

# RESEARCH ON POVERTY ALLEVIATION POLICY AND SERVICE SATISFACTION SURVEY

## MAIN RESULTS

### 1.0 SUMMARY OF SURVEY RESULTS

THE POLICY AND SERVICE SATISFACTION SURVEY (PSSS) investigates public knowledge and perceptions of the Government of Tanzania's **Poverty Reduction Strategy (PRS)** and other policy initiatives. PSSS also documents people's views on the **availability, quality and cost** of basic social and economic services under PRS. PSSS surveyed 3,002 households in seven Tanzanian mainland regions. In total, 665 households were sampled in Dar es Salaam urban wards, 467 in urban wards in the other six regions, and 1,870 households in rural wards. The survey took place in August-September 2003. Regions were sampled using the poverty profiles from the **Poverty and Human Development Report 2002**. **Dar es Salaam, Kilimanjaro and Mbeya Regions** were chosen from the top of the rankings, **Singida and Mara** from the middle, and **Rukwa and Lindi** from the bottom. This report summarises the main PSSS results from the household survey and focus groups held in these research sites. The information presented is disaggregated by locality - Dar es Salaam, other towns and rural areas – and by the sex of head of household. The report is descriptive. Further analysis will try to explain the perceptions and opinions of respondents on the basis of the distribution of welfare and poverty levels between households.

### 1.1 Household consumption and welfare

ABOUT **two-thirds** of interviewees perceive a decline in the availability of well-paid employment during the last five years, a **deterioration** in the **working conditions** of ordinary people, and a **widening of the gap between rich and poor**. Over half the heads of household interviewed claim they and their families are **currently worse off** than last year or three years ago. **Less than a third** of household heads are **satisfied with household income**. This pattern holds true for both men and women and for urban and rural areas. **Eighteen percent** of female household heads has experienced **difficulty feeding their families** in the last twelve months, and **15 percent** of male household heads.

The major problems encountered by sample households during the last twelve months are: the **price of food**, mentioned by **65 percent** of respondents, the **cost of other basic goods (60 percent)**, the **cost of healthcare** and the **effects of drought (55 percent)** and **unemployment (50 percent)**. Medical costs are cited more

#### Box 1

'Wells dry up totally. The water fails to reach the standard for human consumption.' 'The major donors are the Roman Catholic, Seventh Day Adventist churches and other NGOs. We don't see the contribution of the government...' Focus Group, Mbeya Rural District, September 2003

frequently in rural areas, lack of work is more serious in Dar es Salaam.

This year's drought has had much greater impact in rural than urban areas. **Three out of five** rural respondents declare that the impact of drought on crops and livestock constitutes a major problem, and domestic water supply has been similarly hard hit.

**Box 2**

‘Something must be done in this area [Kilimanjaro], otherwise there is a time-bomb of poverty which will even cause a lot of chaos in other places of the country as young men leave their homes for ‘greener pastures.’

Focus Group, Rombo District,  
Kilimanjaro Region, September 2003

**Sickness in the household** is a major problem for over a third of households. A further third of households consider **crime and theft** major problems, with Dar es Salaam (38 percent) above the sample average. In contrast, relatively **few respondents** (22 percent) complain about the **cost of basic education**. Environmental pollution is much more of a problem in Dar es Salaam (38 percent) than elsewhere, as is the cost of house rent (31 percent). Harassment by tax collectors and local government officials affects 15 and 10 percent of households respectively, evenly spread across urban and rural areas, and between men and women.

## **1.2 Public knowledge of PRS and other policies**

VIRTUALLY all respondents (**97 percent**) are aware of the government's **HIV-AIDS policy**, **87 percent** know of the government's **anti-corruption** policies, and two-thirds or more have heard of policies in thirteen other sectors. Besides HIV-AIDS, priority PRS sectors rank as follows: **education** (third best known policy), **health** (fourth), **agriculture** (seventh), **roads** (thirteenth), and **law and order** (fifteenth). The PRS itself ranks only ninth in terms of the level of popular knowledge. More rural respondents are knowledgeable about policies that affect them directly, including **agriculture, local government reform, and rural roads**, but they are also as knowledgeable as their urban neighbours about the PRS. More Dar es Salaam respondents know about **privatisation** policy than others. With very few exceptions, women are less informed about policy issues than men, and the knowledge gap is generally greater in rural areas.

**Radio** is by far the most important source of information on all key policies, followed by **word of mouth, newspapers, television** and **service delivery points** such as schools and health facilities. Word of mouth is a much more common source of information in rural than in urban areas, and newspapers and television are more common in urban areas.

Although respondents have generally heard about official policies in various sectors, they are much less likely to be aware of the content of these policies. About half the sample can correctly identify the content of **privatisation, popular participation** and **crop marketing policies**. Moreover, although almost every respondent has seen government AIDS posters, very few know how to lodge an official complaint, or have ever seen a local authority budget or statement of accounts.

### 1.3 Participation

More than half the sample profess to **membership of political parties**. Overall, political party membership is stronger in rural than in urban areas, as is participation in local government, planning, and sector committee membership. **More than a quarter** of rural households have members who are or have been **village, ward or district councillors**, and almost as many have been involved in **preparing a village or ward plan**.

Nearly **a quarter** of all female household heads or other females in these households are members of **women's economic groups**. However, *upatu* (revolving fund) membership is much more common in urban than in rural areas. **Very few** respondents are members of community-based development organisations, primary cooperatives or farmers' associations.

### 1.4 Perceptions of policy performance

**NINE OUT OF TEN** respondents rate the **performance of President Mkapa** as 'very good' or 'quite good'. Performance ratings for **central government and local government are 83 and 78 percent** respectively. Out of a list of ten official, private and civil society actors, only **large foreign companies** fail to obtain a majority of public approval. These formal endorsements of the performance of the state do not prevent respondents from being highly critical of government in regard to the impact of particular policies. For example, **nine out of ten** respondents think that **economic reforms** have **benefited a minority** of Tanzanians and life is equally or more difficult for the majority. Only one in ten think that reforms have benefited all Tanzanians more or less equally. **Seventy percent** of respondents said **the gap between rich and poor is widening**. More respondents think the government is not committed to fighting poverty and corruption than think it is; **more than half** the sample **think corruption is on the increase**, less than a third think it is declining. One in five Dar es Salaam households claims to have been asked to pay a bribe by a policeman in the last twelve months.

### 1.5 Satisfaction with social and economic services

#### 1.5.1 Basic education

##### Box 3

'Nyireberejela primary school has 9 teachers and 560 pupils... 120 lessons per week for each teacher.' 'The government should provide conducive environment for teachers to work in rural areas. Focus Group, Isenye, Serengeti District, Mara Region, September 2003

People are generally pleased with the **abolition of school fees** and the expansion of enrollments under the Primary Education Development Programme (PEDP). Large majorities of interviewees across the country note improvements in the **quality of school buildings**, a **fall in the cost of schooling**, and an **increase in the number of classrooms**. Yet over a quarter of respondents (28 percent) know of people who cannot afford to send their children to school because of poverty, and in Dar es Salaam one respondent in five knows 'a lot of people' whose children do not go to school for this reason. Forty to forty-seven percent of respondents identify **lack of clean water**, **poor**

**examination results, shortages of teachers and textbook, and large classes** as major problems facing basic education.

The main improvements noted since PEDP began are **better school buildings and a fall in the cost of schooling**. Extra classrooms have been built and more desks procured. These improvements are noted in both urban and rural contexts, but are generally less in evidence for female-headed households. There are more clean toilets than before. In Dar es Salaam, teachers' housing has improved significantly.

**Box 4**

'Schools here in the town have very good development in academic quality, buildings and teachers. The big problem is with rural schools where parental participation policy is not fulfilled.'

Focus Group, Rungwe District,  
Mbeya Region, September 2003

No major improvements were noted in teachers' performance, the availability of textbooks, or clean water. When asked what the government should do to improve the education system, **over 90 percent said providing more textbooks** is 'very important.'

### 1.5.2 Basic healthcare

There is little evidence that major improvements have taken place in healthcare comparable to the impact of PEDP on education, despite enhanced spending in the sector. Respondents do not consider the cost-sharing policy pro-poor, and cost-sharing in health contrasts starkly in its impact with the abolition of school fees.

**Box 5**

'Social services ... are generally better here in town.' 'A person who pays for health services gets the power to question accurate use of health finances.' 'In order to reach the targets of health policy, the government should remove health charges to poor families.' 'The current approach is taking poor people to their graves, and helps the affluent only.'

Focus Groups, Mbeya Urban District,  
Mbeya Region, September 2003

Over **four fifths** of households **use government** rather than private or faith-based **health facilities**. More than a third of respondents identify sickness as a major household problem that occurred during the previous twelve months. The cost of treatment is the third most acute household problem reported, affecting over half of all households. **Three-quarters** of respondents thought that the **cost of healthcare had increased** in recent years.

**Two-fifths** of respondents know people who have been **refused medical treatment**, over a quarter know 'a lot of people'. The pattern is quite consistent across the country, with female household heads more likely to report that they know a lot of people who have been refused treatment. In 89 percent of cases, people were refused treatment through lack of cash to pay for drugs and supplies, 56 percent the consultation fee, and 23 percent unofficial payments to health workers.

The **availability of drugs** is a major problem to nearly **two-fifths** of sample households, and 28-29 percent complain about the distance to the facility and the time they wait to be served. The main problems identified generally affect female-headed more than male-headed households, as does the availability of maternity services. Time and distance to the health facility constitute a major problem for a third of rural households, less than a fifth in urban settings. The availability of maternity and

immunization services, the politeness of health staff and cleanliness of health facilities are not mentioned as problems by significant numbers of respondents.

Time/distance to reach the health facility has improved in a quarter of cases, and worsened in only five percent. Waiting time has also improved in a quarter of cases, but deteriorated in almost a fifth. There are no significant urban-rural or gender-related patterns to the above. Half the respondents think that facilities are cleaner than previously, but relatively few see improvements in other aspects of service delivery.

**Box 6**

‘Dispensaries and hospitals are sufficient.’ ‘We’ve been told that each family should contribute ten thousands annually for treatment... how many will manage given the difficult situation we have here in town.’

Focus Group, Bunda District,  
Mara Region, September 2003

### **1.5.3 HIV/AIDS**

Well over half the sample thinks President Mkapa exhibits **strong leadership** in the fight against AIDS. More men than women and more rural than urban residents express this view. Slightly fewer interviewees think that religious leaders exhibit strong leadership. Two fifths of respondents think that other government leaders show strong leadership qualities, and slightly more think the same for the Ministry of Health.

**Box 7**

‘People’s understanding of HIV/AIDS is minimal.’ ‘The contribution by the government is still very small.’

Focus Groups,  
Chunya and Mbozi Districts,  
Mbeya Region, September 2003.

Two out of five respondents are aware of government counselling services in their area, nearly three-quarters of the ‘other urban’ sub-sample. Over a third know of government blood screening services - three-quarters in other urban areas - and the distribution of condoms. Slightly fewer know of in-patient services for AIDS patients. Less than one in ten respondents knows of home-based care and community

outreach services. With the exception of home-based care, respondents express lower levels of knowledge concerning AIDS-related services provided by the private sector, religious and voluntary agencies.

### **1.5.4 Domestic water supply**

**Two out of five** respondents complain about **breakdowns** in water supply; for half the Dar es Salaam interviewees this constitutes a ‘major problem’. A further two out of five rural respondents highlight **dirty and untreated water**, and a third complain about the **distance** to the nearest water source. The cost of water is a major problem for two-fifths of Dar es Salaam householders.

**Box 8**

‘The problem of water in the village is left to donors, the government has abandoned.’

Focus Group, Chunya  
District, Mbeya Region,  
September 2003

Nearly a **quarter** of all household heads say **water quality is improving**, nearly one in five (**18 percent**) say it is **getting worse**. A fifth say water availability is improving, another fifth that it is deteriorating. Water is getting **cheaper for 14 percent** of the sample, but getting **more expensive for 21 percent**. A fifth of rural households say water quality is improving and a fifth say it is getting worse. By contrast, almost three times as many ‘other town’ respondents say quality is improving as opposed to getting

worse (33 versus 12 percent). The availability of water has deteriorated for 22 percent of Dar es Salaam residents, for 17 percent in other towns, and 23 percent in rural areas. In the last three years the cost of domestic water has increased for 38 percent of Dar respondents, 26 percent of other urban and 13 percent of rural respondents.

Nearly half the sample respondents think the government (that is, the state) should own and manage domestic water supplies. Over a quarter think ownership should be separated from management, with the private sector playing the latter role. Only fifteen percent think ownership and management should be in private hands.

### **1.5.5 Roads**

Over a **third (35 percent)** of respondents see **improvements**, and **43 percent** see **no change** in the **state of local roads**, with **23 percent identifying a deterioration**. Dar es Salaam respondents are more likely to identify improvements than other urban and (especially) rural respondents. Rural respondents are the most likely to identify **deterioration** in the state of the local roads infrastructure (24 percent).

**Box 9**

‘Donor assistance from USAID does a great job. If the government uses donors efficiently in the rural areas we will advance. Funds for roads are only squandered. Building a bridge that is washed away by the first rains is reckless of the district engineers.’  
Focus Group, Ileje District, Mbeya Region,  
September 2003

Overall, 27-29 percent of respondents perceive improvements in access to the local primary school, the health facility and the nearest market. Dar es Salaam seems to have improved more in terms of access than other towns and (especially) rural areas. Twelve,

16, and 17 percent of respondents perceived a deterioration in access to schools, health facilities and markets. For rural respondents the figures are 16, 21, and 22 percent respectively. Twenty-eight percent of rural respondents claimed that rainy season passability of local roads has deteriorated over three years, compared to only a quarter noting improvements. There is no significant gender dimension to these patterns.

### **1.5.6 Agriculture**

**Drought and farm inputs issues** are major concerns for both male- and female-headed households. Farmers complain about the price, appropriateness and the availability of **inputs**, suggesting serious market imperfections. **Low prices for cash crops** are another major concern for both male and female farmers. The above are considered problems by **70-86 percent** of farmers.

**Box 10**

‘Reduction in land fertility, increase in population and drought have contributed to food

crops are disheartening.’  
Focus Group, Rungwe District, Mbeya Region  
September 2003

About **two-thirds** complain about the condition of the **roads**, lack of **extension advice**, and crop losses through **pests, diseases** and **wild animals**. Small majorities also complained about **distances to markets** and **transport costs**, and lack of market information. Soil fertility is a problem for half the sub-sample. There are no major gender differences or trends concerning these problems.

Between a third and two-fifths of respondents complained about crime, theft and corruption; farmers' association and cooperative society and union problems; crop boards; and land shortages. Lastly, **only a few farmers complained about cesses, taxes, and deductions and local government controls.**

Farmers were asked to assess trends in the **cost and availability of inputs and credit, prices for crops and livestock, and the performance of a range of institutions.** With the exception of local taxes and cesses, farmers gave **overwhelmingly negative appraisals of these trends.** Most farmers criticise the performance of crop boards and cooperative unions. Only 15 percent of male and 12 percent of female-headed rural households received agricultural extension advice during the last year.

Farmers were asked which marketing system they favoured. **One third** favour a mixed co-operative and private marketing arrangement and **the same proportion** a purely private marketing system. **A quarter favour a co-operative marketing monopoly,** and one in ten have no preference one way or the other.

<b>1.6</b>	<b>Conclusions from PSSS</b>
------------	------------------------------

THE MAJORITY OF interviewees rate the performance of President Mkapa and his government, including local government authorities, as good. Yet, when questioned on the impact of government policies and trends in service provision under the PRS, interviewees expressed frank and often highly unflattering views on government performance.

The majority of respondents think that only a few Tanzanians are benefiting from the on-going economic reforms favouring market liberalisation, privatisation, foreign investment and export promotion that constitute the strategic core of the government's anti-poverty efforts. Many respondents are sceptical of the official commitment to fighting poverty and reducing corruption, and think the level of official corruption is increasing, particularly in Dar es Salaam. Householders see remunerative employment opportunities falling and are neither aware nor appreciative of low inflation.

On the positive side, **basic education policy** and PEDP receive a largely positive public endorsement. Although there is some evidence from the survey that the children of the very poor are still excluded from schooling, most of the problems identified by respondents are at least in part associated with rapid growth: poor examination performance, lack of teachers (particularly in rural areas), large classes and shortages of textbooks. Yet we have to admit that these problems were already present before PEDP and are not reducible to a simple lack of resources. For example, the shortage of textbooks and other materials reported in PSSS and earlier surveys leads one to question the efficiency and effectiveness of the government's procurement and distribution systems, which is heavily donor supported.

While some additional educational resources seem to be reaching the grass-roots, and some community mobilisation has taken place, PSSS does not detect any similar improvements in **healthcare.** More poor people are refused health services through inability to pay than are refused educational opportunities. In the context of continued widespread poverty described by PSSS and other recent surveys, it is difficult to see how the **policy of extending the cost-sharing principle to the dispensary level can**

**be defended.** Consistency requires that policy concerning the most vital social service should be ‘pro-poor’. Research suggests that the most effective way of ‘targeting’ the poor is to abolish user charges for health, not to extend them to the first level services used more by the poor than the non-poor. We have insufficient evidence from PSSS to draw firm conclusions on the effectiveness of TACAIDS and the government’s strategy to combat **HIV/AIDS**.

The third big spending priority sector – **road building, repair and maintenance** – shows **mixed results** from the point of view of poverty reduction. Dar es Salaam and other urban respondents note progress in the quality of roads and the improved communications that result. Given the huge investments required to upgrade the rural roads system, it is perhaps not surprising that the responses of the rural sub-sample reveal a much less substantial improvement in the sector. However, growing evidence of the misuse of Roads Fund monies allocated to districts suggests that limited resources in relation to needs is not the only explanation for the perceived lack of improvements in rural communications. Also, local authorities could do much more to improve communications by mobilising communities to work on low-cost, labour-intensive roads programmes.

**Domestic water supply** is a very important ‘pro-poor’ sector, but progress in assuring a reliable supply of clean water is mixed. Though water consumers in urban areas other than Dar es Salaam have enjoyed some improvements in supply in recent years, constant breakdowns remain the order of the day, particularly in Dar. The main policy issues are privatisation and the continued dominant role of donors in water supply. While there is little action in rural areas without donors, the privatisation of Dar es Salaam’s water supply is the subject of hot debate. The public is not in favour of outright privatisation, though there is widespread support for private water management, particularly in Dar es Salaam.

The responses from the rural sub-sample on **agricultural and livestock** issues are uniformly depressing, with the majority of poverty reduction indicators apparently headed in the wrong direction. Almost all respondents complain of rising input prices, and the cost and availability of credit. Large numbers complain of low prices for their produce, and deteriorating performance by crop boards, cooperatives, extension workers, and private buyers. They complain of lack of market information. One of the few bright spots is the **removal of certain locally collected taxes** as a result of the 2003-04 budget.

Although drought has made things worse in the short-term, the underlying problems facing the rural economy remain chronic and unresolved. Though there are still some expressions of nostalgia for the co-operative monopoly marketing model, a large majority of farmers support a mixed or a private-sector dominated marketing system. For the moment, the critical responses on farm inputs, credit, producer prices and other important issues affecting rural livelihoods lead us to conclude that neither the government nor the private sector is performing its respective roles to the advantage of the producers.

In the absence of a dynamic rural economy, we cannot expect poverty reducing efforts in service delivery under the PRS to deliver sustainable benefits. Palliative targeting



**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

---

of social service provision in a context of stagnant or declining livelihoods for the majority is not a sustainable option.

This preliminary report of PSSS findings suggests that the benefits of PRS sectoral spending are accruing disproportionately to the urban population, and Dar es Salaam in particular. Further analysis is required to understand the impact of the PRS on different income groups across urban and rural research sites.

While female household heads seem on average less well-informed on PRS and related policy issues than male household heads, there is little evidence from PSSS that there are major gender-related differences that would help explain the perceptions and opinions presented in this report. Again, further analysis will help us better understand the gender dimension of anti-poverty policy implementation.

PSSS leaves key questions unanswered. Nine out of ten respondents think President Mkapa's performance has been 'very good' or 'quite good' and performance ratings for central and local government are almost as high. At the same time, eighty-eight percent of respondents think that a minority of Tanzanians have benefited from the government's economic reforms while the majority are as badly off or worse off than before. The unanswered question is therefore: who do Tanzanians hold responsible for their *perceived* deepening poverty if not the government and its policies, its lack of commitment to the poor, and increasing corruption? PSSS did not ask this question.

<b>2.0</b>	<b>INTRODUCTION</b>
------------	---------------------

TANZANIA IS IN the third year of implementing its Poverty Reduction Strategy (PRS). The PRS builds on macro-economic stabilisation and growth policies that have been in place for some years. These policies provide a sound basis for renewed efforts to promote social development through enhanced spending in priority sectors. Debt relief under the Heavily Indebted Poor Country (HIPC) initiative has triggered substantial additional aid flows that have been channelled to priority sectors. How have macro-economic and social sector policies affected the population of Tanzania, particularly the majority poor in whose name they are formulated and implemented? How are policies perceived and understood by the population? Have services improved as a result of additional funding?

In 2002, the Poverty Eradication Division in the Vice President's Office launched the idea of conducting a nationwide household survey to investigate these crucial issues. As a result, the Research and Analysis Working Group (RAWG) - which is also part of the monitoring system for the PRS - commissioned REPOA to undertake a Policy and Service Satisfaction Survey (PSSS). The PSSS examines public perceptions of the PRS and the quality of basic social and economic services. This report summarises the main findings. Further analysis will explore relationships between household characteristics – welfare, assets ownership, livelihoods – and the knowledge, perceptions and opinions reported below.

**Section 3** outlines the PSSS methodology. **Section 4** contains an overview of the current welfare status of households and the problems they experience. The main findings on general policy issues are in **Section 5**, and the six basic 'pro-poor' priority services that comprise the second major focus of the study are in **Sections 6.1-6.6**. The **conclusions** of the study are in the summary.

**3.0 METHODOLOGY**

THE core components of the PSSS are a household questionnaire and focus groups administered in seven mainland<sup>1</sup> regions: Dar es Salaam, Kilimanjaro, Mbeya, Singida, Mara, Lindi and Rukwa. The first three regions are at the top of the national human development index, the next two in the middle, and the last two at the bottom. Urban and rural wards were randomly sampled in the seven regions in proportion to population, giving 78 urban and 184 rural wards. Twenty households were selected per ward in Dar es Salaam, and ten in other research sites. The final sample consists of Dar es Salaam urban wards (n=665 households), ‘other towns’ wards (n=467)<sup>2</sup> and rural (n=1,870), giving a total sample of 3,002 households. The results presented in the report are disaggregated into these three categories.<sup>3</sup> **Figure 1** summarises the selection of research sites.

**Figure 1: PSSS enumeration areas**

Region	Urban		Rural		Total	
	Wards	Q'aires	Wards	Q'aires	Wards	Q'aires
Dar es Salaam	33	665	3	57	36	722
Kilimanjaro	10	100	30	300	40	400
Mbeya	15	168	43	433	58	601
Singida	5	50	27	270	32	320
Mara	6	60	34	340	40	400
Lindi	4	40	19	190	23	230
Rukwa	5	49	28	280	33	329
<b>Sample</b>	<b>78</b>	<b>1132</b>	<b>184</b>	<b>1870</b>	<b>262</b>	<b>3002</b>

Dar es Salaam was over-sampled in order to obtain a reasonable sub-sample for purposes of subsequent analysis. The ‘Tanzania mainland’ figures in the text tables are weighted to compensate for this bias and the under-representation of the rural sub-sample. Differences between the unweighted and weighted results are generally not statistically significant. While the national figures presented are probably reasonable approximations of the ‘real’ Tanzania mainland picture, it is likely that sampling biases in the sub-populations under-represent the views of the poorest households, which are characterised by geographical and social isolation.

The household survey is the basic building block of the PSSS. Fieldworkers ran focus groups in selected research sites to complement the survey’s quantitative findings.<sup>4</sup> Semi-structured interviews with local government officials and service providers were

<sup>1</sup> Zanzibar has its own poverty reduction initiative.

<sup>2</sup> A total of 45 urban wards were sampled in the six regions from the following urban districts: Sumbawanga and Mpanda (Rukwa Region), Lindi and Nachingwea (Lindi Region), Tarime and Musoma (Mara Region), Singida (Singida Region), Mbeya and Rungwe (Mbeya Region), Moshi and Same (Kilimanjaro Region).

<sup>3</sup> The basis for sampling is the 2002 *National Population and Housing Census*, GOT, 2002. The HDI is reported in GOT (2002). *Poverty and Human Development Report*, Mkuki na Nyota Publishers, Dar es Salaam.

<sup>4</sup> The PSSS research teams held Focus Group discussions in Mbeya, Kilimanjaro, Mara and Singida Regions.

a third source of information. Finally, fieldworkers were requested to take photographs to illustrate the main service delivery themes of the survey. This report presents the main survey and focus group findings.

## 4.0 ASSETS, CONSUMPTION AND WELFARE

**SECTION 4.1** summarises the main demographic and occupational characteristics of sample households. **Section 4.2** summarises living conditions and assets owned by households. **Section 4.3** looks at household consumption and welfare status across the sample sites.

### 4.1 Household characteristics

HERE we describe the sample, partially summarised in **Table 4.1.1**. Sample households are distributed as follows: rural 1,869 (62%), Dar es Salaam 664 (22%), and other urban areas (16%).<sup>5</sup> Household size varied from 4.2 (Dar es Salaam female-headed households) to 5.5 (male-headed rural households) with a weighted sample average of 5.3.<sup>6</sup> Dependency ratios range from a low of 0.64 (Dar male-headed households) to 1.18 (rural female-headed households). Eighty-three percent of sample households are male-headed.<sup>7</sup> Three-quarters of household heads completed primary school and almost all (93%) are literate. Nearly two-thirds of sample household heads are Christian, one third Muslim.

#### 4.1.1 Characteristics of sample households<sup>8</sup>

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Household size	4.9	4.2	4.8	5.1	4.2	4.9	5.5	4.5	5.4	5.4	4.5	5.3
Dependency ratio	0.64	0.74	0.7	0.83	1.02	0.9	0.9	1.18	0.9	0.9	1.1	0.9
Household male-headed	-	-	80	-	-	77	-	-	89	-	-	85
Head married	91	19	77	93	16	75	94	17	85	93	17	83
Head literate	98	86	95	94	81	91	94	81	92	94	82	93
Head complete primary	81	72	79	76	62	73	76	59	74	77	61	74
Qs 1.101-10, 1.1.11, 1.1.41, 1.1.51, 1.1.71, 1.7.2												

Farmers and livestock keepers make up 62 percent of sample heads of household (**Table 4.1.2**). A further fifth are in the informal sector as employees, employers or own-account workers, and eleven percent work in the government and the formal sector. Women are more concentrated in the informal sector than men, and men in agriculture.

<sup>5</sup> See **Appendix 1** for a breakdown of the regional and urban/rural distribution of the sample.

<sup>6</sup> This is slightly higher than the census figure of 4.9. Dar es Salaam is also slightly bigger (4.8 versus 4.2).

<sup>7</sup> This is significantly higher than the national average.

<sup>8</sup> All tables present results by location (Dar, other towns, rural, Tanzania mainland) and by the sex of head of household. The numbers in the boxes are the percentage of respondents giving the response indicated. Questions are closed unless stated otherwise. The results for Tanzania mainland have been weighted. The bottom row cites the question number, the question, the range of responses (where required) and the response reported in the table, in quotes. All tables are from computed survey results. Percentages sometimes sum to +/- 100%, but not always; tables that do not sum to 100% summarise answers to a number of related questions.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**Figure 2: Household per capita (USD equivalent)**

	Male	Female	Total
Dar es Salaam	\$338	\$270	\$324
Other towns	\$204	\$126	\$186
<b>Rural areas</b>	\$97	\$97	\$97
<b>Tanzania mainland</b>	\$162	\$154	\$161

Q 1.6.1 Based on estimate of pre-tax household income from all sources including remittances, excluding subsistence.

PSSS obtained a rough estimate of household income from all sources by asking household heads to indicate the range within which household income lies (Fig 2).<sup>9</sup>

The rural estimate is likely to be a more or less serious under-approximation since it does not monetise subsistence consumption.

#### 4.1.2 Main source of household income

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Agriculture/livestock	7	3	7	14	16	14	72	63	71	64	50	62
Own ac/alone	26	24	21	19	25	21	6	8	7	8	12	9
Employee informal	20	32	23	22	25	23	6	10	7	8	15	9
Government	15	11	14	17	5	14	7	7	7	9	7	8
Remittances	3	10	3	2	7	3	2	6	2	2	7	3
Employee formal	12	3	9	10	5	9	2	1	2	3	2	3
Own ac/employees	7	5	5	6	3	5	2	1	2	2	2	2
Retired/disabled	6	3	5	5	4	5	1	2	1	2	2	2
Church/NGO	2	1	3	4	2	3	1	0	1	1	1	1
Unemployed	2	3	2	1	4	1	0	0	0	0	1	0
Domestic work	0	5	2	1	5	1	0	0	0	0	1	0
Total	101	101	101	101	101	99	99	98	100	99	100	99

Q 1.1.81

## 4.2 Household living conditions and assets

WHAT kind of housing conditions do people live in and what assets do they possess? About half Dar es Salaam and other urban households own the house they live in, compared to a large majority of rural households (Table 4.2.1). The number of rooms per house is similar across sample locations. Nine out of ten Dar es Salaam sample households live in iron roofed houses, ninety-four percent in other towns, and three-fifths in rural areas. A third of rural households live in houses with thatched roofs. Three in five sample households have mud or earth floors, two-thirds in rural areas. Half the rural houses have walls made of mud and wattle; most Dar es Salaam houses are made of concrete blocks or bricks. Up to two fifths of urban households have a piped water supply into their compound or their house, most rural households collect water outside their compound.<sup>10</sup> Flush toilets and improved pit latrines are the norm in urban areas, and unimproved pit latrines in rural areas. Most urban households cook with charcoal, and most rural households with firewood. Half the non-Dar es Salaam urban households and the large majority of rural households use paraffin lamps for lighting, compared to a third in Dar es Salaam, where electric lighting is more common.

<sup>9</sup> The national figures are unweighted.

<sup>10</sup> Section 6.4 examines water supply issues.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**4.2.1 Housing conditions**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Owns home	47	52	47	53	48	51	86	82	86	81	74	80
Number of rooms	3.3	3.2	3.3	3.3	2.9	3.2	3.4	3.0	3.3	3.3	3.0	3.3
Roof: thatch/grass	2	3	2	6	6	6	33	35	33	29	28	29
Floor: mud/earth	10	15	11	27	33	28	67	64	67	60	54	60
Walls: poles/mud	6	8	6	25	31	27	49	47	49	44	41	44
Water: in house/plot	34	29	33	40	35	38	13	13	13	16	18	16
Toilet: flush/improved	73	66	71	65	72	67	43	41	43	47	48	47
Cook with firewood	8	6	8	28	27	28	84	77	83	75	62	73
Paraffin lamp lighting	30	31	31	48	54	49	89	87	88	82	77	81
Questions 1.2.04, 1.2.05, 1.2.03, 1.2.01, 1.2.02, 5.2, 1.2.06, 1.2.07												

Respondents were asked to indicate whether they owned a number of household durable goods and other assets. The results are in **Table 4.2.2**.

**4.2.2 Household assets ownership**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
<b>Paraffin lamp</b>	84	87	84	90	95	91	99	99	99	97	97	97
Table	88	90	89	94	83	92	81	78	80	82	80	82
Radio	88	72	85	86	72	83	83	66	81	84	67	82
Watch	80	69	78	76	53	71	59	47	58	62	50	60
Bed-net	89	86	88	74	72	74	46	51	46	51	58	52
Bicycle	25	9	22	39	16	33	49	18	46	47	17	43
Sofa	55	49	54	52	44	50	20	19	20	25	26	25
Phone	38	28	36	20	12	18	5	2	5	8	7	8
Motor vehicle	14	5	12	6	2	5	2	2	2	3	3	3
Motorcycle	5	2	5	3	0	3	3	0	2	3	1	3
Qs 1.3.01-10												

Large majorities of households across all research sites own paraffin lamps, tables, radios and watches. With the exception of bed-nets, female-headed households tend to own fewer assets than male-headed households, radios and bicycles in particular.

It is quite clear from the above description of the sample that relatively better-off households are over-represented in both urban and rural districts. For example, it is highly unlikely that over a third of Dar es Salaam households own a telephone, or that two-thirds of rural houses have non-thatched roofs.

It is worth remembering this sampling bias when interpreting the opinions and perceptions of sample respondents presented in the following sections. At least two interpretations could be given to the opinions expressed. First, we could argue that if poorer households are under-represented in the sample, then the opinions expressed are likely to present an ‘over-rosy’ view of government performance in policy implementation and service delivery. Alternatively, we might argue that the not-so-badly-off are more likely than the very poor to express dissatisfaction with government performance. People with low expectations are very likely to be less

critical than people with high expectations.<sup>11</sup> We return to these issues in our conclusions. The following section summarises household consumption and welfare. Given the sampling bias discussed above, the figures are likely to *under-report* actual levels of deprivation and poverty.

### 4.3 Household consumption and welfare

PSSS does not attempt to measure income or consumption directly. Respondents were asked to indicate the range within which total household income falls (**Figure 2** above). Per capita income in Dar es Salaam is \$324, in other towns \$186 and in rural areas \$97. Since subsistence consumption is not included, the rural figure is likely to be a considerable under-estimate of real per capita income. Given that the sample is more or less biased away from the poorest of the poor, the urban incomes also appear to be on the low side, suggesting underreporting.

**Table 4.3.1** gives a summary of food consumption, food security and trends in household income. Meat, fish and milk consumption follow predictable patterns across locations, with no dramatic urban-rural or gender-related inequalities. The number of meals per day is pretty constant across sub-samples. Fifteen percent of household heads always or often experienced difficulties in feeding the family during the previous twelve months, with slightly more female-headed households facing this problem, particularly in towns other than Dar es Salaam.

#### 4.3.1: Household consumption and welfare

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Ate meat in previous week (n)	2.2	1.9	2.1	1.9	1.6	1.8	1.4	1.2	1.4	1.4	1.5	1.4
Ate fish in previous week (n)	2.5	2.2	2.5	2.6	2.2	2.5	2.2	2.3	2.2	2.3	2.2	2.3
Drank milk in previous week (n)	2.0	1.9	2.0	2.0	1.7	1.9	2.0	1.7	1.9	2.0	1.8	1.9
Number of meals per day (n)	2.8	2.7	2.8	2.8	2.6	2.7	2.6	2.5	2.6	2.6	2.6	2.6
Difficulty feeding household last year*	15	15	15	14	25	16	15	17	15	15	18	15
Satisfied with household income**	37	32	36	32	33	33	28	25	27	29	27	29
Head satisfied with job**	38	32	37	40	27	37	33	31	33	34	30	33
Household worse off than last year <sup>o</sup>	49	48	49	44	58	47	53	58	53	52	57	52
Household worse off than 3 years ago <sup>o</sup>	50	46	49	45	60	48	53	62	54	53	60	54
HH head worse off than last year <sup>o</sup>	50	48	49	43	57	46	55	58	55	53	57	54
HH head worse off than 3 years ago <sup>o</sup>	50	45	49	44	57	47	54	61	55	53	58	54

Qs 1.3.11-15, 1.4.16-21  
 Responses: \* 'always' or 'often'; \*\* 'very' or 'quite'; <sup>o</sup> 'worse off' or 'much worse off'.

Less than a third of household heads are satisfied with household income. Men and women are equally dissatisfied. A similar proportion of respondents is dissatisfied with his or her job, with women less satisfied than men. Over half the respondents declared themselves and their household to be worse off than a year ago, and three years ago. Two-thirds of all respondents thought the availability of well-paid jobs has declined in the last five years.<sup>12</sup> Drought could explain a certain amount of the reported decline in family fortunes over the last twelve months in rural areas, but not the reported decline over three-five years.

<sup>11</sup> The very poor are the least likely to access government services of all kinds, and may be more reluctant than other respondents to express an opinion.

<sup>12</sup> Responses to Q2.3.15.

### Two faces of urban poverty in Singida

**Box 11**

‘Drought ... abject poverty ... The majority of local people are really poor. Elderly women are marginalised in the society and if they are widows they are almost condemned to die... A good number of beggars are seen in almost every street in the town.’  
 FG Manyoni District, Singida Region, 7 September, 2003

**Box 12**

‘We have so many young people loitering in the streets and these are not from other regions but are our own children – unless we do something we shall be a breeding place for robbers and thieves.’

FG Singida Urban District , Singida Region, 2 September 2003

A further set of questions explored household problems experienced during the previous year (**Table 4.3.2**). Two-thirds of respondents complained about the price of food, sixty percent about the price of other basic goods. Rural households complained more than urban. Men and women complained more or less equally. However, the price of food does not necessarily mean the same issue in urban and rural settings. Many farmers complain about farm gate prices being too low (**Section 6.6**), whereas for the urban population, food prices are considered too high.

#### 4.3.2: Problems experienced by households during the last twelve months

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Price of food	59	60	59	53	59	55	66	67	66	64	66	65
Price of other basic goods	56	53	56	51	57	52	61	63	61	60	61	60
Cost of medical treatment	51	51	51	51	59	53	56	56	56	55	56	55
Drought (water for household)	45	37	44	38	38	38	58	52	57	56	48	55
Drought (crops/ livestock)	25	17	23	28	27	28	61	54	60	56	46	55
Lack of work	58	62	59	50	59	52	49	48	49	50	51	50
Availability of firewood/charcoal	22	22	22	32	28	31	44	43	44	42	39	41
Sickness in the household	31	36	32	21	28	23	36	37	36	35	36	35
Crime, theft	37	40	38	30	27	29	34	35	34	34	35	34
Distance to markets & services	14	10	14	9	6	9	28	28	28	26	23	26
Cost of schooling	25	24	25	25	28	25	22	26	22	22	26	22
Pollution from solid waste/sanitation	38	37	38	24	20	23	18	20	18	19	22	20
Harassment by tax collectors	16	17	16	18	10	16	14	14	14	15	13	15
Cost of house rent	32	30	31	27	32	28	10	13	10	13	17	13
Harassment by LG officials	10	12	10	9	5	8	11	10	10	10	10	10
Percentage of respondents answering ‘major problem’.												

More than half of all respondents listed medical costs, lack of work, and drought as ‘major problems.’ Medical treatments costs were above average in rural areas, lack of work is more serious in Dar es Salaam. This year’s drought has had much greater impact in rural than urban areas. Three out of five rural respondents declared that the impact of drought on crops and livestock constituted a major problem, and domestic water supply is similarly hard hit in rural areas, as examined further in **Section 6.4**.

Twice as many rural as compared to Dar es Salaam respondents consider the availability of firewood and charcoal a major problem. A third of households consider security issues - crime and theft - a major problem, with the Dar es Salaam figure somewhat about the sample average. Sickness in the household is also a major



**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

---

problem for over a third of households.<sup>13</sup> In contrast to healthcare, relatively few respondents complain about the cost of basic education, as discussed further below. Pollution seems to be much more of a problem in Dar es Salaam than elsewhere, as does the cost of house rent. Finally, harassment by tax collectors and local government officials is quite evenly spread across regions, urban and rural areas, and between men and women.

The cost of food and other basic consumer goods, lack of work, and the cost of medical treatment are major concerns of sampled household heads. In rural areas in particular, the standard of living has received a serious shock from this year's drought, with two-fifths of rural households declaring that drought constituted a 'serious problem' for the maintenance of crops and livestock. In response to an open-ended question, thirteen percent of rural respondents cited drought as *the* major problem facing their household in the previous year.

---

<sup>13</sup> See **Section 6.2** for a further discussion of the cost of health care.

<b>5.0</b>	<b>PUBLIC POLICY: KNOWLEDGE, OPINIONS &amp; PARTICIPATION</b>
------------	---

**SECTION 5.1** documents the level and accuracy of public knowledge and sources of information concerning government policies and activities. We also investigate public access to information on specific local-level service delivery issues. **Section 5.2** documents public participation in decision-making processes. **Section 5.3** examines the public’s opinions on the impact of policies, particularly regarding poverty reduction and anti-corruption efforts, and the performance of various political and private sector actors.

<b>5.1 Knowledge of government strategies policies and activities</b>
---

HOW familiar are Tanzanians with government policies, including the Poverty Reduction Strategy and policies in priority sectors? Are they clear on the content of policies? Here we investigate these issues. **Table 5.1.1** lists respondents’ familiarity with a wide, though not exhaustive, range of government policies.

By far the best-known policy is HIV/AIDS (see **Section 6.6**) followed by the fight against corruption, which is discussed further below. Other priority PRS sectors known to respondents ranked third (education), fourth (health), seventh (agriculture), thirteenth (rural roads), and fifteenth (law and order). The PRS itself came only ninth in a list of

**5.1.1: Popular awareness of government policies**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
HIV/AIDS	97	94	97	98	90	96	98	93	98	98	93	97
Anti-corruption	91	88	90	87	83	86	88	75	86	88	77	87
Education	88	86	87	84	73	81	87	75	85	87	76	85
Health	88	84	88	81	77	80	85	75	84	85	76	84
Environment	87	84	87	82	76	80	84	75	83	84	76	83
Taxation	78	77	78	82	70	81	82	70	81	82	72	81
Agriculture	76	73	75	71	64	69	82	69	81	81	69	79
Privatisation	88	85	87	83	64	78	77	62	75	78	65	77
PRS	76	75	76	74	66	72	79	58	76	78	61	76
Water	82	82	82	68	69	69	68	67	76	76	69	76
Civic education	79	75	79	70	64	69	75	59	74	75	61	74
Local government	64	64	64	75	58	73	81	74	80	75	61	73
Rural roads	69	64	69	64	64	64	76	61	75	75	62	73
Land	62	72	76	62	62	62	72	61	70	71	63	70
Law and order	63	61	62	69	55	68	83	78	82	70	58	68

Qs 2.1.01-15. ‘Which government policies have you heard about?’ Percentage of respondents indicating they know about each policy.

fifteen policies and policy areas. Rural respondents were more knowledgeable than others in policies that affected them directly, including agriculture, local government reform, and rural roads, but it is worth noting that rural respondents are as knowledgeable as their urban neighbours about the PRS. Dar es Salaam households know more about privatisation than others. With very few exceptions, women are less informed about policy issues than men, and the gap is generally greater in rural areas.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

Overall, with even the least known policy (law and order) unfamiliar to only a third of all respondents, we can conclude that Tanzanians are very well aware of the main thrusts of public policy. However, further investigation leads us to conclude that householders are much less well informed on the details of sectoral policy, though again the picture is not homogeneous. Next, we look at where people are obtaining information on public policies.

Respondents who say they knew about the various policies were asked to indicate their principal source of information. **Table 5.1.2** summarises the results for the poverty-reduction priority sectors.

Radio is by far the major source of information on all key policies, followed by word of mouth and to various (small) degrees, newspapers, television and service delivery points such as schools and health facilities. Though radio is the key source of information on public policy across all research locations, word of mouth is a much more common source of information in rural than in urban areas, and the opposite is true for newspapers and television.

**5.1.2: Main source of information on PRS priority sectors<sup>14</sup>**

	Radio	Word of mouth	News-papers	TV	Service facility	NGO/ other	Total
<b>Education</b>							
DSM	70	8	9	12	1	0	100
Other towns	67	14	6	9	3	0	100
Rural areas	67	25	2	1	4	0	100
Mainland	68	20	4	5	3	0	100
<b>Healthcare</b>							
DSM	65	9	7	12	6	0	100
Other towns	66	13	5	9	8	0	100
Rural areas	63	21	3	1	12	0	100
Mainland	63	19	3	3	11	0	100
<b>HIV/AIDS</b>							
DSM	62	11	6	16	3	2	100
Other towns	76	10	2	9	3	0	100
Rural areas	73	19	2	1	4	1	100
Mainland	72	18	2	3	4	1	100
<b>Water</b>							
DSM	66	12	8	11	2	1	100
Other towns	63	20	5	7	5	0	100
Rural areas	64	29	2	1	4	1	100
Mainland	64	24	4	4	4	0	100
<b>Rural roads</b>							
DSM	67	14	8	10	0	0	100
Other towns	71	21	3	4	1	0	100
Rural areas	62	34	1	1	2	0	100
Mainland	63	32	2	2	2	0	100
<b>Agriculture</b>							
DSM	70	8	12	8	1	1	100
Other towns	75	12	5	6	2	0	100
Rural areas	69	24	2	1	3	0	100
Mainland	70	22	3	2	3	0	100
Qs2.1.01-15 'Which government policies and strategies have you heard about and where do you hear about them?'							

<sup>14</sup> Male and female household heads combined.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

PSSS asked respondents about their access to specific kinds of information on public policy. The results are summarised in **Table 5.1.3**.

**5.1.3: Access to information on public policies**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Posters on AIDS prevention	81	81	81	89	79	86	89	87	89	89	85	88
Guidance on reporting corruption/making a complaint	20	21	20	13	7	12	15	16	15	15	16	15
PEDP financial allocation	10	9	10	12	5	10	12	11	12	12	10	11
Local council budgets	5	5	5	1	0	1	4	4	4	4	4	4
Road fund allocations	5	2	4	5	1	4	2	2	2	3	2	3
Audited statement of council expenditure	4	2	4	1	0	1	3	3	3	3	2	3

Qs 2.1.16-21: 'Have you or another household member ever seen any of the following information posted in a public place, for example, district council offices, primary school, or government health facility?' 'Yes'.

Few respondents have not seen posters on AIDS prevention. One in five Dar respondents has learned how to report corruption or make a complaint against an official. Few have seen information concerning PEDP or local authorities spending, or the Road Fund.

Another set of questions investigated public knowledge of policies and opinions on policy options. Two 'knowledge' questions were posed as follows:

The government collects revenue from taxpayers and receives loans and grants from foreign donors. How much of total government revenue do you think is financed by aid agencies?<sup>15</sup>

According to the 2002 population census, how many Tanzanians are there?<sup>16</sup>

Respondents were also presented with paired statements concerning privatisation, market liberalisation, and popular participation and asked to say which better reflects government policy.<sup>17</sup> The options are as follows:<sup>18</sup>

'To keep the main industrial and commercial companies in government hands' *or*  
'To privatise all the main industrial and commercial companies.'

'Cooperative unions are to play the main role in export crop purchasing' *or*  
'The private sector is to play the major role in export crop purchasing.'

'Central government plans development activities which are implemented by regional and district authorities' *or*  
'Ordinary people are involved in development planning through a "bottom-up" approach.'

Finally, respondents were asked:

'During the last five years, have prices of the basic goods your household normally buys risen faster or slower than before?'<sup>19</sup>

<sup>15</sup>Options presented: 25%, 50%, 75% (50% is the correct answer).

<sup>16</sup> 15m, 25m, or 35m. 35m is the correct answer.

<sup>17</sup> The issue is not whether government is consistent in policy implementing but what the formal policy position consists of.

<sup>18</sup> The second option is the 'correct' answer in all cases.

<sup>19</sup> Options: prices have risen faster than before, same, slower, don't know. Correct answer: slower.

Responses to these six questions are reported in **Table 5.1.4**. Just over half the sample knew the official government position on privatisation and public participation in policy-making, and a third have the ‘wrong’ understanding of these policies. Less than half the respondents correctly identify agricultural marketing policy and almost two-fifths have the ‘wrong’ understanding.<sup>20</sup> Less than a third of respondents know the population of Tanzania and very few are aware that aid accounts for half the government’s total budget.

#### 5.1.4: Knowledge of public policies<sup>21</sup>

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	DK	×	*	DK	×	*	DK	×	*	DK	×	*
Participation	11	35	54	17	34	48	17	31	52	16	32	52
Privatisation	10	36	54	18	30	52	16	33	51	16	33	51
Marketing	13	36	51	18	32	50	17	39	44	17	38	45
Population	57	10	33	59	10	31	64	9	27	64	8	28
Aid/Revenue	58	20	22	63	20	17	69	17	14	69	17	15
Inflation	5	75	20	5	80	15	7	81	12	7	80	13

DK = Don’t know, no response; × = incorrect answer; \* = correct answer.

According to government statistics, inflation has declined from thirty percent per annum or more a decade ago to single digits in the last few years. The question on inflation is intended to compare popular impressions of recent trends in the rate of inflation with the official picture. It is interesting to note that four out of five respondents perceived the rate of inflation to have *increased* in the last few years, not to have decreased as official statistics suggest.

How can people *mis-perceive* the trend in the rate of inflation? Perhaps the answer lies in the downward pressures on household welfare resulting from low incomes, lack of employment opportunities, the short-term impact of drought, poor producer prices to farmers and the incidence of ill-health, all of which figure in the problem analysis presented above. Whatever the case, PSSS findings support the thesis that the ‘macro-micro’ linkages serving to transmit the benefits of low inflation to the poor are weak or non-existent. The argument that high inflation is necessarily bad for the poor does not mean that low inflation is automatically good.

## 5.2 Participation and decision-making

TANZANIANS are formally aware of most government policies, but there are problems concerning their understanding of the content of specific policies. This may reflect the sometimes contradictory messages coming across from government, for example, concerning privatisation and agricultural market liberalisation. High levels of participation in decision-making should mean a better informed public. So are Tanzanians participating in policy-making and implementation? **Table 5.2.1** presents survey results on participation.

Well over half the sample profess to membership of political parties. Though PSSS did not ask which parties people belonged to, there is a strong likelihood that a

<sup>20</sup> The question refers to official policy, not practice.

<sup>21</sup> Male and female household heads combined.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

considerable majority are members of the ruling party.<sup>22</sup> Overall, political party membership is stronger in rural than in urban areas, as is ‘participation’ in local government, planning, and sector committee membership. More than a quarter of rural households have members who are or have been village, ward or district councillors, and almost as many have been involved in preparing a village or ward plan. These figures may in part reflect high levels of participation; equally sampling errors may be involved.

Nearly a quarter of all female household heads or other females in these households were members of women’s economic groups. However, *upatu* membership is much more common in urban than in rural areas. Very few respondents (five percent overall) are members of community-based development organisations, primary cooperatives or farmers’ associations.

No less than a fifth of all respondents have been interviewed in previous surveys, nearly a quarter in Dar es Salaam. This could reflect sampling bias and perhaps the large number of surveys undertaken in the country.<sup>23</sup>

**5.2.1: Participation in public affairs, formal associations and decision-making**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Member of a political party	45	41	44	52	48	51	63	51	62	61	49	59
Member of a women’s economic group	NA	25	NA	NA	23	NA	NA	23	NA	NA	23	NA
Village, ward or district councillor	15	11	14	17	12	16	26	21	26	25	19	24
Participated in village/ward planning	17	14	17	16	10	15	26	14	24	25	14	23
Interviewed in a survey like this one	23	23	23	16	13	16	22	16	21	22	17	21
School committee member	11	4	10	9	9	9	18	8	17	17	8	16
Worked on a public works project	7	5	7	5	4	5	11	5	10	10	5	9
Member of an <i>upatu</i> <sup>24</sup>	13	22	15	11	14	11	5	15	6	6	16	7
Water management committee	4	2	4	3	2	3	7	4	6	6	4	6
Cooperative/farmers’ association	4	2	4	3	2	2	7	3	7	6	3	6
Attended a civic education programme	8	5	7	4	5	4	6	3	5	6	3	5
CBO	8	4	7	4	4	4	5	5	5	5	4	5

2.2.01-12 ‘Have you or another household member ever performed any of the following functions?’  
‘Yes’.

In summary, political party membership is the most common form of ‘participation’ in public affairs, followed by service as local government councillors and involvement in local-level planning. Nearly a quarter of female household heads are involved in a women’s economic group.

**5.3 Opinions on policy and change**

PSSS respondents were asked to assess the performance of various actors and the impact of policies on poverty reduction. **Table 5.3.1** assesses the performance of

<sup>22</sup> Survey and election results both point in this direction.

<sup>23</sup> Most households would have been interviewed in the 2002 census.

<sup>24</sup> Rotating service and credit association (ROSCAS).

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**5.3.1: Performance of government, private sector and NGOs**

	Dar es Salaam			Other towns			Rural areas			Tanzania		
	M	F	T	M	F	T	M	F	T	M	F	T
President Mkapa	85	79	84	88	86	88	93	90	93	92	88	92
Central government	78	71	77	79	77	79	87	82	87	86	80	85
Local government	72	64	70	80	78	79	80	79	80	80	77	79
Ward executive officers	67	55	65	76	68	74	75	76	75	74	72	74
District councillors	62	58	61	66	59	64	68	63	68	68	62	67
Donor agencies	65	66	65	63	59	62	57	57	57	65	66	65
NGOs	62	61	62	91	86	90	62	61	62	62	60	62
Tanzanian private sector	58	55	58	66	62	65	63	69	65	59	56	58
Police officers	50	45	49	62	43	57	55	55	55	55	52	55
Large foreign companies	49	46	48	48	51	49	48	47	48	48	48	48

Questions 2.3.2 – 2.3.11. ‘How would you rate the performance of...’ Responses: ‘very good’ + ‘quite good’.

various actors. Overall, large majorities of respondents declare that they are satisfied with the performance of President Mkapa and his government, local government authorities and functionaries, donor agencies, NGOs and the private sector. Even the police force scrapes a small majority of positive support. Only large foreign companies fail to obtain a majority endorsement from respondents for ‘very good’ or ‘quite good’ performance. Male interviewees are systematically more complimentary on performance than women. Dar es Salaam respondents are more critical than those from other towns, with rural respondents the least critical.

These formal endorsements of the performance of the state do not prevent respondents from being highly uncomplimentary to government in regard to the effectiveness and distributional impact of particular policies. First, PSSS asked who respondents think have benefited most from economic reforms. The results are in **Table 5.3.2**.

Nearly half the sample think that reforms have benefited a minority of Tanzanians and life is more difficult for the majority. Two respondents in five agree that only a minority of Tanzanians have benefited from reforms, and that things have not improved for the majority.

These patterns are common to both urban and rural research sites and to men and women. Only one respondent in ten feels that policies are distributing benefits evenly throughout the population. These findings strongly endorse the widely held view described above that most households’ living standards are under severe pressure.

When asked whether the gap between rich and poor is worsening or improving, seventy percent of male respondents and two-thirds of females say the gap is widening. This opinion is common across urban and rural research sites.<sup>25</sup>

<sup>25</sup> Responses to question 2.3.17.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**5.3.2: Who benefits from government economic reforms?**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
A minority of Tanzanians have benefited; for most people life is harder than before	51	44	50	49	60	51	46	45	46	47	47	47
A minority of Tanzanians have benefited; for most people life is more or less the same as before	42	47	43	43	25	39	43	43	43	43	41	42
All Tanzanians have benefited more or less equally	7	9	8	8	14	10	11	12	11	11	12	11
Total	100	100	101	100	99	100	100	100	100	101	100	100

Question 2.3.1' Opinions differ on who benefits from government economic reforms. Which statement corresponds closest to your own view?'

To probe this issue further, respondents were presented with three paired statements on issues of poverty and corruption and asked to choose the one that came nearest to their own opinion. **Table 5.3.3** summarises the responses to the three statements. The sample is divided in its views on the government's commitment to reducing poverty, with slightly more respondents challenging than endorsing the level of official commitment. This pattern is common to all locations and for both men and women, though the latter are somewhat more sceptical than men about government commitment to fighting poverty.

**5.3.3: Opinions on government performance on poverty and corruption**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
'I have not seen much proof that the government is serious about fighting poverty'	49	55	50	56	50	54	47	46	47	48	48	48
'The government is really doing its best to fight poverty in the country'	47	38	45	39	38	39	46	40	45	45	40	44
No response	4	7	5	5	11	7	7	13	8	7	12	8
Total	100	100	100	100	99	100	100	99	100	99	99	100
'I have not seen much proof that the government is serious about fighting corruption'	56	58	56	54	49	53	49	45	49	50	48	50
'The government is really doing its best to fight corruption in the country'	40	35	39	41	36	40	42	38	42	42	38	41
No response	4	8	5	5	14	7	9	16	10	8	15	9
Total	100	101	100	100	99	100	100	99	101	100	101	100
'The level of corruption is increasing.'	61	55	60	54	59	55	49	47	49	50	50	50
'The level of corruption is going down'	26	29	27	30	22	28	35	26	34	34	27	33
No response	13	15	13	16	19	16	16	27	17	16	24	17
Total	100	99	100	100	100	99	100	100	100	100	101	100

Q 2.3.12-14

Half the sample do not see much proof that the government 'is serious about fighting corruption'. Dar es Salaam respondents are significantly more likely to hold this view than other urban and (especially) rural respondents.

In terms of perceptions of the direction of change in the incidence of official corruption, half the total sample feel that corruption is on the increase, compared to a third who feel that corruption is declining. Dar and other urban respondents are more likely to take the negative view than rural residents: more than twice as many of the



**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

former see corruption increasing rather than falling. Overall, female respondents are less decided on trends in the incidence of corruption than men.

Are opinions on corruption based on experience or just on perceptions? Respondents were asked whether they or another household member had been asked to pay a bribe during the previous year. The results are in **Table 5.3.4**.

No less than one in five Dar es Salaam households admits to paying a bribe to a police officer during the previous twelve months, and one household in ten in other towns and rural areas. Ten percent of urban households also claim to have bribed a health worker during the course of the year. The aggregate incidence of bribing a magistrate or a court clerk is similar to the incidence of bribing a health worker. Bribing is less common in the case of local government officials and teachers.<sup>26</sup>

**5.3.4: Household member asked to pay a bribe in the past year**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
A police officer	20	19	19	11	11	11	11	6	10	12	8	11
A health worker	10	13	11	10	10	10	6	4	5	6	6	6
A magistrate/court clerk	8	13	9	5	6	6	6	3	6	6	5	6
A local government official	4	7	5	3	4	3	3	5	3	3	5	3
A teacher/head teacher	3	2	3	1	2	1	1	0	1	1	1	1
Qs 2.3.19-24. 'In the past year, has a member of this household been asked to pay a bribe by...?' 'Yes'												

In summary, although respondents are not prepared to criticise government performance in general, they are much more critical when it comes to specific policies. In particular, the majority question official commitment to reducing poverty, see a rising trend in inequality between rich and poor, and perceive an upward trend in the level of official corruption.

We now turn to issues of public satisfaction with the provision, cost and quality of priority 'pro-poor' social and economic services.

**6.0 SATISFACTION WITH SOCIAL AND ECONOMIC SERVICES**

PSSS investigated specific service delivery and satisfaction issues. Are people familiar with government sector policies? Have reforms in service provision and the additional funds made available for service provision under PRS translated into more and better services? Here we present the results from six priority sectors: **basic education, health care, HIV/AIDS, water, rural roads and agriculture**. We do not deal with the judiciary and lands, the two other 'pro-poor' priority sectors.

<sup>26</sup> We cannot say whether bribes are intended to obtain illicit benefits or constitute extortion.

6.I

Basic education

THIS section examines trends in public policy concerning primary education. It looks at people's knowledge of current policies and their involvement in policy implementation. Are people happy with current trends in educational provision? How do they affect the poor?

We begin with respondents' knowledge of public policy. **Table 6.1.1** shows that less than 60 percent of respondents have heard of the Primary Education Development Programme (PEDP).<sup>27</sup> Slightly more rural than urban respondents are aware of the programme. Moreover, less than a quarter of those who have heard of PEDP know how it is funded,<sup>28</sup> with Dar es Salaam respondents this time slightly better informed than the rest of the sample.

**Box 13**

'The Primary Education Development Programme is being well implemented. We participate by volunteering our manpower and money, and the government helps. As a result of PDEP, primary education is improving. The cost burden of primary education borne by parents has been reduced. PEDP has led to an increase in school enrollments, there are more classrooms, and the teaching environment is good.'

'The government should increase the number of teachers. Mamba school has 290 students and only two teachers. There are no textbooks or teaching materials.' 'PEDP did not allow us to identify the more urgent needs of our school. Furthermore, funds provided do not take into consideration the financial capability of the particular school. The distance from the school to the most distant household is more than 25 kms, and many children are not motivated by education due to distance.'  
 FG Chunya, Mbeya Region, September 2003

**6.1.1: Respondents who have heard of PEDP and know how it is funded**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Have heard of PEDEP	57	54	56	56	53	55	60	52	59	59	52	58
Of which:												
Funded by World Bank loan	30	19	28	24	19	23	20	23	21	21	22	21
Other answers	27	34	28	40	46	41	45	43	44	43	43	43
Don't know	43	47	44	36	35	36	35	34	35	36	35	36
Total	101	100	100	100	100	100	100	100	100	100	100	100

Qs 3.15, 3.16 'Have you heard of the Primary Education Development Plan (PEDP)?' 'Yes'. What is the main source of finance for PEDP'. (Government tax revenue, World Bank loan, local community contributions). Correct answer: 'WB loan'.

PEDP has involved extensive popular mobilisation and is credited with stimulating a rapid growth in enrollments since its introduction in 2000. PSSS asked about respondents' involvement in public discussions of PEDP and their views on why enrollments have risen. A third of respondents answer 'yes' to the question: 'In the

<sup>27</sup> The observant reader will have noted that a much higher proportion of respondents claimed to have heard of government education policy (see Table 5.1.1).

<sup>28</sup> It is largely funded from a US\$150 million IDA loan.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

last three years, have you attended any meetings to discuss primary education issues in your locality?’<sup>29</sup> This response is consistent across the sample.

Focus groups revealed general support for PEDP, though there are many examples of continued overcrowding and lack of books, materials and transparency. Some examples:

‘People here are aware of the PEDP and they sincerely appreciate it, but they call for more transparency.’ ‘We are happy with PEDP, our children also enjoy schooling but still the classrooms are not enough. At least now one class has about 85-120 students, which is an improvement for us.’<sup>30</sup>

‘Even with the PEDP plan, classrooms are not sufficient, books in particular is a big problem [as] they do not suffice their needs, exercise books are also few.’<sup>31</sup>

‘PEDP has assisted in providing materials like cement and iron sheets while citizens provide bricks and man power ... In general there are no houses for teachers.’<sup>32</sup>

‘Parents purchase exercise books, and people do not know what is to be paid for unless they are told. There are no provisions and directives. Generally people are not happy on how the schools are run, especially as far as the question of finance is concerned.’<sup>33</sup>

Subsequent questions probed public knowledge about other aspects of basic education policy. **Table 6.1.2** shows that almost three-quarters of respondents are aware of the government’s commitment to spend \$10 (TShs 10,000) per pupil ‘to improve the quality of basic education’, with the most informed respondents in rural areas.

**6.1.2: Knowledge of government’s financial commitments to basic education**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
‘The government is committed to spending \$10 (Shs 10,000) per pupil to improve the quality of basic education’	72	69	71	66	69	66	73	75	74	73	74	73
‘The government only pays teachers’ salaries: parents & communities must pay for quality improvements.’	26	28	27	33	29	32	25	22	25	26	24	25
Don’t know/no response	2	3	2	1	1	2	2	3	1	1	2	2
Total	100	100	100	100	99	100	100	100	100	100	100	100

Q 3.28, options in quotes. Correct answer: commitment to spend \$10.

Two-thirds of respondents were also aware that government policy is to provide free textbooks and exercise books to pupils, of which more below.<sup>34</sup>

<sup>29</sup> PSSS survey question 3.17.

<sup>30</sup> FG Singida Urban District, 2 September 2003

<sup>31</sup> FG Musoma Rural District, Mara Region, September 2003

<sup>32</sup> FG Bunda, Mara Region, Septemebr 2003

<sup>33</sup> FG Moshi Urban District, Kilimanjaro Region, 26 August, 2003

<sup>34</sup> PSSS survey question 3.27.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**6.1.3: Reasons for sending more children to school**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
School fees were abolished	80	81	80	88	85	88	92	90	92	91	88	90
People were mobilised by the government	58	54	57	76	73	76	72	69	72	71	67	71
More children want to go to school	31	35	32	35	25	33	38	38	38	37	35	37
People have more money than before	7	9	7	12	7	11	9	10	9	9	10	9
Questions 3.10-3.13. 'More people are sending their children to primary school than before. Why do you think this is?' 'Important reason'.												

Respondents were asked what they thought were the main reasons for the recent jump in enrollments.<sup>35</sup> **Table 6.1.3** shows that respondents, and especially rural respondents, think the abolition of school fees is the main factor, followed by community mobilisation.

**Box 14**

'Removal of school fees is a necessary step in mobilising the society on primary education.'  
Focus Group, Mbozi District, Mbeya Region, September 2003

While the increase in enrollments since 2000 has been quite remarkable, there is still the possibility that the very poor may not be benefiting from the expansion policy. Respondents were therefore asked whether they knew of instances where poverty has prevented parents from sending their children to school. **Table 6.1.4** reveals that three-fifths of respondents did not know of anybody who could not afford to send their children to school. On the other hand, over a quarter (28 percent) knew of people falling into this category. One in five Dar es Salaam respondents knew of 'a lot of people' who could not afford to send their children to school. There is no significant gender dimension to the response pattern.

A number of questions examined public views on trends in educational access, cost and quality, problems facing the sector, and the direction of change. **Table 6.1.5** summarises respondents' perceptions of the main problems facing their household with regard to basic education.

**6.1.4: Knowledge of people who cannot afford to send their children to school**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Don't know anybody	58	56	58	51	67	66	64	61	64	64	61	64
Know a lot of people	19	21	20	9	9	11	14	14	14	14	14	14
Know a few people	10	10	10	11	16	12	14	16	15	14	16	14
No response	12	13	12	9	10	10	7	9	8	8	9	8
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100	100
Q 3.14. 'According to government policy, no child should be excluded from school because of poverty. Do you know of anyone who cannot afford to send their children to school?' 'Yes'.												

<sup>35</sup> The official net enrollment ratio was 58.6% in 2000, 66% in 2001, 80.7% in 2002 and 88.5% in 2003. See URT (2003). Budget speech of the Minister of Education and Culture, page 1.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

In general, distance from home to school, teacher absenteeism, accountability for parental contributions, the cost of schooling and the condition of school buildings do not constitute major problems for sample households. Parents consider lack of water and poor performance the major current problems, and some of the factors contributing to poor performance – lack of teachers, desks and textbooks, class size – are highlighted. Dar es Salaam parents are particularly concerned about the lack of textbooks and transparency in the use of PEDP money.

**Box 15**  
‘Standard seven results are not impressive: that’s why I think teachers matter.’  
Focus Group, Musoma Urban District, Mara Region, September 2003

### 6.1.5: Problems with primary schooling

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Lack of clean water	42	38	41	30	39	32	50	40	49	48	39	47
Poor examination results	48	35	46	33	34	34	48	43	47	47	41	46
Shortage of teachers	41	38	40	26	13	23	47	41	46	45	37	44
Classes too big	52	43	50	27	17	25	42	43	42	42	39	41
Lack of textbooks	49	48	49	32	30	32	41	38	40	41	38	40
Transparency in use of money	47	40	45	34	31	33	30	23	29	31	25	30
Lack of desks	37	30	36	23	17	21	30	29	30	30	28	30
Poor quality toilets	23	21	23	18	21	19	25	23	25	25	22	24
Buildings in bad condition	11	12	12	10	10	10	20	22	21	19	20	19
Schooling is too expensive	27	17	25	18	24	19	15	10	14	16	13	15
Accounting for contributions	21	21	21	20	24	21	12	20	13	13	20	14
Teachers often absent	20	23	21	12	13	12	12	14	12	13	14	13
School too far away	11	15	11	9	5	8	13	11	13	13	11	13

Qs 3.29-41 ‘Here are some problems sometimes found in primary schooling. Do these constitute major or minor problems, or no problem for your household? ‘Major problem, minor problem, no problem.’ ‘Major problem’. Note: the ‘non applicable’ responses are excluded from the computation.

The above snapshot of problems encountered in basic education leads us to ask whether the trends in the quality of schooling are in the right direction. **Table 6.1.6** reports parents’ opinions on trends over the last three years, that is, since the inception of PEDP.

### 6.1.6: Improvements in school quality

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Quality of school buildings	85	72	82	83	78	82	85	80	84	85	79	84
Cost of schooling	62	63	62	73	61	70	78	74	78	77	70	76
Number of classrooms	72	64	70	67	71	68	72	65	71	72	66	71
Availability of desks	56	51	55	55	51	54	58	49	57	58	49	57
Availability of clean toilets	54	52	53	53	52	53	47	47	47	48	48	48
Quality of teachers’ houses	41	45	42	36	34	35	35	33	35	35	34	35
Performance of teachers	39	39	39	41	32	39	34	31	34	35	32	34
Availability of textbooks	32	36	33	34	29	33	34	34	34	34	33	34
Availability of water	41	48	42	47	37	44	30	34	31	32	36	33

Q 3.1-3.9. ‘In the last three years, have you noticed any significant changes in the following:’ (Options: improvement, the same, deterioration, DK). ‘Improvements’.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

The main improvements noted since PEDP began are better school buildings and a fall in the cost of schooling. Extra classrooms have been built and more desks procured. These improvements are noted in both urban and rural contexts, but are generally less in evidence for female-headed households. There are more clean toilets than before. In Dar es Salaam, teachers' housing has improved significantly. No major improvements were noted in teachers' performance, the availability of textbooks, or clean water.

Lastly, PSSS asked what people would like the government to do to improve primary education in the country. The results are reported in **Table 6.1.7**.

**6.1.7: Ways of improving primary education**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Provide more textbooks	89	88	89	87	91	88	93	85	92	92	87	92
Build more schools	84	82	84	86	89	87	91	91	91	91	90	90
Increase the number of teachers	85	83	85	85	83	84	90	84	90	90	84	89
Repair existing schools	79	80	79	87	85	87	90	85	89	89	85	88
Involve communities more	76	78	77	82	83	82	86	76	85	85	77	84
Build more houses for teachers	77	72	76	79	84	80	86	78	85	85	78	84
Inform public on education policy	76	71	75	91	78	80	83	72	82	83	73	81
Provide information on budgets	69	69	69	79	72	77	80	69	78	79	69	78

Q 3.18-3.25 'What would you like the government to do to improve primary education in Tanzania?'  
'Very important, not very important, not important'. 'Very important'.

**Box 16**

'Nyireberegela primary school has 9 teachers and 560 pupils.' 'The government should provide a more conducive environment for teachers to work in rural areas.'

Focus Group Isenye, Serengeti District, Mara Region, September 2003

Textbook shortages were once again highlighted, bringing into question the effectiveness and fairness of official distribution channels. It is difficult to see why so many parents stress building more schools when access is not reported to be a major problem. Teacher shortages are an inevitable consequence of the success of PEDP in increasing enrollments. At the bottom of the list of ways of improving

primary education is informing the public on policy and providing information on budgets. Still, more than three-quarters of respondents stress the importance of these, and increasing community involvement is endorsed by 84 percent of the sample.

**Box 17**

'Participants applauded the move by the government to remove school fees, but queried the quality of education and discipline. "If the maximum level of education for us poor people is Std 7, how shall we get rid of poverty? Our children ... don't have access to further education because we don't have money. Is PEDP working for us or for the rich among us?" queried Mrs C S amid cheers and supporting gestures.' FG Singida Urban District. Singida Region. 2 September 2003

**Box 18**

PEDP helps parents afford costs. "Removal of [school] fees is a necessary step for raising awareness among the members of the society on primary education." "Schools that lag behind in infrastructure are those where parents lack awareness to contribute and participate in the PEDP plan. That is why their classes are still of poor quality and there are no houses for teachers." Mr Elias, VEO, Itaka, Mbozi District, Mbeya Region

## REPOA

### Policy and Service Satisfaction Survey: Main Results

---

In summary, respondents have generally positive things to say about primary education policy and PEDP. The abolition of school fees paved the way for a large rise in enrollments, and the quality of school buildings has improved, using PEDP money and community contributions. PEDP has also involved more popular participation than previous policies. Yet there are indications that children from poor households are not attending school. Large class sizes and teacher shortages are in part the result of the rapid expansion of enrollments, although these problems, together with shortages of textbooks and other teaching materials, also reflect inequities and inefficiencies in the distribution of resources. The rapid expansion of enrollments has brought quality issues to the fore, and the bottleneck of secondary school access is becoming a major concern.

## 6.2

## Healthcare

‘The modern fashion for ‘cost-sharing’ may be justifiable in wealthy societies; in very poor countries [cost sharing] means that the poorest cannot afford even minimum basic health care.’ Julius Nyerere<sup>36</sup>

HEALTHCARE is the second core ‘pro-poor’ service priority under PRS. This section looks at household perceptions of trends in health service availability, quality, and cost, and asks what has been the impact of healthcare policy on the poor, particularly user fees.

First, government health services are much more widely used by sample households than private-for-profit or private voluntary health services.

### 6.2.1: Household health facility use

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Govt dispensary/health centre	36	34	36	28	25	28	67	64	66	62	55	61
Government hospital	29	40	31	55	60	56	19	21	19	22	28	23
Private dispensary/health centre	22	13	20	10	11	10	8	9	8	9	10	9
Private hospital	10	6	10	1	1	1	2	2	2	3	2	3
VA dispensary/health centre	2	4	2	3	2	3	2	2	2	2	2	2
Other	0	0	0	1	2	1	2	1	2	2	1	2
VA hospital	1	2	1	0	0	0	0	0	0	0	1	0
Doesn't use any of the above	0	1	0	1	0	0	0	0	0	0	0	0
Total	100	100	100	100	100	100	100	100	100	100	99	100

Q 4.1.1. ‘Which health facility does your household use most? VA=voluntary agency

**Table 6.2.1** shows that two-thirds of rural households use government dispensaries and health centres for most treatment, a fifth use a government hospital, and only 14 percent resort to private/VA health services. Even in Dar es Salaam, only a third of sample households use private/VA services in the first instance, and two-thirds use government facilities. In other urban areas, over half sample households make use of the government hospital in the first instance and only 15 percent use private/VA facilities.

A third of household heads identify sickness as a major problem that had occurred during the previous twelve months. The cost of health treatment is the third most acute household problem reported, affecting over half of all households (**Table 4.3.2**). PSSS attempted to disaggregate healthcare problems faced by households. **Table 6.2.2** reports the results.

The cost of treatment is the major problem, reported by half the sample. Dar es Salaam households complain more about cost than those in other towns and rural areas. The availability of drugs is a major problem for nearly two-fifths of sample households, and nearly a third complain about the time they wait to be served. Three of the four main problems

#### Box 19

‘Social services are generally better here in town.’ ‘A person who pays for health services gets the power to question the use of health finances.’  
 Focus Groups, Mbeya Urban District, Mbeya Region, September 2003

<sup>36</sup> Sterling, Leader (1995). *Come Over and Help Us: A Doctor in Africa*, AMREF Tanzania Publishing



**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

identified affect female-headed households slightly more than male-headed households, as does the availability of maternity services.

**6.2.2: Healthcare problems facing households**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Cost of treatment	55	54	54	50	55	51	49	52	49	49	53	50
Availability of drugs	34	43	36	39	50	42	39	41	39	39	43	39
Time/distance to reach facility	18	22	19	19	11	17	31	28	31	29	25	29
Time waiting to be served	30	45	33	34	36	34	27	24	27	28	29	28
Availability of maternity services	17	22	18	15	21	16	15	16	15	15	18	15
Politeness of health staff	13	18	14	16	11	15	11	11	11	11	12	11
Cleanliness of health facility	8	8	8	5	6	5	9	8	9	8	7	8
Availability of child immunization	5	6	5	7	4	6	4	6	4	4	5	4
Q 4.1.2-4.1.9. 'Here are some problems sometimes found in relation to healthcare. Do these constitute a big problem, a minor problem or no problem for your household?' 'Major problem'.												

Time and distance to the health facility constitute a major problem for a third of rural households, less than a fifth in urban settings. The availability of maternity and immunization services, the politeness of health staff and cleanliness of health facilities are not mentioned as problems by significant numbers of respondents.

Since the cost of healthcare is a major policy issue, PSSS asked whether respondents thought health services were becoming more or less affordable. The results are in **Table 6.2.3**. Nearly three-quarters of respondents in all research sites, both men and women, thought that 'people's ability to pay for health services' has deteriorated during the last five years, and less than a tenth thought it has improved. Given the reported downward pressure on living standards reported above, and the policy of user-charges, this finding is hardly surprising.

**6.2.3: Affordability of healthcare**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Deteriorated	71	75	72	71	74	72	75	69	74	74	72	73
Same	17	16	17	18	18	18	13	17	13	14	17	15
Improved	8	5	8	7	3	6	9	8	9	9	6	8
DK, no response	4	4	3	4	5	4	3	6	4	3	5	4
Total	100	100	100	100	100	100	100	100	100	100	100	100
Q 2.3.18. 'During the last five years do you think that people's ability to pay for health services has improved, remained the same or deteriorated?'												

Given the apparent increasing difficulty in accessing healthcare, is it possible that poor people are being refused treatment because of their inability to pay? PSSS asked householders whether they know of cases where people have been refused treatment. The results are reported in **Table 6.2.4**.

Two-fifths of respondents know people who have been refused treatment for this reason, over a quarter know 'a lot of people'. The pattern is quite consistent across the country, with female household heads more likely to report that they know a lot of people who have been refused treatment.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**6.2.4: Knowledge of people who have been refused medical treatment**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Don't know anybody	55	48	53	55	41	52	56	51	56	56	50	55
A lot of people	27	26	27	26	39	29	26	31	26	26	31	26
A few people	12	15	13	12	13	12	14	13	14	13	13	13
DK/No response	7	11	7	7	6	7	4	5	5	5	7	6
Total	100	100	100	100	100	100	100	100	100	100	99	100

Q 4.1.22 'According to government policy, nobody should be excluded from access to medical services because of poverty. Do you know of anyone who has been refused medical services because they could not pay?'

The following box highlights some of the costs of cost sharing.

**Box 20**

'Pregnant women contribute money in order to receive quality care, they also provide money for the purchase of gloves.' Mrs R said: "A lot of women deliver at home because of the cost of services. Some die as a result." The distance from home to the health centre is between 14 and 45 kms. "The rich get better services because they can pay. The poor are really in trouble." Mr M: "I know a lot of people who failed to raise the money for treatment." Some [patients] buy partial prescription instead of the full dose."

Focus Group, Chunya District, Mbeya Region, September 2003

'Cost sharing policy overlooks the government's objective of serving the poor majority in the community.' 'In order to reach the targets of health policy, the government should remove health charges to poor families. *The current approach is taking poor people to their graves, and helps the affluent only.*' (Emphasis added).

'The government must establish a system to exempt the poorest clients from payment because the policy is driving poor clients out of the health services.' Most of the FG members claimed that the fees in health care have led to a decline in the use of health services and improvement in the quality of services has been questionable.

Focus Group, Mbeya Urban District, September 2003

**Box 21: 'Don't harass patients'**

The Minister of health, Mrs Anna Abdallah, has lashed out at medical personnel who harass patients, expectant mothers in particular. Mrs Abdallah said 56 per cent of pregnant women deliver at home, most of them without any assistance from qualified health personnel, mostly because of fear of harassment by hospital midwives. She expressed concern that the attitude was increasingly becoming a problem at many government health establishments. "... there have been all sorts of complaints from people including lack of drugs, essential facilities and harassment by some medical and other health workers," she said.<sup>37</sup>

A follow-up question asked what exactly those refused treatment could not pay for: consultation fees, drugs, or unofficial payments? Drugs and supplies were reported in nine cases out of ten, as shown in **Table 6.2.5**.

<sup>37</sup> Emmanuel Mwero, **Don't harass patients, medics told**, Daily News, October 25 2003.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**6.2.5: Reasons for refusal of medical treatment**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Payments for drugs and supplies	84	90	86	84	100	88	89	96	90	88	96	89
Official consultation fees	44	70	51	74	79	75	53	75	55	54	75	56
Unofficial payments to health workers	38	30	36	30	14	26	21	32	22	23	30	23
Questions 4.1.23-25: 'What payments were involved?' Respondents replying 'Yes' to previous question.												

Women household heads are more likely than men to report this constraint. Women are also much more likely to report inability to pay the official consulting fee as a reason for being refused treatment. Three-quarters of women gave this response, compared with just over a half for men. Lastly, a quarter of respondents mentioned unofficial payments to health workers. This is particularly common in Dar es Salaam, with over a third of all respondents reporting demands for such payments. In Dar and other towns, men are more likely to report this type of demand for payment than women, and in rural areas it is the reverse.

Official policy is to extend cost-sharing to the dispensary level, and a PSSS question probed respondents' awareness of this.

**6.2.6: Knowledge of cost-sharing policy**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
'The government plans to introduce cost sharing at the dispensary level.'	34	36	35	36	39	36	39	32	38	38	34	38
'The government plans to abolish cost sharing in health care provision.'	22	22	22	19	27	21	21	23	21	21	23	21
Don't know/no response	43	42	43	46	35	43	40	45	41	41	43	41
Total	99	100	100	101	101	100	100	100	100	101	100	100
Question 4.1.27: Which statement do you think better reflects government health policy?												

Two out of five respondents do not know the cost-sharing policy, and one in five think the policy is to abolish rather than extend user-charges to lower level facilities. Just over one third of female respondents know what the policy is, and slightly more male respondents.

Under PRS, health sector spending has increased considerably, and PSSS tried to assess the impact of this as seen by health service users. Respondents were asked whether certain aspects of health services has improved, remained the same or deteriorated during the last three years. The results for government services are presented in **Table 6.2.7**.

Half the respondents thought that facilities were cleaner than previously, but relatively few respondents saw improvements in other aspects of service delivery. For example, whereas less than a fifth of all respondents (19 percent) declared that the cost of treatment has declined, more than twice as many (39 percent) said the cost of treatment has risen.

**6.2.7: Trends in the quality of government health services**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Cleanliness of premises	50	45	49	55	49	53	49	46	49	50	46	49
Health staff politeness	34	25	32	35	27	33	39	34	39	39	32	38
Availability of drugs	29	25	28	27	18	25	32	27	31	31	26	30
Waiting time	20	18	20	26	15	23	27	26	27	27	24	26
Distance/time to reach facility	26	25	26	27	22	26	24	28	24	25	26	25
Cost of treatment	14	14	14	15	12	14	19	25	20	19	22	19

Q 4.1.10-15: ‘In the last three years, have household members noticed any significant changes in the quality of health care?’ (Improvement, no change, deterioration). ‘Improvement.’

While the availability of drugs improved for nearly a third of the sample, it deteriorated for nearly a quarter (23 percent). Time/distance to reach the health facility has improved in a quarter of cases, and worsened in only five percent. Waiting time has also improved in a quarter of cases, but deteriorated in almost a fifth. There are no significant urban-rural or gender-related patterns to the above.

Respondents were requested to make similar judgements for private and voluntary agencies health services. Overall, more respondents think the availability of drugs has improved in the private than in the government health sector (38 versus 30 percent), and waiting times have also improved more markedly (35 versus 25 percent). There are smaller performance differentials in the same direction regarding the politeness of staff and distance to facilities. However, only one respondent in ten sees the cost of private treatment falling, compared to nearly a third (32 percent) who see costs rising. These results are common for male and female respondents.

The government is promoting community health and health insurance funds as a means of financing services and spreading the risks of ill-health. While such schemes are widely appreciated by respondents, there is still a major concern that the poorest and most vulnerable are unlikely to benefit from them.

‘There is an improvement in medical supplies as a result of the Community Health Fund, services are fast enough and the poor people are being assisted.’<sup>38</sup>

‘We’ve been told that each family should contribute ten thousands annually for [medical] treatment... how many will manage given the difficult situation we have here in town?’<sup>39</sup>

Lastly, some focus group participants lamented the ‘commercialisation’ of health services:

<sup>38</sup> FG Manyoni District, Singida Region, 7 September 2003

<sup>39</sup> FG, Bunda Urban District, Mara Region, September 2003

**Box 22**

‘Participants observed that since the commercialisation of health services the quality of government health services has declined dramatically. “Drug supplies are available but there is a lot of corruption in the supply process” noted Mr S H. “Doctors who work with the government hospitals should not have private dispensaries. Stealing is rampant in our area now. I witnessed a doctor taking gloves and medicine from the government hospital into his private hospital while poor people are dying here for lack of medicine.” said Mr B in a harsh criticism of the Ministry of Health’s supervisory role.’

FG Singida Urban District , Singida Region, 2 September 2003

‘Health services have dropped dramatically in quality.’ ‘Corrupt health officials camouflage under the umbrella of their private pharmacies and dispensaries.’ Doctors sell paracetamol for 1,000/= a tin. Participants ‘praised the work of religious organisations in assisting the sick ... while criticising the private sector for commercialising everything.’

Focus Group, Rombo District, Kilimanjaro Region, September 2003.

**6.3**

**HIV/AIDS**

‘We’ve received information on HIV/AIDS but that’s it.  
 Behaviour does not change quickly.’ FG Manyoni

PSSS asked a few questions on HIV/AIDS policy and the availability of services. How is the government performing in the fight against AIDS? Do people know of TACAIDS? What AIDS related services exist at the local level? This section looks briefly at these issues.

**Box 23**

‘People are identified as HIV/AIDS victims but they are never assisted and in most cases they die of worries. Participants complained of the high cost of HIV testing, which stands at Tshs 2,000. There is no NGO around that deals with HIV/AIDS control. They complain of no free condom provision and since people cannot afford to get even 100/= for food condoms remain just talk.’

FG Moshi Urban District, Kilimanjaro Region, 26 August, 2003

Just over half the sample (54 percent) have heard of TACAIDS, 48 percent of female respondents compared to 56 percent of the men. In rural areas, only 44 percent of female respondents know of TACAIDS, and 52 of the men. Half the sample men and 46 percent of the women claim to be familiar with TACAIDS activities.

Respondents were asked whether they thought President Mkapa, his government and religious leaders were providing strong, reasonable or poor leadership in the fight against AIDS. The figures are in **Table 6.3.1**

**6.3.1: Performance in the fight against AIDS**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
President Mkapa	52	49	52	52	54	53	59	53	58	58	52	57
Religious leaders	56	51	55	54	62	56	54	52	53	54	54	54
Ministry of Health	48	39	46	44	49	45	43	39	42	43	40	43
Other government leaders	36	34	36	38	49	41	42	39	41	41	40	41

Question: The government is committed to fighting AIDS. In your opinion, how are the following performing in terms of providing good leadership in the fight against AIDS? ‘Strong leadership’.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

Over half the sample thinks President Mkapa exhibits strong leadership. More men than women and more rural than urban residents express this view. Slightly fewer interviewees think that religious leaders exhibit strong leadership in the fight against AIDS. Two fifths of respondents think that other government leaders show strong leadership qualities, and slightly more think the same for the Ministry of Health.

PSSS investigated the availability of AIDS-related services in research sites. The results are reported in **Table 6.3.2.**<sup>40</sup>

Nearly half the sample are aware of government counselling services in their area, nearly three-quarters of the ‘other urban’ sub-sample. Two-fifths know of government blood screening services, three-quarters in other urban areas. Slightly fewer know of in-patient services for AIDS patients or the distribution of condoms.

Less than one in ten respondents know of home-based care and community outreach services.

With the exception of home-based care, respondents express lower levels of knowledge concerning AIDS-related services provided by the private sector, religious and voluntary agencies.

**6.3.2: Knowledge of government AIDS-related services**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Counselling	53	49	52	75	62	72	37	40	38	41	44	41
Blood testing/screening	50	48	50	75	73	75	30	32	30	34	39	35
In-patient treatment	40	40	40	64	58	63	27	30	27	31	35	31
Distribution of condoms	33	34	33	42	39	41	35	31	35	35	32	35
Home-based care	8	8	8	13	10	13	8	8	8	8	9	8
Community outreach	7	9	8	12	6	11	6	8	6	7	8	7

Q4.2.6-11: ‘Which government AIDS related services do you know of in this area?’ ‘Know of the service.’

Focus group discussants mentioned both government, non-government and faith-based service providers:

**Box 24**  
‘Religious organisations help the infected to a great degree. AIDS seminars are plentiful.’  
‘Hospitals and dispensaries distribute condoms.’  
Focus Group, Musoma Urban District, Mara Region, September 2003

‘The government is number one in fighting the AIDS epidemic followed by some religious organisations in the Anglican Church, Roman Catholics and Pentecostals.’ (Manyoni). ‘AMREF works on AIDS and blood testing.’ (Bunda). ‘Religious organizations help the affected to a great degree. The government and NGOs deal mostly with the fight against AIDS...AIDS seminars are plenty offered’ ‘Hospitals and dispensaries distribute condoms.’ (Musoma Urban).

<sup>40</sup> The question refers to awareness of services, but we cannot be sure that the services actually exist.

## **6.4**

### **Domestic water supply**

THIS section looks at policy on water supply ownership and management and service satisfaction trends in the domestic water sector. The first section summarises the type and ownership of sample domestic water supply. We then look at trends in quality, availability and cost of domestic water, perceptions of water supply problems, and views on the ownership of domestic water supply systems.

#### **Box 25**

‘During the months of September, October and January we experience severe water shortages. Catchment areas and water schemes have been severely damaged by people. People contribute substantially for water services yet they have to move long distances to fetch water. People complain that KILIWATER, the company that supplies water, has failed to discharge its priority duties. The Roman Catholic Mission at Mengwe has saved people by supplying water from the slopes of Mount Kilimanjaro.’

FG summary, Mengwe, Rombo District, Kilimanjaro Region, 30 August 2003

Protected and unprotected wells and springs, and surface water account for two-thirds of rural water supply; in urban areas piped water accounts for 65-84 percent of sample households’ water supply. Significantly more female-headed households enjoy piped water in both urban and rural areas.<sup>41</sup> Three-quarters of rural households obtain their water from a community managed water point, whereas half the Dar es Salaam residents have a piped supply into their house or their neighbour’s house or compound, and a third buy water from a privately owned water point. A round trip to collect water takes the average rural household three quarters of an hour during the dry season, and half an hour during the rainy season. In Dar es Salaam and other towns the comparable figures are about thirty and twenty minutes respectively. On average, households headed by women take less time to collect water than households with male heads. About one sample household in ten has a flush toilet, more than half the rural households use uncovered pit latrines, and nearly half the urban sample households have improved pit latrines.

#### **Box 26**

‘Drought has seriously affected the availability of domestic water. About 85% of the taps are dry and people depend on the street vendors to supply water. The District Council Water Department are just there, they are not playing a very useful role; we have complained several times but there is no positive response.’ FG Singida Urban District, Singida Region, 2 September 2003

#### **Box 27**

‘There’s a problem with water as a result of the drought. All the wells have completely dried up. Water fails to meet the standard for human consumption. The water contains soda/salt. There’s no major help from the government for village water supply as far as I know. Only a few villages are getting water from gravity schemes. Most of the villagers use water from shallow wells. We have the Catholics and Adventists to thank for helping dig shallow wells. We don’t see the government’s contribution in rural water supply.’

FG Mbeya Rural District, September

---

<sup>41</sup> The relatively high incidence of piped water in rural and female-headed households adds to the suspicion that there is an upward socio-economic bias in the sample.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

Respondents were presented with a list of potential problems and asked whether they constituted a major, a minor, or no problem for their households. Results are reported in **Table 6.4.1**.

In total, two out of five respondents complain about breakdowns in water supply; for half the Dar es Salaam interviewees this constitutes a ‘major problem’. A further two out of five rural respondents highlight dirty and untreated water, and a third complain about the distance to the nearest water source. The cost of water is a major problem for two-fifths of Dar es Salaam householders.

**6.4.1: Problems with water supply**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
	50	48	49	33	33	33	38	35	38	39	36	39
The water is not clean or treated	29	25	28	14	9	13	41	27	40	39	24	37
Distance to source/supply	12	18	14	8	9	8	31	27	31	28	23	28
Have to queue for a long time	24	26	24	18	15	18	22	16	22	22	17	22
Water is expensive	39	42	39	24	23	24	9	8	8	12	14	12
Qs 5.5-9: Are there any problems with the main water source/supply? ‘Major problem’.												

‘Recently water is available every day, people pay bills which are basically affordable.’  
 Focus Group, Musoma Urban

Respondents were asked whether the availability, quality and cost of their domestic water supply were improving, staying the same, or getting worse. The details are in **Table 6.4.2**. Nearly a quarter of all household heads say quality is improving, nearly one in five (18 percent) say it is getting worse. A fifth say water availability is improving, the same proportion that it is deteriorating. Water is getting cheaper for 14 percent of the sample, but getting more expensive for over a fifth (21 percent).

**6.4.2 Trends in quality, availability and cost of domestic water**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Quality of your usual water source	24	28	25	33	33	33	22	19	21	23	22	23
Availability of water	23	28	24	32	34	32	19	16	18	20	20	20
Cost of water	11	17	12	19	17	19	13	12	13	14	13	14
Qs 5.24-26 ‘In the last three years, have you noticed any significant changes in the following?’ ‘Improvements’.												

A fifth of rural households say water quality is improving and a fifth say it is getting worse. By contrast, almost three times as many ‘other town’ respondents say quality is improving as opposed to getting worse (33 versus 12 percent). The availability of water has deteriorated for 22 percent of Dar es Salaam residents, for 17 percent in other towns, and 23 percent in rural areas. Finally, in the last three years the cost of domestic water has increased for 38 percent of Dar respondents, 26 percent of other urban and 13 percent of rural respondents.

Focus group participants mentioned a number of actors involved in domestic water supply:



**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

‘TASAF helps a lot in well digging, it further employs people and pays us.’ (Bunda).  
 ‘There are wells dug by HESAWA, others by citizens though during the dry season they lack water.’ (Serengeti).  
 ‘There is clear evidence of the District Council Water Department playing a useful role. They have constructed wells and use trucks to supply water to the seriously affected areas.’ (Manyoni).

**Box 29**

‘There is a water committee that was established to manage water projects. Most of the water  
 er distribution, when money is available. This committee lacks money . . . . The few water  
 points that were established for service provision cannot make progress. Squandering of money  
 and bad leadership contribute to the problem. Water problems in the rural areas are left to donors,  
 the government does not have a concrete plan to combat the water problem in rural areas. Too  
 much talk but no action.’ Focus Group, Chunya District, Mbeya Region, September 2003

Finally, householders were asked their opinion on who should own and manage domestic water supply, the government or the private sector (**Table 6.4.3**). Three options were presented. Half the sample think the government (that is, the state) should own and manage domestic water supplies. A quarter think ownership should be separated from management, with the private sector playing the latter role. Only thirteen percent think ownership and management should be in private hands.

**6.4.3: Opinions on ownership of domestic water supply**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Government should own and manage domestic water supplies	35	33	34	49	53	50	53	54	53	51	51	51
Government should own, private sector should manage water supplies	32	30	31	31	19	29	24	19	24	25	21	25
Private sector should own and manage water supplies	26	19	25	13	14	13	12	15	12	13	15	13
No preference/no opinion	7	18	9	7	14	8	11	13	11	11	13	11
Total	100	100	99	100	100	100	100	101	100	100	100	100

Q5.2.8 ‘Opinions differ on who should own and manage domestic water supplies. Which statement is nearest to your opinion?’

While the above summary accounts quite closely to the opinions of the rural and other urban respondents, the Dar es Salaam sub-sample is relatively evenly split between the three options, with about a third favouring the first two options and a further quarter in favour of fully privatised domestic water supply.

**6.5**

**Roads**

‘During the rainy season it takes me three days to get from Isenye to Bunda.’ FG Serengeti

UNDER the National Roads Agency (TANROADS), the government transfers monies to local government authorities for building, repairing and maintaining local roads. However, four out of five respondents have never heard of TANROADS or know what it is for. Even in Dar es Salaam, two-thirds of respondents have not heard of the Agency, and few of those who have heard of it know how it is funded (through a fuel tax). Has the state of the local roads infrastructure improved as a result of TANROADS? Are communications faster and easier?

**Table 6.5.1** asks if respondents have noticed improvements in the quality of the roads they use regularly.

**6.5.1 Perceptions of trends in maintenance and repair of local roads**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
No significant changes	41	38	41	41	38	40	43	46	43	42	43	43
Improvement	47	44	46	42	46	43	33	35	33	35	37	35
Deterioration	12	18	13	17	17	17	24	20	24	23	19	23
Total	100	100	100	100	101	100	100	101	100	100	99	101

Q6.4. ‘Overall, what do you think of the quality of the roads you use regularly? In the last three years, have you noticed: ...’

Overall, over a third of respondents see improvements, less than a quarter observe a deterioration, and two out of five see no change. Dar es Salaam respondents are more likely to identify improvements than other urban and (especially) rural respondents. There are no significant gender differences of opinion. Rural respondents are the most likely to identify deterioration in the state of the local roads infrastructure. In Musoma Rural District:

‘People participate in road maintenance [but] a big portion of roads is not satisfactory; ... there is no bridge across the river.’

**Box 30**

‘Roads are only accessible during the dry season, moving from the town centre to the rural areas is extremely difficult during the rainy season. The high cost of transport of goods and services makes life even more unbearable. No new roads are being built, even the ones we have are not repaired; look at the road that leads to the DC’s quarters! The District Council Roads Department repairs the roads when there are feasts and official visits.’ [Observation revealed that the road is rough and corrugated].

FG Singida Urban District , Singida Region, September 2003

On a more positive note, one FG member in Manyoni observed that:

**Box 31**

‘There is evidence of road repair and maintenance and generally roads are good for the needs of this rural district.’ ‘The *wananchi* get money from the District Council and are involved in the public road repair and maintenance. “We are only concerned with the heavy trucks which damage our roads severely and they don’t contribute anything for the maintenance,” pointed out SC, who was supported by the majority of participants.’

FG Manyoni District, Singida Region, 7 September, 2003

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

PSSS interviewers asked respondents whether they could identify any improvements in communications over the last three years, that is, since significant transfers for local road building and repair started. **Table 6.5.2** summarises the responses.

**Box 32**  
 ‘The road will even help people to get market for their goods as other customers do not come to buy crops as the road is bad. During the rainy season the situation is worse.’  
 Focus Group, Bunda District, Mara Region, September 2003

Overall, less than a third of respondents perceived improvements in access to the local primary school, the health facility and the nearest market, mirroring the improvements in road maintenance and repair noted above. Again, Dar es Salaam seems to have improved more in terms of access than other towns and (especially) rural areas. On the down side, 12, 16, and 17 percent of respondents perceived a deterioration in access to schools, health facilities and markets.

For rural respondents the figures are 16, 21, and 22 percent respectively. Twenty-eight percent of rural respondents claimed that rainy season passability of local roads has deteriorated over three years, compared to only a quarter noting improvements. As before, there is no significant gender dimension to these patterns.

**6.5.2 Perceptions of changes in communications**

	Dar es Salaam			Other towns			Rural areas			Tanzania mainland		
	M	F	T	M	F	T	M	F	T	M	F	T
Ease reaching the primary school	47	45	46	46	37	44	26	25	26	29	29	29
Ease reaching the health facility	46	40	44	45	39	44	25	23	25	28	27	28
Rainy season passability of local roads	45	42	44	34	40	35	25	28	25	27	31	27
Ease reaching the nearest market	42	42	42	40	39	40	24	22	24	27	26	27
Qs 6.5-8 ‘In the last three years, have you noticed any significant changes in the following:’ ‘Improvement.’												

Lastly, PSSS wanted to find out whether household members have been involved in road construction and repair projects, however funded. Only three percent of all respondents has been involved in community-based project financed by donor agencies, two percent in community-based project financed by the district council/TANROADS, and a further two percent have been hired by a private contractor. One FG participant in Serengeti thought that:

‘The contractor who wins the tender should provide employment to people in the village... roads constructed by hand are durable.’

**Box 33**  
 ‘Look at the side roads that have hard surfaces here in town. A small farmer walks many kilometres on bad roads without bridges but she/he is the one we depend on for food. This is not right. There is no comparison between the level of urban and rural development.’  
 FG Mbeya Urban, September 3002

## 6.6 Agriculture and agricultural services

‘Agriculture and livestock policy has no direction.  
 The stakeholders in these sectors don’t know what is going on.’  
 FG, Chunya District, Mbeya Region

THIS section reports on agriculture and livestock policies and services.<sup>42</sup> What problems do farming and livestock owning households face? What services are available and how good are they? How do rural households market their produce and how do they view current marketing policies?

Most farmers market export crops and grain staples through private channels; two-fifths to a middleman or factory and a third direct to customers and markets. More men do the first and more women do the second. Seventeen percent of male-headed households and ten percent of female-headed households sell through primary cooperative societies and unions, and only ten and twelve percent sell through a primary society to a private company or agent. Both men and women sell other food crops directly to the customer or the market (58 percent) and to buyers/factories (35 percent).

**Table 6.6.1** lists problems facing farming households in order of importance.

### 6.6.1 Major problems<sup>43</sup> facing households, rural sub-sample

	Male headed households	Female headed households	All rural households
Input prices	86	88	86
Water for irrigation	72	74	72
Timely availability of inputs	71	65	70
Appropriateness/quality of inputs	71	64	70
Unreliable rainfall	70	70	70
Market prices for cash crops	70	66	70
Condition of roads	67	60	66
Extension advice	64	65	64
Pests, disease, wild animals	63	58	63
Distance to markets/ transport costs	60	52	59
Access to market information	59	62	59
Soil fertility	49	44	49
Crime, theft, corruption	43	36	40
Farmer association problems	40	36	40
Cooperative society /union problems	38	33	38
Regulatory board problems	36	28	36
Shortage of land	35	30	34
Land fragmentation (scattered plots)	28	25	28
Cesses, taxes and deductions	17	20	18
Local government controls	14	15	15

Q: 7.1.16-35 ‘Do the following constitute problems for your household?’ ‘Major problem.’

<sup>42</sup> Tables are based on responses from households in the rural sub-sample.

<sup>43</sup> Credit should also have been listed as a potential problem.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

---

**Drought** and **farm inputs** issues are major concerns for both male- and female-headed households. Farmers complain about the price, appropriateness and the availability of inputs, suggesting serious market imperfections. Low prices for cash crops are another major concern for both male and female farmers. The above are considered problems by

70-86 percent of farmers. Boxes 35, 36 and 37 cite examples of the impact of drought on agriculture and livestock in Chunya, Rombo and Singida. The Kilimanjaro FG hints at some of the background issues, examined below, that worsen the impact of the drought.

**Box 34**

‘Drought has enormously affected farming and livestock keeping in our district’. The drought has reduced livestock numbers. Last year I had 18 cows and twenty goats; now I only have 8 cows and 8 goats as a result of the drought and disease.’

Focus Group, Chunya District,  
Mbeya Region, September 2003

**Box 35**

Drought is a severe problem right now in many parts of Rombo. Drought aside, ‘there is a severe economic recession in ... Kilimanjaro.’ ‘How can we, the rural poor, living in abject poverty with poor farming, boost the national economy through agriculture?’ ‘People should not sell their cows to buy chemicals for coffee!’ ‘Let the government help us move to Pwani (Coast Region) and Morogoro for big lands – we are dying here.’

Focus Group, Rombo District, Kilimanjaro Region, September 2003

**Box 36**

‘If there is no rain, where can we get pastures for our animals, and we don’t have industries to prepare special feed for them.’ The area has been seriously affected by drought and the share of agriculture in total employment has declined dramatically. The Agricultural Officer estimates that about 30% of total production is lost after harvest adding to food insecurity.

FG Singida Urban District, Singida Region, 2 September 2003

About two-thirds complained about the condition of the roads, lack of extension advice, and crop losses through pests, diseases and wild animals. Small majorities also complained about distances to markets and transport costs, and lack of market information. Soil fertility is a problem for half the sub-sample. There are no major gender differences or trends concerning these problems.

Between two-fifths and a third of respondents complained about crime, theft and corruption; farmers’ association and cooperative society and union problems; crop boards; and land shortages. Lastly, only a few farmers complained about cesses, taxes, and deductions and local government controls.

Respondents were asked about recent trends in services, including many of those listed above. The results are in **Table 6.6.2**.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

**6.6.2 Trends in agricultural and livestock services**

	Male headed households		Female headed households		All farming households		
	Better	Worse	Better	Worse	Better	Worse	% worse <sup>44</sup>
Cost of fertiliser/other inputs	3	61	2	56	3	61	92
Cost of credit	2	53	2	41	2	51	96
Availability of credit	3	50	2	44	3	50	94
Prices for crops/livestock	16	49	16	43	16	48	75
Performance of crop boards	3	45	3	36	3	45	94
Performance of co-op unions	7	46	4	36	6	45	88
Availability of inputs	12	44	7	39	11	44	80
Extension services	10	41	9	40	10	41	80
Private buyers' performance	16	43	17	28	16	41	72
Market information	8	39	6	38	8	39	83
Taxes/cesses/other deductions	43	24	37	27	43	24	36

Qs 7.4.48-58 What changes have you noticed in the following in the last three years? 'Improvement' 'Getting worse'

Falling performance outweighs improvements in ten of the eleven services and activities listed. Only trends in taxes, cesses and other deductions receive more positive than negative appreciation, as a result, no doubt, of the abolition of the development levy and a range of local 'nuisance taxes' after the 2003-04 Finance Act. The worst performing services and agencies are: cost and availability of credit, the crop boards, and the cost and availability of farm inputs.

Respondents also identify very poor performance trends in the co-operative unions, the availability of market information, and extensions services. Lastly, market prices for crops and livestock and the performance of private buyers are also seen to be deteriorating by a large majority of respondents. This negative assessment and the impact of drought on farm incomes and food security go a long way to explain the declining livelihoods of the rural population.

Farmers in Kilimanjaro complain that the government will not permit them to uproot coffee trees even though the crop is unprofitable.

**Box 37**

'It is difficult to run a coffee farm at a profit. People are looking forward to cut down the coffee trees but fear the hand of the law by the government which has not offered an alternative approach to the problems.' 'If coffee is out of market now, why is it that the government is tough on us when we uproot coffee to plant bananas and other food crops?' 'Why has the government not tried harder to look for an alternative business for the people of this area or alternative cash crop?'  
 FG Moshi Urban District, Kilimanjaro Region, 26 August, 2003

Elsewhere, farmers complain they are taxed heavily, though this is not the norm as **Table 6.6.2** demonstrates.

**Box 38**

'Though we are hard-hit by drought this year, it is still a problem to get markets for our farm produce when we chance to harvest [something]. Even when we sell locally we are heavily taxed and we get nothing [for] our taxes.' FG Manyoni District, Singida Region, 7 September, 2003

<sup>44</sup> 'Percent worse' = negative assessments divided by total assessments.

**REPOA**  
**Policy and Service Satisfaction Survey: Main Results**

Only 15 percent of male and 12 percent of female-headed rural households received agricultural extension advice during the last year.<sup>45</sup> Opinions on extension were generally critical:

- ‘If extension officers are only [there] for increasing production, we do not want them...’ (Musoma R)
- ‘Farm inputs and livestock medication are very expensive for farmers in the rural areas.’ (Rombo)
- ‘Extension service officers are not enough to provide farming knowledge properly.’
- ‘Agricultural officers with their paper work, just indulge in luxurious things, vehicles and houses, but they offer nothing to the farmers.’ ‘Which money is being used to pay for them.’ (Chunya)

The extension officers also have their story to tell. For example:

**Box 39**  
 ‘We lack offices for service provision, sometimes we go to the Ward Executive Officer’s office to do official work... I have to walk for a long time on foot to provide services.’  
 Agricultural extension officer, Serengeti District, Mara Region, Interview, September 2003

There have been various assessments of the impact of market liberalisation on agriculture, and PSSS wanted to know what farmers consider the best marketing arrangements. **Table 6.6.3** shows a diversity of opinions. Equal numbers of respondents (one third) favour a mixed co-operative and private marketing arrangement or a purely private marketing system. A quarter favour a co-operative marketing monopoly, and one in ten have no preference one way or the other.

**6.6.3 Agriculture and livestock marketing preferences**

	Male headed households	Female headed households	All farming households
Mixed cooperative/private marketing	33	29	33
Private marketing	32	29	32
Cooperative marketing	25	27	25
No preference	10	14	10
Total	100	99	100

Qs 7.3.4 ‘What are your preferences regarding agricultural marketing?’

**Box 40**  
 ‘The free market has brought competition; food is available for a reasonable price here in Mbeya. But this market hurts small farmers who lack bargaining power.’  
 Focus Group, Mbeya Urban District, Mbeya Region, September 2003

Focus group participants appear to stress the virtues of cooperatives more frequently than rural respondents overall. Those favouring cooperatives generally complained about the low prices paid by private crop purchasers:

- ‘We want to sell our crops to the cooperatives. We grow tobacco, but the conditions imposed by the private buyers are hurting the farmers.’ (Chunya)

**Box 41**  
 ‘The ending of the co-operative buying/input supply monopoly through liberalisation is a major loss.’ FG Moshi Urban District, September 2003  
 ‘At least we have co-operative unions which instruct people on how to buy and sell their produce to escape the businessmen who want to buy cheap and sell dear in other [drought] affected areas.’ FG Manyoni District, Singida Region, 7 September, 2003  
 ‘Before privatisation we could survive well with our cooperatives. Today, these private vendors have caused a lot of trouble, as they are only looking for their well-being at our expense. We sell whatever they want to buy at their prices and the government doesn’t offer security to us. Those people make riches out of our poverty and we don’t need them.’  
 FG Singida Urban District, Singida Region, 2 September 2003