

Jesuit Centre for Theological Reflection



Promoting Faith and Justice

SERVICE SATISFACTION SURVEY REPORT

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Service satisfaction survey Report

Acknowledgement

On behalf of the Jesuit Centre for Theological Reflection, we wish to extend our sincere gratitude to all the stakeholders that played important roles in successfully undertaking this survey.

We are highly indebted to Save the Children for the financial support rendered to make this service Satisfaction Survey a success.

We are grateful to the study team that worked tirelessly to collect quality data and the Ward Development Committee (WDC) and Community Welfare Assistance Committee (CWAC) for facilitating and organizing the beneficiaries of the Social Protection, Education and Health services in Lufwanyama and Kitwe Districts.

Last but not least, we thank all respondents who participated in this survey.

Thank you,

Fr. Alex Muyebe, S.J

Director

Executive Summary

In line with the JCTR vision, the Centre has collaborated with Save the Children International (SCI) in implementing the Public Investment in Children (PIC) project whose overall objective is to ensure that the Government of Zambia allocates adequate resources and spends effectively on education, health, and child protection intervention. One of the activities indicated to in this project was to conduct a service satisfactory survey in the areas of health, education and social protection. This survey was conducted in Lufwanyama and Kitwe districts of the Copperbelt province. The sample was drawn from seven communities. I.e. six communities in Lufwanayama and one community in Kitwe. The survey employed a systematic random approach and involved a total 147 respondents who included 140 household in the study areas and 7 CWAC and WDC members. The 140 households were randomly selected from the 7 communities and data was collected using a household questionnaire and key informant interview guide.

The overall objective of the survey was to determine the current levels of service quality and satisfaction among beneficiaries in communities in Lufwanyama and Kitwe districts. The focus was on; accessibility, affordability, quality of health, education and social protection services. The survey largely focused more on 6 communities in Lufwanyama district and 1 community in Kitwe.

The findings showed that overall; the service beneficiaries are generally happy with the services provided. For social protection services, over 80 percent of the respondents mainly in Lufwanyama district are satisfied with the service and have easy access to the service (collection points). The finding also showed that about 50 percent of the respondents indicated that the service had improved their conditions of living. The only challenge highlighted here was lack of consistency in the disbursement of funds. They lamented that last year 2020 they were only paid once or twice and the arears were cleared in January 2021. For the health sector, the findings showed that about 76 percent reported that the service was accessible while 45% and 25% stated that the quality of health care was fair and good respectively. The major challenge with the health services was the shortage of key basic lifesaving drugs in most clinics in the study areas. Drugs such as antibiotics and anti-malarial drugs were reported to have being quickly running out. The other challenge was lack of mothers shelters in some clinics in the study areas.

Lastly, in the education sector, the study revealed that majority of the service beneficiaries fairly accessed the services because they lived near the schools. However, some respondents indicated that their children travelled long distances to reach the schools. This has led to some children especially girl child to drop of school. This challenge is even more apparent during rainy season when some roads become almost impassable. The findings showed that the major challenge however was the shortage of classroom blocks, which led to overcrowding in classes hence compromising the quality of education provided. The respondents indicated that there were also a shortage of teachers in some of the schools especially in Chinemu community.

Based on the study findings and observations, the study therefore recommended the following:

1. There is need for the government through the ministry community and development to come up with strategies and ensure adequate funding to maintain consistency in terms of funds disbursement.
2. There is need for JCTR to follow up on the issues raised in Kitwe concerning some social cash transfer beneficiaries who stopped receiving their dues since the introduction of social cash transfer beneficiaries to receive funds via mobile money.
3. There is also need for the government through the ministry of education to deploy more teachers in rural schools in order to reduce the teacher pupil ratio, which is currently very high in study areas.
4. The study further recommends that the government consider building more schools or increasing the number of classroom blocks in the already existing schools to reduce overcrowding of pupils.

5. The ministry of health should consider to revise and improve its drug distribution system to Rural health clinics to avoid the reported shortages. The study further recommends that the government through the ministry of health directly distribute the basic lifesaving drugs to clinics rather than being held in a holding facility, and also having a dedicated staff member to facilitate and track orders is likely to reduce stock outs of drugs.

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List of abbreviations

KII	Key Informant Interview
MoH	Ministry of Health
MoE	Ministry of Education
SPSS	Statistical Package for Social Sciences
WDC	Ward Development Committee
CWAC	Community Welfare Assistants Committee
SCT	Social Cash Transfer

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1.0 Background

The JCTR is a faith-based organisation that was founded in 1988 as a project of the Society of Jesus (Jesuits) of the Southern Africa province. The Centre was founded to promote study and action on issues linking Christian faith and social justice in Zambia. Through the years JCTR has been engaged in research, advocacy, and education that promotes human dignity and social justice especially through evaluating options for the poor. The Centre prides itself on its vision for development which is to see “A Just Zambian Society, Guided by Faith Where Everyone Enjoys the Fullness of Life.”

In line with its vision, the Centre has partnered with SCI in implementing the Public Investment in Children project whose overall objective is to ensure that the Government of Zambia allocates adequate resources and spends effectively on education, health, and child protection intervention/services (efficiency, effectiveness, and transparency in the use of public resources allocated to education, health, and protection programmes in Kitwe and Lufwanyama district). The strategies that this project employs include research, information dissemination, educating communities, and dialogues with relevant stakeholders that are strategically targeted as a means to ensure that advocacy efforts are successful. JCTR’s research focuses on generating evidence for use in advocacy work. Generation of information has been the hallmark of JCTR work and this is equally employed in this project for evidence-based advocacy work. Evidence helps provide credence to the advocacy being conducted and the research on access to rights was intended to be used as a tool to compel the government and other stakeholders to view children’s rights as a key priority in national development.

To ensure increased access to children’s rights, it is imperative for community members, children and other stakeholders to become aware of the rights of children and participate in dialogue and advocacy for legislation and policy change that promotes children’s rights at the district and national levels. The JCTR also placed child participation at the centre of the implementation of the project through existing platforms such as child rights clubs and Ward Development Committees (WDC).

1.2 Aim of the survey

The main aim of the survey was to determine the health, education and social protection service satisfactory levels of the service beneficiaries in the selected communities of Lufwanayama and Kitwe districts.

1.2.1 Specific Objectives

The specific objectives of the study were to

1. Determine the accessibility of the education, health and social protection services in the study areas.
2. Ascertain the quality of education, health and social protection services in the study areas.
3. To ascertain the consistency in the disbursement of social cash transfer funds.

1.2.2 Research Questions

1. How accessible are the education, health and social protection services in the study areas?
2. What is the quality of education, health and social protection services in the study areas?
3. How consistent is the disbursement of social cash transfer funds in the study areas?

2.0 Survey Methodology

This study used a descriptive cross-sectional survey design. This facilitated comparison of satisfaction levels of customers served by Regional Umbrella Water Authorities. Both quantitative and qualitative data collection methods were used with the aid of a questionnaire and Key Informant Interview guide (KII).

The quantitative data collection targeted the beneficiaries of social protection, Health, and Education services. These were sampled using both the simple random and convenience sampling techniques. The survey also included KII interviews targeting key stakeholders who included Ward Development Committee (WDC) and Community Welfare Assistance Committee (CWAC).

2.2 Sampling design and sample size

2.2.1 Sampling design

The study used systematic random sampling approach. This was due to the fact that this approach is the most efficient among all the probability designs since all the different categories of beneficiaries needed to be adequately represented.

2.2.2 Sample size determination

According to 2010 census, Lufwanyama had a total population of 78,503 people. From this population, the sample size was calculated using sample size calculator.net at 95% confidence level and 5% margin of error. The actual sample size was supposed to be 385 but due to limited resources and time constraint, the researcher opted to reduce it to 140 (across 7 communities). I.e. 20 households from each of the six communities in Lufwanayama and one community in Kitwe. The actual sample size came to 147 (140 community members plus 7 WDC/CWAC members).

2.3 Data Collection

The survey used two different data collection methods, which included interviews with WDC and CWAC members and the administration of questionnaires to beneficiaries (Households) to capture information on the different indicators of service satisfaction. The questionnaires facilitated the collection of quantitative data from the service beneficiaries and to ensure triangulation of quantitative findings from the beneficiaries. Qualitative data was collected through KII from the WDC and CWAC members on the indicators of the service satisfactory survey.

2.3.1 Data collection tools and instruments

The survey employed two data collection tools to collect data. These tools were questionnaires and interview guides.

The questionnaire: This comprised of structured questions to capture information from the service beneficiaries. The questions were specific on indicators of customer satisfaction in relation to accessibility, affordability, Quality of health, social protection and Education services.

Key Informant Interview guide: This also focused on the different themes that determine customer satisfaction. This was administered to stakeholders who included WDC and CWAC members.

1.3 Data Analysis

After data collection, cleaning was done to check for inconsistencies and outliers. Data was analysed using SPSS to obtain statistical outputs including frequencies and percentages, graphical forms for the study

objective indicators. The statistical outputs were later extracted and presented in tables that are more acceptable and graphs ready for interpretation using MS excel.

3.0 Presentation of findings and discussion

This section presents the results from the service satisfaction survey. It includes findings on the social protection, health and education services from the study areas. The focus of the findings is mainly on indicators such as quality, accessibility and affordability of these services.

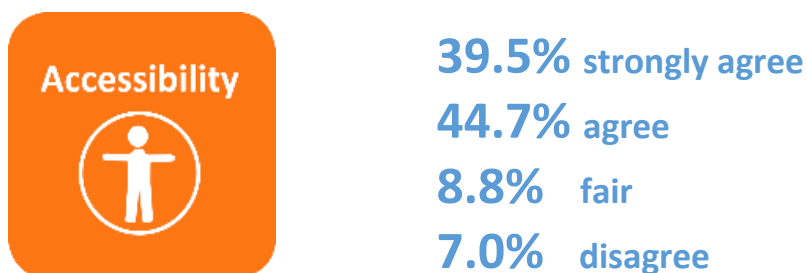
3.1 Social Protection

The survey targeted to evaluate three government services, which included Social Protection, Education and Health services. The survey examined the key determinants of satisfaction of Social protection services by measuring the perception of service beneficiaries in relation to the different indicators which included accessibility, timely disbursement of funds, contribution to improved conditions of living and The respondents indicated their level of agreement with selected statements based on a five point likerts scale (strongly agree, agree, fair, disagree and strongly disagree). Below are the findings on Social Protection.

3.1.1 Social cash transfer (SCT) collection points easily accessible (n=140)

One important factor in service delivery is the accessibility. As a result, the research was particularly interested in determining the accessibility of SCT collection points in the study areas.

Figure 1: Social cash transfer (SCT) collection point easily accessible



According to the results, 39.5 percent and 44.7 percent of the total respondents strongly agreed and agreed that the SCT collection points were easily available, respectively (see figure 1). The majority of respondents stated that the collection points were either a school or a clinic, which was easily accessible because they lived within the vicinity of the clinic and the school.

However, some beneficiaries who came from far away expressed concerns that they usually travel long distances to receive the funds. Other beneficiaries lamented that they were too old to travel long distances to access the funds.

3.1.2 Disbursement of funds on time (n=140)

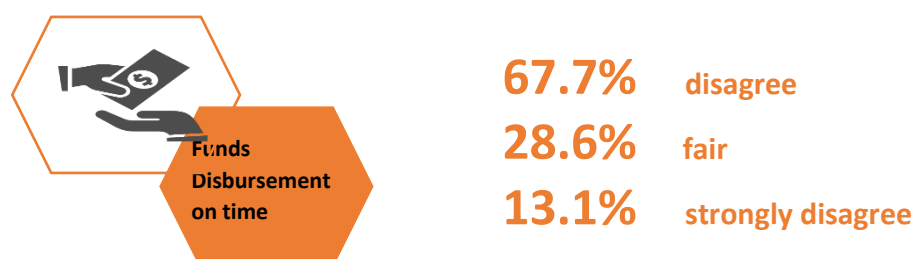
The survey was also interested in finding out whether the ministry of community development under social protection disburses social cash transfer funds on time as prescribed. The figure below depicts the responses from the beneficiaries.

Table 1: Disbursement of funds on time (n=140)

Community	Fair	Disagree	Strongly disagree
	%	%	%
Wusakile	27.8	72.2	0.0
Bulaya	23.5	64.7	11.8
Chinemu	23.5	76.5	0.0
Kapilamikwa	26.7	73.3	0.0
Lumpuma	31.2	68.8	0.0
Mibengi	52.9	47.1	0.0
Nkana	14.3	71.4	14.3
Average	28.6	67.7	13.1

Source: JCTR 2021 field data

Figure 2: Disbursement of funds on time on average



As shown in table 1, the majority of households in each of the seven target communities reported that funds were not disbursed on time. According to the results of this report, no household stated that funds were disbursed on time. Further investigation as seen in figure 1 found that, on average, 67.7% of all respondents said that social cash transfer funds are not disbursed on time.

Respondents were asked to explain why they chose a particular response in order to gain a better understanding of this indicator. According to the reported reasons, the main problem was lack of consistency in the disbursement of funds. Furthermore, the majority of beneficiaries in Lufwanyama who have been on the program for 2–3 years reported that the program's disbursement of funds has been inconsistent and irregular. At the time of the study, the social cash transfer program was K90 per able-bodied household and K180 per disabled household bimonthly. However, social cash transfer funds have been disbursed in an inconsistent manner, which has made it difficult to alleviate poverty at household level, which is one of the objectives of the social cash transfer programme.

One CWAC member lamented that;

“It is very difficult to achieve the objectives of the SCT programme if the programme is very inconsistent in the disbursement of the funds. For example, the entire 2020, the recipients were only paid once or twice and the arrears were only cleared in 2021 January. As we speak right now, this is March and the people have not received their dues for January-February.”

Most of the beneficiaries in Kitwe stated that since the introduction of receiving funds through mobile money, some beneficiaries have not been receiving payments. Wusakaile CWAC member confirmed this information. She said that since the launch of the mobile money system for social cash transfers, dozens of new issues have arisen such as non-payment.

3.1.3 Improvement in the conditions of living (n=140)

To better, understand how the social cash transfer is affecting the livelihood of the beneficiaries, the study sought to find out whether there were any improvement in the conditions of living in lives of the service beneficiaries.

Figure 2: Improvement in the conditions of living

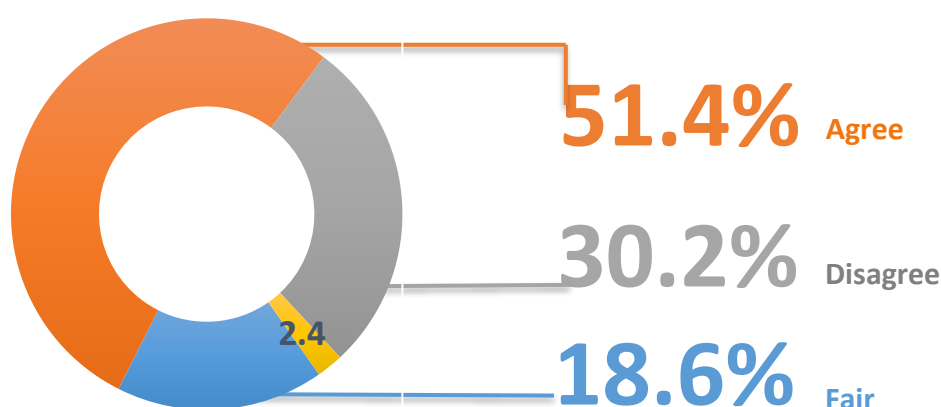
Community	Agree	Fair	Disagree	Strongly disagree
Wusakile	0	16.7	72.2	11.1
Bulaya	17.6	64.7	11.8	5.9
Chinemu	23.5	47.1	29.4	0
Kapilamikwa	20.0	60.0	20.0	0
Lumpuma	18.8	43.8	37.5	0
Mibengi	17.6	70.6	11.8	0
Nkana	14.3	57.1	28.6	0

Source: JCTR 2021 field data

As shown in table 2, the findings of this study indicate that a substantial number of respondents, especially in Lufwanyama (as shown in the table), believe the social cash transfer program is contributing fairly to the improvement of living conditions. However, the majority of respondents in Kitwe, accounting for 72.2 percent of all respondents in Kitwe, said that the social cash transfer did not help people improve their living conditions. Major reasons cited were irregularities and delay in the disbursement of funds, especially after the introduction of receiving money through mobile money. After the implementation of mobile money, the majority of the beneficiaries interviewed in Kitwe have complained that they have not been paid most of their dues.

Wusakile CWAC member verified these results. She said that since the implementation of mobile money as a means of collecting funds, some beneficiaries have complained about not receiving their funds. The majority of beneficiaries are not pleased with the introduction of mobile money and are requesting that the government return to the old method of disbursing funds.

Figure 3: Improvement in the conditions of living on average



Source: JCTR 2021 field data

On average, 51.4 percent of the respondents indicated that the social cash transfer programme was contributing to improving their livelihood while 30.2 percent reported that the programme did not improve their livelihood.

3.1.4 CWAC members concerns

The members of the Community Welfare Assistants Committee, who were praised by social cash transfer recipients for performing their tasks in a selfless manner, were concerned about a few things. They appreciated the work they do, but asked the government to consider providing them with a suitable stipend to help with logistics. They bemoaned the fact that they had to walk long distances to disseminate information to CST beneficiaries and ensure that everyone receives the information. The majority of them, particularly those in Lufwanyama areas, suggested that the government provide them with bicycles to let them move around more easily while working.

3.1.5 Use of SCT

The findings of the study revealed that majority of interviewed social cash transfer recipients are making good use of the funds they receive. According to the households surveyed in Lufwanyama district, some of the CST's uses included meeting basic household needs, paying for school fees, and other school requirements for their children. Buying fertilizer and paying people to work on their fields are two other examples. Another significant finding concerning the use of CST is that a substantial number of beneficiaries are investing in small-house animal husbandry, such as goats, chickens, and pigs.



Image 1: SCT deputy recipient showing the JCTR officer the chickens they are rearing in Nkana Lufwanyama district. Source: JCTR 2021 field data



Image 2: Goat and its kid in Chinemu Lufwanyama district. Source JCTR 2021 field data



Image 3: Beneficiary who is disabled in Kapilamikwa Lufwanyama district bought a sewing machine, which he uses to make uniforms for business; source JCTR 2021 field data

3.1.5 Key observations in the social protection

Below are the key observations in the social protection as observed in the study areas.

1. The beneficiaries were generally pleased with the initiative and majority of them, especially in Lufwanyama district, said the social cash transfer helped them meet basic household needs, served as capital for small businesses (rearing of animals), and was also used to buy farm inputs.
2. It was observed that there was inconsistencies in the disbursement of social cash transfer funds. Beneficiaries, for example, did not receive funds for the entire year of 2020. This lapse in funds disbursement is significant enough to return service recipients to their previous state. As a result, the social cash transfer scheme makes a negligible contribution to poverty reduction.

3.2 Health

Good health is critical to human growth and well-being, which leads significantly to stability, income, and even global change. The aim of the survey was to determine the satisfaction levels of the residents of Lufwanyama and Kitwe were with the health services provided in the two districts. The figure below depicts the health-care facility accessibility in the study areas

3.2.1 Accessibility (n=140)

Figure 4 below shows the percent distribution of respondents

Figure 4: Accessibility of health services

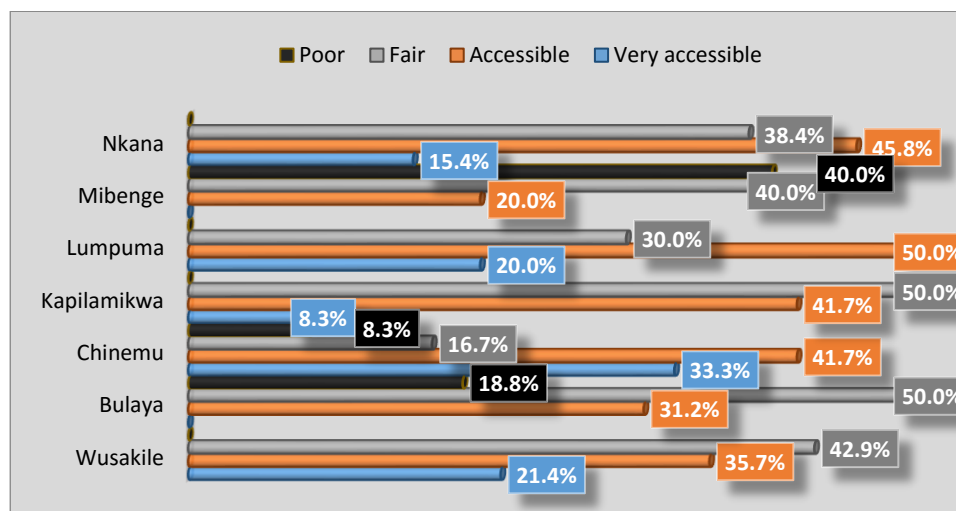


Figure Source: JCTR 2021 field data

According to figure, majority of the respondents in almost all the study areas indicated that the health facilities were accessible. Further, the figure also shows that a good number of the respondents reported that the health facilities were fairly accessible.

On average, it was noted that 38 percent of the respondents indicated that the health facilities were accessible while another 38 percent stated that the health facilities were fairly accessible. Further, only 9.6 percent of the respondents reported that the health facilities were not easily accessible mainly due to long distances people do don't stay near the facilities have to cover. See figure 5 below.

Figure 5: Health accessibility on average

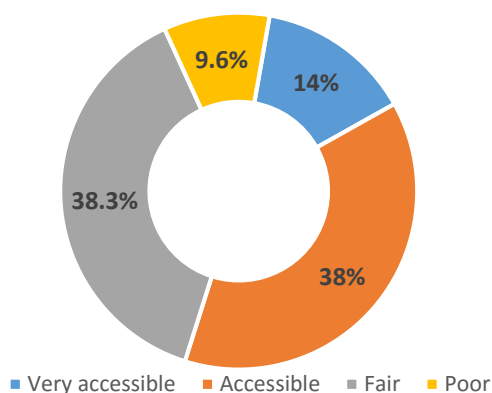


Figure Source: JCTR 2021 field data

3.2.2 Quality of health care services (n=140)

While the accessibility of the clinic is critical, the quality of health care service is even more important. Therefore, the survey asked the respondents the rank the quality of health care service

Figure 6: Quality of health care services

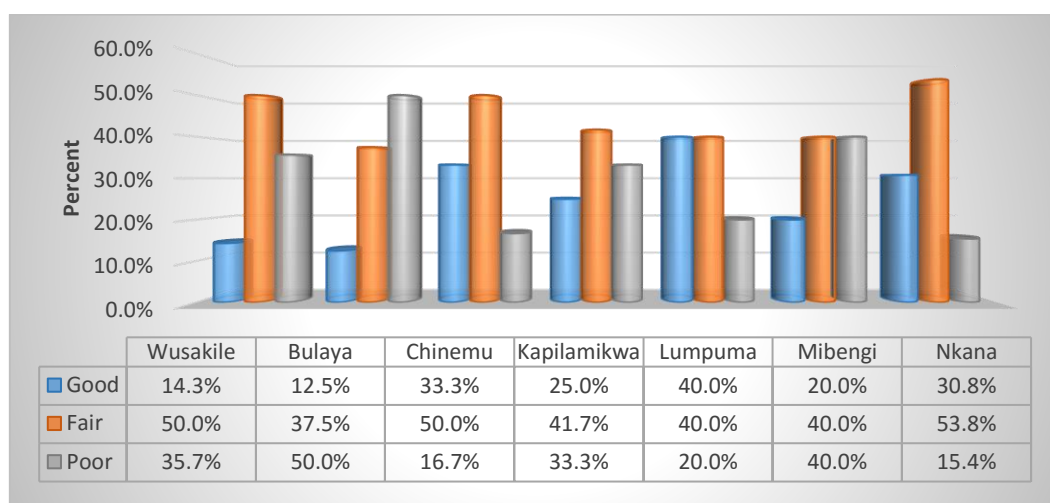


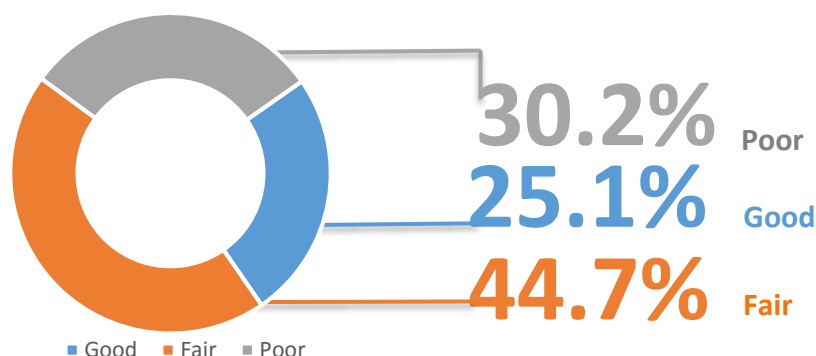
Figure Source: JCTR 2021 field data

Accordingly, figure 6 above depicts the findings from the respondents pertaining to the quality of health care services. On average, almost half (44.7 %) of the respondents interviewed indicated that the quality of health care services was fair while 25.1 percent stated that the quality was good. On the other hand, 30.2 percent of the respondents reported that the quality of health care services was poor.

Majority of the respondents indicated that the quality of services are ok, however, the biggest challenge is lack of medicines and certain test kits which compromises the quality of services they provide and some clinics lacked mother shelters. Some respondents from Mibengi expressed disappointment with poor sanitation at the health facility, which posed a great risk of disease outbreak. Furthermore, lack of mortuaries in the clinic in Lufwanyama forced the bereaved families to bury their loved ones within a day or two of their passing away.

3.2.3 How well the health services meet the health needs of the people especially the children (n=140)

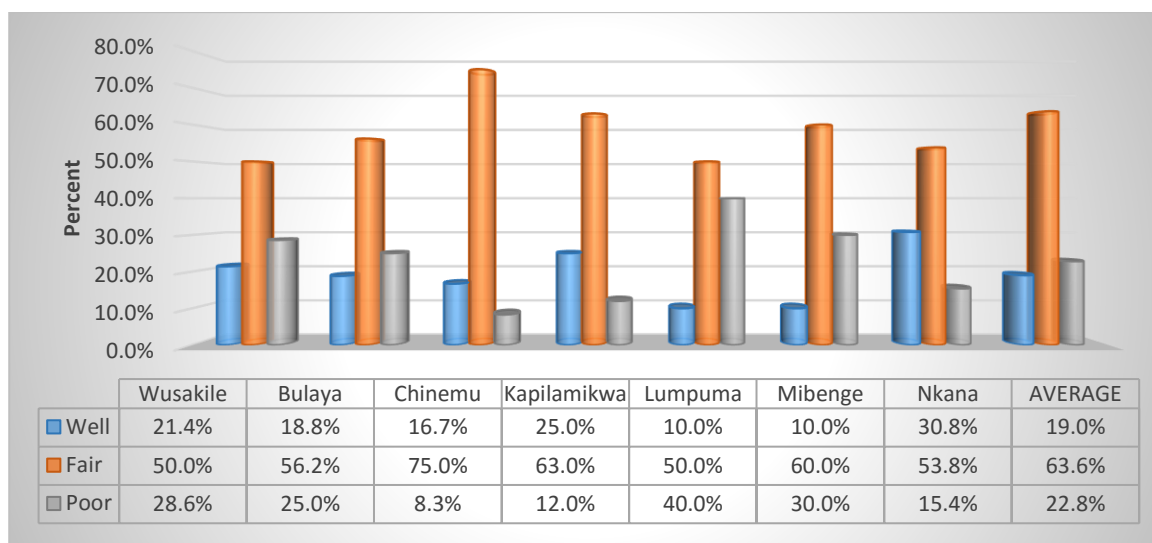
Figure 7: Quality of health care services on average



Source: JCTR 2021 field data

Figure 8 below shows the responses from the respondents pertaining to how well the health care services meet their health need.

Figure 8: How well the health services meet the health needs of the people's medical needs



Source: JCTR 2021 field data

As shown in figure 8, the majority of respondents said the health services met their medical needs fairly well, while a few said they were well met. Some respondents, on the other hand, said that the health facilities did not fulfil their medical needs. On average, the study results showed that the majority of respondents (63.4 percent and 19 percent, respectively) suggested that their medical needs were fairly and well met. This entails that majority of the people are fairly happy with the health care services. Most of the respondents indicated that they are serviced well when the health facility has all the necessary medical equipment's and things like medicines, testing kits etc. The only challenge is that most of these rural health facilities lack such facilities.

The findings of the study also revealed that 22.8 percent of respondents said their medical needs were not being met adequately. These participants stated that the clinics lacked basic medicines especially in 2021, and that they are often given a prescription to go out and buy medicines. For example, in Chinemu, the nearest place to buy or find medicines is Lufwanyama District Hospital or Chingola District, which is about 48 kilometres away. As a result, the majority of people in this region depend on traditional treatments. Lumpuma, Bulaya, Kapilamikwa, and Mibenge, all in the Lufwanyama district were in a similar situation. Other issues raised were that sometimes the clinics lacked malaria and other test kits and poor water and sanitation.

3.2.4 Key observations in the health sector in the study areas

Below are the key observations in health services as observed in the study areas.

1. The beneficiaries were generally happy to have health posts and clinics near them. However, the main issue observed was lack of basic lifesaving drugs, such as antibiotics, anti-malarial drugs and other essential medicines, leaving children and adults at risk of illness or death. It was also observed that there were no mother's shelters in some clinics.
2. The other major observation was the inadequacy of ambulances. The entire Lufwanyama district has only one functional ambulance and this ambulance is expected to cover all the communities in the district which are (some) over 100km away from Lufwanayama District Hospital.

3. It was also observed that a some respondents had to travel long distances to access the health care services. Therefore, there is need to train more community health care provides to cover this gap.

3.3 Education

Education is a basic human right and plays a critical role in human development. Therefore, the study sought to find out how satisfied the Education service beneficiaries were in this sector.

3.3.1 Accessibility (n=140)

Figure 9: Access to schools (Education)

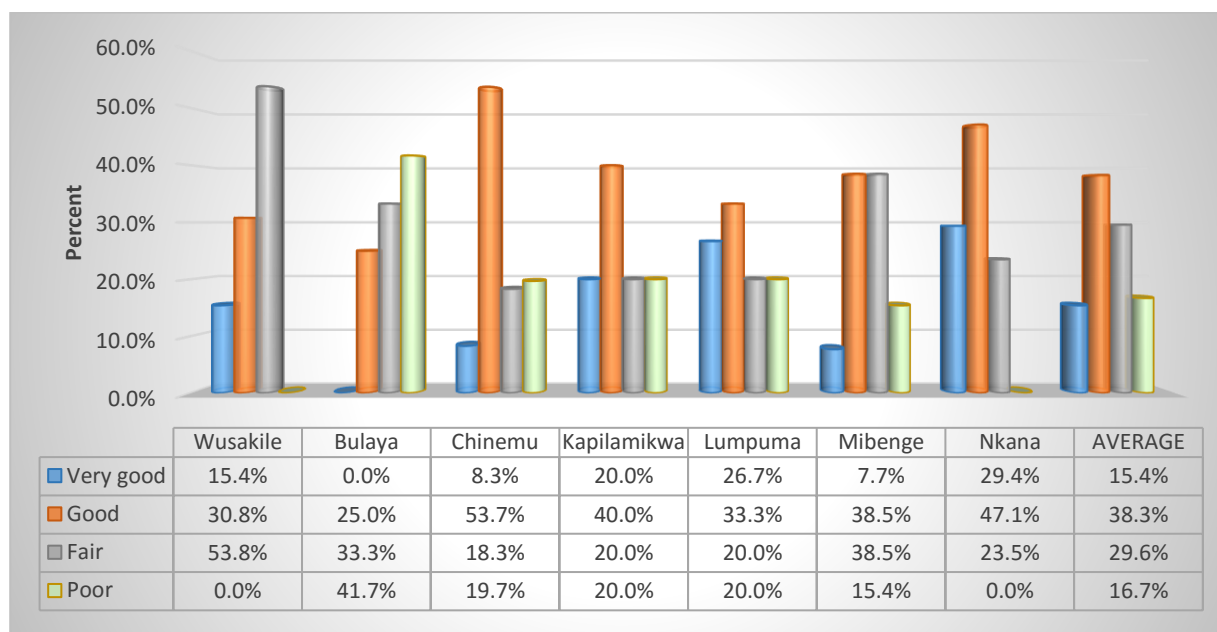


Figure Source: JCTR 2021 field data

Generally, accessibility to schools is fair in almost all the study areas as seen in figure 9 above. On average, majority of the respondents who accounted for 38.3 percent of the total respondents stated that accessibility to schools was good while 29.9 percent indicated that schools were fairly accessible. Only about 17 percent of the respondents reported that accessibility to schools was poor. Majority of the respondents who indicated a positive response to access to schools gave reasons that they lived near the schools and it was easy for their children to access the schools. However, other respondents expressed concerns with the distance their children have to cover to reach the schools. Most of these lived very far from the schools and feared for their children especially the girl child. Other respondents in Lumpuma and parts of Nkana communities lamented that some of their children usually drop out of school because of distance especially girls. This challenge is exacerbated during rain seasons when most of the roads are almost impassable especially for children.

3.3.2 Education affordability (n=140)

One of the objectives of the study was to find out the affordability of the education service in the study areas and figure 10 below shows the percent distribution of the respondents by education affordability.

Figure 10: Education affordability (school fees and other related user fees)

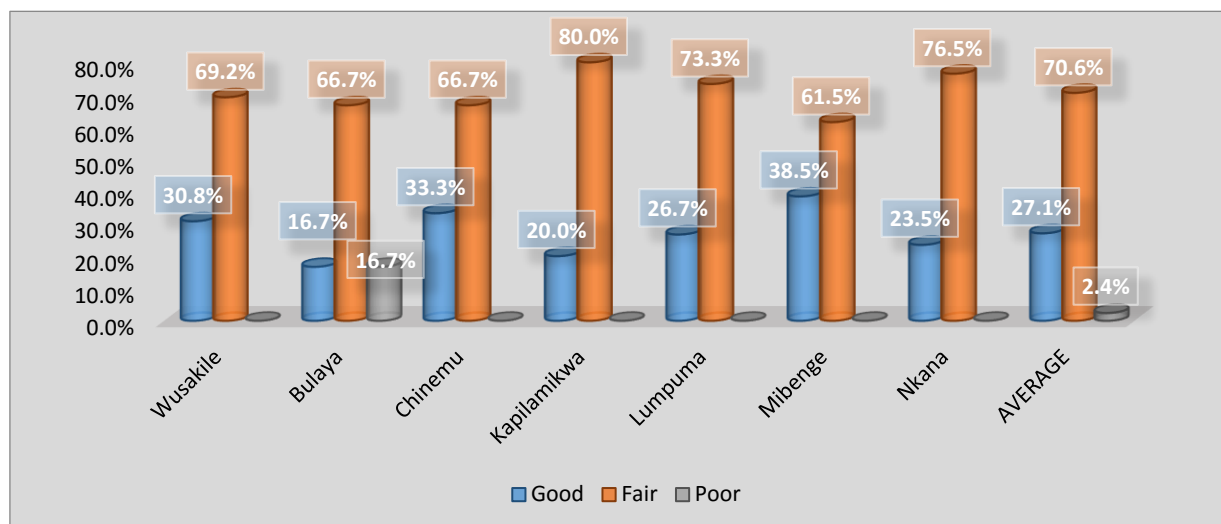


Figure Source: JCTR 2021 field data

Hence, to determine the education service satisfaction level, the study assessed the affordability of education in the study areas. As seen in figure 10, on average, majority (70.6%) of the respondents reported the school fees which was at K150 per term at the time of the survey was fair and they fairly managed to pay. Other respondents who accounted for 27.1 percent of the total respondents stated that the school fees were affordable while 2.4 percent of the respondents reported that the school fees were not affordable.

3.3.3 Adequacy of schools (n=140)

The study was also keen to ascertain the adequacy of schools as compared to the number of children in the study areas.

Figure 11: Adequacy of schools in the study areas

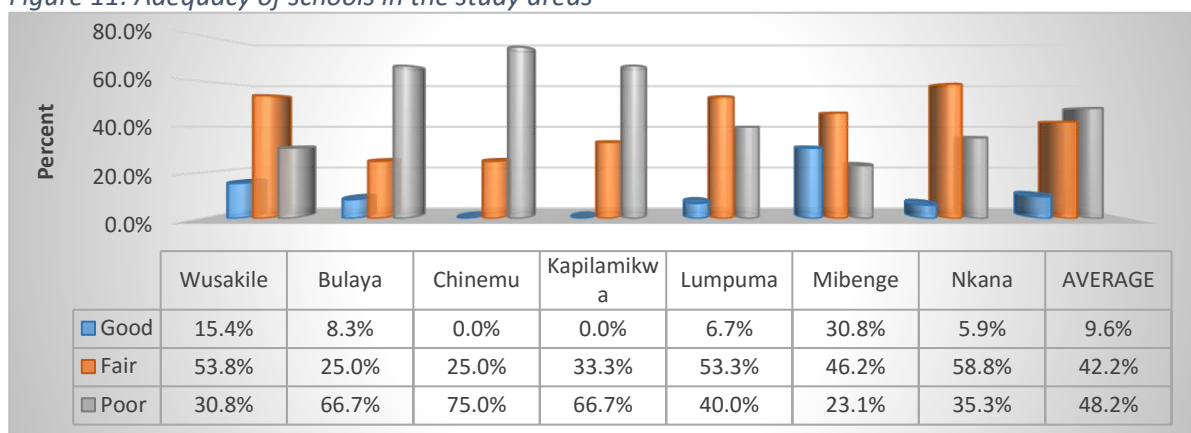


Figure Source: JCTR 2021 field data

Figure 11 above shows that majority (48.2 %) of the respondents on average reported that schools were not adequate compared to the number of children in these communities. This challenge was even more apparent in communities like Bulaya, Kapilamikwa and Chinemu in Lufwanyama district. Some respondents in Kapilamikwa stated that because of shortage of classrooms, pupils in different grades would be put in shifts to attend classes. The CWAC and WDC members confirmed these challenges and called on the government to construct more classroom blocks to decongest the few classrooms blocks in existence and to allow other

children in the communities to access education services. Other issues raised by the CWAC and WDC was the dilapidated state of some classroom blocks in some schools. Below is a good example of a classroom block in a bad state and almost non-functional. The CWAC lamented that this is no longer useful but a danger to the pupils and called on the government to renovate this block to reduce on the congested classrooms at Chinemu primary school.

Chinemu primary school in Lufwanyama district



Image 3: Dilapidated classroom block at Chinemu primary school in Lufwanyama; JCTR 2021



Image 4: Dilapidated classroom block at Chinemu primary school in Lufwanyama; JCTR 2021

3.3.4 Adequacy of teachers (n=140)

Figure 12: Adequacy of teachers in the study areas

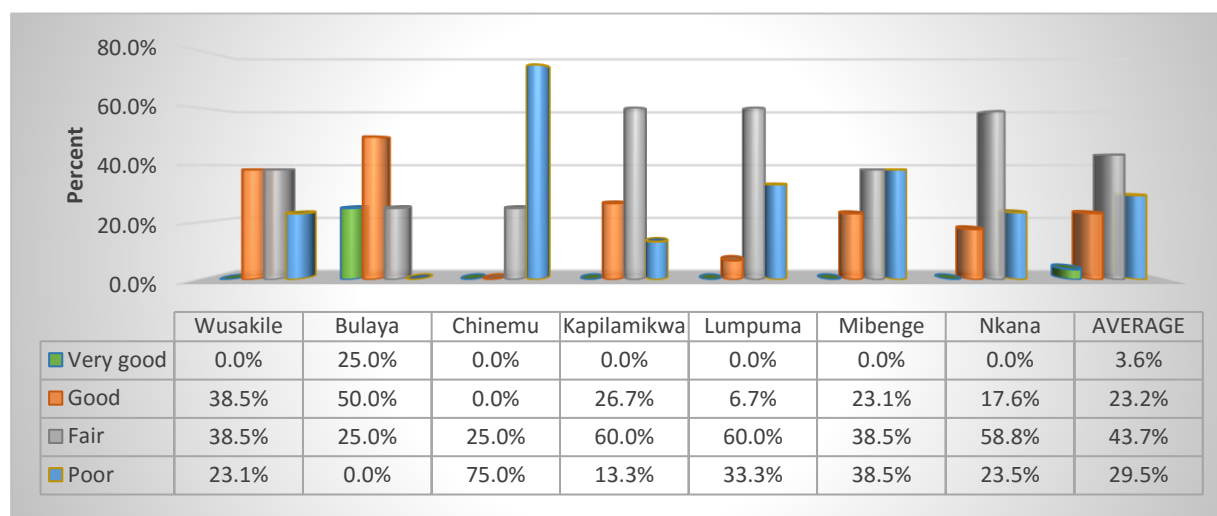


Figure Source: JCTR 2021 field data

Bulaya and Nkana communities in Lufwanyama reported to have adequate teachers as compared to other study areas. Figure 12 above indicates that 50 percent and 38.5 percent of the respondents in Bulaya and Wusakile respectively reported that the adequacy of teachers was good. On average, 43.7 percent of the total respondents stated that the number of teachers was fair while about 30 percent indicated that the number of teachers was poor. Respondents in areas like Chinemu reported that there is inadequate teachers. They indicated that when teachers have been deployed to Chinemu primary school, they usually do not report for work but they are still on salary. They indicated that some teachers' report and then go back. This lack of teachers has forced a few teachers available to attend to the ever-increasing number of pupils and this compromises the quality of education provided. The other challenge observed in Lumpuma and Bulaya was lack of teacher's houses. Like the case of Bulaya, teachers commute on a daily basis from Kitwe.

3.3.5 Quality of education (n=140)

One of the most basic public services is high-quality education. It not only informs, but also empowers citizens, allowing them to participate as much as possible to their communities' social and economic growth. As a result, one of the objectives the research was to determine the quality of education services provided in the study areas.

Figure 13: Quality of Education services

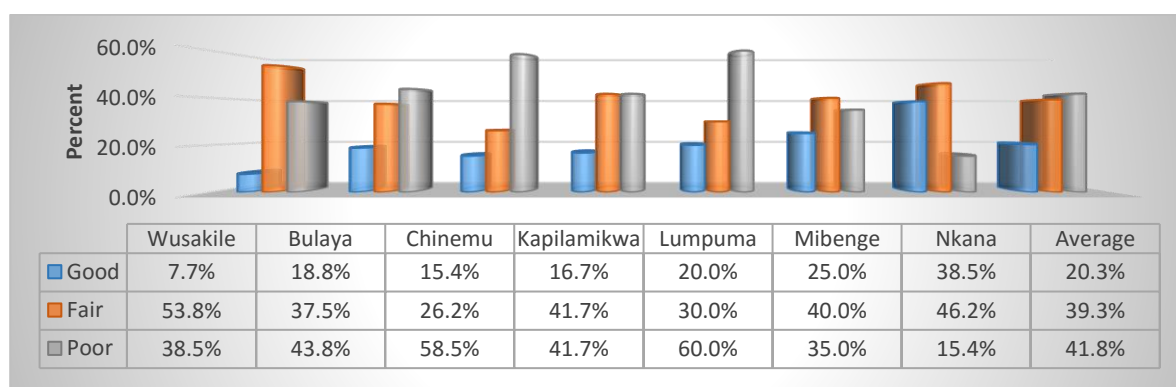


Figure Source: JCTR 2021 field data

Figure 13 above shows the percent distribution of the respondents by quality of education services provided in the study areas. It also shows the distribution on average. Overall, majority of the respondents indicated that the quality of education was poor especially in communities of Lufwanyama district which is mainly a rural area and majority of the schools are classified as rural education. On average, the study revealed that 41.8 percent of the respondent indicated that the quality of education was poor. Respondents mainly attributed the poor quality to lack of adequate classroom blocks, which in most cases leads to overcrowding of pupils. They also attributed the poor quality of education to high shortage of teachers. However, 39.3 percent and 20.3 percent of the respondents on the other hand reported that the quality of education in the study areas is fair and good respectively.

3.3.5 Key observations in the education sector in the study areas

1. The major observation was the shortage of classroom blocks, which led to overcrowding in classes and this in turns compromises the quality of education
2. Lack of adequate teachers which leaves the few teachers available attend to an ever-increasing number of pupils.

4.0 Conclusion

The study analysed the service satisfactory levels of the service beneficiaries in Lufwanyama and Kitwe district communities. The communities included Nkana, Bulaya, Kapilamikwa, Mukumbo, Chinemu and Mibenge all in Lufwanyama district and the other community was Wusakile in Kitwe district.

Generally, the study revealed that the majority of the social cash transfer scheme beneficiaries are satisfied with the service. However, the study findings indicated that there were many inconsistencies in the disbursement of funds which prompted the beneficiaries to call on the government to find means and strategies of maintaining the consistency if the scheme is to achieve its set objectives. The study also revealed that since the introduction of receiving funds through mobile money in Kitwe, some of the beneficiaries have not received their due and they called on the government to revert to the old system of disbursing funds.

In the Health sector, the study findings suggest that most of the service beneficiaries are fairly happy with the services. However, the major issue was the shortage of basic lifesaving drugs in almost all the study areas. The study also indicated that some clinics (Mukumbo, and Chinemu) lacked mother's shelters and called on the Ministry of Health to build these facilities in the affected areas. Lastly, in the education sector, the findings showed that on average, majority of the beneficiaries are not happy with the quality of education services especially in Lufwanyama communities. This was mainly due to shortages of teachers and classroom blocks, which leads to overcrowding of pupils in one class hence compromising the quality of education services provided.

5.0 Recommendations

1. There is need for the government through the Ministry Community and Development to come up with strategies and ensure adequate funding to maintain consistency in terms of funds disbursement.
2. There is need for JCTR to follow up on the issues raised in Kitwe concerning some social cash transfer beneficiaries who stopped receiving their dues since the introduction of social cash transfer beneficiaries to receive funds via mobile money.
3. There is also need for the government through the Ministry of Education to deploy more teachers in rural schools in order to reduce the teacher pupil ratio, which is currently very high in study areas.
4. The study recommends that the government consider building more schools or increasing the number of classroom blocks in the already existing schools to reduce overcrowding of pupils.
5. The ministry of health should consider revising and improving its drug distribution system to rural health clinics to avoid the reported shortages. The study further recommends that the government through the Ministry of Health directly distribute the basic lifesaving drugs to clinics rather than being held in a holding facility, and also having a dedicated staff member to facilitate and track orders is likely to reduce stock outs of drugs.
6. Going forward, there is need for a routine and timely satisfaction surveys to check for service satisfaction levels for swift and timely response.

6.0 Appendices

Appendix 1: Key Informant Guide – Health

HEALTH

We are conducting a short survey to help us better understand how well health services are meeting the needs of the community.

The information you provide will remain confidential and strictly for the sole purpose of this survey. The results from the survey will be used to help advocate for better delivery of health care services in this area. Your participation is voluntary.

Instructions

Put a tick (✓) in the appropriate box to indicate your degree of agreement for each of the statements below where:

1= Very good, 2= good, 3=Fair, 4= Not good at all.

Questions	1	2	3	4	Reasons
1 How would you rate the quality of medical care received (Child health care) in this area					
For question 2 below, state whether you are; 1= Very well, 2= well, 3=Not too well, 4= Not well at all.					
2 How well does the Health services in this area meet your children's health care needs					
For question 3 below, state whether you are; 1= Very accessible, 2= Accessible, 3=Fair, 4= Not accessible at all.					
3 How accessible are the child health services in your area					
For question 4 below, state whether you are; 1= Very good, 2= good, 3=Fair, 4= Not good at all.					
4 Overall, how would you rate the child health care services in this area?					

Appendix 2: Key Informant Guide – Education

EDUCATION

We are conducting a short survey to help us better understand how well Education services are meeting the needs of the community.

The information you provide will remain confidential and strictly for the sole purpose of this survey. The results from the survey will be used to help advocate for better delivery of Education services in this area. Your participation is voluntary.

Instructions

Put a tick (✓) in the appropriate box to indicate your degree of agreement for each of the statements below where:

1= Very good, 2= Good, 3=Fair, 4= Not good at all.

	How do you rate the following	1	2	3	4	Reasons
1	Adequacy of Early Childhood Education in this area (schools with ECE)					
2	Adequacy of school ECE teachers in this area					
3	Quality of Education services in this area					
4	Accessibility of Education (ECE) services in this area					
5	School infrastructure in this area					
6	Affordability of Education services in this area					
	For question 7 below, state whether you are; 1= Very happy, 2= happy, 3=Fair, 4= Not happy at all.					
7	Overall, are you happy with the Education services in this area					

Appendix 3: Key Informant Guide – Social Protection

SOCIAL PROTECTION

We are conducting a short survey to help us better understand how well social protection services are meeting the needs of the community.

The information you provide will remain confidential and strictly for the sole purpose of this survey. The results from the survey will be used to help advocate for better delivery of social protection services in this area. Your participation is voluntary.

Instructions

Put a tick (✓) in the appropriate box to indicate your degree of agreement for each of the statements below where:

1= Strongly Agree, 2= Agree, 3=Disagree, 4= Strongly Disagree.

How do you rate the following		1	2	3	4	Reasons
1	The location of social services is convenient					
2	Receive transfers (funds) on time					
3	Am happy with the funds received					
4	Conditions of living have improved from the time I started receiving SCT					
5	The administrative staff are friendly and helpful					
6	Staff treat me with respect					
7	Overall, I am satisfied with the social protection services received					

CWAC & WDC INTERVIEW GUIDE

1. How long have you been working in this community?
2. How many schools and health facilities are in this area? Are they adequate?
3. In your view, how adequate is the government's resource allocation to;
 - Early Childhood Education services
 - Child health services and
 - child protection interventions /services
4. How accessible are these services in this area
5. Based on your experience working with the communities, how would you rate the quality of
 - Early Childhood Education services
 - Child health services and