

*Afrobarometer Briefing Paper No. 34*

*April 2006*

## **Delivery of Social Services on Mainland Tanzania: Are People Satisfied?**

Effective access to functioning and well-equipped social services is a prerequisite to improving the quality of life and for promoting the well being of all Tanzanians. The Afrobarometer has now tracked Tanzanians' perceptions of the quality of social service delivery – specifically with respect to education, water supply and health – for three rounds of nationally representative surveys, in 2001, 2003 and 2005.<sup>1</sup> People's access to these services, their evaluation of the government's performance in providing them, and specific problems they have encountered, are the subject of this briefing paper.

Overall, Mainland Tanzanians are quite happy with the job their government is doing in providing for their children's educational needs. In particular, despite some concerns about quality of education, the provision of free primary education seems to be a very popular policy that has won the government widespread support in this sector. The results with respect to water supply and health services are, however, much more mixed. Large numbers report going without enough clean water on a regular basis, and satisfaction with government handling of this service is declining. With respect to health care, respondents give the government quite high marks for its handling of service provision in this sector, but at the same time, they report relatively higher levels of corruption and much greater problems with the quality of services provided than in the education sector. Despite considerable progress, it is clear that there is still much room for improvement in the health sector.

### **The Survey**

Following previous surveys conducted in 2001 and 2003, a third Afrobarometer survey was carried out from July 18<sup>th</sup> to August 13<sup>th</sup>, 2005. It was based on a nationally representative random sample of 1,304 Tanzanians -- 650 men and 654 women -- above the age of 18, i.e., of voting age. The overall margin of sampling error for a sample of this size is +/- 3 percent at a 95 percent confidence level. The survey was conducted in all regions of the country, with the number of respondents in each region being proportional to the region's population size. Interviews were conducted in 69 districts on the Mainland, and 7 in Zanzibar. Around 94 percent of the respondents were from the Mainland, and 6 percent from Zanzibar.<sup>2</sup> This brief reports only the views of the 1184 Mainland respondents. Furthermore, 23 percent of the respondents were drawn from urban areas and the remaining 77 percent from the rural areas, this being representative of the national urban-rural distribution. All fieldwork was conducted by Research on Poverty Alleviation (REPOA). Wilsken Agencies Ltd., a Ugandan research and development consultancy firm, provided technical support during the preparatory and sampling stages.

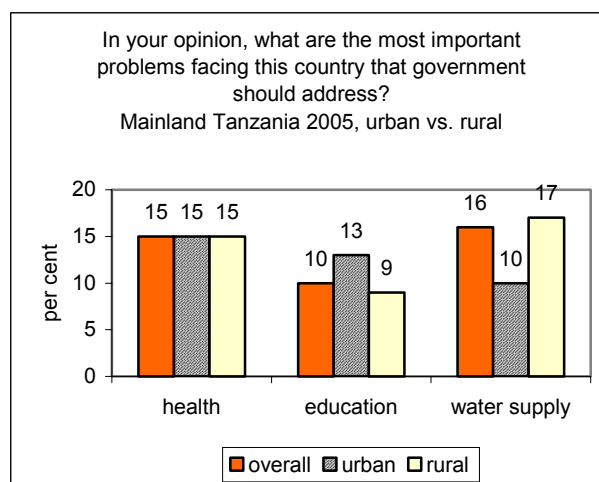
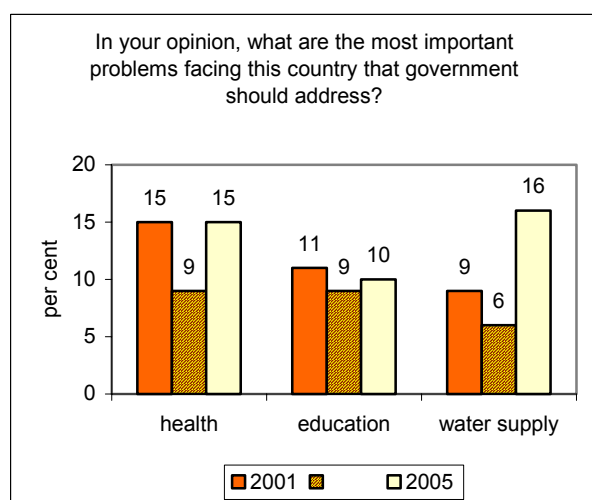
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<sup>1</sup> Occasional differences in question wording and/or response options across surveys may affect the comparability of the results. These differences will be noted where relevant.

<sup>2</sup> Zanzibar was slightly oversampled, however any national statistics reported reflect a weighted sample.

## The People's Priorities

Over the four-year period covered by the three surveys, government provision of health, education and water services have consistently been rated as key public priorities.



**Note:** Each respondent could give up to three responses. Figures shown are percent of all substantive responses. The health category excludes those who gave a response of HIV/AIDS, which is coded as a separate response option.

An assessment of perceptions of Mainland Tanzanians regarding the three most important problems confronting their country indicates little change over the years regarding the importance of the education sector: in each survey, roughly the same proportion of respondents – between 9 and 11 percent – rate education as a priority. Ratings of the importance of health care and water supply have been less stable, first falling below the initial levels recorded in 2001, but then rising to equal or higher levels in 2005.

Table 1 lists these and some of the other priority concerns that were reported in 2001, 2003 and 2005. It is evident that urban and rural Tanzanians are confronted with different issues and they express different needs. While health is of equal important to rural and urban respondents, in 2005 rural respondents place considerably higher emphasis on water supply than urban residents. Urbanites, on the other hand, tend to mention education more frequently than their rural counterparts. In addition, in 2005, infrastructure/roads is the third most important priority for rural Tanzanians, while for urbanites, after health, education and water, tackling unemployment is the principal concern.

**Table 1: Most Important Problems Facing the Country, Mainland Tanzania, 2001-2005 (percent)**

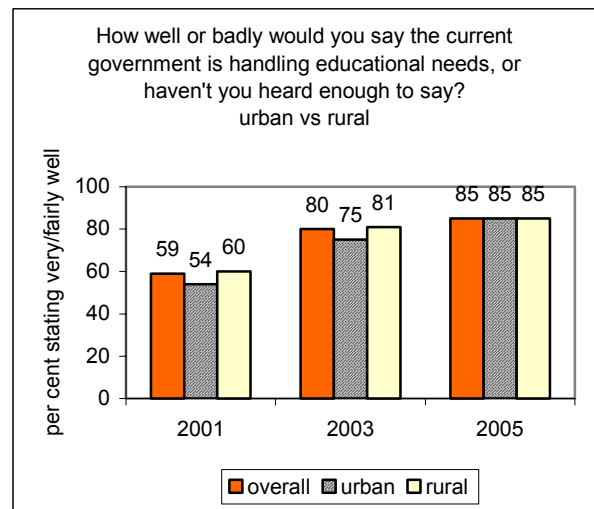
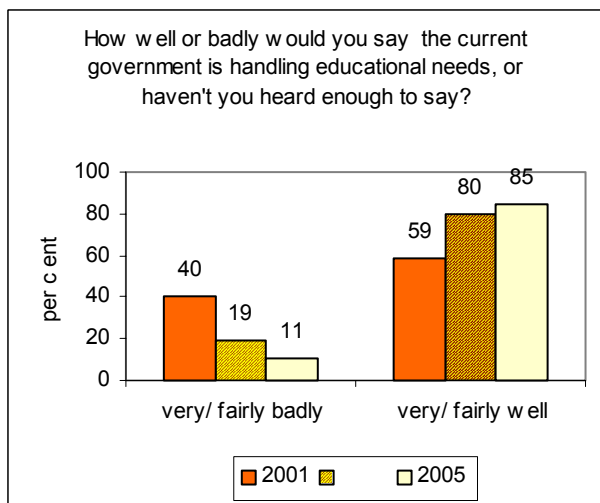
2001			2003			2005					
Priority	T	U	R	Priority	T	U	R	Priority	T	U	R
Health	15	15	16	Farming/ agriculture	10	7	11	Water supply	16	10	17
Education	11	14	10	Poverty/destitution	10	9	10	Health	15	15	15
Water	9	8	9	Health	9	10	9	Infrastructure/ roads	13	8	14
Provide loans	7	6	7	Education	9	10	9	Education	10	13	9
Farming	6	4	7	Unemployment	9	11	8	Poverty/ destitution	6	7	6
Transportation	6	6	6	Water supply	6	6	6	Farming/ agriculture	5	3	6
Infrastructure	6	5	6	Management of the economy	6	8	5	Food shortage/ famine	5	3	6
Economy	6	8	5	Food shortage/ famine	5	4	6	Unemployment	4	9	3

**Note:** T- overall for Mainland, U- Mainland Urban, R- Mainland Rural

Question: "In your opinion, what are the most important problems facing this country that government should address?" (respondents could offer up to three responses; results reported are percentage of all substantive responses)

## Education

There has been considerable progress in Tanzanian primary education following the implementation of the Primary Education Development Plan (PEDP)<sup>3</sup> in 2000. Enrolment rates have gone up, and according to data compiled by the Ministry of Education and Culture (MoEC), children are entering school at an earlier age. Gross enrolment ratios went up from 78 in 2000, to 106 in 2004, surpassing the 2003 Poverty Reduction Strategy (PRS) target of 90.<sup>4</sup> During the same period, net enrolment went up from 59 to 91, achieving the PRS target of 90.<sup>5</sup> The number of those completing primary school rose from 71 percent in 1997 to 79 percent. An independent Policy and Services Satisfaction Survey conducted by REPOA in 2003 found that parents are generally pleased with PEDP, the abolition of school fees and the resulting expansion of enrolment.<sup>6</sup>



This progress is echoed in the Afrobarometer survey findings of 2005, which suggest that most Mainland Tanzanians (85 percent), urban and rural alike, are of the opinion that the government is addressing educational needs "very" or "fairly" well. This very high level of satisfaction is consistent with several other findings. In particular, most (87 percent overall, 89 percent urban, and 82 percent rural) are aware that the government has a policy of providing free primary schooling. In addition, similar proportions of respondents (82 percent overall, 77 percent urban and 83 percent rural) report finding it "easy" or "very easy" to obtain a place in primary school for a child,<sup>7</sup> and the situation appears to have been no different in 2001 and 2003 (82 and 87 percent, respectively).

Nonetheless, the quality of primary education remains a concern. According to the most recent Poverty and Human Development Report of 2005, the number of classrooms and desks in primary

<sup>3</sup> The PEDP is a five-year plan to achieve universal basic (seven-year) education by 2006, nine years ahead of the Millennium Development Goal (MDG) target. As part of the plan, government abolished school fees in primary schools.

<sup>4</sup> Research and Analysis Working Group (RAWG) (2005), *Poverty and Human Development REPORT 2005*, Dar es Salaam: Mkuki na Nyota Publishers.

<sup>5</sup> Net primary enrolment includes all students who are enrolled in Standard 1 to 7 and aged from 7 to 13 years as the numerator, and the population of children aged from 7 to 13 as the denominator. Gross enrolment ratios are calculated using all enrolled students as a numerator and children between the ages of 7 to 13 years as the denominator. Since the numerator can include numbers of children outside the age range of those in the denominator, ratios can exceed 100.

<sup>6</sup> REPOA (2003), "Policy and Service Satisfaction Survey," Dar es Salaam.

<sup>7</sup> "Based on your experience, how easy or difficult is it to obtain a place in primary school for a child? Or did you never try and get these services from government?"

schools has increased, but more qualified teachers and more books are needed to keep pace with increased enrolment.<sup>8</sup> Data from MoEC indicates that the pupil to teacher ratio has increased from 54 in 2002 to 59 in 2004, and this ratio varies considerably across different geographical regions. The differences are even greater when access to trained teachers is taken into account; some urban areas show a 20 percent increase in trained teachers, while some rural areas report only a 5 percent increase.

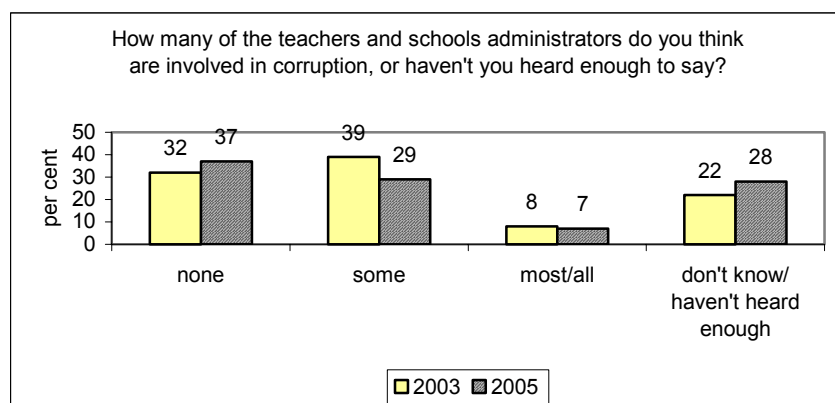
Moreover, in REPOA's 2003 Policy and Services Satisfaction Survey, almost half (45 percent) of all parents interviewed were concerned about poor examination performance, and about 40 percent mentioned the shortage of teachers, a lack of textbooks and large classes as still being "major problems." When asked what the government should do to improve the education system, over 90 percent said providing more textbooks was "very important."

Afrobarometer respondents also report that they frequently encounter some of these common problems. The survey findings show that during the past year, between one-fifth and one-third had frequently (i.e., "a few times" or "often") experienced lack of textbooks or other supplies (21 percent), poor teaching (22 percent), overcrowded classrooms (25 percent), and absent teachers (28 percent) (see Table 2). On the other hand, only 6 percent of the respondents had been asked for illegal payments.

**Table 2. Problems with Local Public Schools, Mainland, Tanzania 2005 (percent)**

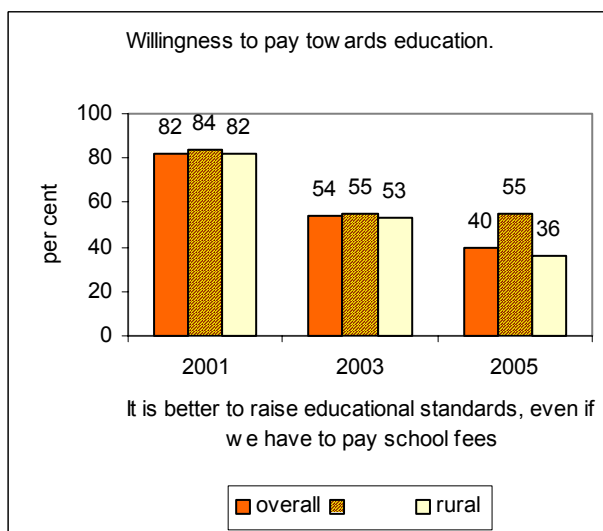
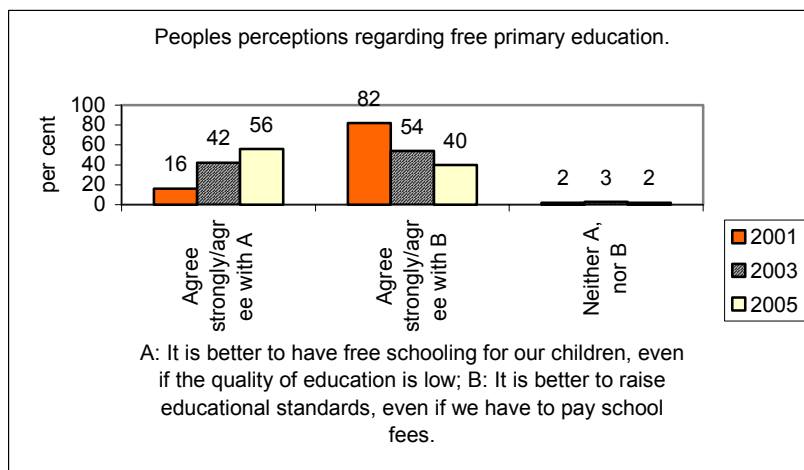
	Once/ Twice	A few times/ Often	Never	No experience	Don't Know
Services are too expensive/ Unable to pay	8	12	49	30	1
Lack of textbooks or other supplies	10	21	36	30	3
Poor teaching	5	22	36	30	7
Absent teachers	6	28	32	30	5
Overcrowded classrooms	6	25	34	30	5
Poor conditions of facilities	7	17	43	30	3
Demand for illegal payments	5	6	56	30	3

*Note: On another question, 18 percent of respondents indicated that they did not have children in school. Further analysis reveals that on this set of questions, the bulk of these respondents (roughly 87 percent) stated "no experience," between 5-8 percent said "never," 1-2% once or twice, and 4-6% a few times/ often.*



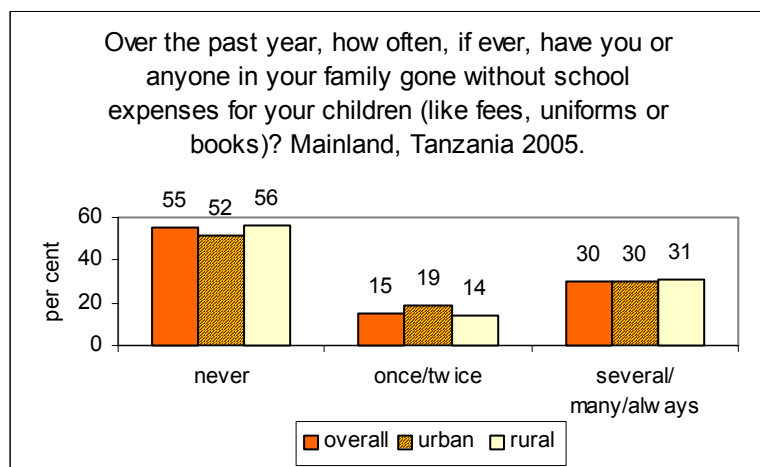
<sup>8</sup> RAWG (2005). Poverty and Human Development REPORT 2005. Mkuki na Nyota Publishers, Dar es Salaam.

The latter finding is consistent with some other indicators that corruption in schools is not a major problem for Mainland Tanzanians. For example, only 5 percent of Afrobarometer respondents in both 2003 and 2005 report that they had to pay a bribe, give a gift, or do a favour to government officials in the past year in order to get a child into school. On the other hand, more than one-third of respondents (35 percent overall, 45 percent urban and 33 percent rural) are of the opinion that “some,” “most” or “all” teachers and school administrators are involved in corrupt practices, although just 7 percent thought it was “most” or “all of them.” Roughly one-quarter of respondents say they “don’t know” or “haven’t heard enough” about such teachers and school administrators to make a judgment (28 percent in 2005, 22 percent in 2003). It thus appears that negative perceptions about the behavior of teachers and administrators may be considerably more widespread than the actual experience of such behavior.



Afrobarometer survey findings suggest that Tanzanians, especially rural residents, are increasingly unwilling to pay towards their children’s education. In 2005, a majority (56 percent) “agree” or “strongly agree” with the statement “that it is better to have free schooling, even if the quality of education is low,” compared to roughly 16 percent in 2001. The percent of respondents who prefer, on the other hand, “to raise educational standards, even if we have to pay school fees,” has halved, falling from 82 percent in 2001 (84 percent for urban, 82 percent for rural), to 40 percent in 2005 (55 percent for urban, 36 for rural). One possible explanation for this huge shift between 2001 and 2005 is that willingness to pay – or rather lack of it – may be a reflection of people’s declining ability to meet added costs. In fact, in the past year, close to one-third (30 percent) of the respondent’s with

school-going children in the household frequently (“several times,” “many times” or “always”) experienced difficulty in paying school expenses, such as for fees, uniforms or books.

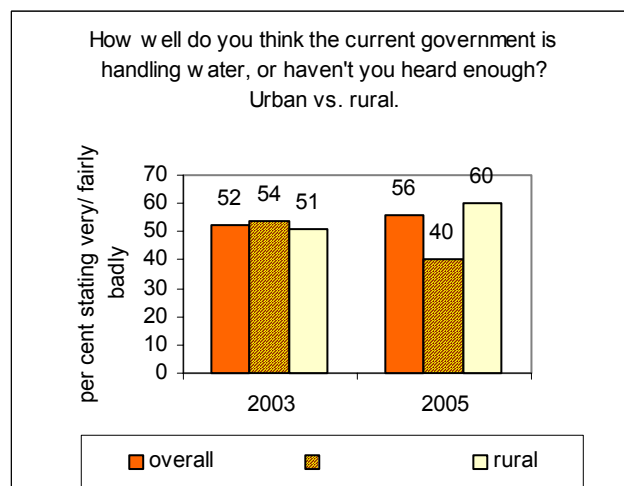
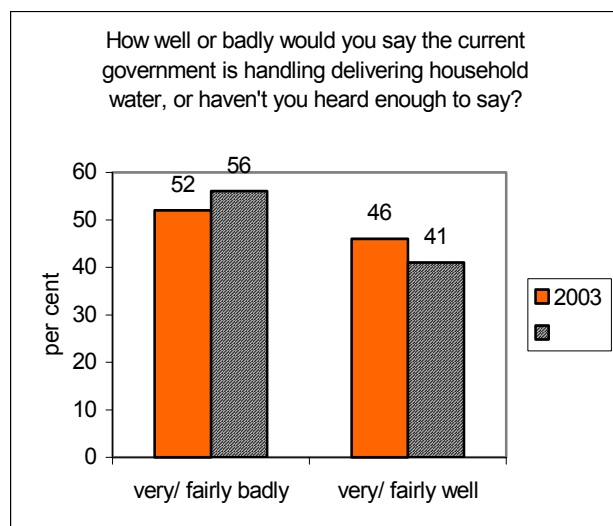


**Note:** Above assessment excludes 18 percent of respondents who stated “no children,” and another 2 percent who responded “don’t know.”

With the availability of primary education free of school fees to all children, it is very likely that an increasing proportion of children from poorer households are entering primary schools. However, the cost for keeping a child in primary school can be considerable for a poor family and they are less able to afford other related educational costs such as for uniforms and books, or to contribute towards better quality education.

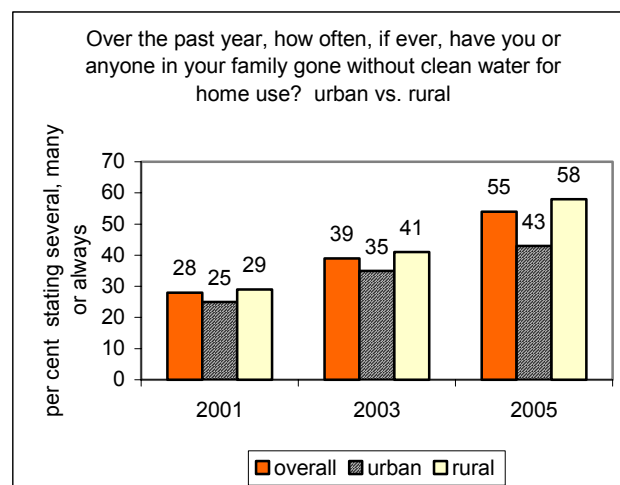
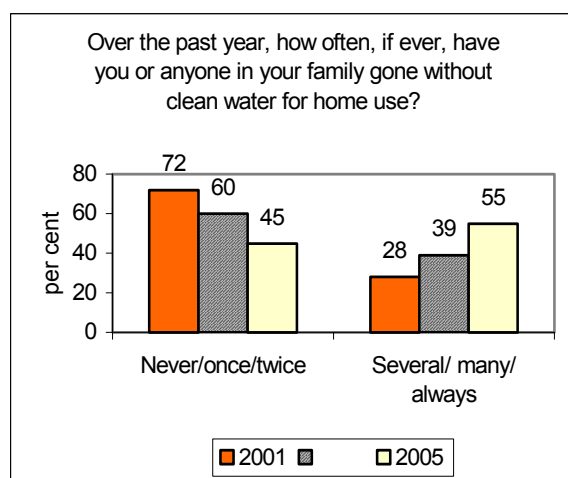
## Water

Access to clean and safe domestic water is a prerequisite to improved health outcomes. There is a close link between water supply, sanitation, hygiene practices and diseases, especially cholera.



Delivery of household water continues to be a problem for Mainland Tanzanians. The 2003 Afrobarometer survey found that 52 percent of respondents thought the government was doing “very” or “fairly” badly in delivering water to households. Results from the 2005 survey suggest that the situation is deteriorating, particularly in the rural areas. Overall, 56 percent of respondents are now dissatisfied. The water situation does seem to have improved over the last couple of years in urban localities, but the same does not hold for the rural areas, where dissatisfaction is on the increase.

From 2003 to 2005, the percent of urban respondents giving the government a negative evaluation declined from 54 to 40 percent, but increased from 51 to 60 percent among the rural respondents.



*Note:* In 2001, the question was formulated a bit differently: “Over the past year, how often, if ever, have you gone without water for domestic use?” Response options were also different: 46 percent stated never, 26 percent occasionally, 26 percent frequently and 2 percent always; the response option for “don’t know” was not offered.

More than half (55 percent) of respondents in 2005 frequently faced difficulties in accessing clean water for home use in the past year, compared to 28 percent in 2001 and 39 percent in 2003. And the problem is especially acute for rural respondents – the number who frequently go without enough water has doubled since 2001. Further, even though, as noted earlier, an increasing number of urban respondents expressed satisfaction with the way the government is handling the delivery of household water, more and more urban residents are also going without water on a regular basis: the share increased from 25 percent in 2001, to 43 percent in 2005.

National averages can mask different perceptions and experiences across the country. This is perhaps very true in the case of domestic water supply. According to the 2005 Poverty and Human Development Report, coverage across districts, and between urban and rural areas, is very uneven. Rural water supply coverage has increased in the last few years, but close to half of rural households still continue to use unprotected sources of drinking water. Overall in Tanzania, 42 percent of rural and 85 percent of urban households now have access to improved sources of drinking water,<sup>9</sup> though there are some variances among data from different sources. But in seven districts, less than 10 percent of households have such access, while in four districts over 80 percent do. The increasing cost of domestic water is also of growing concern for the very poor, especially for those living in unplanned urban settlements.

### Health and Health Services

In general, trends in health show a mixed picture. Recent national data<sup>10</sup> indicate substantial reductions in infant and under-five mortality. According to indirect estimates from census data, during the period 1978 to 2002, infant mortality fell from 137 to 95 per 1,000 live births, and under-five mortality declined from 231 to 162 per 1,000 live births. From the 1999 and 2004/05 DHS surveys, infant and under-five mortality declined from 99 to 68 and from 147 to 112 per 1,000 live births, respectively. More effective prevention and treatment of malaria, increased vitamin A supplementation, and reductions in malnutrition are thought to be important contributors to improved

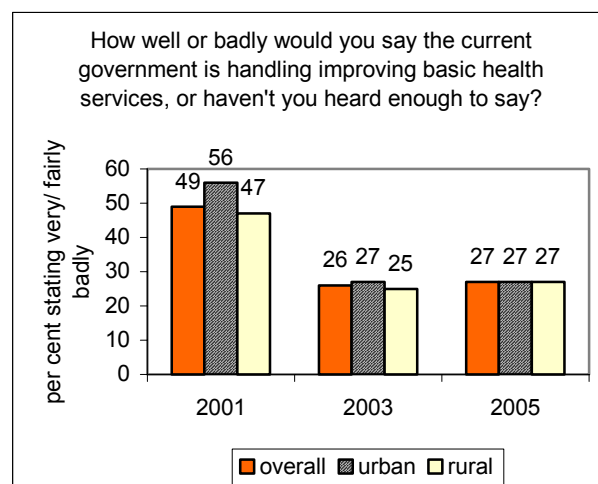
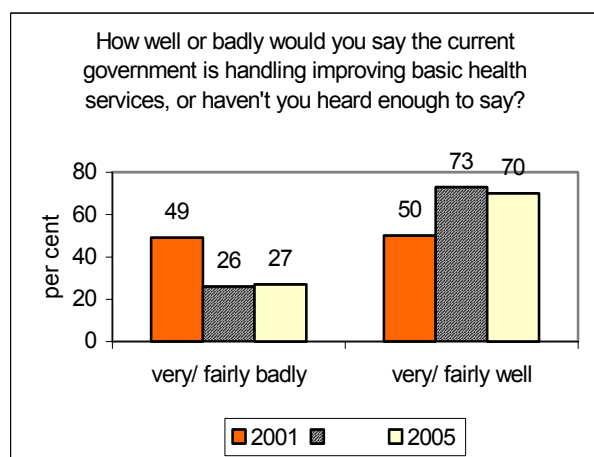
<sup>9</sup> Data source: 2002 Population and Housing Census. An improved water supply can be either piped water or water coming from a protected well or spring.

<sup>10</sup> 2002 Population and Housing Census, and 2004/05 Demographic and Health Survey data (RAWG 2005).



health outcomes. Immunisation rates have also been sustained at a high level. Yet, there remain substantial urban-rural, regional and socio-economic differences. Rural poor children are more likely than their urban counterparts to die. Furthermore, maternal mortality is unchanged, and continues to be very high: 578 women die for every 100,000 live babies born. Effective access to quality health care, but especially to emergency obstetric care services, is a prerequisite to ensuring improved maternal health care. Evidence from several national studies and vulnerability assessments<sup>11</sup> suggests that many poor people, particularly women and children, fail to access quality health care. There remain many obstacles, including: health care charges and other “unofficial costs” for drugs and supplies, as well as unofficial payments; long distances; inadequate and unaffordable transport systems; poor quality of care; poor governance and accountability mechanisms; and poorly implemented exemption and waiver schemes meant to protect the most vulnerable and poor people.

Findings from the last two Afrobarometer surveys suggest that people are, on the whole, relatively satisfied with the government’s efforts to provide basic health services. In fact, results show a marked improvement in respondents’ assessment of the government’s performance in the health sector since 2001. In 2001, 50 percent of respondents thought the government was performing “fairly” or “very well” in this sector, while in 2003 this had gone up to 73 percent. This has been followed by a slight decline to 70 percent in 2005. Dissatisfaction – measured at 27 percent in 2005 – was shared equally between urban and rural respondents.

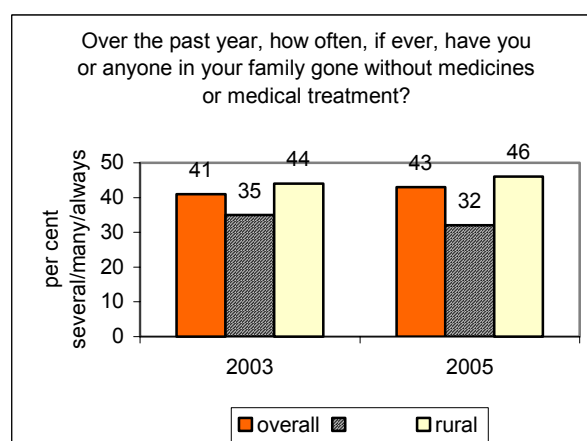
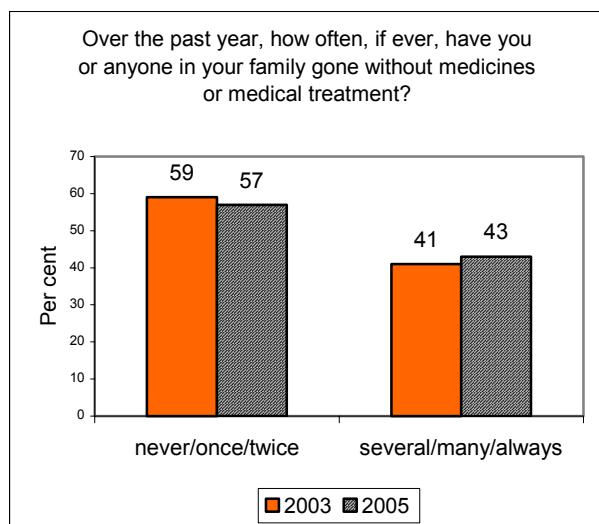


Regarding government’s efforts in addressing HIV/AIDS specifically, Mainland Tanzanians are somewhat divided. More than three-fourths of respondents – 82 percent and 77 percent, in 2005 and 2003, respectively – are of the opinion that the government is doing “fairly” or “very well” in combating HIV/AIDS. In addition, around half of them – 59 percent in 2005 and 47 percent in 2003 – either “agree” or “strongly agree” that “the government should devote many more resources to combating AIDS, even if this means that less money is spent on things like education.” All the same, a considerable proportion – 31 percent in 2005 and 44 percent in 2003 – are of the opinion that “there are many other problems facing this country beside AIDS” and “even if people are dying in large numbers, the government needs to keep its focus on solving other problems.”

<sup>11</sup> RAWG 2005; RAWG (2004), *Vulnerability and Resilience to Poverty in Tanzania: Causes, Consequences and Policy Implications*. 2002/03 Tanzania Participatory Poverty Assessment (TzPPA), *Main Report*, Dar es Salaam: Mkuki na Nyota Publishers; Save the Children (2005), *The Unbearable Cost of Illness: Poverty, Ill-health and Access to Healthcare – Evidence from Lindi rural district in Tanzania*, Dar es Salaam: SC; Swiss Agency for Development and Cooperation (2003), *Views of the Poor. The perspectives of rural and urban poor in Tanzania as recounted through their stories and pictures*, Dar es Salaam: SDC.



On the subject of access to health care, a majority of the respondents' (61 percent) in 2005 found it "easy" or "very easy" to obtain medical treatment at a nearby clinic.<sup>12</sup> Over one-third (37 percent), however, found it "difficult" or "very difficult." Moreover, 43 percent report that they or members of their family have often failed to access medicines or medical treatment in the previous year (i.e., "several times," "many times" or "always"). Access is more of an issue in rural Tanzania.



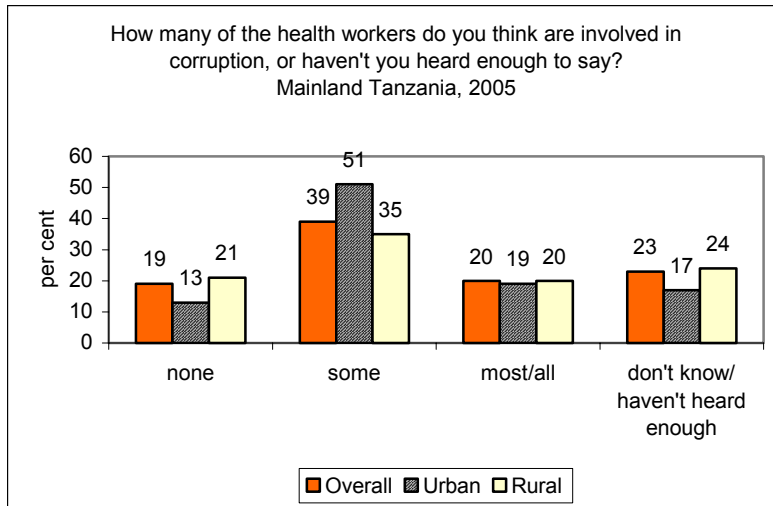
*Note:* A response of "never" encompasses both those who didn't need the service, and those who needed it and didn't go without. In 2001 the situation appeared to be a little better but the question was posed differently. It only referred to access to medical care, not to medicines: "Over the past year, how often, if ever, have you gone without medical treatment for your family?" 52 percent stated never, 25 percent occasionally, 22 percent frequently and 1 percent always.

To what extent do Mainland Tanzanians encounter some of the commonly documented problems in accessing quality health care? Table 3 shows that, on the whole, between one-fifth and one-half of respondents have frequently (i.e., "a few times" or "often") experienced each of the specified problems with their local public clinic or hospital in the last one year. Close to a half noted "lack of medicines or other supplies" (47 percent) and "long waiting time" (50 percent) to be common problems; and between a quarter and a third of the respondents mentioned "absent doctors" (32 percent), "services are too expensive/ unable to pay" (28 percent), and "lack of attention or respect from staff" (28 percent).

**Table 3. Problems with Local Public Clinic or Hospital, Mainland Tanzania, 2005 (percent)**

	Once/ Twice	A few times/ Often	Never	No experience with clinics in past 12 months
Services are too expensive/ Unable to pay	15	28	50	7
Lack of medicines or other supplies	13	47	33	7
Lack of attention or respect from staff	15	28	50	7
Absent doctors	12	32	47	7
Long waiting time	13	50	30	7
Dirty facilities	11	19	62	7
Demands for illegal payments	9	21	60	7

<sup>12</sup> "Based on your experience, how easy or difficult is it to obtain medical treatment at a nearby clinic? Or do you never try and get these services from government?"



When asked about corruption in the health sector, in 2005, 39 percent of respondents report that “some” health workers are involved in corruption, and 20 percent believe that “most” or “all of them” are. These perceptions are in part based on personal experience: 15 percent report that they had to resort to paying a bribe, giving a gift, or doing a favour to obtain medicines or medical attention from a health workers in the past year. This includes 7 percent who did so only “once or twice,” 5 percent who had to “a few times,” and 3 percent who were forced to engage in these practices “often.” Another 18 percent of the respondents stated that they had “no experience with this in the past year.” However, in response to another question, a total of 30 percent report experiencing “demands for illegal payment” at their local public clinic or hospital in the past 12 months, including 9 percent who encountered these demands “once or twice,” and fully 21 percent who did so “a few times” or “often.” It is possible that the discrepancies between the two figures indicate that not everyone succumbed to these demands.

In comparison, the 2003 Policy and Services Satisfaction Survey found that for 73 percent of respondents, health care had become “less affordable” in the last 5 years. Cost of treatment was ranked as the most serious problem in the health sector, with 50 percent stating it to be a “serious problem.” When asked about personal experiences with corruption, 6 percent reported having paid a bribe to a health worker in the previous 12 months.

Overall, the health system is constrained. As reported in the 2005 Poverty and Human Development Report, and also reflected in the 2005 Afrobarometer findings, most primary health care facilities are characterised by having inadequately trained staff, experiencing frequent shortages of drugs and supplies and being poorly equipped. The Ministry of Health is equally concerned, especially about the inadequacy of skilled human resources in the health sector and subsequently the quality of health care delivered, and also with the failure to effectively implement the exemption and waiver system, thereby excluding the very poor and vulnerable groups from effectively accessing health services.<sup>13</sup>

**To conclude**, the 2005 Afrobarometer survey findings suggest that Mainland Tanzanians are generally satisfied with progress in the educational sector. An increasing number of children are accessing primary schools. Yet there are concerns regarding the quality of education and concrete steps need to be taken towards addressing people’s specific concerns regarding lack of textbooks or

<sup>13</sup> Ministry of Health (2005), *Tanzania Joint Health Sector Annual Review, April 2005*; Ministry of Health (2005), *Health Financing Options in Tanzania: Attaining Financial Sustainability for an Equitable Access to Essential Health Care*; G.R. Mliga, A.O. Mwakilasa, and E. Mwakalukwa (2005), *Human Resources for Health: Strategies to Overcome the Constraint*, Pre-Review Health SWAP Committee (Joint GOVT/ Development Partners) Preparatory Meeting.

other supplies, poor teaching methods, overcrowded classrooms and absent teachers. Strategies also need to be put in place to make certain that children, especially those from poorer households, are not constrained by various school-related expenses other than fees. Regarding health, findings suggest a marked improvement in the government's performance in the health sector in the last few years. People are also generally satisfied with the way the government is addressing the issue of HIV/AIDS, though a large majority believe that more resources need to be allocated towards this particular intervention. Survey findings also suggest, however, that effective strategies need to be put in place towards ensuring that people are better able to access quality health care. Some of the common concerns centre around shortages of essential medicines, the presence of skilled human resources, long waiting times, the cost of health care, and the attitude of health care providers towards their clients. With respect to water, there is no doubt that Mainland Tanzanians, in particular those located in the rural areas, are gravely concerned and view this as one of the top priorities that government needs to look into. A majority of those from the rural areas – and more and more urban residents as well – have often had to go without water. Cost effective strategies are urgently needed, especially to increase access to improved water supplies in rural and peri-urban areas.

This Briefing paper was prepared collaboratively by REPOA and MSU.

The Afrobarometer is produced collaboratively by social scientists from 18 African countries. Coordination is provided by Wilsken Agencies, Ltd. in Uganda, the Institute for Democracy in South Africa (Idasa), the Centre for Democratic Development (CDD-Ghana) and Michigan State University. REPOA should like to thank Wilsken Agencies, Ltd. and Michigan State University for their technical support during the third Afrobarometer survey (2005) in Tanzania. Several donors support the Afrobarometer's research, capacity building and outreach activities, including the UK Department for International Development (DFID), Swedish International Development Cooperation Agency, the Netherlands Ministry of Foreign Affairs, The Royal Danish Ministry of Foreign Affairs, and the U.S. Agency for International Development (USAID). REPOA thanks the Royal Danish Ministry of Foreign Affairs, USAID and DFID for additional financial support in