Service Delivery and Perception Survey

Final Report

Centre for Economic and Social Policy Analysis

with support from

Department for International Development

March 2006

Foreword

The Centre for Economic and Social Policy Analysis (CESPA) conducted a pilot Service Delivery and Perception Survey (SDPS) in March 2006 which examined perceptions, knowledge and experiences of users and providers in the health, education and agriculture sectors. The study was intended to provide policymakers, civil society and donors with information on the degree of access and usage and the effectiveness of public service delivery, and also to reveal the role clients can play in monitoring providers and pressing their demands for better services on policymakers at the local, district and national levels.

The information was collected through the administration of questionnaires to both users and frontline providers of services in order to assess and to provide an understanding of how public services in Sierra Leone are accessed, the quality and effectiveness of those services, and the extent of user satisfaction and their voice in shaping service delivery in Sierra Leone. It is expected that this study will provide a medium through which citizens could articulate their demands. It is our hope at CESPA that this report will contribute to greater accountability in service provision and that it will be used as a tool through which service delivery can be improved to bring about poverty reduction. The report presents the findings of this study on key indicators of service provision in Sierra Leone.

CESPA is grateful to the British Department for International Development (DfID) for supporting this important study. We at CESPA would like to extend our special thanks to Dr. Richard Hogg, Charlotte Duncan, Jane Hobson, Anna Miles, Denise Hill and Abraham Turay at DfID, Sierra Leone Office for partnering, coordination and supervisory support through the preparation and execution of this study. CESPA also wishes to extend its gratitude to the study's technical assistant, Helen Poulsen; its technical team - Joshua Klemm, Andrew Lavali, and Mohamed Bailley and the technical backstopping provided by Philip Kargbo; and the members of the Technical Committee: the Ministry of Finance PETS Task Team, Enhancing Interaction between Civil Society and the State to Improve Poor Peoples' Lives (ENCISS), Statistics Sierra Leone, the National Accountability Group (NAG), the Anti-Corruption Commission (ACC), the Centre for Development and Security Analysis (CEDSA), the University of Sierra Leone (USL), Njala University (NU) and the Development Assistance Coordination Office (DACO). Many thanks also go to the Ministries of Health and Sanitation; Education, Science and Technology; and Agriculture for their assistance and enthusiasm about the survey, the CESPA support staff, and to all the supervisors, enumerators and respondents that made this study possible and worthwhile.

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List of Acronyms

ABU	Agricultural Business Unit
BCG	Bacille Calmette Guerin vaccine
CBO	Community-based organisation
CESPA	Centre for Economic and Social Policy Analysis
CHB	Community Health Board
CHC	Community Health Centre
CHP	Community Health Post
CTA	Community-Teacher Association
DPT	Diphtheria, Pertussis and Tetanus vaccine
EA	Enumeration Area
GER	Gross Enrolment Rate
GoSL	Government of Sierra Leone
HH	Household
JSS	Junior secondary school
LEC	Local Education Committee
MCHP	Maternal and Child Health Post
MEST	Ministry of Education, Science and Technology
MoAFS	Ministry of Agriculture and Food Security
MoHS	Ministry of Health and Sanitation
MTEF	Medium-Term Expenditure Framework
NGO	Non-governmental organisation
NPSE	National Primary School Examination
ORS	Oral rehydration salt
PETS	Public Expenditure Tracking Survey
PHU	Peripheral Health Unit
SL-PRSP	Sierra Leone Poverty Reduction Strategy Paper
SDPS	Service Delivery and Perception Survey
SMC	School Management Committee
SP	Service provider
SSS	Senior secondary school

Executive Summary

Accountability and transparency are now gaining increasing importance in most key policy objectives of Ministries, Departments and Agencies (MDAs) of the government of Sierra Leone. These tenets are also fundamentally critical to the growth of the democratic state of Sierra Leone. To further these democratic ideal, independent review of government's involvement is not only critical to ensuring that core objectives of government and sectoral policies are been implemented but also that the operations of these services meet the desired needs of their intended beneficiaries, and that the process is conducted in a transparent and accountable manner that ensures effective and efficient service delivery.

Public service delivery in Sierra Leone is in transition, as the management of these services is being devolved to local councils from the central government. This devolution process is being undertaken with the anticipation of enhancing the efficiency and effectiveness of public service delivery. Given the high expectation of the public, policy makers and donors of the decentralised system of governance of public service delivery, it is but timely for a baseline study of the current state of the public services as they are before full devolution. From a systemic point of view, the assessment of the input sub-system to enhance the efficiency in the delivery of the inputs has been the cornerstone of the PET surveys. On the other hand, the assessment of the transforming sub-system of public service in order to determine its effectiveness and efficiency, and the impact on target beneficiaries has been the objective of the Service Delivery and Perception Survey (SDPS). These two surveys are thus systematically and operationally complementary and thus tie together the link between the availability of inputs and its effective and efficient management in order to have the desired outcome of public service delivery in the country.

The SDPS is the first independent attempt at assessing the state and condition of public service delivery and perceptions of users and frontline providers in Sierra Leone. By focusing on the education, health and agriculture sectors, the study examines the core aspects of the two of the three main pillars of the Sierra Leone Poverty Reduction Strategy Paper (SL-PRSP): Human Resource Development and Pro-Poor Sustainable Growth. This first SDPS is design to provide a critical base line data which can be used as a bench mark to access future changes resulting from the local government management of service delivery.

The purpose of this SDPS is therefore to provide evidence-based findings to inform policy and decision-making process of government and civil society in their relentless efforts to improve public service delivery in Sierra Leone. The study seeks to assess provision, access and usage, and effectiveness, and users' perception of public service delivery in order to improve the performance and quality of, and increase user voice in service delivery in Sierra Leone.

The survey methodology draws from basic quantitative sampling techniques. Although the specific methodology and sample design was subject to development during the study, the sample selection process was based on a purposive and random sampling survey techniques. The choice of the district was purposive to ensure that all the districts and regional head quarter towns were targeted. However, all the enumerated areas or localities within the district were randomly selected using Statistic Sierra Leone 2004 Census data base. Over 2150 households (including supplementary interviews with pupils and patients) and more than 600 service providers were interviewed for this survey. The findings were analysed using SPSS and Microsoft Excel computer software.

The main findings of the SDPS are presented below on a sector by sector basis:

Education Sector The SL – PRSP puts premium on human resource development as the corner-stone for poverty reduction and sustainable development. It further recognized the need for the education sector to ensure the provision of basic education for all Sierra Leonean and to support the manpower development of other productive sector. Here, government further committed in the provision of educational facilities to expand access and to improve quality through the supply of quality teaching and learning materials. The study findings in the light of these commitments are presented below:

Provision, Access and Usage The government and its donor partners have made significant strides to improve accessibility and usage of primary schools in the country through the improvement made in the enrollment, the reduced proximity of the pupil to school and the reduction of the primary school payment burdens. However, a lot needs to be done if the benefit of free and compulsory primary education is to be fully realized by many rural communities. Although districts such as Rural Western Area and Bonthe records no payment of school fees, over 98 percent and 75 percent of parents in Kono and Port Loko, respectively claim to pay school fees. While official records show that a good proportion of school fees subsidies are reaching schools following previous PETS studies, the SDPS has revealed that some parents are still faced with the problem of paying school fees and buying textbooks as well as trying to offset a host of other school charges which nearly half of the respondents nationwide deemed unaffordable. Household respondents also widely reported having to pay illegal charges to teachers such as obligatory gifts and extra lessons. These unauthorized and illegal payments threaten government commitment to meet the MDGs' targets and the fulfillment of its policy and free and compulsory primary education for all.

Effectiveness and community participation Effectiveness and community participation in primary school service provision are essential for ensuring quality, transparency and accountability. The determinants used to assess effectiveness and quality is - the availability of qualified and trained teachers, textbooks to all pupil and school fees subsidies. Most primary schools still rely heavily on volunteers, untrained and unqualified, and on qualified and untrained teachers especially in rural areas. The few qualified and trained teachers in our primary schools are skewed mainly in urban areas like Freetown where over 98.0 percent of its teachers are trained and qualified. Access to textbook is still a major challenge in most primary schools. Only about half of the schools used one textbook for three or less pupil. The rest of the schools either don't have or have to group five or more pupil per textbook. These indicators show that learning in many primary schools especially in rural areas is at the bare minimum level.

Community participation is gaining importance in education service delivery. The establishment of SMCs is a critical first step. However, the fact that these committees are mere appointees limits the desired community participation in this institutional arrangement. This is further undermined by the limitation of information to community stakeholders, especially with regards to resource management such as teaching and

learning materials and school subsidies. The study revealed widespread ignorance from households as to whether these resources reached their schools, indicating a significant gap in empowering communities to hold their service providers accountable. Even among those who reported that their schools had received subsidies, many had no idea as to how the funds were used and for what. This situation highlights the need for more participatory oversight mechanisms at the community level to foster greater transparency, and to ensure that resources reaching their intended targets are managed properly.

Perception Peoples' perceptions are important to help shape and improve service delivery. For the education sector users' perceptions of the physical facilities, student learning outcomes, teachers' performance, and the quality of service over the past year were assessed. Despite the government's concerted efforts to reconstruct and rehabilitate schools, classrooms and in-class equipment were rated by teachers, pupils and households quite negatively, more so by teachers than the others. Respondents nationwide reported poor buildings, inadequate seating, and a general lack of teaching and learning materials to conduct the classes and thus overwhelmingly (64 percent) considered the primary school facilities unsatisfactory. For households a *very satisfactory physical facility* is where children have good classrooms and comfortable sitting place and are happy, while for the *unsatisfactory ones* the respondent describes them as 'poorly built and serve as death trap with poor or no furniture'.

On the teachers' performance, communities were overwhelmingly satisfied with the performance of their teachers and gave a very high approval rating by over 85 percent of households. In their view: '*the teachers are trying to the best of their knowledge and abilities to teach the children to understand*'. The few that were unsatisfied but also significant, complained that '*teachers are not serious with their work and that they spent most of their timer selling food items to the pupil on forceful basis*'. A significant number (over 80 percent) of parents were also satisfied with their children's learning outcome. This is reflective of the actual outcome of student's performance in the National Primary School Examination (NPSE) where 80 percent of the students in 2005 school year met the basic requirements set by MEST. The significantly high NPSE pass rates seem to indicate that quality and educational outcome has not suffered as a result of the high influx of pupil in the primary school system at least in the short term. However, the full impact of this high influx of pupil in our primary schools can only be assessed some five years down the line when these entrants would have faced the NPSE.

Despite the high levels of satisfaction with teachers' performance and children's learning outcome, the government is still faced with the challenge of improving the quality of primary education, which is largely contingent on the availability of trained teachers, the adequacy and improvement of physical facilities, and the availability of teaching and learning materials. However, most parents (50 percent of household) fill that there have been some improvement in the quality of primary education. However, between a quarter and one-third of household and service provider respondents, respectively feel there has not been any change in the quality of education. A few but significant fills the quality is worsening.

Health Sector Ill-health and access to healthcare is central to people analysis of poverty. Hence, the health sector was one of the three major priorities identified by households to address poverty in a nationwide participatory poverty analysis carried out for the SL-PRSP. The overall goal of the PRSP is thus to expand health and Nutrition services to enhance accessibility and affordability of health service to the population at large. The SDPS was therefore designed to assess the provision, access and usage, effectiveness, and the perception of users and frontline provider of the health service. The main findings are presented below:

Provision, Access and Usage The general population utilisation rates of health facilities in Sierra Leone is estimated at 0.5 contact per capita per annum (Health Sector Review 2004). This means that half the population attends a health facility once each year, which is relatively low by international standards. For the SDPS (2006), over 93.0 percent of households interviewed reported that members of their households fell sick within the one year period prior to the survey.

The government policy for primary health facilities in the rural areas stipulates that the health facilities should serve a catchment area that lies within 3 to 5 mile radius. In the study, it was discovered that 84.1 percent of households reported seeking treatment at health facilities not more than 5 miles away, and 42.4 percent of households travelling a distance of one mile or less. The Northern Region was found to be the least accessible, with 24.2 percent of households travelling more than 5 miles, and over 13 percent greater than 8 miles.

The intensification of outreach service forms part of the health sector strategy in increasing access to health services. The survey found that many health service providers reported carrying out outreach services to designated areas at specific times. About 22 percent of respondents reported carrying out outreach visits on a monthly basis, while 21.6 percent did so weekly. Only 15 percent of facility respondents reported never carrying out outreach visits. Service providers in the North and East reported travelling the farthest distances to conduct outreach, with 40 and 22.2 percent reported travelling beyond 5 miles and 10 miles respectively. CHCs and religious/mission facilities reported travelling the farthest distance overall.

Official government declaration/policy stipulates that public facilities make consultations, basic drugs and essential vaccinations charges free for Disadvantage groups. Common drugs are also meant to be provided on a cost recovery basis to the general public. According to household respondents, the highest incidence of having to pay for antenatal and under-five treatment is in the East Region, where 93.2 percent and 89 percent say they pay for these services respectively. The Western Area appears to comply more often than other regions, where roughly three-quarters reported paying for these services which are intended to be free for the public. Slightly over 21 percent of respondents reported paying for basic vaccines, such as DPT, BCG and measles vaccines which were meant to be free of charge under the expanded programme on Immunisation.

In general the cost of healthcare for most households is unbearable. Over half of respondents rated the cost as either somewhat or very unaffordable, only 10 percent thought is very affordable.

Effectiveness The availability and adequacy of basic drugs such as chloroquine, paracetamol, tetracycline, septrin, and oral rehydration salts (ORS) in most health facilities is still a major challenge. Despite government's efforts to provide these drugs widely and at a minimal cost, over 47.0 percent of respondents complained that the drugs were not sufficient to treat their communities, though this figure varied greatly by district as Bonthe and Kailahun Districts reported 77.0 and 82.0 percent insufficient drugs, respectively; and nearly the same proportion found treatment either somewhat or very unaffordable.

As end-users of services, communities have an important stake in ensuring that health service delivery within their localities are well coordinated and monitored to ensure the quality and sustainability of the service. The study showed that household respondents were largely ignorant of whether CHBs were established in their areas. Respondents from the Northern Region reported the highest incidence of functional CHBs at 18.9 percent (Table 4.9). It was also discovered that rural respondents were much more aware of whether CHBs had been established and were functional, as 60.0 percent of urban respondents admitted that they did not know. Almost one-third of respondents from Kambia District reported of having established and functional CHBs, which was the highest frequency in the country.

Information is the cornerstone of transparency and accountability. Access to information is crucial, if peoples are to participate and hold accountable their public institutions. Respondents nationwide overwhelmingly admitted that they were very poorly-informed about their PHUs where they sought treatment. Only 7.4 percent of respondents described themselves at least somewhat well-informed, while 87.3 percent had no idea when stock of drugs where made available to their PHU nor about policies of their functional relationships between them and their PHUs. Kambia and Kailahun Districts reported the highest understanding of how facility drugs were managed with 23.4 and 21.8 percent of respondents being at least somewhat well-informed.

Perception Provision of adequate and conducive primary health facilities is a major priority of the Ministry of Health and Sanitation. Nationwide, 63.0 percent of households were at least somewhat satisfied, and only 14.3 percent of respondents were very unsatisfied with their primary health facilities. Kailahun District was rated the most ambiguous, with many residents responding negatively as positively. Western Area residents were the most satisfied, with over 30.0 percent very satisfied and another 48.5 percent somewhat satisfied. Tonkolili proved to be the most satisfied with the conditions of its facilities, with almost 88.0 percent of its residents responding favourably. It appears from the statement of most household that they are satisfied with their health facilities noting that *'The place is very good they have some drugs and nurses, and also the building is always kept clean and the structure is in good shape'* On the other side of

the scale households that were not satisfied asserted that the *'Building and equipment are not in good condition, no chairs or benches in the facilities'*

The performance of the primary health staff at the health facility was also evaluated by households. The households response was on the whole very favourable, with over three-quarters of respondents were at least somewhat satisfied with the staff, and only 6.0 percent very unsatisfied. Urban respondents were 6.0 percent more satisfied with the staff than rural respondents. Western Rural respondents gave a resounding stamp of approval to their health staff, with 99.0 percent of respondents satisfied, and among them 79.0 percent were very satisfied. Households advance a number of reasons for been satisfied with the performance of health workers. These inter alia included trained and qualified staff and good inter-personal relationship with their patient while on the downside people perceive them as aggressive and money conscious – '*They don't attend to you if have no money for treatment, and do even drive you away'*.

Quality Household respondents reported a general improvement in service provision; with nearly 50.0 percent marking an improvement while 37.9 percent of respondents noting no change, and only around 10.0 percent of respondents marking a decline. Over 16.0 percent of respondents who primarily used outreach services cited a decline, which was the highest rate of decline reported. Private clinics, NGO facilities and MCHPs were shown to have made the biggest improvements.

Agricultural Sector

The government of Sierra Leone has as its core vision the accessibility and affordability of food for all Sierra Leonean by 2007. The inability to produce sustainable and self-supporting food stuffs places the country at risk of overdependence on imports and prone to price fluctuations. The emphasis on achieving national food security is therefore not misplaced and remains high among both government and donor priorities. The SL-PRSP interventions to address this food security issue is aimed at ensuring availability and sustainability of food supply and its accessibility at the household and at the national level in the short to medium term, respectively. In the medium-term the government's strategy is to empower the poor and vulnerable rural and urban households to increase the quality and quantity of food they consume and to encourage farm families to produce more through the supply of improved seeds and provision of appropriate extension service. The SDPS assessed the service delivery of the agricultural and food security sector. The analysis was focused on the provision, access and usage of the service; effectiveness of the service provided; participation of farmers and agricultural extension officers in service delivery and finally on the perceptions of both the service providers and farmers about service delivery in this sector.

Provision, Access and Usage Extension service has woefully failed farmers in Sierra Leone. The predominance of traditional system of farming and the lack of new and alternative agricultural technologies is a case in point. Most farmers in Sierra Leone hardly interact with extension workers. For this study farmers were asked whether they have ever been visited by an extension worker in the past year, the majority (71.0

percent) of agricultural households interviewed nationwide reported not having been visited. Only respondents in the North reported receiving visits from extension workers in 37.0 percent of cases, the highest nationwide. For the past 1 year over a quarter of service providers interviewed also admitted that they did not visit their operational areas, while 22.7 percent of those who did visit their farmers within their coverage areas did so only once. Two visits in the year were reportedly made by only 13.4 percent of these frontline service providers. The prevalence of these extension staff making limited or no visits is an indication of the ineffectiveness of the extension services in the country.

The majority (58.2 percent) of agricultural households nationwide reported having no knowledge of how far away their agricultural extension service was located. Among the agricultural households who offered an estimate, nearly two-thirds of respondents reported extension services being within 10 miles, while 13.6 percent reported thirty miles or more. The areas with the highest rate of accessibility to extension workers were Koinadugu and Kono Districts, where the vast majority cited extension services within 10 miles.

Effectiveness and Participation Access to improved technologies such as seeds, fertilizers, etc. is the bedrock for the enhancement of agricultural productivity and the achievement of the *much-talked-about* food security. Farmers in Sierra Leone are apparently deprived of such critical inputs making the dream of the 2007 food for all and for Sierra Leonean not going to bed hungry more an illusion than a reality. Slightly less than half of the agricultural households interviewed nationwide indicated using improved seeds the previous year in their agricultural activities. Respondents from the East reported the highest frequency of improved seed usage (59.8 percent), and the lowest frequency of payment for them at just 27.0 percent. This might be connected to the *links* program sponsored by USAID in this area.

Farmers were also asked to evaluate how sufficient the amount of seed rice received. Two-thirds of respondents nationwide believed the amount to be either somewhat or very insufficient. Twenty percent of respondents considered the amount somewhat sufficient, and only 12.5 percent rated it as very sufficient. Service providers were even more critical of the amount of seed rice supplied, with nearly 80.0 percent of respondents considering the amount of seed rice somewhat or very insufficient. Pujehun again were the least satisfied with the amount of seed rice, while Port Loko, Kono and Bo enjoyed the highest rate of sufficiency.

Majority (81.9 percent) of farm families nationwide did not use fertilizers in their previous year of production. Also over 85.0 percent of the agricultural households nationwide reported not receiving any form of training or technology transfer and/or using extension services in the previous year's agricultural activities. The lack of or the inadequate access to quality and/or appropriate input, such as improved seeds and agro-chemicals, and appropriate information and knowledge, is not only limiting productivity but will certainly inhibits government achieving their target of ensuring that *no Sierra Leonean go to bed hungry by 2007.*

Most (53.3 percent) of the farmers interviewed acknowledged the establishment and functioning of farmers' associations in their communities. A similarly high proportion (93.3 percent) of respondents nationwide reported the establishment and functioning of labour groups in their various communities and only 8.7 percent of farmers reported the existence of credit associations, or thrift organisations in their various communities. In effect there is a significant presence of community based organisation to support farm families. The challenge is their ability to provide the desired support to farmers with little or no support from the public sector.

Perception

When asked how satisfied they were with the inputs received from the Ministry of Agriculture and Food Security (MAFS), majority (34.8 percent) of household respondents could not assess their level of satisfaction and hence responded by indicating that they did not know. Among those who responded, over half were either somewhat or very unsatisfied with the inputs, and only around 10.0 percent were very satisfied.

Generally farmers were very unsatisfied with the frontline extension service providers. While the majority (37.9 percent) of households indicate they don't know, when they did manage to assess their level of satisfaction, 25.3 percent reported being very much unsatisfied with their community extension worker. The main reasons cited were their extended absences and failure to deliver on promises of assistance. Some farmers explained that they had to travel a substantial distance to even meet with their extension workers. A lower proportion of 18.2 percent however mentioned they were very much satisfied with their community extension worker. On the quality of service about 19.0 percent marked a little improvement, while 44.0 percent of household reported stagnation in the quality and yet some 12.7 percent even reported that the quality of the service has become a little worse over the last year.

Access to adequate and quality food is still a major challenge. A significant number (33.5 percent) of agricultural households interviewed nationwide reported being somewhat satisfied with the amount of food they ate and 14.89 indicated being very much satisfied. However, a lower but significant proportion (22.4 percent) of household mentioned being somewhat unsatisfied and very much unsatisfied with the food they ate. On the quality of service about 19.0 percent marked a little improvement, while 44.0 percent of household reported stagnation in the quality and yet some 12.7 percent even reported that the quality of the service has become a little worst over the previous year.

CHAPTER ONE

1.0 Introduction and Methodology

1.1 Background

It has been observed that public services in Sierra Leone do not meet the needs of the poor in terms of access, quality and quantity. Over the years, the government and donors have used a variety of methods to deliver services to Sierra Leoneans: direct central government provision, contracting out to private sector and non-governmental organisations (NGOs), decentralisation to local government, community participation and direct transfers to households. Yet even in the face of an increase in public expenditure in areas such as health and sanitation, education and agriculture, Sierra Leone remains classified as one of the poorest and least developed countries in the world.[1]

The cruel rebel war made matters even worst for public service delivery in Sierra Leone. The decade-long rebel war destroyed most of the vital national assets and infrastructure that supported service provision, stressing to both donors and policymakers the importance of making limited resources reach their intended targets in order to accelerate human progress. However, the misuse and mismanagement of resources that has pervaded even into the reconstruction and recovery periods has inhibited the effective delivery of essential services to the intended beneficiaries: the people of Sierra Leone. While some important gains have been made in restoring basic services, there remains a lot more to be accomplished.

The first step to ascertain the failures and successes in service provision was the commissioning of a governance survey[2], which identified the absence of consumer voice in determining the quality and quantity of services. Citizen participation, be it through a civil society-led monitoring network, consumer needs assessments or perception surveys was viewed as a crucial missing element in the enhancement of accountability mechanisms that could ensure the effective utilisation of services, achievement of effective development and the reduction of poverty. The inclusion of citizen voice is therefore crucial in improving the rate of return on governance, accountability, inclusion, and service delivery outcomes.

An important move to improve service provision was the introduction of a Public Expenditure Tracking Survey (PETS) by government through a Ministry of Finance PETS Task Team to track the transfer of state resources to frontline providers within the Medium-Term Expenditure Framework (MTEF). The PETS has been used as a diagnostic and innovative tool by government to assess leakages of pubic funds as they

[1] Human Development Report (UNDP, 2004)
[2] Governance and Corruption Study (Conflict Management and Development Associates 2002)

flow through different layers of government, which has led to a substantial increase in the amount of resources reaching these providers.

Yet it has been found that PETS does not paint the entire picture. Its limitation is the absence of client perception and the lack of a closer analysis on the interactions between providers and their clients/citizens in order to determine whether services are reaching their intended targets. Moreover, the intention of PETS as a mechanism to strengthen upward accountability is also restricted to expenditure tracking and does not go far enough to track the crucial stage in the service delivery chain, the last step from the service provider to the consumers.

The intention of the Service Delivery and Perception Survey (SDPS) then was to take that last crucial step by eliciting the perceptions and experiences of Sierra Leoneans in accessing services, as well as those of the service providers themselves, in the health, education and agricultural sectors. The SDPS was the first survey of its kind conducted in Sierra Leone that sought to assess the effectiveness of service delivery and end users' perspectives. The SDPS was conducted by the Centre for Economic and Social Policy Analysis (CESPA) in March 2006 as a pilot program that could be repeated on a biannual basis to effectively track progress in delivering public services. This study was timely in that key aspects of service delivery are currently being decentralised to the Local Councils under the newly re-established local government system. Thus the conduction of the SDPS over time will present a before-and-after scenario as to the delivery of services by these two levels of government. The repeated conduction of this survey, then, will provide a framework in which local government service delivery may be compared against that of the central government to gauge the effectiveness of the decentralisation process.

1.2 Goal

The goal of the Service Delivery and Perception Survey is to assess the effectiveness, usage and users perception of public service delivery in order to improve the quality of and increase end users voice in service delivery in Sierra Leone

Objectives

- To ascertain the usage and access to basic services;
- To assess the effectiveness of basic service delivery within the health, education and agricultural sectors;
- To elicit perceptions of the quality of basic service delivery from end users and providers;
- To assess the extent of end user participation in public service delivery, including accountability mechanisms and avenues for articulation of end user demands;
- To find ways of increasing end user voice in service delivery;
- To complement the findings of PETS on the provision of services.

1.3 Organisation of the Report

The report is organised into five chapters as follows:

Chapter one presents the background to the study, the study objectives, which were then followed by the methodology of the study. This describes the scope of the survey, sampling technique and the sample size, and the limitation of the study.

Chapter two provides a detail description of the respondent characteristics. It discusses the sex, marital status, household sizes, livelihood activities, age, literacy and number of school going age children currently attending school or not.

Chapters three, four and five present the Education, Health and Agricultural Public Service Delivery, respectively. They are presented on a sector by sector basis and each of the sector discusses the provision, access and usage, effectiveness and community participation, and end users' and the frontline providers' perception of the state and condition of the physical facilities used in the delivery of service to education and health and in particular, the performance of staff and the quality of service in these sectors.

1.4 Methodology

The survey methodology draws from basic quantitative sampling techniques. Although the specific methodology and sample design was subject to development during the study, the sample selection process was based on a purposive random sampling survey methodology using a structured questionnaire. The choice of the district was purposive to ensure that all the districts and regional head quarter towns were targeted. However, all the enumerated areas or localities were randomly selected based on the Statistic Sierra Leone (2004) Census data. The instrument, sampling technique, recruitment and training of enumerators, data collection, constraints and limitation are discussed below:

1.5 Survey Instruments

The primary survey instruments comprised the household and service provider modules, and each consisted of three separate questionnaires on the educational, health and agricultural sectors. Supplemental survey instruments were also administered to health patients exiting peripheral health units (PHUs) and to pupils attending the primary schools where the study was conducted, in order to gain a perspective that could not otherwise be captured strictly through the use of household questionnaires.

The survey instruments were designed in such a way as to achieve the objectives set out in the study. It was observed that only through asking open-ended questions could the study truly satisfy the objective of increasing end user's voice. Rather than merely asking how satisfied a respondent was with a service, the study went further to request for an explanation with regards to their reasons for their response - *Why* are they satisfied or unsatisfied with the service? It was only through asking these crucial questions that the

study attempted to understand what was and what was not necessary in the service delivery process by so doing the report was not merely reflecting on ambiguous computation of figures. The inclusion of open-ended questions also provided a mechanism whereby responses were validated, in order to understand the basis on which those responses were made.

The survey instruments were designed to compare the perceptions of end users and providers, and thus the syntax of questions in both modules reflects very little difference. The basic structure of questions was also maintained across sectors, since they all sought to fulfil the same objectives by asking questions pertaining to usage, access, effectiveness, quality, end users participation and consumer voice, thus facilitating the comparison between service providers across sectors.

1.5.1 Development of Survey Instruments

The survey instruments went through a series of drafts before the finalised versions were completed. The Ministry of Health and Sanitation (MOHS), the Ministry of Education, Science and Technology (MEST) and the Ministry of Agriculture Food Security (MAFS) were all approached prior to the development of the questionnaires with the aim of generating a set of government policy standards against which service delivery could be measured. These ministries were all very forthcoming with the materials that they had available. No definitive information was provided, however, to be used as a basis for determining standards, thus the instruments use mainly qualitative assessment tools to determine quality based on respondent perception.

A draft set of questionnaires was then presented to the SDPS Technical Committee at a consultative meeting in February 2006, which included stakeholders from NGOs as well as from government. At the meeting, the stakeholders made input and offered suggestions and changes to the questionnaires that were then incorporated into the drafts. These draft questionnaires were pre-tested in the urban and rural setting in the Western Area, after which amendments were made and the questionnaires finalised.

1.6 Sampling Design

The sample was generated using a purposive and random sampling survey methodology through the application of a structured questionnaire. Communities were sampled according to random selection. In the study, all 12 districts of Sierra Leone and the Western Area were chosen in order to facilitate comparison between districts and regions. From each district, two chiefdoms were selected at random, and from each chiefdom two sections. From each section, four enumeration areas (EAs) - in this case, villages - were randomly selected using Statistics Sierra Leone's database to targeting two villages with services and two without.

In districts containing regional headquarter townships (Makeni, Kenema and Bo), the townships were purposively chosen and divided into the three jurisdictional wards that comprise them. From each of these three towns, four EAs (neighbourhoods) were selected at random from each of their three wards.

Freetown and the Western Area provided a special case, since the population is so much higher. Five wards were selected at random out of the 8 that comprise Freetown, with two chosen from the Western, one from the Central (1) and two from the Eastern (2) wards. From each of these wards four EAs (neighbourhoods) were also randomly selected, and because of the larger population concentration twice as many questionnaires were administered. Only one ward was selected from the Western Rural Area as a representative of the whole.

Six households were sampled within each EA (with the exception of Freetown), of whom three were to be males and three females, and enumerators were instructed to further diversify their respondents in terms of economic status, geographic location and age in order to sample a wider demographic array.

Service provider questionnaires were administered not only to public servants but also to private providers in order to make comparison. Likewise, household respondents were not limited to responding only to public service provision, though the survey instruments distinguished between them in order to compare the experiences and levels of satisfaction between the different providers.

In each locality one primary school was selected for the education service provider questionnaires, and enumerators were instructed to sample two people from the following categories: head teachers, teachers, and school management committee (SMC) chairmen or secretaries, where one was to be a man and the other a woman. Similarly, pupil questionnaires were directed at one male and one female Class 6 student in each school to determine their experiences.

Health service provider questionnaires were administered in two of the four localities that each enumerator covered. Two questionnaires were to be administered at each PHU, sampling nurses and other health care staff. Patient exit polls were also conducted at these facilities, with each enumerator soliciting responses from patients exiting the PHU.

The agricultural service provider questionnaires were administered in each section to one agricultural extension worker employed by the Ministry of Agriculture, as well as one representative of a farmer's association and one representative of a women's farming association.

1.7 Recruitment and Training of Enumerators

Enumerators and supervisors were recruited through a screening process to determine eligibility for selection. All of the fieldworkers selected had at least some experience in

survey fieldwork, many of them having worked on previous PETS studies, or with Statistics Sierra Leone in the 2004 National Census and other studies, and they all were either pursuing or had completed tertiary level degrees. Applicants who fulfilled these basic requirements were subjected to a screening exam to test their knowledge of survey methodology and practical experience in the field. Seventy enumerators and 7 supervisors were selected for training.

A five-day training was organised for the enumerators and supervisors from February 18th to 22nd, 2006. Enumerators and supervisors were instructed in household sampling and interview techniques and recording of responses, which was supplemented with mock interviews and language interpretation exercises. The training culminated in a fieldwork exercise where the enumerators were sent into the field to administer the questionnaires in order to determine the likely problems and how they could be solved.

1.8 Data Collection

The administration of the questionnaires was conducted from March 9th to 22nd, 2006. The enumeration process was independently evaluated by monitors from Statistics Sierra Leone and the Ministry of Finance. The following table provides a breakdown of the quantity of questionnaires completed for each instrument versus the quantity targeted.

Table 1.8: Distributions of Questionnaires

Instrument	Target	Actual	Percentage
Household	1,680	1,622	96.5
Service Provider			
Education	560	393	70.2
Health	280	161	57.5
Agriculture	210	119	56.7
Supplemental			
Pupil	560	442	78.9
Patient	140	112	80.0
Overall	**3,430**	**2,849**	**83.0**

Source: SDPS Data

The inability to meet the targeted number was largely due to the unavailability of services in many EAs.

1.9 Data Processing and Analysis

Following the field administration phase, the responses from the open-ended questions were coded in such a way that the results could be quantified and included in analysis. The data was processed and analysed by qualified data entry personnel.

1.10 Constraints and Limitations of the Study

The study faced certain limitations as stated below:

- The primary limitation of the study was the low sample size. Due to the fact that the study was a pilot and because of budgetary constraints the household sample size was limited to only *1680* respondents for the total national population of nearly 5 million. While the limited sample size did compromise to some degree the statistical validity of the study, it also allowed for a greater depth in the responses which facilitated a more thorough understanding of the service delivery process.
- After the field administration phase began, the sampling data derived from Statistics Sierra Leone was revealed to have some minor flaws. Some villages to be targeted had been abandoned during the war or had merged with other villages. In these instances, the supervisors selected alternate villages to be included in the study.
- It was at times difficult to diversify the respondents demographically as set in the sampling methodology. In Freetown in particular, it was difficult for enumerators to fill their quota of male respondents since often they were at work or unwilling to respond to the questionnaires. Thus the possibility of a non-response bias may have altered the data, though only in a very minor way.
- It was only natural that some enumerators were more effective than others. Particularly in this study in which enumerators were required to manually record responses to open-ended questions, it was discovered that some were more thorough and accurate in recording this data. This factor was mitigated to a large degree by the intervention of supervisors and coordinators that reviewed the work of the enumerators while the field administration was still in progress, to guide the enumerators in recording this data more thoroughly and accurately.
- The late arrival of funding resulted in a considerable delay between the training of enumerators and the start of the survey. The study was further disrupted when the enumerators were in the field and the funds had still not arrived, causing logistical problems and discontentment among the survey team.

CHAPTER TWO

2.0 Respondent Characteristics

2.1 Introduction

The characteristics of the respondents are categorized on the basis of their gender, age, marital status, occupation, literacy, income levels and size of the households. These characteristics are discussed below.

2.2 Gender

Emphasis was laid in the survey methodology for a gender balance and for an even distribution of adult household respondents. However, the actual distribution of respondents is approximately 57 and 43 percent male and female respectively. This was partly due to the unavailability of female respondents in many areas, though in Freetown there were more female than male respondents.

Gender	Frequency	Percent
Male	926	57.0
Female	696	43.0
Total	**1622**	**100**

2.3 Age

The respondents were primarily of adult age (age 26 years and above) and the age group 15 - 25 represented only 4.4 percent of the sample population, while the age group of 36 – 45 accounted for the highest number of respondents (about 28 percent). The wide distribution of respondents' age is as a result of a concerted effort to target different age groups. The ages of respondents were basically of equal proportion.

Responses	Percent
15 – 25	4.4
26 – 35	21.5
36 – 45	28.3
46 – 55	21.6
56 – 65	14.2
> 65	10.0

2.4 Marital Status

The tradition of marriage is respected and important for most households in Sierra Leone. Married respondents accounted for about 77 percent of households interviewed. In some rural areas, the percentage was much higher. For example, 94.5 and 85 percent of respondents reported being married in Kailahun and Bombali respectively. However, rural Port Loko and Koinadugu were significantly lower than the national average where only 59.6 and 66

Responses	Frequency	Percent
Single	102	6.3
Married	1248	76.9
Divorced	49	3
Widowed	148	9.1
Separated	61	3.8
No response	14	0
Total	**1622**	**100**

percent respectively reported being married. The urban marriage pattern was also fairly high (75.3 percent). Single households were few and accounted for only 6.3 percent at national level. Divorces and separations records accounted for 3% and 3.8%, respectively. Widow(er)s accounted for about 9.1 percent. Therefore on an aggregate basis, over 92% of household has or had been married.

2.5 Occupation

Table 2.5 presents the occupations of household respondents. A greater proportion of the respondents are farmers 49% of the sample, while business/trading was the primary occupation for a further 17.7 percent. Teachers, housewives and unemployed also represented 5.5 percent, 5.2 percent and 4.3 percent respectively, while occupation such as civil servants, fishermen, drivers, uniform personnel, and others were marginally represented about 2.5 percent or less.

Table 2.5: Occupation of Households

Occupation	Frequency	Percent
Student	13	0.8
Teacher	89	5.5
Business/trader	287	17.7
Farmer	794	49.0
Fisherman	35	2.2
NGO	13	0.8
House wife	85	5.2
Civil Servant	41	2.5
Artisan	14	0.9
Driver	31	1.9
Uniform personnel	18	1.1
Security watchman	17	1.0
Miner	16	1.0
Unemployed	69	4.3
No response	6	0.4
Other	94	5.8
Total	**1622**	**100**

Source: SDPS Data

2.6 Highest Level of Education Attained

The sample showed a low level of educational attainment for most of the respondents (Table 2.6). Respondents that have completed college or university or post-graduate degrees accounted for only 9.0 percent of the sample. Less than 30.0 percent of respondents reported having basic education (JSS). About 51.0 percent of the respondents have had no formal schooling or any schooling at all.

Table 2.6: Highest level of education attained

Responses	Frequency	Percent
Up to class 3	139	8.6
Completed primary school	166	10.3
Completed JSS	170	10.5
Completed SSS	172	10.7
Completed college	106	6.6
Completed university	21	1.3
Completed Post-graduate	4	0.2
No formal schooling	386	23.9
None	440	27.2
No response	11	0.7
Total	**1615**	**100**

Source: SDPS Data

2.7 Household Size

Household sizes are fairly high. A significant number of them clustered in the region of between 4–12 and above persons per household. Only 6.8 percent of households are either single, or marriage or having only 3 persons.

Size	Percent
1 – 3	6.8
4 – 6	25.5
7 – 9	27.5
10 – 12	20.2
> 12	20.0

2.8 Household Income

Table 2.8 presents the total monthly household income by income bracket. The study showed that over 30 percent of respondents reported that their income is less than Le 60,000 per month, or less than a dollar per day, and over half of the respondents reported earning less than 2 dollars per day. Around a quarter of all households did not respond to the question. The higher income bracket of those earning more than Le 400,000 (USD 4.40 and above per day) accounted for less than 8 percent of the sample. The result in Table 2.8 further confirms the widespread poverty in Sierra Leone as reported in other studies, such as the Sierra Leone Integrated Household Survey (2004). It is therefore evident that most households are unable to invest in their children's education or meet hospital bills when these costs are too high. It is therefore crucial that public services should be affordable to the poor for their use.

Table 2.8: Total household monthly income level

Responses	Frequency	Percent
Up to Le 60,000	281	30.3
>60,000 - 100,000	199	21.4
>100,000 – 200,000	212	22.8
>200,000 – 400,000	163	17.6
>400,000 – 800,000	53	5.7
>800,000 – 1,000,000	9	1.0
>1,000,000	11	1.2

CHAPTER THREE

EDUCATION SECTOR

3.1 Introduction

The government's commitment to the universal basic education charter is laudable. According to the education act 2004, all children should complete basic education i.e. six (6) years of primary school and 3 years of Junior Secondary school. This national priority is consistent with the Millennium Development goals (MDGs) on education adopted in the UN Millennium declaration of 2000. The declaration demands that all children complete a full course of primary schooling and that all forms of gender discrimination and disparity be eliminated at all levels of education.

The SL – PRSP also puts a premium on human resource development as the corner-stone for poverty reduction and sustainable development. It further recognizes the need for the educational sector to provide basic education for all Sierra Leoneans and support the manpower development of other productive sector. Here, government is further committed to the provision of educational facilities to expand access and improve quality through the supply of quality teaching and learning materials. How far this has been achieved and how the public perceive these interventions and their effect in their life was the subject of the SDP survey of the education sector.

This section presents the SDPS findings of households and users' (pupil and teachers) perception of the delivery of primary education in Sierra Leone. The findings are presented in the four sub-headings of the instrument that is (i) Provision, Assess and Usage, (ii) Effectiveness (iii) Participation, and (iv) Public and Providers' Perceptions of Education Service Delivery

3.2 Service Provision, Usage and Access

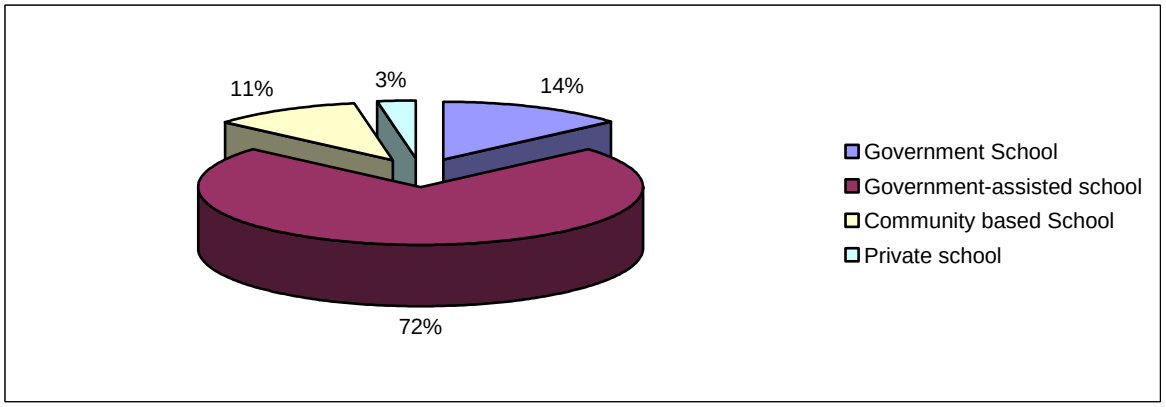
This section presents household access and usage of primary school services. It discusses the type of school, the enrollment, the proximity of their child to the school and affordability. The findings are discussed based on household, staff and pupil responses.

3.2.1 Type of school

Figure 3.2.1 presents the types of primary schools used by households. Government-assisted schools constitute the most commonly used service provider, accounting for slightly over 72 percent of the primary schools used by household for their children's or wards' education in the country. Government schools account for roughly 13 percent, only

marginally more common than community schools which accounts for 11 percent. Private schools, which are generally only available in urban areas, account for the least at about 3 percent.

Figure 3.2.1 Pupil's Enrolment in Primary School by Type of School



Source: SDPS Data

The findings show that there are few government-owned schools operating in the country. Before independence, most schools were privately owned, primarily by religious organizations such as the Catholic and Methodist missions. A shift in government policy led to a partnership between these mission/private schools and the government, now referred to as government-assisted schools. These schools receive the same level of support from government as other government–owned schools, and are equally subjected to the same policies.

A recent phenomenon that has emerged is the *independent community drive* of establishing primary schools in areas where no other schools are available. In these new initiatives, the community pools its own resources together to provide a basic structure and is responsible for the payment of teachers, occasionally with cash but more often in kind. The increasing prevalence of these schools reveals the determination of parents, even in the most remote areas, to educate their children. Over time, these community schools might secure accreditation and begin to receive assistance from the government. Government should continue to support these initiatives. This phenomenon is crucial not only for the contemporary wisdom of community partnership in the delivery of basic education but also for the new local governments that will be charged with the responsibility to promote the achievement of the universal primary school enrollment policy of the government and the international community.

3.2.2 School Enrolment and Class Sizes

Despite the severe damage done by the war, Sierra Leone's educational system has made remarkable recovery in enrollment, particularly in primary education. The trend in primary school enrollment was stable at close to 400,000 pupils in the late 1980s, but declined to

315,000 in 1991/92 at the start of the conflict[3]. When the war ended in 2001, the government made a policy declaration for free primary school education, causing primary school enrollment to double between 2001/02 and 2004/05 from 660,000 to 1.3 million pupil respectively.[4]

The SDPS attempted to determine the enrollment of pupils per class with respect to gender. As responses were recorded from head teachers and teachers at the same school, the findings do not provide an absolute number of the enrollment per class because of duplication. It rather provides the pattern of class sizes and the proportion of boys and girls in the sampled schools. Table 3.2.2 presents the enrollment per sex per class. The table illustrates that there are fewer girls attending school than boys in all the classes. This gap needs to be narrowed if a balanced primary education is to be achieved.

Table 3.2.2 Class enrollment by sex

Class Enrollment	PERCENT	
	Male	Female
Class I	53.3	46.7
Class II	57.9	42.1
Class III	52.5	47.5
Class IV	52.7	47.3
Class V	53.4	46.6
Class VI	52.7	47.3

3.2.3 Accessibility

The target of the government's 2004 policy statement "Education for All – National Action Plan" is to make available primary schools within a three mile radius, even though these distances are still far for 6–10 year-old pupils. The study showed that majority of the pupils attending government or government-assisted schools live only a mile or less from the schools they attend, accounting for 72.8 percent, and that less than 7 percent of students travel over 3 miles as shown in Table 3.2.3. Respondents from Koinadugu, Bo and Pujehun Districts were found to have the highest percentages of students traveling over 5 miles to school. Regionally, it was found that students in the Eastern Region and Western Area had the shortest distances to travel.

Table 3.2.3: Percentage of Pupils by Distance to School in Miles by Region and Strata

Region	1 or less	>1 – 3	>3 – 5	>5 – 10	>10
East	87.0	9.8	1.9	0.9	0.5
North	71.4	20.5	3.2	0.8	4.1
South	59.9	30.9	4.1	0.6	4.5
West	83.8	13.4	2.8	-	-
Strata					
Rural	69.5	22.6	3.4	0.9	3.5
Urban	84.8	12.5	2.2	-	0.4
Total	**72.8**	**20.5**	**3.2**	**0.7**	**2.9**

Source: SDPS Data

[3] country status report – education 2006 unpublished
[4] ibid

3.2.3.1Reasons for Choosing the School

Respondents were asked why they choose the school that their child attends. Overall, 48.8 percent of respondents cited the close proximity of the school as their primary reason, followed by the quality of education (21.3 percent), while over 18.5 percent of respondents cited the lack of any other choice (Table 3.2.3.1). Only 5.9 percent cited religious reasons and 5.5 percent affordability as their primary motivators for their choice of school. In rural areas, "no other choice" was the second highest response after proximity as the main reason at 22.7 percent, while quality and affordability were deemed more important in urban areas. Quality was the main factor in the choice of private schools over other schools, and proximity was reported as the main reason that community schools were chosen as shown in Table 3.2.3.1.

Table 3.2.3.1: Reason for Choosing School by School Type

Type of School	Proximity	Religious	Quality	Affordability	No other choice
Government school	43.3	2.7	18.8	7.7	27.6
Government-assisted school	51.1	7.8	20.9	4.7	15.6
Community school	59.6	2.2	10.1	3.4	24.7
Private school	31.3	1.5	50.7	9.0	7.5
Total	**48.8**	**5.9**	**21.3**	**5.5**	**18.5**

Source: SDPS Data

3.2.3.2 Cost of Primary School

An important factor in the realization of the objective of the 2004 Education for All – National Action Plan is to promote compulsory and free primary education, which is inclusive of free tuition and exam fees, and the supply of teaching and learning materials with particular reference to the supply of textbooks. The SDPS attempted to assess the extent to which these measures have relieved households in paying these costs.

3.2.3.3 School Fees

Evidence from the survey reveals that about 25 percent of households with children in government and government-assisted schools pay school fees, while only 15 percent of frontline service providers maintain that parents pay school fees.

Type	Percent
Household	25.1
Teacher	15.3
Pupil	35.2

While slightly over 25 percent of parents with children in government and government-assisted schools did pay for school fees overall, the figures varied greatly by district (see Table 3.2.5.1a) and by region (Table 3.5.2.5.1b). Kono and Port Loko received the most affirmative responses by far, while the Moyamba and Bonthe Districts in the Southern Region had among the fewest.

Table3.2.3.3a: Percent Paying School Fees by District

District	Percent
Kono	98.6
Port Loko	75.6
Bombali	42.4
Koinadugu	30.8
Kambia	24.4
Kenema	20.7
Kailahun	18.9
Western Urban	18.4
Bo	13.1
Pujehun	7.6
Moyamba	1.4
Tonkolili	1.3
Bonthe	
Western Rural	
Total	**25.1**

Source: SDPS Data

The range of school fees charged also varied widely throughout the country, as shown in Table 3.2.51b. In the Eastern Region, where a higher percentage of parents are paying school fees for their children's schooling, they reported paying more, with the greater majority of families spending over Le 10,000 per year.

Table3.2.5.1b: Percentage payment of school fees and amount (Le.000) by Region

Region	Percent	Up to 5	>5 - 10	>10 - 20	>20 - 50	>50 - 200
East	44.5	8.2	7.2	56.7	27.8	-
North	32.6	52.8	33.6	3.2	8.0	2.4
West	16.4	4.3	30.4	26.1	17.4	4.3
South	7.8	30.8	23.1	26.9	7.7	11.5
Total	**25.1**	**32.1**	**20.7**	**26.9**	**16.6**	**3.7**

Source: SDPS Data

The Government of Sierra Leone's policy that government and government-assisted schools should not charge school fees is apparently not being put into effect in many areas of the country.

3.2.5.2 Textbooks

Similarly, over 37 percent of households with children in government and government-assisted schools claimed to pay for textbooks while 14.6 of frontline providers admit that parents are responsible for purchasing textbooks. Table 3.2.5.2 presents the amounts paid by households for textbooks, which are quite costly for most poor households to afford.

Type	Percent
Household	37.4
Teacher	14.6

Table3.2.5.2: Household cost on textbooks

Interval	Frequency	Percent
Up to Le 5000	134	27.4
> Le 5000 - 10,000	91	18.5
> Le 10,000 - 15,000	90	18.3
> Le 15,000 - 20,000	50	10.2
> Le 20,000	124	25.6

Source: SDPS Data

3.2.5.3 Additional Costs

Parents were also asked whether they were required to pay additional costs apart from school fees for their children to attend. Sixty-seven percent of parents were required to pay for results at an average amount of Le 1500, with Tonkolili reporting the highest incidence at nearly 90 percent, and Pujehun only 8.8 percent. About half of the parents paid for registration of their children in the school in the previous year, at an average of Le 5000 per child. The majority of parents also had to buy school materials, at an average cost of Le 5000 per child per term.

Table 3.2.5.3: Percentage of Payments for other Charges by Region

Region	Results	Registration	School materials
East	65.8	50.2	78.1
North	79.6	65.9	68.7
South	51.3	41.8	75.6
West	71.7	52.9	81.0
Total	67.0	53.6	74.4

3.2.5.4 Irregular Charges

The study also tracked the payments of irregular expenses. Nearly 40 percent of parents with children in government and government-assisted schools were required to provide obligatory gifts to teachers each term, ranging up in value to Le 40,000 in one case, though the average reported value of gifts was roughly Le 2500. The requirement of extra lessons outside of regular school was also reported at 41.2 percent nationwide, though the incidence progressively increased between Class 1 and Class 6 from 13 percent to 62.9 percent. The average amount paid was nearly Le 5000 per month. The requirement to buy teacher written pamphlets or study notes from teachers was not very prevalent in primary schools only 5.3 percent nationwide, as it is a phenomenon normally associated with secondary schools.

Table 3.2.5.4: Percentage Parents Paying Irregular charges by Region

Region	Gifts	Lessons	Pamphlet	Placement
East	33.9	43.4	3.7	10.5
North	49.9	42.6	4.7	6.3
South	20.8	21.7	4.7	11.3
West	44.4	77.8	10.5	22.2
Total	**37.0**	**41.2**	**5.3**	**10.9**

Payment for placement in schools was also relatively limited, with 10.9 percent of parents reporting that they were charged an average of nearly Le 11,000 per child. These costs are all regarded as relatively commonplace though illegal in government subsidized schools.

3.2.5.5 Affordability of Primary Schooling

Household respondents with children in primary school were asked to rate the affordability of schooling for their children. About 55 percent responded that schooling was very or somewhat affordable and only 10.3 percent responded that it was very unaffordable. It was found that rural respondents responded more favourably to the affordability of schools. By region, the data showed that respondents in the Western Area and Northern Region found it easier to send their children to school, while in the Eastern Region parents had the most difficult time, where the majority of respondents rated education as unaffordable or very unaffordable at 57 percent. As is expected, respondents receiving lower monthly household income found it more difficult to afford schooling. Community schools were found to be the least affordable, followed by government-assisted and government schools. Private schools were rated as being the most affordable, though that could result from the higher income levels of parents sending their children to these schools. The results also showed that the younger the respondent, the less affordable it was to school his children.

Table 3.2.5.4a: Percentage of Affordability of the Payments by Type of school

Type of School	Very affordable	Affordable	Unaffordable	Very unaffordable
Government school	11.2	49.1	32.3	7.4
Government-assisted school	10.9	42.9	34.4	11.8
Community school	8.5	35.1	42.6	13.8
Private school	16.4	59.7	14.9	9.0

Table 3.2.5.4b: Percentage of Affordability of the Payments by Region

Region	Very affordable	Affordable	Unaffordable	Very unaffordable
East	10.2	32.8	42.6	14.3
North	10.5	51.0	30.3	8.2
South	12.8	38.3	35.1	13.9
West	12.1	56.3	27.9	3.7
Total	11.1	44.7	33.5	10.8

Source: SDPS Data

A number of reasons where advanced by households regarding affordability. Box 3.1 summaries the various household views on affordability.

Box 3.1: Affordability

1. Very Affordable	1.	a) We pay less for education these days b) Because I can easily raise this fees from my business c) It is relatively cheaper and the charges are minimal d) Because we have few children to attend to. e) I have the strength to work and earn the money to pay for my children.
2. Somewhat Affordable	2.	a) We try by all means to get the money because we want our children to be educated. b) Because we normally pay in bits c) As a teacher of the school, I can manipulate to pay for my child e) Through the small scale farming I do manage to pay the fees

3. Somewhat Unaffordable	3.	a) As a retired civil servant, I only depend on the small pension paid by Government to settle all scores b) I recently lost my husband and things are too much for me alone c) I have both primary and secondary school going children and so I find it hard. d) Business is not moving as expected so it is not easy to get money these days
4. Very Unaffordable	4	a) Money is too hard to get these days b) Because I am a single parent and the agricultural activities am doing are too small for our living. c) Through the help of my brothers and sisters d) Because the farming activities I am doing are not good enough for me to pay my children's fees e) It is difficult due to my poor status with no business or farming

Summary Government and donors have made considerable strides in the provision and access to primary school education in Sierra Leone. The target of the government's 2004 policy statement "Education for All – National Action Plan" is to make available primary schools within a three mile radius, even though these distances are still far for 6–10 year-old pupil. The study showed that the majority of pupils attending government or government-assisted schools lived only a mile or less from the schools they attend, accounting for 72.8 percent, and that less than 7 percent of students travel over 3 miles. The country currently boost of the highest gross enrollment ratio (GER), which stood at 160 in 2003/4. However, fewer girls attending school than boys in all the classes. This gap needs to be filled if a balanced primary education is to be achieved.

A major driving force to the improvement made in primary education is not unconnected to the government's promotion of compulsory and free primary education, which is inclusive of free tuition and exam fees, and the supply of teaching and learning materials with particular reference to the supply of textbooks. However, the SDPS reveals that about 25 percent of households with children in government and government-assisted schools still pay school fees. This frequency vary greatly by district with over 98 percent of parents in Kono and 75 percent of parents in Port Loko are claiming to pay School fees for their children. The range of school fees charged also varied widely throughout the country. In the Eastern Region, where a higher percentage of parents are paying school fees for their children's schooling, they also reported paying more, with the great majority of families spending over Le 10,000 per year. A significant number of parents still pay for text books and other charges such as registration, gifts, results, lessons, etc. These unauthorized and illegal payments are making primary schooling unaffordable for many thereby threatening government's commitment to the MDGs and meeting its goal for free and compulsory primary education for all.

3.3 Effectiveness

The effectiveness of primary school service provision was examined based on the government policies for providing school fees and textbooks to primary schools, and the

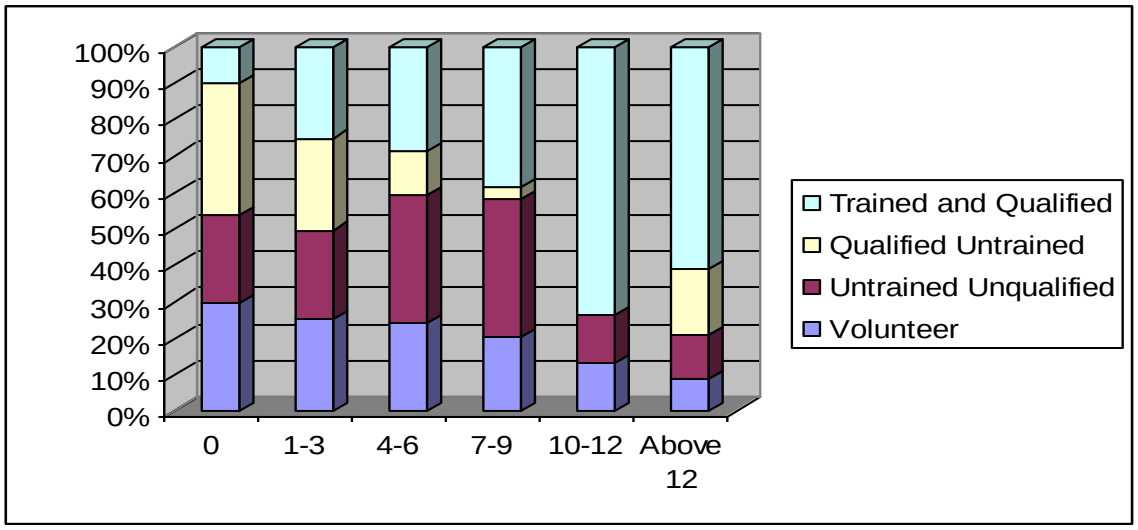
extent to which it was achieved. In addition, the types of teachers in the primary school system were also examined because of their importance in ensuring effective service delivery. School fees subsidies and textbooks were particularly selected as the basis for analysis since they are the resources tracked in the PETS survey. The survey thus attempts to capture the awareness of households as to the receipt of these resources and their perceptions of the sufficiency of this input. Education service providers were similarly asked about the effectiveness of subsidies and textbook provision by government and their sufficiency.

3.3.1 Typology of Teachers in the Primary School System

Teachers are important for the effective delivery of the education service and for the improvement of the pupil learning outcomes. This section present the types of teachers found during the survey in our primary school system. There are four categories of teachers described in this survey. This include (i) volunteers, (ii) untrained and unqualified (UU), (iii) qualified and untrained (QU), and (iv) the trained and qualified (TQ). The volunteers are usually students that have completed JSS in some cases SSS and their stipends are provided by the community/CTA. The UU are also usually JSS or SSS graduates who may not have passed their exams or have not been approved by the ministry of Education to teach. The QU are those that have passed their qualification exams but not trained and qualify as teachers, while the trained and qualified are teachers that have met all the requirements of MEST i.e. trained in a recognized teacher training college.

Figure 3.1 present the distribution of these categories of teachers in the primary school system. The estimated Primary school work force approved by MEST 2004/05 is around 19,300. There is a varied mix of teaching staff in the primary school system. The survey reveals that there are a number of schools without Volunteers UU, QU and TQ. However, in all the ranges between 1 and above 12 all categories of these teachers are been deployed in most primary schools (Figure 3.1).

Figure 3.1 Types of Teacher in the Primary School System



Source: SDPS Data

For example, the range between 1 and 3 accounts for about 43 percent of Volunteers, 41 percent of UU, 10 percent of QU percent of TQ of teachers engaged in these primary schools. According to the SL-PRSP (2005) there are 55 percent of TQ with either teachers' certificate (TC) or Higher Teachers' Certificate (HTC). Most of them are in Freetown with approximately 98 percent of the workforce qualified and trained.

3.3.2 School Subsidies

Over two-thirds of parents with children in government and government-assisted schools did not know whether school subsidies were received at their children's school during the current school year. The Northern Region reported the highest affirmative responses for receipt of school fees subsidies at 21.4, while the Eastern Region reported the highest frequency of negative responses at 23.3 percent. Interestingly, rural populations were reported as being more aware of whether school subsidies had been received than urban residents. When asked what the subsidies were used for, most parents cited the maintenance and general operations of the school or purchase of school materials. Some parents expressed their dismay that they were not told what the money was used for.

Among the education service providers sampled (head teachers, teachers, School Management Committee (SMC) chairmen), 64 percent acknowledged receiving school fees subsidies from the government during the academic year. The Northern Region showed the highest receipt of subsidies.

Among the parents of children who reported that school fees subsidies had been received by their children's school, 46.6 percent did not know whether the subsidies were sufficient, while 79 percent of those that responded rated the subsidies as somewhat or very insufficient. Only 21 percent believed the subsidies were somewhat or very sufficient.
Education service providers sampled were asked to gauge the sufficiency of the school fees

subsidies to operate their schools: 52.1 percent remarked that the amount was very insufficient, while 36.8 percent rated the funds as somewhat insufficient. The Southern Region rated the highest for sufficiency of subsidies while having received the lowest percentage of subsidies received. This is due in large part to the funding by the NGO Plan International which provides all fee subsidies and school materials to Moyamba District.

Table 3.3.2: Sufficiency of Subsidies Received

Region	Received subsidies	Very sufficient	Somewhat sufficient	Somewhat insufficient	Very insufficient
East	69.0	2.4	9.5	35.7	52.4
North	76.0		6.8	37.3	55.9
South	43.3	2.9	17.6	41.2	38.2
West	71.4		7.1	32.1	60.7
Total	**64.0**	**1.2**	**9.8**	**36.8**	**52.1**

Source: SDPS Data

3.3.3 Teaching and Learning Materials

On teaching and learning materials the survey mainly focused on textbooks which government has committed itself into providing for all schools. When asked how many children generally use one textbook in class in government and government-assisted schools, over two-thirds of respondents did not know. Among those who responded, over half reported that two or three children used one textbook. The Western Area had the best rating at 83.3 percent reporting that three children or fewer used one text. In the Eastern Region, 12.2 percent of respondents reported that over ten pupils use one textbook, and only 47.3 percent of parents reported three or fewer children using one text.

Table 3.3.3 Number of children per one textbook per region

Region	1	2 – 3	4 - 5	6 - 10	> 10
East	12.2	35.1	32.4	8.1	12.2
North	15.4	50.4	21.1	3.3	9.8
South	8.9	61.6	24.1	3.6	1.8
West	22.9	60.4	10.4	6.3	0.0
Total	**13.7**	**52.1**	**23.0**	**4.8**	**6.4**

The assessment based on the service providers such as head-teacher and teachers reveal that slightly less than 50 used one textbook for three or less pupil (Table 3.3.3).

Table 3.3.3: Number of Pupil using one Textbook

Responds	Frequency	Percent
0	7	1.8
1-3	192	48.9
4 – 6	119	30.0
7 – 9	5	0.1
10 and above	69	17.6
Don't Know	42	10.7
Total	**434**	**109.1**

Source: SDPS Data

Among government and government-assisted schools, 22 percent of parents responded that they were aware that government had delivered textbooks to the school in the previous year, while 6 percent reported their schools receiving texts from other sources. Over 15 percent of respondents said that their children's school had not received any textbooks.

3.4 Establishment of Community Participatory Mechanisms

The study also sought to gauge the extent of user participation in education service delivery, including the availability and effectiveness of accountability mechanisms and avenues for the articulation of users' demands.

In recent times, government has become more proactive in ensuring community participation in all government and government assisted primary schools. The realisation that education is important means of reducing poverty, the Ministry has taken measures to decentralise its management through the involvement of local people by supporting and facilitating the establishment of School Management Committees (SMCs). Community participation to basic education especially primary education is recognized not only to enhance effectiveness and ownership of community school but also for the attainment of the MDGs, achieving universal primary education and for meeting the SLPRS goals.

Community/parent teacher association (C/PTA) has been in existence for quite a long time. C/PTAs are used by parents, community members and teachers as a vehicle of communication and to serve as a forum for teachers and parents to act decisively on matters arising in their community schools. This voluntary participatory mechanism is very well known by households. About 69 percent of households reported that C/PTAs were established and functional see Table 3.4.

In recent times, MEST has fostered the establishment of school management committees (SMC) to oversee local operations of government and government assisted schools, with the goal of involving community leaders through a participatory process. MEST through the *SABABU* project has supported the establishment of SMCs in government and government-assisted schools throughout the country including support for capacity building through training of these committee members.

Table 3.4: Established School Committees/Associations

Responses	SMC	CTA	LEC
Establish and functional	48.7	68.9	6.6
Established non-functional	6.4	7.0	6.4
Not established	17.8	11.7	45.0
Don't know	27.1	12.4	42.0

Though the SMCs are reported to have been set up in all government and government-assisted schools, only about 48 percent of households are aware of their existence and functionality. A significant number (27.1) are not even aware about the SMCs, which are generously funded by the government of Sierra Leone and the World Bank for their establishment. This apparent lack of knowledge of households of the SMCs might be due to the non-involvement of communities in the establishment of these SMCs. Members of the SMCs are appointed by the MEST or their representatives in the area in consultation with only the prior owners of the school. Consequently about 27 of households don't seem to know about this new institutional arrangement. Unlike SMCs, CTAs are better known to households as nearly 76 percent of households knew of their existence. A true partnership required the involvement of all stakeholders. It was therefore expected that the traditional C/PTA and the community should have been facilitated to identify/elect some of the members of these SMCs rather than government summary appointment of these

committees, if true partnership with the community was the agenda for the establishment of these SMCs.

Local education committees were expected to be established by the local councils, and their role is unclear. There is the potential that LECs will over time take on an expanded role under the evolving decentralization process, though their establishment is not a statuary requirement. Apparently very little is known about their existence and functionality. Most respondents, about 58 percent reported the non existence of these committees.

3.4.1 Community Attendance at CTA Meetings

Service providers were asked to describe the attendance of community members at CTA meetings. The study showed that 24.4 percent of service providers considered the attendance to be very high, while 44.4 percent rated attendance as high. Only 11.1 percent of teachers thought attendance to be low or very low.

Table 3.4.1 Attendance on CTA meetings

Responses	Percent
Very high	24.4
High	44.6
Moderate	20
Low	6.7
Very Low	4.4
Total	100

Household respondents were also asked how many CTA meetings they had attended in the past year. Most respondents (about 79 percent) said they had attended between one and three.

3.4.2 Effectiveness of CTAs

CTAs were rated as very effective by 42 percent of respondents nationwide, while another 41 percent rated them as somewhat effective. Only 14.3 percent of respondents rated their CTAs as either somewhat or very ineffective, primarily in the Eastern Region where CTAs were rated as ineffective by 18.5 percent of respondents.

Responses	Percent
Very effective	41.9
Somewhat effective	40.7
Somewhat ineffective	8.4
Very ineffective	5.6
Don't know	3.3
Total	100

3.4.3 Information on School Resource Management

Respondents were asked to describe how well-informed they were about how school's funds were spent. The responses revealed a wide information gap, with two-thirds of respondents admitting that they were very poorly informed and had no idea how the funds were spent.

Table 3.4.3: Level of Information

Region	Very well-informed	Well-informed	Poorly informed	Very poorly informed
East	11.1	15.2	8.8	65.0
North	10.4	14.1	11.5	64.0
South	5.2	16.2	9.5	69.1
West	5.4	19.7	13.6	61.2
Total	**8.3**	**15.8**	**10.6**	**65.4**

Source: SDPS Data

Another 24.1 percent believed they are well-informed or very well-informed, led by Western Rural where 58 percent of the respondents are well-informed and Kambia 40.9, while Pujehun and Tonkolili each reported around 90 percent poorly informed. This situation highlights the need for greater oversight mechanisms at the community level to foster greater transparency, and to ensure that resources are reaching their intended targets and used properly.

Summary The effectiveness of primary school service delivery is dependent upon the quality of teachers, the availability of teaching and learning materials and total community participation. However, most teachers in our primary schools are either untrained and unqualified or qualified and untrained. There are only few qualified and trained teachers in our primary schools and are skewed mainly in urban areas like Freetown where over 98 of its teaching staff are trained and qualified. The supply of textbooks is still very limited. These indicators show that learning in many primary schools especially in rural areas is at the bear minimum level.

Community participation is gaining importance. The establishment of SMCs is a crucial step forward. However, the fact that these committees are mere appointees limits the desired community participation in this institutional arrangement. This is further undermined by the limit to information, especially with regards to resource management such as school subsidies and teaching and learning materials. The survey revealed a wide information gap, with two-thirds of respondents admitting that they were very poorly informed and had no idea as to how the subsidies were spent. This situation highlights the need for more participatory oversight mechanisms at the community level to foster greater transparency, and to ensure that resources are reaching their intended targets and are managed properly.

3.5 Respondent Perception of the nature of the Service Delivery

This section presents how respondents perceived education service delivery in terms of the physical facilities (structure, furniture and other classroom equipment), student learning outcomes, teachers' performance, and the quality of service over the past year.

3.5.1 Physical Facilities

The educational facilities suffered a major set back during Sierra Leone's ten-year civil war, as an *unestimable* amount of educational infrastructure was destroyed. Since the end of the war, the Government of Sierra Leone, with the support of Donors, embarked on a massive reconstruction and rehabilitation of the education sector. Despite these efforts,

most of the beneficiaries and operatives considered these facilities as unsatisfactory as shown in Table 3.5.1, where for all three categories of respondents the most frequent response was "very unsatisfactory."

Despite these low statistics, some progress has evidently been made in the state of physical infrastructure if compared to the G*overnance and Corruption Study* (2002) in which over 80 of respondents considered school infrastructure inadequate and flagged it as an obstacle to good quality education.

Table3.5.1: Percentage of Respondents satisfaction on the State of Physical facilities

Responses	Respondents		
	Household	**Teachers**	**Pupil**
Very Satisfied	11.8	4.6	16.2
Satisfied	26.2	14.3	24
Somewhat unsatisfied	25.3	27.0	26.1
Very unsatisfied	32.5	49.7	32
Don't know	4.5	1.3	1.6

Source: SDPS Data

Respondents were also asked to give reasons for their answers above. A number of reasons where given and the few that catches the eye are presented in the Box 3.1 below. The responses range from very satisfactory to very unsatisfactory. Households' perception of very satisfactory physical facilities is that children have a good classroom and good sitting place and are happy, while for an unsatisfactory condition they perceived buildings as poorly built and are death trap with poor or no furniture.

Box 3.1: State of Physical Facilities

1. Very Satisfied	1	a) It is a new structure with enough furniture b) The building is good and so also is the furniture c) The children are accommodated in good classroom d) New structure with well trained teachers e) The children have good sitting places and are always happy.
2.. Satisfied	2	a) The school is being renovated but needs more furniture b) The building is a new structure c) It is simply good
3. Somewhat Unsatisfied	3	a) No school building and furniture used were locally made b) The structure need repairs c) No proper school building and benches d) The building is not in good condition
4. Very Unsatisfied	4	a) Because the building is a death trap b) Poorly built with no facility c) The condition of the building and furniture are too poor d) No school structure.

It is evident therefore that people make valued judgment on the state of the facilities and paints the disparities children faced in their quest to learn, which range from the best case

of *a very good classroom environment* to the worst case scenario of a *death trap building* where the children endure to learn.

3.5.2 Teacher Performance

Teachers in Sierra Leone often work under difficult conditions, with poor facilities, often inadequate supplies and in remote locations, making it difficult to recruit new teachers who have undergone teacher training and are qualified to teach. Despite the many disincentives to teaching, communities are overwhelmingly satisfied with the performance of their teachers. When asked to rate their satisfaction with their children's teachers, 28.5 percent responded that they were very satisfied while another 57.4 percent were satisfied. Only 8.8 percent of respondents were somewhat unsatisfied, and only an insignificant percentage cited very unsatisfied. These statistics reflect the respect with which people view teachers in their society, particularly for their willingness to teach under often rudimentary circumstances.

Table 3.5.2 How satisfied are you with the performance of teacher

	Very satisfied	Satisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
Government school	30.1	54.7	11.8	2.8	0.7
Government-assisted school	26.5	59.6	7.3	2.3	4.3
Community school	28.7	55.3	10.6	4.3	1.1
Private school	44.1	45.6	10.3	0.0	0.0
Total	**28.5**	**57.4**	**8.8**	**2.4**	**3.0**

Source: SDPS Data

Household respondents were asked to cite the reasons for their responses, and the common explanations are presented in Box 2.

Box 2 Performance of Teachers

4. Very Satisfied	i. The teachers are regular in school and are delivering to the best of their knowledge and abilities ii. The teachers are trying their level best to teach the children to understand iii. Because they are using accurate learning materials and teach well, and also seek the welfare of pupils.
3. Satisfied	i. They are trying in their own little way ii. I am satisfied with the performance of the teachers
2. Somewhat Unsatisfied	i. They are weak, therefore they need cooperation from parents ii. Prompt payment of salaries, there will be improvement.
1. Very Unsatisfied	i. Teachers sometimes are not regular to school. ii. Teachers are busy selling food items to the pupils on a forced basis iii. Poor academic work iv. Most of the teachers are not qualified

3.5.3 Student Learning Outcomes

A major achievement of government is the near doubling of enrollment in primary schools between 2001/02 – 2004/05. In fact the gross enrollment rate (GER) in primary schools is currently about 160[5]. This places Sierra Leone at the top of the low income countries average GER. This achievement is evident in the respondents' perception in student learning outcome (Table 3.5.3).

Table 3.5.3 presents respondents' perceptions of the pupil learning outcome. There is very little dissent between households and the frontline service providers in the way they perceived the students learning outcome in the primary school system. A significant number of them (about 27) considered their students' learning to be very satisfactory, while slightly over 60 of the pupil feel very satisfied with their learning. In general over 80 of the respondents are satisfied with the pupil learning outcome. This is reflective of the actual outcome of student's performance in the National Primary School Examination (NPSE). About 80 of the students between 2001– 2005 meet the basic requirements set by MEST (CSR 2006). The significantly high NPSE pass rates seem to indicate that quality and education outcome has not suffered as a result of the high influx of pupil in the primary school system at least in the short term. However, the full impact of this high influx of pupil in our primary schools can only be assessed some five years down the line when these entrants would have faced the NPSE.

Table 3.5.3: Student Learning Outcome

	Respondent		
Responses	**Household**	**Teachers**	**Pupil**
Very satisfied	27.8	27.0	61.4
Satisfied	58.9	54.8	29.6
Somewhat unsatisfied	8.3	13	6.8
Very unsatisfied	2.5	3.6	0.9
Don't Know	2.5	1.5	1.2

Source: SDPS Data

Judging from their explanations households are pleased with the performance of their children and/or wards.

[5] CSR, 2006 unpublished

Box 3: Student Learning Outcome

1. Very Satisfied	i. He can now read properly ii. My child as other children are doing very well in school iii. There is progress and discipline in her attitude iv. Great improvement
2. Satisfied	i. He now knows how to read and write the ABC. ii. I usually check the work of my child, he understand little by little iii. Because at the end of every term they are promoted to another stage. iv. The school teach well and I see progress in my son's learning
3. Somewhat Unsatisfied	i. The teachers are not doing a very good job due to their poor qualification, so they need to be trained ii. There is still room for improvement in their academic competence.
4. Very Unsatisfied	i. The teachers don't teach always as results of the pupils are also playful.

3.5.4 Quality

Despite the high levels of satisfaction with teacher performance and children's learning, the government is still faced with the challenge of improving the quality of primary education, which is largely dependent on the availability of trained teachers, the adequacy and improvement of physical facilities, and the availability of teaching and learning materials.

Respondents were asked to rate whether the quality of the school had improved, declined or remained the same over the past year. As shown in Table 3.9, between a quarter and one-third of household and service provider respondents think there has not been any change in the quality of education. A much larger number however maintained that their school had improved, with nearly 50 percent of household respondents showing at least some improvement, about a third of whom thought their school was much better.

Table 3.5.4 Quality of Education Services

	Respondent		
Responses	**Household**	**Provider**	**Pupil**
Much worse	4.4	1.0	4
Little worse	5.1	4.3	8.9
No change	34.3	24	33.6
Little better	34.3	47.4	37.4
Much better	15.4	21.7	17.4
Don't know	6.6	1.5	2.6

Source: SDPS Data

Respondent provide very well articulated responses about their perception of quality (Box 3.4). This range from worse case scenario of *non-conducive learning environment, the lack of teaching and learning material, trained and qualified teachers* to the best case scenario of *good classroom environment and good number of qualified and trained teachers and adequate supply of teaching and learning materials.*

Box 3.4 On the Quality of Service Delivery

1. Much Worse	i.	The building has collapse and the furniture are not enough
	ii.	The same thatched structure and broken benches up till now
	iii.	No textbooks for pupil
	iv.	Teachers are not been paid they only volunteer
	v.	Classrooms are over populated we are told when we go for meeting
2. A Little Worse	i.	The schools don't have enough sitting accommodation. Also the building is not properly built.
	ii.	Poor condition of the building, dusty and dirty. No chairs, benches, table and blackboard.
	iii.	Because up till now no development for the school building and they don't have sufficient furniture
	iv.	They have done no renovation and the teachers are still in the same habit of selling food items
3. No Change	i.	The school is still house in a thatched building as it was last year
	ii.	Quality still the same
	iii.	Because up till now no development for the school building and they don't have sufficient furniture
	iv.	Because even the school building under construction has not yet being completed
	v.	The same teachers and building with few benches
4. A Little Better	i.	Because I see them putting up a new school and even the toilet is now taken care of.
	ii.	More volunteer teachers are being admitted into the school.
	iii.	They are putting up one building and have two volunteer
	iv.	Structure appears to be alright, although furniture is insufficient and some are in a bad shape.
5. Much Better	i.	great development due to the construction of the new building
	ii.	there is now a descent office for head teachers and the toilet is being constructed
	iii.	the school has a good number of teachers

3.6 Summary

Perception Since the end of the war, the Government of Sierra Leone, with the support of donors, embarked on a massive reconstruction and rehabilitation of the education sector. Despite these efforts, most of the beneficiaries and operatives considered these facilities as unsatisfactory. For household a *very satisfactory physical facility* is where children have good classrooms and good sitting place and they are happy, while for an *unsatisfactory one* is perceived as poorly built and as death trap with poor or no furniture.

On the teachers' performance, communities are overwhelmingly satisfied with the performance of their teachers. Over 85 percent of respondent are satisfied with their

teachers' performance. In general, parents are pleased with the teacher performance stating that the teachers are trying to the best of their knowledge and abilities to teach the children to understand. For the few who are unsatisfied complained that teachers are not serious with their work and that they are busy selling food items to the pupils on a forced basis. A significant number (over 80) of parents are also satisfied with their children's learning outcome. This is reflective of the actual outcome of student's performance in the National Primary School Examination (NPSE) where 80 of the students in 2005 school year met the basic requirements set by MEST (CSR 2006). Evidently, the significantly high NPSE pass rates indicate that quality and education outcome has not suffered as a as a result of the high influx of pupil in the primary school system.

Despite the high levels of satisfaction with teacher performance and children's learning, the government is still faced with the challenge of improving the quality of primary education, which is largely contingent on the availability of trained teachers, the adequacy and improvement of physical facilities, and the availability of teaching and learning materials.

Peoples' perceptions are important to help shape and improve service delivery. For the education sector users' perceptions of the physical facilities, student learning outcomes, teachers' performance, and the quality of service over the past year raised valid concerns as mentioned above that need to be addressed accordingly.

3.7 Recommendations

Education for all is now defined by the international community as *quality* education for all to underscore the importance of not only enrolling pupil but to also ensure they receive good and quality education. At the heart of the EFA is the right of all children to gain unlimited access to the opportunities and environment required to meet their basic learning needs which is reflected in the national declaration that all children in Sierra Leone have the right to free and compulsory basic education. This required that the learning environment should be conducive and comfortable for learning, there are adequate supply of qualified and trained teachers and the availability of adequate quality teaching and learning materials in all the schools. In order to ensure *quality education for all* in our primary schools, Government therefore needs to address very quickly, among others the following recommendations:

Ensure Free and Voluntary Primary Schooling Free and voluntary as oppose to compulsory primary education should be promoted by government. Many parents have come to the realization of the significance education plays in enhancing their family social capital. If government remove all barriers to schooling, and put in place strategies to ensure that schools receive adequate financial and other administrative support, and mount national and local campaigns and sensitization, the objective of primary education for all will be achieved.

Improving the Learning Environment and Service Delivery Access to a conducive and comfortable learning environment and effective service delivery are necessary prerequisites for the achievement of the national and international desire for quality education for all. Majority of the schools in Sierra Leone have poor classroom conditions, lacks sufficient training and learning materials and adequately qualified teachers. Government needs to vigorously pursue these challenges if the education for all is to be achieved by 2015.

Monitoring and Evaluation There is a well established structure of supervision of schools but how effective this system is little is known. There is need for an effective monitoring and evaluation to provide the needed feed back to decision-makers to assess the progress and the lack of it in meeting quality education for all.

Information Information is not only a powerful tool for decision-making but also the cornerstone of transparency and accountability and is crucial, if peoples are to participate and hold accountable their public institutions. Respondents nationwide overwhelmingly admitted that they were very poorly-informed about how resource flows are delivered and managed. Government should endeavour to share information on deliveries to schools with community based groups such as chiefs and elders, opinion leaders, C/PTA and SMCs.

CHAPTER FOUR

HEALTH SECTOR

4.1 Introduction

Ill-health and access to healthcare is central to people analysis of poverty. The extent of poverty in Sierra Leone is reflected in its poor health and socio-economic indicators. Its Life expectancy has dropped to 34.5 years down from 42 years in 1990. In 2001, infant and under-five mortality rates were estimated to be 182 and 316 deaths per 1000 live births, respectively. The maternal mortality rates are also among the highest in the world with 18 deaths per 1000 (Health Sector Review 2004). Fertility rates remain high at approximately 6.5 for women. High fertility rates are closely related to rural residence and low socio-economic status, where age at first child birth is as low as 15 years. The low status of women in households and the community in general and their limited access to resources contributes to their barriers in seeking healthcare.

The provision of basic healthcare is therefore considered a major priority for poverty reduction in Sierra Leone. Healthcare service was ranked among the top three priority needs by the population in a nationwide survey conducted for the SL-PRSP (SLIHS 2004). It forms one of the core areas of intervention in the SL-PRSP third pillar – Human Development. The overall goal of the PRSP is to expand health and Nutrition services to enhance accessibility and affordability of health service to the population. The SDPS which focused mainly in the primary healthcare seeks to assess: (i) Primary Healthcare provision, usage and access, (ii) effectiveness, (iii) community participation and (iv) perception of users and service providers.

4.2 Service Provision, Usage and Access

This section presents household access and usage of primary health care services. It discusses the types of facilities chosen, the accessibility of health facilities, costs of care and affordability. The findings are discussed based on household and staff responses.

4.2.1 Sickness and Incidence of Seeking Treatment

The general population utilisation rates of health facilities in Sierra Leone is estimated at 0.5 contact per capita per annum (Health Sector Review 2004) This means that half the population attends a health facility once each year, which is relatively low by international standards. In the SDPS, over 93 percent of households interviewed reported that members of their households fell sick within the one year period prior to the

Region	Percent
East	91.8
North	93.0
South	95.1
West	92.7

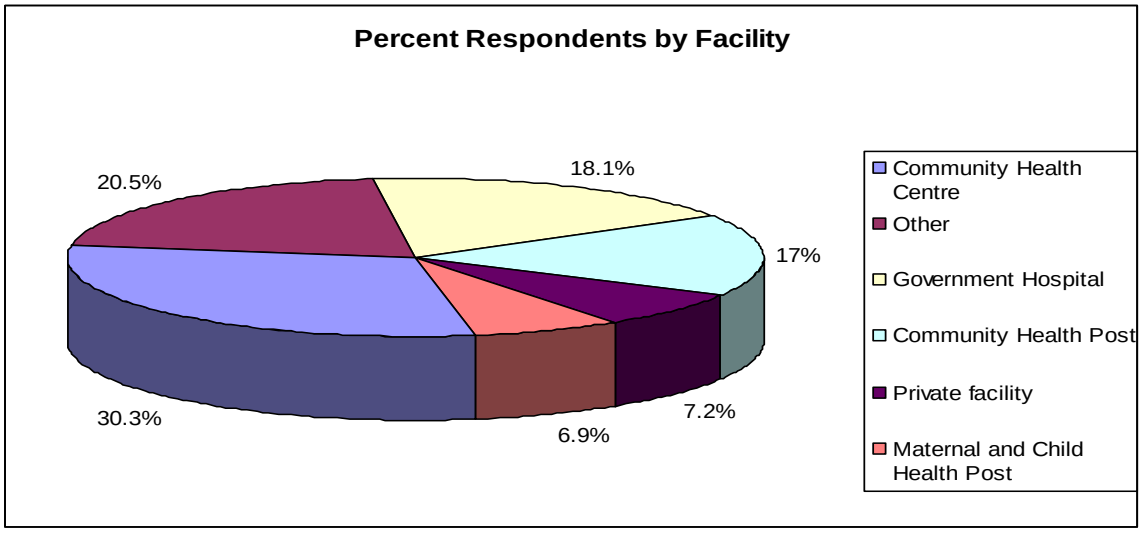
survey. The Southern Region had the highest proportion of household members falling sick at 95.1 percent, and Port Loko and Kono Districts showed the lowest rates of requiring treatment at 86.5 and 88.5 percent respectively.

The rate at which people fell sick could not be distinguished between rural and urban respondents.

4.2.2 Type of Facility

The health sector in Sierra Leone is characterised by plurality of health service providers. Household respondents were asked what type of facility they used most often. About 30.3, 17.0 and 6.9 sought treatment from Community Health Centres (CHCs), Community Health Posts (CHPs) and Maternal and Child Health Posts (MCHPs) respectively, while government hospitals were the second most common response at 18.1 percent. Treatment was also sought from a variety of other service providers, none of which accounted for more than 5 percent of the total including, in descending order: religious/mission facilities, pharmacies and drug shops, NGO facilities, drug peddlers, traditional healers, and outreach programmes. Over 73 percent of respondents throughout the country chose government/public facilities as their primary providers. Urban residents were much more likely to use government hospitals and private facilities, since these facilities are typically not available in rural areas. Rural residents used predominantly CHCs, CHPs, and MCHPs.

Figure 4.2.2



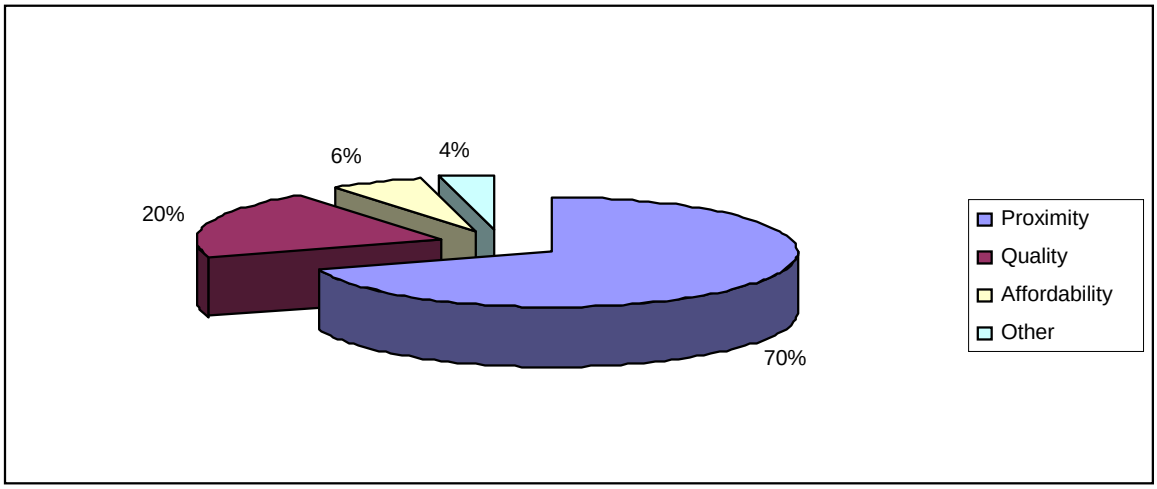
Source: SDPS Data

Households reporting higher income levels were found to be more likely to use private and NGO facilities for their health needs, while lower incomes reported seeking treatment at CHCs and CHPs.

4.2.3 Reasons for Choosing the Facility

Respondents were asked why they chose the facility where they sought treatment most often. Proximity was cited as the most often at nearly 70 percent, whereas quality was the primary reason in 20 percent of the cases. Cost was not as much of a factor, with only 6.3 percent citing it as their main motivation.

Figure 4.2: Primary Reason for Choosing Facility



Source: SDPS Data

4.2.4 Distance to Facility

The government policy for operational health facilities in the rural areas stipulates that the health facilities should serve a catchment area within 3 to 5 mile radius. In the study, it was discovered that 84.1 of households reported seeking treatment at health facilities not more than 5 miles away, and 42.4 percent of households travelling a distance of one mile or less (Table 4.2.4). The Northern Region was found to be the least accessible, with 24.2 percent of households travelling more than 5 miles, and over 13.7 percent greater than 8 miles. Virtually all urban respondents travelled less than 3 miles to their facility, as compared to 64.8 percent of rural residents.

Table 4.2.4: Distance to Facility (Banded)

Region	**1 or less**	**>1 – 3**	**>3 - 5**	**>5 - 8**	**>8**
East	42.2	30.6	13.6	9.5	4.0
North	37.6	24.9	13.3	10.5	13.7
South	33.2	35.3	15.9	11.1	4.5
West	68.4	21.5	8.1	0.4	1.6
Strata					
Rural	34.3	30.5	15.3	11.3	8.5
Urban	70.8	21.4	6.0		1.8
Total	**42.4**	**28.5**	**13.2**	**8.8**	**7.0**

Source: SDPS Data

4.2.5 Outreach

Health staff often conducts outreach visits in the areas located within their catchments, for those who have no other recourse when they fall ill. The intensification of outreach service forms part of the health sector strategy in increasing access to health services (Health Sector Presentation DEPAC, SLHIS 2004). The survey found that many health service providers reported carrying out outreach services to designated areas at specific times. About 22 of respondents reported carrying out outreach visits on a monthly basis, while 21.6 did so weekly. Almost 15 of facility respondents reported never carrying out outreach visits (see Table 4.2.5a). CHPs were reported to conduct outreach most often, with 45 percent of respondents reporting outreach once or more per week. Respondents from Kambia District reported the most frequent outreach in the country.

Table 4.2.5a: Percentage of Health Facility conducting outreach visits

Type of Health Facility	More than once a week	Weekly	Bi-Weekly	Monthly	When necessary	Never	Other
Community Health Centre	8.7	28.3	17.4	28.3	13.0	4.3	0
Community health post	10.0	35.0	25.0	25.0	2.5	2.5	0
Maternal-child Health Post	8.3	20.8	12.5	29.2	20.8	8.3	0
Religious/Mission Facility	10.5	5.3	10.5	21.1	26.3	21.1	5.3
Government Hospital	6.3	6.3	6.3	6.3	18.8	43.8	12.5
Private Health Facility	9.1	0	0	9.1	27.3	45.5	9.1
NGO Facility	0	16.7	0	0	33.3	50.0	0
Total	8.6	21.6	14.8	22.2	15.4	14.8	2.5

Source: SDPS Data

Service providers in the North and East reported travelling the farthest distances to conduct outreach, with 40 and 22.2 percent reporting travelling beyond 5 miles and 10 miles respectively. Community Health Centres (CHCs) and religious/mission facilities reported travelling the farthest distance overall.

Table 4.2.5.b: Distance traveled to conduct outreach (miles)

Region	1-5	>5 - 10	>10 - 15	> 15
East	37.2	39.5	11.6	11.6
North	37.8	22.2	31.1	8.9
South	56.1	31.7	9.8	2.4
West	77.8	11.1	8.3	2.8
Total	**50.9**	**26.7**	**15.8**	**6.7**

Source: SDPS Data

4.2.6 Cost of Primary Health Care

The Government of Sierra Leone and Donors placed major emphasis on having government funds directed toward poverty reduction and human development initiatives, particularly in the health sector. The aim of this effort is to make health care both affordable and effective, particularly for disadvantaged or groups at risk such as the destitute, the elderly (65 years and above), children, and pregnant and nursing mothers. Official government declaration/policy stipulates that public facilities make consultations, basic drugs and essential vaccinations free for these groups. Common drugs are also meant to be provided at an affordable cost recovery bases to the general public.

Household respondents in the study were asked whether in the previous year they were required to pay for a range of drugs and services at the PHUs that they frequented. Nearly 90 percent of respondents paid for drugs, while 43 percent paid for consultation fees. Slightly over 21 percent of respondents reported paying for basic vaccines, such as DPT, BCG and measles vaccines which are meant to be free of charge under the expanded humanisation programme.

Service providers were also asked whether their facilities charge fees for the services they offer. About 80 of staff interviewed charge fees for drugs and 29.4 for admission for overnight care. Very few facilities reported charging fees for the basic vaccines they administer. As to indicated in Table 4.2.6, private and mission clinics reported most often that they did not require payment for the services provided. CHCs also reported a low percentage of facilities that charge for admission fees and basic vaccines. The responses from households are juxtaposed to the responses of service providers in Table 4.2.6, where it indicates that a greater proportion of households are reported having to pay fees than service providers are admitting.

Table 4.2.6 Charges for various drugs and services

Facility	Drugs	Admission fees	DPT Vaccines	BCG vaccines	Measles	Polio	Outreach fees
CHC	80.4	13.0	4.3	4.3	6.5	4.3	13.0
CHP	82.9	19.5	22.0	22.0	19.5	14.6	12.2
MCHP	83.3	25.0	16.7	20.8	20.8	8.3	8.3
Mission	73.7	63.2	0	0	0	0	21.1
Government Hospital	81.3	62.5	12.5	12.5	12.5	6.3	6.3
Private	72.7	54.5	0	0	0	0	0
NGO	83.3	0	0	0	0	0	0
Total	**80.4**	**29.4**	**10.4**	**11.0**	**11.0**	**6.7**	**11.0**
Household Responses	**89.6**	**27.3**	**21.5**	**21.8**	**21.5**	**13.9**	

Source: SDPS Data

4.2.7 Irregular Charges

According to government policy, under-five and school children and pregnant women are to be exempt from paying for basic consultations, treatment and care. Most household respondents interviewed, however, reported paying for both ante-natal care (86.5 percent) and under-five treatments (84.4 percent) in the facilities where they receive treatments. Facilities reported a much lower incidence of charging fees for antenatal care, under-five treatment and other charges. According to household respondents, the highest incidence of having to pay for antenatal and under-five treatment is in the East Region, where 93.2 percent and 89 percent say they pay for these services respectively. The Western Area appears to comply more often than other regions, where roughly three-quarters reported paying for these services which are intended to be free to the public.

Table 4.2.7 Percent paying charges for services by facility and region vs. Household responses

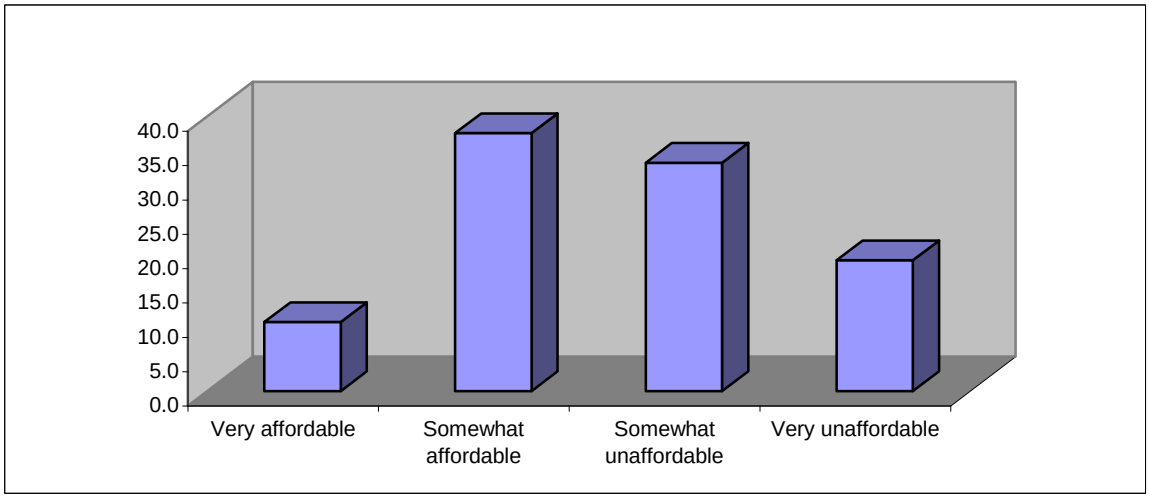
Facility	Antenatal Care	Under-Five treatment
CHC	60.9	50.0
CHP	68.3	63.4
MCHP	87.5	62.5
Mission	42.1	47.4
Government Hospital	43.8	43.8
Private	63.6	72.7
NGO	50.0	100
Region		
East	93.2	89.0
North	86.7	84.3
South	87.2	84.7
West	76.2	78.0
Total	**62.6**	**57.7**
Household	**86.5**	**84.4**

Source: SDPS Data

4.2.8 Affordability of Primary Health Care

Household respondents were asked to assess the affordability of primary health care. Over half of respondents rated the cost as both somewhat or very unaffordable and only 10 percent thought it very affordable. The most frequent response was "somewhat affordable," at 37.6 percent. The Eastern Region found it the most costly to pay for care, as over a quarter thought it very unaffordable, and 80 percent of respondents from Kailahun District in the East rated primary health care as somewhat or very unaffordable. Over two-thirds of respondents from the Western Rural and Port Loko District, however, reported that primary care was at least somewhat affordable. Rural respondents were also much more likely to consider primary health care very unaffordable at nearly 22 percent, against 6 percent of urban residents.

Figure 4.2.8 Affordability of Primary Health Care



Source: SDPS Data

Box 4.2.8: Affordability

1. Very Affordable	i.	It is quite cheap for people's earning in this community.
	ii.	I don't care too much about the money I pay, all I want is good health.
	iii.	Treatment always yields dividend to me besides I have the willingness to pay
	iv.	I can afford to pay
2. Somewhat Affordable	i.	From my meager salary, I do manage to pay.
	ii.	Because we try with the little we have to stay healthy
	iii.	I don't have ways to get money unless I do farming to pay some of these charges.
	iv.	I am able to pay or sometimes I credit from the pharmacy
3. Somewhat Unaffordable	i.	To get money in this village is very difficult because the place is not motorable
	ii.	The charges are somehow expensive that I cannot meet my demand.
4. Very Unaffordable	i.	We don't have money
	ii.	I am not a worker, I can't afford
	iii.	Difficult to get the money
	iv.	It is difficult to raise Le1000 in our community.

4.3 Effectiveness

This section presents the effectiveness of service delivery. This is discussed in relation to the availability of drugs and qualified staff in these facilities, and user participation.

4.3.1 Supply of Basic Drugs

Respondents were asked to comment on the sufficiency of basic drugs such as Chloroquine, Paracetamol, Tetracycline, Septrin, and ORS in the facilities. Over 47 percent believed the amount to be somewhat or very insufficient, though this figure varied greatly by district as Bonthe and Kailahun Districts reported 77 and 82 percent insufficient drugs, respectively. In Koinadugu, on the other hand, 65 percent of respondents remarked that the supply is sufficient or very sufficient. The urban/rural contrast was found to be quite stark, as urban residents reported enjoying much more sufficient supplies of basic medicines.

Table 4.3.1: How sufficient is the amount of drugs in the facility

Region	Very sufficient	Somewhat sufficient	Somewhat insufficient	Very insufficient	Don't know
East	8.7	16.6	36.9	24.5	13.2
North	13.1	28.8	24.7	15.9	17.5
South	8.9	22.7	37.6	20.6	10.1
West	20.9	39.9	24.5	2.2	12.5
Strata					
Rural	9.0	23.8	31.7	20.4	15.1
Urban	23.0	34.4	28.6	5.0	9.0

	12.3	**26.3**	**30.9**	**16.8**	**13.6**

Source: SDPS Data

Box 4.3.1 presents the reasons households advanced regarding the availability and sufficiency of the drugs. This reasons gave for the very sufficient is that there are enough drugs as long as you can afford to pay, while for the very insufficient case the respondent noted that 'Drugs are not available at the facility; we are referred to buy them from other people'

Box 4. 3.1– Sufficiency of Drugs

1. Very Sufficient	i.	Patient do get enough drugs
	ii.	There are plenty of drugs for sale, if you can afford to buy them that is it.
	iii.	When I go there, they use to give me enough drugs
	iv.	There are enough drugs at the facility as long as you pay for it.
	v.	They give us drugs anytime we go to the health post
2. Somewhat Sufficient	i.	You only get drugs if you have money
	ii.	Since it is a private facilities they buy drugs for themselves
	iii.	Most of the essential drugs for the common illness is at the health centre
	iv.	There are sometimes
3. Somewhat Insufficient	i.	Small quantity of drugs for a larger number of people
	ii.	Prescribed drugs are sometimes not available in the facilities
	iii.	The health worker sometime refuse to give us the complete dosage
	iv.	The drugs are always not enough for the patient reporting for treatment.
	v.	Sometimes we don't get medicines
4. Very Insufficient	i.	There are no drugs in the facility
	ii.	We get what we buy from the pharmacy
	iii.	When you explain your sickness they will tell you that we don't have that medicines.
	iv.	Drugs are not available at the facility; we are referred to buy them from other people.

4.3.2 Source of Drugs

Service providers were asked to identify the sources of the drugs that they received. Over half of the drugs were reported to have been given by the central government and around 16 percent from District Health Management Teams. NGOs were rated high for donating drugs to facilities, which was reported by 11 percent of respondent. Individual contributions also made a difference in some communities where these philanthropists donated drugs to the facilities.

Table 4.3.2: Sources and Types of most commonly used essential drugs received by facilities

Source	Chloroquine	Paracetamol	Tetracycline	Septrin	ORS
Central Government	53.8	53.2	54.3	52.7	53.2
Local Council	0.9	0.9	0	0.9	0.9
District Health Management Team	16.2	15.3	15.2	15.5	15.6
NGO/Donor	11.1	11.7	11.4	11.8	11.9
Individuals	6.8	7.2	6.7	7.3	6.4
Others	11.1	11.7	12.4	11.8	11.9

Source: SDPS Data

4.4 User Participation

Effective service delivery requires local information and participation, to assess specific obstacles impeding the delivery of these services. One of the major objectives of government in enhancing primary healthcare delivery is the decentralisation of basic healthcare. The devolution of the management of primary healthcare is expected to ensure community participation in accordance with the Bamako Initiative. In furtherance of the devolution process of the Ministry of Health and Sanitation, government has promoted the establishment of Community Health Boards (CHB). The SDPS attempted to assess the establishment and effectiveness of these boards.

4.4.1 Establishment of Community Health Boards (CHBs)

Participation forms a key component for effective service delivery for poverty reduction. As end-users of services, communities have an important stake in ensuring service delivery within their localities are well coordinated and monitored to ensure quality service.

Analysis of interviews with service providers show that Community Health Boards (CHBs) are established in almost two-thirds of health facilities across the country. While almost 55 percent of respondents noted that they are established and functional CHBs in their communities, 18 percent stated that although established, their CHBs are not functioning. Nearly the same amount reported that there was no established CHB at their local health centre, and 8.4 percent did not know. Service providers working in mission clinics and CHCs reported the highest incidence of established and functional CHBs, while respondents at NGO clinics and government hospitals reported an absence of CHBs in 83 and 50 percent of cases respectively.

The study also showed that household respondents were largely ignorant of whether CHBs were established in their areas. Respondents from the Northern Region reported the highest incidence of functional CHBs at 18.9 percent (Table 4.4.1). It was also discovered that rural respondents were much more aware of whether CHBs had been established and were functional, as 60 percent of urban respondents admitted that they did not know. Almost one-third of respondents from Kambia District reported established and functional CHBs, which was the highest frequency in the country.

Table 4.4.1: Establishment of Community Health Boards

Facility	Established & Functional	Established , Not Functional	Not Established	Don't know
CHC	73.9	15.2	2.2	8.7
CHP	45.2	33.3	16.7	4.8
MCHP	58.3	20.8	20.8	0
Mission	68.4	15.8	10.5	5.3
Government Hospital	43.8	6.3	50.0	0
Private	18.2	0	27.3	54.5
NGO	0	0	83.3	16.7
Total	**54.3**	**18.3**	**18.9**	**8.5**

Source: SDPS Data

4.4.2 Community Attendance at CHB Meetings

Household respondents that cited established and functional CHBs were asked how many times in the previous year they had attended CHB meetings. Nearly two-thirds of respondents reported attending between one and three meetings, while about 15 percent nationwide did not attend any.

Service providers with established and functional CHBs were asked to describe the attendance of the community at the meetings. Roughly two-thirds of respondents rated community attendance as high or very high, while only 12.7 percent assessed the attendance as low or very low. Government hospitals and MCHPs cited the highest turnout among the facilities.

Table 4.4.2: Attendance of the community to CHB meetings

	Very High	High	Moderate	Low	Very low
Community Health Centre	13.0	47.8	23.9	8.7	6.5
Community health post	10.3	53.8	20.5	10.3	5.1
Maternal-child Health Post	16.7	50.0	16.7	8.3	8.3
Religious/Mission Facility	17.6	47.1	23.5	5.9	5.9
Government Hospital	18.8	68.8	12.5		
Private Health Facility		81.8	9.1		9.1
NGO Facility		50.0	50.0		
Total	**12.7**	**54.1**	**20.4**	**7.0**	**5.7**

Source: SDPS Data

4.4.3 Effectiveness of CHBs

Households and service providers were asked to assess the effectiveness of CHBs. The results were overall fairly positive, as over half responded that it was at least somewhat effective. Nearly 19 percent of household respondents believed the CHBs to be somewhat or very ineffective, while the remaining quarter of respondents did not know how effective it was. The responses of service providers mirrored closely the responses of households as to the effectiveness of CHBs.

Table4.4.3: Effectiveness of CHB (Household)

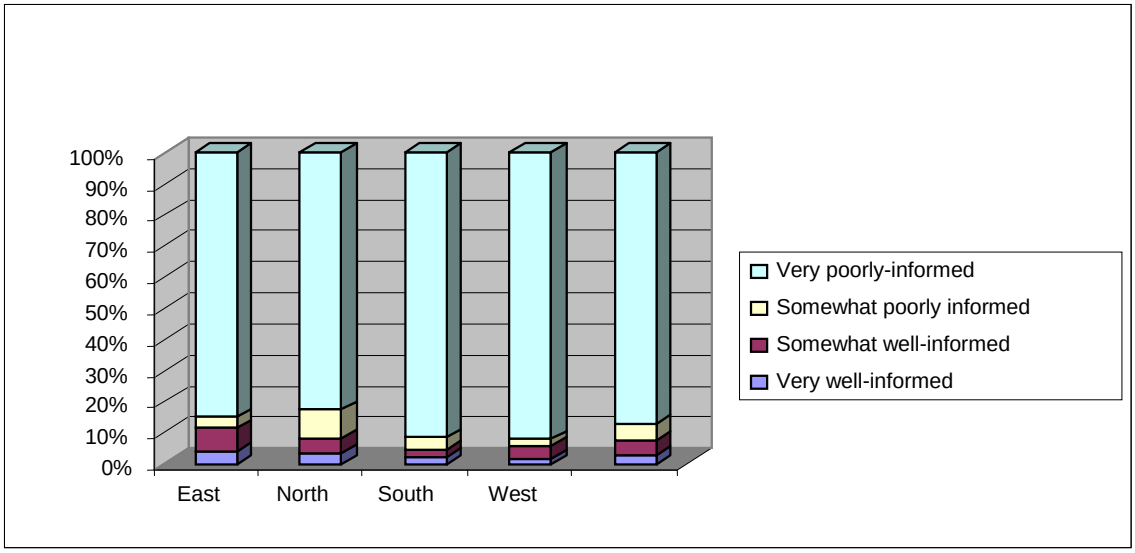
	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective	Don't know
Community Health Centre	28.7	27.7	5.0	9.9	28.7
Community health post	20.3	25.0	9.4	12.5	32.8
Maternal-child health post	26.0	32.0	12.0	6.0	24.0
Religious/mission facility		53.8	15.4		30.8
Government Hospital	20.0	20.0	16.0	16.0	28.0
Total	**25.3**	**27.8**	**8.9**	**10.0**	**28.1**

Source: SDPS Data

4.4.4 Information about Facility Resources

Information is the cornerstone of transparency and it is crucial if people are to participate and hold accountable their public institutions. Respondents nationwide overwhelmingly admitted that they were very poorly-informed about how funds were spent in the PHUs where they sought treatment. Only 7.4 percent of respondents described themselves as at least somewhat well-informed, while 87.3 percent had no idea when stock of drugs where made available to their PHU. Kambia and Kailahun Districts reported the highest understanding of how facility drugs were managed with 23.4 and 21.8 percent of respondents being at least somewhat well-informed. Household respondents who use CHCs and MCHPs were found to have a marginally better understanding of how the funds were spent.

Figure 4.4.4 Percentage informed about how facility funds are spent by region



Source: SDPS Data

4.5 Perception of User Satisfaction

This section presents users and providers perception of service delivery. The issues assessed are the extent of satisfaction of the users on: Physical Facilities, Quality of Service, Performance of health workers and community participation.

4.5.1 Physical Facilities

Provision of adequate and conducive primary health facilities is a major priority of the MHS. Several primary health units have been established in various regions in the country. For this survey end users were asked how satisfied were they with the physical facilities (structure, furniture, medical equipment, etc.) in the PHUs where they sought treatment, their responses were generally favourable. Nationwide, 63 percent were at least somewhat satisfied, and only 14.3 percent of respondents were very unsatisfied (Table 4.5.1). Kailahun District was rated the most ambiguous, with about as many residents responding negatively as positively. Western Area residents were the most satisfied, with over 30

percent very satisfied and another 48.5 percent somewhat satisfied. Tonkolili proved to be the most satisfied with the conditions of its facilities, with almost 88 percent of its residents responding favourably.

Table 4.5.1: Satisfaction with the physical facilities

Region	Very satisfied	Somewhat satisfied	Somewhat unsatisfied	Very unsatisfied	Don't know
East	19.7	31.2	23.0	21.9	4.2
North	29.9	34.9	17.5	12.0	5.7
South	21.4	39.1	21.1	16.6	1.8
West	30.6	48.5	12.3	5.2	3.4
	25.4	**37.5**	**18.9**	**14.3**	**3.9**
Service Providers	9.9	38.9	22.8	26.5	1.9

Source: SDPS Data

Respondents of NGO facilities had the highest rating, with over 50 percent of respondents very satisfied with the facilities, followed by private clinics. Government hospitals and CHCs ranked fairly well, with over 60 percent of respondents at least somewhat satisfied with the facilities.

The reasons advanced about household satisfaction are presented in Box 4.2 It is evident from the statement of most household that they are satisfied with their health facilities noting that *'The place is very good they have some drugs and nurses, the building is always kept clean and the structure is in good shape'* On the other side of the scale households that were not satisfied asserted that the *'Building and equipment were not in good condition, no chairs or benches in the facilities'*

Box 4.5.1 Household Perception of Physical Facilities

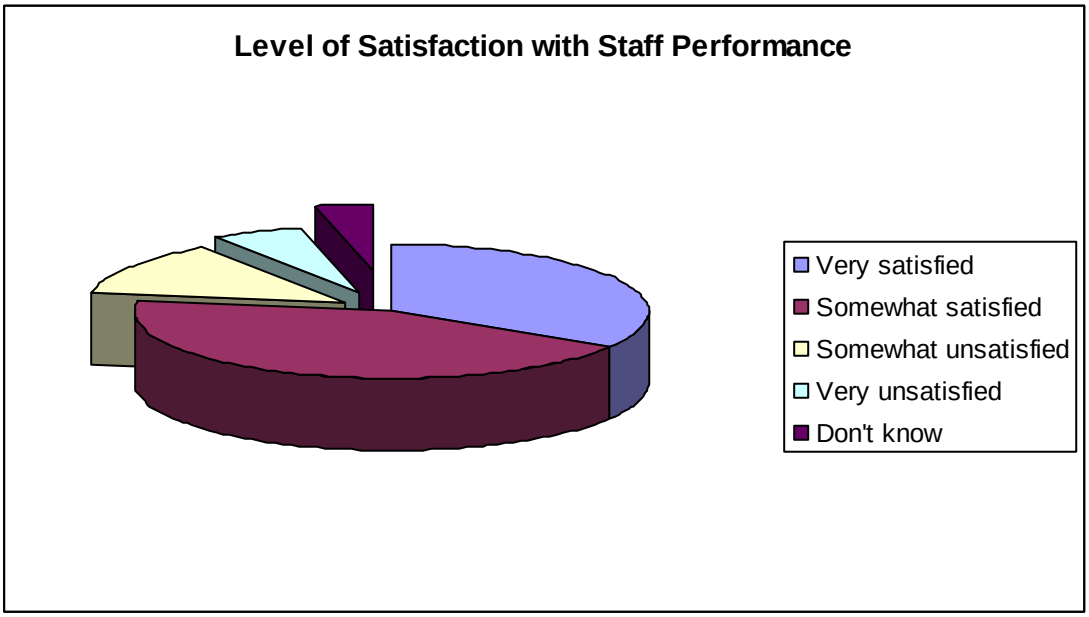
1. Very Satisfied	i.	Because it is well equipped and the building can accommodate all patients
	ii.	The physical structures are all good
	iii.	The building are well renovated and equipment available are use properly
	iv.	It is well constructed and they provide bench for us
	v.	There has been a new structure in the hospital. There are also equipment in the hospital for surgical operation
	vi.	The building is perfectly built and equipment are okay
	vii.	Because when you see it with your naked eyes it is strong and equipment also used by the nurse is sterilized
	viii.	The place is very good they have some drugs and nurses
	ix.	The building is always kept clean and the structure is in good shape
2. Somewhat Satisfies	i.	There are some rehabilitation work going on
3. Somewhat Unsatisfied	i.	The roof is already damage, less space for patient
	ii.	It is small and built of mud
	iii.	The structure is small for the population that used it
	iv.	Facility is too small as compared to the population
	v.	The buildings are broken and are not good
4. Very Unsatisfied	i.	Building and equipment are not in good condition
	ii.	Not good, no chairs or benches
	iii.	Poor building and under staff
	iv.	The building is very much unsatisfactory since the rebel have destroyed everything
	v.	It is bad

Service providers were also queried as to how satisfied they were with the physical facilities, an overall responded more negatively than the users had. Over a quarter of all health service providers were very unsatisfied with the conditions in which they worked.

4.5.2 Health Staff Performance

The performance of the primary health staff at the health facility was also evaluated by households. The households' response was on the whole very favourable, with over three-quarters of respondents at least somewhat satisfied with the staff, and only 6 percent very unsatisfied. Urban respondents were 6 percent more likely to be very satisfied with the staff than rural respondents. Western Rural respondents gave a resounding stamp of approval to their health staff, with 99 percent of respondents satisfied, and among them 79 percent were very satisfied. Like physical facilities, NGO and private clinics rated the highest in household satisfaction with staff performance, where in both cases over 90 percent of respondents were at least somewhat satisfied. CHCs rated the highest among public facilities with nearly 37 percent very satisfied and another 46 percent somewhat satisfied, followed by CHPs, government hospitals, and MCHPs.

Figure 4.5.2



Source: SDPS Data

Households advance a number of reasons for been satisfied with the performance of health workers (Box 4.5.2). These inter alia include trained and qualified staff and good inter-personal relationship with their patient while on the downside people perceive them as aggressive and even shy away from attending the facility due to the frequent demand for money by the staff – 'They don't attend to you if there is no money and even drive you away'.

Box 4.5.2 Performance of Staff

1. Very Satisfied	i.	I am very much satisfied because the staff treat us very well
	ii.	If at all she cannot take care of your sickness she always transfer the case to Kenema
	iii.	She is well trained and qualified
	iv.	They have good inter-personal relationship between them and the patients
	v.	He serves the community on a regular basis
	vi.	The staff is working in our interest
	vii.	Staff are polite and always present in this facility to respond to patients
2. Somewhat Satisfied	i.	They will encourage you in terms of treatment
	ii.	They are accommodating
	iii.	The staff encourage the patient
	iv.	When ever you go there, they are ready to receive you
	v.	They showed interest in patients
	vi.	To be frank there is real shortage of medical staff
	vii.	Nurse and dispenser are not enough, thou they are coping
3. Somewhat Unsatisfied	i.	They do not visit patient in villages
	ii.	At times if you don't have money they cannot understand
	iii.	They sometimes say to us that they are busy
4. Very Unsatisfied	i.	Very aggressive
	ii.	They don't attend to you if there is no money for treatment, and even drive you away
	iii.	They are not trained
	iv.	Without money you cannot be attended to
	v.	I don't go there, because they always demand for money

4.5.3 Status of Family Health

Household respondents were also asked about their satisfaction with their family's health. Nearly half of the households were somewhat satisfied with their family's health, while another 22 percent were very satisfied. It was discovered in the analysis that the respondents from the North were the least satisfied of all the regions with over 17 very unsatisfied.

Table 4.5.3: Status of Family Health

	HH family's health
Very satisfied	22.7
Somewhat satisfied	48.6
Somewhat unsatisfied	18.0
Very unsatisfied	10.2
Don't know	0.5

The reasons for the satisfaction of their family's health are presented in Box 4.5.3.

Box 4.5.3 Household Health Status

1. Very Satisfied	i. I am very satisfied because this time I am not experiencing any sickness with my family ii. From the last 12 months to now I say thanks to God for our health iii. Take good treatment when ill iv. Reduction of illness v. Everyone is Okay vi. Because they are now all healthy vii. Sickness is not common viii. For the past 4 years none of my family member has contacted any form of serious sickness ix. My family member are very health
2. Somewhat Satisfied	i. At the moment, they are well ii. They hardly get sick these days compared to the previous year
3. Somewhat Unsatisfied	i. I am not too comfortable with my health ii. No regular treatment iii. I don't have free access to this facility iv. They sometimes complain sickness to me v. Sometime myself and children fall ill because of the environment and the high rate of Mosquitoes
4. Very Unsatisfied	i. My family member is sick and I am too poor to take care of her and myself ii. I have been spending much on my health and that of the family so and I don't have know enough money to foot the bills

4.5.4 Quality of Service

The study attempted to examine the quality of primary health care service over the past year. Household respondents reported a general improvement on the overall service provision with 37.9 percent of respondents noting no change, and only around 10 percent of respondents marking a decline. Over 16 percent of respondents who primarily used outreach services cited a decline, which was the highest rate of decline reported. Private, clinics, NGO facilities and MCHPs were shown to have made significant improvements. Service providers were also queried as to perceived changes in quality over the previous year, and they recorded marked significant improvement than users.

Table 4.54: Quality of Service

	Much worse	A little worse	No change	A little better	Much better	Don't know
Community Health Centre	4.3	4.7	42.0	27.7	12.3	9.0
Community health post	3.9	9.3	41.3	32.0	8.2	5.3
Maternal-child health post	7.4	0.8	32.0	42.6	16.4	0.8
Community health worker/outreach	4.2	12.5	25.0	8.3	16.7	33.3
Religious/mission facility	5.4	9.5	45.9	24.3	12.2	2.7
Government Hospital	6.5	4.5	38.9	28.7	16.2	5.3
Private facility	5.5	4.6	33.0	33.0	18.3	5.5
NGO facility		4.5	20.5	22.7	36.4	15.9
Pharmacy/Drug shop	1.8	6.3	28.8	37.8	16.2	9.0
Other	4.5	6.8	25.0	25.0	4.5	34.1
Households	**4.7**	**5.7**	**37.9**	**30.2**	**13.7**	**7.8**
Service Providers	**1.9**	**5.6**	**34.6**	**35.8**	**19.8**	**2.5**

Source: SDPS Data

Respondents explained their answers with regards to the quality of the healthcare delivery. The reasons they advanced are presented in Box 4.5.4 below:

Box 4.5.4 Quality of the Service

1. Much Worse	i.	Lack of generator and power supply and refrigerator to keep drugs
	ii.	No clinic in this village
	iii.	No medicine has been supplied
	iv.	Poor improvement in either staff, equipment or mode of operation of the facility
2. A Little Worse	i.	More drugs and qualified doctors needed
	ii.	You only get treatment when you pay for it
	iii.	Any time you contact sickness you will pay for it
	iv.	Roofing is extremely poor and the clinic leaks in the raining season
3. No Change	i.	I have not been able to study that, but we are still paying for drugs and all the thing are the same
	ii.	I have not experienced a marked difference
	iii.	There is no change in the quality of the facility, because we have the same nurses
	iv.	Things are just the same
	v.	The entire facility is just the same compared to the previous year in terms of drugs treatment
4. Much Better	i.	They treat us as soon as we go there
	ii.	Government started to build a new hospital post for us
	iii.	The CHO and nurses are always in the hospital to attend to the community
	iv.	Charges for health services are rapidly increasing new medical doctors are needed in this facility to take care of certain major medical services
	v.	There are great improvement in certain things
	vi.	There are nurse now to explain our case to

4.6 Conclusion and Recommendations

Ill-health and access to healthcare is central to people analysis of poverty. The health sector is one of the three major priorities identified by households to address poverty in a nationwide participatory poverty analysis carried out for the SL-PRSP. The SDPS assessed the provision, access and usage, effectiveness and community participation, and the perception of users and frontline provider of the health service. The main findings are presented below:

Provision, Access and Usage The general population utilisation rates of health facilities in Sierra Leone is estimated at 0.5 contact per capita per annum (Health Sector Review 2004). This means that half the population attends a health facility once each year, which is relatively low by international standards. In the SDPS, over 93 percent of households interviewed reported that members of their households fell sick within the one year period prior to the survey.

The government policy for primary health facilities in the rural areas stipulates that the health facilities should serve a catchment area within 3 to 5 mile radius. In the study, it was discovered that 84.1 of households reported seeking treatment at health facilities not more than 5 miles away, and 42.4 percent of households travelling a distance of one mile or less. The Northern Region was found to be the least accessible, with 24.2 percent of households travelling more than 5 miles, and over 13.7 percent greater than 8 miles.

The intensification of outreach service forms part of the health sector strategy in increasing access to health services. The survey found that many health service providers reported carrying out outreach services to designated areas at specific times. About 22 of respondents reported carrying out outreach visits on a monthly basis, while 21.6 did so weekly. Only 15 of facility respondents reported never carrying out outreach visits. Service providers in the North and East reported travelling the farthest distances to conduct outreach, with 40 and 22.2 percent reporting travelling beyond 5 miles and 10 miles respectively. CHCs and religious/mission facilities reported travelling the farthest distance overall.

Official government policy stipulates that public facilities make consultations, basic drugs and essential vaccinations free for Disadvantage groups. Common drugs are also meant to be provided at an affordable cost recovery basis to the general public. Nearly 90 percent of the respondents paid for drugs, while 43 percent paid for consultation fees. Slightly over 21 percent of respondents reported paying for basic vaccines, such as DPT, BCG and measles vaccines which were meant to be free of charge under the expanded programme Immunisation. According to household respondents, the highest incidence of having to pay for antenatal and under-five treatment is in the Eastern Region, where 93.2 percent and 89 percent say they pay for these services respectively. The Western Area appears to comply more often than other regions, where roughly three-quarters reported paying for these services which are intended to be free for the public. In general the cost of healthcare for most households is unbearable. Over half of the respondents rated the cost as either somewhat or very unaffordable, only 10 percent thought it very affordable.

Effectiveness The availability and adequacy of basic drugs such as chloroquine, paracetamol, tetracycline, septrin, and ORS in most health facilities is still a major challenge. Over 47 percent believed the amount to be somewhat or very insufficient, though this figure varied greatly by district as Bonthe and Kailahun Districts reported 77 and 82 percent insufficient drugs, respectively.

As end-users of services, communities have an important stake in ensuring health service delivery within their localities are well coordinated and monitored to ensure the quality of the service. The study showed that household respondents were largely ignorant of whether CHBs were established in their areas. Respondents from the Northern Region reported the highest incidence of functional CHBs at 18.9 percent (Table 4.9). It was also discovered that rural respondents were much more aware of whether CHBs had been established and were functional, as 60 percent of urban respondents admitted that they did not know. Almost one-third of the respondents from Kambia District reported established and functional CHBs, which was the highest frequency in the country.

Information is the cornerstone of transparency and accountability. Access to information is crucial, if people are to participate and hold accountable their public institutions. Respondents nationwide overwhelmingly admitted that they were very poorly-informed about their PHUs where they sought treatment. Only 7.4 percent of respondents described themselves at least somewhat well-informed, while 87.3 percent had no idea when stock of drugs where made available to their PHU nor about policies of their functional relationships between them and there PHUs. Kambia and Kailahun Districts reported the highest rate of understanding of how facility drugs were managed with 23.4 and 21.8 percent of respondents being at least somewhat well-informed.

Perception Provision of adequate and conducive primary health facilities is a major priority of the MHS. Nationwide, 63 percent were at least somewhat satisfied, and only 14.3 percent of respondents were very unsatisfied with their primary health facilities. Kailahun District was rated the most ambiguous, with about as many residents responding negatively as positively. Western Area residents were the most satisfied, with over 30 percent very satisfied and another 48.5 percent somewhat satisfied. Tonkolili proved to be the most satisfied with the conditions of its facilities, with almost 88 percent of its residents responding favourably. It is evident from the statement of most household that they are satisfied with their health facilities noting that *'The place is very good they have some drugs and nurses, and also the building is always kept clean and the structure is in good shape'* On the other side of the scale households that were not satisfied asserted that the *'Building and equipment were not in good condition, no chairs or benches in the facilities'*

The performance of the primary health staff at the health facility was also evaluated by households. The household response was on the whole very favourable with over three-quarters of respondents at least somewhat satisfied with the staff, and only 6 percent very unsatisfied. Urban respondents were 6 percent more likely to be very satisfied with the staff than rural respondents. Western Rural respondents gave a resounding stamp of approval to their health staff, with 99 percent of respondents satisfied, and among them 79 percent were very satisfied. Households advance a number of reasons for been satisfied with the performance of health workers. These inter alia include trained and qualified staff and good inter-personal relationship with their patient while on the downside people perceive them as aggressive and forcing them to shy away from attending the facility due to the frequent demand for money by the staff – '*They don't attend to you if there is no money for treatment, and do even drive you away'*.

Quality Household respondents reported a general improvement in service provision overall, with 37.9 percent of respondents noting no change, and only around 10 percent of respondents marking a decline. Over 16 percent of respondents who primarily used outreach services cited a decline, which was the highest rate of decline reported. Privates clinics, NGO facilities and MCHPs were shown to have made the most significant improvements.

4.6.1 Recommendations

A number of suggestions were provided by respondent for the improvement of the service delivery. These suggestions are presented in Box 4.6.1.

Box 4.6.1: Suggestion for improving the health Service

SUGGESTIONS	i. Supply more drugs and other hospital equipments (example mosquito tents) ii. The ministry of health to monitor hospitals and especially pregnant women and under five children to get free medication iii. Help to bring more health workers and build bigger structures to accommodate more patients iv. Government to upgrade the assistance of drugs so that costs could be lowered and drugs made available v. Much improvement in the welfare of the staff vi. Provision of 24 hours electricity, construction of new buildings to cater for the influx of patients vii. Provision of motor bike for out-reach programmes viii. I recommend to have good sanitary facility free and good water supply and also have NPA throughout

CHAPTER FIVE

AGRICULTURE AND FOOD SECURITY SECTOR

5.1 Introduction

The government of Sierra Leone's greatest challenge in the agricultural sector is to ensure that food is accessible and affordable to all Sierra Leonean by 2007. The inability to produce sustainable and self-supporting food stuffs places the country at risk of overdependence on imports and prone to price fluctuations. The emphasis on achieving national food security is therefore not misplaced. The SL-PRSP interventions to address this food security issue are aimed at ensuring availability and sustainability of food supply and its accessibility at the national and household levels. In the short to medium-term the government's strategy is to empower the poor and vulnerable rural and urban households to increase the quality and quantity of food they consume and to encourage farm families to produce more through the supply of improved seeds and provision of appropriate extension service.

As government and other development partners are engaged in agriculture and have been delivering services in this sector, in the form of extension services and provision of inputs to end users - farmers, there is every need for an assessment on the effectiveness and how farm families perceive these service providers, but also the effect of such service delivery on food security, agricultural development and hence poverty reduction in a country that has been classified to be the poorest in the world.

This section presents the findings of the SDPS on the agriculture and food security sector. The analysis was based on the provision, access and usage of the service; effectiveness of the service provided; participation of farmers and agricultural extension officers in service delivery and finally on the perceptions of both the service providers and farmers about service delivery in this sector. Such will form the sub-sections of the discussions that follow.

5.2 Provision, Usage and Access

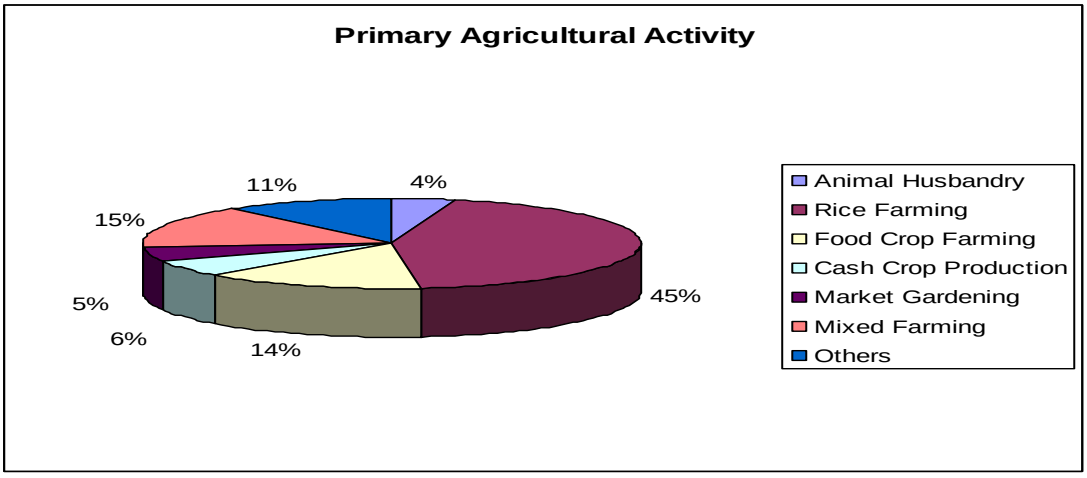
Enhancing the provision, access and usage of agricultural services such as improved seeds, agro-chemicals and extension service is critical for the achievement of the government's policy on food security. In the short to medium term government intends to empower and to provide for the poor and vulnerable rural and urban households to increase the quality and quantity of what they consume and to encourage farm families to produce more. This section assesses the provision of services by government, NGOs and farmer associations nationwide. It aims at assessing whether farmers are actually receiving the services

intended for them from agricultural service providers. It further examines whether farmers are actually utilising the supposed services provided to them.

5.2.1 Farming Activities

Of the households interviewed nationwide, with the exception of the urban residents of the Western Area, 78.6 are involved in agricultural activities. Among these, 46 percent are engaged primarily in rice farming, Sierra Leone's staple crop (Figure 5.2.1). About 16 of households are involved in mixed farming. A further 15 are involved in food crop farming, 6.6 in cash crop production, and 8 in market gardening. Among respondents from the East, over 88 percent are engaged in farming activities, and in Kailahun District the overwhelming majority (96.7 percent) of household respondents did some farming. A greater percentage of male respondents (81.9 percent) claimed to engage in farming, versus 74 percent of women nationwide.

Figure 5.2.1: Primary Agricultural Activity



Service providers were asked which types of farmers were targeted for extension services. Groups/associations of farmers were targeted by nearly 50 percent of respondents, while 39.5 percent focused on assistance to individual farmers. The remaining 11.8 percent cited provision for special categories of farmers, such as women and those engaged in animal husbandry.

5.2.2 Types of Providers

Service Providers	Percent
Government/Ministry of Agric	11.8
Private Agency	5.7

NGO/CBO	19.8
Local council	1.2
Others	61.6
Total	100.0

Households were asked which extension services they utilised most often in their farming activities over the previous year. Government providers were cited by 11.8 percent of respondents, while 19.8 percent of households reported NGO/CBOs as their primary providers. Only 1.2 percent reported receiving assistance primarily through their local councils, while nearly over 61 percent of respondents cited other sources such as farmers associations, which might also be a vehicle of government. The highest proportion of farmers utilising government services were in the Northern Region (22.6 percent), particularly in Tonkolili and Koinadugu.

The study revealed that a variety of methods were used to introduce inputs and services to farmers, and that this system is highly localised and decentralised in the manner in which it is conducted. Considering the slow progress of decentralisation, it is not surprising that local councils provide such a low percentage of agricultural extension services, though it is expected that by 2008 a substantial shift will take place between the Ministry of Agriculture and the local councils.

5.2.3 Target and Visitation of Extension Service Providers

Service providers were asked which type of farmers was targeted for extension services. Groups/associations of farmers were targeted by nearly 50 percent of respondents, while 39.5 percent focused on assistance to individual farmers. The remaining 11.8 percent cited provision for special categories of farmers, such as women and those engaging in animal husbandry.

Table 5.2.3: Clientele of Extension Officers

Target Beneficiaries	Frequency	Percent
Individuals farmers	47	39.5
Groups/Association	58	48.7
Special category of farmers	14	11.8
Total	**119**	**100.0**

Extension service has woefully failed farmers in Sierra Leone. The predominant traditional system of farming and the lack of new and alternative agricultural technologies is a case in point. Most farmers in Sierra Leone hardly interact with extension workers. For this, farmers were asked whether they have ever been visited by an extension worker during the previous year, the majority 71 percent of agricultural households interviewed nationwide reported not having been visited. Only respondents in the North reported receiving visits from extension workers about 37 percent of the cases, the highest nationwide. For the past 1 year over a quarter of service providers interviewed also admitted that they did not visit their operational areas, while 22.7 percent of those who did visit their farmers within their coverage areas did so only once (Table 5.2.3). Two visits in the year were reportedly made by 13.4 of the service providers. The prevalence of service providers making no visits is an indication of ineffectiveness of the extension services in the country

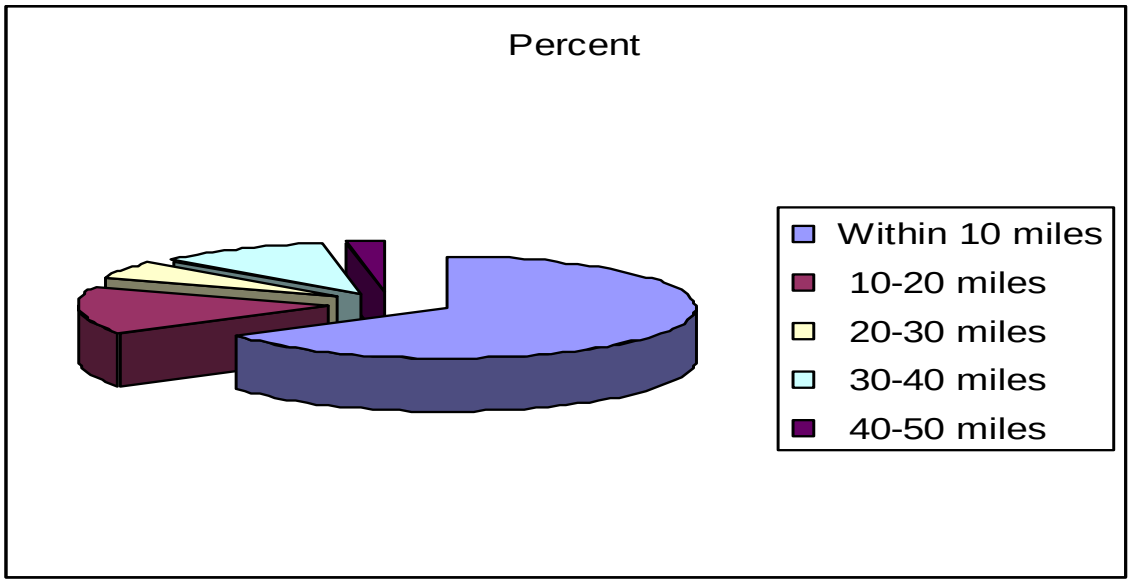
Table 5.2.3: Visitation

No. of Visits	Percent
0	26.9
1	22.7
2	13.4
3	11.8
4	14.3
5 or more	10.9

5.2.4 Accessibility

The majority (58.2) of agricultural households nationwide reported having no knowledge of how far away their agricultural extension service was located. Among the agricultural households who offered an estimate, nearly two-thirds of respondents reported extension services being within 10 miles, while 13.6 percent reported thirty miles or more. The areas with the highest accessibility of their extension workers were Koinadugu and Kono Districts, where the vast majority cited extension services within 10 miles.

Figure 5.1: Distance to extension service by Farm Families



Source: SDPS Data

Interviews with service providers showed that at the national level, majority of the service providers (52.5) delivered extension services within a coverage area of 10 miles. Service providers in Pujehun and Bombali Districts reported covering the widest area, with the majority being responsible for a coverage area over 30 miles radius.

The preference of service providers to operate within the closest range as the majority revealed could be explained on the basis of ensuring effectiveness of service delivery and constraints in the availability of materials and human resources to operate within a much wider coverage area. It is well known that the smaller the coverage area, the better the effectiveness of service delivery and management of material and human resources and vice versa. In areas such as Bombali and Pujehun, however, the high coverage areas point to the necessity of having additional frontline service providers to provide extension services.

5.2.1 Provision of Seed Rice

Table 5.2.1: Percentage of HH reporting receipt of seed rice

Nearly 42 percent of agricultural household respondents reported receiving seed rice during the previous year most commonly from NGO/CBOs who accounted for nearly one-third of these instances. Government extension workers were the second most frequent response at 21.9 percent, followed by 14.4 percent from private sources. Respondents from the East reported the highest frequency of receiving seed rice.

District	Received Seed Rice	Received before Planting
Kailahun	60.0	38.0
Kenema	48.2	79.4
Kono	56.1	73.3
Bombali	20.5	75.0
Kambia	70.2	56.1
Koinadugu	50.0	88.1
Port Loko	26.7	90.0
Tonkolili	59.7	17.4
Bo	28.0	73.1
Bonthe	23.4	55.6
Moyamba	25.0	33.3
Pujehun	17.3	0
Total	**41.9**	**58.2**

Most service providers, however, (77.0 percent) reported supplying seed rice over the previous year, particularly in the North where 86 percent reported providing seed rice to their target communities. Services providers reported delivering the seed rice predominantly to farmers associations, individual farmers and agricultural business units (ABUs).

Among those who received seed rice, only 58.2 percent received it in time for planting. This figure was basically mirrored by service providers themselves, 55.0 percent of whom admitted that the seed rice was not delivered in time. Table 5.2.1 presents the ratio of those who received seed rice and, those who did not, whether it was during the time of planting. Pujehun ranked the worst overall, with only 17.3 percent receiving seed rice, and none of them in time. That not even half of the farmers received seed rice, and among them only 58 percent in time for planting, reveals some of the problems associated with the rice distribution mechanisms.

Household respondents were also asked to evaluate how sufficient was the amount of seed rice they received. Two-thirds of respondents nationwide believed the amount to be either somewhat or very insufficient. Twenty percent of respondents considered the amount somewhat sufficient, and only 12.5 percent rated it as very sufficient. Service providers were even more critical of the amount of seed rice supplied, with nearly 80 percent of respondents considering the amount of seed rice somewhat or very insufficient. Pujehun again were the least satisfied with the amount of seed rice, while Port Loko, Kono and Bo enjoyed the highest rate of sufficiency.

Sufficiency of Seed Rice	Households	Service providers
Very sufficient	12.5	11
Somewhat sufficient	20.2	11
Somewhat insufficient	34.5	47.3
Very insufficient	32.5	30.8

Box 5.2.1: Adequacy of Inputs

1. Very Sufficient	1. Just enough for the plots of land that I have 2. Everybody got 3. I reserved it myself from previous cultivation
2. Somewhat Sufficient	1. I cultivated more than the seed rice I had, I have no other source 2. Even when I hadn't sufficient stock family member aided me with some 3. It is distributed base on need 4. I received seed rice late 5. I got what I paid for
3. Somewhat Insufficient	1. The quantity given was not enough 2. The amount I asked for is not provided and it is not enough 3. I could not get all that was demanded for
4. Very Insufficient	1. It was very small 2. The rice was not enough for even half of any farm 3. Very Insufficient as to the demand for farming

5.3.6 Effectiveness of Agricultural Service Providers

This section discussed effectiveness of agric service provider based on the availability, usage and cost of agricultural services or inputs such as seed, agro-chemical, veterinary and extension service.

5.3.6.1 Use of Inputs by Households

When asked whether they provided inputs to farmers in the past 1 year, only with regards to the supply of improved seeds, where the majority (59.7 percent) of service providers attested to have provided extension service (Table 5.3.6.1).The majority of service providers were candid enough to attest to the fact that they did not provide the remainder of the inputs of production (as mentioned in Table 5.3.6) to farmers in their operational areas. Typically, 83.1 percent, 95.0 percent, 90.8 percent, 61.3 percent, 65.5 percent, 69.7 percent, 73.1 percent of the service providers interviewed nationwide admitted that they did not provide agro chemicals, fertilizers animal feed, veterinary services, tools/equipment, training/extension services, crop protection, and post-harvest services respectively to farmers in their various coverage areas. The majority (64.7 percent) of households interviewed reported not paying for input services. On the average amount paid for inputs was Le 10,000. A discussion of the various inputs is undertaken below:

5.3.6.2 Improve Seeds

Close to (49.7 percent) of respondents nationwide reported using improved seeds in their agricultural activities the previous year which they obtained mainly from NGOs/CBOs (27.1 percent), private markets (25.1 percent), previous cultivation (18.2 percent) and from the Ministry of Agriculture (18.2 percent)

Table 5.3.6.2: Sources, Payment and Use of Improved Seed Inputs

		Frequency	Percent
Use of inputs	Yes	512	49.7
	No	518	50.3
Source of input	Previous cultivation	91	18.2
	Min. of Agric. Officers	91	18.2
	Private market	126	25.1
	NGO/CBOs	136	27.1
	Farmer associations	15	3.0
	Local councils	4	0.8
	Family members	16	3.2
	Others	22	4.4
Payment for input services	Yes	159	35.3
	No	291	64.7

Source: SDPS Data

Other sources included farmers' associations, local councils, and family members, but at an insignificantly lower proportion compared to the aforementioned sources of improved seeds.

5.3.6.3 Use of Agro Chemical

Among the households engaged in agriculture nationwide, a substantial majority (93.7 percent) of them indicate not using agro-chemicals previous year in their agricultural activities. A far lesser proportion (6.3 percent) reported using agro-chemicals in their production previous year which they obtained mainly from the Ministry of Agriculture officers (49.2 percent) and private markets (32.3 percent) of respondent (Table 5.3.6)

Table 5.3.6.3: Use of Agro Chemical

		Frequency	Percent
Input use	Yes	65	6.3
	No	963	93.7
Source of input	Previous cultivation	3	4.6
	Min. of Agric. Officers	32	49.2
	Private market	21	32.3
	NGO/CBOs	5	7.7
	Farmer associations	1	1.5
	Family members	1	1.5
	Others	2	3.1
Payment for inputs	Yes	27	54
	No	23	46

Source: SDPS Data

A simple majority (54.0 percent) of farmer who used agro chemicals previous year reported to have paid for them. However, a similarly close proportion (46.0 percent) on the other hand reported not paying for the agro-chemicals they used during the previous year.

Payment for the agro-chemicals used previous year ranges from Le 1,000 – Le 140,000 with the 13.2 percent of the households paying Le 5,000 for such input

.5.3.6.4 Use of Fertilizers

Majority (81.9 percent) of farm families nationwide have not used fertilizers in their previous year of production. Comparatively, only as low a proportion as 18.1 percent of the agricultural households interviewed nationwide used fertilizer in their previous year of cultivation (Table 5.3.6.4).

Table 5.3.6.4: Use of Fertilizers

		Frequency	Percent
Input use	Yes	186	18.1
	No	844	81.9
Source of input	Previous cultivation	3	1.6
	Min. of Agric. officers	20	10.9
	Private market	125	67.9
	NGO/CBOs	22	12.0
	Farmer associations	8	4.3
	Local councils	3	16
	Family members	1	0.5
	Others	1	0.5
Payment for inputs	Yes	135	79.9
	No	34	20.1

Of the households who used fertilizer in their previous year of agricultural operation, a significant number (67.9 percent) reported to have obtained their fertilizer from private markets. Officers from the Ministry of Agriculture and NGO/CBOs are also reported by 90.9 percent and 12.0 percent respectively to have been sources of this fertilizer. An insignificant proportion of households mentioned yet other sources of fertilizer for their agronomic activities. Of those households who used fertilizer in their previous year of farming, a high proportion (79.9 percent) indicated to have paid for such input. A comparatively lower proportion (20.0 percent) reported not paying for such input. This is in conformity with the fact that their main source of fertilizer is from private markets who supply their fertilizer on commercial basis. Fees paid for such fertilizers range from Le 20,000 – Le 70,000 per farmer per year. About11.0 percent of households interviewed reported to have paid a fee of Le 10,000 for such input.

5.3.6.5 Use of Animal Feed

Most farmers (96.9 percent) interviewed nationwide reported not using animal feed in their previous year of farming, only a negligible proportion (3.1 percent) of the households reported using animal feed in their previous year of farming. This is a likely indication of the limited used of the improved animal husbandry practices in the country.

Of the quite insignificant proportion of households using animal feed in their previous year of farming, most (32.3 percent) of them indicated to have obtained such feed from private

markets. Other sources worth mentioning were the Ministry of Agriculture (22.6 percent), previous cultivation (12.9 percent) and Local Councils (12.9 percent).

Of those who used animal feed in their previous year of farming, a simple majority (57.1 percent) reported not paying for those inputs and a substantial number (42.9 percent) reported paying for those inputs. Payment for animal feed according to households who reported paying for such input, range from Le150 – Le 125, 000 with most (20.0 percent) of them reported paying Le5,000 and Le10,000 for the inputs.

Table 5.3.6.5: Use of Animal Feed

		Frequency	Percent
Input use	Yes	32	3.1
	No	998	96.9
Source of input	Previous cultivation	4	12.9
	Min. of Agric. officers	7	22.6
	Private market	10	32.3
	NGO/CBOs	2	6.5
	Local councils	4	12.9
	Family members	3	9.7
	Others	1	3.2
Payment for inputs	Yes	12	42.9
	No	16	57.1

5.3.6.6 Veterinary Service

Use of veterinary services is very limited. A very high proportion (96.9 percent) of agricultural households do not benefit from veterinary service the previous year and only a lower proportion of 3 mentioned using veterinary services. Of those households who used veterinary services the previous year, 51.7 accessed this service from officers of the ministry of agriculture, 20.7 percent from private markets, and 17.2 percent from NGO/CBOs.

Table 5.3.6.6: Use of Veterinary Services

		Frequency	Percent
Input use	Yes	32	3.1
	No	998	96.9
	Total	**1,030**	**100.0**
Source of input	Previous cultivation	1	3.4
	Min. of Agric. Officers	15	51.7
	Private market	6	20.7
	NGO/CBOs	5	17.2
	Others	2	6.9
	Total	**29**	**100.0**
Payment for inputs	Yes	22	73.3
	No	8	26.7
	Total	**30**	**100.0**

Most (73.3 percent) of households who secured veterinary services in the previous year of farming reported paying for such services. This also means that farmers pay for vet service from the Ministry of agriculture and food security. Payment for vet service ranged from Le1, 000 to Le 60, 000 with the majority of household mentioned paying Le 10,000 for the service.

A simple majority (55.5 percent) of agricultural households interviewed nationwide reported not using tools/equipment such as power tillers and tractors in their previous year of farming. Yet still a substantial proportion (44.5 percent) mentioned using tools/equipment in their previous year of farming. However the survey did not distinguish between manual and mechanised tools.

Table 5.3.6.7 Tools/ Equipment

		Frequency	Percent
Input use	Yes	459	44.5
	No	572	55.5
Source of input	Previous cultivation	21	4.6
	Min. of Agric. Officers	28	6.2
	Private market	283	62.6
	NGO/CBOs	70	15.5
	Farmer associations	13	2.9
	Family members	13	2.9
	Others	24	5.3
Payment for inputs	Yes	284	69.4
	No	125	30.6

Most (62.6 percent) of the agricultural households who used tools/equipment in their cultivation obtained those equipment from private market. Such households who used these implements mostly (69.4 percent) reported paying for these tools, although 30.0 percent of them did not paid for accessing the tools. When asked how much they paid to secure these tools, those who paid for the tools paid an amount ranging from Le100 – Le110,000 with the simple majority reported paying Le10,000 for this equipment.

5.3.6.8 Training/Extension

Majority (85.0 percent) of the farmers nationwide reported not receiving training or using extension services in the previous year's agricultural activities. Only a comparatively low proportion (15.0 percent) of the agricultural households confirmed receiving training/extension services in the previous year's agricultural activities.

Of those households who used training/extension services in the previous year, the majority (77.2 percent) did not pay for this service. Only 22.8 percent admitted paying an amount ranging between Le 500 – Le 20, 000 and for such households, most mentioned paying Le 2,000 for the service.

Table 5.3.6.8: Training/Extension

		Frequency	Percent
Input use	Yes	154	15.0
	No	874	85.0
Source of input	Previous cultivation		
	Min. of Agric. officers		
	Private market		
	NGO/CBOs		
	Farmer associations		
	Local councils		
	Family members		
	Others		
Payment for inputs	Yes	29	22.8
	No	98	77.2

5.3.6.9Crop protection

A significant majority (87.2) of the farm households interviewed nationwide did not implement/undertaken a crop protection service in the previous year of their crop production.

Table 5.3.6.9: Crop protection

		Frequency	Percent
Input use	Yes	132	12.8
	No	896	87.2
Source of input	Previous cultivation	1	0.8
	Min. of Agric. officers	29	23.2
	Private market	7	5.6
	NGO/CBOs	45	36.0
	Farmer associations	4	3.2
	Family members	34	27.2
	Others	5	4.0
Payment for inputs	Yes	10	18.9
	No	90	81.1

Only 12.8 reported undertaking crop protection services. And of those who did undertake this service, the majority (36) reported accessing this service from NGO/CBOs. Other key sources reported were family members (27.2) and officers from the Ministry of Agriculture (23.2). Of those households who used crop protection services, most (81.1) reported not paying for such services. Only a comparatively minimal proportion (18.9) did pay. Payment ranged from L1,000 – Le80,000 with the majority mentioning Le5,000 as the amount they paid to access the services.

5.3.6.10 Post Harvest Service

Most (84.4) of the farmers interviewed nationwide revealed that they did not use any post harvest technique such as drying floods, stores and milling services in their previous year of agricultural activity. Only 15.6 reported making use of this service which they mostly (34.4) secured from NGOs/CBOs. Other key sources from which this service were secured included officers from the Ministry of Agriculture (24.8) and family members (19.7).

Table5.3.6.10: Post Harvest service

		Frequency	**Percent**
Input use	Yes	10	15.6
	No	864	84.4
Source of input	Previous cultivation	2	1.3
	Min. of Agric. officers	39	24.8
	Private market	8	5.1
	NGO/CBOs	54	34.4
	Farmer associations	6	3.8
	Local councils	1	0.6
	Family members	31	19.7
	Others	16	10.2
Payment for inputs	Yes		11.2
	No		88.8

The survey also revealed that majority (88.8) of households who utilised post-harvest services did not pay for the service. Only 11.2 did pay varying fees from Le 500 – Le15, 000.

It is evident from the afore mentioned discussions on the availability and use of inputs such as improved seeds, fertilizers, extension services etc., that farmers in Sierra Leone were woefully deprived of these inputs. This is not even a question of inadequate provision of inputs services to farmers, but rather a complete non-provision of input the previous year. This has consequently limited the productivity, increased dependence on external food supply and the attendant food insecurity for most poor households. This is a clear indication of the ineffectiveness in the provision of inputs to farmers in the agricultural sector.

5.3.7 Affordability of Extension Services

Agricultural households were queried as to the general affordability of the extension services available. Almost a quarter of the respondents were unsure of how to classify the affordability. Among those that responded, nearly half rated these charges as either somewhat or very affordable. Tonkolili and Pujehun viewed these charges to be the least affordable, with 60 and 70 percent of respondents rating the charges as very unaffordable, respectively. Generally, respondents in the East rated the charges most favourably. Not surprisingly, farmers in lower household income brackets found the charges less affordable.

Table 5.3.7: How affordable are the charges for agricultural service

Region	Affordable	Somewhat affordable	Somewhat unaffordable	Unaffordable
East	20.3	31.5	21.8	26.4
North	11.5	45.4	22.7	20.4
South	7.0	31.3	30.8	30.8
Total	**12.7**	**36.8**	**25.0**	**25.5**

Box 5.3.7: Affordability of Service

1. Affordable	1. NGO provide these facilities freely 2. From the sale of produce, I manage to afford charges 3. Actually there is not much to spend on agriculture requirement due to the Association and farmer group 4. I ensure I pay the charges 5. one just need to have it
2. Somewhat affordable	1. I need it so I pay for it because it is the only way out. 2. Because without them I cannot work 3. It takes a lot of strain to get the money 4. Exorbitant cost, it is just because of my work, I manage to get it 5. Because there is no better alternative for that 6. I use only seed rice for private market
3. Somewhat unaffordable	1. Some agriculture services are not even available while some are available 2. I don't have money to buy some of the agricultural materials 3. It is too hard for us to work effectively because the tools are not enough 4. We hardly see this service except the small seed supply Abu gave which was also late for planting
4. Unaffordable	1. Very difficult for me, no supply ,no encouragement from the agricultural Ministry 2. The materials I have to do the farming is not enough 3. not easy to raise a single cent in our village 4. They are very expensive

5.4 User Participation

Farmers' participation is assessed only on the basis of the existence of community based organisations.

5.4.1 Prevalence of Farming Groups

Most (53.3 percent) of the farmers interviewed acknowledged the existence of an established and functional farmer associations in their communities. A similarly high proportion (93.3 percent) of respondents nationwide reported the establishment and functioning of labour groups in their various communities and only 8.7 percent of farmer reported the establishment and functioning of credit associations, or thrift organisations in their various communities. The existence of these community based organisations provides an opportunity for extension workers in their efforts to provide vital knowledge and information to farmer.

5.5 Perception of Users

5.5.1 Inputs

When asked how satisfied they were with the inputs/services received from government, the majority (34.8 percent) of household respondents could not assess their level of satisfaction and hence responded by indicating that they did not know. Among those who responded, over half were either somewhat or very unsatisfied with the inputs, and only around 10.0 percent were very satisfied.

Analyses of the level of satisfaction of frontline service providers regarding the inputs they supply to agricultural households nationwide indicate very divergent opinions. While 23.5 percent of them indicated to be somewhat satisfied, 26.9 percent reported being somewhat unsatisfied with the farm inputs they supplied to farmers nationwide.

Table 5.5.1: Household satisfaction on inputs received

	Households	Service Providers
Very satisfied	9.9	14.3
Somewhat satisfied	20.1	23.5
Somewhat unsatisfied	17.4	26.9
Very unsatisfied	17.7	21.0
Don't know	34.8	14.3

Box 5.5.1: Household explanation of their level of Satisfaction of the Input/Service

1. Very Satisfied	1. It enable me to plant after the war 2. It assists me greatly 3. I was able to receive more than what I used to get before 4. The seed they gave us were viable 5. They give us correct information 6. The inputs were distributed equally
2. Somewhat Satisfied	1. Most seeds supplied by NGO are very small and we normally get them free 2. Agricultural input are in high demand here and one has to appreciate receiving any little assistance e 3. Although it is not enough I satisfied with it, in order to manage my family 4. Better quality though not sufficient
3. Somewhat unsatisfied	1. Because the seeds rice supply to us is not sufficient/enough and we even lack other material 2. Some seeds prove to be something else and do not grow well 3. We are not getting what is expected
4. Very Unsatisfied	1. Because I did not receive from non of them 2. Finally came after planting season 3. Received late, planted late and poor harvest 4. The input was not enough for us

5.5.2 Extension Worker

Generally farmers are very unsatisfied with the frontline extension service providers. When asked how satisfied they were with their community extension worker, the majority (37.9) of households indicate they don't know. However, when they did manage to assess their satisfaction level, 25.3 percent reported being very much unsatisfied with their community extension worker. A lower proportion of 18.2 percent however mentioned they were very much satisfied with their community extension worker.

Table 5.5.2: Community satisfaction on Extension Services

	Frequency	Percent
Very satisfied	179	18.2
Somewhat satisfied	126	12.8
Somewhat unsatisfied	56	5.7
Very unsatisfied	248	25.3
Don't know	372	37.9
Total	981	100.0

Box 5.5.2: Households' Perception of the Performance of Extension Service Providers

1. Somewhat Satisfied	1. Because he bring the correct information to us about the farming process 2. The extension workers give us knowledge about our farming activities 3. Because I believe that whatever the government give him to distribute to us he will distribute it in the right.
2. Somewhat Satisfied	1. Because he does not usually come to this village, he stays at Gbinti except we go there 2. It is the only available to us
3. Somewhat Unsatisfied	1. It has taken a long time seeing him 2. They don't come to visit us
4. Very Unsatisfied	1. Because he has never come to me to offer advice or teach me how to farm 2. They do not work with us towards our demand

5.5.3 Amount of Food

A significant majority (33.5 percent) of agricultural households interviewed nationwide reported being somewhat satisfied with the amount of food they eat and 14.8 percent indicated being very much satisfied. About 50.0 percent of household mentioned being somewhat and very much unsatisfied with the food they ate (Table 5.5.3). Thus the

government objective of ensuring no Sierra Leonean goes to bed hungry by the end of 2007 remain an illusion.

Table 5.5.3: Household satisfaction with the amount of food they eat

	Frequency	Percent
Very satisfied	167	14.8
Somewhat satisfied	377	33.5
Somewhat unsatisfied	306	27.2
Very unsatisfied	253	22.4
Don't know	24	2.1
Total	**1,127**	**100.0**

Box 5.5.3: Adequacy of Food

1. Very Satisfied	1. I always eat enough food 2. We have food everyday 3. The food can serve us till the next season 4. The food is enough
2. Somewhat Satisfied	1. Manage to eat twice a day 2. It can sustain us for the day, though not enough 3. Provide food everyday for farming 4. He get the exact quantity 5. A little satisfied
3. Somewhat unsatisfied	1. I have my family, and my salary is not enough to sustain my family 2. Because even to day to get what to eat is not available 3. My food is not enough to feed me and my family and food is one of the main factor in our village 4. I don't eat rice everyday, I mix it with bulgur which I don't like
4. Very Unsatisfied	1. We do not have any other ways of getting food 2. I do not have sufficient food and I have large family 3. The food is unaffordable 4. No better food at all 5. It is too hard for me to get money 6. I am not satisfied with the food system 7. No sufficient food 8. I don't have enough food that will satisfy me and my family

5.5.4 Change in Quality

The majority of agricultural households (44 percent) surveyed nationwide reported that over the previous year, the quality of the agricultural service has not changed. A proportion (18.9 percent) of households indicated a little improvement in the quality of the service and yet some (12.7 percent) even reported that the quality of the service has become a little worse over the same period.

Table 5.5.4: Percentage of HH on the change the quality of agricultural services in the last year

Change	Frequency	Percent
Much worse	95	8.8
A little worse	137	12.7
No change	474	44.0
A little better	204	18.9
Much better	48	4.5
Don't know	120	11.1
Total	**1,078**	**100.0**

The frontline service providers were also interviewed on this issue to solicit their views. A simple majority of service providers interviewed at the rural (37.3 percent), urban (44.4 percent) and national (37.8 percent) levels mentioned that the quality has only improved slightly than it had been previously. However, a significant proportion (30.3 percent) felt there has been no change in the quality of the agricultural sector than it had been in the past 1 year. The majority of service providers in Kenema Township and the rural areas of the West, Bo, Bonthe, Moyamba, Kambia and Koinadugu think the quality of the agricultural sector has improved a little in their coverage areas compared to the previous period. However, the majority of service providers interviewed in the rural areas of Pujehun, Kenema, Bombali, and Tonkolili think the agricultural quality has not changed from its previous status.

Box 5.5.4: Quality of Agricultural Service

1. Much worse	1. Never use any agricultural service 2. There is no new improvement on their part 3. No seed rice, no input for farming 4. No services offered to determine quality product
2. A Little Worse	1. Some times the yield reduces 2. We are not getting the amount that we expect 3. Due to late supply of seeds and agricultural equipment are not enough 4. There is still low yield of crops 5. Last year we have problems of rains which destroyed most of our plants 6. Look of seed rice and other agricultural services
3. No Change	1. With no services provided, the quantity still remains the same 2. Yet to see changes 3. We are just doing the same, compared to last year 4. The supply is the same, I see no changes, because we lack tools to do our farming
4. A Little Better	1. This year we have heavy rain falls 2. We made big farms this year and produce are okay 3. Good plans ahead for it to be of a very good quality 4. The land where I farm was productive
5. Much Better	1. Lot of NGO are now supporting agricultural project and initiatives 2. More people are involving in farming and the harvest was much better 3. There is a massive production 4. My yield was more than before

5.6 Conclusion and Recommendations

The inability to produce sustainable and self-supporting food stuffs places the country at risk of overdependence on imports and prone to food price fluctuations. The emphasis on achieving national food security is therefore not misplaced and remains high among both government and donor priorities. The SL-PRSP interventions to address this food security issue is aimed at ensuring availability and sustainability of food supply and its accessibility at the household and national levels in the short to medium term. The government's strategy, in the short to medium-term, seeks to empower the poor and vulnerable rural and urban households to increase the quality and quantity of food they consume and to encourage farm families to produce more through the supply of improved seeds and provision of appropriate extension service. The SDPS assessment of the agricultural and food security sector was focused on the provision, access and usage of the service; effectiveness of the service provided; participation of farmers and agricultural extension officers in service delivery and finally on the perceptions of both the service providers and farmers about service delivery in this sector.

Provision, Access and Usage Extension service has woefully failed farmers in Sierra Leone. The dominance of traditional system of farming and the lack of new and alternative agricultural technologies is a case in point. Most farmers in Sierra Leone hardly interact with extension workers. For this study farmers were asked whether they have ever been visited by an extension worker in the past year, the majority (71.0 percent) of agricultural households interviewed nationwide reported not having been visited. Only respondents in the North reported receiving visits from extension workers in 37.0 percent of cases, the highest nationwide. For the past 1 year over a quarter of service providers interviewed also admitted that they did not visit their operational areas, while 22.7 percent of those who did visit their farmers within their coverage areas did so only once. Two visits in the year were reportedly made by 13.4 percent of the service providers. The prevalence of service providers making limited or no visits is an indication of ineffectiveness of the extension services in the country.

The majority (58.2 percent) of agricultural households nationwide reported having no knowledge of how far away their agricultural extension service was located. Among the agricultural households who offered an estimate, nearly two-thirds of respondents reported extension services being within 10 miles, while 13.6 percent reported thirty miles or more. The areas with the highest accessibility of their extension workers were Koinadugu and Kono Districts, where the vast majority cited extension services within 10 miles.

Effectiveness and Participation Access to improved technologies such as seeds, fertilizers, etc. is the bedrock for the enhancement of agricultural productivity and the achievement of the *much-talked-about* food security. Farmers in Sierra Leone are apparently deprived of such critical inputs making the dream of the 2007 food for all Sierra Leonean not going to bed hungry more an illusion than a reality. Slightly less than half of the agricultural households interviewed nationwide indicated using improved seeds the previous year in their agricultural activities. Respondents from the East reported the highest

frequency of improved seed usage (59.8 percent), and the lowest frequency of payment for them at just 27.0 percent. This might be connected to the *links* program sponsored by USAID in this area.

Farmers were also asked to evaluate how sufficient was the amount of seed rice received. Two-thirds of respondents nationwide believed the amount to be either somewhat or very insufficient. Twenty percent of respondents considered the amount somewhat sufficient, and only 12.5 percent rated it as very sufficient. Service providers were even more critical of the amount of seed rice supplied, with nearly 80.0 percent of respondents considering the amount of seed rice somewhat or very insufficient. Pujehun again was the least satisfied with the amount of seed rice, while Port Loko, Kono and Bo enjoyed the highest rate of sufficiency.

Majority (81.9 percent) of farm families nationwide did not use fertilizers in their previous year of production. Also over 85.0 percent of the agricultural households nationwide reported not receiving any form of training or technology transfer and/or using extension services in the previous year's agricultural activities. The lack of or the inadequate access to quality and/or appropriate input, such as improved seeds and agro-chemicals, and appropriate information and knowledge, is not only limiting productivity but will certainly inhibit government in achieving its target of ensuring that *no Sierra Leonean go to bed hungry by 2007.*

Most (53.3 percent) of the farmers interviewed acknowledged that there were established and functional farmer associations in their communities. A similarly high proportion (93.3 percent) of respondents nationwide reported the establishment and functioning of labour groups in their various communities and only 8.7 percent of farmers reported the establishment and functioning of credit associations, or thrift organisations in their various communities. In effect there is a significant presence of community based organisation to support farm families. The challenge is their ability to provide the desired support to farmers with little or no support from the public sector.

Perception When asked how satisfied they were with the inputs received from the Ministry of Agriculture and Food Security (MAFS), majority (34.8 percent) of household respondents could not assess their level of satisfaction and hence responded by indicating that they did not know. Among those who responded, over half were either somewhat or very unsatisfied with the inputs, and only around 10.0 percent were very satisfied.

Generally farmers are very unsatisfied with the frontline extension service providers. While the majority (37.9) of households indicated that they don't know, when they did manage to assess their satisfaction level, 25.3 percent reported being very much unsatisfied with their community extension worker. A lower proportion of 18.2 percent however mentioned they were very much satisfied with their community extension worker.

Access to adequate and quality food is still a major challenge. A significant number (33.5 percent) of agricultural households interviewed nationwide reported that they were

somewhat satisfied with the amount of food they eat and 14.8 percent indicated being very much satisfied. However, a lower but significant proportion (22.4 percent) of household mentioned being somewhat unsatisfied and very much unsatisfied with the food they ate. On the quality of service about 19.0 percent marked a little improvement, while 44.0 percent of household reported stagnation in the quality and yet some 12.7 percent even reported that the quality of the service has become a little worse over the previous year.

5.6.1 Recommendations

When asked to give suggestions on how to improve the quality of service delivery in the agricultural sector, the following were the most common suggestions provided:

1. Adoption of the bottom-top approach to service delivery. This involves prioritising the grassroots farmers in decisions of policies related to the agricultural sector.
2. Providing sufficient agricultural supply to agricultural households, supply include provision of improved seeds, other planting materials, tools, agro-chemicals, etc. (This was by far the most common suggestions by service providers)
3. Ensuring that extension workers are paid salaries which are reflective of the country's inflationary trend (improve conditions of service for workers).
4. Provide efficient, reliable and durable means of transportation to extension workers and farmers.
5. Improvement should be made on the roads linking farmers from the farm gate to the market/consumption centres.
6. Government and stakeholders should train and introduce extension workers and farmers into the use of tele-agriculture.
7. Mechanise agriculture with the use of appropriate, modern and low cost effective technology to suit the environment or terrain.
8. Farmers should be encouraged to be more hard working and committed using tangible incentives.
9. Government and other stakeholders in the agricultural sector should endeavour to support farmers associations.

Service Delivery and Perception Survey
Citizens' Report Card

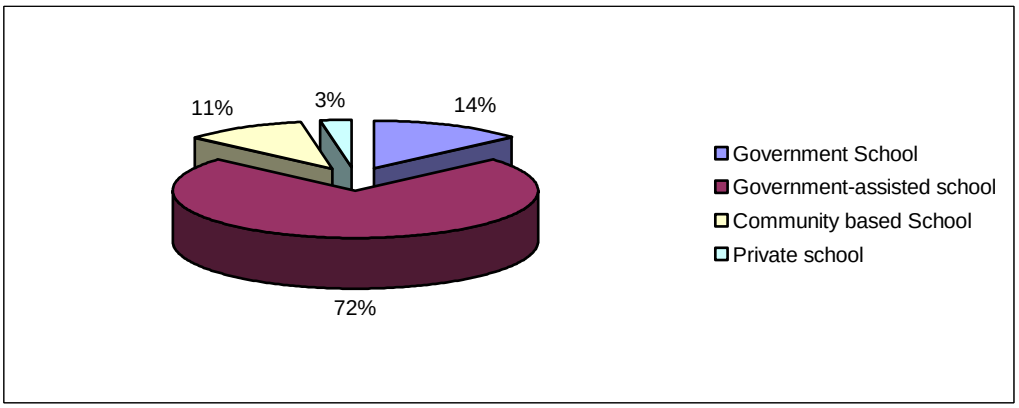
This citizens' report card (CRC) presents descriptive statistical information of the sectors as derived from the SDPS based on relevant policy indicators and household perception on the effectiveness of these services.

Education Sector

1. Education Service Provision, Access and Usage

1.1 Primary Schools by Type of Providers

Figure 3.1 Pupil's Enrolment in Primary School by Type of School



Source: SDPS Data

The pie chart in figure 3.1 above shows the pupils' enrolment in primary school education by type of school. The statistics show that the vast majority (72 percent) of pupils nation-wide is enrolled in government assisted schools and 14percent of the pupils are directly enrolled in government schools. Private schools enroll the least proportion of pupils in the country with only as 3percent of pupils enrolled by these schools. This analysis implies that the success of primary school education is greatly the responsibility of government assisted schools and hence the need to target most assistance geared towards the development of primary school education on such schools.

1.2 Accessibility

Table 3.1: Percentage of Pupils by Distance to School in Miles

Region	1 or less	>1 – 3	>3 – 5	>5 – 10	>10
Rural	69.5	22.6	3.4	0.9	3.5
Urban	84.8	12.5	2.2	-	0.4
Total	**72.8**	**20.5**	**3.2**	**0.7**	**2.9**

Table 3.1 above shows the distribution of pupils by region in terms of the distance of their schools from their respective residences. The analysis shows that in the rural areas of the

country over two-thirds (69.5percent) of the pupils reside within one mile to their respective schools. A much lower but worth mentioning proportion (22.6percent) reside within 1-3miles from their schools. Those pupils in the rural areas of the country who reside greater than three mile from their schools are in an insignificant minority. The majority of pupils in the rural areas can access primary school education within a convenient distance; implying that many more primary schools have been established in a significant number of rural communities.

In the urban centres of the country, the survey revealed that more than four-fifth (84.8percent) of pupils reside within a mile from their schools. A little above one-tenth (12.5percent) reside within 1 -3miles from their schools. As compared to pupils in the rural areas, no pupil in the urban centres resides between 5-10 miles from their schools. On a national basis close to three-fourth (72.8percent) reside within a mile from their schools with 20.5percent residing between 1-3miles. Only an insignificant proportion resides beyond three miles from their residence to the schools.

1.3 Illegal Payments in Primary Schools

Table 1.3.1: Payment Burden on Households

Illegal Charges	Percentage of Households Paying for Illegal Charges
School Fees	25.1
Textbooks	37.4
Results	67.0
Gifts	53.6
Lesson	41.0

Table 1.3.1 above provides an analysis of the proportion of households that pay illegal charges in terms of school materials and other charges. The findings show that school results, gifts and lesson fees are the most common materials and charges that households pay for illegally. According to the analysis, over two-third (67percent) of households surveyed nationwide do pay for school results; over half (53.6percent) of households do provide gifts on behalf of their children to their teachers and 41percentof households do pay for lesson fees for their school going children. Though of relatively lower proportions compared to the aforementioned illegal charges, significant proportions, 37.4percent and 25.1percent of households reported paying for text books and school fees respectively, that were meant to be free of charge.

Table 3.10: Affordability of the Payments

Household	Very affordable	Affordable	Unaffordable	Very unaffordable
Nation-wide	11.1%	44.7%	33.4%	10.8%

The majority (55.8percent) of the households interviewed nationwide generally admitted that they can afford the payment of school charges for their children; of which 44.7percent

revealed the charges were affordable and 11.1percent saying the charges were very much affordable. A lesser but significant proportion (44.2percent) of households generally mentioned that the charges were unaffordable of which one –third (33.4percent) indicated that the charges were unaffordable and 10.8percent stressing that they were very much unaffordable (table 3.10).

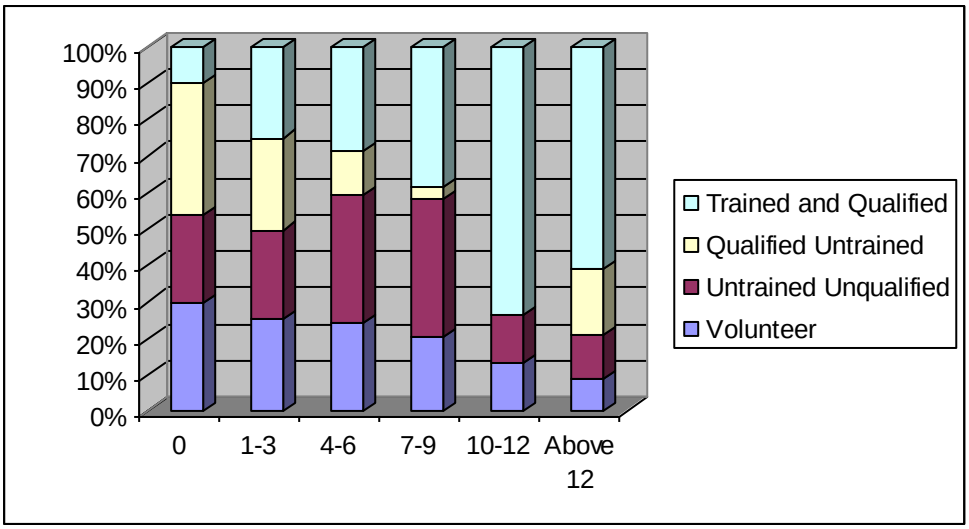
2. Effectiveness and Community Participation

The determinants of effectiveness assessed for this study includes quality of teachers, school subsides and availability of teaching and learning materials (textbooks).

2.1 Quality of Teachers

The availability of quality teachers in primary schools is one of the indicators used to assess the effectiveness of public service provision in the education sector. Figure 2.1 below shows the type of teachers in the primary school system in terms of their qualification. The first bar shows that in some schools there are no volunteers and untrained teachers, especially for schools in urban areas like Freetown where most teachers are trained and qualified. Some schools indicate no record of trained and qualified and trained and unqualified especially in rural areas. However, most schools have a staggering number of trained and qualified, qualified and untrained, unqualified and untrained and volunteers see Figure 2.1.

Figure 2.1 Types of Teacher in the Primary School System



Source: SDPS Data

2.2 School Subsidies

Providers	Received subsidies	Table3.1 : Sufficiency of Subsidies Received			
		Very sufficient	Somewhat sufficient	Somewhat insufficient	Very insufficient
Nationwide	**64.0%**	**1.2%**	**9.8%**	**36.8%**	**52.1%**

Source: SDPS Data

On the schools close to two-third (64percent) admitted to have received school subsidies from Government. Of this proportion, the vast majority (88.9percent) generally revealed that the subsidy provided was insufficient with 52.1percent saying it was very much insufficient and 36.8percent saying it was somewhat insufficient. This is as expected because the government subsidy per child is only Le1,000 per annum, which is crossly low to met the running cost of most primary schools. Only an insignificant proportion (11percent) generally said that the subsidy was sufficient of which 9.8percent say it was somewhat sufficient and 1.2percent saying it was very sufficient.

2.3 Teaching and Learning Materials

Table 3.2 below gives an analysis of the number of pupils sharing a single text book. The analysis shows that over half (52.1percent) of the respondents interviewed nationwide revealed that a single text book is shared by 2-3 pupils. A significant number, close to a one-fourth (23percent) admitted that a single text book is shared by four to five pupils.

Table 3.2: Number of children generally using one textbook?

Pupil	1	2 - 3	4 - 5	6 - 10	> 10
Nationwide	**13.7%**	**52.1%**	**23.0%**	**4.8%**	**6.4%**

Source: SDPS Data

Fewer children (about 13percent) of enjoy the privilege of using a text book alone. In generally pupil has to group on one text book with two or more pupil.

2.4 Community Participation

Community participation is critical to enhance transparency and accountability at the local-level. The survey assessed structures established and functional to promote community participation such as SMC and C/PTAs.

Of the households interviewed nationwide, the majority (48.7percent) reported that SMCs are established and are functional in their community based schools (Table 3.3). Only as low as 6.4percent of households reported that established SMCs are non-functional in their communities. Less than one-fifth (17.8percent) of households admitted that SMCs are not established in their schools. Over two-third (68.9percent) of households admitted that CTAs are established and are functional in their schools. Only 7percent reported that established CTAs are non-functional in their schools.

Table3.3: Established School Committees/Associations

Responses	SMC	CTA	LEC
Establish and functional	48.7	68.9	6.6
Established non-functional	6.4	7.0	6.4
Not established	17.8	11.7	45.0
Don't know	27.1	12.4	42.0

Source: SDPS Data

In terms of LECs however, the majority (45percent) of the respondents say no LECs are established in the schools in their respective communities. Only 6.6percent said LECs are established and functional in their community located schools. A significant proportion (42percent) of households responded that they 'don't know' when asked about the establishment of LECs in their community schools.

Information on School Resource Management

The undermentioned table displays an analysis of nationwide household responses on how informed they are on school resource management.

Household	Very well-informed	Well-informed	Poorly informed	Very poorly informed
Nationwide	8.3%	15.8%	10.6%	65.4%

The majority (76percent) of households interviewed nationwide revealed that they are not well informed on their school resource management with close to two-third (65.4percent) even stressing that they are very poorly informed. A lesser proportion (24.1percent) admitted being generally well informed on the school resource management of which only 8.3percent mentioned being very well informed.

1. Public Perception

Public Perception	Physical Facilities	Performance of Teachers	Student Leaning Outcome
 **Very Satisfied**	**10.9**	**28.5**	**38.7**
 **Satisfied**	**21.5**	**57.4**	**49.1**
 **Somewhat Satisfied**	**-**	**-**	**-**
	**26.1**	**8.8**	**9.5**

Unsatisfied			
 **Very Unsatisfied (man den nor gladie)**	**38.0**	**2.4**	**2.3**
Don't Know	**2.5**	**3.0**	**1.7**

Nationwide public perception revealed that about 64.1percent the public are generally dissatisfied with the physical facilities in their schools of which 26.1percent of the households say they are unsatisfied and 38percent saying they are very much unsatisfied with these facilities. A lesser but worth reckoning proportion (32.4percent) revealed being generally satisfied with the adequacy and quality of physical facilities provided for their schools of which 21.5percent specifically attested being satisfied and 10.9percent saying they are very much satisfied.

On the other hand, public perception on teacher performance reckoned that the vast majority (85.9percent) of the public are generally satisfied with the performance of teachers in their schools; specifically 57.4percent say they are satisfied and 28.5percent saying they are very much satisfied. Only 11.2percent of households interviewed revealed being generally dissatisfied with the performance of teachers nationwide of which 2.4percent specifically stressed being very much unsatisfied.

Similarly, public perception on student learning outcome disclosed that the vast majority (87.8percent) of the public are generally satisfied with the learning outcome of which 38.7percent and 49.1percent specifically revealed being very much satisfied and satisfied respectively. A far much lower proportion (11.8percent) of the households surveyed generally indicated being dissatisfied with the student learning outcome with only 2.3percent specifically saying they were very much unsatisfied.

Public Perception of the Quality of Education Service Delivery		
Description	**Symbols**	**Scores (%)**
Much worse	▼▼	**3.1**
Little worse	▼	**6.1**
No change	▶	**30.6**
Little better	▲	**39.7**
Much better	▲▲	**18.2**
Don't know	-	**2.3**

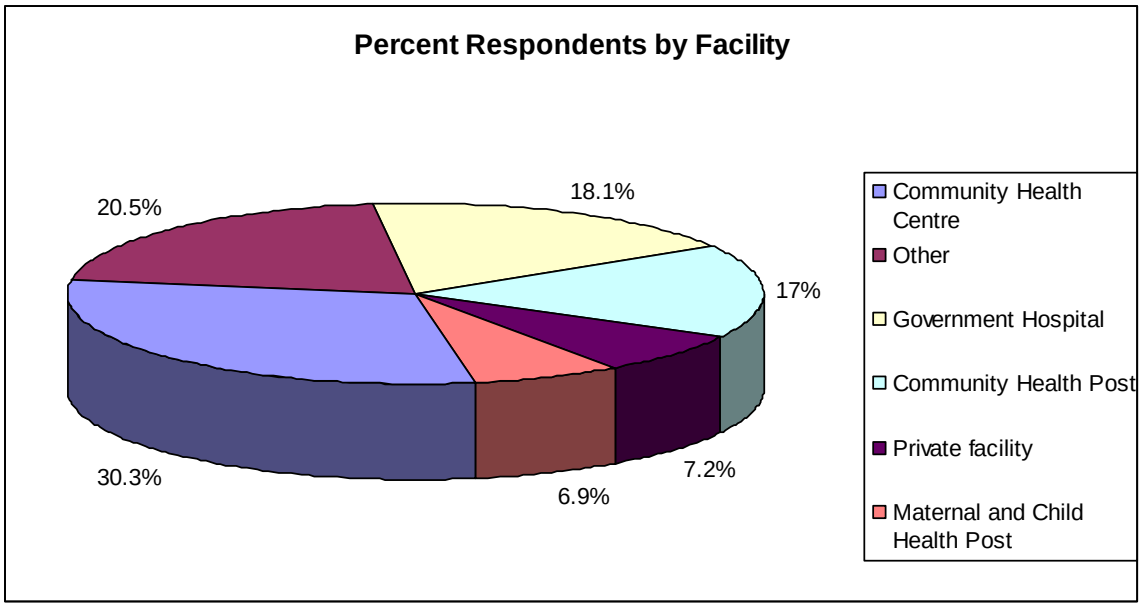
Public perception of the quality of the education service delivery disclosed that this service has improved generally as indicated by 57.9percent of the respondents where 39.7percent say the service has improved a little better and 18.2percent saying the service delivery has improved much better.. A lower but worth mentioning proportion (30.6percent) however admitted that there has been no change in the quality of education service delivery in their communities. Also, about one-tenth of the households interviewed admitted that the service is worse than in the previous years.

Service Delivery and Perception Survey
Citizens' Report Card
Health Sector

1. Provision, Access and Usage

1.1 Provision by Type of Facility

Interviews with households country wide revealed that the most common health facility provided nationwide is community health centre (30.3percent) followed by government hospitals (18.1percent) and community health posts (17percent). Private facilities and maternal and health posts are not commonly available across the country. A significant proportion (20.5percent) of households mentioned the provision of other health facilities in their communities besides the aforementioned.



1.2 Accessibility

Table 4.2 shows the distance of health facilities in miles from households in the bid to assess accessibility of households to health facility.

	Table 4.2: Distance to Health facility (Miles)				
	1 or less	>1 – 3	>3 - 5	>5 - 8	>8
Rural	34.3%	30.5%	15.3%	11.3%	8.5%
Urban	70.8%	21.4%	6.0%		1.8%
Total	**42.4%**	**28.5%**	**13.2%**	**8.8%**	**7.0%**

Source: SDPS Data

In the rural communities, the simple majority (34.3percent) of households confirmed accessing health facility within a mile from their residences. Close to one-third (30.5percent) pointed out that health facility is between 1-3miles of their reach. Only 15.3percent, 11.3percent and 8.5percent of households indicated that health facility is situated at 3-5 miles, 5-8miles, and more than 8miles respectively from their residences. In the urban centres, the greater majority (70.8percent) of households mentioned that health facilities are within a mile from their residences with a much lesser proportion (21.4percent) indicating that facility is within 1-3miles of reach. On a national basis, the majority (42.4percent) of households indicated that health facility is within a mile and 28.5percent of households have their closest health facility located 1-3 miles. This is an indication that access to health facility by households is not that remote as was typical in the not too distant past.

1.3 Illegal Charges

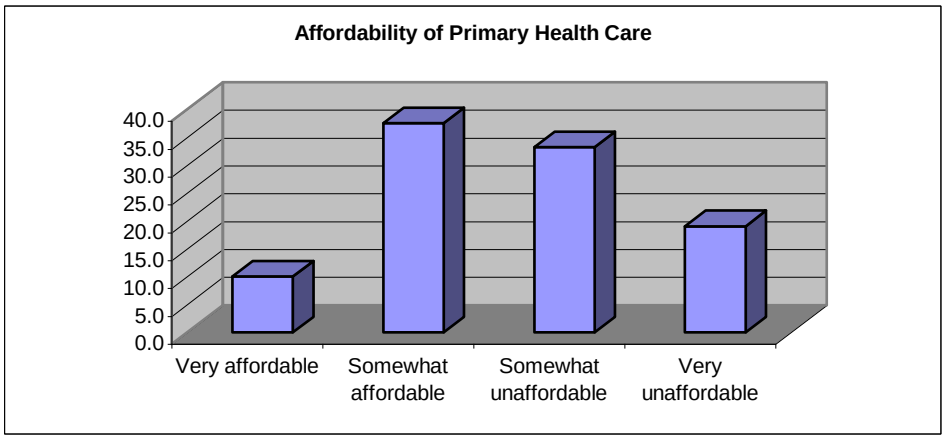
Table 4.5 Payment for various drugs and services

Service	Drugs	Admission fees	DPT Vaccines	BCG vaccines	Measles	Polio	Outreach fees
Household Responses	**89.6**	**27.3**	**21.5**	**21.8**	**21.5**	**13.9**	

Source: SDPS Data

When asked whether they do pay for drugs and health services, the vast majority (89.6percent) of households surveyed nationwide admitted of paying to access drugs. Much lesser proportions (27.3percent, 21.5percent, 21.8percent, and 21.5percent) of households mentioned paying for admission fees, DPT vaccines, BCG vaccines and measles respectively. A much more lower proportion (13.9percent) of households revealed paying for polio which even though reported by a small proportion is against what is expected as polio, DPT, BCG Measles vaccines are meant to be free of costs and there have even been campaigns across the country compelling parents to bring their babies to be vaccinated free of cost.

1.4 Affordability



Source: SDPS Data

Of the households that reported paying for health services, over half generally find the cost of drugs and health services unaffordable of which 35percent said the prices were somewhat unaffordable and about 16percent find them very much unaffordable. A lesser but significant proportion of households generally find the costs of their drugs and services affordable, specifically 40percent say the services were somewhat affordable and about 8percent say they were very affordable.

2. **Effectiveness:** In relation to the availability of drugs and users' participation.

2.1 Availability of Drugs at Facility Level

Table 4.7: Adequacy of drugs in the facility

	Very sufficient	Somewhat sufficient	Somewhat insufficient	Very insufficient	Don't know
Rural	9.0%	23.8%	31.7%	20.4%	15.1%
Urban	23.0%	34.4%	28.6%	5.0%	9.0%
National	**12.3%**	**26.3%**	**30.9%**	**16.8%**	**13.6%**

Source: SDPS Data

Of the households surveyed nationwide the simple majority (47.7percent) indicated that generally, drugs available at health facilities are insufficient of which 30.9percent say they are somewhat insufficient and 16.8percent emphasis that they are very insufficient. A lower but significant proportion (38.6percent) reported that drugs are generally sufficient at health facilities with 12.3percent saying they are very sufficient. The insufficiency of drugs is mostly prevalent in the rural areas where 31.7percent and 20.4percent of households say the drugs are somewhat insufficient and very much insufficient respectively. Sufficiency of drugs at health facilities is however reported mostly (57.4percent) in the urban centres where 34.4percent say the drugs are somewhat sufficient and 23percent saying they are very much sufficient.

2.2 Establishment of Community Health Boards

Table 4.9: Establishment of Community Health Boards

Community Health Boards	Established & Functional	Established , Not Functional	Not established	Don't know
Nationwide	**54.3**	**18.3**	**18.9**	**8.5**

Source: SDPS Data

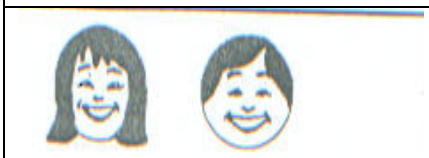
The majority (54.3percent) of households revealed that community health boards are established and functional in their communities. A much lesser proportion (18.3percent) mentioned that there are established community health boards in their community located health facilities but those are non-functional. 18.9percent of households even say there are no CHBs in their community health facilities.

2.2.1 Effectiveness of CHBs

	Table4.11: Effectiveness of Community Health Boards				
	Very effective	Somewhat effective	Somewhat ineffective	Very ineffective	Don't know
Nationwide	25.3%	27.8%	8.9%	10.0%	28.1%

Of those households who mentioned having CHBs in their communities, over half (53.1percent) generally find their CHBs effective with 27.8percent saying they are somewhat effective and 25.3percent saying they are very much effective. A much lower proportion (18.9percent) reported that these CHBs are generally ineffective with 8.9percent and 10percent specifically reporting that their CHBs are somewhat ineffective and very much ineffective respectively. A significant proportion (28.1percent) of households said they did not know whether these CHBs are effective or not.

3. Public Perception

Public Perception	Physical Facilities	Performance of Teachers	Family Health Status
 **Very Satisfied**	**17.7**	**33.9**	**22.7**
 **Satisfied**	**38.2**	**43.5**	**48.6**
 **Somewhat Satisfied**	-	-	

 **Unsatisfied**	**20.8**	**13.0**	**18.0**
 **Very Unsatisfied (man den nor gladie)**	**20.4**	**6.0**	**10.2**
Don't Know	**2.9**	**3.5**	**0.5**

When asked how satisfied they were with the physical facilities of their health structures, over half (55.9percent) of households admitted being generally satisfied with specifically 38.2percent satisfied and 17.7percent very much satisfied. A lower but significant proportion (41.2percent) indicated being generally dissatisfied of which 20.8percent are somewhat unsatisfied and 20.4percentvery much unsatisfied.

Nationally, public perception on the performance of health personnel disclosed that the significant majority (77.4percent) of the public are generally satisfied with the performance of health workers in their community placed health facility of which 43.5percent are satisfied and 33.9percentm are very much satisfied. A much lower proportion (19percent) of the households are generally dissatisfied with the performance of health workers in the communities of which 13percent are unsatisfied and 6percent are very much unsatisfied.

Similarly, public perception on family health status finds that nearly three-quaters (71.3percent) of households are generally satisfied with their family health status of which 48.6percent are satisfied and 22.7percent are very much satisfied. A lower but worth mentioning proportion (28.2percent) of the households are generally dissatisfied with their family health status of which 18.2percent are unsatisfied and 10.2percent are very much unsatisfied.

Public Perception of the Quality of Health Service Delivery		
Description	**Symbols**	**Scores (%)**
Much worse	▼▼	**3.3**
Little worse	▼	**5.6**
No change	▶	**36.3**
Little better	▲	**33.0**
Much better	▲▲	**16.7**

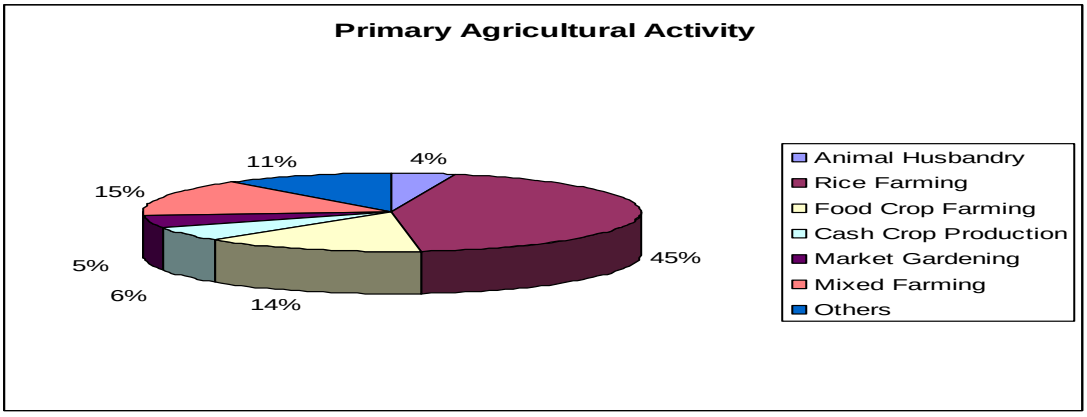
Don't know	-	**5.1**

The quality of health service delivery has been generally perceived by the public (49.7percent) to have improved with 33percent and 16.7percent specifically assessing the service to have improved a little better and much better respectively, compared to a year ago. A worth mentioning proportion (36.3percent) however admitted that there has been no change in the quality of the health service delivery compared a year ago. An insignificant proportion (8.9percent) reported that generally this service has worsened over the years.

Service Delivery and Perception Survey
Citizens' Report Card
Agricultural and Food Security Sector

1. Provision, Usage and Access

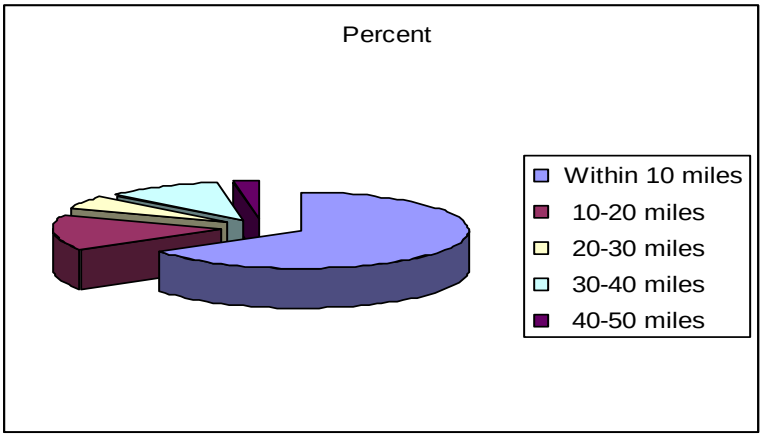
1.1 Types of Agricultural Activities



By far the most common type of primary agricultural activity reported by the majority (45percent) of agrarian households nationwide is rice farming. Mixed farming and food crop farming have also been reported by 15percent and 14percent of households respectively with animal husbandry (4percent) being the least common primary agricultural activity undertaken by farmers countrywide.

1.2. Accessibility

Figure 5.1: Distance to extension service by Farm Families



The vast majority of agrarian households interviewed countrywide reported that extension service is within 10miles of their reach; implying that extension services are not that sparsely located away from farmer access.

2. Effectiveness

1.1. Use of Improved Agricultural Inputs

Inputs	Yes	No
Seed Rice	**49.7**	**50.3**
Fertilizer	**18.1**	**81.9**
Animal Feed	**3.1**	**96.9**
Vet nary Service	**3.1**	**96.9**
Extension Service	**15.0**	**85.0**
Tools/Equipment	**44.5**	**55.5**
Crop Protection/Pesticides	**12.8**	**87.2**
Post Harvest	**15.6**	**84.4**

The majority of the farmers surveyed countrywide indicated not using improved agricultural inputs in the previous year of their farming activities. More than 80percent of farmers did not use fertilizers, animal feed, vetenary services, extension services, crop protection/pesticides, and post harvest services in their previous year of farming (Table 1.1 above). It was only with seed rice and tools /equipments that a lower but significant proportion of farmers reported using in their cultivation. Improved seed rice was used by 49.7percent of households and tools/equipments were used by 44.5percent of households countrywide.

1.2. Target and Visitation of extension worker

Table 1.2.1 Target

	Target Beneficiaries	Percent
	Individuals farmers	39.5
	Groups/Association	48.7
	Special category of farmers	11.8
	Total	**100.0**

The most common target of extension service is group/association as is revealed by the majority (48.7percent) of the farm families interviewed countrywide (Table 1.2.1). Individual farmers have also been targeted by extension service providers as reported by a lesser, but significant proportion (39.5percent) of households. An insignificant proportion (11.8percent) of agricultural households interviewed reported of extension services being targeted at special categories of farmers.

Table 1.4.2: Field Visits

	No. of Visits	Percent
	0	26.9
	1	22.7
	2	13.4
	3	11.8
	4	14.3

	5 or more	10.9

The analysis from Table 1.4.2 above clearly shows the ineffectiveness of extension workers in terms of their visitation rate to farmers across the country. The higher proportion (26.9percent) of households surveyed countrywide reported not being visited by extension service providers in the previous year of farming. A relatively substantial proportion (22.7percent) of the households reported only being visited once in their farming season by extension service providers. A much lesser proportion (10.9percent) of households reported receiving 5 or more visits by extension service providers in their previous season of farming.

3. Public Perception

Public Perception	Physical Inputs	Performance of Extension Officer	Family Food Security
 **Very Satisfied**	**14.3**	**18.2**	**14.8**
 **Satisfied**	**23.5**	**12.8**	**33.5**
 **Somewhat Satisfied**	**-**	**-**	**-**
 **Unsatisfied**	**26.9**	**5.7**	**27.2**
 **Very Unsatisfied (man den nor gladie)**	**21**	**25.3**	**22.4**
Don't Know	**14.3**	**37.9**	**2.1**

When asked how satisfied they were with the physical inputs provided by service providers in the agricultural sector, the majority (47.9percent) of the households interviewed nationwide reported that they were generally dissatisfied of which 26.9percent are unsatisfied and 21percent are very much unsatisfied. A lesser but significant proportion (37.8percent) of households surveyed are generally satisfied with the physical inputs provided with 14.3percent specifically saying they were very much satisfied.

An almost equal proportion of farmers interviewed countrywide are either generally satisfied or dissatisfied with the performance of extension officers posted in their respective communities. Whilst 31percent are generally satisfied, 30.8percent are generally dissatisfied. Specifically, however, the simple majority (25.3percent) of the households reported being very much unsatisfied with the performance of extension workers in their respective communities. It is worth noting that quite a significant proportion (37.9percent) of households interviewed could not assess their level of satisfaction with the performance of extension officers in their various communities and hence responded by saying that they "don't know."

Similarly, an almost equal proportion of households interviewed nationwide are either generally satisfied or dissatisfied with their family food security. Whilst 48.3percent of households are generally satisfied, 49.6percent said they are generally dissatisfied. Specifically, 33.5percent are satisfied and 14.8percent are very much satisfied. Of those who are dissatisfied with their family food security, 27.2percent are specifically unsatisfied and 22.4percent say they are very much unsatisfied.

Public Perception of the Quality of Agricultural Service Delivery		
Description	**Symbols**	**Scores (%)**
Much worse	▼▼	**8.8**
Little worse	▼	**12.7**
No change	►	**44.0**
Little better	▲	**18.9**
Much better	▲▲	**4.5**
Don't know	-	**11.1**

The majority (44percent) of households interviewed countrywide revealed that the quality of the agricultural service delivery has not changed compared a year ago. A much lower proportion (23.4percent) indicated that quality of this service has improved generally of which only as low as 4.5percent of households admitted that this improvement has been much better than last year.