e-journal

Developments in Administration

The Dynamics of Failing Service Delivery in Nigeria and Ghana

A PhD Research Note by Mary S. Mangai

ABSTRACT

This article compares the quality of service delivery in Nigeria and Ghana in the areas of healthcare, food provision and access to clean water and sanitation. Its first finding is that public service delivery in the two countries has been perceived as inadequate and deteriorating for over a decade. Therefore, this paper concludes that Nigeria and Ghana are lagging behind in the provision of basic public services for their citizens and need to re-orient their service delivery. Governments in sub-Saharan countries are working with donor agencies at the forefront of combating poverty through a number of interventions to improve the delivery of public services. Notwithstanding these good intentions, few results have been achieved so far, especially considering the massive investment made in attempts to reduce poverty in this region.

The outcomes of this research suggest a strong relationship between household satisfaction and problems experienced in service delivery in these areas. They also show that satisfaction with public service delivery involves more than government performance. Political, geographical and demographic factors are also important predictors.

INTRODUCTION

Research on the expectations of citizens with regard to public service delivery and their satisfaction or dissatisfaction with poverty intervention services in sub-Saharan Africa is said to be rare and much needed (Bold et al., 2011; Fiszbein, 2005), even though basic service delivery is fundamental to economic development and well-being (Bold et al., 2010; World Bank, 2003). Governments in sub-Saharan countries are working with donor agencies at the forefront of combating poverty through a number of interventions to improve public service delivery, but few results have been achieved so far, especially considering the massive investment made in attempts to reduce poverty in these regions (Bold et al., 2010; Wessal, Treuth and Wescott, 2014).

One might argue that the challenges – and therefore also the potential solutions – of service delivery in these developing countries are similar to service delivery issues in economically developed countries and that theories on citizen satisfaction which explain customer satisfaction and quality of private/public service delivery in more developed countries should apply equally to public service delivery in developing countries. After all, it is still service delivery, no matter who provides it or where it is provided. Although such an argument is appealing because it allows researchers to use the proxy of citizen satisfaction with service delivery as indicative of the quality of actual public service delivery in developing countries (in the same way that this proxy is used in developed countries), a rather different argument assumes significant differences between the challenges in public and private service delivery. This argument contends that these differences vary between developed and developmental countries because in the latter, specific socio-economic, demographic and political factors impede service delivery.

The first factor that would appear to justify this argument is the lack of equity in public service delivery in developing countries. Although it is the wish of governments and donor agencies that their interventions in such countries will reach the poor, the reality remains very different. In sub-Saharan Africa, it is often only the wealthy and privileged that have access

to high-quality products and services. Most often, such services are acquired from high-cost private sector providers or are purchased abroad. Citizens in these countries, especially the poor, are concerned about what their government is doing and should do to resolve this problem and the gap between their expectations and their experiences (Bold et al., 2011; Fiszbein, 2005).

A second factor concerns the limited quality of public service delivery in such countries, especially for certain societal groups and regions, because politicians seek to satisfy those societal groups and regions that are the most important for their re-election: the wealthy and those living in urban areas (Cazares, Mok and Petrovsky, 2013).

This article examines the relationship between the problems experienced and the satisfaction with public sector services in the fields of water, sanitation, healthcare and food provision in Ghana and Nigeria. It aims to address the gap in knowledge on service delivery in Ghana and Nigeria and to examine whether trends and variations in actual service delivery and levels of satisfaction with such services are related to socio-economic, demographic and political factors. This article does this firstly by comparing the problematic situation regarding service delivery in these countries at the macro level. Secondly, it investigates the relationship between the problems experienced with service delivery and satisfaction with public services at the micro level. This aspect of the research is based on surveys from the Afrobarometer, including indicators relating to service provision, citizen satisfaction with the quality and accessibility of public goods and data on their opinions on government performance.

This article sets out to answer the following questions:

- What can be said about the relationship between problems experienced with public service delivery and the satisfaction of citizens with service delivery in Ghana and Nigeria?
- To what extent do satisfaction with service delivery and views on government performance in general vary according to socio-economic group, demographic group and political context – such as younger and older sections of the population, gender, employment status and urban versus rural areas – in Ghana and Nigeria?

The next section provides some background information on Nigeria and Ghana. Comparing Nigeria and Ghana allows this article to address the macro-level factors that are important in delivering public services. Subsequently, an analysis at the household level is presented, based on survey data. Studying variations and trends by combining analysis on the household and the contextual levels in Nigeria and Ghana adds to the knowledge on government performance in sub-Saharan Africa from the macro and micro perspectives. The next section addresses the dataset used and the methods of analysis. The final section presents the outcomes of the analysis, which is followed by a discussion and conclusions.

BACKGROUND ON NIGERIA AND GHANA

As West African countries, Nigeria and Ghana share some features due to their geographical proximity, colonial history, long-term military rule, ethnic heterogeneity, recent transitions to democracy and similar levels of development. Nigeria is a special case, as it is the most populous country in Africa (180 million people) and has a strong regional influence in sub-Saharan Africa. This influence is particularly due to the country's macroeconomic characteristics, military interventions and the size of its economy (Lewis, 2003). For instance, Lewis (2003: 132) observes that if democracy were to succeed in Nigeria, this would increase the chances of greater democracy in other sub-Saharan countries.

In terms of economic growth, both Nigeria and Ghana have made progress in the last decade (see Table 2). Another enabling factor for service delivery is that both countries are governed by democratically elected leaders. Theoretically, this would imply that their governments would do their best to improve governance, accountability and performance in the field of public service delivery, because the populace expects quality improvements in this area, and politicians' re-election chances may depend on it (Cazares et al., 2013; Joseph, 2014; Wessal et al., 2014).

Economic growth and political democracy are, despite the arguments often articulated in the political speeches of international actors concerning

their positive effects on poverty alleviation, not sufficient to reduce poverty on their own; how the poor fare in the wake of poverty alleviation programmes, economic growth and emerging democracy remains an under-investigated area (Wessal et al., 2014). The relationship between these developments is especially dubious in Nigeria and Ghana: this becomes clear when one contrasts the economic growth and the emergence of democracy with the enduring poverty among the populations of these countries and the lack of good education, basic healthcare and access to basic utilities such as clean drinking water. Although several programmes and interventions on poverty alleviation have been introduced since the emergence of democracy and the take-off of economic growth in these countries, poverty rates are still very high (NBS, 2012; Wessal et al., 2014). Statistics from the National Bureau of Statistics (NBS) of Nigeria show that in 2004, 54.7 per cent of Nigerians lived in absolute poverty. This figure increased to 60.9 per cent in 2010 and 69.9 per cent in 2012. A recent NBS report showed that 120 million of the total 180 million Nigerians survive on a daily income of less than $1.25, which is the international poverty line (NBS, 2012).

Poverty remains a serious multidimensional problem in both countries, and this is reflected in basic statistics. The figures are given in Table 1.

Table 1 – A Decade of Households' Living Conditions (Everyday Experience) in Nigeria and Ghana

Source: Afrobarometer (2014) data (Round 2 and 5 surveys).

Percentage of population saying they regularly lack:	Nigeria			Ghana	
Year(s)	2002	2012		2002	2012
Medical care	39	34		39	15
Food	27	37		26	16
Clean water for home use	49	40		32	17
Cash income	48	57		57	37

One of the reasons for the emergence of democracy and economic growth, on the one hand, and enduring poverty, on the other, could be the existence of societal conflict. Heterogeneous ethnicity characterizes both countries. Democratization and ethno-religious conflict have been associated with Nigeria's political scene in the past (Achumba and Ighomereho, 2013; Howard, 2010). In Nigeria, the level of religious and ethnic conflict and violence is high. A major threat confronting the habitable co-existence of people in Nigeria is increasing terrorism and violence. These issues can partly be traced to the disconnect between the people and the government, and in several cases, to kidnappings in the Niger Delta region (the oil-producing region) by aggrieved youths over the lack of corporate social responsibility by the oil companies active there (Danjibo, n.d.; Ejobowah, 2000). Recently, the northern region of Nigeria has witnessed the rise of the Islamic sect called Boko Haram (which means 'Western education is forbidden') (Danjibo, n.d.).

Nwagboso (2012) has analysed the security challenge in Nigeria. His work has revealed that security challenges in Nigeria can be traced to a long history of bad governance. The study claims that the inability of several regimes in Nigeria to tackle socio-economic problems such as unemployment, poverty, corruption, overpopulation and inadequate access to education has resulted in unrest, anger, violence and rising crime, including kidnappings, ritual killings, armed robbery, suicide bombings, militancy and vandalism. It is obvious that the activities of these insurgents is having an adverse effect on the (i) income of the government from oil revenue, (ii) the involvement of local and foreign investment in the economy and (iii) the security of lives and properties (Achumba and Ighomereho, 2013; Ejobowah, 2000; Nwagboso, 2012), and through these factors, also on the quality of service delivery. This situation is being aggravated in Nigeria by the fact that religious antagonism and conflicting ethnic identities drive the country's political and economic life, resulting in increased tension, sectarian violence, militia groups, terrorism and ethno-religious conflict in the country (Achumba and Ighomereho, 2013; Gberie, 2011).

Ghana has been more successful in containing civil strife and conflict. Howard (2010: 963) notes that in Ghana, under both military and civilian

administrations, religious, regional and ethnic conflicts have been well managed. Also, the nature of the democratic system differs between the two countries. Since the transition to democracy in Nigeria in 1999, and in Ghana in 1992, the political routes taken by Nigeria and Ghana have been different. Ghana's political path in terms of democracy has been on a consistent upward trajectory. The quality of elections in Ghana since the return of democracy has improved over the years. In contrast, Nigeria's political route has suffered many setbacks. The quality and fairness of elections declined continuously in Nigeria, until the 2011 election, which was evaluated as better than all previous elections (Gberie, 2011).

Indeed, unlike Nigeria, Ghana is seen as a model for successful democratization and government interventions. Ghana gained independence in 1957, making it the first nation in sub-Saharan Africa to gain freedom from her colonial masters. The country is known for its successive economic and political reforms. The differences between both countries are reflected in the Worldwide Governance Indicators (2012) published by the World Bank. Table 2 compares Ghana and Nigeria on six indicators for good governance and shows that as a government, Ghana scores better than Nigeria these indicators. Table 2 also presents a comparison of Nigeria and Ghana on some key demographic, political, economic and welfare indicators.

Table 2 – Comparing Nigeria and Ghana on Demographic, Political, Social, Economic and Welfare Indicators
Source: World Bank Indicators, 2014; World-wide Governance indicator, 2014.

	Nigeria		Ghana	
	2002	**2012**	**2002**	**2012**
Economic				
GDP growth (annual %)	3.8	4.3	4.5	8.8
GDP per capita growth (annual %)	1.2	1.4	1.9	6.4
Inflation, consumer prices (annual	12.9	12.2	14.8	9.2

%)				
Political				
Government effectiveness	11.71	15.79	52.20	52.15
Political stability and absence of violence/terrorism	7.21	3.32	38.94	50.24
Control of corruption	1.46	11.00	47.32	55.50
Rule of law	4.31	10.43	51.67	54.03
Voice and Accountability	27.40	27.49	46.15	60.66
Regulatory quality	11.76	25.36	35.29	55.98
Demographic				
Population (total)	129,224,641	168,833,776	19,786,307	25,366,462
Population growth rate (annual %)	2.5	2.8	2.5	2.2
Welfare				
Life expectancy at birth, total (years)	47.2	52.1	57.4	60.9
Improved water source (% of population with access)	56.5	64	73.7	87.2
Improved sanitation facilities (% of population with access)	31.7	27.8	11.0	14.4

Table 2 shows the significant differences between Nigeria and Ghana. A number of the indicators reveal the superior progress made in Ghana compared to Nigeria: growth in GDP per capita is 60 per cent higher in Ghana; GDP growth in Ghana is significantly higher; and the indicators for political effectiveness and stability, control of corruption, voice and accountability, rule of law and regulatory quality all seem to show that Ghana is doing better than Nigeria.

CONCEPTUALIZATION OF SATISFACTION

In this article, I attempted to establish an empirically based link between actual service delivery and satisfaction with public service delivery. This section aims to put this analysis in a broader theoretical framework, namely the Individual level and Jurisdictional level determinants of satisfaction.

James (2009:108) has defined satisfaction as an 'evaluative attitude or behaviour towards some experience or object'. Satisfaction literature has provided a number of explanations as to why citizens may be satisfied or dissatisfied with service delivery. Some are anchored in the Performance model (Roos and Lidstrom, 2014); some in the Expectation Disconfirmation model (Van Ryin, 2004, 2006; Oliver, 1977, 1980; Yi, 1990); and others in the Individual and Jurisdictional models (DeHoog, Lowery and Lyons, 1990; Sharp, 1986; Bovaird et al., 2015).

In the performance model, citizens are expected to form their judgement on how satisfied they are with the actual quality of service delivered by the government compared to their expectations. This informed judgement provides the government with feedback on where demand is high and what it should prioritize in terms of public service delivery. However, this depends on whether the perceptions of citizens about the quality of service delivery are a valid indicator of the actual quality thereof. In that case, one might expect that actual service provision has improved when satisfaction with those services increases.

However, people may also be dissatisfied with public services for other reasons: because it is not 'their party' that is in power, or because they live in a rural area and see the differences in service delivery between rural and urban areas, or other factors not directly related to actual service delivery (Mishler and Rose, 2001). Mishler and Rose (2001: 36) note that the assessment of public service delivery is affected not only by overall government performance but also citizens' own values and circumstances. Personal background and social status can influence the assessment of government performance or policy outcomes. Citizens' expectations and satisfaction can vary in relation to individual, cultural and contextual characteristics. Individuals/households are likely to hold diverse views as a

result of their gender, age, values, socio-economic background and experiences.

Nonetheless, other scholars have not acknowledged these problems. James (2011: 1425) explains that although citizens' view of public service delivery often begins with a general perception of the public sector covering a broad range of issues, it is their own access to public services, the reality of public service delivery, their expectations of future service delivery and their trust in the government to deliver that will determine their level of satisfaction. According to James, satisfaction with service delivery is determined purely by the difference between a given citizens' expectations and experiences. Wessal et al. (2014: 9) agree with this and emphasize that the main problem is that governments in developing countries struggle to provide a basic level of services, while citizens' expectations of better and quality service delivery are increasing.

This has resulted in the Expectation Disconfirmation Model (EDM) to test citizens' satisfaction. In this model, satisfaction is conceptualized as 'the difference between the actual service level experienced and the expected quality of service' (Deichmann and Lall, 2003; James, 2009; Morgeson, 2013; Morgeson and Petrescu, 2011; Van Ryzin, 2004, 2006). James (2009) and Reisig and Chandek (2001) explored the EDM with regard to specific service delivery in the local government, and Van Ryzin (2004, 2006) looked at a wide range of urban/local services. Morgeson (2013), Poister and Thomas (2011) and Van Slyke and Roch (2004) examined the expectations of respondents on specific services among state and federal government services. Morgeson (2013) expresses concern about the absence of studies on the application of EDM to national or federal government service delivery. His expectation was that for federal government services the gap between expectations and empirical performance could be larger due to political and geographical reasons. This was backed up by other studies focusing on demographic variables and political attitudes as the main determinant of citizen satisfaction (DeHoog et al., 1990). Beck et al. (1986) used the individual level approach to provide a complex causal interpretation of citizen satisfaction. Also, some studies on racial satisfaction about the quality of services have shown that black people rate

the quality of services much lower than white people (Brown and Coulter, 1983; Aberbach and Walker, 1970). Other researchers found evidence that age, gender, income and home ownership status all affect the evaluation of services (Brown and Coulter, 1983; Roos and Lidstrom, 2014).

Such studies also focus on political attitudes as a measure of citizen satisfaction. Beck et al., (1986) and Stipak (1980) found a strong relationship between community disaffection and service satisfaction. Brown and Coulter (1983) also found a positive and significant relationship between political efficacy and citizen satisfaction.

The individual level model of citizen satisfaction was formalized by DeHoog et al. (1990) as follows:

$$[\![\ll, Satisfaction]\!]\_i \; =$$

$$a\_ \; + \; [\![b\_1 \, Gender]\!]\_i + b\_2 \; [\![Race]\!]\_i \; + \; b\_3 \; [\![Income]\!]\_i + b\_(4) \; [\![Age]\!]\_(i) \; +$$

$$b\_5 \; [\![Owner \, of \, home]\!]\_i + \; b\_6 \; [\![Local \, Efficacy]\!]\_i \; + \; b\_7 \; [\![General \, Efficacy]\!]\_i +$$

$$b\_8 \; [\![Community \, Attachment]\!]\_i$$

Literature at the jurisdictional level provides arguments that there are jurisdictional differences in service quality and service levels which may affect citizen satisfaction. In other words, citizens are likely to cluster together in certain neighbourhoods based on their race, income level, and socio-economic status and this will affect their evaluation of the public services available to them. The contextual background of a homogenous socio-economic neighbourhood is related to the expectations and satisfaction of the inhabitants of that neighbourhood for instance (DeHoog et al., 1990: 810). Sharp (1986: 70) stressed that those of a higher socio-economic status may be interested in 'amenities', working class people in 'housekeeping', and lower classes in 'social services'. DeHoog et al. (1990) emphasize the inclusion of jurisdiction variables in understanding variations in satisfaction with public services. The jurisdictional level model of satisfaction is as follows:

$$〖< ESatisfaction〗\_i \ = a\_ \ + b\_1 \ 〖Race - J〗\_i \ + b\_2 \ 〖Income - J〗\_i +$$

$$b\_(3) \ 〖Social \ worlds〗\_(i) + b\_4 \ 〖Consolidation〗\_i + b\_5 \ 〖No. of \ services〗\_i \ +$$

$$b\_6 \ 〖Service \ Quality〗\_i$$

Although much research has been conducted on the role of expectations in public services and its influence on satisfaction in developed countries (James, 2009; Duffy, 2000; Morgeson, 2013; Roch and Poister, 2006; Van Ryzin, 2004, 2006), little systematic empirical research has been done in this area in sub-Saharan Africa (Bold et al., 2011; Blaug, Horner and Lekhi, 2004).

In this article, the individual and jurisdictional level theoretical approach was used to test the determinants of citizens' satisfaction with service delivery in Nigeria and Ghana. The individual level in this case is assumed to be household predictors, which is how the data are clustered.

The above provides two research hypotheses about the situation in Ghana and Nigeria:

H1. Satisfaction with service delivery in developing countries such as Nigeria and Ghana is strongly related to citizens' experienced and perceived quality of public service delivery, as in developed countries.

H2. In developing countries, the determinants of satisfaction with service delivery differ from those in developed countries because the main factors in developing countries are socio-economic/political indicators (poor people receive worse services), where they live (rural or urban area), their gender, whether they are unemployed, their age, their experience and perception of general living conditions in the country and their general perception of the functioning of the government.

DATA AND METHODS

Speaking of communal life, even today Siena is very interesting in, as I said, its The data in this article address household satisfaction concerning three aspects of service delivery in Nigeria and Ghana during the period 2002–12. The services examined are healthcare services, the provision of food and access to clean water and sanitation. The article is one of a number of recently conducted empirical studies looking at the relationships between citizens and governments' ability to provide the basic needs of life for their citizens in Nigeria and Ghana.

The data used in this study are based on Rounds 2–5 from the Afrobarometer survey for Nigeria and Ghana. The four rounds of the survey were conducted in 2002, 2005, 2008 and 2012. From the four survey waves for Nigeria and Ghana, 15,512 observations were pooled, resulting in a dataset containing cross-sectional and time-series dimensions.

The Afrobarometer is a research instrument that measures attitudes, behaviours and perception among citizens in relation to political, social and economic issues. The barometer also gathers information on the livelihood of the respondents, how families survive and the formal and informal ways through which citizens gain access to healthcare, food, water, shelter, income and employment. Other related topics in the barometer include governance and social capital. The questions were sorted according to citizens' perception of the effectiveness, accountability, satisfaction and demand for good governance; questions on social service delivery; overall governance performance; satisfaction with democracy; trust in government; the trustworthiness of various institutions and associations; assessments of economic condition; and opinions about government performance in economic management. Questions in the survey also relate to the accessibility and quality of basic public services provided, as well as the attitudes/perception of respondents in relation to possible alternative service provision and the performance of government on public services provided.

The barometer enables comparisons between countries and regions. The research uses a stratified two-stage random sample (households and

localities). Each household had an equal probability of being selected in the sample (n = 9515 for Nigeria and n = 5997 for Ghana for the period 2002–12).
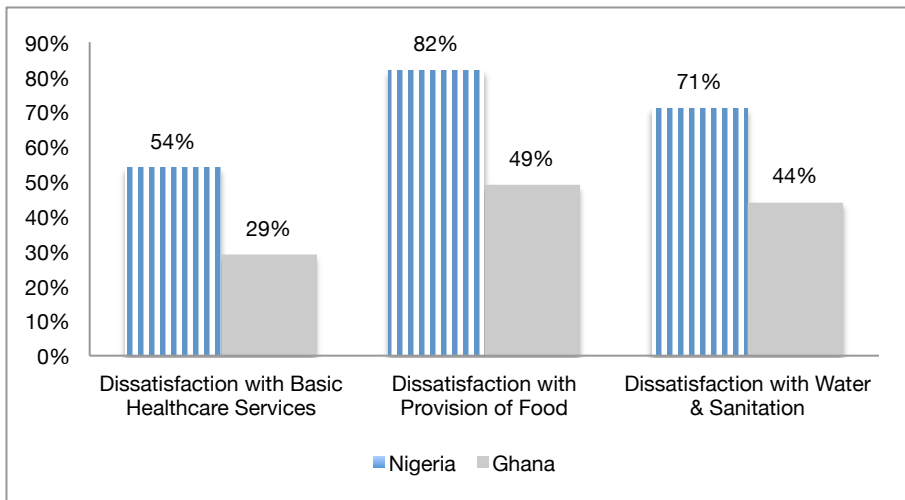
THE DEPENDENT VARIABLES

The dependent variable is satisfaction with public service delivery, defined as social outputs that people in a certain community wish to acquire for their common good. I identified three such public services: healthcare, the provision of food and access to clean water and sanitation. The dependent variables used in the model are thus (i) household satisfaction with basic healthcare services, (ii) household satisfaction with the provision of food, and (iii) household satisfaction with water and sanitation services.

Households were asked how they perceived the government's handling of improving basic healthcare services, the provision of food, and water and sanitation services. The exact questions can be found in the appendix. Figure 1 presents a pooled comparison of cross-sectional and time-series data of each household's level of dissatisfaction with service delivery in Nigeria and Ghana from 2002 to 2012.

Figure 1 – Households dissatisfied with service delivery in Nigeria and Ghana (2002-12).
Source: Author's calculations from Afrobarometer data, rounds 2-5 (2014).

For ease of interpretation of the results, the inverse of the variables in Figure 1 were used as dependent variables in the analysis of the satisfaction model (see Table 3). The variables describe households' perception of the government's handling of some basic public services from 2002–12. The total number of data pooled for both countries was 15,512, out of which 9515 were households from Nigeria and 5997 from Ghana. Figure 1 shows that 54 per cent of the households in Nigeria were dissatisfied about their government's efforts to improve basic healthcare services. Some 82 per cent of the sample population for Nigeria took the view that the government did not properly address the provision of food. Some 71 per cent of the Nigerians admitted that they do not have access to clean water for home use. Compared to Nigeria, Ghanaian households were relatively satisfied. Only 29 per cent of Ghanaians thought that basic healthcare services were available and 49 per cent said that provision of food was inadequate.

The emergence of the National Healthcare Insurance Scheme (NHIS) in Ghana may be one reason why households were relatively satisfied with basic healthcare services in Ghana. It is compulsory for all Ghanaians to join the NHIS, which provides a host of health benefits. Healthcare financing is viewed as a challenge in sub-Saharan Africa. In most cases, user fees are the basis for financing healthcare (as is the case in Nigeria). This prevents low-income earners from accessing basic healthcare services. Dalingjong and Laar (2012:11) report enormous success with the NHIS in Ghana and both the insured and uninsured in Ghana are satisfied with basic healthcare services. Table 3 provides a breakdown of household satisfaction with basic public services over a ten-year period. The result obtained in Table 3 corresponds to the pooled cross-sectional data in Figure 1. It is interesting to note that each round of the Afrobarometer data presents a survey of different households. The survey does not trace the same households over the years, yet the percentage of households satisfied with basic public services are within a close range for each of the year survey given in Table 3.

INDEPENDENT VARIABLES

The independent variables consist of the household characteristics that determine satisfaction and the problems experienced with service delivery. The control variables include: (i) the age of the respondent; (ii) the location of the respondent (rural); (iii) the gender of the respondent (female); (iv) employment status (unemployed); (v) country variable; (vi) problems experienced with service delivery; and (vii) expectations of government performance (president, national assembly/members of parliament and local government council). For the recoding of these variables, see the appendix.

ANALYSIS OF THE DATA

This study uses the binomial logistic regression model of satisfaction with service delivery in Nigeria and Ghana. A logistic model was used to

predict the effects of the predictors on the outcomes. I used the logistic model to predict the chances of citizens' satisfaction with basic public services, as well as perceptions of the government's performance. The model relates satisfaction to a collection of predictors, including public performance variables. This approach helped me to analyse the odds ratios of households being either satisfied or dissatisfied with the delivery of a range of public services. A binary score of satisfaction was used in the model. In the binomial logistic model, the dependent variables for the first and second hypotheses were satisfaction with service delivery. The predictors include gender, age, household income, residence (rural), employment status, and government performance.

The outcomes of such analyses are given in odds ratios. These represent the increase or decrease in the probability that the dependent variable will be positive. An odds ratio above one (1.0) gives the relative increase in the probability that the value of the independent variable will be positive, and an odds ratio below 1.0 gives the corresponding decrease in the probability that the dependent variable will be positive. The results are presented in Table 3.

Table 3 – Binomial Logistic Regression Model with Odds-ratio, P-value and 95% Confidence Interval (CI) of Household Satisfaction with Service Delivery in Nigeria and Ghana from 2002–12
Note: Indicates *p < 0.1, **p < 0.05, ***p < 0.01.

	Model 1 Satisfaction Basic Healthcare	Model 2 Satisfaction Food Provision	Model 3 Satisfaction Water and Sanitation
	Odds ratio (95% CI)	Odds ratio (95% CI)	Odds ratio (95% CI)
Age 18–36 (ref)	1.03 [0.95, 1.11]	1.03 [0.95, 1.13]	1.06 [0.98, 1.16]
Female	1.04 [0.97, 1.13]	1.04 [0.96, 1.13]	1.06 [0.98, 1.15]
Rural	0.89 [0.82, 0.96]**	1.07 [0.98, 1.17]	0.85 [0.79, 0.92]***
Country (Nigeria)	0.47 [0.43, 0.51]***	0.26 [0.23, 0.28]***	0.44 [0.40, 0.47]***

Unemployed	1.06 [0.99, 1.15]	1.01 [0.93, 1.10]	0.92 [0.85, 0.99]*
Household income	0.99 [0.91, 1.07]	0.70 [0.64, 0.77]***	0.91 [0.84, 0.99]*
Problem experienced with medical care	0.65 [0.59, 0.71]***		
Problem experienced with food provision		0.78 [0.70, 0.86]***	
Problem experienced with water and sanitation			0.59 [0.54, 0.64]***
Dissatisfaction Govt Performance President	0.41 [0.37, 0.44]***	0.36 [0.32, 0.40]***	0.49 [0.44, 0.53]***
Dissatisfaction Govt Performance MP/NA Rep[1]	0.79 [0.72, 0.87]***	0.69 [0.62, 0.76]***	0.71 [0.65, 0.78]***
Dissatisfaction Govt Performance LGC[2]	0.60 [0.55, 0.65]***	0.68 [0.61, 0.75]***	0.60 [0.55, 0.66]***
Year 2002[3]	1.20 [1.08, 1.34]***	2.31 [2.05, 2.60]***	1.42 [1.27, 1.58]***
Year 2005	1.18 [1.07, 1.31]**	2.26 [2.01, 2.54]***	1.29 [1.16, 1.43]***
Year 2008	1.17 [1.05, 1.29]**	1.78 [1.59, 2.00]***	1.24 [1.12, 1.38]***
Constant	4.62 [4.10, 5.20]***	1.40 [1.23, 1.58]***	2.44 [2.17, 2.74]***
Correctly classified[4]	67.14%	76.21%	68.51%
Pseudo R[2]	0.1215	0.1867	0.1263
Number of observations	13,607	13,550	13,620

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[1] MP/NA Rep = Members of Parliament/National Assembly Representatives

[2] LGC = Local Government Council.

[3] This means the logistic models correctly predicted 67%, 76% and 68% of the values for model 1, 2 and 3, respectively; the rest are misclassified.

[4] All the year coefficients are all comparisons with year 2012 and are all positive and significant, implying that all things being equal, and households are more likely to be dissatisfied with service delivery in the later year (2012).

Table 3 shows the covariates between the independent and dependent variables. The table provides a micro-level analysis of the odds that households are satisfied with basic public services in Nigeria and Ghana for the period 2002–12. I used a binomial logistic regression model to estimate the odds of satisfaction with basic healthcare, the provision of food and access to clean water and sanitation.

Comparing the levels of satisfaction with public service delivery in Nigeria and Ghana, Table 3 shows that satisfaction with service delivery at the national level increases when the actual problems with service delivery are smaller.

According to hypothesis 1, household satisfaction with service delivery in Nigeria and Ghana in relation to citizen experiences and the quality of public service delivery is perceived in the same strong way as in developed countries. This study finds, as expected, that satisfaction with the provision of medical care depends strongly on the absence of experienced problems with healthcare (odd ratio is 0.65, indicating that when people have frequently experienced problems with healthcare, their satisfaction is only 65 per cent of the average level of satisfaction). The same significant relationships are found regarding food provision (odds are 0.78) and the provision of water and sanitation (odds are 0.59). This latter result implies that the probability of someone being satisfied with the service delivery in the area of water and sanitation drops by more than 40% if he or she has experienced problems with the delivery thereof.

When I compare Table 2 to I results in Table 3, I notice a disparity in the percentage of households that are satisfied with service delivery in Ghana in comparison to Nigeria. Although Table 2 shows that Ghana is above average regarding the percentage of people satisfied with service delivery, the satisfaction with service delivery in all the three policy areas has deteriorated in the last decade: the odds of being satisfied in 2002 were 20 to 40 per cent higher than in 2012. This implies that service delivery has not improved in either country.

In the introduction, I explained that governments in sub-Saharan countries are working with donor agencies at the forefront of combating poverty through a number of interventions to improve public service delivery

(Wessal et al., 2014). However, the outcomes of the model are not indicative of any improvement. On the contrary, the implication of the findings is that the effectiveness of current strategies for addressing service delivery challenges in Nigeria and Ghana needs to be reconsidered.

Hypothesis 2 states that in developing countries differ from developed countries in that satisfaction with service delivery varies according to socio-economic/political indicators, (poor people are expected to get worse services), their place of residence (people in rural areas get worse services), their political opinions (satisfaction with government performance in general).

Examining these claims, the findings show that place of residence is a significant variable in determining citizens' level of satisfaction with service delivery in the case of healthcare, access to clean water and sanitation. It is, however, not a significant factor for the provision of food. Models 1 and 3 in Table 3 show that the odds of rural households being satisfied with basic healthcare and access to clean water and sanitation are 0.89 and 0.85 times lower, respectively, than in urban households, holding all the other variables constant. Rural households were consistently more dissatisfied with public service delivery compared to households in urban areas. Apart from food, rural households receive worse services than people in urban areas (Moti, 2011: 13). The non-significance of the rural variable is not surprising as rural households are the sole providers of household foodstuffs through peasant farming (Anger, 2010).

The political factor is not to be neglected either. Dissatisfaction with service delivery is strongly related to dissatisfaction with the performance of the president, and to a lesser extent the performance of Parliament and local government. The respondents see the poor performance of local government and members of Parliament as the main cause of poor service delivery. The influence of the president is, according to the households investigated, the largest. The odds of a household being dissatisfied with government performance at all levels of administration – that is, federal level, state level and local level – on the provision of food is 0.36, 0.69 and 0.68 times, respectively, less than the odds of it being satisfied. The effects of government performance on the dependent variable in models 2 and 3 are

similar. Citizens' dissatisfaction with perceived government performance at all levels of the administration is another concern that arises from this study. The result corresponds to the discussion on good governance in Table 3, particularly in Nigeria. Satisfaction with service delivery is therefore also, in part, a political issue.

Finally, contrary to the claim made in hypothesis 2, satisfaction and dissatisfaction with service delivery is unrelated to gender. Hypothesis 2 stated that women in sub-Saharan Africa have many issues to deal with when it comes to healthcare and sanitation. Most women require maternal healthcare services from the primary healthcare unit, especially in rural areas. They also are required to travel long distances in search of water, and sanitation is mainly seen as the sole responsibility of women (Manzi, 2014). More detailed research is probably needed to understand the reasons behind the non-significance of this important variable.

CONCLUSION

This article has addressed the research question on the interrelatedness of experienced problems in public service delivery and the satisfaction of citizens with service delivery in Nigeria and Ghana at the micro level, and the extent to which the effects of failures in service delivery may vary according to the socio-economic, demographic and political views of the citizens. It has assessed the predictors of satisfaction with service delivery at the micro level in Nigeria and Ghana, covering three basic services: healthcare, the provision of food and the provision of water and sanitation.

Two hypotheses regarding service delivery in Ghana and Nigeria were formulated from the Individual level and Jurisdictional level theoretical approach:

H1 Satisfaction with service delivery in developing countries such as Nigeria and Ghana is strongly related to citizens' experienced and perceived quality of public service delivery, as in developed countries.

H2 In developing countries, satisfaction with service delivery varies with socio-economic indicators – especially with poverty, since poor people

get worse services – as well as with their demographic situation and their political views.

The outcomes of this study corroborate both hypotheses, with the exception of the individual characteristics such as gender, age, and so on. Inadequate service delivery is unrelated to such individual characteristics. Dissatisfaction was, as expected, particularly noticeable among those that experience poor services in the area, those that are generally dissatisfied with the performance of politicians (especially their president), those that are poor and those who live in rural areas. Hence, socio-economic, demographic and political factors are important.

Dissatisfaction is partly due to actual experiences with failed service delivery in the three areas included in the model. But the perceived quality of public service delivery also seems to be a political issue caused by dissatisfaction with the performance of elected politicians at the local and national levels, especially the president. Furthermore, the analysis shows that over the last decade, satisfaction with service delivery has not improved. Problems with water and sanitation, food and basic healthcare seem to have deteriorated in Ghana and Nigeria, which could be a major reason why poverty persists in countries like these.

The findings of this article have a number of practical implications for policymakers. The neglect of service delivery in the pursuit of temporary measures to alleviate poverty (the 'pet projects' of political office holders) needs to be re-addressed (Arogundade, Adebisi and Ogunro, 2011). If governments want to combat poverty in a sustainable way, they need to reconsider ways to improve service delivery systems, especially in rural areas. Although the alleviation of poverty through the provision of social safety nets and school meal programmes seems to be the focus of government, such approaches only cover the provision of services to a select few, and the intention is often to gain political support and ensure the re-election of the policymakers concerned (Arogundade et al., 2011: 24). The outcomes of this article confirm the thesis that explains differences in satisfaction with service delivery between the densely populated cities and less developed rural areas.

Because service delivery has deteriorated over the years, as this research points out, it is only wise for governments to consider ways to achieve more effective and efficient service delivery that can help the poor, in particular, as it is the poor who suffer the most when service delivery is inadequate. For instance, when basic healthcare services are available, this can improve the quality of life of the poor, leading to their active participation in the economy and resulting in increased overall productivity, a better standard of living and, eventually, a robust economy.

Given the results of this research, I can conclude that the theory used here works in the same way in both developed and developing countries as well as for public and private service delivery, because the relationship between experience and satisfaction is strong. According to market research in the private sector, satisfaction with services is mainly a function of the quality of previous service provision. In that discipline, it is viewed as mainly a technical problem due to experiences and setbacks encountered in service delivery in the past. This article has shown that such technical solutions are badly needed because it is worrying that in Ghana as well as Nigeria, service delivery for basic goods such as water and sanitation, food provision and healthcare has deteriorated markedly during the last decade, and that in these countries, there are no indications that the Millennium Development Goals have been met.

This article has revealed other factors, besides the technical issues, that imply that regarding public service delivery in developmental countries, a wider spectrum of determinative factors needs to be taken into account. It has shown that from a public administration perspective, political, geographical, demographic and socio-economic factors are part of the reasons why citizens are dissatisfied with service delivery.

It may be misguided to neglect the influence of political factors on public service delivery in developing countries. Political influence results in disparities in service delivery between the poor and those in rural areas, on the one hand, and the rich and those in urban areas, on the other hand. Sustainable poverty alleviation requires not only the improvement of existing services but also the fair distribution of public goods through the

provision of basic public services that are more likely to reach a wide and diverse group of people in society.

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ABOUT THE AUTHOR

Mary Mangai is a graduate from the University of Jos, Nigeria, and the University of Nottingham, United Kingdom. She is currently a PhD candidate, Public Administration Department, Radboud University, Nijmegen, The Netherlands, at the Institute for Management Research. Contact: m.mangai@fm.ru.nl

APPENDIXES

BINARY LOGISTIC REGRESSION OF HOUSEHOLDS SATISFACTION WITH SERVICE DELIVERY IN NIGERIA AND GHANA FROM 2002–12

	Model 1 Satisfaction Basic Healthcare	Model 2 Satisfaction Food Provision	Model 3 Satisfaction Water & Sanitation
	Coefficient	Coefficient	Coefficient
Age18–36 (ref)	0.028(0.50)	0.034(0.46)	0.063(0.13)

Female	0.044(0.25)	0.039(0.37)	0.061(0.12)
Rural	−0.118(0.00)***	0.069(0.11)	−0.159(0.00)***
Country (Nigeria)	−0.756(0.00)***	−1.363(0.00)***	−0.831(0.00)***
Unemployed	0.061(0.11)	0.009(0.83)	−0.086(0.03)**
Household income	−0.009(0.82)	−0.356(0.00)***	-0.090(0.03)**
Problem experienced with medical care	−0.431(0.00)***		
Problem experienced with food provision		-0.254(0.00)***	
Problem experienced with access to clean water and sanitation			−0.533(0.00)***
Dissatisfaction with govt performance President	−0.898(0.00)***	−1.029(0.00)***	−0.722(0.00)***
Dissatisfaction with govt performance MP/NA rep[1]	−0.233(0.00)***	−0.373(0.00)***	−0.343(0.00)***
Dissatisfaction with govt performance LGC[2]	−0.516(0.00)***	−0.389(0.00)***	−0.508(0.00)***
Year 2002[3]	0.186(0.00)***	0.835(0.00)***	0.349(0.00)***
Year 2005	0.167(0.00)***	0.816(0.00)***	0.253(0.00)***
Year 2008	0.153(0.01)***	0.579(0.00)***	0.216(0.00)***
Constant	1.530(0.00)***	0.335(0.00)***	0.891(0.00)***
Correctly classified[4]	67.14%	76.21%	68.51%
Pseudo R^2	0.1215	0.1867	0.1263
Number of observations	13,607	13,550	13,620

VARIABLES WORDING AND CODING

Variables	Variable Label	Variable Question and Value Labels
Satisfaction with public services = 1 if Fairly well and Very well; 0 otherwise.	Q57g. Handling improving basic health services Q57j. Handling ensuring enough to eat Q57i. Handling providing water and sanitation services	Q57g Question: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: improving basic health services? Variable Label: Handling improving basic health services Values: 1–4, 9, 998, –1 Value Labels: 1 = Very badly, 2 = Fairly badly, 3 = Fairly well, 4 = Very well, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, –1 = Missing data Q57j Question: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: ensuring everyone has enough to eat? Variable Label: Handling ensuring enough to eat Values: 1–4, 9, 998, –1 Value Labels: 1 = Very badly, 2 = Fairly badly, 3 = Fairly well, 4 = Very well, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, –1 = Missing data Q.57i Question: How well or badly would you say the current government is handling the following matters, or haven't you heard enough to say: providing water and sanitation services? Variable Label: Handling providing water and sanitation services Values: 1–4, 9, 998, –1 Value Labels: 1 = Very badly, 2 = Fairly badly, 3 = Fairly well, 4 = Very well, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, –1 = Missing data
Age = 1 if age = [54 + 18]/2 ; 0	Q1. Age	Q1. How old were you at your last birthday? +18

otherwise		
female = 1 if gender (2); 0 otherwise	Q101. Gender of respondent	Question: Respondent's gender Variable Label: Gender of respondent Values: 1, 2 Value Labels: 1 = Male, 2 = Female
Unemployed = 1 if employment status is (no - looking/no – not looking;0 otherwise	Q94 Employment status	Q94Question: Do you have a job that pays a cash income? Is it full-time or part-time? And are you presently looking for a job (even if you are presently working)? Variable Label: Employment status Values: 0–5, 9, 998, –1 Value Labels: 0 = No (not looking), 1 = No (looking), 2 = Yes, part-time (not looking), 3 = Yes, part-time (looking), 4 = Yes, full-time (not looking), 5 = Yes, full-time (looking), 9 = Don't know, 998 = Refused to answer, –1=Missing data
Rural = 1 if location is 2; 0 otherwise	URBRUR	Question: Urban or Rural Primary Sampling Unit Variable Label: URBRUR Values: 1, 2 Value Labels: 1=Urban, 2=Rural
Problem experience with service delivery = 1 if Status is several/many/always; 0 otherwise	Q8a. How often gone without food Q8b. How often gone without water Q8c. How often gone without medical care Q8e. How often gone without cash income	Q8a Question: Over the past year, how often, if ever, have you or anyone in your family gone without: Enough food to eat? Variable Label: How often gone without food Values: 0-4, 9, 998, -1 Value Labels: 0=Never, 1=Just once or twice, 2=Several times, 3=Many times, 4=Always, 9=Don't know,998=Refused to answer, -1=Missing data Q8b Question: Over the past year, how often, if ever, have you or anyone in your family gone without: Enough clean water for home use? Variable Label: How often gone without water? Values: 0–4, 9, 998, –1 Value Labels: 0 = Never, 1 = Just once or twice, 2 = Several times, 3 = Many times, 4 = Always, 9 =

		Don't know, 998 = Refused to answer, −1 = Missing data
		Q8c. Question: Over the past year, how often, if ever, have you or anyone in your family gone without: medicines or medical treatment?
		Variable Label: How often gone without medical care?
		Values: 0–4, 9, 998, −1
		Value Labels: 0 = Never, 1 = Just once or twice, 2 = Several times, 3 = Many times, 4 = Always, 9 = Don't know, 998=Refused to answer, −1 = Missing data
		Q8e Question: Over the past year, how often, if ever, have you or anyone in your family gone without: a cash income?
		Variable Label: How often gone without a cash income
		Values: 0–4, 9, 998, −1
		Value Labels: 0 = Never, 1 = Just once or twice, 2 = Several times, 3 = Many times, 4 = Always, 9 = Don't know, 998 = Refused to answer, −1 = Missing data
Dissatisfaction with government performance = 1 if strongly disapprove/disapprove; 0 otherwise	Q70a. Performance: President Q70b. Performance: MP/National Assembly rep. Q70c. Performance: local government councillor	Q70a Question: Do you approve or disapprove of the way the following people have performed their jobs over the past 12 months, or haven't you heard enough about them to say: the president.
		Variable Label: Performance: President
		Values: 1–4, 9, 998, −1
		Value Labels: 1 = Strongly disapprove, 2 = disapprove, 3 = Approve, 4 = Strongly approve, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, −1 = Missing data
		Q70b Question: Do you approve or disapprove of the way the following people have performed their jobs over the past 12 months, or haven't you heard enough about them to say: your member of Parliament?
		Variable Label: Performance: MP/National Assembly rep.

		Values: 1–4, 9, 998, –1
		Value Labels: 1 = Strongly disapprove, 2 = disapprove, 3 = Approve, 4 = Strongly approve, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, –1 = Missing data
		Q70c Question: Do you approve or disapprove of the way the following people have performed their jobs over the past 12 months, or haven't you heard enough about them to say: your elected Assembly man/woman?
		Variable Label: Performance: Local government councillor
		Values: 1–4, 9, 998, –1
		Value Labels: 1 = Strongly disapprove, 2 = disapprove, 3 = Approve, 4 = Strongly approve, 9 = Don't know/Haven't heard enough, 998 = Refused to answer, –1 = Missing data