NO.46 IEA MONOGRAPH

ACCESS TO BASIC PUBLIC SERVICES: CHALLENGES GHANA MUST OVERCOME

IEA Ghana

The Institute of Economic Affairs
A Public Policy Institute

The Institute of Economic Affairs (IEA)

ACCESS TO BASIC PUBLIC SERVICES: CHALLENGES GHANA MUST OVERCOME

By

*Dr. Michael Ofori-Mensah**

Summary

Access to water, sanitation and healthcare are considered basic rights, as they remain critical for human development. However, in many developing countries, access to these services remains a major gripe. The aims of this paper are to provide analysis that contributes to a better understanding of the gaps in access to basic services in Ghana and to inform policy by shedding light on the areas that require intervention. This paper draws primarily on key survey evidence, which provides valuable insight on access to water, sanitation and healthcare.

The findings suggest that, while some progress has been made, a lot needs to be done as a considerable number of Ghana's population still lack access to basic services. In fact, even where services exist, it appears to be more of an urban privilege and not a basic right - especially for the rural poor who suffer mostly from lack of access. Ghana must overcome this challenge. This paper, therefore, argues that addressing gaps in access to basic services should be an urgent policy priority. In this regard, recommendations are proposed for the consideration of policymakers.

* *Dr Michael Ofori-Mensah is Director of Research at the Institute of Economic Affairs (IEA). His research work focuses on governance and development. Dr Ofori-Mensah has authored several publications on institutional reform, parliamentary oversight, anti-corruption and public financial management. In writing this paper, he was assisted by Mr Evans Nelson-Dziwornu, Research Officer at the IEA.*

About Us

The Institute of Economic Affairs

The Institute of Economic Affairs (IEA) Ghana was founded in October 1989 as an independent institution dedicated to the establishment and strengthening of a market economy and a democratic, free and open society. It considers improvements in the legal, social and political institutions as necessary conditions for a sustained economic growth and human development.

The IEA supports research, and promotes and publishes studies on important economic, socio-political and legal issues in order to ehance understanding of public policy.

Further information may be obtained from;

The Institute of Economic Affairs,
P. O. Box OS 1936, Osu, Accra, Ghana.
Tel.:+ 233-302244716 / 307010714
Fax:+ 233-302-222313
Email: iea@ieagh.org
Website: www.ieagh.org
Facebook: www.facebook.com/ieagh
Twitter: www.twitter.com/IEAGhana

Publication of this work signifies that The Institute of Economic Affairs regards it is a competent treatment worthy of public consideration. The findings, interpretations and conclusions of this paper are entirely those of the author, and should not be attributed to The Institute of Economic Affairs or any organisations that support it.

This research and publication has been possible with funding from

The International Development Research Centre/ Think Tank Initiative (IDRC/TTI)

Table of Contents

List of Tables and Figure

1. INTRODUCTION

Most people have some anxiety going to hospital. For such individuals, being asked to provide 'logistical support' prior to treatment will certainly not calm their fears. On 6th June 2016, *Joy News* carried a story on acute water shortage at the Yendi Government Hospital in the Northern Region, which compelled patients to carry buckets of water to the medical facility.[1] The hospital, which serves as a major referral centre for the Yendi municipality and its surrounding districts, had not had water flowing through its taps for two months.[2] The hospital's management had sought to alleviate the crisis by using its limited funds to purchase water from tankers, while health workers also abandoned patients to search for water. Thus enlisting patients in this effort was, perhaps, a measure of last resort.

On the same day the Yendi story emerged, water crisis affecting residents of Keta in the Volta Region was also in the news. Richard Quashigah, Member of Parliament (MP) for Keta constituency, lamented in a media interview about how the water crisis had made life difficult for his constituents. The MP stated that the then Ministry of Water Resources, Works and Housing had not demonstrated "commitment" to solve the water challenge. Criticizing a Ministry at the time run by his party, the National Democratic Congress (NDC), was notable – especially from a prominent member of the ruling party. In fact, the MP further hinted that the attitude of officials was part of the problem and resolving the water crisis was not necessarily due to a funding crunch.[3]

---

1 See Joy News (2016a). Yendi Government Hospital hit by acute water shortage. Available at: http://m.myjoyonline.com/marticles/news/yendigovernmenthospitalhitbyacutewatershortage

2 The Yendi municipality's population is estimated at 117,000 as of the 2010 national census (GSS, 2012).

3 See Joy News (2016b). MP accuses Water Resources Ministry of discrimination. Available at: http://www.myjoyonline.com/politics/2016/June-6th/mp-accuses-water-resources-ministry-of-discrimination.php. It is worth noting that, four months earlier, Richard Quashigah had indicated to the press that the water crisis was affecting life in various parts of his constituency. The MP noted in the subsequent four months he had made several visits to the water companies but the situation was not resolved.

The difficulties faced by the Yendi hospital in the north of Ghana and the residents of Keta in the south are not unique. These struggles are microcosms of what several households, communities and critical institutions face on a daily basis in accessing basic services up and down the country. The Keta MP's reaction, therefore, highlights the deep frustrations the lack of access to basic services can provoke. Further, as the Yendi case shows, there is a direct relationship between water and healthcare delivery. UNICEF (2016) provides another interlinked perspective with its estimate that in Ghana about 3,600 children die every year from diarrhoea, as a result of poor water and sanitation. It is thus critical to ask: what is the state of access to basic services and what can be done to address challenges such as those outlined above?

Access to water, sanitation and healthcare are considered basic rights. To a large extent, these services are public goods and government intervention may be necessary. As the World Bank (2004) argues, there is an incentive for government to partly engage in carefully planned involvement either in the provision of basic services or regulation to ensure access by the most deprived. As an example, the absence of government intervention in the provision of sanitation and healthcare could result in dire consequences when a cholera outbreak occurs.

In this context, government has a fundamental role to provide or facilitate access to such core services for the basic welfare of all citizens - regardless of income, location, ethnicity or background.

'Access' is used in this paper to refer to the ease with which citizens are able to obtain basic services such as water, healthcare and sanitation. It is worth noting that the services noted above are considered key determinants of socioeconomic and human development (World Bank, 2004; Armah-Attoh, 2015). Yet, the provision of these basic services remains a challenge in many developing countries - particularly in Africa. In the case of Ghana, a significant amount of the population - especially those in rural areas - suffer the most from lack of access (IEA, 2015). Overall, in the delivery of these services, the ease of access by citizens can also be used to gauge the effectiveness of the relevant agencies and/ or service providers, which in Ghana has largely been the responsibility of government.

The World Bank (2015) suggests that over the two-decade period between 1991 and 2012, poverty in the country was cut by more than half - from approximately 52.6% in 1991 to 21.4% by 2012.[4] Similarly, Ghana recorded progress (albeit with mixed results) on the Millennium Development Goals (MDGs), which run from 2000-2015 and had at its core developing global partnerships to address critical development challenges and eradicating poverty.[5] The MDGs focused mainly on goals and targets aimed towards eliminating extreme hunger, reducing child mortality and ensuring environmental sustainability, among others. Ghana made progress in achieving targets and indicators in areas such as food security and education. In fact, the country met the first MDG by halving the proportion of people living in extreme poverty. Ghana also attained MDG 7B, which was the target for halving the proportion of people without access to safe drinking water. However, the target for access to improved sanitation was not met. Recent estimates indicate the share of the national population with access to improved sanitation increased from 8% in 2003 to 16 percent in 2012 – still considerably behind the 52% MDG target by 2015 (NDPC and UNDP, 2015:59).

As the table below also indicates, Ghana has witnessed some periods of good economic growth over the last decade. Yet, inequality has partly weakened the conversion of growth into significant poverty reduction. Thus, not all Ghanaians have benefited from the gross domestic product (GDP) increase - and the advances made as per the MDG achievements.

Inequality appears to have reinforced the disparities with respect to accessing core services such as water, sanitation and healthcare, which has therefore been a constraint on human development and productivity.[6] Ultimately, this becomes a barrier to poverty reduction.

4 The MDG definition of poverty (people whose income is less than $1.25 a day) is used above.

5 A new set of 17 global targets, the Sustainable Development Goals (SDGs), was adopted in September 2015 to replace the MDGs.

6 The Ghana Living Standards Survey (GLSS6) also points to inequality being a major issue.

Table 1: Ghana: Annual gross domestic product (GDP) growth rate 2007- 2015

	2007	2008	2009	2010	2011	2012	2013	2014	2015
GDP Growth Rate (Annual %)	4.3	9.1	4.8	7.9	14.0	9.3	7.3	4.0	3.9

Source: World Bank, World Development Indicators (various years).

For the most part, there is growing recognition that, in many developing countries, access to basic services remains a major gripe and several studies have examined this issue from different perspectives (World Bank, 2004; Akramov and Asante 2008; OECD, 2013; Armah-Attoh, 2015; Mitullah et al. 2016). In the poorest countries, for example, affordable access to services such as education, clean water and sanitation is low - especially for poor people (World Bank, 2004; Mitullah et al. 2016). The affordability of some basic services relative to income is also highlighted as a key barrier (OECD, 2013). Another factor identified in recent research relates to the issue of 'poor quality' in government service delivery performance (Armah-Attoh, 2015). Akramov and Asante (2008:1) on their part provide evidence to suggest that the ethnic diversity of a particular geographical area has a "significant negative impact in determining access to local public services, including drinking water". This is explained by factors such as ethnic differences in "preferences over the types of local public goods, weak social capital and local institutions that manage inter-ethnic relationships" (Akramov and Asante, 2008:22). Mitullah et al. (2016) present us with cross-country evidence indicating that, in the case of Africa, low average GDP investment in infrastructure (4%) accounts for the limited access to basic services.

Considering the growing recognition of challenges related to accessing basic services, in 2014, the Institute of Economic Affairs, Ghana (IEA) initiated an annual socio-economic survey. This is because such surveys can provide useful insight that feed into policy recommendations and planning towards better social, economic and governance performance. The IEA survey collects data on key living conditions, trust in public institutions and access to public services, among others. This paper draws primarily on evidence from the *2015 IEA Socio-economic and Governance Survey* (the second in the series) and focuses on three interlinked basic services - water, sanitation and healthcare.

The survey was conducted in November and December 2015 and comprised a nationally representative sample of 1,500 respondents aged 18 years and above drawn from all the 10 regions of Ghana as the domain of analysis.[7] This paper also draws on robust studies, which have examined the access to, and provision of, public services, in order to complement and inform the analysis presented. This includes comprehensive national surveys such as the Ghana Living and Standards Survey (GLSS6), which has a larger sample size and offers further insight into the living conditions and welfare of citizens.

Overall, the aims of this paper are twofold. First, it seeks to contribute to a better understanding of the gaps in access to basic services. The second goal is to inform public policy by analysing and shedding light on the areas that require intervention. The findings from examining the evidence suggest that, while some progress has been made, a lot needs to be done as a considerable number of Ghana's population still lack access to basic services.

Further, the evidence also points to wide gaps between rural and urban areas in term of service access - with remote rural areas experiencing wider disparities in terms of access. The paper, therefore, argues that addressing gaps in access to basic services should be an urgent policy priority. Recommendations aimed at improving access such as private sector partnerships, monitoring progress and enhancing service delivery are also proposed. The next section looks at the state of access to water, sanitation and healthcare in Ghana.

7 The sub-domains were rural and urban localities. The selection of households and individuals within the primary sampling units followed strict sampling procedures.

2. ACCESS TO BASIC SERVICES

2.1 Water

Access to safe drinking water is critical for the prevention of many diseases and is categorised as a human right. In the case of Ghana, almost 3 out of 5 people reported always having access to safe drinking water as indicated in table 2 below. A closer inspection of the IEA 2015 survey evidence (by locality) reveals that 64.9% of households in urban areas always had access to safe drinking water, whilst 52.6% of rural households always had access. It is worth pointing out that there has been some improvement with respect to the proportion of households without access to safe drinking water. The 2014 IEA survey showed that about 28.2% of all households reported that they were without access to safe drinking water always or many times; in 2015 the same category of households had narrowed to 17.9% (see table 2). Nonetheless, the survey findings reveal a significant gap between rural and urban areas. Whilst 13% of urban households reported that they were without access to safe drinking water always or many times, the proportion of rural households experiencing the same challenge was 22.5% (IEA, 2016). This is a cause for concern.

Table 2: Households without clean water in last six months by locality

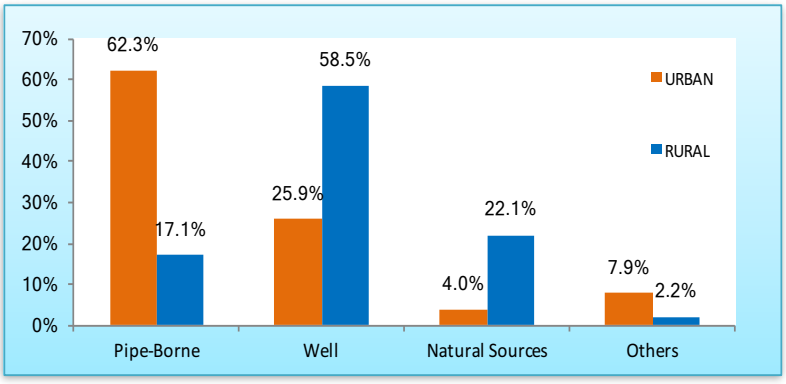
Background Characteristics		2015						2014					
		Never	Few times	Many times	Always	Total	Number	Never	Few times	Many times	Always	Total	Number
Locality	**Urban**	64.9	22.1	8.4	4.6	100	716	64.6	12.1	17.4	5.9	100	639
	Rural	52.6	24.9	15.4	7.1	100	774	54.6	11.4	24.5	9.3	100	559
Total		**58.5**	**23.6**	**12.0**	**5.9**	**100**	**1490**	**59.9**	**11.8**	**20.7**	**7.5**	**100**	**1198**

Source: IEA (2016)

GLSS6 provides further details on the urban – rural gap with regards to the important issue of household main supply of water for drinking.[8] For example, while only 0.9% of all urban households rely on rivers/streams as their main source of water supply for drinking, 14.4% of rural households depend on this source for drinking (GSS, 2014). Taken together, about a fifth (20.9%) of people in the rural savannah rely on natural sources (rivers/streams, dugout/ponds lakes and dams etc.) as their water source for drinking (Ibid: 90). Although progress has been recorded, as per the MDG target for halving people without access to potable water, the wide urban – rural gap calls for further action to address this predicament.

Turning to water supply for general household use, there also appears to be a significant access gap between urban and rural areas. As indicated in figure 1 below, the majority (62.3%) of urban households rely on pipe-borne water for their general use, as compared to 17.1% of rural households - a gap of 45.2% or ratio of more than 3:1. The relatively better developed and/or availability of core infrastructure in urban areas such as connection to mainline water pipelines may explain this gap.

Figure 1: Households by main source of water supply for general use and locality



Source: Computed with data from Ghana Living Standards Survey, Round 6 (GSS, 2014).
**Others include: protected spring, sachet water, tanker supply/vendor and unprotected spring sources.

8 In GLSS6, safe drinking water was defined as "a glass of water which you would give a child to drink" (GSS 2014: 94). It is worth pointing out that for GLSS6 samples of drinking water were randomly selected and tested for arsenic and E.coli to ascertain the chemical and microbiological quality respectively.

The evidence shows it is the poor who, for the most part, pay high prices to access water. In Ghana's case "the price paid per litre for water purchased by the bucket was between 5 and 16 times higher than the charge for public supply, even though women and children often had to walk a long distance to purchase water" (Osei-Assibey and Grey, 2013:21). Further, the available evidence also suggests that adolescents are most likely to bear the brunt of 'fetching water' for household activities In fact, each day, the age group 7-14 years and 15-19 years spend on average 16.7 minutes and 18.2 minutes respectively fetching water (GSS, 2014). It is thus not surprising that the length of time spent getting water – a basic service – exceeds the time spent on helping children with school work.[9] Clearly, this is not an efficient use of time.

Overall, in spite of Ghana's progress the evidence provided above underlines the fact that those in rural areas (and the poor) appear to be at the sharp end of the limited access to water supply – both for safe drinking and general household use. The case for improving access to water supply (for drinking/ household use) and more urgently, bridging the urban-rural gap can therefore not be over-emphasised.

2.2 Sanitation

In most developing countries, access to sanitation services remains a challenge and has been identified as one of the SDGs "poor performers" (Matoso et al., 2016:3).[10] The availability of sewerage facilities in particular remains limited across this part of the world. In the case of Africa, the evidence suggests "the average level of access across 35 countries on the continent is just 30%; only seven countries have coverage above 50%" (Mitullah et. al 2016:9). Ghana is not immune from this challenge. Access to good sanitation remains one of the biggest problems confronting a significant number of its households today. The cost of poor sanitation to the Ghanaian economy is reported to be around $290 million annually (WSP, 2012). As shown in table 3 below, the proportion of Ghanaian households (both rural and urban) who use water closets is about 14%.

9 The population (aged 7 years and older) spend on average 17.2 minutes daily fetching water; the average time dedicated to helping children with school work is 12.7 minutes daily (GSS, 2014: 61-62).

10 The SDG goal of "providing safely managed sanitation for all [globally]" by 2030 will require annual spending of $49.3 billion (Matoso et al., 2016:3).

It must be pointed out that, according to international standards applied by the World Health Organisation, facilities such as pit latrines are deemed satisfactory - if they are not public toilets. However, as table 3 shows, almost 19% of households in Ghana do not have access to toilet facilities. A closer assessment of this figure shows that the urban-rural access gap is significant with almost a third (32.9%) of all rural households lacking toilet facilities - compared to only 7.4% in urban households. The situation is more severe in the rural savannah areas where 72.6% of households have no toilet facilities. The downstream health effects on people in these areas, who tend to be more impoverished, is a case for concern. Indeed, in Ghana's case, it has been well argued that "improved environmental sanitation contributes significantly to the prevention of water and sanitation diseases such as malaria, typhoid and dysentery" (GSGDA, 2014:90).

Table 3: Households by type of toilet facility used and locality (percent)

No.	Type of toilet used by household	Urban	Rural	Ghana
1.	No facilities (bush/beach/field)	7.4	32.9	18.8
2.	W.C	23.3	2.3	13.9
3.	Pit Latrine	15.0	24.2	19.1
4.	KVIP	15.3	8.2	12.1
5.	Bucket/Pan	0.3	0.1	0.2
6.	Public Toilet (W.C, KVIP, Pit, Pan, etc.)	38.7	32.1	35.7
7.	Other	0.1	0.2	0.1
	Total	**100**	**100**	**100**

Source: Ghana Living Standards Survey, Round 6 (GSS, 2014).

It is important to examine the issue of public access to services like sanitation in a comparative context. In both the IEA 2014 and 2015 surveys, a very clear picture emerges that it is easier for Ghanaians to exercise their democratic right to vote than it is to gain access to most basic services such as sanitation, water and medical treatment.

As shown in table 4 below, in 2015, whilst about 81% of people found getting a voter's card 'easy' or 'very easy', less than half (46.7%) found access to sanitation to be of similar levels of ease. The findings of the 2015 IEA survey reveals that almost 1 out of 5 respondents found it 'very difficult' or 'difficult' to access sanitation. Whilst this is still grim, it is an improvement compared to the 1 out of 3 reporting the same levels of difficulty in in 2014.

Table 4: Access to public services (percent)

Type of Service	2015							2014						
	Very Difficult	Difficult	Easy	Very Easy	Never Tried	Total	Number	very difficult	Difficult	Easy	very easy	never tried	Total	Number
A birth certificate	6.7	21.3	29.2	11.0	31.9	100	1,495	6.6	18.6	28.9	6.0	39.8	100	1,197
A voter's card	1.4	7.6	48.2	33.6	9.2	100	1,495	1.0	5.9	52.4	28.9	11.2	100	1,198
A national health insurance card	7.5	21.6	38.9	21.4	10.6	100	1,488	4.4	14.1	47.6	17.7	16.2	100	1,195
Water for household use	6.0	18.5	34.8	12.5	28.2	100	1,495	9.3	27.5	29.5	5.9	27.8	100	1,198
Electricity	6.8	22.7	31.3	8.6	30.6	100	1,499	12.0	26.4	29.5	4.6	27.6	100	1,195
Sanitation	2.2	17.4	36.7	10.0	33.7	100	1,495	7.7	29.5	28.3	4.4	30.1	100	1,198

Source: IEA (2016)

In Ghana, sanitation takes up the headlines at the onset of epidemics such as cholera and typhoid, as well as with the occurrence of flooding. In fact, the issue of sanitation came into sharp focus when parts of the country experienced major floods in 2015, which underlined poor sanitation practices across the nation. This was most evident when floods in Accra led to a tragic fire at a petrol station near the Kwame Nkrumah Circle on 3rd June 2015. At least 25 people died in Accra as a direct result of the floods; the petrol station explosion caused another 150 deaths, which was indirectly linked to flooding because of poor sanitation.

This incident - particularly the fatalities - created acute public anxiety and calls for government action. There were initial attempts by public authorities to improve access to sanitation and this may partly explain the improvement highlighted in the 2015 data shown in table 4 above. Subsequent survey results will reveal if this improvement has been sustained.

Overall, sanitation still requires substantial work. The main difficulties in this area include lack of sewerage facilities; a dearth of dumping sites; inadequate infrastructure and poor planning by local authorities. Indeed, 51% of respondents in the 2015 IEA survey indicated their local authorities handled sanitation responsibilities 'very badly' or 'badly'. To regain the trust of communities they serve, local authorities will have to reconsider their efforts in tackling sanitation.

2.3 Healthcare

Poor living conditions - especially challenges related to accessing clean drinking water and sanitation - as outlined above, have significant health implications. Ill health can push people further into poverty, not least, due to lost economic output and medical costs, among others. This scenario is relevant to Ghana's case. As the findings from GLSS6 show, 62.4% of people who sustained an injury or suffered an illness had to stop their routine activities (GSS, 2014). The World Bank (2004:135) also points to the fact that "[t]he share of household non-food expenditures spent on health is higher among poorer than richer groups".

At least half of all Ghanaian households, as per the 2014 and 2015 IEA surveys, reported never going without medicine or medical treatment (see table 5 below). All the same, the survey evidence suggests access to the country's National Health Insurance Scheme (NHIS), which makes medical care relatively affordable, is a challenge for some people. As table 4 above shows, almost a third of households found it 'very difficult' or 'difficult' to obtain a National Health Insurance card in 2015; this represents an increase of about 10% over the reported figure in 2014. Although there are no firm explanations for the increased difficulty in obtaining NHIS cards, it is worth noting that the NHIS was under severe financial pressure during the period covered by the last survey. In this regard, several health providers refused to offer services to cardholders until the Scheme paid outstanding debts/ claims owed their respective health facilities. It is possible this scenario may have affected the number of cards issued by the Health Scheme.

Table 5: Households without medicine or medical treatment in last six months by locality

Background Characteristics		2015						2014					
		Never	Few times	Many times	Always	Total	Number	Never	Few times	Many times	Always	Total	Number
Locality	**Urban**	62.5	24.5	10.1	1.8	100	714	61.8	16.8	17.5	3.9	100	638
	Rural	39.3	38.4	19.0	2.9	100	765	39	21.3	30.6	9.1	100	559
	Total	**50.5**	**31.7**	**14.7**	**2.4**	**100**	**1479**	**51.1**	**18.9**	**23.0**	**7.0**	**100**	**1197**

Source: IEA 2015

In terms of urban-rural access, table 5 shows there has been some improvement since 2014 in the number of rural households who report going without medical treatment or medicine always or many times; the 2015 data shows this category of households dropped by about 13%. Yet, almost twice the number of rural households as opposed to urban ones (approximately 22% and 12% respectively) reported not having access to medicine or medical treatment (many times or always) in 2015. This urban-rural gap is significant and calls for more efforts to bridge the wide difference in access.

It is important to point out that, even where access to medical care exists, barriers to attaining quality care persist. Armah-Attoh (2015:8) provides data that points to the fact that a significant proportion (32%) of Ghanaians encountered difficulties such as lack of medicines or other supplies at their local health facilities. For the most part, those that society must protect the most – children (0-5 years) and the elderly (50 years and older) form the core group of those most likely to require medical attention owing to an injury or illness (GSS 2014:22). This underscores the case for action aimed at improving access to healthcare delivery services. In this regard, the next section outlines policy recommendations that will contribute to addressing gaps in the basic services discussed above.

3. RECOMMENDATIONS

3.1 Policy Priority

Successive administrations in Ghana have indicated an awareness of the crisis relating to basic services. Indeed, a cursory review of the last decade's State of the Nation Addresses, the flagship presidential policy statement, consistently features at least two of the services discussed in this paper each year. Some achievements have been made. Yet, for the most part, key policy statements tend to be more about what government intends to do and the expected benefits. In reality, public expenditure for water and sanitation are lower than planned in the national budget.[11] Government, first of all, needs to demonstrate a commitment to the development of basic services infrastructure as a policy priority. This paper proposes that government needs to outline and publish a comprehensive costed plan of action that details how it intends to improve access to water, sanitation and healthcare with clear timelines and goals that can be verified. Second, the proposed plan should include indicators for the monitoring and evaluation of service delivery to support the assessment of policy implementation. Third, innovative public education programmes on good sanitation practices, should also be part of the government efforts. Considering the contribution of human actions in the case of sanitation, for example, a focal point could be on waste disposal and its consequent health effects on economic productivity - given its huge cost to the economy as noted above.

3.2 Private Sector Partnership

The challenges relating to basic services, as outlined above, call for renewed efforts aimed at attracting more private sector investment to address the crisis. Over the last two decades, national development plans in Ghana have highlighted access to basic services as critical. Indeed, the current national development plan - the Ghana Shared Growth and Development Agenda II, 2014-2017 (GSGDA) - emphasises expanding access to good drinking water and providing quality healthcare for [the] growing population…[as well as] improving sanitation"(GSGDA 2014:8).[12] However, significant barriers in translating such policies into practice remain.

11 There is currently a heavy reliance on aid for the development of sanitation and water.

12 The proposed 40-year development plan (from 2018) also emphasises the need for improved delivery of basic services.

One major issue is the infrastructure deficit, which is closely linked to the scarcity of government resources.

Taking the case of sanitation, for example, sewerage systems tend to be capital-intensive and public spending alone is not adequate. The available reliable estimates for Ghana suggest that in the critical area of sanitation, investment is less than 0.1% GDP (WSP, 2012). Combining water and sanitation another estimate puts total expenditure as a percentage of GDP at 0.33% in 2011 (Water Aid and DFI, 2013).

While the emergence of the private sector firms such as Zoomlion has increased the provision of sanitation services more remains to be done - particularly in rural communities. It is recommended that government offer more favourable terms in the respective service sectors above in order to boost private sector investment. Government could encourage this through deregulation and providing incentives such as attractive tax holidays.

Innovative public private partnerships (PPP) could also be considered as part of the mix of policy initiatives at both the national and local level. In fact, the concept of PPP in decentralized water systems, where feasible, should be carefully examined with government offering sovereign guarantees to District Assemblies that engage in such partnerships.

3.3 Decentralization Reforms

Decentralization reforms should form part of the measures to address gaps in basic services. Decentralization remains a core feature of development reforms in various countries (Crook, 1994; Ayee, 1996; Crawford, 2008). It is also touted as bringing government closer to the people and thereby involving them more closely in the decision-making process to address their needs. In this paper, decentralization is defined as involving the formal transfer of power from central government to local level authorities. This may be fiscal, administrative and/or legislative (political) power. In Ghana's decentralized system of local government Metropolitan, Municipal and District Assemblies (MMDAs) are given an array of responsibilities in the provision of basic public services. With regards to the issues discussed this paper, MMDAs exercise complete responsibility that comes with fiscal, legislative and administrative powers for 'devolved services' such as sanitation.

However, the provision of water and healthcare, for example, fall into the category of 'delegated public services', where local government exercises little autonomy and must "act as agents of central government" or the respective state bodies in providing these services (Akramov and Asante, 2008:4).[13]

Enhancing decentralization through fiscal and political autonomy at the local level should be an urgent priority to enable District Assemblies do more - given that the scale of investment in basic services require a mix of both local and central government efforts. For example, the direct election of District Chief Executives (DCEs) through the popular vote could inject innovation in how the shortfall in basic services are addressed in different localities – whilst at the same time bringing about accountability. Indeed, this could further improve citizen participation in local decision making processes and enable elected officials to better understand the priorities and needs of local residents.

3.4 Good Governance

Financial irregularities and corruption at the local government level is extensive, as repeatedly documented in the Auditor-General's reports. Given that the lack of funds remains a major barrier to enhancing the delivery of basic services, public financial management needs to improve. A renewed focus on strengthening oversight and internal controls within District Assemblies to address the recurrent and prevalent cases of cash embezzlement, overpayments and procurement fraud remain crucial. Further, transparency in Assembly finances must be enhanced. In fact, a majority of Ghanaians (81%) have expressed the view that MMDAs are bad at providing citizens with information about their budgets (IEA, 2016). This view, together with the lack of trust in District Assemblies, calls for measures to improve transparency as one of the measures aimed at rebuilding confidence.[14]

13 With regards to water service providers, the Ghana Water Company Ltd (GWCL) operates the in urban areas while the Community Water and Sanitation Agency (CWSA) covers rural areas.

14 A combined total of almost 70% of respondents in the IEA 2015 Socio-economic and Governance Survey indicated that they had "little" or "no trust at all" in their MMDAs.

4. CONCLUSION

The objectives of this study were to contribute to a better understanding of the gaps in access to basic services and to make recommendations in the areas requiring urgent policy intervention. In this regard, the paper examined key survey evidence, which provides useful insight on the level of access relating to three basic services: water, sanitation and healthcare. The findings suggest that, while some progress has been made, a lot needs to be done as a considerable proportion of Ghana's population still lacks access to basic services. The findings further indicate that there are wide gaps between rural and urban residents in terms of service access - with the former experiencing significantly less access. More work is required to better determine the nature of these gaps in order to improve policy formulation.

Poverty reduction can be approached from different perspectives, yet access to basic services forms an integral part of poverty alleviation; its consequent effects on the economic productivity of a country and the well-being of its citizens are significant. This paper, therefore, argues that addressing gaps in access to basic services should be an urgent policy priority. Further, given that inequality is an issue that hampers the access to services, policies aimed at reducing income/social inequalities, as well as ensuring growth effects are well distributed, should also be at the top of the policy agenda.

Overall, while a number of important reforms need to be introduced, each of the basic services discussed may require customised intervention across different localities - as a one size fits all approach may not be helpful. All the same, development of infrastructure remains the biggest challenge as this comes with huge costs. Sanitation, for example, is expensive and capital intensive but its long-term benefits such as averting public health disasters are significant. Therefore, targeted interventions through public private partnerships may be a reasonable approach to tackle this issue. Additionally, decentralisation reforms will be key. More financial and political autonomy such as the election of DCEs could inject innovation in addressing key development issues and revenue mobilization. Measures to improve public financial management and governance in Assembly finances will also be critical. In general, government has a responsibility to act, and policy-makers must set the course by outlining a plan of action in a well-defined policy document. Addressing the gaps in accessing basic services must also concentrate the minds of all Ghanaians, too, with sustained public education on human actions - which tend to worsen the state of sanitation in the country.

The lack of access to basic services remains a major gripe that directly affects the welfare of people. The importance of access to clean water, sanitation and healthcare, together with its effect on human development and economic productivity, cannot be overstated. Yet, on a daily basis, Ghanaians all across the country are confronted with the lack of access to these basic services, which has contributed to poor living conditions among the population. In fact, even where service delivery exists, it appears to be more of an urban privilege and not a basic right - especially for the rural poor who suffer mostly from lack of access. As noted above, this can provoke deep frustrations and wide-ranging consequences such as significant amounts of child deaths from diarrhoea, as a result of poor water and sanitation. Ghana must overcome this challenge. Of course, addressing this issue will not be easy - given the country's fiscal challenges. Nevertheless, consideration of the policy proposals outlined above will be a step in the right direction.

REFERENCES

Akramov, K.T., and Asante, F. 2008. Decentralization and Local Public Services in Ghana: Do Geography and Ethnic Diversity Matter? International Food Policy Research Institute. Ghana Strategy Support Program (GSSP) background paper 16. Available at: https://www.ifpri.org/publication/ decentralization-and-local-public-services-ghana

Armah-Attoh, D. 2015. The Quality of Public Services: An intrinsic factor in Ghanaian evaluations of government performance. *Afrobarometer Policy Paper* No. 21. Available at:http://afrobarometer.org/sites/default/files/publications/Policy%20papers/ab_r6_policypaperno21.pdf

Ayee, J. R. A. 1996. 'The measurement of decentralization: The Ghanaian experience, 1988- 92'. *African Affairs,* 95 (378), pp. 31-50.

Crawford, G. 2008. 'Decentralization and the limits to poverty reduction: Findings from Ghana'. *Oxford Development Studies,* 36 (2), pp. 235-258.

Crook, R.C. 1994. 'Four years of the Ghana District Assemblies in operation: Decentralization, democratization and administrative performance'. *Public Administration and Development,* 14 (4), pp. 339-364.

Cummings, C., Langdown, I., and Hart, T. with Lubuva, J., and Kisela, H. 2016. What drives reform? Making sanitation a political priority in secondary cities. London: Overseas Development Institute (ODI). Available at: https://www.odi.org/sites/odi.org.uk/files/resource-documents/11242.pdf

Friis-Hansen, E. 2014. Social Accountability and Public Service Delivery in Rural Africa. Danish Institute for International Studies (DIIS) Policy Brief (January).Available at: http://www.diis.dk /files/media/publications/import/extra/pb2014_socialacoountability_efh_web_2.pdf

Ghana Statistical Service (GSS). 2014. Ghana Living Standards Survey 6 (GLSS 6): Main Report.Accra: Ghana Statistical Service.

Hoy, C., Klasen, S., Samman, E., Darmawan, R., Bue, M. L., Rischke, R., and Rodríguez-Takeuchi, L. 2016. Middle-income Transitions and inequality: is there a link? ODI Dimensions Paper 05Available at: https://www.odi.org/sites/odi.org.uk/files/resource-documents/10383.pdf

Institute of Economic Affairs (IEA). 2016. Survey Report on Key Socio-economic and Governance Issues in Ghana Survey. Accra: IEA.

Institute of Fiscal Studies (IFS). 2015. Ghana: Implications of the Rising Interest Costs to Government. *Fiscal Alert* No. 4. Accra: IFS.

JoyNews.2016a.YendiGovernmentHospitalhitbyacutewatershortage.Available at:http://m.myjoyonline.com/marticles/news/yendigovernment hospitalhitbyacutewatershortage

Joy News. 2016b. MP accuses Water Resources Ministry of discrimination. Available at: http://www.myjoyonline.com/politics/2016/June-6th/mp-accuses-water-resources-ministry-of-discrimination.php

Kaufmann, D., Montoriol-Garriga, J., and Recanatini, F. 2008. How Does Bribery Affect Public Service Delivery? Micro-Evidence from Service Users and Public Officials in Peru. World Bank Institute. *Policy Research Working Paper* 4492.

Matoso, M., Cummings, C., and Langdown, I. 2016. Improving sanitation in Tanzanian cities What do we know about how progress happens? London: Overseas Development Institute (ODI). Available at: https://www.odi.org/sites/odi.org.uk/files/resource-documents/11219.pdf

Mitullah, W. V., Samson, R., Wambua, P.M., and Balongo, S. 2016. Building on progress: Infrastructure development still a major challenge in Africa. Afrobarometer Dispatch No. 69 Available at: http://afrobarometer.org/sites/default/files/publications/Dispatches/ab_r6_dispatchno69_infrastructure_remains_challenge_en.pdf

National Development Planning Commission (NDPC). 2014 Ghana Shared Growth and Development Agenda (GSGDA) II. Accra: NDPC. Available at: https://s3.amazonaws.com/ndpc- static/pubication /GSGDA+II+2014-2017.pdf

National Development Planning Commission (NDPC) and United Nations Development Programme (UNDP). 2015. Millennium Development Goals 2015 Report. Available at: http://www.gh.undp.org/content/ghana/ en/home/library/poverty/2015-ghana-millennium-development-goals-report.html

Organisation for Economic Co-operation and Development (OECD). 2013. Government at a Glance. Available at: http://www.oecdlibrary org docserver/ download/ 4213201e. pdf? expires = 1466599777 &id = id & accname = guest & checksum = FB7DE0394818C38778FB1D4D26F313F7

Osei-Assibey, E., and Grey, S.K. 2013. Millennium Development Goals in Ghana.Accra: Ghana Statistical Service. Available at: http://www.statsghana.gov.gh/docfiles/ 2010phc/ MDG%20report%20(24-10-13).pdf

Pew. 2014. "Public Health a Major Priority in African Nations".Pew Research Center. Available at: http://www.pewglobal.org/2014/05/01/public-health-a-major-priority-in-african-nations/

United Nations Child Education Fund (UNICEF) 2016. UNICEF and partners donate 11 vehicles for water and sanitation activities. Available at: https://www.unicef.org/ghana/media_10355.html

Water Aid and Development Finance International (DFI). 2013. Financing of the water, sanitation and hygiene sector in Ghana. Available at: http://www.wateraid.org/uk/what-we-do/policy-practice-and-advocacy/research-and-publications/view-publication?id=db67087d-6f01-4cd1-a3d5-989082ba504e

Water and Sanitation Programme (WSP). 2012. Ghana: Economic Impacts of Poor Sanitation in Africa. Available at: https://www.wsp.org/sites/wsp.org/files/publications/WSP-ESI-Ghana-brochure.pdf

World Bank. 2004. World Development Report: Making Services Work for Poor People. Washington, D.C.: World Bank.

World Bank, 2007 - 2015. World Development Indicators.Washington, DC: World Bank. Available at: Available at: http://data.worldbank.org/data-catalog/world-development-indicators

World Bank. 2015. Poverty Reduction in Ghana: Progress and Challenges.Washington, DC: World Bank. Available at: http://www.worldbank.org/en/country/ghana/publication/poverty-reduction-ghana-progress-challenges

The Institute of Economic Affairs
A Public Policy Institute

P. O. Box OS 1936, Osu, Accra, Tel: +233-302-244716/+233-0307-010714, Fax: +233-302-222313
Email: iea@ieagh.org | www.ieagh.org