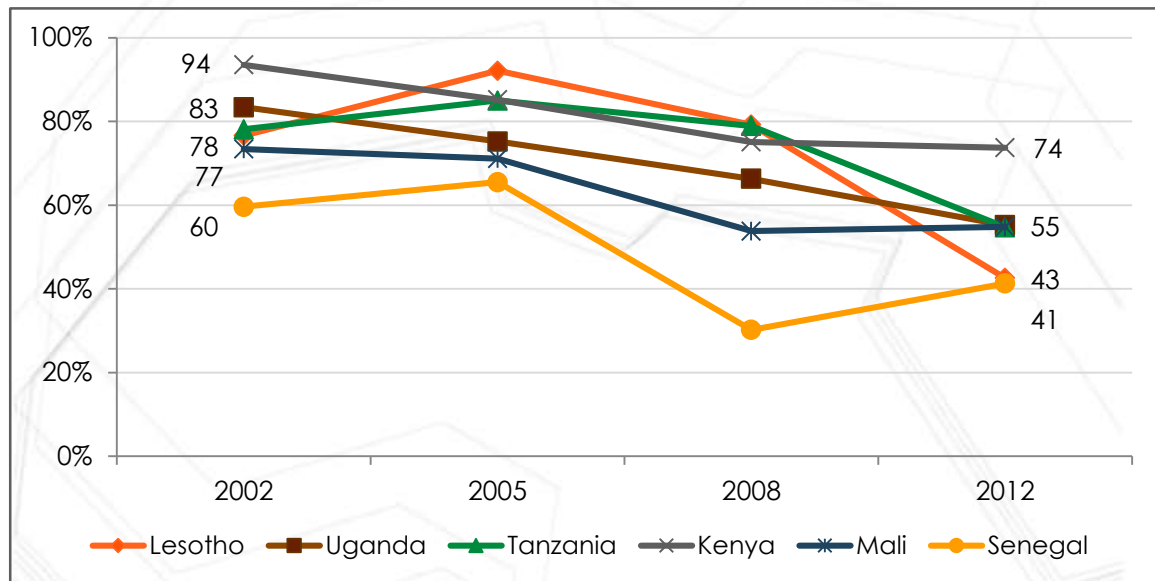
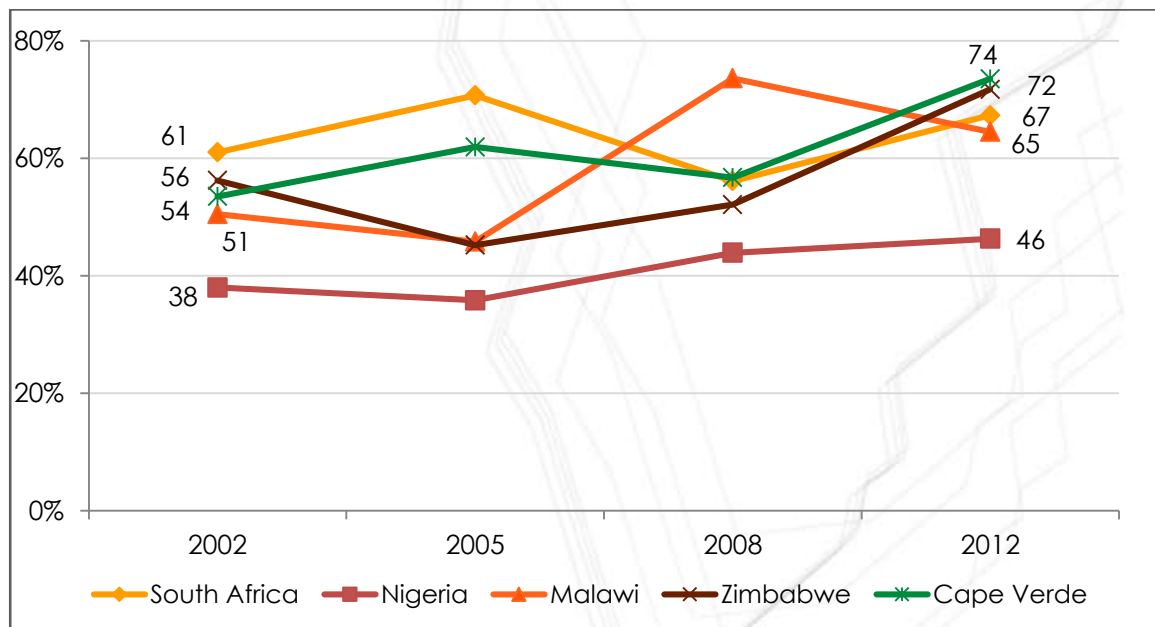


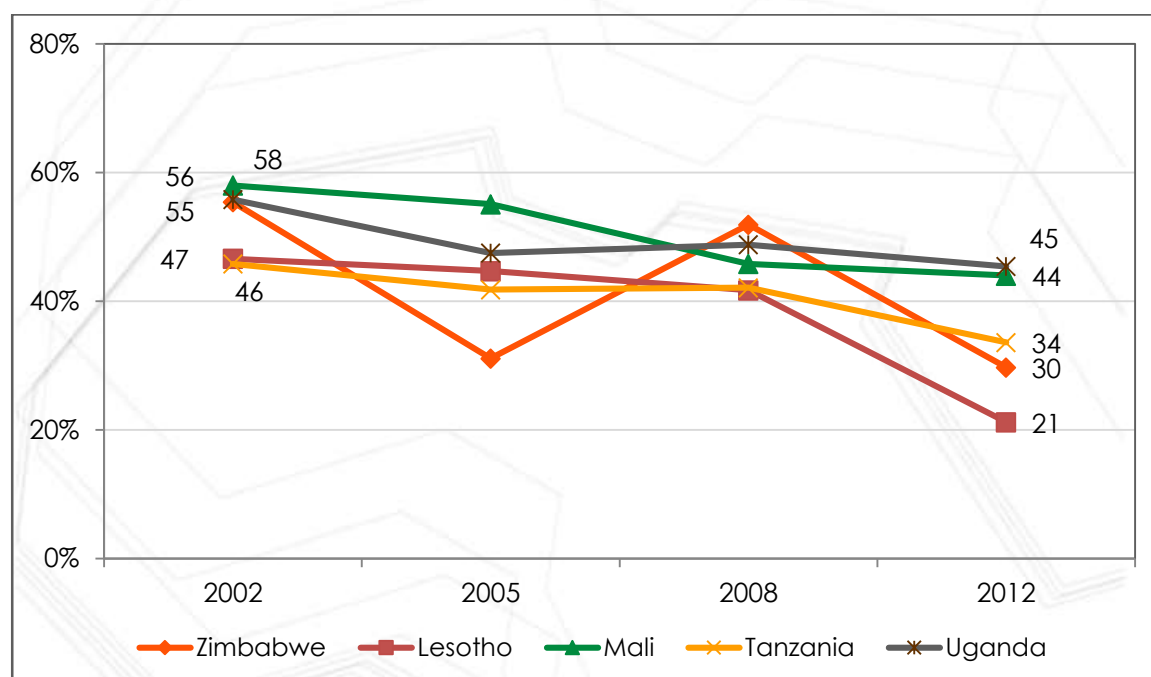
Figure 9b: Countries with improving performance: education
 | (% fairly/very well |



The 8-point decline in average assessments of government provision of water and sanitation is led by Zimbabwe and Lesotho, which saw declines in approval ratings of 25 percentage points (Figure 10). The only countries recording any improvements in this sector were Kenya (up 7 points, from 41% to 48%) and Mozambique (up 3 points).

Figure 10: Countries with declining performance: water & sanitation

| % fairly/very well |



Service Accessibility

In terms of the presence of physical infrastructure, access to most services would appear to be reasonably widespread in Africa. Afrobarometer interviewers reported that there was a school within walking distance for the vast majority (88%) of sampling locations⁵, and a health clinic or hospital was available within walking distance for 62% of locations. Presence of an electricity grid was noted in 64% of sample sites, and a piped water system in 59%. Sanitation systems are, however, much less widespread: interviewers reported that public sewerage systems were present in just 28% of sampling areas.

But 'access' is about much more than presence of physical infrastructure, as a host of other factors affect an individual's ability to actually secure services, ranging from availability of funds to pay for the service where required, to the cooperation of state officials in providing access. Afrobarometer therefore asked respondents how easy or difficult it is for them to obtain a variety of services from government.

Although many people express reservations about governments' delivery of education and health services, a clear majority (70%) of those who have had recent experience say that it is easy to find a place for a child in a public primary school (Figure 11).⁶ Access to

⁵ Respondents were not asked about access to infrastructure where they lived. Rather, these data were recorded by interviewers for each of the sampling locations, known as census enumeration areas (EAs), where they conducted interviews. In most countries, 8 interviews were conducted in each EA.

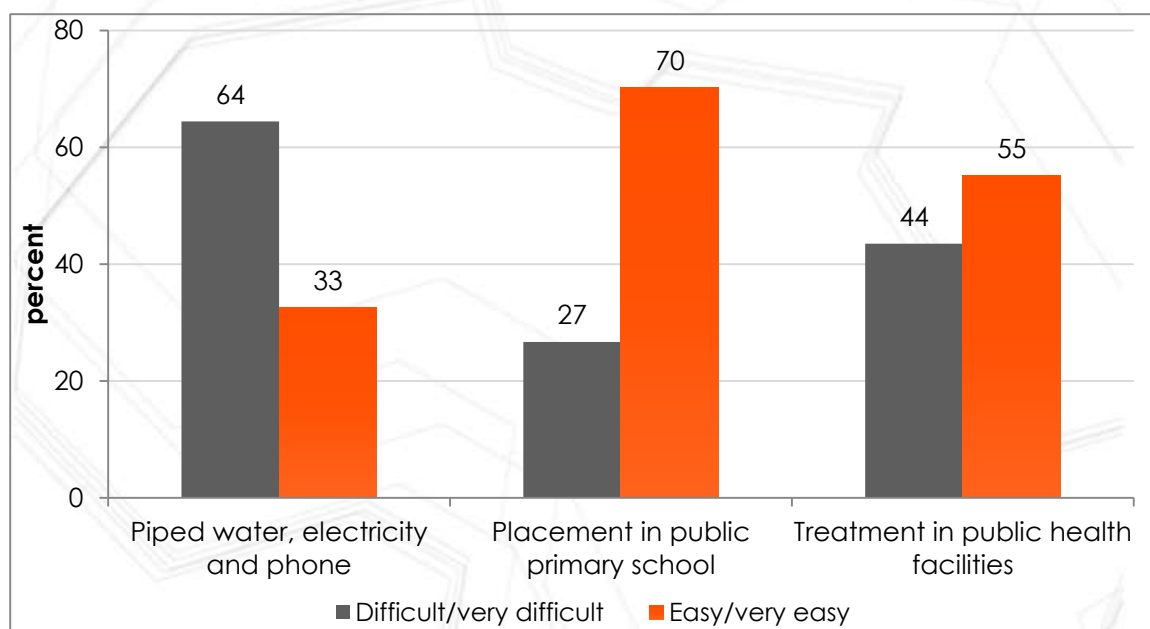
⁶ Respondents who said they had no experience with schools (9%), public health facilities (3%), or household services (13%) in the past year are excluded from reporting for that sector.

public health care is more difficult, though a slim majority (55%) still reports that it is 'easy' or 'very easy', compared to 44% who find it 'difficult' or 'very difficult'.

In contrast, nearly two thirds (64%) say it is difficult to access household services like water, electricity, and phone, compared to just one third (33%) who report easy access.

Figure 11: Ease of access to services

| 34 countries | 2011-2013



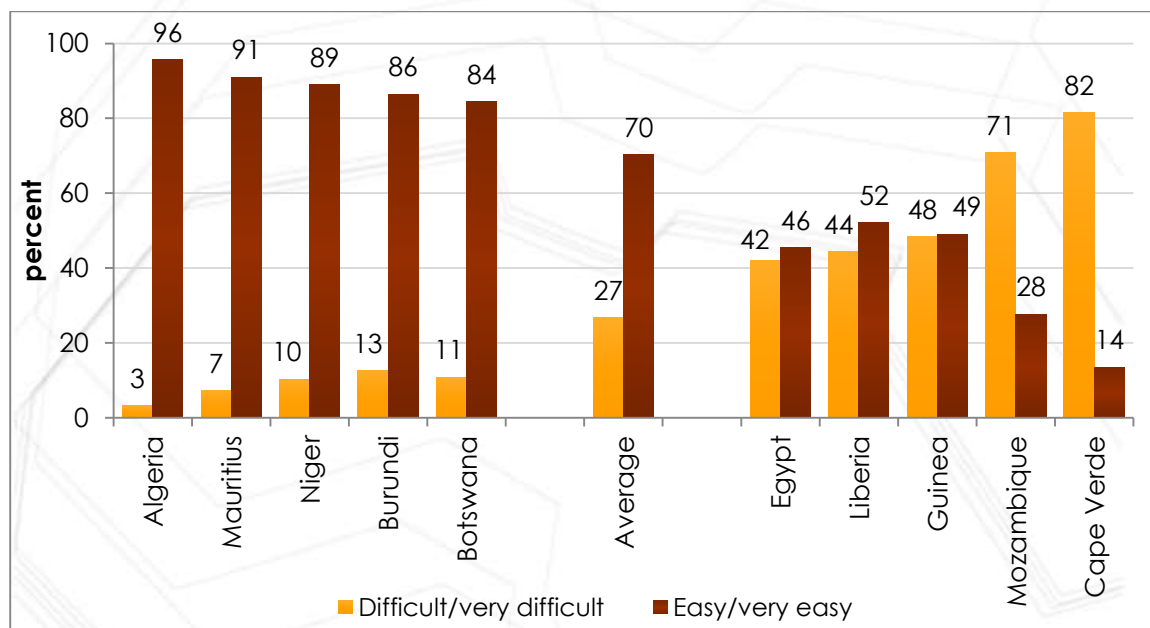
Participants were asked: "Based on your experience, how easy or difficult is it to obtain the following services from government? Or do you never try to get these services from government?"

Across the 34 countries, easy access to public primary education is reportedly high in Algeria, Niger and Mauritius. But fewer than 30% of Cape Verdeans and Mozambicans say they have easy access to placements in public primary schools.



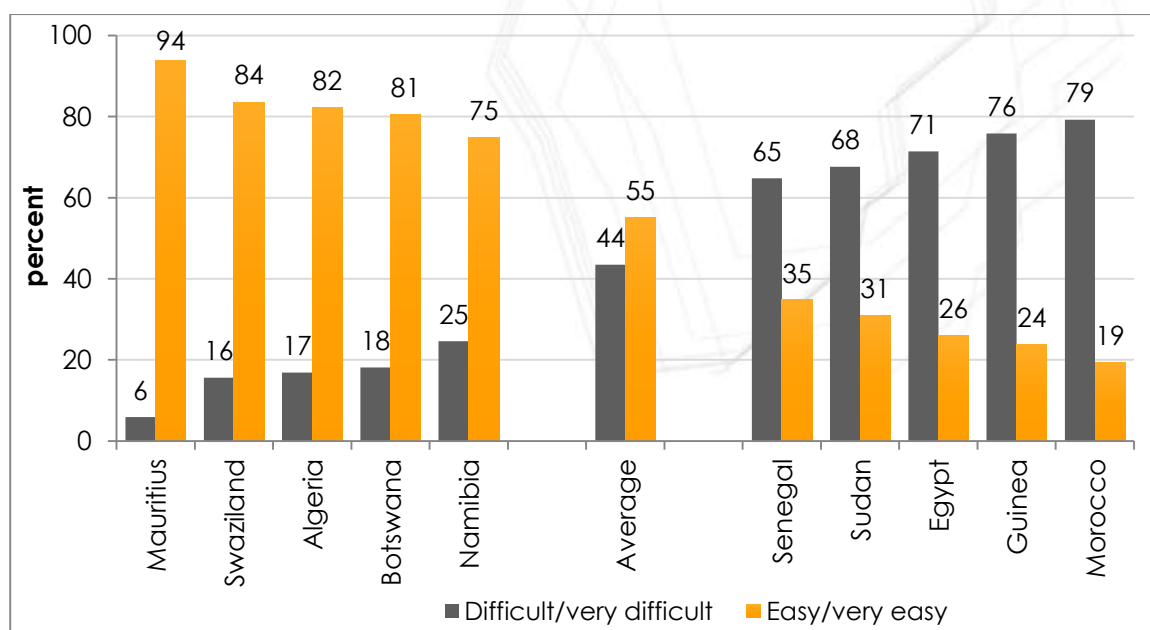
(<http://www.irinnews.org/>) Burkina Faso

Figure 12: Highest & lowest countries: ease of access to placement in public primary schools | 34 countries | 2011-2013



Ease of access to public health care is also high in Mauritius, Swaziland, and Algeria, while less than a quarter of people in Morocco and Guinea say they have easy access to treatment in public health facilities.

Figure 13: Highest & lowest countries: ease of access to medical treatment in public health facilities | 34 countries | 2011-2013

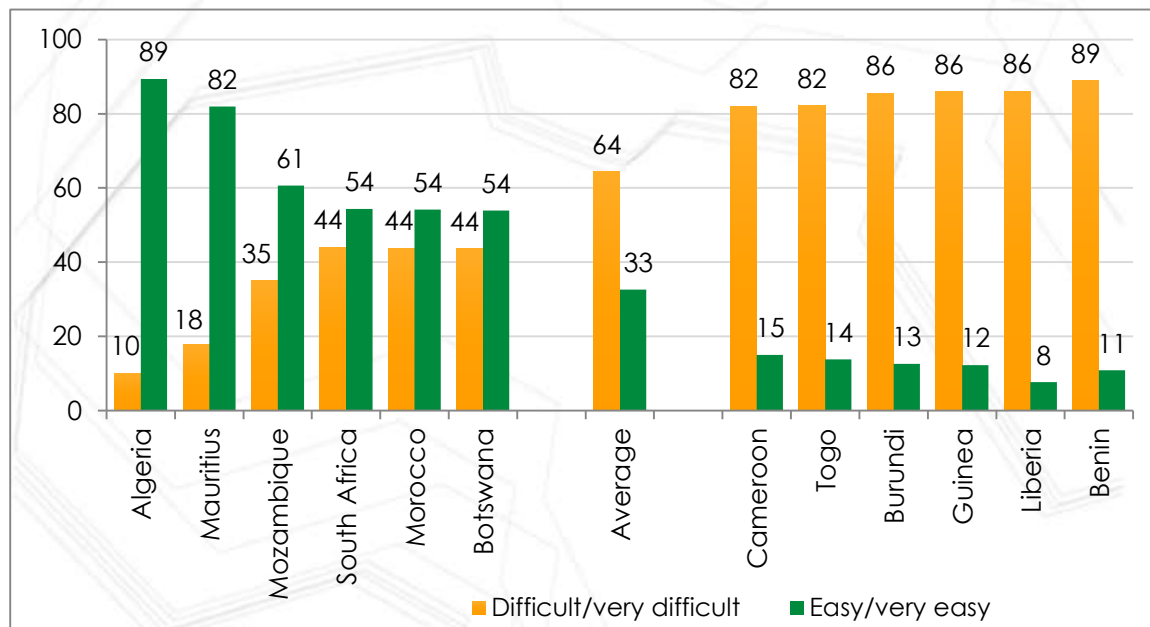


Note: Results for all countries can be found in the annexes.

More than 8 in 10 adults who have had recent experience with household services in Cameroun, Togo, Burundi, Guinea, Liberia, and Benin say obtaining services is difficult. But as before, large majorities in relatively wealthy Algeria and Mauritius report much easier access.

Figure 14: Highest and lowest countries: ease of access to household services

| 34 countries | 2011-2013



Service Quality

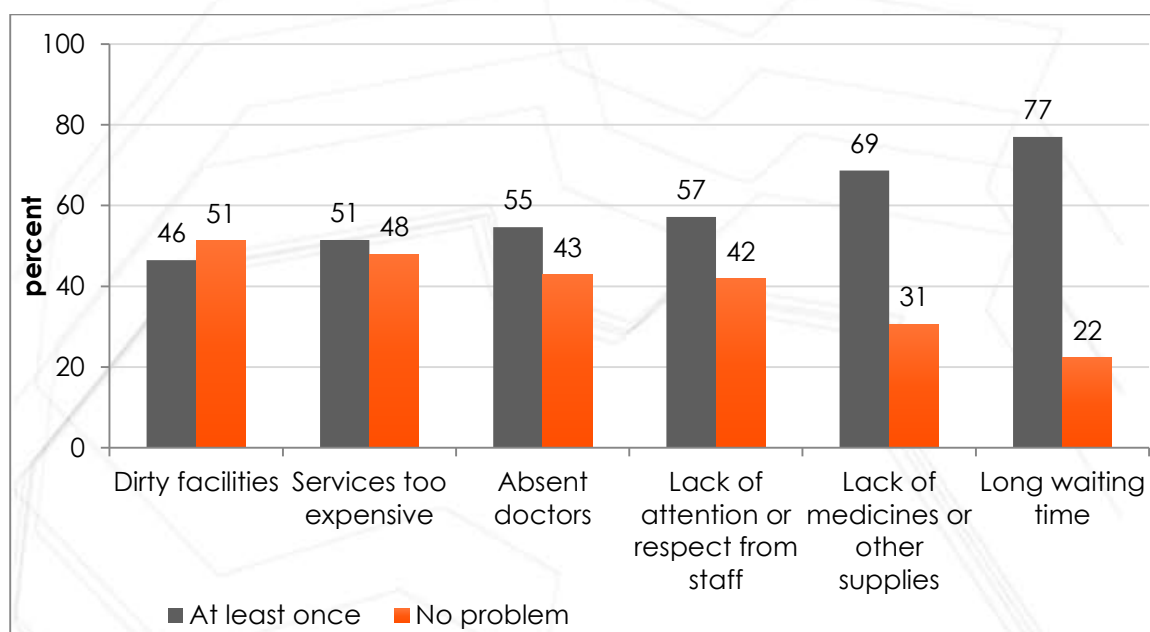
Afrobarometer also asks respondents about the quality of their experiences with public health and education services.

Among those who have had recent experience accessing and using public education services in the past year⁷, majorities report problems with all aspects of the quality of service provided. The most frequently reported problem is overcrowded classrooms (61%), followed by lack of textbooks (57%). Slightly fewer (47%) report that the schools are too expensive or that they were unable to pay.

⁷ 31% of all respondents said they had no experience with the public education system in the past year, and are excluded from the responses reported in Figure 15.

Figure 15: Experience of problems with public education services

| 34 countries | 2011-2013



Participants were asked: "Have you encountered any of these problems with your local public schools during the past 12 months?"⁸

Among those who used public health clinics or hospitals⁹, majorities also report experiencing problems with health facilities, especially long waiting times (77%) and shortage of medicines and supplies (69%). The only narrow exception is the cleanliness of facilities, where a slim majority (51%) reports no experience of problems, compared to 46% who encountered this.



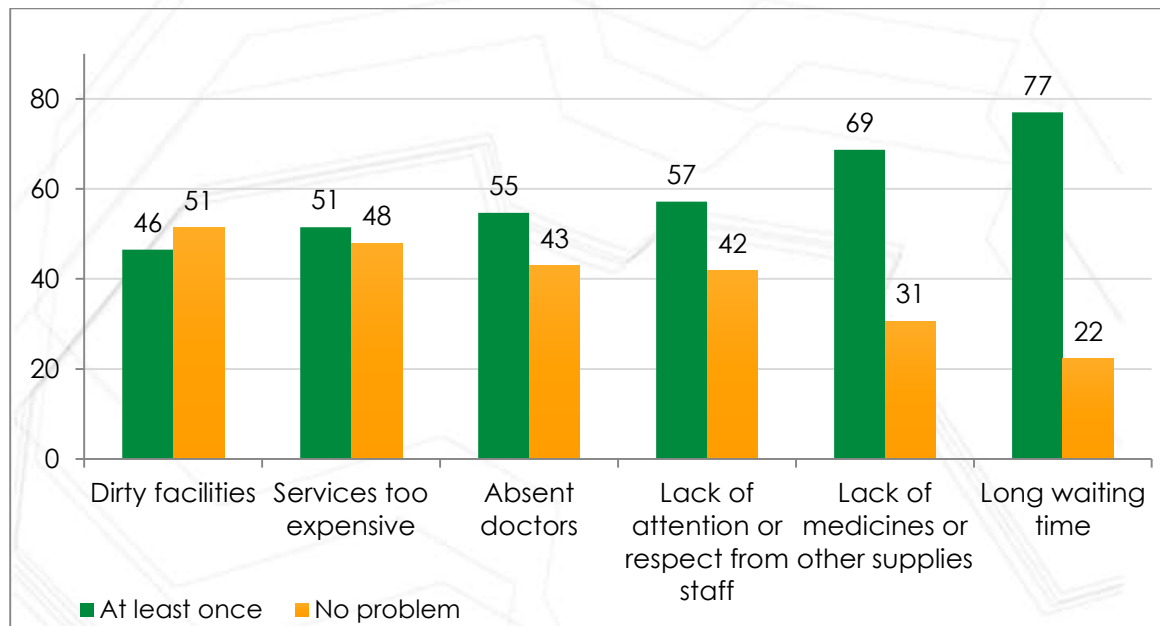
4(www.irinnews.org) sierra leone

⁸ Figures exclude those who said they had no experience with the public education system in the past year. Only the responses of those who used the system are reported.

⁹ 16% of all respondents said they had no experience with the public health care system in the past year, and are excluded from the responses reported in Figure 16.

Figure 16: Experience of problems with public healthcare services

| 34 countries | 2011-2013



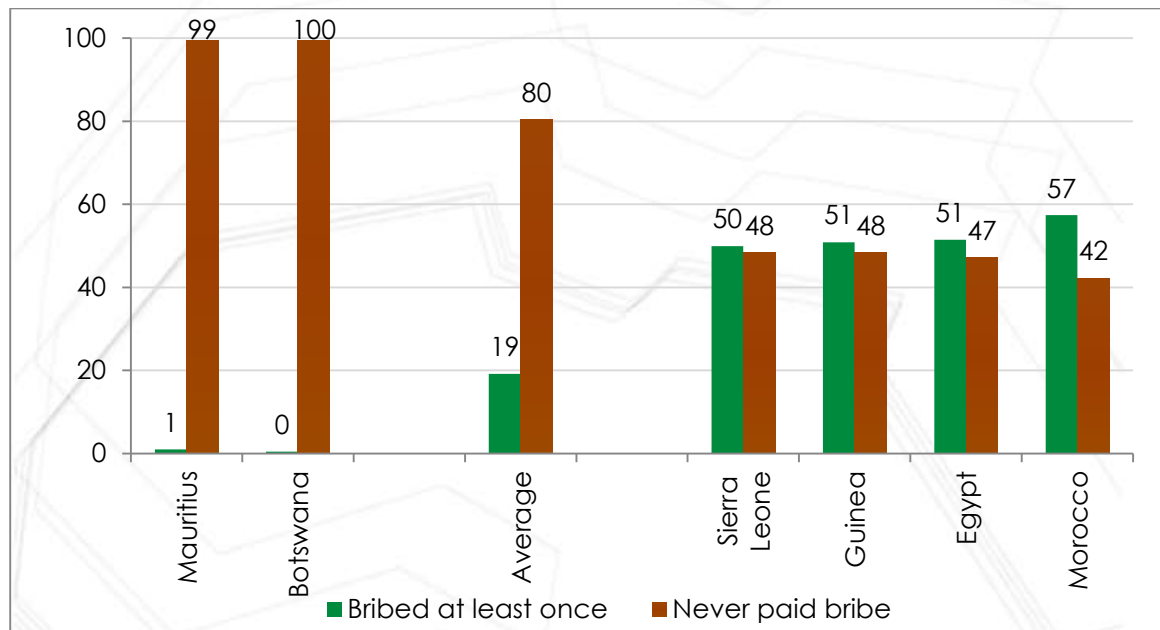
Participants were asked: "Have you encountered any of these problems with your local public clinic or hospital during the past 12 months?" (respondents who answered 'once or twice', 'a few times' or 'often' are coded as 'at least once'; those who responded 'never' are coded as 'no problems')

Note: Figures exclude those who said they had no experience with the public education system in the past year. Only the responses of those who used the system are reported.

Some of those Africans who have had recent experience accessing public services also say they had to pay bribes for these services. Bribe payment for service is most frequent in the health sector. Nearly one in five Africans (19%) report that they paid bribe in order to get treatment in public health facilities. In fact, a majority of all adults in Sierra Leone, Guinea, Egypt, and Morocco say they paid bribes to receive medical treatment in public health facilities (Figure 17). On the other hand, almost no one in Africa's long standing democracies – Mauritius and Botswana – paid a bribe for health services.

Figure 17: Highest & lowest countries: paying bribe for medical treatment

| 34 countries | 2011-2013



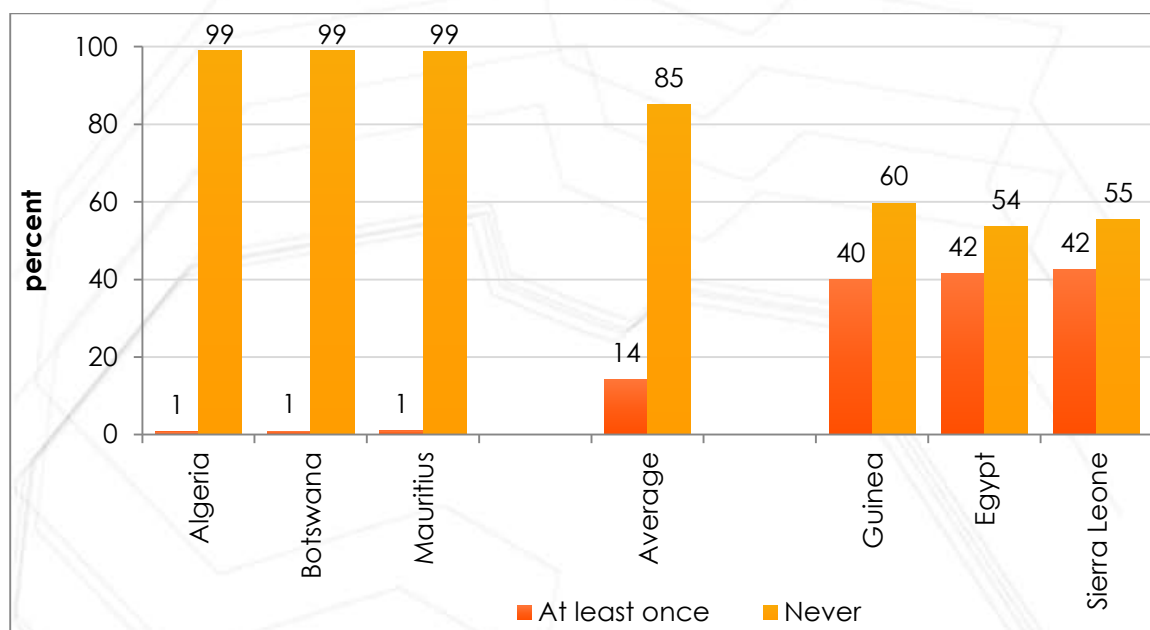
Participants were asked: "In the past year, how often, if ever, have you had to pay a bribe, give a gift, or do a favor to government officials in order to get treatment at a local health clinic or hospital?"

Note: Results for all countries can be found in the annexes.

Fourteen percent report having paid a bribe in the past year to obtain a placement in public primary schools, and the same number say they paid a bribe for household services (Figures 18 and 19). Payment of bribes for school placements and for household services is highest in Guinea, Egypt, and Sierra Leone and lowest in Botswana, and Mauritius.

Figure 18: Highest & lowest: paying bribe for placement in public primary schools

| 34 countries | 2011-2013

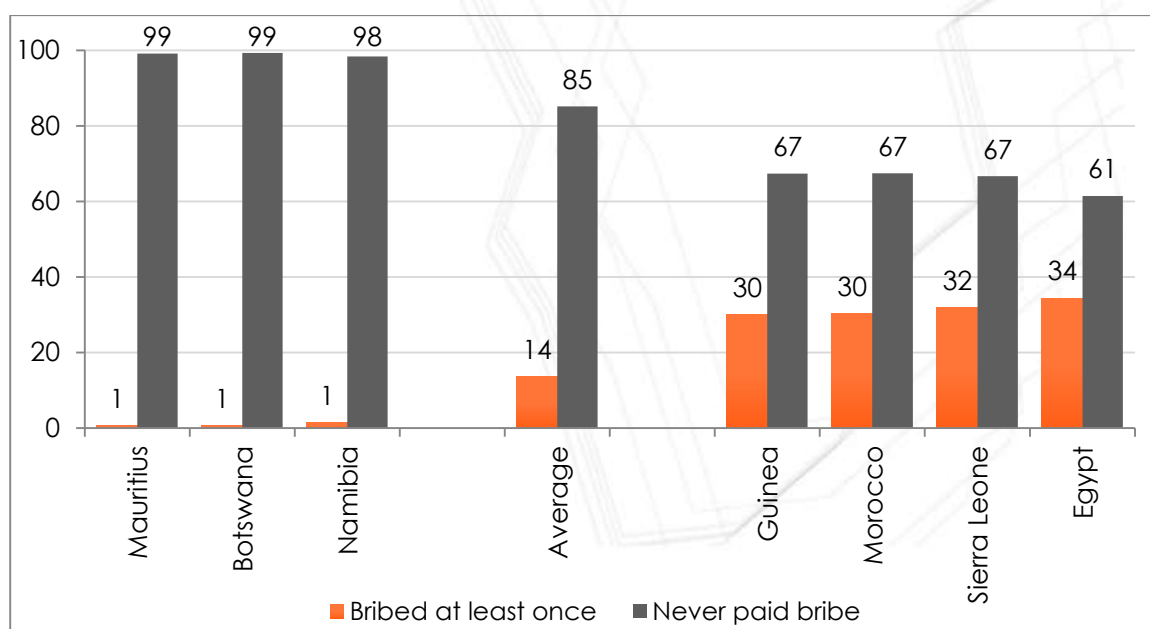


Participants were asked: "In the past year, how often, if ever, have you had to pay a bribe, give a gift, or do a favor to government officials in order to get a place in a primary school for a child?"

Note: Results for all countries can be found in the annexes.

Figure 19: Highest & lowest countries: paying bribe for water & sanitation services

| 34 countries | 2011-2013



Participants were asked: "In the past year, how often, if ever, have you had to pay a bribe, give a gift, or do a favour to government officials in order to get water or sanitation services?"

Note: Results for all countries can be found in the annexes.

Conclusion

Africans hold largely negative views about their governments' performance on key services such as delivery of water and maintaining sanitary conditions, as well as supplying electricity. While citizens give their governments higher grades for handling health care and education, they do so despite the fact that majorities of users report that their hospitals lack medicines and their schools have too few books. Majorities of users also report overcrowding in schools and long waiting lines at clinics.

An analysis of the views of ordinary people suggests that while physical presence of service infrastructure has little or no effect on performance assessments, overall ease of access plays an important role.¹⁰ In short, if people report difficulties in accessing public services they are also likely to give lower scores for government performance. Perceived lack of access to services drives popular assessments of government performance much more than the physical presence of service infrastructure such as schools, clinics, piped water, electricity, and sewerage in local communities.

Greater ease of accessing health and education services may thus help explain the higher marks for government performance in these sectors despite the problems many users encounter with poor quality services. Especially in the education sector, the adoption of free primary education policies in many countries has expanded access to basic education for many Africans. These programs have been popular, despite the challenges they present when it comes to maintaining quality. Publics may be rewarding their governments for the improvements in access despite the ongoing (or perhaps growing) quality challenges.

But quality of service provision also affects performance assessments. In the health sector, those who experience dirty or unsanitary healthcare facilities, lack of medicines and supplies, and high healthcare costs are most likely to disapprove of government health policy performance.¹¹ With respect to education, poor teaching, the high cost of education and the poor quality of facilities have the strongest negative effects on government performance ratings. People who encounter these problems are more likely to give their government low marks.

In short, people who give high ratings to government services even as they note long waits and lack of essential supplies may be simultaneously giving their governments credit for improving access, while reporting that much work remains undone.

These results suggest that the mere presence of a primary school or a health clinic in the vicinity is insufficient to ensure popular satisfaction with government service delivery. People must also be able to access services with ease. And while access may still

¹⁰ The analysis was conducted using ordinary least squares regression. The dependent variables were government performance in improving basic health services, and in addressing educational needs. For health sector performance, the standardized regression coefficient for ease of access to public healthcare is 0.217 (significant at $p=.000$), compared to 0.010 for physical presence of health clinics (not significant). Similarly, for education the coefficient for access is 0.101 (significant at $p=.000$), whereas the physical presence of a school building within walking distance of the sampling area had no significant effects.

¹¹ With regard to health sector performance, standardized coefficients for dirty facilities, services too expensive, and lack of medicines or supplies, were $-.096$, $-.070$, and $-.054$ respectively (all significant at $p=.000$). For education sector performance, standardized coefficients for poor teaching, services too expensive, and poor facilities were $-.119$, $-.060$ and $-.058$ respectively (all significant at $p=.000$).

outweigh quality when it comes to public evaluations of government performance, quality matters as well. Governments would therefore be well advised to concentrate on upgrading *both access to and quality of* primary education, healthcare and basic services; providing infrastructure alone will not meet the public's needs, or win its praise.

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