

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
1 st	ADMARC	1.06
2 nd	Health Centre	0.84
3 rd	District Hospital	0.76
4 th	Police Service	0.64
5 th	Extension Service	0.20
6 th	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 advertisements³⁰ 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

