HOW ARE SERVICES DELIVERED TO THE PEOPLE IN MALAWI

RESULTS OF THE SERVICE DELIVERY SATISFACTION SURVEY

Malawi Economic Justice Network

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Foreword

This report was prepared by the Malawi Economic Justice Network as its contribution to the first year of implementation of Malawi's Poverty Reduction Strategy Paper (MPRSP). MEJN coordinated civil society input in the formulation of this strategy and it is a stakeholder in the implementation and review of the same. Yes, Malawi has for the first time produced a comprehensively participatory strategy for reducing poverty, but the efforts would be rendered useless if implementation does not make any difference in the lives of the poor.

MEJN commissioned this community Service Delivery Satisfaction Survey (SDSS) basically to establish the level of citizen satisfaction (or dissatisfaction) with the quality of the public services that the Government of Malawi is providing. The philosophy behind the Service Delivery Satisfaction Survey is that „*it is one thing to have drugs, teaching and learning materials, extensions workers .... in institutions and it is yet another for citizens to have access to the services.*"

It must be made clear on the onset that this is not a nationwide survey, but is from a sample of districts in which MEJN has chapters but which cover all the regions of the country. The results are thus generalisable to district level, not to national level. However, the findings give a reasonably good indication of what reality in Malawi generally is.

This survey was conducted by the village beneficiaries themselves as organised by the established MEJN District Chapters. Their involvement is in line with what MEJN stands for i.e. Promoting Participatory Economic Governance in Malawi. It is the wish of the network that this exercise is carried out every year and progress measured.

We would like to thank the **Joint Oxfam Programme in Malawi**, the **Open Society Initiative for Southern Africa** and **National Democratic Institute for International Affairs** for funding this survey.

Collins Magalasi
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We would also like to acknowledge the comments of Max Lawson of Oxfam (GB) on the report in general and of Lee Norrgard of National Democratic Institute for International Affairs who provided comments on an earlier draft of the tables produced from the questionnaires; Mr Machinjiri of National Statistics Office for the comments on the sampling and Hon. Louis Chimango, MP and chair of Parliamentary Committee on Budget and Finance

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We would also like to thank the Joint Oxfam Programme in Malawi, the Open Society Initiative for Southern Africa and National Democratic Institute for International Affairs for funding this survey.

Notwithstanding the valuable inputs of these individuals and institutions, the report is the responsibility of the authors, and any omissions or errors remains with them.

Executive Summary

The Service Delivery Satisfaction Survey (SDSS) deals with issues of outcomes – it relates to individuals' satisfaction and use of services provided, representing something of a new departure for monitoring in Malawi, which generally looks at inputs or outputs, and impacts. The survey and analysis has been carried out as part of Civil Society's contribution towards monitoring on the PRS and involved the administration of a closed-ended questionnaire with ordered choices to a randomly selected sample of the population from six districts of the country. The exercise covered service delivery in five specific areas – health, education, agriculture, infrastructure and security. All of these areas are covered by Priority Poverty Expenditures (PPEs) in the budget, and the results of the exercise should be considered alongside the results of other budget monitoring exercises being carried out by civil society networks in the fields of health, education and agriculture.

On average, respondents in the survey have to travel 10.2 kilometres to reach the nearest government health centre, and slightly over three-quarters of all respondents had reason to attend this facility in the past 12 months. In general, the respondents were satisfied with the performance of the staff at the centre - 40 per cent said they were very satisfied and 30 per cent slightly satisfied. Further, the respondents felt those treating them were qualified to do so. However, the positive attitude towards the staff does not extend to the supply of drugs and medications. Almost half of all respondents (43 per cent) reported that they did not receive what they consider the correct drugs for the ailment they were suffering from. When this happens, the most common destination to attain the medication is a private pharmacy.

With regard to the district hospital, respondents have to travel almost 30 kilometres to reach there, taking half the respondents over two hours to get there. Almost 60 per cent of all respondents had attended at this facility in the past 12 months. Similar to the responses for the health centre, respondents feel that the staff are offering a good service and are qualified to do so.

The same problem exists with regard to the availability of drugs at the district hospital, though not to the same extent – in this case almost 22 per cent of respondents said they had not received the correct medication. In these cases, again the most common destination to get the medication is the private pharmacy. Further on the negative side, a number of respondents reported having to wait over four hours to be treated at the district hospital and 40 per cent of all respondents said they were unsatisfied with the amount of time they had to wait.

While only a very small number of respondents said they had been requested to make a payment to receive treatment, almost half said they felt that if they had a relative working at the facility they would have received quicker and better treatment.

The major findings emerging on the subject of education are again that the respondents feel the teachers at the nearest school are qualified to provide the services in question – even though it is apparent that the respondents do not think there are enough teachers.

The respondents were also asked to comment on their satisfaction with the number of classrooms – the most frequent response was that the numbers were "slightly inadequate". Further to this, respondents did not feel there were adequate numbers of desks to sit at or exercise books or pens and pencils for the children to use

Amongst households that do not send their children to the nearest school, the three most popular stated reasons for this were that they attend a school of better quality (17.1 per cent), the parents cannot afford to send the children to school (14.5 per cent) and that the school is too far away (10.3 per cent).

With regard to agriculture the major finding on the subject of agricultural extension was that 49% of respondents have never been visited by an extension worker, underlining the difficulties connected to improving agricultural production. Further, almost one-third of

respondents said they lived in an area that is not even covered by an extension worker. Suggesting a similar situation exists here as in education – there are simply not enough people employed as frontline service providers.

Over 80 per cent of those who received a visit from the extension worker in the past month were satisfied with the frequency of the visit. At the same time over half of the respondents also said they were satisfied with the message that was delivered.

Respondents to the questionnaire were most satisfied in terms of their access to ADMARC. Despite having to travel almost 12 kilometres to the nearest depot, 54.4 per cent of respondents stated that they were very satisfied, with a further 22 per cent saying they were somewhat satisfied. Only 16.1 per cent of respondents stated that they were either slightly or very unsatisfied. This is more than likely a direct result of the fact that 40 per cent of depots were reported as always having inputs, and 71 per cent said that it was a major source of food all year round (half of the remainder said it was an important source of food at certain times of the year).

Despite the fact that 70 per cent of respondents received a TIP package in the previous year, only slightly over half said that it had contributed to improved yields. The most common reasons for this were that bad weather had prevented improvements, followed by the fact that the pack was incomplete and that it had arrived too late to be of any use. Only 62 per cent of respondents felt the TIP was going to the right people.

The survey revealed that for eight months of the year roads are impassable. Attention is rightly drawn to infrastructure's role in the economy in rural areas and for general market development, however with uncertain financial allocations it is hard to expect that any improvements can be made. When repairs have been carried out, respondents are generally satisfied with the work.

Achievements appear to have been made in terms of the rehabilitation of boreholes – respondents identified that about 17 per cent of boreholes in their communities are not functioning, representing a major improvement in terms of the figures highlighted in the MPRSP.

Issues of security are a concern. It is one of the most inaccessible services to respondents in terms of distance, who have to travel almost 18 kilometres to reach the nearest police post, and even then only 43.7 per cent of respondents said that it made them feel secure. Notwithstanding, amongst those who have had occasion to actually seek assistance from the police, 48 per cent stated they were very satisfied with the services on offer. Advances do appear to have been made in the area of community policing however, while only two thirds of respondents lived in a community with these initiatives, 87 per cent of these said that it did make them feel more secure.

In conclusion, the SDSS reveals that the frontline service delivery workers are trying to do their job, which is acknowledged by the respondents in terms of their satisfaction ratings. Further, anecdotal reports of these people seeking rents for the provision of the service appear to be unjustified. However, there appears to be massive obstacles in terms of staffing levels (simply put there are just not enough people delivering these services), and the distribution and delivery of resources and materials necessary to support their endeavours. The issue and challenge would therefore seem to be how best to support these frontline service providers, rather than looking at means of reducing their numbers or continuously criticising their ability to deliver.

Abbreviations and Acronyms

ADMARC	Agricultural Development and Marketing Corporation
CISANET	Civil Society Agriculture Network
CSCQBE	Civil Society Coalition for Quality Basic Education
FPE	Free Primary Education
IHS	Integrated Household Survey
KM	Kilometre
MASAF	Malawi Social Action Fund
MEJN	Malawi Economic Justice Network
MK	Malawi Kwacha
MPRS	Malawi Poverty Reduction Strategy
NSO	National Statistical Organisation
PPE	Priority Poverty Expenditure
PRSP	Poverty Reduction Strategy Paper
PWP	Public Works Programme
QIM	Qualitative Impact Monitoring
SDSS	Service Delivery Satisfaction Survey
TIP	Targeted Inputs Programme

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Chapter 1: Introduction

The purpose of the exercise was to establish the level of citizen satisfaction (or dissatisfaction) with the quality of the "public" services provided. This type of outcome monitoring is a new departure in Malawi, as previous efforts have focused on poverty indicators or on tracking inputs (and occasionally outputs). The exercise does not ask the respondents to comment on technical matters, which they may not be competent to do, rather it asks them which services are satisfactory and whether the staff working in the service providing institutions meet their satisfaction.

This is part of the response to the needs identified in the Malawi Poverty Reduction Strategy Paper (MPRSP) for monitoring of budget inputs and outputs by Civil Society Organisations (CSO) (pages 110 – 114) through community empowerment and involvement in public expenditure tracking. This exercise is also the first in what is hoped to be a regular series of exercises, and as such should also be considered as something of a pilot exercise, difficulties identified in this first round of the exercise will be ironed out in future rounds.

The exercise is similar in nature to other exercises carried out in developing countries, such as Kenya, the Philippines and India, as well as regular service delivery surveys carried out in the developed world, principally in Europe, (where they are implemented as ***Eurobarometer Surveys*** or general opinion polls) and in Asia.

The results of the exercise can help the providers of the service, in this instance the government, to become more responsive to the needs and wishes of their clients. This is very important in light of the prevailing poverty situation in the country, and efforts towards really improving the situation in Malawi.

1.1 Background and Objectives

Since the year 2000, the Malawi Economic Justice Network (MEJN) has been involved in budget issues, including analysis and interpretation, literacy and training, and output monitoring. Over the years, it has been observed that nearly all stakeholders in Malawi agree on the importance of streamlining priority areas to reduce poverty. This is made evident in the way national budget allocations are segregated. One element has however been sidelined, and this is that of the inclusion of the perceptions or the feelings of the local communities themselves about the delivery of these priorities. We believe that the perceptions gathered during this exercise are what matter most in this environment of mass poverty, where allocations are challenged in the face of scarce resources.

Deciding *'what we wanted to know'* and what areas should be covered by the exercise was addressed by reviewing the discussions and deliberations of the MEJN monitoring chapters on what should be included as Priority Poverty Expenditures (PPEs)[1]. From these discussions it was apparent that services delivered in a number of areas were of major concern for those at district and community level. These included:

(i) Health Care – particularly, availability of drugs and staffing levels, as well as reported incidence of corruption

(ii) Education – particularly, numbers of classrooms, availability and qualifications of teachers and teaching and learning materials

(iii) Agriculture – particularly, the availability of extension workers and the messages they deliver, the distances travelled to ADMARC and the accessibility of the Targeted Inputs Programme (TIP or Starter Pack), as well as reported instances of corruption in the receipt and delivery of these packs.

[1] Discussions on this particular subject were held during the month of February 2003.

(iv) Infrastructure – specifically the quality of rural and peri-urban roads and the impact this has on the ability of people living in rural areas to access markets, and the availability of boreholes in the respondents village.

(v) Security – particularly respondents' contact with the police service and their perception on the value and contribution of community policing initiatives to their security. Again, issues of concern surrounding corruption were to be investigated.

From this, a questionnaire was developed that would allow the capture of people's perceptions on the qualifications of staff (an important point to remember here is that enumerators were not requested to investigate the actual qualifications of the staff) and their satisfaction with the services being offered by the institutions in question.

To further inform the selection of the various areas, work carried out by existing active civil society networks, in the area of health (Malawi Health Equity Network – MHEN), agriculture (Civil Society Agriculture Network – CISANET) and education (Civil Society Coalition for Quality Basic Education – CSCQBE) was also reviewed. In this regard, the following report should be considered as complimentary to these network's on-going monitoring of inputs and outputs, and makes frequent references to their findings.

It is intended, amongst other things, that the results of the study will be available in time to feed into and influence Parliamentary deliberations on the budget, and to provide suggestions on improving the focus of allocations towards the PPEs. In addition to the production of the report a detailed advocacy and dissemination phase for the results is planned by MEJN to ensure the relevant stakeholders are kept abreast of the findings as well as establishing the most effective way forward in the successful implementation of the MPRS budget.

1.2 Methodology

The data was obtained using a simple closed ended questionnaire with ordered choices to capture the opinions and perceptions of the respondents. The questionnaire asked straightforward questions on people's access to services, their satisfaction with the qualifications of the staff at the facilities and the services offered.

To rank *satisfaction* and *qualification,* five distinct options were given as follows

Very Satisfied	*Somewhat Satisfied*	*No Strong opinion*	*Somewhat Unsatisfied*	*Very Unsatisfied*

The enumerators marked the pre-coded response given on the questionnaire.

The questionnaire was pre-tested (in Lilongwe Rural East) before the training of enumerators commenced, and was translated into *Chichewa, Chitonga* and *Chitumbuka* to ensure that there was no confusion or distortions caused by enumerators translating the questions into the local languages.

Analysis was carried out in conjunction with the Agricultural Policy Research Unit (APRU) at Bunda College, University of Malawi, using the Statistical Package for the Social Sciences (SPSS) data analysis package.

In order to establish the district where respondents were most satisfied with the provision of services or the qualification of staff, it proved necessary to convert the various responses received into a single score. To achieve this a simple weighting was applied to the responses given to each question for each district as follows:

- Percentage of respondents claiming to be *very satisfied* with the service or that the service provider was *very qualified* was given a weight of 2,
- Percentage of respondents claiming to be *slightly satisfied* with the service or that the service provider was *slightly qualified* was given a weight of 1,

- Percentage of respondents voicing *no strong opinion* was given a weight of 0,
- Percentage of respondents claiming to be *slightly unsatisfied* with the service or that the service provider was *slightly unqualified* was given a weight of –1,
- Percentage of respondents claiming to be *very unsatisfied* with the service or that the service provider was *very unqualified* was given a weight of –2.

The weighted scores for each response were then summed and divided by 100 to give a single figure. The single figure responses for each of the questions in the relevant sections, and overall for each district, were then combined and the mean calculated. This gave a single figure to represent satisfaction with the service in question at district level. The highest figure represented the district where the respondents were most happy, the lowest (including negative), showed the district where the respondents were least happy.

1.3 Selection and Training of Enumerators

The enumerators were selected from existing MEJN chapters, operating in Mzuzu and Nkhata Bay (in the North), Mchinji (in the Centre) and Phalombe, Mulanje and Blantyre City (in the South). Seven enumerators were chosen per district, one of which was to act as supervisor.

A two-day training session for all the enumerators was held at the Malawi Entrepreneurs Development Institute (MEDI) in Mponela, Dowa. During this session, each question was explained in detail and role-plays were used to ensure the full understanding of the questionnaire by enumerators. There was an also an opportunity to carry out a field practical in one of the villages around MEDI (Kalindang'oma village), with a comprehensive feedback session afterwards.

Enumerators were also provided with a training manual to ensure that they could easily access answers to any questions they may have during the field phase, and that there would be uniformity in the way the questionnaire was administered across districts.

It was initially intended that the enumerators would work in their home district, however, due to some slight imbalances in the numbers attending from each district it proved necessary to carry out some reallocation of enumerators. This predominantly meant that some enumerators from outside Phalombe and Salima were sent to those districts to supplement the teams collecting information. In Salima, the entire team came from outside the district, as no MEJN chapter is active there yet.

1.4 Sample

A sample size of between 1,000 and 1,200 households is generally accepted as satisfactory for this type of exercise[2]. This is considerably smaller than the samples for Integrated Household Survey, or Demographic and Health Survey style exercises – but then again, the two exercises are looking at entirely different issues, and the level of disaggregation necessary is different.

From the start, it was made clear that the exercise was not a nationwide survey – neither time nor resources allowed for that. Rather it is from a sample of districts, which cover all the regions of the country – the results shall be generalisable to district level, but not to national level. Having said that, however, the results should be able to give a reasonably good indication of the situation prevailing in the country, as will become apparent from the sample distribution outlined in the remainder of this section.

The survey covered the three regions of the country. The six participating districts are divided across the three regions proportionate to the regional distribution of the population as illustrated in the following table.

[2] See for instance World Bank (nd) "Filipino Report Card on Pro-Poor Services" Appendix 1, Page 157.

Table 1.1: Regional distribution of districts to be sampled, base on population

	% of Population	No. of Districts to be Sampled	Rounded
North	12.4	.750	1
Centre	40.9	2.436	2
South	46.6	2.796	3
Urban	14.4	.864	1
Rural	85.6	5.136	5

The six districts were purposively selected as follows – Nkhata Bay (Northern Region), Salima and Mchinji (Central Region) and Phalombe, Mulanje and Blantyre City (Southern Region), meeting the requirements as outlined in the above table (one in the north, two in the centre, three in the south, with one urban and five rural). Within the districts a number of wards were randomly sampled, based on the proportion of the population in each of the regions (that is approximately 12 per cent of the wards were in the North, 41 per cent in the centre and 47 per cent in the South).

Upon selection of the wards, three villages were systematically randomly sampled in each of the rural areas, while three enumeration areas, based on the National Statistical Offices' records, were sampled in the urban area of Blantyre. With 12 households within each village / enumeration area to be sampled, the entire sample is broken down as follows (See Table 1.2)

Table 1.2: Breakdown of sample

Region	Sample Districts	Sample Wards	Sample Villages (EAs)	Sample Respondents	% of Sample	Region % of Popl.
North	1	4	12	144	13.3	12.4
Centre	2	12	36	432	40	40.9
South	3	14	42	504	46.7	46.6
Total	**6**	**30**	**90**	**1080**	**100**	

This means that the number of households, villages and wards have been randomly selected, proportionate to their size. Households were also selected using a systematic random sampling approach, in this instance; the enumerator ascertained the total number of households in the village, calculated the necessary interval size and started counting out houses from a random starting point (most often the Chief's residence).

Authorisation for carrying out the exercise and comments on the sampling procedure were sought from the National Statistics Office (NSO), who reviewed the questionnaires, the sample size and districts selected. Their major concern was that the results of the exercise should not be extrapolated to national level (as highlighted earlier) because of the purposive nature of district selection. The survey was, however, approved, "… under the Statistics Act of 1969…" by the Commissioner of Statistics. In this regard, while the report does not make assertions for the national level, we propose that the results are indicative and require immediate attention.

1.5 Field Work

The fieldwork for the exercise was carried out over a three-week period, starting on Friday 11th April and running through until Friday the 30th April 2003. All the questionnaires were received back at the MEJN Secretariat by the 2nd May 2003, in line with the agreed upon schedule.

For the fieldwork each enumerator was provided with a letter of introduction for the District Commissioner and a letter from the Commissioner of Surveys and Census acknowledging that they had been informed about the exercise alongside the questionnaires and the Training manual.

The enumerators, all of whom were came from different member organisations of MEJN, devoted themselves voluntarily to the task at hand with impressive results, this being the very first exercise of its kind.

1.6 Challenges

The major challenge faced by the enumerators in the implementation of the questionnaire was ascertaining the actual distances to the nearest facility from the respondents. In particular, they felt that it was more appropriate to ask the amount of time taken to access the facility in question.

When enumerators attempted to access information at facility level some facilities were unwilling to provide them with information, despite having a letter of introduction from MEJN and a letter of authority from the NSO.

Enumerators also complained about the distances involved in reaching the villages and households sampled which in most cases resulted in their spending more time travelling from one place to the other, than administrating the questionnaires. However, in the Enumerator Feedback seminar, held in Lilongwe in June 2003, the enumerators conceded that this whole exercise had accorded them with a much better overview of some of the challenges faced and grappled with by ordinary, poor people everyday. In some instances, they reported delays in carrying out the sampling as instructed because the chiefs did not know the number of households in the village.

On the positive side, the enumerators who largely operated in their home district, said they were made welcome in each of the communities they visited, and found people willing to share their experiences with them. In some instances, they were forced to explain the procedure involved in sampling the households, as some residents could not understand why they were being excluded.

Chapter 2: Characteristics of the Sample

To establish a profile of the respondents, some generic questions were asked about their age, marital status and relationship to the household head. As far as possible, the profile of the respondents has been compared to information from other sources, including the 1998 Housing and Population Census[3], to show how representative the sample may be. Respondents were also asked questions that would help ascertain their poverty status, primarily the number of months in a year they do not have access to enough food, the average size of the landholding, description of their quality of housing and proportion of the household engaging in *ganyu*[4]. The intention behind trying to establish the level of poverty was to analyse the results in these terms. However, this has proved to be beyond the scope of the first round of the exercise, and will need further refinement in future rounds of the exercise.

2.1 Respondent Characteristics

In an effort to ensure that the opinions of both men and women were included in the exercise, the sampling procedure sought to have an equitable breakdown of each gender. Table 2.1 below shows this breakdown, and includes information from the 1998 Housing and Population Census for the population breakdown of each of the districts in question, showing that at least in terms of gender the sample bears considerable resemblance to the entire population.

Table 2.1: Gender of Respondents (by district) (%)

	Male	Female
Mulanje	51.1 ***(46.9)***	48.9 ***(53.1)***
Phalombe	48.6 ***(47.1)***	51.4 ***(52.9)***
Blantyre City	49.6 ***(51.1)***	50.4 ***(48.9)***
Mchinji	50.5 ***(50.5)***	49.5 ***(49.5)***
Salima	49.3 ***(49.2)***	50.7 ***(50.8)***
Nkhata Bay	51.1 ***(48.6)***	48.9 ***(51.4)***
Total	50.0 ***(49.0)***	50.0 ***(51.0)***

(census figures).

The opinions of competent adults were sought, therefore only those aged 16 or over were included in the sample (See Table 2.2). Of the respondents, 18.6 per cent were aged between 16 and 25, 26.4 per cent between 26 and 35, 18.6 per cent between 36 and 45, 17.2 per cent between 46 and 55 and 19.2 per cent over 56[5].

[3] In this section all references to the census refer to the results of the Population and Housing Census carried out in 1998, the results of which are contained in the following publication – Malawi Government (2001) "Census Analytical Report" National Statistical office, Zomba, Malawi, available at www.nso.malawi.net

[4] *Ganyu* is casual labour, usually allocated on a piecework basis.

[5] The age profile of the respondents is not directly comparable to those in the census analytical report, as the age groups there can be grouped as follows - 15 – 24, 25 – 34, 35 – 44, 45 – 54 and over 55. The population breakdown for those over the age of 15, is as follows for these groups 36.9 per cent; 24.8 per cent; 15.1 per cent; 10.2 per cent and 12.9 per cent. Suggesting there is an over representation in the current sample amongst the older age groups, while the younger age group is under represented.

Table 2.2: Age of Respondents (by district) (%)

	16 – 25	26 – 35	36 – 45	46 – 55	Over 56
Mulanje	15.6	25.0	19.4	18.3	21.7
Phalombe	22.5	21.9	13.5	23.6	18.5
Blantyre City	19.4	38.2	18.1	16.0	8.3
Mchinji	16.7	25.0	16.7	18.1	23.5
Salima	21.5	24.3	22.4	13.6	18.2
Nkhata Bay	15.3	27.1	21.5	13.2	22.9
Total	**18.6**	**26.4**	**18.6**	**17.2**	**19.2**

Respondents were also asked to provide information about their marital status. Again, there are differences between the sample and the results of the 1998 Population and Housing Census. This is a direct result of incorporating the answers from different portions of the population. All the respondents to the current questionnaire were over the age of 16, whereas the census analytical report provides information on marital status for all those over 10. This helps to explain the larger number of respondents in the census who say they are not married. (See Table 2.3 for an overview).

Table 2.3: Marital Status of Respondents (by district) (%)

	Married	Divorced / Separated	Widow	Widower	Single / Never Married	Other	Missing
Mulanje	60.0	8.9	9.4	2.8	10.6	0.6	7.8
Phalombe	77.2	7.8	6.7	1.1	6.7	0.0	0.6
Blantyre City	75.7	2.1	7.6	0.7	11.1	0.0	2.8
Mchinji	73.0	6.0	11.2	1.9	4.2	0.0	3.7
Salima	80.0	5.6	6.5	0.5	3.3	4.2	0.0
Nkhata Bay	80.6	7.6	2.1	6.9	2.1	0.7	0.0
Total	**74.3** ***(54.8)***	**6.4** ***(4.7)***	**7.5** ***(7.1)***	**2.1** ***(1.1)***	**6.1** ***(35.4)***	**1.0** ***(--)***	**2.5** ***(--)***

The majority of respondents to the questionnaire were the household head (55.2 per cent), followed by those saying they were the spouse of the household head (36.5 per cent) (See Table 2.4).

Table 2.4: Relation of Respondent to Head of Household (by district) (%)

	Is the head	Spouse	Child	Parent	Other	No Relation
Mulanje	51.7	33.9	7.2	7.2	0.0	0.0
Phalombe	51.7	37.2	10.6	0.6	0.0	0.0
Blantyre City	55.4	35.3	9.4	0.0	0.0	0.0
Mchinji	67.1	30.0	1.4	1.0	0.5	0.0
Salima	50.7	44.0	2.9	1.9	0.5	0.0
Nkhata Bay	53.1	38.5	2.8	4.2	0.7	0.7
Total	**55.2**	**36.5**	**5.5**	**2.5**	**0.3**	**0.1**

Further to this, respondents were asked how many people lived in the household. The average household size was 5.1. The household sizes in the survey were considerably bigger than those in 1998 Census. These are presented as Table 2.5.

Table 2.5: Average Household Size (by district and poverty level)

	Sample	Census
Mulanje	4.3	4.1
Phalombe	4.8	3.9
Blantyre City	5.3	4.1
Mchinji	5.4	4.6
Salima	5.2	4.2
Nkhata Bay	5.8	4.9
Total	**5.1**	**4.3**

The respondents were also asked whether there were times of the year when they did not

have enough to eat (a means of assessing food security levels). In answer to this question, only 11.9 per cent of the respondents said their household was never without food. The most common answer (made by 42.5 per cent of respondents) was that there was not enough to eat for up to three months of the year. Almost 16 per cent of respondents said their household did not have enough food for between 10 and 12 months of the year.

Table 2.6: Number of months the household does not have enough to eat, by district (%)

	Between 10 and 12 months	Between 7 and 9 months	Between 4 and 6 Months	Up to 3 Months	Never
Mulanje	11.7	24.4	25.0	27.8	11.1
Phalombe	10.7	9.0	23.0	51.7	5.6
Blantyre City	0.0	0.0	4.2	66.7	29.2
Mchinji	34.9	12.4	10.5	33.5	8.6
Salima	16.7	19.6	8.6	48.8	6.2
Nkhata Bay	14.1	23.2	17.6	28.9	16.2
Total (n=1062)	**15.8**	**15.1**	**14.8**	**42.5**	**11.9**

Further to this, respondents were asked whether their household owns land – 12.1 per cent of the total said they did not (as opposed to 18.2 per cent of the poor and 26.5 per cent of the non-poor in the IHS). Unsurprisingly, this was highest in the urban area of Blantyre, where 40.3 per cent of respondents had no landholding. The most common answers were that households had landholdings of between .5 and one hectare (21.4 per cent) and between one and two hectares (21.8 per cent) (See Table 2.7)[6]

Table 2.7: Average Size of Land Holding, by district (%)

	No Land Holding	Up to ¼ Has	¼ - ½ Hectare	½ - 1 ha	1 - 2 has	> 2 has	Missing
Mulanje	10.6	16.1	29.4	34.4	7.8	1.1	0.6
Phalombe	2.8	12.8	23.9	25.0	27.2	6.7	1.7
Blantyre City	40.3	4.2	5.6	13.2	20.8	14.6	1.4
Mchinji	7.0	7.9	12.6	23.7	27.0	18.6	3.3
Salima	7.0	21.9	14.9	13.5	17.7	23.3	1.9
Nkhata Bay	12.5	9.0	8.3	17.4	31.9	20.1	0.7
Total (n=1078)	**12.1**	**12.5**	**16.2**	**21.4**	**21.8**	**14.3**	**1.7**

Respondents were also asked to assess the type of house they live in. In total, 93.8 per cent reported owning their own house (against a national figure of 86.1 per cent contained in the census), while 6.2 per cent said they rented their accommodation (this figure was 10.8 per cent in the census). Respondents were also asked to describe their house – of the options provided 15.3 per cent said their house was well constructed, using burnt bricks with an iron sheet roof; 28.1 per cent said that it was well constructed of local materials, while 50.4 per cent said it was poorly constructed, using only locally available materials.

These categories roughly correspond to those used in the 1998 Population and Housing Census – which found that 15.8 per cent of all houses were permanent, 18.4 per cent semi permanent and 65.8 traditional.

[6] This is in line with household landholding sizes from the IHS, which highlighted that the poor own 0.185 ha per capita (an equivalent of .8 hectares per household) and the rich own .282 hectare per capita (the equivalent of 1.16 hectare per household). Giving a total figure for household landholding of approximately .93 hectare.

Table 2.8: Description of Housing (by district) (%)

	Constructed of Burnt Bricks with an Iron Sheet Roof	Constructed of local materials	Poorly constructed of locally available material
Mulanje	25.1	22.9	52.0
Phalombe	10.7	33.1	56.2
Blantyre City	13.1	34.1	52.9
Mchinji	22.1	29.9	48.0
Salima	6.8	29.2	64.1
Nkhata Bay	26.9	41.8	39.0
Total (n=1046)	***15.3***	***28.1***	***50.4***

Respondents were also asked whether anybody in their household engaged in *Ganyu* (casual labour). Overall, 54.9 per cent of respondents in the sample said this was the case. This figure was lowest in Blantyre (36.4 per cent) and highest in Salima, where 72.8 per cent of the total were engaged in *ganyu*.

Table 2.9: Proportion of Households Engaging in *Ganyu* (%), by district

	Total
Mulanje	56.7
Phalombe	64.0
Blantyre City	36.4
Mchinji	61.7
Salima	72.8
Nkhata Bay	22.9
Total (n=1048)	**54.9**

Respondents were also asked to assess their own level of poverty. To do this they were given five options – very poor, poor, not poor now but could become poor (vulnerable), rich and very rich. In total, 91.4 per cent of respondents classified themselves as being poor or very poor. Of the rest, over half said they belonged to the vulnerable group, with only 3.4 per cent of the entire sample saying they belonged to the rich or very rich category.

Table 2.10: Self Classified Level of Poverty (by district) (%)

	Very Poor	Poor	Vulnerable	Rich	Very Rich
Mulanje	35.0	62.2	2.2	0.6	0.0
Phalombe	34.4	65.0	0.6	0.0	0.0
Blantyre City	8.3	71.5	19.4	0.7	0.0
Mchinji	47.6	38.7	0.5	13.2	0.0
Salima	40.9	54.4	3.3	0.9	0.5
Nkhata Bay	45.1	43.8	9.0	1.4	0.7
Total *(n = 1075)*	**36.4**	**55.3**	**5.0**	**3.2**	**0.2**

It is apparent that when questioned individually the population have a propensity to over-estimate their poverty status, fearing they may miss out on something if they assess themselves as better-off. An attempt to reclassify the respondents was made, based on their answers to the following specific questions;

- The number of months in the year they do not have enough to eat
- Their average land holding size
- The type of dwelling house the live in and
- Whether they engage in *ganyu*

In essence, respondents were considered to be *very poor* if they responded that their household did not have enough food to eat for more than three months of the year, they had no land holding, or a landholding of less than ¼ hectare, were living in houses that were

poorly constructed of locally available material and engaged in *ganyu*. Those who responded in this manner to three of the four questions were also considered as *very poor*.

Those who had responded positively to two of these criteria were considered as *poor*, those who had responded positively to one were considered *vulnerable* and those who had not answered positively to any of the questions were considered *rich*.

The breakdown of respondents is included in Table 11. Under this 52.5 per cent of the population could be considered poor, with 33.5 per cent vulnerable and 14 per cent rich.

Table 2.11: Re-Assessed (Computed) Level of Poverty (by district) (%)

	Very Poor	Poor	Vulnerable	Rich
Mulanje (n=158)	20.9	32.9	33.5	12.7
Phalombe (n=168)	14.9	36.3	35.1	13.7
Blantyre City (n=80)	3.8	22.5	48.8	25.0
Mchinji (n=174)	24.1	37.4	27.0	11.5
Salima (n=175)	30.9	39.4	24.6	5.1
Nkhata Bay (n=121)	5.0	26.4	43.0	25.6
Total (n=876)	***18.61***	***33.90***	***33.45***	***14.04***

While these figures may seem more realistic when compared to the IHS figures, which places 65.3 per cent of the population below the poverty line, the number of missing cases meant that it was not possible to carry out meaningful analysis of the access to services using this approach, in the initial round of analysis. In this regard, further research is required to see whether respondents' level of poverty has an impact on their ability to access services. It is also recommended that for future rounds of he exercise greater attention is paid to the elements of computing the welfare of the population, using available information (from the IHS and QIM reports of the Poverty Monitoring System).

Chapter 3: Health

Within the MPRSP, issues connected to the delivery of health care are included under Pillar 2, Human Capital Formation. The strategy outlines the principal benefit of making expenditures on health care provision (page 52) as being - *an improved health situation will strengthen the ability of individuals to lift themselves out of poverty and will lead to a general increase in productivity*.

The MPRSP points out that health interventions (both preventative and curative) take place at four levels: community, primary, secondary and tertiary. In the 2002-3 budget, PPEs cover a number of these – primary, preventive and secondary curative, which are the key components of the *Essential Healthcare Package* (EHP). Allocations to health workers' training and drugs are also included as PPEs.

In total MK1,612 million is allocated to the PPEs for the financial year in question, the largest amount being for Secondary Curative Care (MK 901 million) even though the total would seem to omit the PPE allocation to Drugs (MK1,002 million)[7]. It is also interesting to note that although the MPRSP points out (page 53) that [p]*reventative interventions relieve pressure on other levels of healthcare and are less costly to the poor* these receive the smallest allocation under the PPEs (this is highlighted in Budget Document 4a as MK16,200, however it would appear more likely that this should be MK16.2 million).

The SDSS investigated the respondents' access to both the nearest Government Health Clinic and the District Hospital. Firstly, they were asked whether they had any reason to attend the facility in question over the past 12 months. Subsequently, for those who did attend, questions focussed on whether there were appropriate drugs available for their ailment at the facility they visited. This deals with one of the key issues highlighted in the MPRSP (page 59), that *access to drugs is a problem, again particularly in rural areas. This is caused by a combination of low (but increasing) allocations to drugs, and distribution problems, including pilferage and inefficient allocation.*

The MPRSP proposed that this will be dealt with by improving availability, in terms of both quality and quantity, through ensuring that (page 61) *the procurement, logistics, management, distribution, and prescription of drugs is reviewed so that all drugs procured reach the intended patients and are prescribed properly. There is also need to reform the Central Medical Stores to function efficiently. These steps are essential complements to the phased increase of allocations to drugs and medical supplies.* In this regard, the questions asked during the SDSS are more appropriate to assess the success or otherwise of this than the indicators included in the MPRSP, which deal with the input end of the spectrum – specifically drugs and medical supplies expenditure per capita[8]; rather than covering outputs or outcomes (access and use) or distribution.

Further questions dealt with the type of worker providing medical assistance at the facility and respondent's satisfaction with the qualification and performance level of the health worker. At the district hospital level, respondents were also asked about the length of time it takes them to access the facility and how long they had to wait once they get there.

In general, the results of the survey show that respondents feel the health staff that treat them are qualified to do so and are generally satisfied with the service received at the

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[7] See Budget Document 4A – pages 6-7

[8] This is targeted to rise from a per capita "current" level of US$1.25 to US$2.50 by 2005. The actual PPE allocation to drugs is set in budget document 4a as MK1,002 million – the equivalent of US$1.33 per capita, based on the prevailing exchange rate in June 2002 of US$1 = MK 75.6 and a population of 10million. However, if the June 2003 exchange rate of US$1 = MK 92.5 is used the per capita value falls to US$1.08. Taking the average of these two rates, the per capita expenditure would be US$1.19. Treasury allocation to the PPE of drugs appears to be running above target, with 71.2 per cent of the approved provision being disbursed by March 2003, ahead of the expected funding of 65 per cent of the annual provision.

nearest health centre (almost seven out of ten respondents made this response) and district hospital (where 61 per cent of respondents were satisfied). The service provided by the health workers is done within a very difficult environment – one that includes large numbers seeking assistance (over three quarters of all respondents said they had sought some form of assistance at the nearest health centre in the past 12 months), the non-availability of drugs and long distances to reach the centres.

3.1 The Nearest Health Centre

On the subject of access to the nearest health centre, the MPRSP (on page 59) highlights that *physical access to health centres has remained poor, with only 3 percent of the population living in a village with a health centre. Existing health centres are in poor condition, and have an inadequate supply of drugs and medical supplies.*

This assertion is somewhat borne out by the responses received during the survey – on average respondents had to travel 10.2 kilometres to reach the nearest government health centre. There are quite noticeable differences between the districts – those living in Mulanje had the shortest distance to travel (4.4 kilometres), while those living in Salima had the longest (16.3 kilometres).

Table 3.1: Average distance to the nearest government health centre (KMs)

	Total (KMs)
Mulanje	4.4
Phalombe	5.0
Blantyre City	5.8
Mchinji	12.7
Salima	16.4
Nkhata Bay	14.3
Total (n=844)[9]	**10.2**

Slightly over three-quarters of all respondents had reason to attend this facility in the past 12 months, with differences between districts being rather small, ranging from a low of 69.4 per cent in Mchinji, to a high of 83.6 per cent in Nkhata Bay (see Table 3.2). These figures can only start to suggest the pressure that staff working there must be under as they attempt to provide adequate care and attention to those visiting the centre[10].

Table 3.2: Proportion of respondents who had reason to attend the nearest government health centre in the past 12 months (%)

	%
Mulanje	75.7
Phalombe	78.7
Blantyre City	70.5
Mchinji	69.4
Salima	80.1
Nkhata Bay	83.6
Total (n=927)	**76.3**

Of those who attended the facility, slightly over half (56.7 per cent) reported receiving what they consider the correct drugs for the ailment they were suffering from. This figure is as low as 39.8 per cent in Blantyre and as high as 71.7 per cent in Nkhata Bay (see Table 3.3). This figure is consistent with the results of other qualitative exercises (such as the QIM exercise

[9] A number of respondents answered "don't know" to the question "How far is the nearest government health centre", these responses have been omitted from the calculation of the distance

[10] First impressions of this figure are that it appears to be quite high – however, the Integrated Household Survey (IHS) carried out in 1997-8, found that 3.9 per cent of the poor and 4.8 per cent of the non-poor had sought medical attention in the previous two weeks. To provide more information on this issue, future rounds of the SDSS can seek to establish for what precise reason the respondent had attended the health centre.

carried out in 2000[11]), which found that *In terms of accessing medicine for malaria treatment 11 of the 18 communities knew that using* Sulfadoxine Pyriemethamine *(SP) was the most appropriate treatment for malaria – however only four could access the medicine*[12].

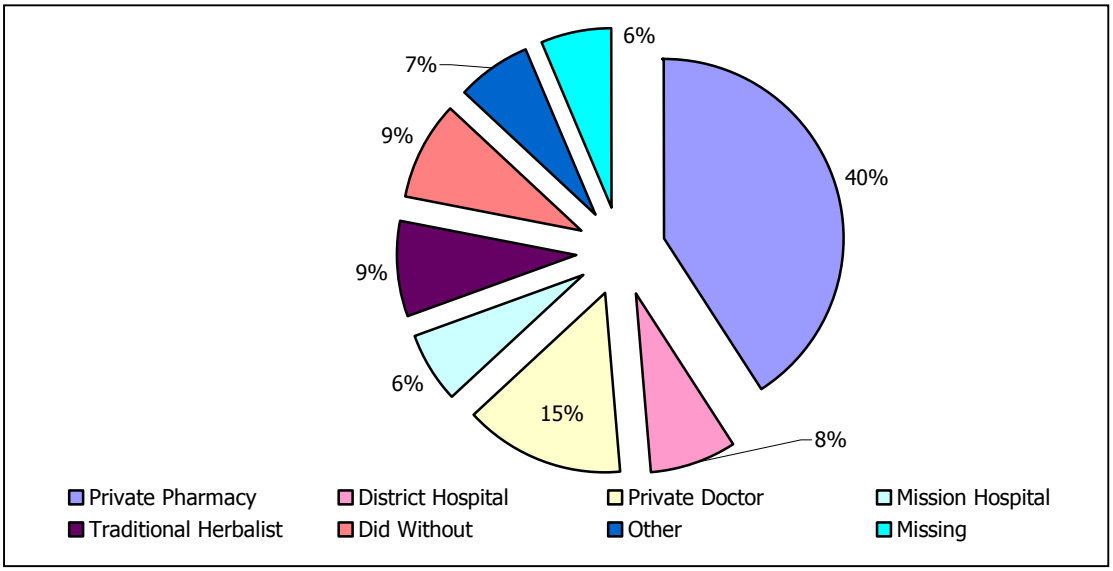
While it is difficult for the respondents to assess what the actual correct drugs are reports from the enumerators suggest that there are two predominant scenarios here – in the first the patient receives no drugs whatsoever, and in the second, at certain health centres, everybody receives Panadol and Fansidar, regardless of what they are suffering from. It was further highlighted to the enumerators at sites near urban centres that the reason for such low numbers of drugs being available is that they are siphoned off to private clinics.

Table 3.3: Respondents who attended the nearest government health facility in the past 12 months who reported receiving the correct drugs (%)

	Yes	No	No Response Given
Mulanje (n=109)	63.3	34.9	1.8
Phalombe (n=140)	57.1	42.9	0.0
Blantyre City (n=98)	39.8	59.2	1.0
Mchinji (n=111)	66.7	31.5	1.8
Salima (n=157)	46.5	53.5	0.0
Nkhata Bay (n=92)	71.7	28.3	0.0
Total (n=707)	**56.7**	**42.6**	**0.7**

The 42.6 per cent of respondents who reported that they did not receive the correct drugs were then asked where did they go – the most common response was that they went to a private pharmacy (40.9 per cent of the total). A surprisingly small amount of respondents (7.6 per cent) said that they went to the district hospital (See figure 3.1 and Table A3.1 in the annex).

Figure 3.1: Where do those who do not receive drugs at the Government Health Centre go?



Respondents in Salima pointed out that one of the major difficulties associated with large numbers of local traders selling drugs is that often these are expired, and secondly, that people cannot always afford the full course of treatment. Other potential difficulties with

[11] Malawi Government (2002) "*Qualitative Impact Monitoring of Poverty Alleviation Policies and Programmes in Malawi*", National Economic Council, Lilongwe

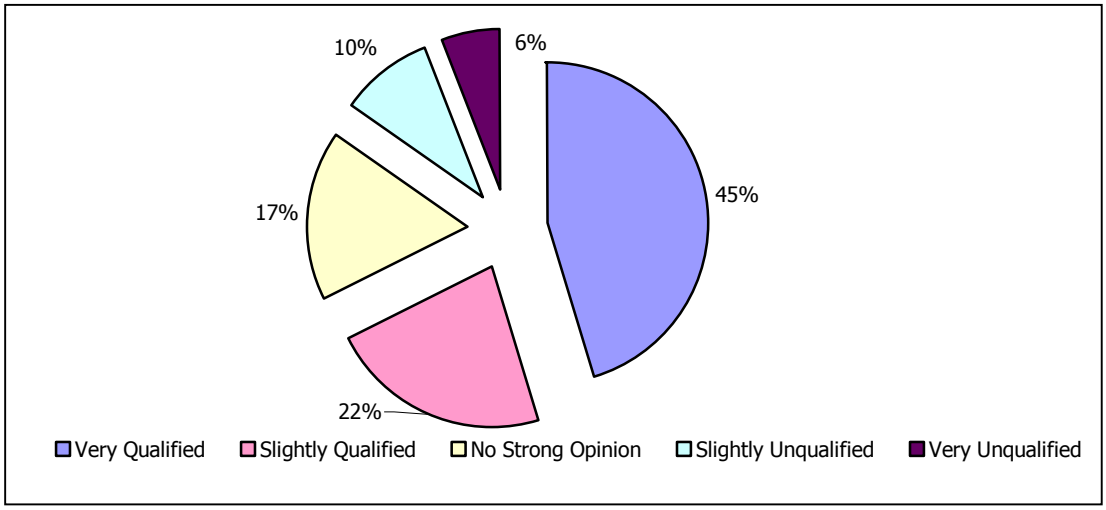
[12] While not directly comparable, it is worth drawing attention to the findings of a survey carried out by the Malawi Health Equity Network in FY 2001-2 on the subject of drug availability. This states that *Of the 36 clinics surveyed, all were out of stock of at least one vital drug on the MHEN list, and one clinic was out of stock of 15 of the 16 drugs surveyed. The average number of vital drugs of which clinics were out of stock was six.*

using vendors as such an important source of drugs are connected with dose scheduling and potential complications in terms of overdose or negative reactions.

Respondents were also asked what type of health worker was providing medical assistance at the nearest health facility – in total, 18.9 per cent said it was a Health Surveillance Assistant, 22.1 per cent said it was a medical assistant, and 20.6 per cent said it was a nurse. A further 28.4 per cent said there was more than one worker at the facility, only 1.6 per cent of respondents said there were no qualified staff[13].

Respondents were asked their perceptions on the qualifications that those serving them at the nearest facility had (it is important to remember that the actual qualifications of those working in the facility were not checked, this question relates purely to the perceptions of the respondent). Almost half the respondents felt the health workers they dealt with were very qualified, a further 22 per cent said they were slightly qualified – only 15.3 per cent of respondents felt they were either slightly or very unqualified (See figure 3.2 and Annex table A3.2). When these results were further analysed by the gender of the respondents, no major differences were identified (See Annex Table A3.4)

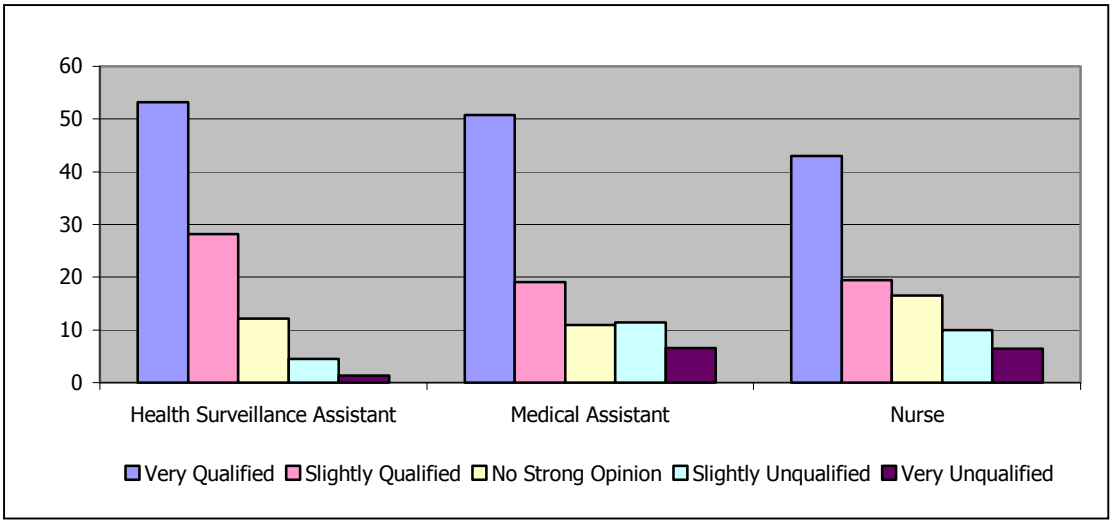
Figure 3.2: Perceptions on the level of qualification on workers at nearest Government Health Centre



Further analysis was carried out on the responses given to ascertain the levels of satisfaction with the different type of health worker (bearing in mind the caveats mentioned previously). From this analysis it appears that respondents thought that Health Surveillance Assistants were the most qualified, followed by the medical assistants and then nurses (see figure 3.3).

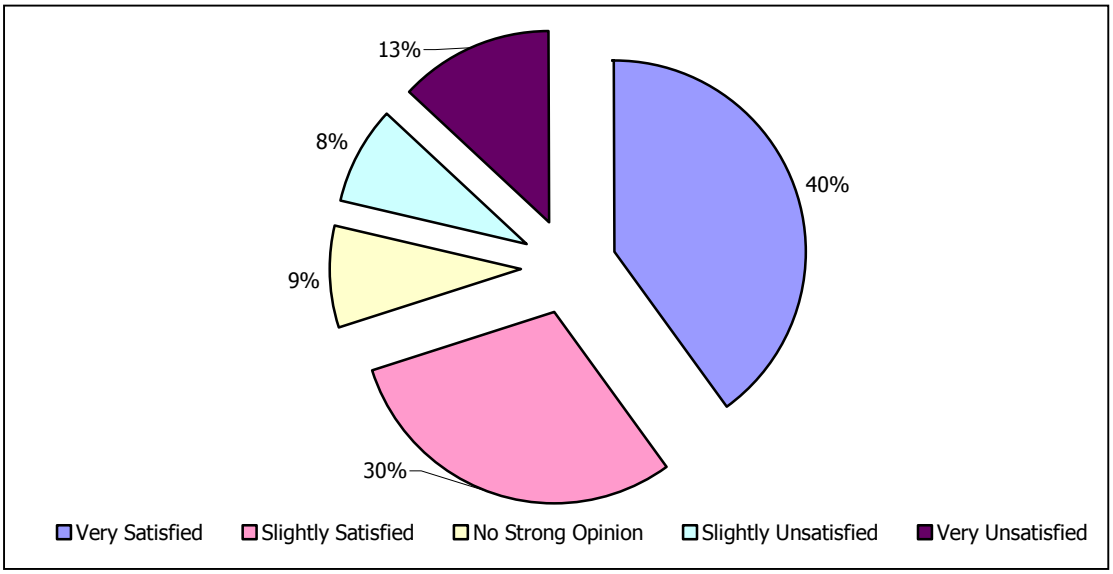
[13] It is important to clarify that enumerators were not requested to check this information; what is included here is the opinions of the people as to what type of worker is providing medical assistance at the nearest facility.

Figure 3.3: Perception on the level of qualification of health workers by type of worker (%)



Perhaps more tellingly, respondents were also asked about their satisfaction with the performance of the staff at the nearest health centre. Overall 40 per cent were very satisfied and 30 per cent slightly satisfied with this performance – respondents in Phalombe had the highest score for very satisfied (53.9 per cent), while those in Blantyre had the highest for very unsatisfied (22.7per cent) (See Table A3.3 and figure 3.4). When the responses were analysed by gender, again there was only a negligible difference[14].

Figure 3.4: Satisfaction with the performance of health staff at the nearest Government Health Clinic



As with the earlier question, these responses were also analysed in terms of the type of health staff available at the nearest government facility. Respondents seemed to be most satisfied with the HSAs (46.2 per cent very satisfied and 33.3 per cent slightly satisfied) and least satisfied with the medical assistants (11.5 per cent slightly unsatisfied and 19.7 per cent very unsatisfied). However, as mentioned previously, the enumerators were not requested to reconfirm the actual grades and qualifications of these staff.

[14] See Annex Table A3.5, which shows that 42.5 per cent of males were very satisfied, with 41.8 per cent of females giving the same response.

In terms of which district is most satisfied with the qualifications of staff and the services they offer at the nearest government health centre, using the weightings and calculations outlined earlier in the report, it appears that respondents in Mulanje are the most satisfied and those in Blantyre City are least satisfied. Overall, the single digit score for satisfaction with the service offered from the nearest government health facility (0.836) places it towards the upper end of slightly satisfactory on the scale.

Table 3.4: Satisfaction with services at nearest government health facility

	Perceptions on the qualifications of the staff at the health centre	Satisfaction with the health worker	Total	Rank
Mulanje	1.225	1.051	1.138	1st
Phalombe	0.994	1.084	1.039	2nd
Nkhata Bay	0.888	0.720	0.804	3rd
Mchinji	0.916	0.566	0.741	4th
Salima	0.704	0.643	0.674	5th
Blantyre	0.773	0.309	0.541	6th
Total	0.917	0.755	0.836	--

3.2 The District Hospital

From the responses to the questionnaire, it appears that the average distance travelled to the district hospital is slightly under 30 kilometres, almost three times the distance that respondents had to travel to the nearest health centre (10.2 kilometres). Respondents in Phalombe travelled the furthest (56.5 kilometres), probably because they must access this facility in one of the neighbouring districts[15]. Those in Blantyre had the shortest distance to travel, at an average of slightly over 12 kilometres. (See table 3.5).

Table 3.5: Average distance to the nearest district hospital (KMs)

	KMs
Mulanje	17.9
Phalombe	56.5
Blantyre City	12.1
Mchinji	31.4
Salima	43.6
Nkhata Bay	30.3
Total (n=915)	**29.9**

Over half of the respondents in the exercise said that they had reason to attend the district hospital in the past 12 months – 59.7 per cent of the total, considerably less than the number who had to attend the nearest health centre (76.3 per cent). This appears to be a very high proportion and would appear to give some backing to the assertion made in the MPRSP that *it is estimated that as many as 85 percent of central hospital admissions could be treated at lower- level facilities*.

Table 3.6: Proportion of population attending district hospital in the past year (%)

	%
Mulanje	69.7
Phalombe	44.1
Blantyre City	52.3
Mchinji	62.6
Salima	55.6
Nkhata Bay	77.0
Total (n=958)	**59.7**

[15] Respondents attend the nearest district hospital to them – those living in the proximity of the Zomba boundary use the district hospital there, those near Mulanje use that district hospital and those near Chiradzulu attend there.

Respondents were asked what means of transport they take to the district hospital, 25.9 per cent said they took a bus, 19.8 per cent said they used a bicycle, 33 per cent travelled on foot and 17.8 per cent had access to a private motor vehicle (See Table A3.6 in the annex for a more detailed breakdown on this information). Respondents were then asked how long it took them to reach the district hospital, using this means of transport. In total 55 per cent of respondents took over two hours to travel to the district hospital, while only 9.2 per cent were able to get there in less than 30 minutes. As can be expected the largest proportion of respondents taking over two hours was in Phalombe (where, as previously highlighted, there is no district hospital), while the lowest percentage taking more than two hours is in Blantyre[16], where it is still a quite high 42.6 per cent.

Table 3.7: Length of time taken to reach the District Hospital, by district (%)

	Less than 30 minutes	30 Minutes to 1 Hour	Between 1 and 2 Hours	More than 2 Hours
Mulanje	17.9	20.1	24.6	37.4
Phalombe	0.7	8.8	19.6	70.9
Blantyre	8.2	13.1	36.1	42.6
Mchinji	11.7	5.4	29.8	53.2
Salima	1.5	12.9	19.1	66.5
Nkhata Bay	15.8	14.2	11.7	58.3
Total (n=968)	**9.2**	**12.2**	**23.7**	**55.0**

As with the respondents who attended the local health facility, those who had attended the district hospital were asked whether they were able to get the appropriate drugs. When compared to the results for the nearest health centre, a much greater proportion of those interviewed responded positively in this instance; 72.7 per cent said the drugs were available, while 21.9 per cent said they were not. However, this is considered to be still a rather high figure (See Table 3.8 for more details).

Table 3.8: Respondents who attended the district hospital in the past 12 months who reported receiving the correct drugs (%)

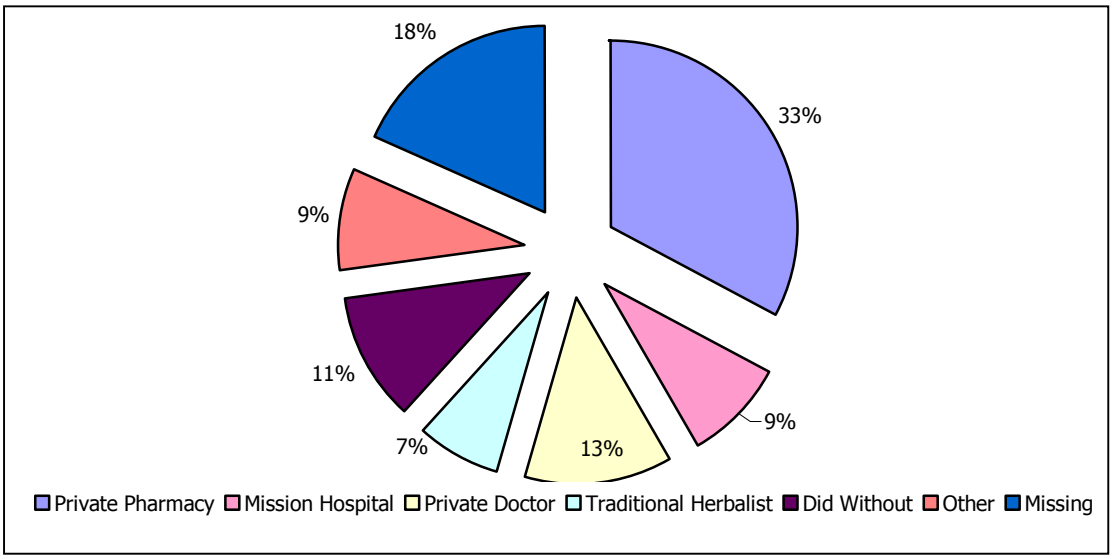
	Yes	No	Not Applicable or Missing
Mulanje	73.0	20.5	6.6
Phalombe	81.7	8.5	9.9
Blantyre City	69.1	25.0	5.9
Mchinji	67.2	27.7	5.0
Salima	70.5	22.9	6.7
Nkhata Bay	77.0	23.0	0.0
Total (n=572)	**72.6**	**21.9**	**5.6**

Those who did not receive the correct medication were asked where they then went – again the most common response was a private pharmacy (32.8 per cent) or a private doctor (12.8 per cent) (see Figure 3.5 and Table A3.7 in the annex[17]).

[16] Blantyre does not have a district hospital as Queen Elizabeth Central Hospital (QECH) is technically not a district hospital, even though respondents treat it as such and are not clear about this distinction

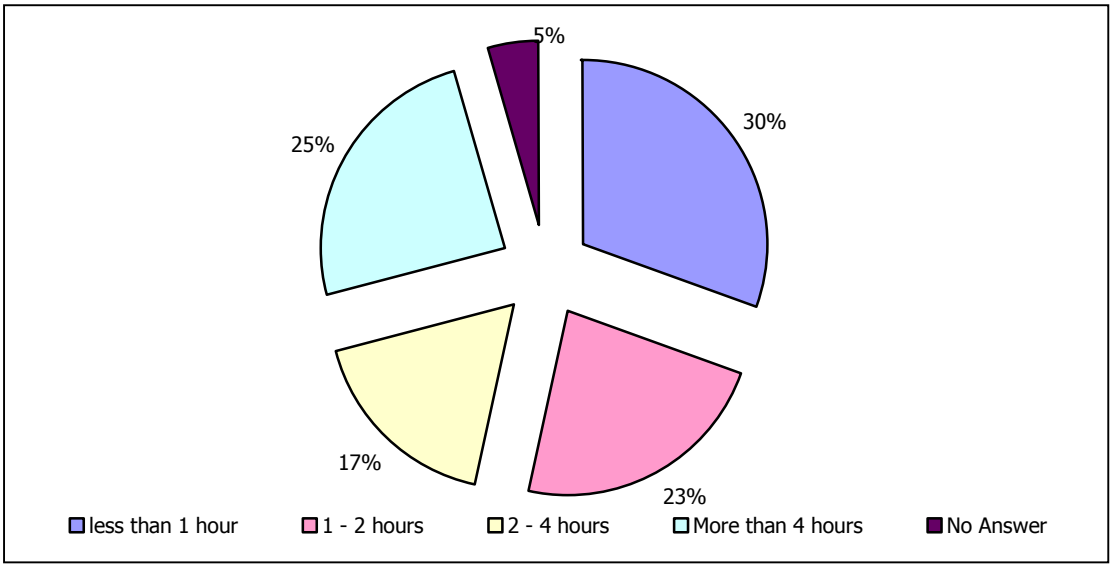
[17] Caution is urged in using drawing district level inferences from the information in Table A3.7 because of the small number of responses.

Figure 3.5: Destination of those who did not receive drugs at district hospital at last visit



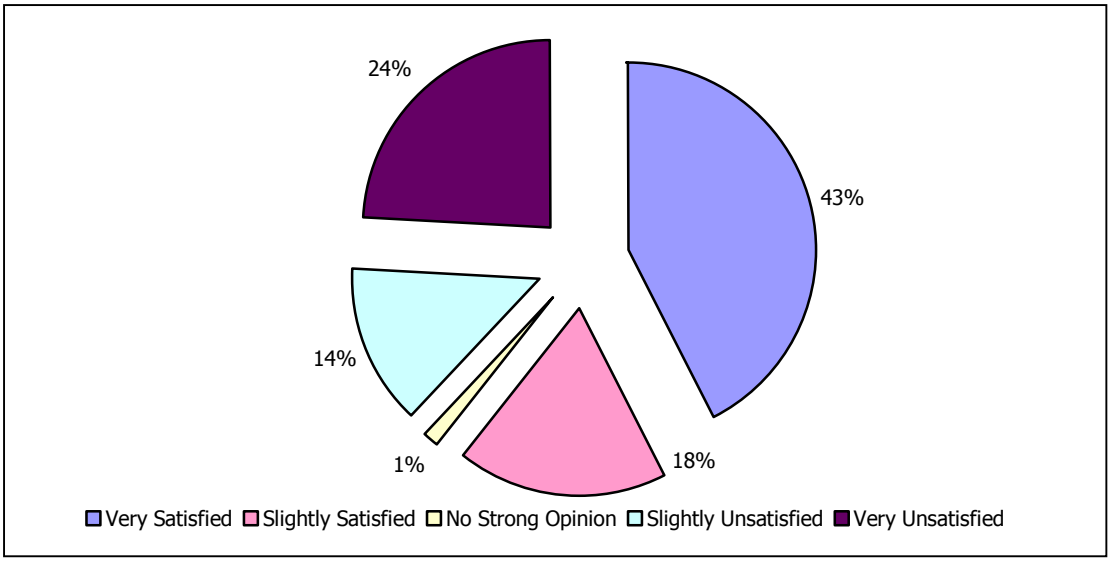
Respondents were also asked how long they had to wait to be treated at the district hospital on their last visit. Overall, 30.6 per cent had to wait for less than one hour to be treated, but almost one in four (24.7 per cent) had to wait for over four hours. Respondents in Blantyre had a worse than average experience, 41.2 per cent of respondents there said they had to wait for over four hours (See Figure 3.6 and Table A3.8).

Figure 3.6: Length of time respondents were expected to wait at the District Hospital



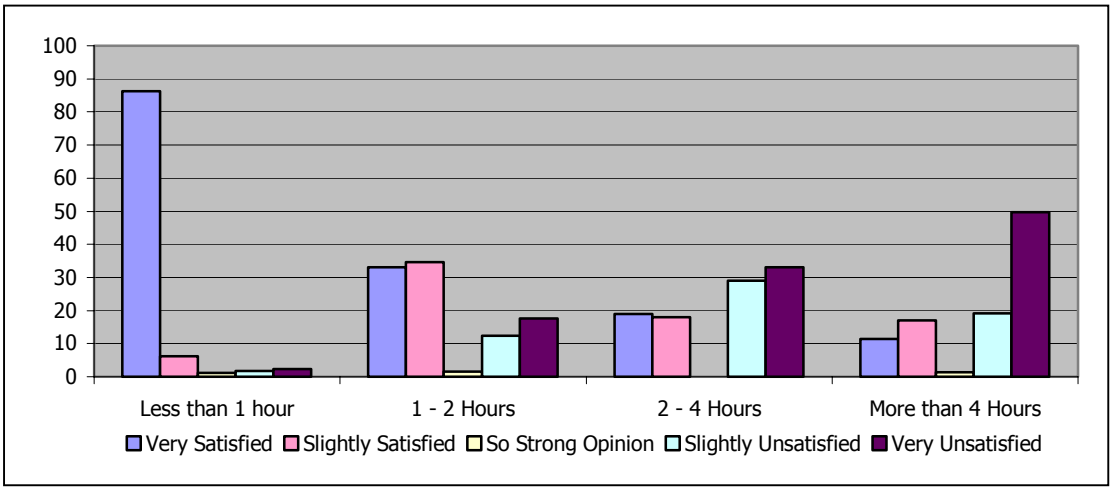
Over 40 per cent of respondents (40.7 per cent) were very satisfied with the time they were expected to wait, while at the same time 23.1 per cent were very unsatisfied. Perhaps unsurprisingly, judging from the proportion of respondents who had to wait over four hours for attention, respondents in Blantyre had the highest percentage of respondents saying they were very unsatisfied (44.1 per cent). (See Figure 3.7 and Table A3.9)

Figure 3.7: Satisfaction with the time they were expected to wait at the district hospital



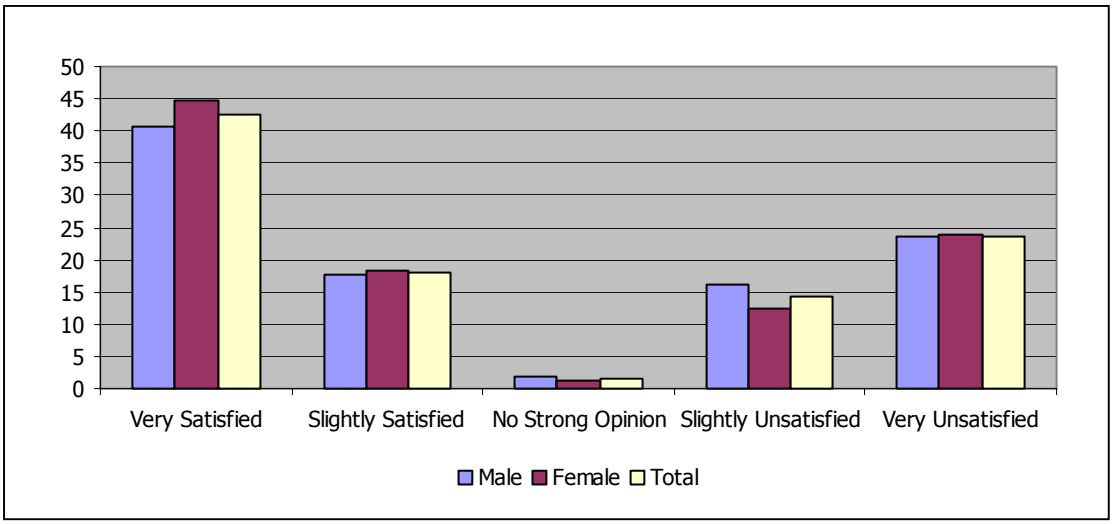
When one analyses the satisfaction ratings by the length of time respondents were expected to wait, the results reveal no major surprises. Those who had to wait less than an hour are generally very satisfied, while those who had to wait for more than four hours have the largest proportion of respondents saying that they are least satisfied (See figure 3.8 for a representation of this).

Figure 3.8: Satisfaction with length of time waited at District Hospital (%)



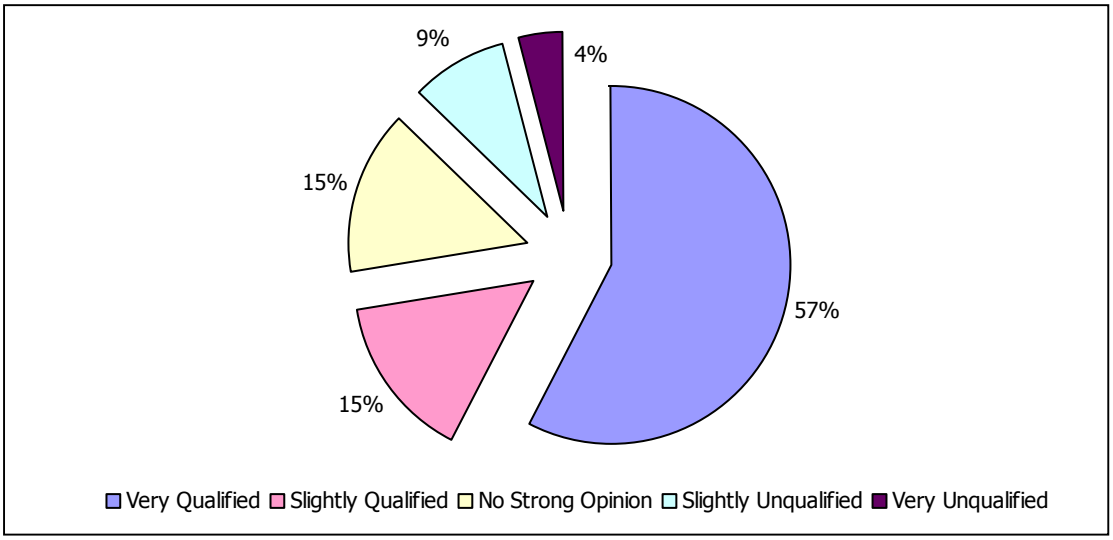
These responses were also analysed in terms of the gender of the respondents, with the expectation that women may have to wait longer at the hospital, or that women may be better positioned to make a response on this question, bearing in mind the fact that they may have to attend more often with children. However, as with the other responses that were analysed in these terms there appears to be only minor differences, with slightly more females (44.6 per cent as apposed to 40.8 per cent) saying they were very satisfied with the time they waited. (See Figure 3.9 and Annex Table A3.10).

Figure 3.9: Satisfaction with length of time waited at District Hospital, by Gender (%)



Respondents were also asked their opinions on the qualifications of staff at the district hospital. It is important again to point out that the respondents were not asked to identify the actual qualifications of the medical staff, nor were attempts made to ascertain the level of these qualifications, simply, respondents were asked their opinions as to whether they felt the staff there were qualified or not. As with the question asked concerning the local health facility the majority of people felt that the staff were qualified, with 57.4 saying they thought they were very qualified, and only 12.8 per cent saying they thought they were unqualified (See Figure 3.9 and Table A3.11 for a district level breakdown of the figures).

Figure 3.10: Perceptions of the qualifications of staff at the district hospital



Respondents were also asked whether they had been requested to make a payment to speed up their treatment at the district hospital - only 2.9 per cent of respondents said this was the case. They were further asked how much this payment was – on average this amounted to MK171. However, while the numbers responding that they had to make a payment to an official to be seen more quickly was quite low, respondents were also asked whether they felt having a relative working in the district hospital would help speed up their treatment. In this instance, half of the respondents felt that this would be the case (See table 3.9). An

alarmingly high number of respondents in Blantyre (85.3 per cent) answered this question positively[18].

Table 3.9: Respondents who attended the district hospital who felt having a relation working at the hospital could speed up their treatment(%)

	Yes	No	No Response
Mulanje	47.5	21.3	31.1
Phalombe	39.4	28.2	32.4
Blantyre City	85.3	2.9	11.8
Mchinji	58.0	22.7	19.3
Salima	39.0	23.8	37.1
Nkhata Bay	36.8	13.8	49.4
Total (n=572)	**50.0**	**19.6**	**30.4**

In terms of which district is most satisfied with the service offered from the district hospital, this has been assessed based on the questions *satisfaction with time expected to wait* and *qualification of the staff*. From this it appears that respondents in Phalombe are most satisfied (this would appear to be something of an anomaly as they are the ones who have to travel the furthest to the district hospital, suggesting that they are simply relieved to receive any service because of this). The most dissatisfied respondents live in Nkhata Bay. The single digit score for satisfaction with the district hospital (0.762) places it towards the upper end of slightly satisfactory on of the scale, but lower than the value received for the local health centre.

Table 3.10: Satisfaction with services at district hospital

	Satisfaction with time to wait	Qualifications of the staff	Total	Rank
Phalombe	1.18	1.48	1.333	1st
Mulanje	0.58	1.27	0.927	2nd
Salima	0.60	1.03	0.817	3rd
Mchinji	0.29	1.04	0.669	4th
Blantyre	-0.13	1.28	0.573	5th
Nkhata Bay	-0.23	0.77	0.270	6th
Total	0.39	1.13	0.762	

3.3 Conclusions

The areas the respondents live in are characterised by long distances to reach the nearest health centre or district hospital, compounded by drug shortages (or unavailability) and long waits to receive treatment at the district hospital, which many respondents felt would not be the case if they had a relative working there.

In general, satisfaction ratings with the services provided by the staff of the medical facilities is high. There is little to choose between the satisfaction ratings of the two major types of health facility, even though respondents seem to be marginally less satisfied with the service received at the district hospital than that received at the nearest health facility. One can postulate that this is partly due to the time waited at the district hospital: for one quarter of all respondents this is over four hours.

However, the proportion of respondents who felt they were able to receive the correct medication is considerably higher at the district facility and the staff are perceived as being better qualified (57.4 per cent said they felt the staff were very qualified in the district hospital against 45.4 at health clinic). It is reasonable to assume that this is taken into account when deciding on which facility to use. As long as this perception prevails it will continue to be difficult to convince people to utilise the local health centre, despite reports that patients are

[18] Further discussions with a frontline service providers at this level revealed that, while this may be the case, they feel that they do not have any alternative. They also felt that sometimes when they are forced to prioritise the sickest patients, people interpret this as favouritism for relatives.

turned away from district hospitals because they do not have referral letters from lower level facilities.

Of particular concern is the numbers saying they do not received the correct medication when they visit the various facilities, this is 42.6 per cent of those attending the nearest health centre and 21.9 per cent at the district hospital. These high levels are disconcerting because of the laudable commitments to improving accessibility to drugs contained in the MPRSP and the substantial allocations made to this under the PPEs in the budget. It would appear from the results of the survey that a complete overhaul of how drugs are delivered is needed to ensure a more equitable (and intelligent) distribution of drugs is achieved, so that health centres are not without drugs and individuals do not have to seek alternative sources for these.

Of further concern are the destinations of those who are are not receiving medication at the government facilities. The most frequent response was to purchase this medication from private pharmacies, many of which are purely local traders. There are reports that these vendors sell medication that is out of date. Further, the cost of this medication can be prohibitive for the respondents, meaning they do not take the full course of drugs, leaving them susceptible to relapses.

The results of the SDSS also suggest that it is important to reassess what is considered as "corruption" in the delivery of health services. It is apparent that only a very small proportion of respondents have ever been asked to provide a payment to receive better treatment, however, the numbers feeling that if they had a relative working in the district hospital in particular they would receive a better quality of treatment is of particular concern. In this regard, those using the district hospitals should know how long they can expect to wait, and all patients should be dealt with by the same criteria when it comes time for treatment. One potential solution for this is to offer more autonomy to Health Management Committees who can deal directly with such complaints as they arise.

Chapter 4: Education

Free Primary Education (FPE) was introduced in Malawi in 1993-4 following the political move to multi-party democracy. Immediately after this total enrolment rose from 1.9 million pupils to a figure above 3 million, a level at which it has remained ever since. This massive increase in enrolment over such a short period has prompted major concerns over the quality of primary education.

The MPRSP includes education under the pillar of **Human Capital Development**, stating that it is the **centrepiece** for the poverty reduction strategy. It highlights (page 48) the importance of education, drawing attention to the fact that *an uneducated population does not understand and appreciate the need and means for achieving higher incomes, reducing infant mortality and population growth as well as improving nutrition and health. Functionally, the major economic sectors of agriculture and industry demand an educated, skilled and healthy workforce to take on the new challenges and aspirations of the sectors.*

There are a number of PPEs included in the MPRSP for education. Within this, the areas highlighted in primary education are teaching and learning materials and teacher's salaries, teacher training and teacher housing. The budget document 4A for 2002-3 expanded this to include allowances for the inspectorate, while dropping the PPE on teacher's salaries. Subsequently the PPE for teacher's salaries was re-included, while allocations towards the inspectorate were removed, causing a great deal of confusion over what it means to actually have an expenditure protected.

The Service Delivery Satisfaction Survey (SDSS) focussed on the level of satisfaction of the intended beneficiaries on what is being delivered under the PPEs. In particular, it asked questions on respondent's satisfaction with the number of classrooms, the quantities of teaching and learning materials and the availability and qualifications of teachers in the school[19].

As with the findings from health in the previous chapter, the respondents generally view those providing the services as being qualified to do so (over 60 per cent say that the teachers in the nearest school are qualified or very qualified). However, they are working in a very difficult environment – where there are too few classrooms, many of which are incomplete, there is a poor supply of the most basic teaching and learning materials they require to allow them carry out this job, and there are simply not enough of them to carry out the work. The full results of the SDSS exercise, as they relate to the subject of education are outlined in the following sections.

4.1 Nearest Type of School

Respondents were asked to identify what type of school was nearest to their community, as can be seen from Table 4.1 below, most respondents (68.3 per cent) identified this as being a government primary school.

Table 4.1: Nearest type of school to the respondents home, by district (%)

	Government Primary	Local Education Authority	Mission Primary School	Private Primary School
Mulanje	71.2	17.5	11.3	0.0
Phalombe	77.9	0.6	21.5	0.0
Blantyre City	60.1	10.1	29.7	0.0
Mchinji	66.7	17.4	15.4	0.5
Salima	80.7	18.4	1.0	0.0
Nkhata Bay	43.7	13.3	41.5	1.5
Total (n=1030)	**68.3**	**13.3**	**18.2**	**0.3**

[19] It is recommended that this section is read in conjunction with the report on the 2003 budget monitoring exercise carried out by the Civil Society Coalition for Quality Basic Education (CSCQBE)

The respondents were then asked whether children from this household are attending this school – in response, one quarter of respondents stated that no children from this household were attending the school (this should not be taken as meaning the children are not attending school at all).

Table 4.2: Proportion of children from respondent's household attending nearest school

Type of Nearest School	Some, or all, of the children in this Household Attend this school	Nobody from this household attends this school	Missing
Government Primary (n=703)	71.8	25.7	2.4
Local Education Authority (n=137)	72.3	26.3	1.5
Mission Primary School (n=187)	69.0	29.4	1.6
Total (n=1030)	**71.3**	**26.4**	**2.3**

Note: figures for Private Primary have been included in the total, but have not been displayed separately because of their small number (n=3)

The most frequent reason given for this was the fact that there were no children of school going age in the household (this accounted for 60 per cent of all such cases). Amongst households where there were children of school going age, the three most popular stated reasons for children not attending the school were that they attend a school of better quality (17.1 per cent), the parents cannot afford to send the children to school (14.5 per cent) and that the school is too far away (10.3 per cent) (See Table 4.3). As the question applied only to primary school, issues of working outside the home or pregnancy should not realistically have been expected, even though there were a number of cases of this.

Table 4.3: Why no children from the respondent's household attend the nearest school

Reason	Govt. Primary (n=79)	LEA (n=5)	Mission Primary (n=28)	(%) (n=117)
Parents cannot afford to send their children	16.5	0.0	14.3	14.5
School is too far away	7.6	20.0	17.9	10.3
Child is sick	6.3	20.0	0.0	5.1
Do not see the value in education	3.8	40.0	0.0	5.1
Parents have died and there is nobody to send them	2.5	0.0	7.1	5.1
Children attend another school of better quality	12.7	0.0	35.7	17.1
Child must work at home	1.3	0.0	0.0	0.9
Child has found work outside the home	2.5	0.0	7.1	3.4
Child became pregnant	3.8	0.0	0.0	2.6
Other	43.0	20.0	17.9	35.9

Note – the number of responses for Local Education Authority schools is very low (n = 5), so care must be exercised in drawing conclusions for this number

4.2 Number of Classrooms

Respondents were asked to provide information on the number of classrooms in their nearest school. On average, in the six districts the exercise was carried out, there were 8.8 classrooms per school, of which 16.4 per cent were uncompleted.

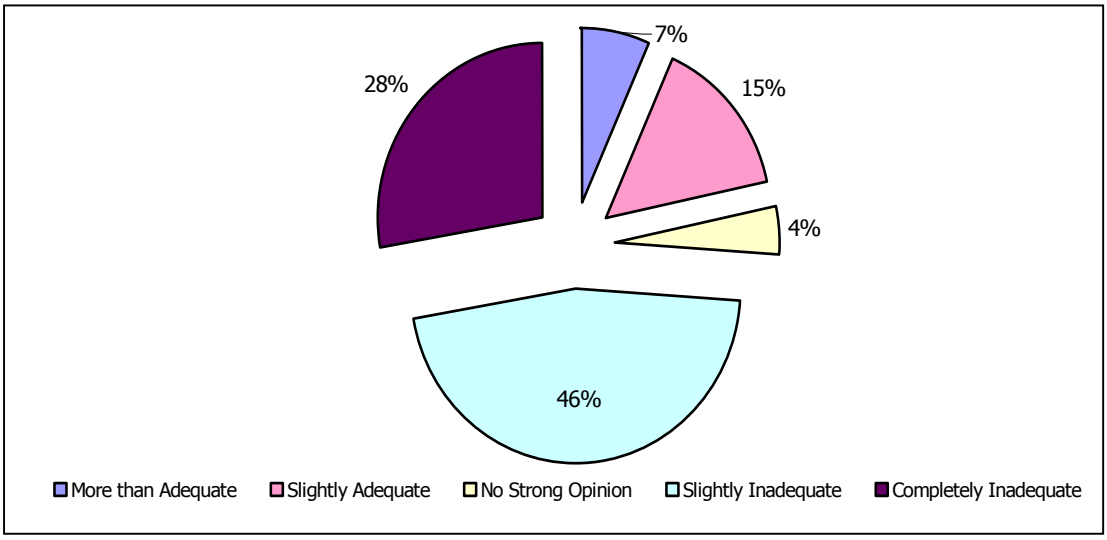
Table 4.4: Average number of completed and uncompleted classrooms (by district)

	# Completed Classrooms	# Uncompleted Classrooms	Total Classrooms	Classrooms that are Uncompleted (%)
Mulanje	8.4	1.1	9.5	11.8
Phalombe	7.6	2.6	10.2	25.3
Blantyre City	10.1	0.1	10.2	0.5
Mchinji	7.5	2.5	10.0	25.3
Salima	5.6	1.7	7.2	22.9
Nkhata Bay	5.4	1.3	6.8	19.8
Total	**7.3**	**1.4**	**8.8**	**16.4**

The largest schools, in terms of number of classrooms were in Phalombe and Blantyre, while the smallest were in Nkhata Bay. Phalombe and Mchinji had the largest proportion of classrooms that were uncompleted (one in four).

The respondents were then asked to comment on their satisfaction with the number of classrooms – the most frequent response was that the numbers were "slightly inadequate" (46.2 per cent); with only 6.7 per cent of respondents nationally feeling that the numbers were more than adequate (see figure 4.1).

Figure 4.1: Respondents perceptions on the adequacy of the number of classrooms



Salima and Nkhata Bay registered the largest degree of dissatisfaction – in both districts over 43 per cent of respondents felt that the number of classrooms was completely inadequate. Over half of the respondents in Mulanje, Phalombe, Blantyre and Mchinji felt that the number of classrooms was slightly inadequate (see Table A4.1 in the annex for the full district level breakdown).

There was very little difference between the three major types of school in terms of satisfaction with the number of classrooms. Between six and eight per cent felt the number of classrooms were more than adequate, with approximately 70 per cent expressing the feeling that the number of classrooms was inadequate. There were differences however in the depth of that feeling, with more feeling the Local Education Authority schools were slightly inadequate than the others.

4.3 Teaching and Learning Materials

Respondents were asked whether they felt there was adequate numbers of desks to sit at, chalk for teachers to use and exercise books for pupils to write in. The results of this show that people feel there is a major shortage of desks in schools – only 16 per cent of respondents were satisfied with the numbers, while in one district (Salima) this figure was as low as six per cent. The lack of desks is of particular concern in attempting to ensure the retention of girls in school, as they feel increasingly uncomfortable with having to sit on the floor as they get older, fearing that they will be subjected to unwanted sexual attention by having both pupils and male teachers trying to, amongst other things, look up their skirts[20].

Respondents had a different reply to the same question regarding chalk – almost 63 per cent felt that there was enough of this – however, this disguises some large discrepancies

[20] The CSCQBE exercise found that 14 per cent of schools had not received exercise books at all this year, 18.2 per cent had not received chalk and 91.7 per cent had not received desks. The deliveries equated to 5.2 exercise books per child, 0.12 units of chalk and 0.01 of desks

between districts – only 27.3 per cent of respondents in Salima felt the amount of chalk was adequate, whereas in Mulanje, 93.9 per cent of respondents said there was enough. Responses on exercise books fall somewhere in between – almost 42 per cent of respondents felt the numbers were adequate, but this figure was as low as 13.3 per cent in Mchinji and as high as 87.7 per cent in Nkhata Bay.

Table 4.5: Respondents who felt that there was an adequate supply of various teaching and learning materials, by district (%)

	Desks to sit at	Chalk	Exercise Books
Mulanje	17.0	93.9	51.2
Phalombe	19.1	44.4	34.0
Blantyre City	13.3	92.2	59.8
Mchinji	10.2	47.3	13.3
Salima	6.2	27.1	22.2
Nkhata Bay	32.8	84.3	87.7
Total	**15.9**	**62.8**	**41.7**

The figures for supply of teaching and learning materials were also analysed in terms of the nearest type of schools (See Table 4.6). The proportion of respondents who felt there were an adequate number of desks does not show major differences between the three types of school; neither do the figures for chalk. However, there is a large variation in terms of the adequacy of the number of exercise books, with only 26 per cent of respondents feeling the Local Education Authority schools had sufficient numbers of these, whereas almost 60 per cent of respondents felt that the Mission Primary Schools had sufficient supplies. A similar situation exists with regard to the perceived adequacy of the supply of pens and pencils.

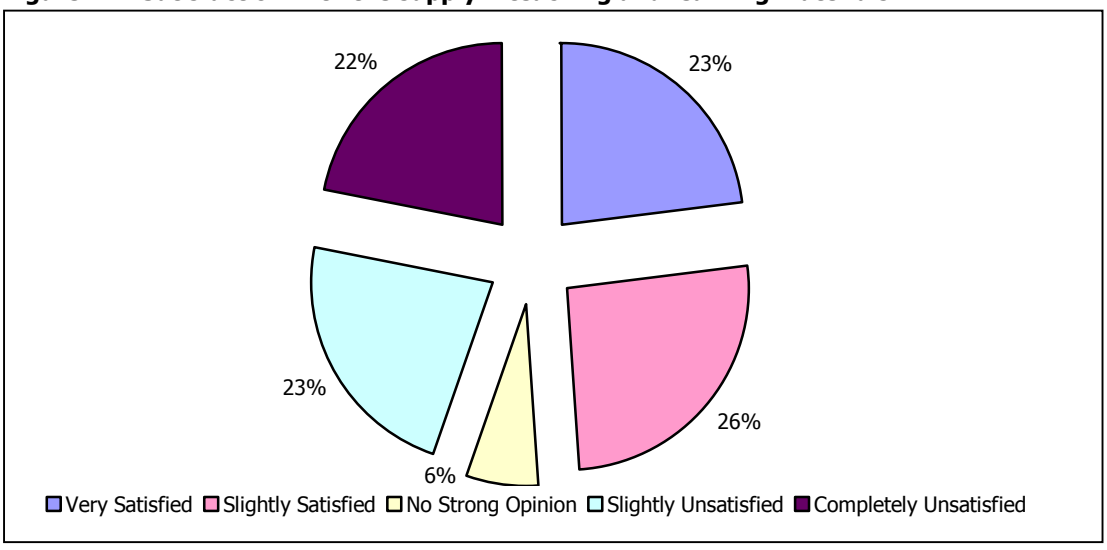
Table 4.6: Respondents who felt that there was an adequate supply of teaching and learning materials, by type of school

	Desks to Sit At	Chalk	Exercise Books	Pens and Pencils
Government Primary	14.8	60.4	39.6	33.9
Local Education Authority	20.6	62.5	26.0	19.8
Mission Primary School	15.0	72.8	59.7	45.8
Total	**15.9**	**62.8**	**41.7**	**34.2**

The Total figure includes responses for schools that the respondents were not sure of and private primary schools, their n's were too small for inclusion separately.

In terms of general satisfaction with the availability of teaching and learning materials – slightly more respondents described themselves as satisfied than unsatisfied. As can be expected, there are large differences across districts in terms of the levels of satisfaction with the supply of learning materials.

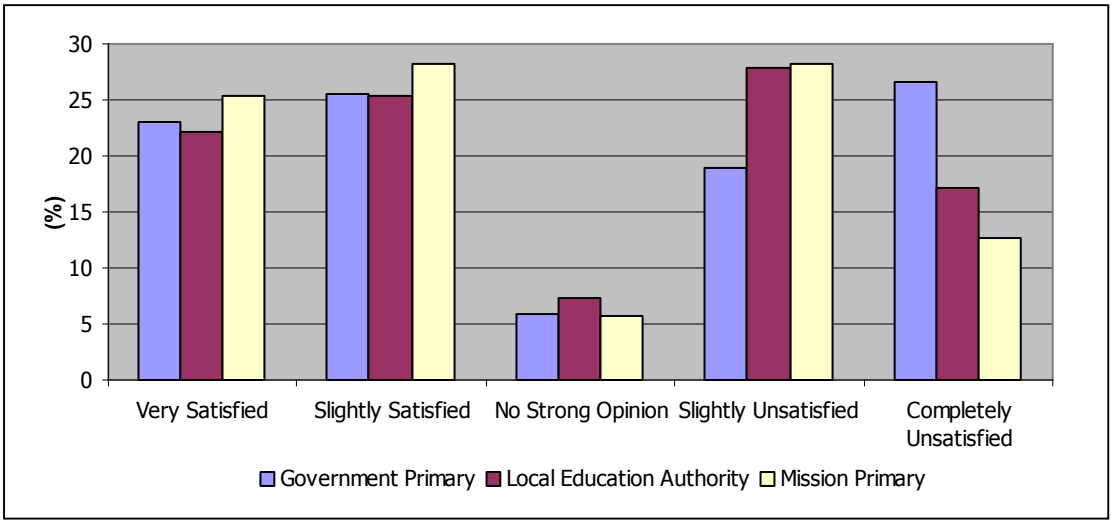
Figure 4.2: Satisfaction with the supply if teaching and learning materials.



In Phalombe, 36 per cent of respondents stated that they were very satisfied with the availability of teaching and learning materials, whereas almost 40 per cent of respondents in Salima stated that they were very unsatisfied (specific district responses are included as annex Table A4.2).

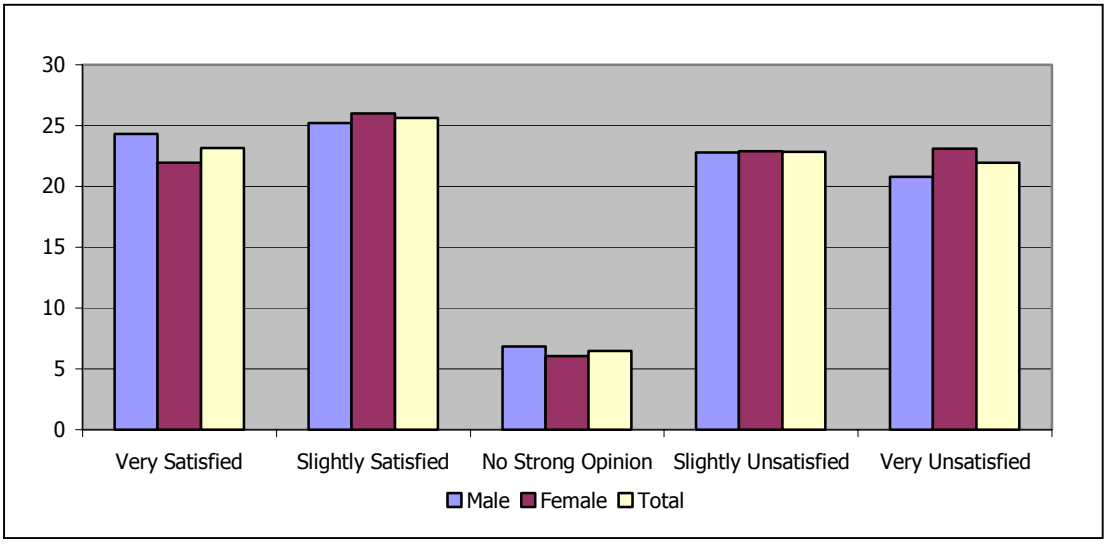
As regards the level of satisfaction with the availability of teaching materials across the type of school, there were only minor differences between the three in terms of proportions of respondents who were very satisfied or slightly satisfied. However, a larger number of respondents felt they were very unsatisfied with government primary schools (26.6 per cent) than with LEA primary schools (17.2 per cent) or Mission Primary Schools (12.6 per cent).

Figure 4.3: Satisfaction with the supply of teaching and learning materials, by school



The responses were also examined in terms of the gender of the respondents, with the expectation that women, who are generally perceived as being more in touch with the educational needs of their children, may give different responses to men. The results however do not bear this assertion out – while the male respondents were slightly more satisfied with the availability of teaching and learning materials (See Figure 4.4 and Annex Table A4.3), the differences are very small, with 24.3 per cent of men saying they are very satisfied, compared to 22 per cent of women.

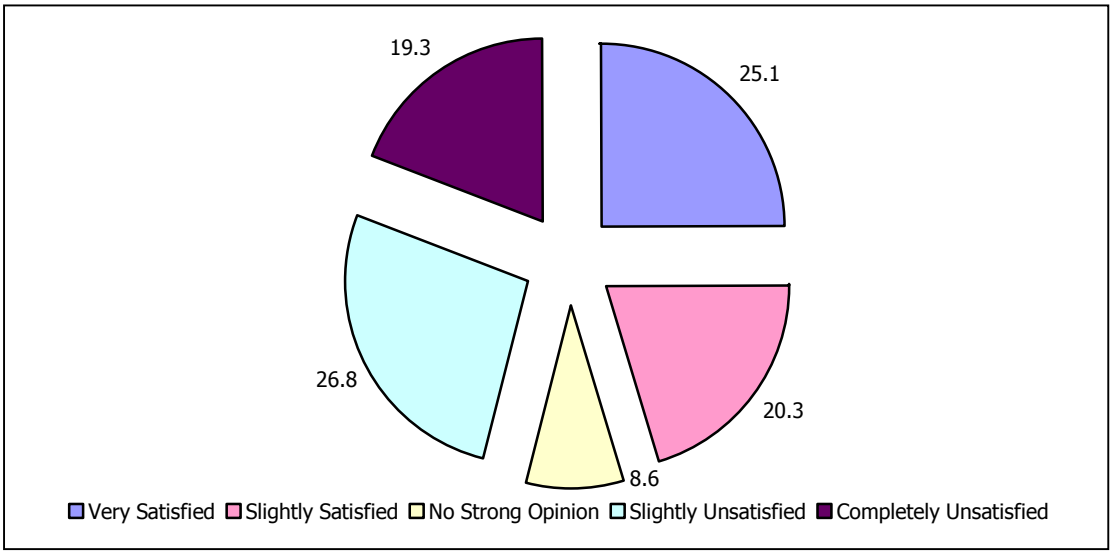
Figure 4.4: Satisfaction with the supply of teaching and learning materials, by gender



4.4 Teachers

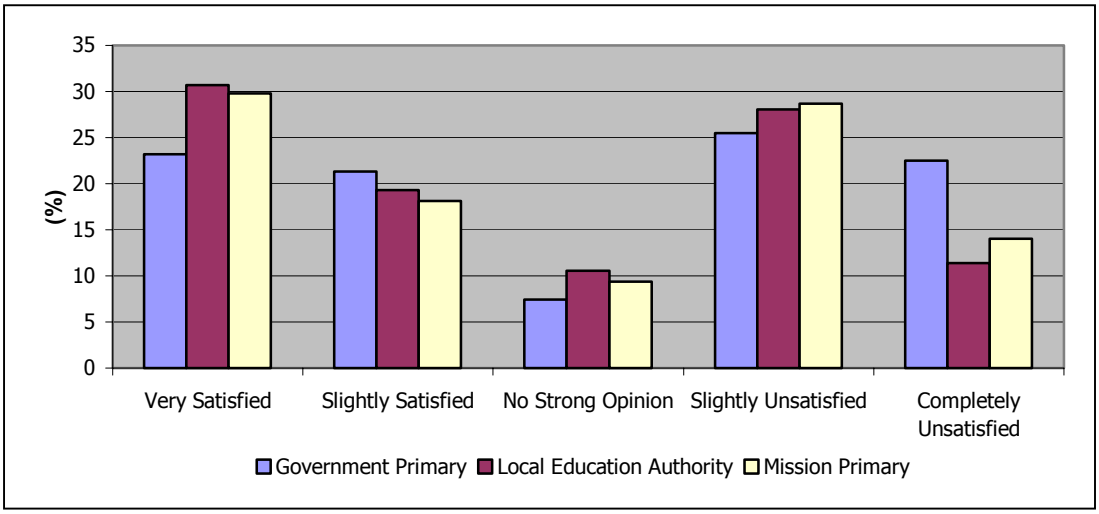
In general respondents gave a reasonably equitable response in terms of their levels of satisfaction with the numbers of teachers, 25.1 per cent said they were "very satisfied", 20.3 per cent said they were "slightly satisfied", while there were similar figures for "slightly unsatisfied" (26.8 per cent) and "very unsatisfied" (19.3 per cent). There were district based differences – the respondents in Phalombe, for instance, were much more satisfied than the respondents in Salima (in Phalombe 34.8 per cent said they were very satisfied, in Salima 36.7 per cent said they were very unsatisfied).

Figure 4.5: General level of satisfaction with the number of teachers



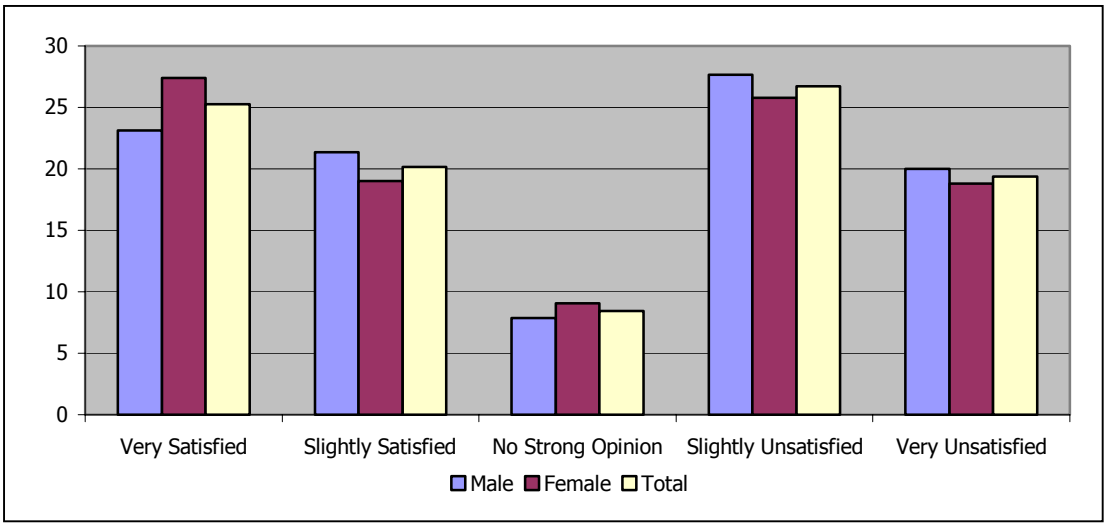
As before, the government primary school appears to fare slightly worse in terms of satisfaction regarding the numbers of teachers (See Figure 4.6).

Figure 4.6: Satisfaction with number of teachers, by type of school



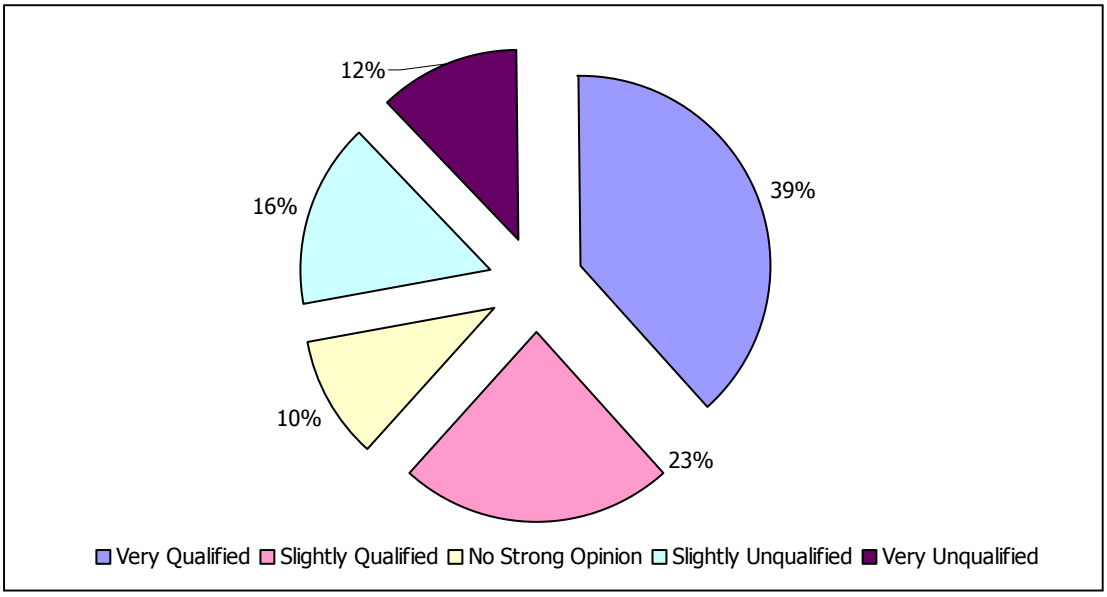
The responses for satisfaction with the numbers of teachers were also analysed by the gender of the respondents. Again, as figure 4.7 shows (see also Annex table A4.5), there is very little to distinguish between the responses of men and women, with female respondents being slightly more satisfied than the males (27.4 per cent very satisfied and 19 per cent slightly satisfied, as opposed to 23.1 per cent very satisfied and 21.3 per cent slightly satisfied).

Figure 4.7: Satisfaction with the number of teachers, by gender (%)



Respondents to the questionnaire were also asked about their satisfaction with the qualification of teachers. It is important to clarify that the respondents were not asked whether they knew how qualified the teachers were, just their opinion on whether they felt the people working in the nearest school were qualified to teach or not. Almost 40 per cent of respondents in the six districts felt that the teachers in the nearest school were very qualified, a further 23 per cent stated they felt the teachers were slightly qualified, while slightly less than one in eight respondents felt that the teachers were very unqualified.

Figure 4.8: General satisfaction with the qualifications of teachers



As with the levels of satisfaction reported in the other questions, there are major discrepancies between districts. Over 26 per cent of respondents in Salima reported the teachers at their nearest school as being very unqualified, a similar number made this response in Blantyre, while almost half the respondents in Mulanje and Nkhata Bay responded that they felt the teachers were very qualified (See table A4.6).

4.5 Where are people most satisfied?

The survey sought respondent's satisfaction levels on a number of areas in education as follows:

- The adequacy of the number of classrooms

- The availability of teaching and learning materials
- The number of teachers and
- The qualification of the teachers

Using the approach outlined in the methodology section of the report, the following calculations show that respondents in Phalombe are most happy with the quality of services offered to them in education, while those in Salima were the least satisfied. This may be due to the fact that in Salima 22.9 per cent of classrooms remain unfinished, respondents had the worst opinion on the adequacy of the supply of desks and chalk (and second worst on exercise books) and had the highest rating of "very unsatisfied" with the number of teachers.

Table 4.7: Satisfaction with education – weighted responses by district

	Adequacy of Number of Classrooms	Adequacy of TLM	Satisfaction with number of teachers	Satisfaction with Teacher's qualifications	Average Rating	Rank
Phalombe	-0.37	0.62	0.65	1.02	0.480	1st
Mulanje	-0.76	0.52	0.27	1.09	0.279	2nd
Nkhata Bay	-0.45	0.53	-0.05	1.06	0.273	3rd
Mchinji	-0.79	-0.35	0.02	0.34	-0.195	4th
Blantyre	-0.84	-0.34	-0.10	0.08	-0.300	5th
Salima	-1.16	-0.66	-0.60	-0.06	-0.621	6th
Total	-0.73	0.05	0.05	0.60	-0.009	

Similar calculations can be carried out for the same four questions referring to the main types of school. In this instance, Mission Primary schools score highest in terms of satisfaction, followed by local education authority primary schools and government primary schools.

Table 4.8 Satisfaction with education – weighted responses by type of school

	Adequacy of Number of Classrooms	Adequacy of TLM	Satisfaction with number of teachers	Satisfaction with Teacher's qualifications	Average Rating	Rank
Mission Primary	-0.60	0.25	0.21	0.58	0.110	1st
Local Education Authority	-0.50	0.07	0.30	0.45	0.081	2nd
Government Primary	-0.81	-0.01	-0.03	0.64	-0.051	3rd
Total	-0.73	0.05	0.05	0.60	-0.009	

4.6 Conclusion and Recommendations

The preceding sections show a picture of teachers struggling to provide education for children in a difficult physical environment and without the necessary equipment to support them. In general, the respondent's perceptions on the qualifications of teachers are positive, however their views on all the other aspects of providing education, such as the number of classrooms and the supply of teaching and learning materials do not match this. In total, people's perception on the overall quality of the education service provided is generally negative (scoring -.009 on a scale of 2 to –2, worse than any of the other services examined).

As mentioned, the area respondents appear to be most satisfied with is the qualification of teachers. This is somewhat surprising considering the widely held belief amongst those active in the area of education that the quality of teachers is weak. This apparent contradiction can perhaps be explained by the poor educational standards that many of the respondents themselves would have, and a belief that anybody hired as a teacher must be qualified. If this is the case, it places the responsibility in ensuring that these expectations are met on government, and requires further research on the area[21]. Part of the reason could perhaps

[21] Readers are referred to the aforementioned report by the CSCQBE which deals with the subject in more detail.

also have to do with the fact that, as the CSCQBE exercise revealed, only 17.4 per cent of teachers have at present received no training (admittedly this is as high as 25 per cent in rural areas).

Respondents are not, however, happy with the number of teachers, something which is much more apparent for them to see regardless of their level of education, with 46.1 per cent of respondents saying they are either slightly or completely unsatisfied. Again, this would be more in line with the CSCQBE findings that there has been an embargo on the recruitment of new teachers in recent years, paradoxically pushing up the pupil teacher ratio, while at the same time lowering the pupil to qualified teacher ratio.

In general, it appears that the focus of attention in primary education needs to remain one of providing a reasonable physical learning environment for children. In particular, improvements in the actual buildings pupils are expected to learn in must be tackled, as must the number of teachers who provide education. Improvements also need to be made in the actual supply to schools of Teaching and Learning Materials, especially bearing in mind the substantial allocations made to this (MK 436 million). In this regard, this report echoes the recommendation of the recent CSCQBE work, that in addition to increasing the allocation to TLMs enhancing the equitable allocation of them also needs to be a high priority.

Chapter 5: Agriculture

The MPRSP (page 8) highlights the importance of agriculture as a source of income for the rural poor, accounting for 63.7 per cent of the total. It further underlines the pre-eminence of the sector by pointing out that it accounts for about 36 per cent of GDP, 87 per cent of total employment and supplies more than 65 percent of the manufacturing sector's raw material requirements. It identifies that increasing this income will be a key source of poverty reduction, at least in the medium-term (page 22), and that the agricultural sector will remain the key source of growth and employment in the same time frame.

Activities to achieve this increase in income are incorporated under the first pillar of the MPRSP– pro-poor growth. These cover a multitude of initiatives, including expanding and strengthening access to agricultural inputs, improving agricultural production through improved extension services, improving access to markets and promoting small scale irrigation schemes.

Under agriculture, two PPEs are identified, targeting agricultural extension and small-scale irrigation. In the 2002-3 budget a total of MK325,351,500 (MK100.2 million and MK 225.1 million respectively) was allocated to these, even though later advertisements in the newspapers[22] showed major increase in the allocations to these PPEs (to MK238,400,000 and 290,200,000 respectively).

The Targeted Input Programme (TIP) is also included as a PPE, however in the 2002-3 budget it is not under agriculture but pillar three, improving the quality of life for the most vulnerable. A total of MK230million was allocated to this in the budget; this was also subsequently amended, in this case downward to MK100million, however in terms of actual money allocated to date, it has received MK323million.

The Service Delivery Satisfaction Survey asked a number of questions connected to these key areas – primarily related to the availability of extension workers, access to ADMARC and the Targeted Input Programmes. It found that while a very large number of people do not receive extension advice (49 per cent), the majority of those receiving the advice are satisfied with it. It also found that ADMARC is a very important institution in the eyes of the respondents, predominantly acting as a source of food for them at different times of the year, while the TIP, though important, is not viewed as automatically leading to an increase in production. The more detailed results for each of these questions are outlined in the following sections.

5.1 Extension Services

The MPRS (page 23) highlights that efforts will be made to reverse increases in the farmer to extension worker ratio in order to increase farmer access to extension services. This requires training and employing more extension workers to fill the gap created by the high attrition rate. In addition, existing extension workers will be retrained to enhance their knowledge and reorient them to the new extension policy.

The indicators identified within the MPRSP for extension services relate to improvements in the yield per hectare for certain crops, the number of cooperatives formed and the number of trainees taken in. It does not address quality issues relating to the frequency of visit, numbers of farmers trained or satisfaction with the service provided. To rectify this shortcoming, the SDSS attempted to address two of these areas.

A high proportion of those responding to the survey (87.1 per cent) stated that they owned some amount of land, suggesting the importance of agricultural activities in their economic lives. In total, 68.3 per cent of respondents said that they were living in a site covered by an

[22] Weekend Nation Newspaper, Vol 7 No 7, 15-16 February 2003

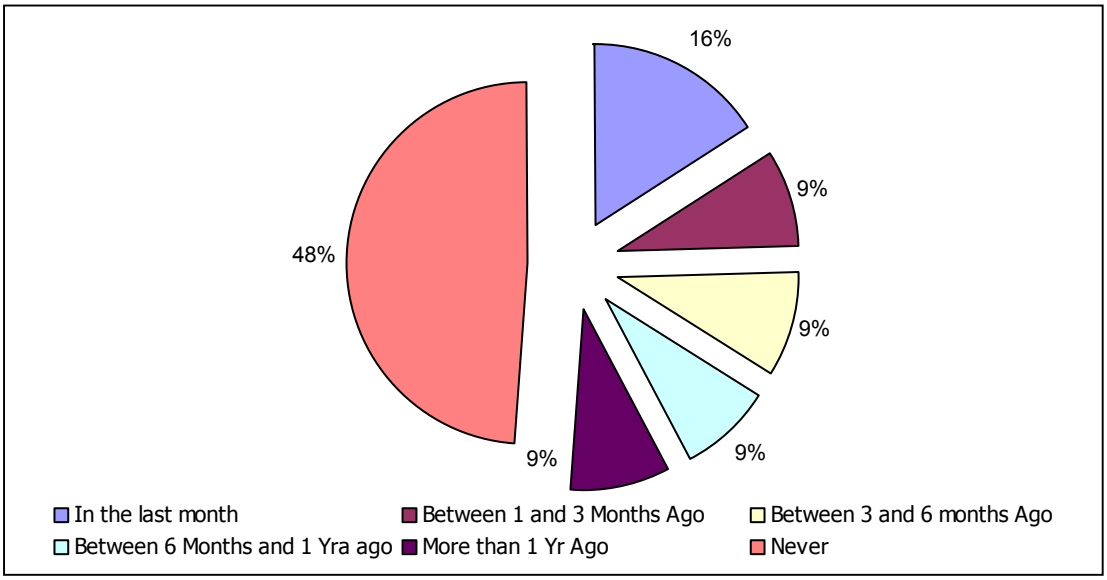
extension worker[23], unsurprisingly the district with the smallest number of respondents saying this was in the urban area of Blantyre[24] – even though in some of the more remote urban clusters, they did respond that they were covered. If the responses for Blantyre are excluded then 76.4 per cent of respondents in rural areas reported that they live in villages covered by extension workers. (Table 5.1 shows the responses to this question by district).

Table 5.1: Respondents living in a site covered by an extension worker (%)

	%
Mulanje (n=180)	70.6
Phalombe (n=178)	87.1
Blantyre City (n=144)	16.7
Mchinji (n=205)	82.9
Salima (n=214)	75.7
Nkhata Bay (n=142)	62.0
Total (n=1063)	**68.3**

Respondents were then asked how long it was since an extension worker last visited them[25] - 16 per cent said they had been visited in the last month, but 49 per cent said they had never been visited (see figure 5.1).

Figure 5.1: Length of time since the last visit of an extension worker



The SDSS did not attempt to ascertain the reasons why the extension workers were not visiting the respondents, rather complimentary work carried out by the Civil Society Agriculture Network (CISANET), who interviewed the extension workers themselves, should be able to address this issue. As can be expected there are large differences between the various districts. Respondents in Mchinji and Nkhata Bay appear to receive visits far more frequently (26 per cent and 32 per cent said they had been visited in the last month) than

[23] Estimates from the Civil Society Agriculture Network's (CISANET) budget monitoring exercise for 2001-2 suggested that staffing levels were at the time only 47 per cent of what was required, but that a number of extension agents also covered villages that were not allocated to them.

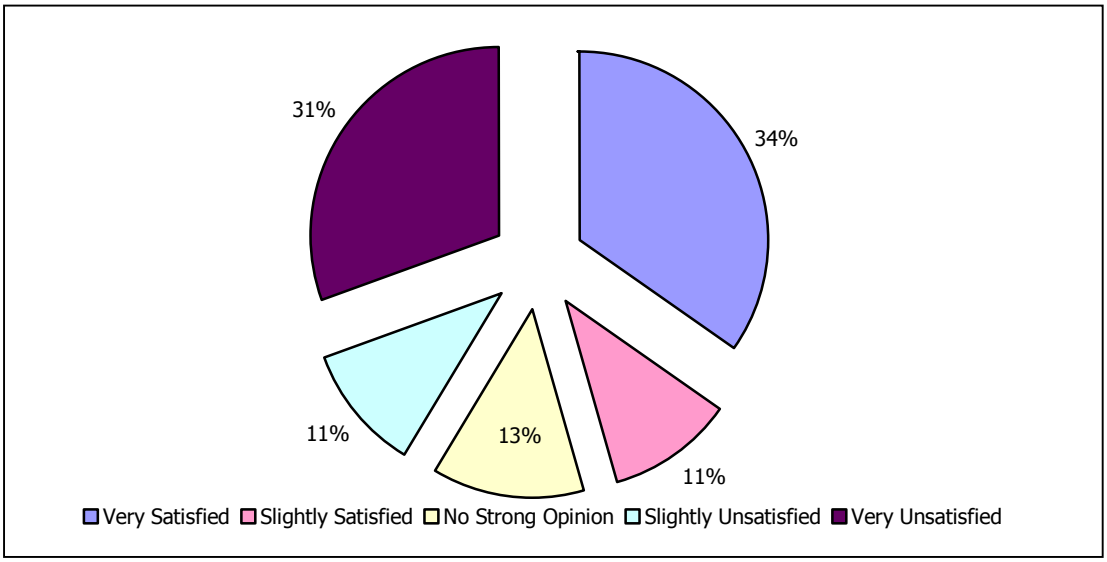
[24] Initially, the results for Blantyre were to be completely excluded from the section on agriculture because of its status as an urban centre. However, during the analysis stage it emerged that quite a number of households sampled live in peri-urban areas and engage in some form of agriculture. The responses for those who do not engage in any agricultural activity have been excluded (hence the smaller *n* for Blantyre than other districts).

[25] The option of not applicable was included here, 16.1% of the total number of respondents to this question chose this answer (mainly from Blantyre), they have however been left out of the final analysis.

the other districts[26]. At the same time over half of the respondents in Mulanje, Salima and Phalombe responded that they have never received a visit (a table depicting the district level answers is included in the annex as Table A5.1).

After this, respondents who had answered that this question was applicable to them, were asked about their satisfaction with the frequency of the visits. These responses were analysed both by district and by the length of time. Overall, 34.8 per cent of respondents were very satisfied with the frequency of visits – on the other had 31 per cent stated they were very unsatisfied. There are major differences between districts; for instance in Nkhata Bay, where 32 per cent of respondents had received a visit in the last month, almost 58 per cent of respondents stated they were very satisfied. At the same time, in Mulanje, where only 10 per cent of respondents had received a visit in the past month, 36.1 per cent of respondents said they were very unsatisfied. This district also recorded the highest score for "No Strong Opinion", 28.3 per cent of respondents, possibly as a result of the fact that well over half (58.3 per cent) of respondents stated that they had never received a visit from an extension worker. (See Figure 5.2 and Table A5.2 for a breakdown of the results by district).

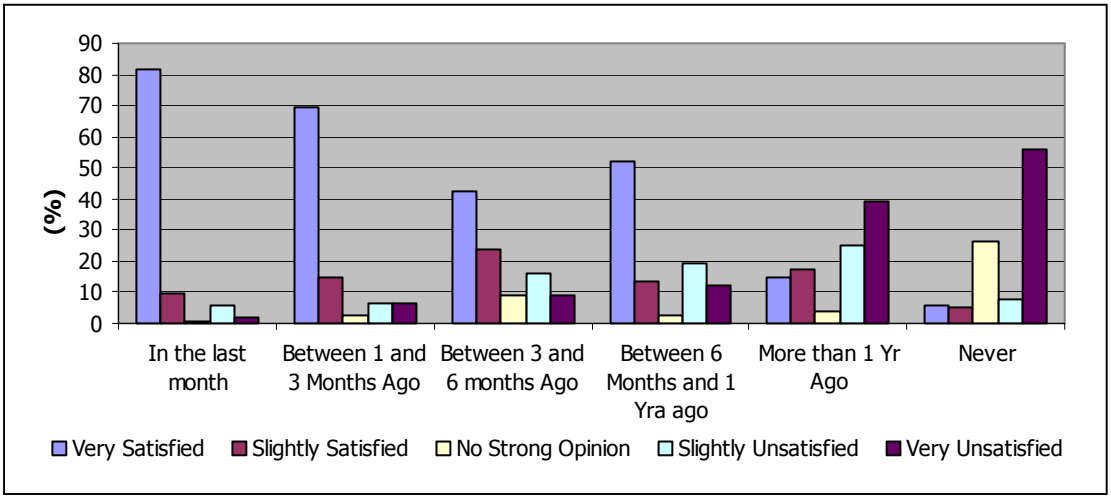
Figure 5.2: Level of satisfaction with time since last visit



The results for this question were also analysed by the length of time since the extension worker last visited the respondents. Unsurprisingly, those who had been visited in the past month had the highest expressed level of satisfaction, and those who had never been visited registered the highest score for being very unsatisfied. It is also interesting to note that respondents were more satisfied than unsatisfied even for instances where the last visit was as long ago as between six months and one year. It is only for periods of over one year that the respondents were more unsatisfied (See Figure 5.3).

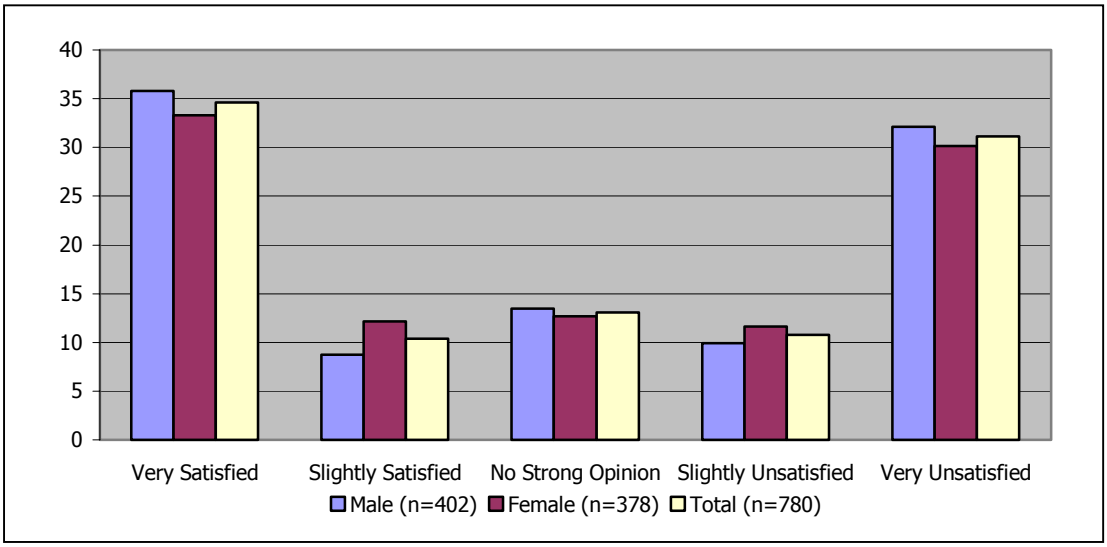
[26] In a review meeting held with enumerators operating in these districts, it emerged that these figures were possibly as a result of interventions and support by a number of non-governmental organisations operating in these districts (specifically NICE in Mchinji and World Vision in Nkhata Bay), who had been assisting extension workers reaching the communities in question.

Figure 5.3: Satisfaction with frequency of extension visits, by time since last visit



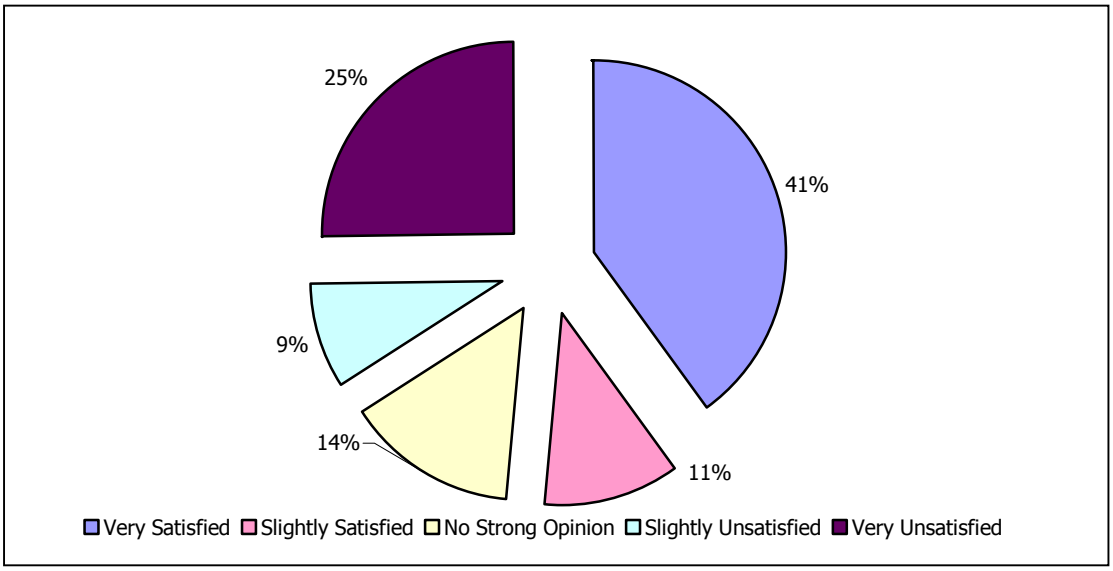
As mentioned in earlier sections, some questions related to satisfaction were analysed in terms of the respondent's gender, with the expectation that men and women may have different levels of satisfaction with the services on offer. However, similar to the sections that were analysed in these terms in education and health, the issue of frequency of visit of extension workers revealed only minimal differences in the satisfaction levels of men and women. Amongst male respondents 35.8 per cent of men said they were very satisfied, opposed to 33.3 per cent of women. At the same time, 32.1 per cent of men said they were very unsatisfied, while 30.2 per cent of women stated that this was the case (See Figure 5.4 and Annex Table A5.4).

Figure 5.4: Level of satisfaction with frequency of extension agents visits, by gender (%)



Respondents were then asked about their level of satisfaction with the advice they were given – the most frequent response was that they were very satisfied (40.1 per cent), even though a large number said they were very unsatisfied (25.3). As with the results with the question on satisfaction since the time of last visit, it appears that the respondents opted for the extremes. On a district level, Nkhata Bay again registers the greatest proportion of respondents saying they were very satisfied (61.2 per cent).

Figure 5.5: Level of satisfaction with the quality of the extension advice delivered



From the preceding, it is apparent that those who receive agricultural extension advice are happy with the services they get. However, it is also apparent that well over half of the respondents in this survey had not received any extension advice in the past 12 months, and many of them have never received this information. This is a major concern, particularly when one takes account of the importance attached to this service in the MPRSP for improving incomes in the rural areas and thereby contributing to poverty reduction.

The same methodology used in other sections of the report was used to weight the responses and assess which of the six districts respondents' were most happy with extension services in.

Table 5.2: Satisfaction with extension services – weighted responses by district

	Frequency of Extension Visits	Quality of Extension Advice	Total	Rank
Nkhata Bay	1.000	1.235	1.118	1st
Phalombe	0.530	0.841	0.686	2nd
Blantyre	-0.100	0.296	0.098	3rd
Mchinji	0.011	0.169	0.090	4th
Salima	-0.219	0.000	-0.110	5th
Mulanje	-0.378	-0.117	-0.247	6th
Total	**0.075**	**0.319**	**0.197**	

From the results, as outlined in Table 5.2, it appears that those from Nkhata Bay were most satisfied with the extension information given, and respondents in Mulanje were least satisfied. Overall, extension services received a score that puts them towards the lower end of the somewhat satisfied classification.

5.2 Access to ADMARC

One of the initiatives highlighted in the MPRSP as being important for improving the level of income of those involved in small-scale agriculture is expanding and strengthening access to agricultural inputs (page 23). The MPRS mentions that improving access to markets has the potential for contributing to this goal (this issue is also taken up under the heading of Infrastructure in Chapter 6 of this report). In this regard, the SDSS asked questions about ADMARC and its supply of inputs, the questionnaire also took the opportunity to investigate the importance of ADMARC as a source of food for people, bearing in mind the on-going discussions concerning the reform and privatisation of the institution.

In general, respondents live 11.6 kilometres from the nearest ADMARC depot – those in Blantyre and Phalombe live closer to ADMARC, while those in Nkhata Bay (the least densely

populated of all the districts visited) live just less than 18 kilometres from the nearest ADMARC.

Table 5.3: Average Distance to the Nearest ADMARC Market (KMs)

	Total (KM)
Mulanje	14.9
Phalombe	6.1
Blantyre City	3.5
Mchinji	11.2
Salima	14.5
Nkhata Bay	17.9
Total (n=899)	**11.6**

When asked whether the nearest ADMARC facility had a supply of inputs, only 19.2 per cent of respondents said that this was never the case – 40.4 per cent said that it always had inputs and 29 per cent said sometimes. The district with the highest proportion saying the depot never had inputs was in Salima (30 per cent), while Mchinji had the highest proportion saying they were always available (62.9 per cent) (see Table 5.4 below).

Table 5.4: Proportion of ADMARC facilities that always have a supply of inputs

	Always	Sometimes	Never	Don't Know
Mulanje	37.9	30.5	13.6	18.1
Phalombe	45.8	25.4	22.6	6.2
Blantyre City	58.5	13.8	23.1	4.6
Mchinji	62.9	21.8	10.7	4.6
Salima	16.7	39.4	30.0	13.8
Nkhata Bay	22.5	40.8	14.8	21.8
Total (n=1026)	**40.4**	**29.0**	**19.2**	**11.4**

Respondents were then asked how important the nearest ADMARC facility is to them as a source of food. From the responses received, it is apparent that this is perceived as being a major role for ADMARC. In all, 71 per cent of respondents felt that ADMARC was a very important source of food for them – in Blantyre City, this was as high as 92.7 per cent, attributable to the fact that so few people there produce their own food. Less than 13 per cent of respondents stated that ADMARC was never used as a source of food, underlining the important role this facility plays in everyday life in Malawi.

Table 5.5: Importance of the nearest ADMARC facility in access to food

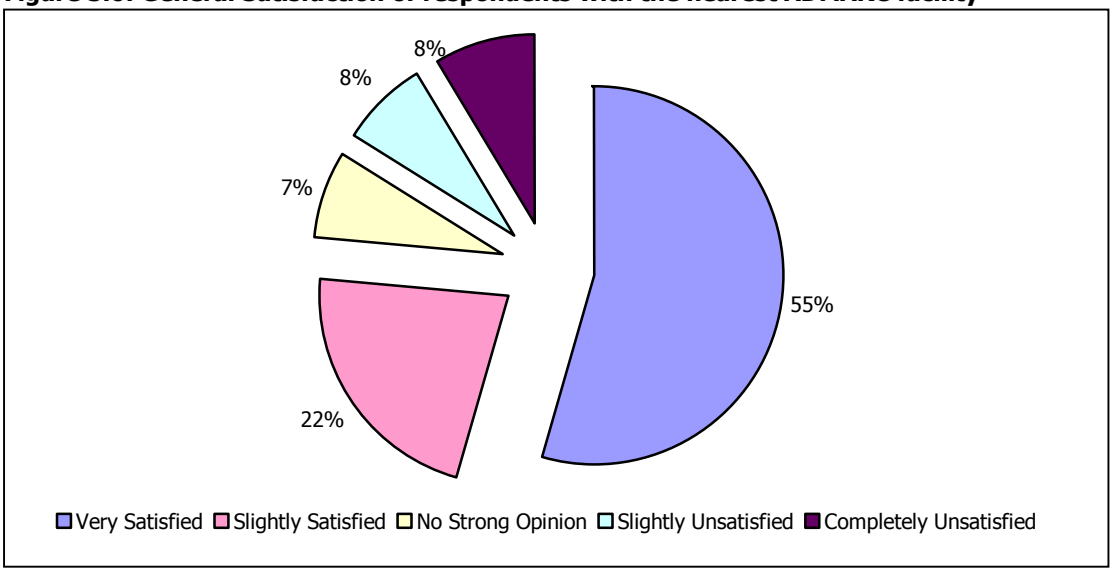
	Very Important	Important at occasional times	Never Used as a source of food
Mulanje	58.9	18.3	22.9
Phalombe	79.7	8.1	12.2
Blantyre City	92.7	6.5	0.8
Mchinji	84.1	9.5	6.3
Salima	58.2	20.4	21.4
Nkhata Bay	55.7	36.6	7.6
Total (n=992)	**71.0**	**16.2**	**12.8**

It is then perhaps not surprising that respondents were generally happy with their nearest ADMARC depot – in total 54.4 per cent of respondents stated that they were very satisfied, with a further 22 per cent saying they were somewhat satisfied. Only 16.1 per cent of respondents stated that they were either slightly or very unsatisfied.

There are differences across districts – for instance in Blantyre, which had such a high proportion of respondents saying they viewed ADMARC as a very important source of food, 77.3 per cent of respondents said they were very satisfied. Salima and Nkhata Bay registered the largest degrees of dissatisfaction with the ADMARC facility – but even here it was only one in four who said they were either slightly or very unsatisfied. Of particular concern in these districts is the fact, highlighted to some of the enumerators, that people consider that

some maize sellers adjust the scales for personal gain – however the survey did not attempt to investigate this further (Figure 5.5 below represents the level of satisfaction nationwide).

Figure 5.6: General Satisfaction of respondents with the nearest ADMARC facility



Overall satisfaction with ADMARC has to be judged from a single question. Using the methodology as highlighted earlier in the report, it appears that respondents in Blantyre City were most satisfied with the service offered, followed by Phalombe, with those in Nkhata Bay being least satisfied (See table 5.6). It is also apparent that respondents generally lean towards the very satisfied response when discussing ADMARC.

Table 5.6: Satisfaction with ADMARC – weighted responses by district

		Satisfaction with ADMARC
Blantyre	1.591	1st
Phalombe	1.449	2nd
Mchinji	1.374	3rd
Mulanje	0.765	4th
Salima	0.728	5th
Nkhata Bay	0.517	6th
Total	**1.063**	

These findings suggest that the importance of the role played by ADMARC in both rural and urban parts of the country cannot be underestimated, and should be taken into account in any reform programme that is undertaken.

5.3 Access to the TIP

Respondents were also asked questions regarding the Targeted Inputs Programme (TIP), particularly concerning whether the pack arrived in a timely manned and whether it contributed to an improved yield for the household. Because of a large amount of anecdotal evidence being put forward, respondents were also asked whether they had been requested to make a payment to receive a TIP.

In total slightly over 70 per cent of respondents said that they had received a TIP in the latter part of 2002 – this figure rose to almost 87 per cent of the population in Phalombe and was as low as 30 per cent in Blantyre (see Table 5.7). In particular, respondents in Blantyre complained about how the TIP is being distributed, including the politicisation of the process and the way it is being delivers to friends and relatives of the chiefs (see Tables A5.7).

Table 5.7: Proportion of households receiving TIP (Starter Pack) by district

	(%)
Mulanje (n=180)	80.0
Phalombe (n=180)	86.7
Blantyre City (n=144)	29.9
Mchinji (n=212)	67.0
Salima (n=215)	77.7
Nkhata Bay (n=144)	72.2
Total (n=1075)	70.3

However, of those who responded that they had received the TIP, slightly over half said that it had contributed to an improvement in their yield in the harvest of 2003. This figure was particularly low in Blantyre (27.9 per cent) and highest in Mulanje (64.6 per cent).

Table 5.8: % of households receiving TIP who felt that it improved their yield

	(%)
Mulanje	64.6
Phalombe	49.4
Blantyre City	27.9
Mchinji	61.3
Salima	42.5
Nkhata Bay	53.8
Total (n=758)	**52.4**

Those who had received the pack but said that it had not improved their yield were then asked to give a reason why it had not done so. The most common response was that bad weather had prevented improvements (40.1 per cent), followed by the fact that the pack was incomplete (24.6 per cent) and that it had arrived too late to be of any use (17.5 per cent). Amongst the elaborations on these responses given to the enumerators were that the pack contained sand rather than fertiliser (Blantyre), and that the pack was received at the end of December, after the household had already planted for the season (Mulanje). Only a very small proportion of respondents reported reselling the inputs (0.6 per cent) (See table A5.7 in the annex for figures by district).

Respondents who had received the TIP were also asked whether they felt it was delivered at the right time. Slightly less than two thirds of respondents felt this was the case. As can be expected there were differences between districts on this (see Table 5.9), with those in Mchinji being most positive, while the small number in Blantyre who received the pack feeling quite strongly that it was delivered at the wrong time.

Table 5.9: % of households receiving TIP who felt that it was delivered on time

	Total
Mulanje	52.1
Phalombe	74.4
Blantyre City	27.9
Mchinji	80.6
Salima	70.1
Nkhata Bay	50.0
Total (n=758)	**64.4**

All respondents were asked whether they felt that the correct beneficiaries were receiving the TIP – overall 62 per cent responded positively to this (a lower proportion of respondents than actually received the pack). Those in Blantyre, which had the smallest proportion receiving a TIP, were perhaps, unsurprisingly, the most negative in this regard – only 20.2 per cent said the right people were getting the TIP. (See table 5.10).

Table 5.10: % of all respondents who felt that the TIP is received by the correct beneficiaries

	(%)
Mulanje	60.2
Phalombe	86.4
Blantyre City	20.2
Mchinji	60.1
Salima	62.1
Nkhata Bay	72.4
Total (n=988)	**62.0**

Those who did not feel the right people were receiving the TIP were then asked to give a reason for this: 27.6 per cent of respondents said they felt the TIP was being given unfairly to friends and relatives of the chiefs. A further 22.7 per cent said they felt that the pack was not being received by the right people because of political interference. This compares to the findings of last year's CISANET study, which found that main reason for the TIP not reaching the poorest was nepotism in distribution (cited by 47.7 per cent of extension workers). Other reasons given during that exercise were political interference and the fact that the beneficiary identification survey was not done.

All respondents were then asked whether they had been requested to make a payment to receive a TIP. Less than four per cent said this was the case, contradicting somewhat the anecdotal evidence put forward on this. The mean value of these requested payments was MK15.80, and the respondents stated that the most frequent source of the request was from the traditional leaders (chiefs).

Table 5.11: % of respondents asked to make a payment to receive a TIP

	(%)
Mulanje	1.1
Phalombe	0.6
Blantyre City	2.8
Mchinji	8.8
Salima	6.5
Nkhata Bay	1.4
Total (n=1078)	**3.9**

Notwithstanding the fact that so few people have actually been requested to make a payment for the TIP, the large number of people who feel that it is being given to the wrong beneficiaries is a cause of concern.

5.4 Conclusions

It is of major concern that such a high proportion of respondents (49 per cent) do not receive any extension advice, particularly as this issue receives such prominence in both the MPRS and in the allocations towards the PPEs. This is unfortunate, as such a large number of those receiving this advise view it in a positive light. Bearing this in mind, it is unlikely that improvements in food security or agricultural production can be made without firstly increasing the number of extension workers available and the frequency of their visits to rural villages.

However, once the numbers are actually increased it is also important to ensure that they are given the resources necessary to complete their functions and proper supervisory structures are put in place. In the interim, the experiences of districts that have received assistance from outside sources (such as NGOs) needs to be drawn on and means of fostering such a relationship in other districts should be considered. However, all is not negative on this subject, encouragement needs to be taken from the fact that such a high proportion of those who do actually receive this advice view it so highly.

The high level of satisfaction with the ADMARC facilities is not surprising and is consistent with the position taken by a number of Civil Society Organisations in the discussion over the future of ADMARC. The fact that it is a major source of inputs and food, with only 13 per cent of all

respondents saying they never use it as a source of food, and as many as 92.7 per cent saying they do use it for this reason in Blantyre, suggests that any reforms of the institution needs to take account of the differing roles it plays, and should perhaps not be made on solely economic and financial efficiency grounds.

The Targeted Input Programme continues to have the potential to improve yields of the poorest, however the numbers who received the pack saying it has had no discernible benefit on their yield is cause for concern. While very little can be done about constraints attached to the weather, other issues, such as distributing the pack on time, ensuring that it contains all its components and that the right beneficiaries receive the pack must be addressed.

To have such a high proportion of people saying that the correct beneficiaries do not receive the TIP is something that requires urgent attention for potential future rounds of the exercise, particularly as this appears to be connected to the politicisation of the exercise. The perceived leakage from the programme, despite the fact that it covers such a large amount of the population, suggests that current efforts made at targeting need to be reviewed and alternatives need to be considered, including placing more responsibility for targeting on the communities themselves rather than the chiefs.

For any advancements to be made on the issue of targeting, there is a need to have a regular and reliable budget allocated to the TIP Implementation Unit. One could have expected this situation to exist because of the TIP's inclusion as a PPE, but regular changes in the allocations (not all positive) and in the actual amounts received over-complicate this. This also has implications in relation to timing – if budget allocations are made in June, and the TIP distribution must be completed in the first six months of the year (to prevent difficulties with delays in delivery), reliability in releases for the first six months of the year is required. It is expected that having the area marked as a PPE would bring some regularity in the funding, which would allow for longer term planning (which is necessary if graduation from the pack is ever to be achieved). However, performance to date with this PPE suggests otherwise.

Chapter 6: Infrastructure

The MPRSP (page 40) highlights the need to provide good rural roads (including bridges), water and sanitation, energy, and telecommunications. It points out that investment in rural roads has a direct impact on linking rural, urban and peri-urban areas. While rural feeder roads are highlighted as a PPE under Pillar 1, the MPRSP further highlights that the rural population will also benefit directly (page 41) from the construction of the rural roads through employment generation under the Public Works Programme (Pillar 3).

The MPRSP (page 42) also highlights that government will combine an expanded borehole rehabilitation and construction programme with effective borehole maintenance strategies. These are also included under Pillar 1 on pro-poor growth.

In total, Budget Document 4a allocated MK 1,431 million to rural feeder roads under the PPEs (out of a total budget for the National Roads Authority of MK3,566 million) and borehole construction was allocated MK 100 million (out of a total domestic budget for the ministry of water development of MK 644 million – of which 187 million is recurrent and 456 million development). According to advertisements placed in the national print media the budget for rural feeder roads was subsequently reduced to MK400million (equivalent to the amount allocated under HIPC)[27], further, the amount released to date has been considerably below the amounts released in other areas (the equivalent of 20 per cent of the allocation).

Under the heading of infrastructure respondents to the survey were specifically asked about access to the nearest trading centre, maintenance of the roads in the area, number of boreholes in the area, and their satisfaction with access to water. The most striking finding is the number of months in a year that the respondents consider the roads impassable – almost eight months in total, this is despite the fact that almost 60 per cent of all roads have received some form of maintenance in the past 12 months, most of which the respondents are happy with. Directly related to this is the fact that over 60 per cent of respondents take over one hour to reach the nearest trading centre, which they view as impinging on their ability to purchase inputs and sell outputs. Further, while each community visited had, on average, access to a borehole, 16 per cent of these were reported to be non-functional. Notwithstanding, almost 60 per cent of respondents who had access to boreholes responded that they were very satisfied with their access to water.

6.1 Roads and Road Maintenance

Respondents were asked for how many months of the year the main access road to their community is inaccessible – on average, the communities visited considered that they were cut off from the outside world for almost eight months of the year. Areas surrounding Blantyre City said that they were isolated for over nine months of the year, whereas in some of the rural areas, such as Phalombe and Nkhata Bay respondents said this was for slightly over six months (See table 6.1). Part of the reason for this apparently unusual situation is that the respondents who live in areas close to the urban centres consider their roads to be inaccessible when motorised vehicles cannot pass through them, whereas in rural areas respondents are much less stringent in the standards they set. To ensure that these assessments are completely comparable in future rounds of the exercise, the question will be refined to consider issues of accessibility by motorised vehicles.

[27] Weekend Nation Newspaper, Vol 7 No 7, 15-16 February 2003

Table 6.1: Average Number of Months Communities Have Impassable Access Roads

	Months
Mulanje	9.0
Phalombe	6.6
Blantyre City	9.4
Mchinji	8.6
Salima	7.1
Nkhata Bay	6.5
Total (n=973)	**7.8**

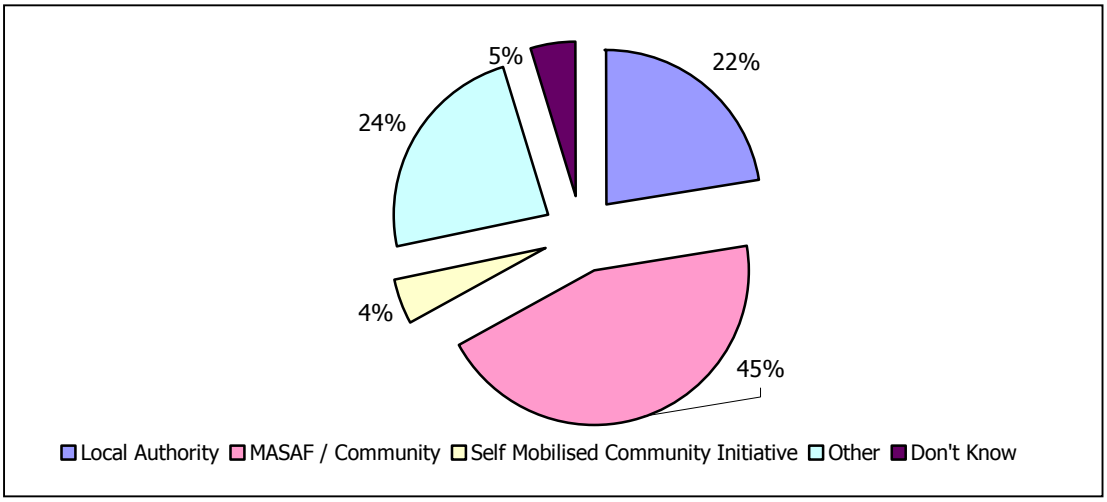
In total, 60.6 per cent of respondents said that the roads in their area had been maintained in the past 12 months. This reply was highest in Mchinji, and lowest in Salima. The greatest proportion of "Don't Knows" was recorded in Blantyre.

Table 6.2: Respondents saying roads were maintained in the past 12 months (%)

	Yes (%)	No (%)	Don't Know / No Response (%)
Mulanje	63.9	34.4	1.7
Phalombe	65.6	33.9	0.6
Blantyre City	61.1	26.4	12.5
Mchinji	71.2	25.6	3.3
Salima	45.1	51.2	3.7
Nkhata Bay	56.9	39.6	3.5
Total (n=1078)	**60.6**	**35.5**	**3.9**

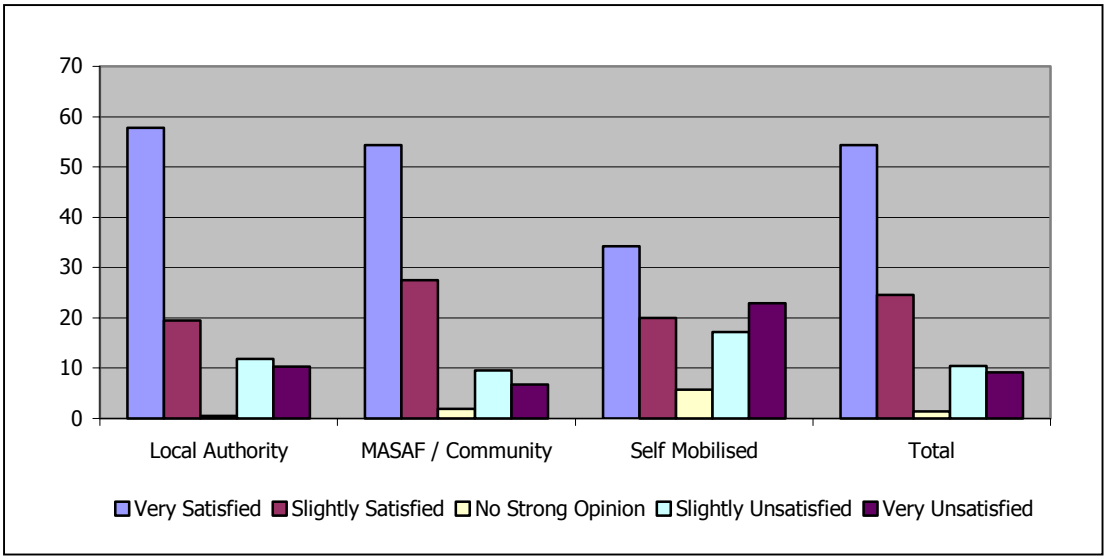
The most common source of road maintenance was MASAF funded, community mobilised initiatives – this accounted for 44.6 per cent of all maintenance efforts, followed by the local authority who accounted for 22.5 per cent of the total (see Figure 6.1 and Annex Table A6.1).

Figure 6.1: Source of maintenance of roads in the past 12 months



Further to this, respondents were asked about their levels of satisfaction with the work carried out, in total 54.3 per cent said they were very satisfied, with less than 20 per cent saying they were either slightly or very unsatisfied. Respondents appear to be more satisfied with work carried out by the Local Authority or MASAF than through their own self-mobilised initiatives (See Figure 6.2 and Annex Table A6.2).

Figure 6.2: Satisfaction with road maintenance, by type of initiative

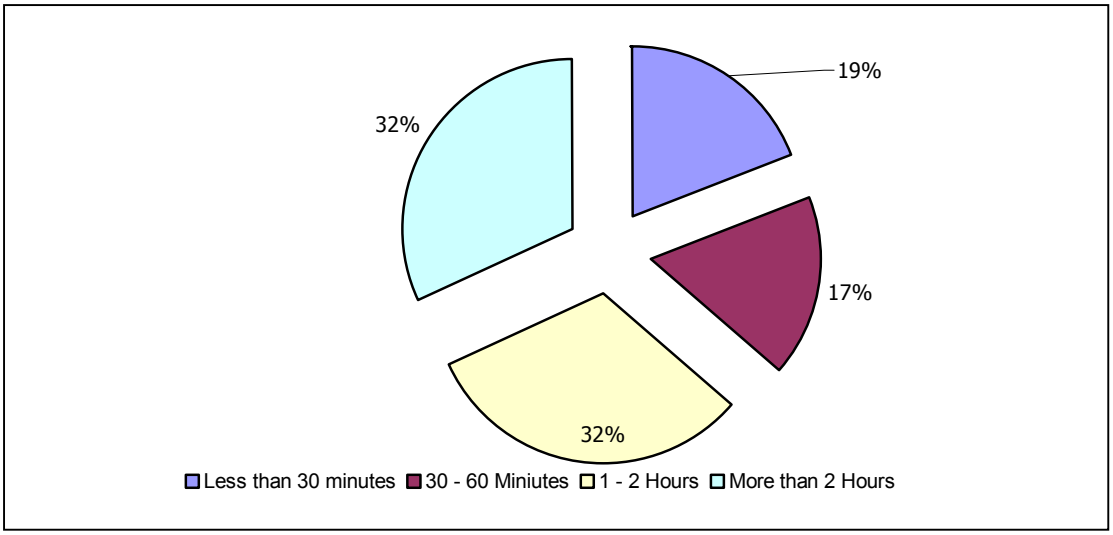


6.2 Access to the nearest trading centre

As a means of assessing what the quality of rural feeder roads actually means to the communities in question, they were asked about their access to the nearest trading centre. The predominant way of travelling to the nearest trading centre is by foot – almost three quarters of all respondents used this means, the only other response of note was by bicycle, which one fifth of all respondents said was how they access the centre (See Annex Table A6.4).

Slightly less than 20 per cent of respondents are able to access the nearest trading centre in under half an hour. This figure is as high as 34.8 per cent in Mulanje, where population densities would suggest that market centres will generally be more proximate than in less densely populated areas. It is lowest in Salima (44 per cent), where almost 60 per cent of respondents have to travel for more than two hours to access the nearest trading centre (see Figure 6.3 and Annex Table A6.3).

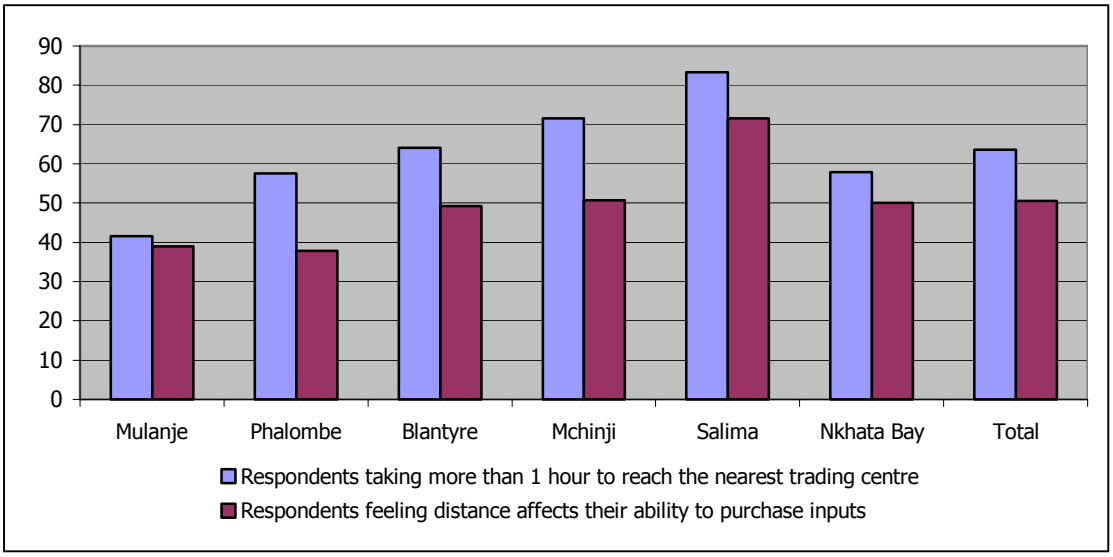
Figure 6.3: Length of time to reach the nearest trading centre



Half of the respondents felt that the time they had to take to travel to the nearest trading centre affected their ability to purchase inputs and sell outputs. The figure was understandably highest in Salima (71.6 per cent) where a larger number of respondents had to travel for more than an hour to reach the trading centre. The figures were lowest in

Phalombe and Mulanje, where only 37.8 and 38.9 per cent of respondents felt that the length of time taken to access the nearest trading centre affects their ability to purchase inputs. These are also the districts where respondents took less time on average to reach the nearest trading centre – figure 6.4 illustrates the relationship between length of time taken to reach the centre, and the likelihood of respondents saying that this distance impinged on their ability to purchase inputs.

Figure 6.4: Distances to nearest Trading Centre (%)



6.3 Boreholes and access to water

The provision of boreholes and improved access to water is a major component of the MPRS, it highlights (page 42), however that only about 60 per cent of existing boreholes are currently functional[28]. The strategy sets a target for 2005 of them all being functional, and a further target of constructing 7,500 new boreholes in the same period. Budget Document 4A highlights that 650 new boreholes will be constructed in the current financial year.

On average, each community visited had 1.1 boreholes – this was as high as 1.6 in Mulanje and 1.5 in Nkhata Bay and as low as .7 in Phalombe. A total of 16.2 per cent of boreholes were reported to be not working – in Salima, very few (1.7 per cent) did not work, while in Phalombe, who already had the lowest number of boreholes per village, the largest percentage were not working (36.7 per cent) (See Table 6.3). The results from this do show a major improvement on the baseline figure contained in the MPRSP and shows that the target set for 2005 appears to be attainable, at least on a national level.

Table 6.3: Average Number of Boreholes Per Community

	Average No.	Average No Working	Proportion not working (%)
Mulanje	1.5828	1.2857	18.8
Phalombe	0.7095	0.4494	36.7
Blantyre City	0.8261	0.7826	5.3
Mchinji	0.9832	0.7826	20.4
Salima	1.1127	1.0938	1.7
Nkhata Bay	1.5036	1.241	17.5
Total (n=1009)	1.108	0.928	16.2

Respondents were also asked about the length of time it took them to reach the nearest borehole – the majority of respondents who said this was applicable to them said it took less

[28] This figure is taken from the Malawi Demographic and Health Survey (MDHS) of 2000

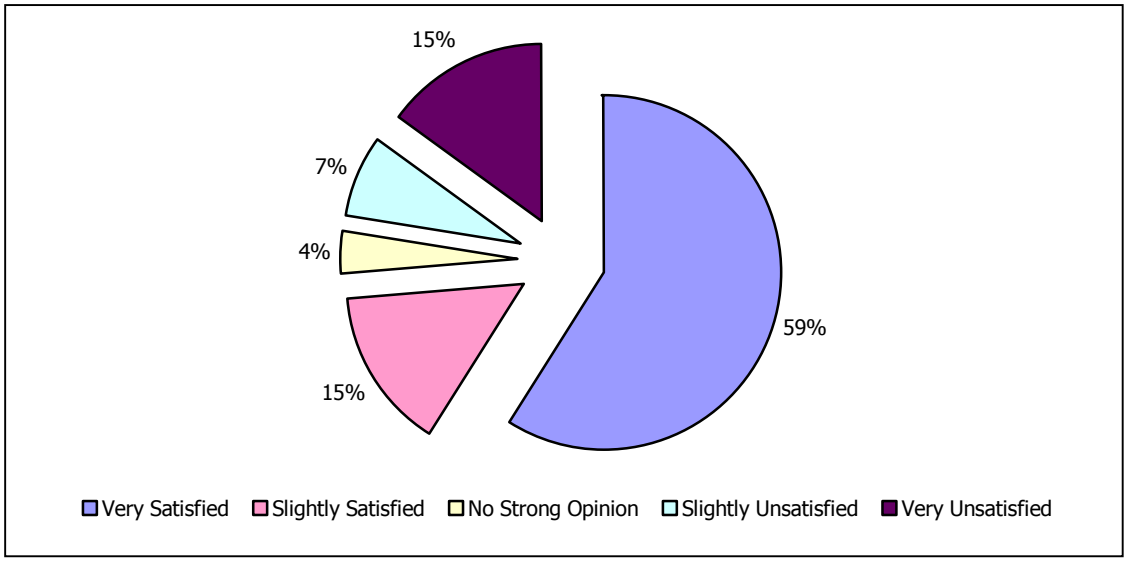
than 30 minutes to reach the borehole. However, a number of respondents said this was not applicable, for instance in Phalombe, due to the large numbers saying their community's borehole was not working, almost 60 per cent said this was not applicable. Table 6.4 gives a breakdown of these responses by district.

Table 6.4: Length of Time to Access Nearest Borehole (%) by district

	Less than 30 Minutes	30 Minutes – 1 hour	1 –2 Hours	More than 2 Hours	Not Applicable
Mulanje	37.4	15.6	6.1	12.3	28.5
Phalombe	34.3	6.0	0.0	0.0	59.6
Blantyre City	41.5	31.7	2.4	0.0	24.4
Mchinji	36.1	15.0	7.2	2.8	38.9
Salima	43.6	19.9	8.5	4.3	23.7
Nkhata Bay	41.0	11.5	5.0	2.2	40.3
Total (n=998)	39.0	16.2	5.2	3.9	35.7

The respondents who did have access to a borehole were then asked about their level of satisfaction with their access to water – almost 58.9 per cent said they were very satisfied (See Figure 6.5 and Annex Table A6.6).

Figure 6.5: General Satisfaction of Respondents who had access to boreholes, with ability to access water



6.4 Conclusion

The issues of infrastructure, borehole construction and access to water are areas that require even more examination. The current SDSS touched on some major issues, but the depth of feeling expressed to the enumerators suggests it is an area requiring further investigation. The importance of these sectors is reiterated in the MPRSP, and they will continue to be important for improving the economic potential of people in rural areas. In this regard, allocations made towards these areas under the PPEs need to be truly protected (initial large amounts appear to have been subsequently replaced by smaller amounts).

Despite the large allocations, the exercise reveals that roads are considered impassable for large portions of the year, impinging on respondent's ability to access social services (as evidenced from the other chapters which reveal the length of time they must travel), and in economic terms with regard to accessing markets to purchase inputs and sell outputs. However, some rehabilitation is occurring, which is generally well received.

The number of boreholes that appear to be non-functioning in the communities the respondents live in (16 per cent) is high, but does represent some progress from the year 2000 figures highlighted in the MPRSP, future rounds of the SDSS will continue to look at this closely, and will endeavour to delve more deeply into issues connected to water supply. Future rounds of the exercise should also look in more detail at the various sources of water that the respondents have access to, rather than just focussing on boreholes.

Chapter 7: Security

Security and access to justice are included under the fourth pillar of the MPRSP – Good Governance. Members of the monitoring chapters of MEJN, based at local level, also felt strongest about the issue of security. The MPRSP (page 74) describes the potential impact of crime and insecurity on the poor as follows - *insecurity makes it too risky for the poor to accumulate assets and wealth, particularly in a rural setting, as any assets or wealth are likely to be stolen. This undermines the ability of the poor to generate their own incomes and reduce their own poverty. Crime has a disproportionate impact on the poor since they are the most vulnerable and least able to cope.*

The strategy (page 75) also gives an overview of the recent trends in the area of policing and security, highlighting the unfortunate reality that despite a number of recent efforts, there has been a *rising trend in crime, a continuation of political violence and a general decline in security.*

The MPRSP highlights the five following areas as being the major areas for intervention:

(1) Crime control capacity will be increased by deploying more officers in rural and urban areas and building associated police infrastructure.

(2) A crime prevention strategy will be reviewed and implemented, to include enhanced community involvement in policing,

(3) Co-ordination with and regulation of private sector security firms

(4) Improve the quality of investigation, using modern technology.

(5) Organisational development of the Police, Prisons and Immigration services to ensure that they are transparent and accountable.

Community policing and training of police officers were highlighted as Priority Poverty Expenditures (PPEs) in the budgets for 2001-2 and 2002-3 – a total of 255 million kwacha was to be allocated to this area under the 2002-3 budget, with the bulk of the money (MK 163 million) being spent on community policing. The revised budget figure for the same PPE was MK 2.8 million in 2001-2, representing a major increase in funding between the two years.

It is against this background that specific questions were asked about the distance to the nearest police post and the number of officers available at this facility. They were also asked whether the presence of the police post made them feel secure. The second set of questions was targeted at community policing initiatives, and whether they exist in the areas in question, and if so whether they actually contributed to the security of the area.

7.1 Police Service

On average, respondents in the six districts visited have to travel 17.6 kilometres to reach the nearest police post – not surprisingly, respondents in the urban district of Blantyre reported having the least distance to travel (under eight kilometres), while those from Salima had the furthest – almost 40km.

The enumerators were also asked to find out from the respondents, or, if they did not know, from the police station themselves how many officers were available at the station. On average, it was reported that there were 36 officers at the nearest station – however, it is recommended that this figure be used cautiously as it is apparent that enumerators and respondents had difficulties in realistically assessing this number. In the case of the respondents, this was due to the distances involved in getting to the station, while attempts by the enumerators to collect this information were met with resistance in a number of the facilities. One possible reason for the number of police officers per station being so high may be the centralised nature of the police service.

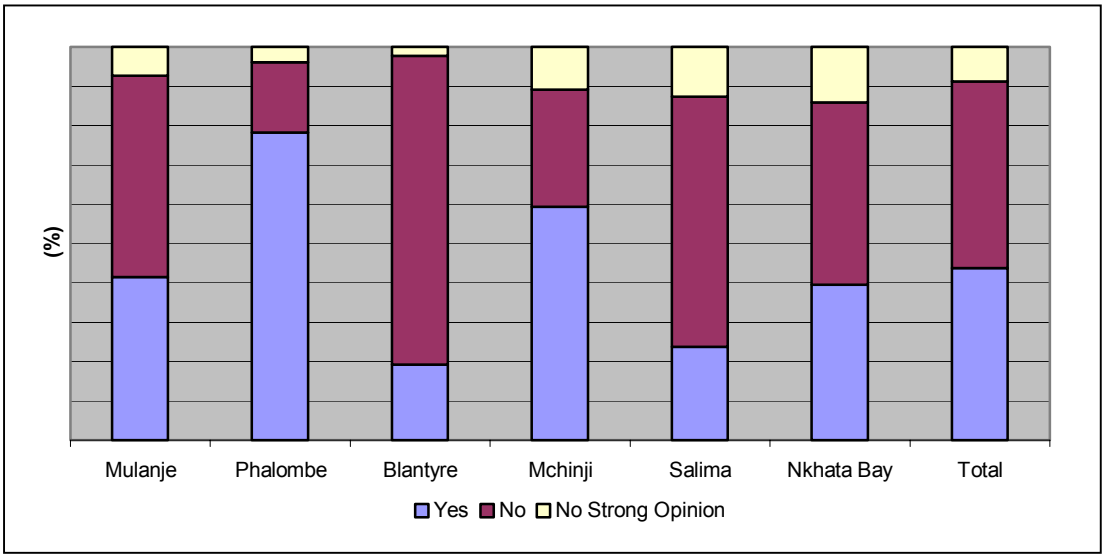
The mean distance travelled to the nearest police station for each of the districts and the numbers of officers reported at the station are included in Table 7.1.

Table 7.1: Nearest police post to the respondent's household

	Distance (KMs)	Number of Officers
Mulanje	8.9	47.8
Phalombe	22.0	2.1
Blantyre City	7.9	17.3
Mchinji	10.4	31.0
Salima	37.7	49.1
Nkhata Bay	15.4	26.5
Total	**17.6**	**36.0**

Respondents were also asked whether they felt the presence of the police post made them feel secure – in total 43.7 per cent of respondents said that it did – the biggest discrepancy however was in Blantyre, where less than one in five respondents felt this was not the case.

Figure 7.1: Responses to the question - does the nearest police post make you feel secure?



Respondents were further asked whether they ever had occasion to seek assistance from the nearest police post – slightly more than one in four of all respondents answered that they had. Again, there are locational difference – only 15 per cent had sought assistance in Salima, whereas 38 per cent had to do the same in Nkhata bay – the survey did not ask questions about the reasons for seeking this assistance, and this may be an area of future investigation (See Table 7.2).

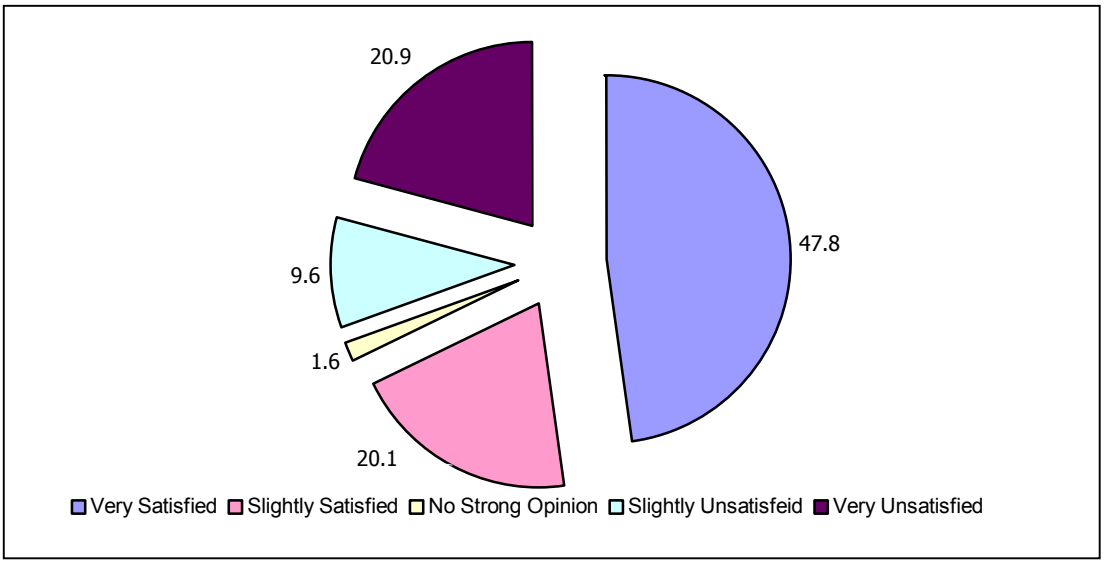
Table 7.2: Proportion of Population Ever Seeking Assistance from the Police

	%
Mulanje	26.8
Phalombe	22.4
Blantyre City	17.1
Mchinji	35.4
Salima	14.9
Nkhata Bay	38.0
Total (n=1012)	**25.5**

Those who had sought assistance from the police post were then asked to assess their level of satisfaction with the service they were given – almost half the respondents stated that they were very satisfied. At the same time, one in five complained that they were very unsatisfied, suggesting that contact with the police force provoked extremes in responses. Those who were unsatisfied cited instances of the police claiming to have no transport or

insufficient numbers to deal with all the complaints made to them. Because of the small number of respondents, it is somewhat difficult to assess this satisfaction by district, however the results are contained in Table A7.1 in the annex.

Figure 7.2: Satisfaction with service offered by police last time respondent had contact



Further to this respondents were asked whether they had ever been requested to make a payment to a police officer – in total, 4.6 per cent of respondents who chose to answer this question, did so positively. The average size of the payment requested was reported as MK 106. Due to the small number of respondents providing information on this question, the answers have not been broken down by district.

7.2 Community Policing

In addition to increasing the number of police officers available, the MPRS also commits itself to strengthening the role of community policing. If the success of this is to be judged purely by the number of communities who responded positively to the question ***Do you live in a community that has a community policing initiative*** then from the results in Table 7.3, it would appear to be quite positive. However, as the MPRS contains no indicator or baseline data on this it is hard to assess whether progress is being made or not.

In total, 66.9 per cent of people interviewed during the survey responded that they live in communities with policing initiatives – the largest deviation from this was in Blantyre, where the figure was 25.8 per cent. The fact that the urban and peri-urban areas score so poorly on this may be a reflection of the lack of community spirit in these areas, which makes the establishment of community initiatives difficult.

Table 7.3: Proportion of Respondent's who live in Communities that have Community Policing Initiatives

	Yes (%)	No (%)	Don't Know (%)
Mulanje	55.1	39.9	5.1
Phalombe	80.9	15.9	3.2
Blantyre City	25.8	68.8	5.5
Mchinji	82.3	14.8	2.9
Salima	81.5	16.1	2.4
Nkhata Bay	59.2	32.4	8.5
Total (n=1025)	**66.9**	**28.8**	**4.3**

Further to this, it appears that the respondents living in communities with these initiatives very much see the positive side to this. Almost 90 per cent in four of the rural districts say that it made them feel secure – Blantyre and Nkhata Bay are the areas that seem to differ in

the attitude towards the success of these programmes, even then however the figures are quite impressive – 69.7 per cent in Blantyre and 73.8 in Nkhata Bay (See Table 7.4 below).

Table 7.4: Respondents living in Communities with Community Policing Initiatives who feel this makes them secure (%)

	Yes (%)	No (%)	No Response / Missing (%)
Mulanje	94.9	3.1	2.0
Phalombe	94.5	4.7	0.8
Blantyre City	69.7	24.2	6.1
Mchinji	87.2	10.5	2.3
Salima	87.2	9.3	3.5
Nkhata Bay	73.8	23.8	2.4
Total (n=686)	**87.2**	**10.3**	**2.5**

However, some respondents in Mulanje complain that the community policing groups are demanding a fee of MK25 a month, so that they can work efficiently, and respondents do not understand why they have to pay this. There were also complaints made to the enumerators that even though the community police do their job, and bring suspects to the police, they are often released almost immediately.

7.3 Conclusions and Recommendations

While the proportion of respondents feeling that the existence of the nearest police post makes them feel secure is disappointingly low at less than 50 per cent, it is apparent from the responses given that the Community Policing Initiative is working in rural areas. One of the reasons that the nearest police post is not considered to improve the security situation is related to the actual distance from the communities the respondents live in. However, it should also be noted that those who have had actual need to contact the police are generally quite satisfied.

In this regard, emphasis should be put on ensuring that the community policing initiative is scaled up and expanded to all communities (at present it appears to cover only two-thirds), and the number of communities covered needs to be tracked. However, particular concern must be raised regarding the perception of people in the urban areas about the effectiveness of efforts to improve their security.

If the police posts are to contribute towards the feeling of improved security, particularly in rural areas, then improvements in terms of access to transportation, increasing the number of sub-stations actually located in the communities and improving policing numbers need to be addressed.

Further, with the amount of money allocated towards community policing initiatives, it should be clarified whether the communities are also expected to make contributions to the functioning of these groups. If this is the case, recommendations on what this should cover need to be clarified, to prevent instances of individuals taking advantage of the situation to extort "protection money" from the ordinary people.

Because questions on satisfaction were only asked to those who had received assistance from the police post, it is not possible to realistically assess which districts are more satisfied with the services on offer. However, at an overall level, an average rating of 0.643 can be assigned (the calculation for this figure is included in the methodology chapter), suggesting that the respondents were somewhat satisfied with the service received from the police.

Chapter 8: Conclusions

The SDSS investigated issues of satisfaction with services, dwelling on outcome indicators, an area largely overlooked in the MPRS, but one of immense interest and importance for civil society. The general intention was to assess the level of the ordinary person's satisfaction with the services provided.

Overall, satisfaction with the frontline service providers is quite high, for instance in health, over 70 per cent of respondents were either satisfied or very satisfied with the service received at the nearest health centre. The problem is that for some of these services large numbers of the population do not receive them at all, often because of shortages in staffing levels (for instance 49 per cent of respondents had never received a visit from an extension worker). For others, the service might be provided but the equipment and infrastructure to back up the efforts of the frontline workers is not available. There are a number of illustrations of this in the report, including the differences between the perceived qualifications of teachers and the level of satisfaction with teaching and learning materials in education and the amount of health centres that do not have drugs.

Of the six service delivering institutions examined education has fared the worst, while ADMARC fared the best (See Table 8.1). The reason for the high levels of satisfaction with the services offered by ADMARC probably has to do with the importance of the institution as a source of food. The reason education has fared so badly is predominantly connected to the availability of teaching and learning materials and the condition of the school blocks, rather than the actual quality of teachers.

Table 8.1: Single digit ranking of satisfaction with the services on offer

Rank	Service	Score
1st	ADMARC	1.06
2nd	Health Centre	0.84
3rd	District Hospital	0.76
4th	Police Service	0.64
5th	Extension Service	0.20
6th	Education	-0.01

One further potential reason for the ratings coming as they are is the needs accessing the services fulfil – ADMARC, the health facilities and the police posts meet immediate needs (for instance purchase of food, treatment of illness or investigation of a crime), whereas the benefits arising from extension services and education services take a longer time to mature.

However, it is not proposed that this is an all encompassing list, as such an exercise would have been impossible in the time frame and under the resource limitations. In particular, other reasons for dissatisfaction should be sought from the reports of the three main civil society networks (CISANET, MEHN and CSCQBE) and other assorted research.

Further to this, the distances that individuals have to travel to access the nearest services are striking. On average, respondents have to travel over 10 kilometres to reach the nearest health centre, over 11 kilometres to reach ADMARC and almost 30 kilometres to reach the district hospital.

This is particularly a problem when one considers the number of months that the main access road to the communities in question are impassable, meaning the majority must travel to these facilities by foot. In many cases, this translates into journey times of over two hours to reach the service. When people are then expected to wait four hours for service at the facility (which is the case for one quarter of respondents at the district hospital), it appears that their attempts to access services are costly, not necessarily in financial terms, but in the opportunity costs that time spent travelling and waiting places on them. This of course undermines their ability to use this time "productively" and undermines efforts towards achieving the goals of the first pillar of the PRSP – achieving pro-poor growth.

When respondents were asked their opinions on the qualifications of the staff providing services to them, they generally felt they are qualified to do so. It must be conceded that the SDSS did not attempt to take account of the actual qualifications of staff (this is dealt with by a number of the civil society networks in complimentary work), which generally shows a different picture. For instance, the education network found that 25 per cent of all teachers in rural areas had received no training, yet only 12 per cent of respondents felt teachers were very unqualified. This would seem to suggest that respondents generally feel those in certain positions must be adequately qualified, meaning that government has a responsibility to these people in ensuring that those sent to provide services to them do actually meet minimum qualification levels.

The SDSS revealed what to many of the enumerators was a surprisingly low proportion of respondents saying they had been asked to make payments for the receipt of services at the various facilities in question. However, saying that this means the incidence of corruption is low would be incorrect – far too many respondents pointed to non-financial aspects of corruption in service delivery. This includes the finding at the district hospitals that half of the respondents who had attended there in the previous 12 months felt that if they had a relative working there the amount of time they had to wait would be reduced. Further, in the delivery of the Starter Pack / TIP a large number of respondents say they do not think the pack is going to the right beneficiaries.

When the questionnaire was administered, every attempt was made to ensure that equal numbers of men and women were interviewed. The principal reason for this was to ascertain whether there was any discernable difference between men and women in terms of their satisfaction with the services on offer. Further analysis was carried out on some of the question related to health, agriculture and education to see if major differences existed between the opinions of men and women, the results of which are included in the various chapters. While this has turned out to be a worthwhile exercise, for some it may be surprising that the responses given by women do not differ all that much from those given by men. Future rounds of the exercise will continue to carry out analysis in this way.

Finally, during the analysis of the results it has become apparent that one needs to question what it exactly means for an expenditure to be included as a PPE. It has always been the understanding of Civil Society that these are expenditures *that will be protected should shocks require adjustments to the budget*[29], however, differences between what is published in Budget Document 4A and what is included in subsequent newspaper advertisements[30] suggest that these expenditures are susceptible to movements, both upwards and downwards.

This round of data collected by the SDSS can act as a baseline for future exercises. This type of exercise should be carried out at least annually, even though if it is felt necessary to expand the information collected on certain areas the frequency can be increased. Alternatively, not each module has to be administered each year. Furthermore, it is recommended that the various civil society networks and coalitions should be more actively involved in the exercise, to ensure greater consistency and comparability with their own monitoring efforts, dealing with input-output indicators.

[29] See Minister of Finance's letter to the IMF and World Bank, included as annexes to the MPRSP.
[30] Weekend Nation Newspaper, Vol 7 No 7, 15-16 February 2003

Annex 1 – Selected Villages

Region	District	Ward	Village
Northern Region	Nkhata Bay	Mzenga North Chintheche Lisala Mpamba	01 Dungwa; 02 Mkuli; 03 Chidongo 04 Mutepelera; 05 Chatupa; 06 Mlonda; 07 Khoza Lisale; 08 Pelekawanga; 09 Chiwoko; 10 Dundwe; 11 Mankhumba; 12 Bulukutu
Central Region	Salima	Maganga, Kalonga Ndindi Khombedza Msosa	01 Chimbalambala, 02 Kuchimudzi, 03 Msanyama 04 Chinguluwe, 05 Kantchenembwe, 06 Mvululu 07 Kalonga 1, 08 Kutambala, 09 Mkango, 10 Mzwenene, 11 Phaka, 12 Chingo 13 Chibwezeni, 14 Kamphonje Mlula, 15 Mpanje 2 16 Kamfumu, 17 Mchepa, 18 Mwanjowa
	Mchinji	Msitu Magawa Mkoma Boma Luzale Mphongwe	01 Suntche, 02 Cholowera, 03 Maliri 04 Jamu, 05 Mikuta/Kanyindula, 06 Suwelela Mkoonako 07 Kafuntha, 08 Mgulula, 09 Magwambani/Zulu 10 Masautso, 11 Robert 3, 12 Robert 1 13 Enock, 14 Langa, 15 Nyamazya 16 Basket, 17 Katamanda , 18 Mlawewa
Southern Region	Mulanje	Lujeri Limbuli Ntenjera Nkanda Chanunkha	01 Kalozwa, 02 Naluwade, 03 Nkuta 04 Namwera, 05 Takhiwa, 06 Maliera 07 Mphika, 08 Nkutha, 09 Chilenga 10 Kadammanja, 11 Manolo, 12 Nankwenya 13 Gawanya, 14 Murofinyo, 15 Sanzikani
	Phalombe	Chigumukir Migowi TC Mpasa Thundu Sukasanje	01 Lambulira, 02 Namandwa, 03 Chikopa 04 Kalinde, 05 Mphareya 06 Sakwedwa 07 M'mwenye, 08 Muthumpwa, 09 Chimenya 10 Khancha, 11 Mwambeni, 12 Taman 13 Guziwa, 14 Mmape, 15 Namata
	Blantyre (Urban)	Mapanga Likhubula Mzedi Nancholi	01 Mwalija (002) 02 Kachere (004) 03 Kachere (012) 04 Mussa (011) 05 Magasa (025) 06 Chilimba (003) 07 Wilson (001) 08 Namboya (002) 09 Nkhukuteni (006) 10 Dwale (003) 11 Ground Corner (006) 12 Chuma 007

Annex 2 – Assorted Tables

Chapter 3 – Health

Table A3.1: Destination of those who did not receive drugs at Government Health facility at Last Visit (%) by district

	Private Pharmacy or Store	District Hospital	Private Doctor / Clinic	Mission Hospital	Trad. Herbalist	Did Without	Other	Missing Cases
Mulanje (n=36)	42.1	7.9	2.6	10.5	23.7	2.6	0.0	10.5
Phalombe (n=60)	36.7	5.0	5.0	16.7	8.3	8.3	15.0	5.0
Blantyre City (n=58)	32.8	10.3	36.2	0.0	1.7	1.7	13.8	3.4
Mchinji (n=35)	51.4	2.9	8.6	8.6	2.9	11.4	2.9	11.4
Salima (n=84)	45.2	9.5	13.1	2.4	8.3	14.3	1.2	6.0
Nkhata Bay (n=26)	38.5	7.7	19.2	0.0	11.5	15.4	3.8	3.8
Total (n=301)	***40.9***	***7.6***	***14.6***	***6.3***	***8.6***	***9.0***	***6.6***	***6.3***

Table A3.2: Respondents overall perception on the level of qualification of the health worker at the nearest facility (%), by district

	Very Qualified	Slightly Qualified	No Strong Opinion	Slightly Unqualified	Very Unqualified
Mulanje (n=138)	50.0	29.0	15.2	5.1	0.7
Phalombe (n=167)	53.9	11.4	19.2	11.4	4.2
Blantyre City(n=97)	40.2	25.8	12.4	14.4	7.2
Mchinji (n=143)	35.7	37.1	14.7	8.4	4.2
Salima (n=179)	42.5	17.3	20.1	8.4	11.7
Nkhata Bay (n=107)	48.6	14.0	20.6	11.2	5.6
Total(n=831)	***45.4***	***22.0***	***17.3***	***9.5***	***5.8***

Table A3.3: Respondents satisfaction with the performance of the health staff at the nearest government health facility (%), by district

	Very Satisfied	Slightly Satisfied	No Strong Opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=136)	44.1	32.4	11.8	8.1	3.7
Phalombe (n=167)	53.9	24.6	6.6	6.0	9.0
Blantyre City (n=97)	36.1	21.6	2.1	17.5	22.7
Mchinji (n=145)	24.8	46.2	4.8	9.0	15.2
Salima (n=185)	34.1	32.4	11.9	7.0	14.6
Nkhata Bay (n=107)	47.7	16.8	13.1	4.7	17.8
Total (n=837)	***40.0***	***30.0***	***8.6***	***8.2***	***13.1***

Table A3.4: Opinion on the qualification of health worker at the nearest health centre, by gender (%)

%	Male (n=251)	Female (n=242)	Total (n=493)
Very Qualified	49.4	50.8	50.1
Slightly Qualified	25.1	19.8	22.5
No Strong Opinion	11.6	15.7	13.6
Slightly Unqualified	8.4	9.1	8.7
Very Unqualified	5.6	4.5	5.1
	100.0	100.0	100.0

Table A3.5: Satisfaction with performance of health worker at the nearest health centre, by gender (%)

%	Male (n=252)	Female (n=244)	Total (n=496)
Very Satisfied	42.5	41.8	42.1
Slightly Satisfied	31.3	30.3	30.8
No Strong Opinion	3.6	7.0	5.2
Slightly Unsatisfied	9.9	9.4	9.7
Very Unsatisfied	12.7	11.5	12.1
	100.0	100.0	100.0

Table A3.6: Transport used to access the District Hospital (by district) (%)

	Bus	Bicycle	Foot	Private Motor Vehicle	Other
Mulanje (n=180)	31.7	21.1	38.3	8.3	0.6
Phalombe (n=145)	24.8	33.1	2.1	37.2	2.8
Blantyre City (n=137)	48.9	0.0	41.6	9.5	0.0
Mchinji (n=198)	29.8	21.2	42.4	6.6	0.0
Salima (n=202)	10.4	31.7	19.8	24.8	13.4
Nkhata Bay (n=141)	14.2	5.0	55.3	24.1	1.4
Total (n=1003)	***25.9***	***19.8***	***33.0***	***17.8***	***3.4***

Table A3.7: Destination of those who did not receive drugs at District Hospital at last visit (%), by district

	Private Pharmacy	Mission Hospital	Private Doctor	Traditional Herbalist	Did Without	Other	Missing
Mulanje (n=25)	32.0	12.0	4.0	16.0	4.0	12.0	20.0
Phalombe (n=6)	16.7	0.0	0.0	0.0	16.7	0.0	66.7
Blantyre City(n=17)	23.5	0.0	47.1	0.0	5.9	11.8	11.8
Mchinji (n=33)	36.4	12.1	9.1	3.0	9.1	3.0	27.3
Salima (n=24)	29.2	16.7	8.3	16.7	20.8	0.0	8.3
Nkhata Bay (n=20)	45.0	0.0	10.0	0.0	15.0	25.0	5.0
Total (n=125)	***32.8***	***8.8***	***12.8***	***7.2***	***11.2***	***8.8***	***18.4***

Table A3.8 Length of time respondent waited at last visit to District Hospital, by district (%)

	Less than 1 Hour	1 – 2 Hours	2 – 4 Hours	Over Four Hours	No Response Given
Mulanje (n=122)	33.6	28.7	15.6	19.7	2.5
Phalombe (n=71)	59.2	16.9	7.0	8.5	8.5
Blantyre City (n=68)	19.1	20.6	16.2	41.2	2.9
Mchinji (n=119)	22.7	25.2	20.2	27.7	4.2
Salima (n=105)	28.6	21.0	20.0	26.7	3.8
Nkhata Bay (n=87)	25.3	19.5	23.0	25.3	6.9
Total (n=572)	***30.6***	***22.7***	***17.5***	***24.7***	***4.5***

Table A3.9: Respondents level of satisfaction with the time they were expected to wait, by district (%)

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied	No Response
Mulanje (n=122)	50.8	12.3	0.0	13.1	21.3	2.5
Phalombe (n=71)	64.8	11.3	2.8	5.6	8.5	7.0
Blantyre City (n=68)	32.4	14.7	0.0	4.4	44.1	4.4
Mchinji (n=119)	31.9	25.2	0.0	19.3	20.2	3.4
Salima (n=105)	42.9	20.0	1.9	15.2	15.2	4.8
Nkhata Bay (n=87)	23.0	17.2	4.6	17.2	34.5	3.4
Total (n=572)	***40.7***	***17.3***	***1.4***	***13.5***	***23.1***	***4.0***

Table A3.10: Satisfaction with waiting time at the District Hospital, by gender (%)

%	Male (n=272)	Female (n=269)	Total (n=541)
Very Satisfied	40.8	44.6	42.7
Slightly Satisfied	17.6	18.2	17.9
No Strong Opinion	1.8	1.1	1.5
Slightly Unsatisfied	16.2	12.3	14.2
Very Unsatisfied	23.5	23.8	23.7
	100.0	100.0	100.0

Table A3.11: Do respondents feel the health workers at the district hospitals are qualified, by district

%	Very Qualified	Slightly Qualified	No Strong Opinion	Slightly Unqualified	Very Unqualified	--
Mulanje	55.6	25.2	11.3	6.6	1.3	100.0
Phalombe	74.8	6.5	12.9	3.6	2.2	100.0
Blantyre	64.4	15.6	8.9	5.6	5.6	100.0
Mchinji	53.8	18.3	9.7	15.1	3.2	100.0
Salima	51.7	15.0	21.1	9.4	2.8	100.0
Nkhata Bay	49.6	6.7	24.4	9.6	9.6	100.0
Total	***57.4***	***14.9***	***15.0***	***8.9***	***3.9***	***100.0***

Chapter 4 – Education

Table A4.1: Respondents perception on the adequacy of the number of classrooms, by district

	More than Adequate	About Adequate	No Strong opinion	Slightly Inadequate	Completely Inadequate
Mulanje (n=161)	5.0	13.7	3.1	56.5	21.7
Phalombe (n=162)	6.8	25.3	4.3	51.2	12.3
Blantyre City (n=122)	1.6	17.2	3.3	50.8	27.0
Mchinji (n=187)	5.3	12.8	2.1	57.2	22.5
Salima (n=158)	0.0	8.9	9.5	38.0	43.7
Nkhata Bay (n=132)	23.5	11.4	4.5	17.4	43.2
Total (n=922)	6.7	14.9	4.4	46.2	27.8

Table A4.2: Satisfaction of respondent with the availability of teaching material (%) by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=168)	30.4	33.9	7.7	13.1	14.9
Phalombe (n=155)	36.1	29.0	6.5	17.4	11.0
Blantyre City (n=116)	16.4	20.7	5.2	28.4	29.3
Mchinji (n=187)	11.8	25.7	4.3	32.1	26.2
Salima (n=153)	12.4	14.4	7.8	25.5	39.9
Nkhata Bay (n=130)	32.3	30.0	6.9	20.0	10.8
Total (n=909)	***23.0***	***25.9***	***6.4***	***22.8***	***22.0***

Table A4.3: Satisfaction with the availability of Teaching Materials, by gender (%)

%	Male (n=452)	Female (n=446)	Total (n=898)
Very Satisfied	24.3	22.0	23.2
Slightly Satisfied	25.2	26.0	25.6
No Strong Opinion	6.9	6.1	6.5
Slightly Unsatisfied	22.8	22.9	22.8
Very Unsatisfied	20.8	23.1	21.9
	100.0	100.0	100.0

Table A4.4: Satisfaction of respondents with the number of teachers (%), by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=169)	30.2	18.9	13.0	23.7	14.2
Phalombe (n=158)	34.8	27.8	8.9	24.7	3.8
Blantyre City(n=113)	23.9	15.0	11.5	26.5	23.0
Mchinji (n=177)	25.4	19.8	4.0	32.8	18.1
Salima (n=150)	11.3	18.0	6.7	27.3	36.7
Nkhata Bay (n=131)	22.9	20.6	8.4	25.2	22.9
Total (n=898)	***25.1***	***20.3***	***8.6***	***26.8***	***19.3***

Table A4.5: Satisfaction with the number of teachers, by gender (%)

%	Male (n=445)	Female (n=442)	Total (n=887)
Very Satisfied	23.1	27.4	25.3
Slightly Satisfied	21.3	19.0	20.2
No Strong Opinion	7.9	9.0	8.5
Slightly Unsatisfied	27.6	25.8	26.7
Very Unsatisfied	20.0	18.8	19.4
	100.0	100.0	100.0

Table A4.6: Respondents perceptions on the qualifications of teachers at this school (%) by district

	Very Qualified	Slightly Qualified	No Strong Opinion	Slightly Unqualified	Very Unqualified
Mulanje (n=168)	50.6	25.0	13.1	5.4	6.0
Phalombe (n=161)	47.8	26.7	9.9	10.6	5.0
Blantyre City(n=116)	25.0	22.4	11.2	18.1	23.3
Mchinji (n=187)	29.9	23.0	8.6	28.3	10.2
Salima (n=157)	26.1	17.2	7.6	22.9	26.1
Nkhata Bay (n=128)	49.2	25.0	13.3	7.8	4.7
Total (n=917)	***38.3***	***23.2***	***10.5***	***15.9***	***12.1***

Chapter 5 – Agriculture

Table A5.1: Length of time since last contact with an extension worker, by district (%)

	In the Last Month	Between 1 and 3 Months Ago	Between 3 and 6 Months Ago	Between 6 Months Ago and 1 Year	Yes, but more than 1 year ago	Never
Mulanje (n=180)	10.0	9.4	9.4	5.0	7.8	58.3
Phalombe (n=178)	6.7	6.0	12.8	20.1	3.4	51.0
Blantyre City (n=35)	2.9	14.3	17.1	8.6	20.0	37.1
Mchinji (n=196)	26.0	11.7	6.1	4.1	18.4	33.7
Salima (n=203)	11.8	6.9	9.4	8.9	2.5	60.6
Nkhata Bay (n=119)	31.9	5.9	6.7	5.9	8.4	41.2
Total (n=882)	***16.1***	***8.5***	***9.2***	***8.5***	***8.7***	***49.0***

A number of respondents felt this question was not applicable to them as they do not engage in agricultural activities.

Table A5.2: Satisfaction Expressed by Respondents with Frequency of Extension Agents Visits, by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=180)	16.7	10.0	28.3	8.9	36.1
Phalombe (n=149)	49.0	12.8	4.0	10.7	23.5
Blantyre City (n=30)	26.7	13.3	10.0	23.3	26.7
Mchinji (n=188)	35.6	11.2	6.9	11.2	35.1
Salima (n=155)	30.3	7.1	10.3	14.8	37.4
Nkhata Bay (n=83)	57.8	12.0	15.7	1.2	13.3
Total (n=785)	***34.8***	***10.6***	***13.0***	***10.7***	***31.0***

Table A5.3: Satisfaction expressed by respondents with quality of extension advice, by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=180)	22.2	10.0	31.7	6.1	30.0
Phalombe (n=151)	55.0	15.2	4.6	9.3	15.9
Blantyre City (n=27)	33.3	18.5	11.1	18.5	18.5
Mchinji (n=189)	39.2	10.6	9.0	10.6	30.7
Salima (n=154)	37.0	7.1	9.1	12.3	34.4
Nkhata Bay (n=85)	61.2	14.1	17.6	1.2	5.9
Total (n=786)	***40.1***	***11.3***	***14.4***	***8.9***	***25.3***

Table A5.4: Satisfaction with Frequency of Extension Agents Visits, by gender (%)

%	Male (n=402)	Female (n=378)	Total (n=780)
Very Satisfied	35.8	33.3	34.6
Slightly Satisfied	8.7	12.2	10.4
No Strong Opinion	13.4	12.7	13.1
Slightly Unsatisfied	10.0	11.6	10.8
Very Unsatisfied	32.1	30.2	31.2
	100.0	100.0	100.0

Table A5.5: Respondents satisfaction with the nearest ADMARC facility (%)

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=179)	36.3	27.9	21.8	3.9	10.1
Phalombe (n=178)	73.6	15.2	1.1	2.8	7.3
Blantyre City (n=132)	77.3	14.4	3.0	0.8	4.5
Mchinji (n=198)	64.1	23.2	2.0	7.1	3.5
Salima (n=206)	44.7	22.3	4.9	17.5	10.7
Nkhata Bay (n=143)	32.9	28.0	12.6	11.2	15.4
Total (n=1036)	***54.4***	***22.0***	***7.4***	***7.6***	***8.5***

Table A5.6: Reasons the TIP did not contribute to improved yield, by district (%)

	Resold the Inputs	Arrived too late	Did not know what to do with it	Bad Weather	The Pack was Incomplete	Other	No Answer
Mulanje (n=48)	2.1	22.9	8.3	43.8	10.4	8.3	4.2
Phalombe (n=76)	0.0	14.5	0.0	63.2	7.9	13.2	1.3
Blantyre City(n=31)	0.0	45.2	0.0	25.8	19.4	3.2	6.5
Mchinji (n=53)	0.0	11.3	0.0	13.2	62.3	3.8	9.4
Salima (n=94)	0.0	2.1	0.0	40.4	37.2	18.1	2.1
Nkhata Bay (n=47)	2.1	36.2	0.0	38.3	2.1	8.5	12.8
Total (n=349)	***0.6***	***17.5***	***1.1***	***40.1***	***24.6***	***10.9***	***5.2***

Table A5.7: Reason for Starter Pack not being received by the correct beneficiaries, by district

	Given Unfairly to Friends and Relatives of the Chief	Political Interference	Both of these Answers	Other	No Response Offered
Mulanje (n=68)	27.9	38.2	0.0	25.0	8.8
Phalombe (n=24)	37.5	12.5	4.2	37.5	8.3
Blantyre City(n=95)	51.6	27.4	2.1	9.5	9.5
Mchinji (n=79)	36.7	24.1	2.5	27.8	8.9
Salima (n=72)	44.4	6.9	6.9	30.6	11.1
Nkhata Bay (n=37)	8.1	16.2	16.2	24.3	35.1
Total (n=375)	37.6	22.7	4.3	23.5	12.0

Chapter 6 – Infrastructure

Table A6.1: Source of Maintenance of Roads in the Past 12 Months

	Local Authority	MASAF / Community	Self Mobilised Community Initiative	Other	Don't Know
Mulanje (n=151)	11.9	38.4	5.3	38.4	6.0
Phalombe (n=158)	18.4	49.4	2.5	29.7	0.0
Blantyre City (n=107)	45.8	24.3	1.9	26.2	1.9
Mchinji (n=190)	22.6	36.3	4.7	25.8	10.5
Salima (n=157)	31.8	52.9	0.0	11.5	3.8
Nkhata Bay (n=87)	2.3	74.7	17.2	2.3	3.4
Total (n=850)	22.5	44.6	4.5	23.8	4.7

Table A6.2: Level of Satisfaction with the work Carried Out (%) by source of work

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Local Authority (n = 185)	57.8	19.5	0.5	11.9	10.3
MASAF / Community (n=368)	54.3	27.4	1.9	9.5	6.8
Self Mobilised Community Initiative (n = 35)	34.3	20.0	5.7	17.1	22.9
Total (n = 849)	54.3	24.6	1.4	10.5	9.2

The total n also includes others and don't knows who expressed a level of satisfaction with the quality of the work.

Table A6.3: Length of Time to Access Nearest Trading Centre (%) by district

	Less than 30 Minutes	30 Minutes – 1 hour	1 –2 Hours	More than 2 Hours
Mulanje (n=178)	34.8	23.6	23.0	18.5
Phalombe (n=179)	17.9	24.6	30.2	27.4
Blantyre City (n=128)	24.2	11.7	43.0	21.1
Mchinji (n=211)	15.2	13.3	39.8	31.8
Salima (n=203)	4.4	12.3	23.6	59.6
Nkhata Bay (n=140)	23.6	18.6	33.6	24.3
Total (n=1039)	19.2	17.3	31.7	31.9

Table A6.4: Transport Used to Reach Nearest Trading Centre by district (%)

	Bus	Bicycle	Foot	Private Motor Vehicle	Other
Mulanje (n=178)	5.6	14.0	79.2	1.1	0.0
Phalombe (n=178)	0.0	41.0	58.4	0.6	0.0
Blantyre City(n=131)	2.3	0.0	96.9	0.8	0.0
Mchinji (n=209)	1.0	20.1	78.0	1.0	0.0
Salima (n=198)	2.0	25.3	59.6	12.6	0.5
Nkhata Bay (n=142)	6.3	4.2	85.9	1.4	2.1
Total (n=1036)	2.7	18.9	74.8	3.2	0.4

Table A6.5: Respondents who feel the length of time to the nearest trading centre affects their ability to purchase inputs / sell outputs (%) by district and self assessed level of poverty

	Total
Mulanje (n=180)	38.9
Phalombe (n=180)	37.8
Blantyre City (n=144)	49.3
Mchinji (n=215)	50.7
Salima (n=215)	71.6
Nkhata Bay (n=144)	50.0
Total (n=1078)	50.5

Table A6.6: Level of Satisfaction with Access to Water (%) by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=126)	62.7	15.9	11.1	7.1	3.2
Phalombe (n=61)	90.2	6.6	1.6	0.0	1.6
Blantyre City (n=92)	52.2	32.6	1.1	3.3	10.9
Mchinji (n=110)	48.2	9.1	0.0	13.6	29.1
Salima (n=167)	53.3	13.2	5.4	8.4	19.8
Nkhata Bay (n=79)	63.3	10.1	0.0	6.3	20.3
Total (n=635)	58.9	14.8	3.9	7.2	15.1

Chapter 7 – Security

Table A7.1: Level of Satisfaction of those seeking assistance from the police (%) by district

	Very Satisfied	Slightly Satisfied	No Strong opinion	Slightly Unsatisfied	Very Unsatisfied
Mulanje (n=47)	51.1	21.3	2.1	6.4	19.1
Phalombe (n=34)	79.4	8.8	0.0	5.9	5.9
Blantyre City (n=22)	22.7	9.1	4.5	9.1	54.5
Mchinji (n=65)	32.3	27.7	1.5	20.0	18.5
Salima (n=31)	41.9	22.6	0.0	3.2	32.3
Nkhata Bay (n=50)	58.0	20.0	2.0	6.0	14.0
Total (n=249)	***47.8***	***20.1***	***1.6***	***9.6***	***20.9***