THE USE OF QUANTITATIVE AND QUALITATIVE SURVEY RESULTS TO INFLUENCE POLICY: THE CASE OF PARTICIPATORY SERVICE DELIVERY (PSDA) IN ZANZIBAR

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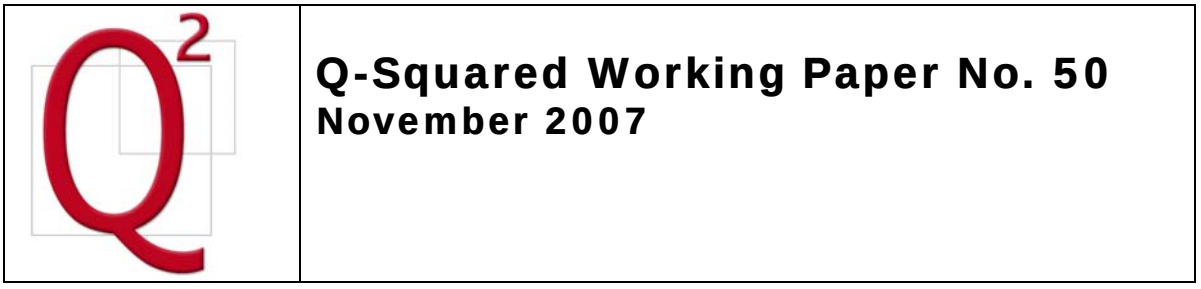

Q-Squared Working Paper No. 50
November 2007

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Introduction

When the Revolutionary Government of Zanzibar (RGOZ) was reviewing its first generation Zanzibar Poverty Reduction Plan (PRSP) in its Swahili acronym MKUZA, it was found out that its M&E could only track inputs, outputs, outcome and impact. Inputs are the resources that are needed to implement plan activities. Outputs include those achievements derived directly from the management of inputs. The activities that are implemented lead to activity output like the number of workshops conducted, the number of staff trained and so on. In turn, a series of activities outputs, if implemented correctly, should lead to some results or outcome. How the results are going to be achieved is reflected by the activities. In the long run, changes in outcome should lead to achieve the intended impact. However, to achieve the intended impact, the process should be implemented correctly. The current system of mid term evaluation and end of term evaluation miss a lot of opportunities within each year. Yearly resources committed are not seriously followed to see whether the resources and activities are actually in line with the intended outcomes. How then can the M&E system check that the annual activities are being implemented as desired and the resources are being rightfully used to reach the targets?

In this paper, the aim is to:

- Inform that the ZSGRP has adopted the CRC as a yearly monitoring tool because developing country citizens need to develop a culture of evaluating the quality of services they receive.
- Show how the results were taken on board by the government to institute cost sharing for water supply.
- Advice how developing countries with second generation PRSPs can adopt the CRC in their wings at the sub national levels as a poverty monitoring tool that would assess the quality and value of services of different providers.

Background and Justification

One requirement under the implementation of the Zanzibar Poverty Reduction Plan (ZPRP) was that the implementation and management of the programmes and policies set out in the ZPRP were to be carried out with the full involvement of the peoples of Zanzibar. PRSP review also recommended that the RGOZ must regularly undertake social audits of their services to gather the opinion of their citizens on access to and quality of services. Hence, these two demands called for the adoption of a tool within the M&E setup, to also monitor and evaluate implementation process yearly, while the M&E system continues also to traditionally monitor and evaluate intermediate outputs and outcomes as well as impact. It was at this juncture that the RGOZ sanctioned to pilot how to monitor the annual implementation process by using the Public Service Delivery Assessment (PSDA), which is a form of Citizen Report Card (CRC), in two districts and including two sectors; Drinking Water and Primary Education services by soliciting the impressions of those who receive these services.

PSDA ensures an explicit focus on public service delivery, quality of, access to and satisfaction with services being delivered. Public Service Delivery Assessment is a major performance tool, it is simple and entails users of services themselves engaging with service providers to define issues and problems related to service delivery and propose solutions together.

In developing countries, good governance has become as imperative to poverty reduction as it has become to development more generally. Good governance is variously described as governance that is accountable, transparent, follows the rule of law and allows for participation or citizen voices to be heard and considered (Casson, K. 2001; Donahue,J., and Joseph, N. 2003). It is all too clear that when a government performs poorly, resources are wasted, services go undelivered, and citizens are denied social, legal and economic protection. There should be a way that the government is informed about citizen perceptions.

Participation is a central element of democracy and increasingly, citizen participation in economic policy is advocated as a way to make government spending more pro-poor. Getting good governance calls for improvements that touch virtually all aspects of the public sector from institutions that set the rules for economic and political interaction, to organizations that manage administrative systems and deliver goods and services to citizens, to the interface of officials and citizens in political and bureaucratic arenas. Efforts to date suggest important lessons about how government capacity can be improved and how the role of the civil society in building more effective and responsive government can be strengthened. In this brief, we consider the participation of civil society and the poor in improving government effectiveness and responsiveness through Participatory Service Delivery Assessment Surveys (PSDA).

PSDA ensures an explicit focus on public service delivery, quality of, access to, satisfaction with services being delivered. Public service delivery is a major performance tool, it is simple and entails users of services themselves engaging with service providers to define issues and problems related to service delivery and propose solutions together.

The Definition of Participatory Service Delivery Assessment (PSDA).

This method has a fairly recent history in statistical dealings in the developing world. The Survey uses the Citizen Report Card (CRC) to elicit feedback through sample surveys on specific aspects of service quality that users know best, and enable public agencies to identify strengths and weaknesses in their work. The CRC provides an empirical bottom-up assessment of the reach and benefit of pro-poor services. It as well serves to identify the key constraints that citizens –especially the poor and underserved- face in accessing public services, benchmark the quality and adequacy of these services as well as the effectiveness of the staff providing the services. These insights help generate recommendations on sector policies, programme strategy and management of service delivery, to address these constraints as well as improve service delivery.

Why conduct stakeholders' perceptions

1) Gain an understanding of service consumers perception between rural/urban as regards evaluation of services rendered by the LGC as well as obtain relevant data for measurement of perception indicators relevant to LGC service delivery in the communities.
2) To establish a basis for designing an appropriate strategy on service delivery in line with stakeholders interests in that community of sub national level.
3) Determine the appropriate reform measures in service delivery.

Historical Origin

The Citizen Report Card concept was first introduced in Bangalore, India, in 1993, through the efforts of the Public Affairs Centre, (McGee and Norton, 2000; Goetz and Gaventa, 2001), as a public feedback mechanism both to enable citizens to signal service providers about their performance and to stimulate providers to respond to these signals. This led to a positive impact on the citizen's awareness of the city's public service problems and the citizen's ability to assess the performance of the public services in the city. The report card gives the service providers the kind of information they need to seek reform in specific activities and for the citizens to demand greater public accountability.

The successful experience with the report cards in Bangalore, led the World Bank to pilot the citizen report card on Pro-Poor services assessment of the performance of selected government services based on client experience. The World Bank piloted the citizen report card on Pro-Poor services assessment in Philippines where it sought feedback of ordinary citizens on public services in the country. In Kenya, the citizen report scorecard has been used in the Kenya Urban Bribery Survey, in order to assess the corrupt practices in urban areas and thereby help inform strategies to increase transparency and accountability at

the local level. The Citizen Report Card has also been used in Bangladesh about the services being provided by the local governments.

Zanzibar Experience

One requirement under the implementation of the Zanzibar Poverty Reduction Plan (ZPRP) is that the implementation and management of the programmes and policies set out in the ZPRP are to be carried out with the full involvement of the peoples of Zanzibar. PSDA is a tool that was meant to gain insights into a community's reaction to organization practices and goals. The PSDA on the Pro-Poor services assessed the performance of selected government services based on client experience. This signifies the commitment of the Revolutionary Government of Zanzibar (RGOZ) to move away from past practices that development activities were planned and implemented without much consultation with the citizens on their relevance and impact, to a new approach where participation and consultation are the norm. Within this new approach, the RGOZ has committed itself to facilitate a process of participatory monitoring and evaluation of poverty reduction efforts with the beneficiaries. This called for the adoption of the PSDA tool to monitor and evaluate implementation process. Several other surveys like Household Budget Survey (HBS), Demographic and Health Survey (DHS), Labour Force Survey (LFS) and Agricultural Survey have been identified to generate indicators for the ZPRP. PSDA ensures an explicit focus on public service delivery, quality of, access to, satisfaction with services being delivered. Public service delivery is a major service performance monitoring tool, it is simple and entails users of services themselves engaging with service providers to define issues and problems related to service delivery and seek solution together.

The PSDA using the Citizen Report Cards is meant to supplement other surveys and not meant to be a go alone endevour. There is emphasis on user feedback related to performance of public services, especially those pro-poor ones, through which feedback on experiences with public services is collected, analyzed and disseminated in a systematic and transparent manner. After all, the citizen's voice matter a lot in the

design, delivery and assessment of public services. The user feedback, when converted into voice backed by large number of people, can stimulate governments to redesign services and rectify the problems faced by the people and reported in the survey results.

The catch in adopting and internalizing the PSDA results in planning and decision making, rests on how it is carried out and who are involved from the inception stage. The involvement of all stakeholders is essential because the method, the process and the results must be accepted and eventually used by all parties in the development field in the area concerned. For this to be practical, the selection of the sample must also follow the system used in the data collection system in the country. This will allow comparability as well as accepting the results as a form of an alternative source. This was also followed in Zanzibar.

Quantitative approaches apply mainly statistical analysis to data collected by standardized questionnaires through survey methods that have been numerically transformed and comes from sampling frame that indicates it is representative of a broader population. Qualitative approaches are mainly narrative analysis focusing on data that is usually collected by conversation, semi-structured interviews, observation, participatory methods of focus group discussions, much of which is non-numerical and mostly not being representative of a broader population.

The results from CRC can shed light on the issues that constrain the poor from assessing and using the services like availability of facilities, quality of services being provided, costs of using the services and the behaviour of the staff in these service provider institutions. Apart from exploring the possible ways of improving the services by listening to the voices of the poor users, the findings can as well be used to compare with some of the conclusions reached from other analytical studies.

The Pilot

Participatory Service Delivery Assessment was undertaken in the West district in Unguja and Chake Chake District in Pemba on a Pilot exploratory basis in early January 2004 covering public service provision in two sectors of Primary education and Drinking water. These two districts, which display both rural and urban characteristics, were purposefully selected to represent Zanzibar. The pilot survey was undertaken to get a glimpse of how beneficiaries evaluate the services so that there can be in place a credible system of dialogue between service providers and beneficiaries as well as provide a viable tool that can make a much focused contribution to monitoring service delivery, especially to disadvantaged groups such as rural, urban periphery, women, children and the unemployed. ZPRP Task force was formed specifically to oversee the designing of Citizen Report Card pilot in Zanzibar, a technique adopted from India. A consortium of fourteen NGOs benefited in collaboration with OCGS, had planned to undertake Participatory Services Delivery Assessment (PSDA), disseminate main findings to stakeholders and translate the summary of key findings into simpler language for wider circulation.

The involvement of CSOs very earlier in the process sets the tone for all preceding stages. It creates a foundation for broad based participation, widespread buy in and legitimacy. This can be done through planning and policy making processes. CSO engagement enhances the responsiveness of policies to the needs of citizens, especially poor men and women. CSOs provide alternative views and complementary sources of data that will enrich policy decisions and design as well as encourage their alignment with the national vision.

The National Master Sample

The PSDA sample for this pilot in the two districts covered a total of 1015 households in all. The Office of the Chief Government Statistician (OCGS) coordinated the entire field operations as well as the data

entry and analysis. UNDP funded the pilot as well as provided the technical assistance by securing the services of The Public Affairs Foundation (PAF), Bangalore, India.

The sample was based on the NMS for district level data. According to the NMS of Tanzania, there are two modules, module A that gives national as well as regional estimates and module B that can give national regional and district estimates. For module A, there should be selected135 rural EAs and 171 EAs in urban areas in Zanzibar while for Mainland Tanzania in module A there should be 606 villages from rural areas and 890 EAs from urban areas. For module B in Mainland Tanzania, there should be selected 3229 villages from rural areas and 3451 EAs from urban areas but distributed to the districts proportional to population size and 317 rural EAs and 194 urban EAs for Zanzibar respectively for module B. The tables in the appendices 1 and 2 show the total sizes of samples for each module by region and district. The table in appendix 1 shows the total number of villages and Enumeration areas in urban areas in columns two and three respectively while columns four and five show what sample of villages and EAs should be selected when estimates at national and regional levels are needed. The table in appendix 2 shows the total number of villages and Enumeration areas in urban areas in columns two and three respectively while columns four and five show what sample of villages and EAs should be selected when estimates at district levels are needed. From each selected village or EA 15 households were randomly selected and a questionnaire was administered to these households.

The Output

The pilot PSDA was an attempt to transfer international best practices in public service delivery reform to Zanzibar Poverty Reduction Plan as well as build awareness and capacity in the stakeholders, offer diagnostic pointers to service providers who in turn will improve the quality of services. The Pilot PSDA results have thrown light on the constraints Zanzibaris face in accessing drinking water and primary education services, their views about the quality and adequacy of drinking water and primary education

services and the responsiveness of government officials. The results also provided valuable insights on the priorities and problems faced by the clients and how these services may be better tailored to the needs of Zanzibaris in general and the poor in particular. Through the survey, citizens got to speak out on the quality and affordability of the drinking water and primary education services and also revealed their awareness and access to the programmes in the two sectors in the districts.

According to table 1, in 2004, the pipe water supply reached about 77% of households. The reach was better in West District (86%) compared to Chake Chake (64%). Common public taps were reported as the single most used source of drinking water in the survey (43%), followed by household pipe connection (34%). Table 1 below has more details.

Table 1: Distribution of Households by Main Sources of Drinking Water

(All figures in percentages)

Normal Water Source	Total	West District	Chake Chake
Household Pipe	34	38	28
Common Public Tap	43	48	36
Boreholes within the house	01	02	0
Boreholes outside the house	02	02	0
Protected well	02	02	02
Unprotected well	12	01	29
Others	06	07	05

Source: PSDA survey, 2004

Access to common public taps is quite good with 90% of users reporting the availability of a common public tap within 300 m from their residences; 78% of users report that it takes them less than 10 minutes to reach the source. However, access to unprotected wells (the second most used common public water source) is a matter of some concern, as more than one-third of the users report the availability beyond 300 m from their residences; 60% of the users report taking more than 10 minutes to reach the source. Table 2 below has more details concerning access to water sources.

Table 2: Access to Common Public Water Sources

(All figures in percentages)

Water Source	Access Parameters					
	Distance			Time taken		
	<100 m	100-300m	>300m	<10min	10-20	>20min
Common Public Tap	65	25	10	78	19	03
Boreholes outside the house	66	07	27	73	27	0
Protected well	41	45	14	78	22	0
Unprotected well	24	45	31	40	56	04

Source: PSDA survey, 2004

The reason for people not having household pipe connection varies. The main reasons are “cannot afford” (54%) and “no supply in the area” (21%). Reasons such as “non-reliable water supply” were quoted only

by a very small segment (8%). Table 3 below has more details on why people do not opt for government household water connections.

Table 3: Why People did not opt for Government Household Connections

(All figures in percentages)

Reasons	Regions Together			West District			Chake Chake		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
No supply in the area	21	22	19	14	16	06	**30**	30	31
Cannot Afford	54	51	63	60	56	**78**	46	45	51
Non reliable water supply	08	08	03	10	11	06	04	05	-
Others	17	19	15	16	17	10	20	20	18

Source: PSDA survey, 2004

The issue of no supply in the area was quoted by one-third of the households in Chake Chake as compared to only 14% in West District. Non reliable water supply was more often given as a reason in West District (11%) rather than Chake Chake (5%). Women headed households however indicated affordability as a more important issue (63%) as compared to male headed households (51%)

Most households which didn't have access to the Department's water supply depend on unprotected sources (18%) such as wells. This dependence on unprotected sources is a bigger issue in Chake Chake (34%). The main demographic group who have no access to Department water supply are farmers. Over a quarter (26%) of farmer households depend on unprotected wells for drinking water. Almost 60% of all

users of common public water sources had to make more than 5 trips to the source to collect drinking water for their use at home. This proportion is marginally higher for Chake Chake (64%) as compared to West District (56%). Those depending on unprotected wells travel greater distances to collect water; (31%) travel more than 300 m to collect water from this source as against (10%) for common taps.

Quality of public water supply

Most users (94%) of services of the water department found it easy to secure a domestic piped water connection. While more than half of those who have tap connections get water supply every day, in West District (76%) of households had reported that they get daily supply while in Chake Chake district only (31%).reported daily supply. Table 4 shows the frequency and duration of household piped water supply

Table 4: Frequency and duration of Household piped water supply

(All figures in percentages)

Frequency	All the regions				West District				Chake Chake			
	T	<5	5-10	10>	T	<5	5-10	>10	T	<5	5-10	>10
Daily	61	02	10	88	76	02	11	87	31	03	-	97
Alternate Days	11	22	13	65	07	31	17	50	19	14	10	76
Once in 3 days	07	13	22	65	04	11	22	67	12	14	22	64
Don't know	21	31	29	40	13	48	14	38	38	19	39	42

Source: PSDA survey, 2004

Majority (61%) of the respondents reported getting daily supply of piped water while 88% of those receiving daily supply of piped water report more than 10 hours of availability. However, access to unprotected wells, which is the second most used common public water supply source, is a matter of some concerns as more than one-third of the users reported the availability beyond 300 m from their residences and at the same time 60% of the users reported taking more than 10 minutes to reach the water source. Table 5 below shows different water sources and access parameters.

Table 5: Access to Common Public Water Sources and Access Parameters.

(All figures in percentages)

Water Source	Access Parameters					
	Distance			Time taken		
	<100 m	100-300m	>300m	<10min	10-20	>20min
Common Public Tap	65	25	10	78	19	03
Boreholes outside the house	66	07	27	73	27	0
Protected well	41	45	14	78	22	0
Unprotected well	24	45	31	40	56	04

Source: PSDA survey, 2004

Among those using common public taps, a larger proportion of households in West District had to travel more than 300 m (14%) as compared to users in Chake Chake (2%)

Seventy percent of respondents report that the water supplied through household piped connection is adequate to meet their requirements; this proportion is slightly low in Chake Chake with only 59% reporting in the affirmative.

Copping with Seasonal Scarcity

One in two respondents experienced seasonal scarcity (51%) of which 41% were compelled to shift their regular sources of drinking water supply. This proportion, which shifts the sources, is higher in Chake Chake with 56% of the respondents reporting the source; the corresponding figure for West District is 37%. Thus the problem is bigger in Chake District than in West District.

Users of household connections experienced greater scarcity (53%) as compared to those using common taps (49%). However, highest scarcity was experienced by users of unprotected wells (62%). Scarcity among users of household pipe connections and unprotected wells was significantly high in Chake Chake (62%). Table 6 below clearly specifies the situation vividly.

Table 6: Proportion of Households Experiencing Scarcity by Source of Water.

(All figures in percentages)

Source of Normal Use	All regions together		West District		Chake Chake	
	Total users	Reporting scarcity	Total users	Reporting Scarcity	Total users	Reporting scarcity
Household Tap	34	53	38	43	28	**69**
Common Tap	43	49	48	49	36	48
Borehole within house	01	06	02	06	0	-
Borehole outside house	02	33	02	33	0	-
Protected well	02	43	02	13	02	N too small
Unprotected well	12	62	01	N too small	29	**62**
Others	06	46	07	34	05	65

Source: PSDA survey, 2004

The response to scarcity offers some very interesting findings. Most households experiencing scarcity move to unprotected wells during this period. Twenty seven percent of households 28% with tap connections and using common taps and 86% using un-protected wells move to other unprotected wells during this period. The other key support systems are the common tap; 22% of household tap connections and 30% common tap connections move to other

common taps during this season. Protected wells also provide an important support system for 12% of household tap users and 22% of common tap users during periods of scarcity. The table below has more details.

Table 7: Transition in Drinking Water Sources during Scarcity by sources of Water supply.

(All figures in percentages)

Source during normal times	Source During Scarcity Times						
	Piped Water	**Common Taps**	**Boreholes outside**	**Boreholes inside**	**Protected well**	**Unprotected wells**	**Others**
Piped water	03	22	01	04	12	28	30
Common taps	-	30	N too small	N too small	22	28	20
Boreholes outside	Number of observations too small to draw conclusions						
Boreholes inside							
Protected wells	-	-	20	-	60	-	20
Unprotected wells	-	09	-	-	N too small	86	N too small

Source: PSDA Survey results, 2004

This transition during scarcity periods is not easy. About 26% of household collect water from a distance of over 300 meters during the scarcity season as against 15% during normal conditions. Zanzibar Government recognized the link that exist between poverty reduction and improved water supply services. In the ZPRP 2002, water was regarded as a fundamental component of the plan. A

significant step in this direction had been the development of the Draft Water Policy, which was approved by the Cabinet on December 31, 2003. The Draft Water Policy provides guidance on a number of issues like pricing, equitable allocation, private-public partnerships, gender awareness and mainstreaming, use of appropriate technologies and design of new institutional and regulatory frameworks. The draft was not acted upon.

Concerning their willingness to pay for water services in Zanzibar which so far is provided freely by the government, there are about seven out of every ten users of public drinking water facilities who reported that they were willing to pay for the services if better services are assured and the amount mostly quoted was Tshs. 10 00 per month. Along with showing their willingness to pay as well as the amount they are prepared to pay in a month, they also suggested on how the water service providers could engage the public to improve the services. Breakdown in water supply services is a problem that confronts many households and about 21% of households report breakdowns at least once in a month. District profiles show a big variation with 32% of users in Chake Chake reporting breakdowns at least once in a month as compared to 16% in West District.

Table 8: Proportion Reporting Breakdowns at least Once a Month by Source of Water Supply. *(All figures in percentages)*

Source of Water	Total	West District	Chake Chake
All sources	21	16	32
Piped Water	20	14	33
Common Tap	21	16	31

Source: PSDA survey, 2004

About 70% of these problems were attended to within a week's time. However, problem resolution within a week is marginally lower in Chake Chake (60%). In case of any problems with public water sources, more than one third of the users (37%) report that they prefer not to contact any official; 28% prefer the officials of the water department and 9% prefer private technicians as the first point of contact in case of any breakdown.

How satisfied are the people with the public Water Supply System

A much higher proportion of users of household piped connections (82%) and common public taps (82%) express satisfaction with the quality of water as compared to the users of common boreholes (52%) and other public sources (66%). However, the satisfaction scores drop when it comes to the quantity of water availability from different sources. While, 71% and 74% of the users of household piped water and common taps express satisfaction with the quantity of water they receive, the comparative proportion for common boreholes is only 52%. The most significant drop is in the case of other public sources (of which unprotected wells are a major source) where only 32% of users report satisfaction.

Table 9: Satisfaction of Users with Quality & Quantity of Water Supplied

(All figures in percentages)

Source of Water	**Water Quality**		
	Satisfied	***Dissatisfied***	***Don't Know/CS***
Household Tap	82	17	01
Common Taps	82	18	-
Common Boreholes	52	48	-
Other Public Sources	66	33	01

		Water Quantity	
Household Tap	71	29	-
Common Taps	74	26	-
Common Boreholes	52	48	-
Other Public Sources	32	65	03

Source: PSDA survey, 2004

Satisfaction with the quality of water from household taps and common public taps is quite high with 82% each. Common boreholes are, however a cause for concern as almost half of the users are dissatisfied. Surprisingly, quality of water from other public sources, of which unprotected wells form a significant proportion, is high at 66%.

Across regions, dissatisfaction with the quantity of water supply through household piped connection is significantly higher in Chake Chake (42%) as compared to West District (22%). Similarly, 64% of the users of other public water sources in Chake Chake expressed dissatisfaction with the quantity of water as compared to 36% in West District.

Table 10: Levels of satisfaction by households with the Quality & Quantity of Water

(All figures in percentages)

Level of Satisfaction	Total	West District	Chake Chake
Quality of Water (Household Connection)			
Strongly Satisfied	56	**65**	40
Satisfied	26	20	37
Dissatisfied	09	06	16
Strongly Dissatisfied	09	09	07
Quantity of Water (Household Connection)			
Strongly Satisfied	48	57	32
Satisfied	21	21	26
Dissatisfied	14	10	19
Strongly Dissatisfied	16	12	**23**
Quality of Water (Common Taps)			
Strongly Satisfied	61	64	57
Satisfied	21	20	28
Dissatisfied	08	05	11
Strongly Dissatisfied	10	11	04
Quantity of Water (Common Taps)			
Strongly Satisfied	55	56	54
Satisfied	19	16	23
Dissatisfied	13	14	17

Strongly Dissatisfied	13	14	06
Quality of Water (Other Public Sources)			
Strongly Satisfied	24	38	21
Satisfied	34	38	32
Dissatisfied	17	07	20
Strongly Dissatisfied	25	17	27
Quantity of Water (Other Public Sources)			
Strongly Satisfied	22	30	21
Satisfied	20	34	15
Dissatisfied	29	16	33
Strongly Dissatisfied	29	20	**31**

Source: PSDA survey, 2004

Clearly, scarcity has an impact on satisfaction with the quantity of water received from public sources. About 95% of the dissatisfied respondents with household taps were the ones experiencing severe scarcity and dissatisfaction with common taps was at the rate of 82%.

Willingness to Pay

About 65% of all users of public drinking water facilities reported that they were willing to pay more if better services are assured; the amount people are willing to pay per month is Tsh. 1000 (median) with 91% quoting monthly billing system as the preferred system.

The proportion of users reporting willingness to pay is significantly higher in West District (72%) as compared to Chake Chake (52%).

Conclusion

The PSDA has revealed more relevant information for decision making than what was available from other sources. It has revealed perceptions and how the people think on ways they can participate in the water supply sector. This wealth of information gave decision makers in the department of water the power to move ahead and to send a bill to the House of Representatives for the formation of a Water Agency, whose among other mandates, is to institute cost sharing culture. The insights derived from the CRC pilot test has shed light on the issues that limit the poor from accessing and using drinking water services. The finding on the people's willingness to pay for better services has also given the department of water a starting point to initiate to move towards a cost sharing water supply system that could improve service quality and efficiency. Girls and adult females are the regular fetchers of water for the households even during the times of scarcity; therefore improving water supply and access will leave these two groups with ample time for other development activities. The community needs to participate if the system is to be sustainable.

The RGOZ through the implementation of the ZSGRP has adopted PSDA as a tool for Participatory monitoring and evaluation because it is a credible and focused feedback tool on service quality and many more other pointers for policy initiatives. For example, the outcome from the pilot PSDA pilot was put into use where the Ministry of Education learnt that there were still some school- going children as well as some disabled children who do not attend classes. This led to the insistence that every school going child should be in school and started to train teachers to take care of the deaf and dump.

The biggest challenge however, is in addressing the issue of scarcity. An important part of this challenge is in improving the safety of wells which are extensively used in times of scarcity. Any investment in this will benefit many households. The department of water now emphasizes the revival of wells so that these wells can serve the people in the dry season, addressing the issue of scarcity. Therefore improving the safety of wells, which are extensively used in times of scarcity, will benefit many households. Information that has been available from HBS is that of sources of water, distances to these sources and not quality of water and satisfaction levels of the water users.

The catch in adopting and internalizing the PSDA results in evidenced based planning and decision making, rests on how it is carried out and who are involved from the inception stage. The involvement of all stakeholders, that is, central the government, the local authorities and the NGOs who agitate for their own comprehensive alternative source of evidence, is essential because the method, the process and the results must be understood, accepted and eventually used by all stakeholders in their development fields. Most of the planners and decision makers in government and private sector are currently used to the quantitative sources like the HBS, DHS, Labour Force Survey and other quantitative surveys carried out by their National Bureau of Statistics. Therefore, for such qualitative sources to be accepted, the selection of the representative sample must be scientific by following the system used in the data collection by the National Statistics Office in the country. This will allow comparability, representation as well as acceptance of the results as a form of an accurate and scientific alternative source of correct data. As the saying goes, if you cannot beat them, join them. Let us adopt the scientific methods in collecting the Qualitative data for evidence based planning and decision making.

References:

1) The Implementation Consortium: "Participatory Service Delivery Assessment on Drinking Water & Primary education in Zanzibar". A pilot Citizen Report Card. Summary of the Findings. March, 2004.

2) Casson, Kathryn, 2001: "Governance and the Poverty Reduction Strategy Process: A Review of 23 I-PRSPs and PRSPs." London: Department of International Development.

3) Donahue, John and Joseph Nye, 2003: Towards a World Governance Assessment: Preliminary Findings from the pilot Phase. United Nations University, Working Paper.

4)Naimani G. M. 2003: "The Sample Design of the National Master Sample and Agriculture Survey/ Census in Tanzania (Draft) UDSM, August, 2003.

5) Moshi, H.P.B., A.K.Shaaban, R..Kibao (eds) 2004: Zanzibar: Challenges of Globalization and Poverty Reduction. RGOZ. Ministry of Finance and Economic Affairs.

6) RGOZ, 2003: The Zanzibar Population Policy for Sustainable Development. Ministry of Finance and Economic Affairs, Zanzibar Population Planning Unit-Zanzibar.

Appendix 1: The National Master Sample

List of regions, number of villages, number of urban EAs and number of villages/EAs to be selected for Module A in Mainland Tanzania and Zanzibar.

Region	Number of		Number to be selected	
	Villages	Urban EAs	Villages	Urban EAs
1. Arusha	297	902	27	50
2. Coast	421	470	30	30
3.Dar es Salaam	53	6520	27	300
4.Dodoma	497	486	30	30
5.Iringa	648	626	30	40
6. Kagera	599	224	30	30
7. Kigoma	245	487	27	30
8. Kilimanjaro	425	681	30	40
9. Lindi	407	332	27	30
10. Manyara	279	314	27	30
11. Mara	412	630	27	40
12. Mbeya	779	945	30	50
13. Morogoro	546	1210	30	50
14. Mtwara	541	666	30	40
15.Mwanza	701	1201	30	50
16. Rukwa	410	425	27	30
17. Ruvuma	435	393	30	30
18. Shinyanga	859	598	30	40
19. Singida	353	302	27	30
20, Tabora	502	473	30	30

21. Tanga	696	686	30	40
Total Mainland	10105	18571	606	890
Zanzibar				
22. Kaskazini-Unguja	306	6	27	6
23. Kusini-Unguja	192	11	27	11
24. Mjini Magharibi	183	667	27	100
24.Kaskazini-Pemba	307	59	27	27
25. Kusini-Pemba	287	64	27	27
Total Zanzibar	1275	807	135	171

Source: National Bureau of Statistics, August, 2003.

Appendix 2: Total number of villages, urban EAs and number of villages and urban EAs to be selected for Module B in Mainland Tanzania and Zanzibar.

Region	District	Number of		Number to be selected	
		Villages	Urban EAs	Villages	Urban EAs
Total Mainland		10105	18571	3229	3451
In Zanzibar, for rural and urban areas, they have all been demarcated in EAs					
Total Zanzibar		1275	807	317	194

Source: National Bureau of Statistics, August,