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BASELINE ASSESSMENT REPORT FOR USAID DEVELOPMENT OBJECTIVE 3 IN TANZANIA

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Cover Photo: Queuing for water in Msowero, Kilosa District, Morogoro Region, Tanzania.
Credit: Data for Development

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ACRONYMS

Acronym	Description
AGYW	Adolescent Girls and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AT	Assessment Team
BMF	Benjamin William Mkapa HIV/AIDS Foundation
CAPI	Computer-Assisted Personal Interviewing
CDCS	Country Development Cooperation Strategy
CHMT	Council Health Management Team
CHSSP	Community Health and Social Welfare Systems Strengthening Program
CSO	Civil Society Organization
DDH	District-Designated Hospital
DFID	United Kingdom's Department for International Development
DMO	District Medical Officer
DO	Development Objective
EA	Enumeration Area
EDI	Economic Development Initiatives
GHSC-TA	Global Health Supply Chain Program-Technical Assistance
GIS	Geographic Information Systems
GoT	Government of Tanzania
HIV	Human Immunodeficiency Virus
HLG	Higher-Level Government
HR	Human Resources
IOA	Institution of Accountability
IR	Intermediate Result
IS	Information Systems
JSI	JSI Research & Training Institute, Inc.
LGA	Local Government Authority
LGTI	Local Government Training Institute
M&E	Monitoring and Evaluation
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MVC	Most Vulnerable Children
NBS	National Bureau of Statistics
NORC	NORC at the University of Chicago

Acronym	Description
OR	Operations Research
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PO-RALG	President's Office – Regional Administration and Local Government
PS3	Public Sector Systems Strengthening
RBF	Results-Based Financing
RHMT	Regional Health Management Team
RQ	Research Question
SOW	Scope of Work
TA	Technical Assistance
TMA	Tanzania Mentors Association
UDSM	University of Dar es Salaam
USAID	United States Agency for International Development

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ABSTRACT

The baseline assessment for the United States Agency for International Development's (USAID) Democracy and Governance Development Objective 3 is based on a survey of more than 9,800 households, across 13 regions of Tanzania, focused on two performance indicators:

1. Percentage of citizens who report being satisfied with public services provided in targeted districts.
2. Percentage of citizens who perceive that increased citizen engagement leads to better service delivery.

USAID requested a sample large enough to be representative for each of the 13 regions covered by the four USAID/Tanzania activities assessed, as well as for urban and rural areas within each region. The household survey was conducted by a competitively selected firm, Economic Development Initiatives, and the National Bureau of Statistics was engaged throughout the process from research clearance, through collaboration in training and supporting quality control.

For Indicator 1, the survey found that 67 percent of respondents across the full sample are satisfied or very satisfied with the services currently provided by their local government in general. The difference between urban and rural areas is statistically significant with a 95 percent confidence interval, with 68 percent very satisfied/satisfied in urban areas and 61 percent very satisfied/satisfied in rural areas.

For Indicator 2, 82 percent of respondents across the full sample reported that they agree or strongly agree that when citizens participate in civic activities the government improves services in their village/mtaa.

EXECUTIVE SUMMARY

This report summarizes the baseline assessment for the United States International Agency for Development (USAID) Democracy and Governance Development Objective (DO) 3. The assessment was conducted in full cooperation with the National Bureau of Statistics (NBS) under the direction of Dr. Albina Chuwa, Director General.

BASELINE ASSESSMENT PURPOSE

USAID/Tanzania requested the Data for Development activity, implemented by ME&A, to undertake a baseline assessment of two indicators for DO3 in order to inform data-driven decision-making.

1. Percentage of citizens who report being satisfied with public services provided in targeted districts.
2. Percentage of citizens who perceive that increased citizen engagement leads to better service delivery.

In conjunction with USAID, the two indicators were broken down to capture additional aspects of citizen satisfaction and citizen engagement mechanisms, and it was agreed to focus on the health, education, water, and social welfare sectors. The baseline data was collected through a household survey across 13 regions of Tanzania by Economic Development Initiatives (EDI).

ASSESSMENT BACKGROUND

DO3—Effective Democratic Governance Improved—works to improve government service delivery in the health, education, water, and social welfare sectors. This includes service delivery in areas of intervention across USAID Tanzania's Country Development Cooperation Strategy, such as health sector investments in facility-based services, community health promotion, and health services, as well as education service delivery in communities and schools (aligned with DOs 1&2). DO3 also intersects with the Mission's efforts in agriculture, infrastructure, water, and sanitation (aligned with DO2). Interventions under DO3 work to ensure that results are sustained after USAID support ends, and that institutionalized capacity for ongoing improvement exists. Specifically, USAID aims to support the Government of Tanzania (GoT) to develop a self-reliant local government service delivery system that is responsive to the needs of Tanzanians.

USAID/Tanzania has also focused on improving public service delivery through four large activities, which informed this baseline assessment:

1. The Public Sector Systems Strengthening (PS3) activity, which uses an integrated approach across governance, finance, human resources, and information to strengthen public systems;
2. The Community Health and Social Welfare Systems Strengthening Program (CHSSP) activity, which aims to improve the quality of health and social services by making service delivery systems more efficient;
3. The Results-Based Financing (RBF) activity, which seeks to reform the health sector with system-wide effects on service delivery, leadership and governance, human resources, health management information systems, medicines, and health technology; and
4. The Global Health Supply Chain-TA (GHSC-TA) activity, which provides technical assistance (TA) to support the supply chain of medical and public health supplies.

DATA COLLECTION DESIGN AND METHODS

Public services in Tanzania are decentralized to local government authorities (LGAs) resulting in multiple levels of government having responsibility for service delivery within their jurisdiction. LGAs operate within both the rural (district) and urban (city, town, or municipality) areas. Below the district or city/town/municipality level are several wards, which are made up of villages (in rural setting areas) and

mtaa (in urban setting areas) with their respective local electorate and government officers. Most decisions are made at the district/city/municipal/town council level, however. As such, Data for Development was instructed to collect data from a large enough sample that would be representative for each of the 13 regions (as well as for urban and rural areas within each region) covered by the above four USAID/Tanzania activities, with the requirement that a 95 percent confidence interval and 5 percent margin of error be used to determine the total sample size required for each region. The total sample for this baseline assessment is 9,828.

LOCAL CAPACITY BUILDING

The household survey was conducted by a competitively selected firm, EDI. The Assessment Team (AT) worked closely with the data collection firm to provide support and capacity building and ensure maintenance of high data quality standards. Over 70 local and national supervisors and enumerators were trained by Data for Development. The survey director, coordinators, supervisors, and enumerators were all Tanzanians. The training included good survey data collection practices, use of the Computer-Assisted Personal Interviewing (CAPI) software, and familiarization of the household selection process and survey instrument as well as large survey management and quality control practices for coordinators and supervisors.

NBS engagement in the assessment process

- Approved research clearance
- Provided feedback on assessment sampling plan
- Collaborated with Data for Development staff in responding to several information requests
- NBS Geographic Information Systems (GIS) staff (two specialists) collaborated in training of supervisors and enumerators on map interpretation
- Accompanied the AT to piloting of instruments providing on the job training to enumerators
- Conducted field observation to ensure adherence to agreed protocols
- Maintained quality control during the assessment

FINDINGS

Table A1 presents the survey findings related to the two DO3 indicators both for the full sample and broken down by region. A discussion of these and other findings related to the four research questions (RQs) addressed by this assessment follows below.

Table A1: DO3 Indicators by Region (%)

Region	Citizen Satisfaction During Survey Time	Citizen Satisfaction 12 Months Prior to Survey	Citizen Agreement That Civic Participation Improves Services
Full Sample	67	69	82
Dodoma	65	64	80
Morogoro	**66****	**74****	88
Pwani	**62***	**58***	84
Lindi	58	59	87
Mtwara	61	61	74
Iringa	72	72	93
Mbeya	**81***	**78***	86
Rukwa	56	56	86
Kigoma	45	45	67
Shinyanga	**70***	**64***	89
Kagera	67	66	84
Mwanza	65	63	65
Mara	73	77	86

Note: Kigoma region is entirely rural.
* indicates that the difference in satisfaction between today and 12 months ago is statistically significant within a region.
** p<0.05, * p<0.1

RQ 1: HOW SATISFIED ARE CITIZENS IN GENERAL WITH GOVERNMENT SERVICE DELIVERY IN THE DO3 TARGET REGIONS AND SERVICE AREAS? WHAT ARE THE REASONS FOR CHANGE OR NO CHANGE IN SATISFACTION OVER THE LAST 12 MONTHS?

As seen in the table above, the majority of citizens are presently satisfied or very satisfied with the services being provided by their local government (67 percent). The majority of citizens again reported being satisfied or very satisfied with services provided by their local government (69 percent) 12 months ago. The difference over the last 12 months is not statistically significant across the whole sample and is only significant in four regions. Of those regions, satisfaction increased in three and decreased in one.

An urban/rural-level review of the data shows that present and past citizen satisfaction is generally higher in the urban areas of each region. Looking at the full sample, 68 percent of urban respondents reported being presently satisfied or very satisfied with the services provided by their local government as opposed to 61 percent of rural citizens. When reviewing the reasons for decreased citizen satisfaction with services provided by local governments, "provided services need improvement" was the highest reported reason, with 82 percent of the full sample identifying this as the reason their satisfaction decreased. For respondents whose satisfaction increased compared to 12 months ago, the top reported reason across the full sample, at 42 percent, was "provided services have improved."

RQ 2: HOW SATISFIED ARE CITIZENS WITH RESPECT TO ACCESS, RESPONSIVENESS, QUALITY, AVAILABILITY, AND OTHER SERVICE DELIVERY CHARACTERISTICS ACROSS THE DO3 REGIONS? TO WHAT EXTENT ARE CITIZENS USING THE DIFFERENT SERVICES?

Primary and Secondary Schools

Both primary and secondary school facilities are present at the local level, with rural citizens having greater access to these facilities at the local level than urban respondents. Overall, 68 percent of all respondents reported having a primary school in their village/mtaa. Breaking this figure down by urban/rural, the team uncovered that 63 percent of urban respondents reported having a school in their mtaa compared to 86 percent of rural respondents reporting they have access to a primary school within their village.

Of those respondents reporting that they have access to a primary school at either the village/mtaa or ward level, a total of 81 percent reported being satisfied or very satisfied with the primary school services. When asked about specific aspects of primary schools, most commonly respondents were satisfied or very satisfied with teacher attendance in the classroom. When reviewing these factors at the urban/rural level, teacher attendance is the highest rated aspect of primary schools for urban respondents, while rural respondents were most satisfied with student safety at school.

Health Facilities

Only 19 percent of respondents reported having access to a dispensary in their village/mtaa, with fewer reporting having access to health centers or hospitals. Similar to the data on primary schools, a higher percentage of rural respondents reported having access to dispensaries in their village compared to their urban counterparts in their mtaas. Forty-one percent of rural respondents reported having access to a dispensary within their village, while only 13 percent of urban respondents reported having access to a dispensary within their mtaa.

Over half (65 percent) of respondents with access to dispensaries (either at the local or ward level) reported being satisfied or very satisfied with the dispensary services. When reviewing the different aspects of the dispensaries, the highest rated characteristic was cleanliness, with 90 percent of respondents agreeing or strongly agreeing that "the dispensary is clean." When looking at the urban/rural data, cleanliness is the highest rated aspect for both groups with 91 percent of urban respondents and 89 percent of rural respondents agreeing or strongly agreeing that "the dispensary is clean."

Water Services

Sixty-two percent of all respondents reported "always" having access to drinking water with another 23 percent reporting having access to drinking water "most of the time." These numbers vary widely by region with less than half of respondents reporting they "always" have access to drinking water in two regions as seen in Table 11. A review of the urban/rural-level data shows that rates of having enough drinking water are similar across urban and rural communities with 62 percent of urban respondents in the full sample saying they "always" have access to drinking water compared to 60 percent of rural respondents. When asked about the quality of the water and the water service providers, over 80 percent of all respondents rated these as good or very good.

Social Services

Of all sampled respondents, only 6 percent reported receiving a visit from a Social Welfare Officer and only 1 percent reported receiving a referral from the Social Welfare Officer. Of those sampled that did not receive a visit, 98 percent reported that they would like to be visited by a Social Welfare Officer.

RQ 3: WHAT FEEDBACK MECHANISMS ARE AVAILABLE TO CITIZENS IF THEY HAVE ANY ISSUES OR CONCERNS REGARDING LOCAL GOVERNMENT SERVICE DELIVERY? WHICH MECHANISMS ARE CONSIDERED MOST EFFECTIVE BY CITIZENS IN MAKING GOVERNMENTS RESPOND TO CITIZEN NEEDS?

When asked whether primary schools had feedback mechanisms, a total of 55 percent of respondents assented. When used, the most common form of feedback mechanism in primary schools is through the school management committee. 67 percent of respondents who use feedback mechanisms say that they provide their feedback to school facilities through these meetings.

Feedback mechanisms are less available for dispensaries, with only 37 percent of respondents saying dispensaries having such mechanisms. When available and used, the most common feedback mechanisms are personal conversations with facility staff, as reported by 51 percent of respondents.

Most respondents (66 percent) reported participating in some form of civic participation in the past year. Of those who did participate in some form of civic activity, 35 percent reported attending an annual assembly meeting in their village/mtaa, which is the most common form of civic participation and is seen as the most effective form of civic participation for making government responsive to citizen needs.

RQ 4: TO WHAT EXTENT DO CITIZENS BELIEVE THAT THEIR FEEDBACK IS TAKEN INTO CONSIDERATION BY LOCAL GOVERNMENTS TO MAKE NEEDED CHANGES?

The majority of those who provide their feedback to both primary schools and dispensaries believe that their feedback is taken into consideration by the facilities. Seventy-two percent of respondents who provided feedback to primary schools and 61 percent of those who provided feedback to dispensaries agree or strongly agree that their feedback is considered to make needed changes.

When asked whether civic participation improves service delivery, 82 percent of all respondents agree or strongly agree that when citizens participate in civic activities, the government improves services. This percentage is the same for both urban and rural respondents.

1.0 DATA COLLECTION PURPOSE AND RESEARCH QUESTIONS

The United States Agency for International Development Tanzania's (USAID/Tanzania) Development Objective (DO) 3—Effective Governance Improved—works to improve government service delivery in the health, education, water, and social welfare sectors, as well as to strengthen citizen engagement and government accountability. Among the DO3 activities, USAID/Tanzania has partnered with 14 Civil Society Organizations (CSOs) and three Government Institutions of Accountability (IOAs) to provide financial and technical assistance in order to improve their ability to serve citizens in holding the government accountable. USAID/Tanzania has also focused on improving public service delivery through four large activities, which informed this baseline data collection: 1) the Public Sector Systems Strengthening (PS3) activity; 2) the Community Health and Social Welfare Systems Strengthening Program (CHSSP) activity; 3) the Results-Based Financing (RBF) activity; and 4) the Global Health Supply Chain-Technical Assistance (GHSC-TA) activity.

USAID/Tanzania requested the Data for Development activity, led by ME&A, to undertake a baseline assessment of citizen engagement and citizen satisfaction with public services. In particular, USAID sought data for two key DO3 indicators:

1. Percentage of citizens who report being satisfied with public services provided in targeted districts.
2. Percentage of citizens who perceive that increased citizen engagement leads to better service delivery.

In conjunction with USAID, the assessment was amplified to capture specific aspects of citizen satisfaction and citizen engagement mechanisms, focusing on three areas of local services: health, education, and water. Under guidance from Data for Development, the baseline assessment was designed and led by international short-term technical assistance (STTA) from NORC at the University of Chicago. The baseline data was collected through a household survey across 13 regions of Tanzania covered by the above four USAID/Tanzania activities (more details are provided in Section 3: Data Collection Methods and Limitations) and conducted by Economic Development Initiatives Limited (EDI), after a competitive request for proposals. Data collection took 10 weeks and was conducted from April to June 2018.

1.1 RESEARCH QUESTIONS

Correlating to the above two DO3 indicators, the Data Collection Design report[1] proposed the following research questions (RQs) to be addressed by the baseline data collection and analysis:

1. How satisfied are citizens in general with government service delivery in the DO3 target regions and service areas? What are the reasons for change or no change in satisfaction over the last 12 months?
2. How satisfied are citizens with respect to access, responsiveness, quality, availability, and other service delivery characteristics across the DO3 regions? To what extent are citizens using the different services?
3. What feedback mechanisms are available to citizens if they have any issues or concerns regarding local government service delivery? Which mechanisms are considered most effective by citizens in making governments respond to citizen needs?
4. To what extent do citizens believe that their feedback is taken into consideration by local governments to make needed changes?

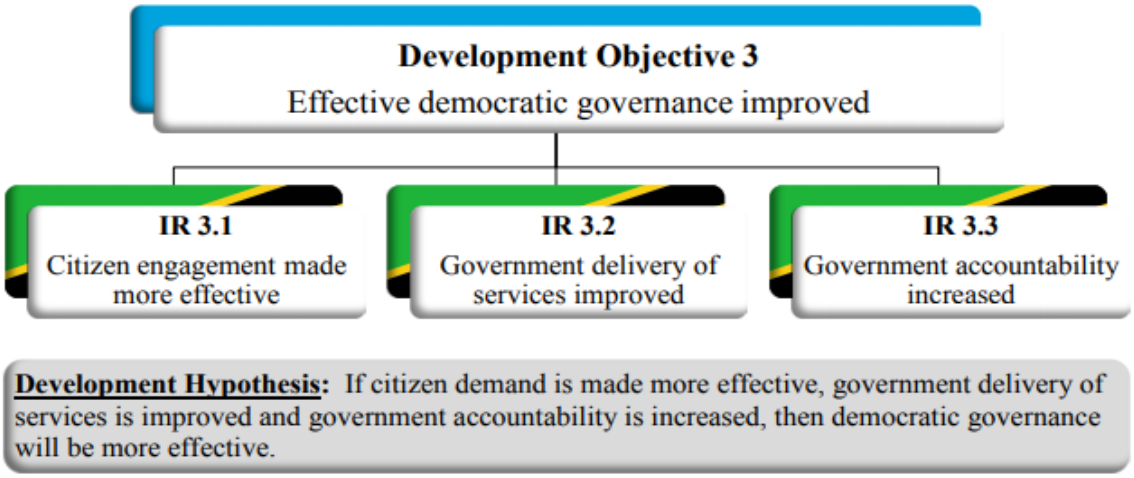
[1] DO3 Baseline Data Collection Design, USAID/Tanzania Data for Development, December 8, 2017.

2.0 ASSESSMENT BACKGROUND

2.1 DEVELOPMENT OBJECTIVE 3 – EFFECTIVE GOVERNANCE IMPROVED

DO3 works to improve government accountability, citizen engagement, and government service delivery in the health, education, water, and social welfare sectors. USAID health sector investments in facility-based services and community health promotion and services activities, as well as its agriculture, infrastructure, water, and education service delivery, are all included in the systems slated to be improved under DO3. Interventions under DO3 work to ensure that results are sustained after USAID support ends, and that institutionalized capacity for ongoing improvement exists. Specifically, USAID aims to support the Government of Tanzania (GoT) to develop a self-reliant local government service delivery system, particularly for the health, agriculture, education, and other sectors, that is responsive to the needs of Tanzanians. Figure 1 below presents the DO3 framework outlined in USAID/Tanzania's Country Development Cooperation Strategy (CDCS). The two indicators that are the focus of this data collection and assessment are primarily connected to Intermediate Result (IR) 3.2, but have cross-cutting application across DO3, as well as DO1 and DO2.

Figure 1: USAID/Tanzania Development Objective 3 Framework



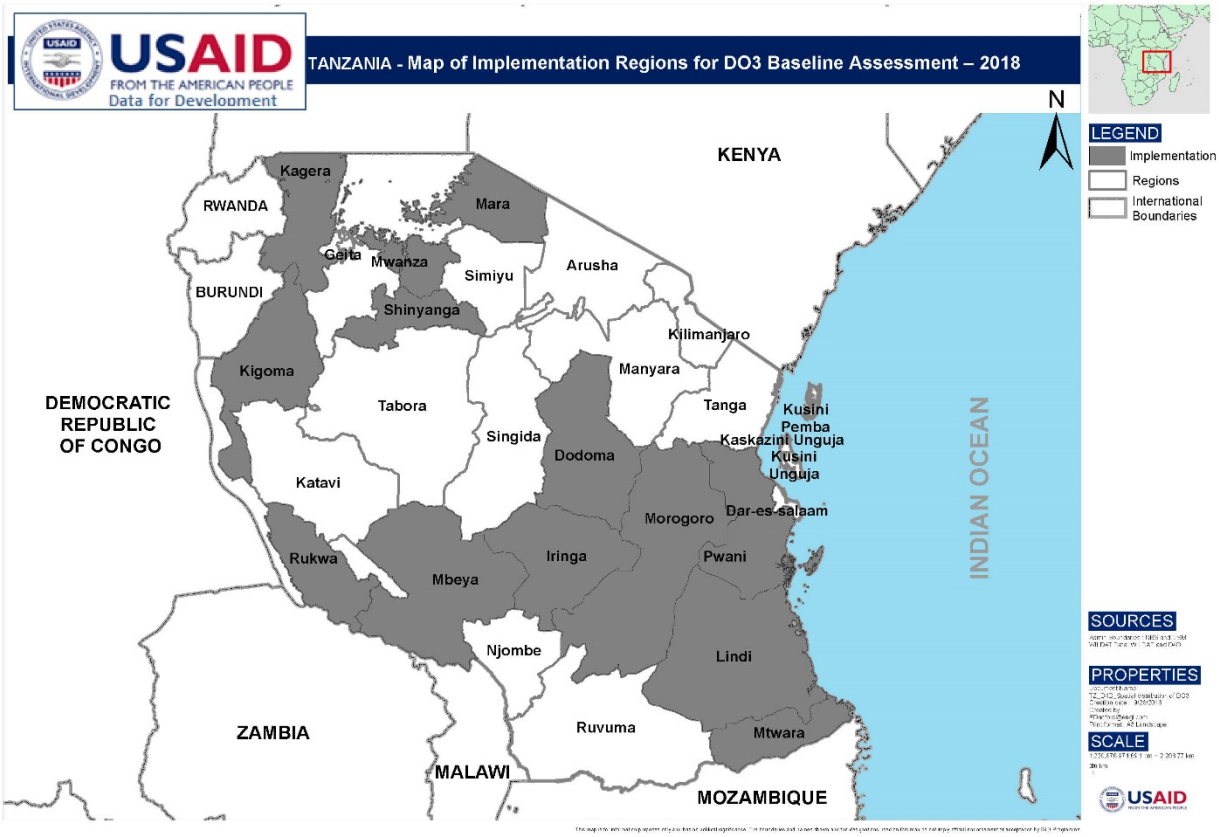
Across DO3 projects and activities, USAID partnered with 14 CSOs and three Government IOAs to provide them financial and technical assistance to improve their ability to serve citizens in holding the GoT accountable. USAID/Tanzania has also focused on improving public service delivery through four large activities which inform this baseline assessment:

1. The PS3 activity, which uses an integrated approach across governance, finance, human resources, and information to strengthen public systems in the education, health, and water services;
2. The CHSSP activity, which aims to improve the quality of health and social services by making service delivery systems more efficient;
3. The RBF activity which seeks to reform the health sector with system-wide effects on service delivery, leadership and governance, human resources, health management information systems, medicines and health technology; and
4. The GHSC-TA which provides technical assistance (TA) activity to support the supply chain of medical and public health supplies.

2.2 PROGRAM DESCRIPTION

Figure 2 shows a map of the regions that are the focus of this baseline assessment followed by brief description of each of the four large-scale projects aimed at improving public service delivery in Tanzania that are covered by this assessment.

Figure 2: Baseline Assessment Regions



2.2.1 Public Sector Systems Strengthening Activity

The purpose of the PS3 activity is to support the GoT in strengthening national systems to promote the delivery, quality, and use of public services, particularly for underserved populations. PS3, which is in its fourth year of implementation, is a five-year USAID-funded activity, which includes five components across multiple sectors: information systems (IS), finance, human resources (HR), governance and citizen engagement, and operations research (OR). The PS3 consortium, led by Abt Associates, includes the Benjamin William Mkapa HIV/AIDS Foundation (BMF), Broad Branch Associates, IntraHealth International, Local Government Training Institute (LGTI), Tanzania Mentors Association (TMA), University of Dar es Salaam (UDSM), and Urban Institute.

Two basic assumptions drive PS3 implementation strategy: 1) it is very difficult to improve service delivery without sufficient human and financial resources at the service delivery level; and 2) it is hard to manage service providers well if systems do not extend beyond the local government authority (LGA) level such that information on provider plans, budgets, payments, accounting, and staffing is not visible or transparent and cannot be used to improve management and service delivery.

PS3 focuses on three key interventions directly related to the basic assumptions, which extend systems to the service provider level and shift human and financial resources to service providers, especially in

underserved areas. The first key intervention is redesigning the planning and reporting software (PlanRep). Making this LGA planning and budgeting system interoperable with Epicor, the LGA accounting system, is critical to extending planning functions to service provider levels to increase transparency and improve management and quality of service delivery. The second key PS3 intervention is supporting the GoT to shift other funding to output-based payment directly to facility bank accounts, to better match payment to priority services and underserved populations and improve management and delivery of service outputs. These service outputs are defined in the Facility Financial Accounting and Reporting System (FFARS). The third key PS3 intervention is supporting the GoT to improve national staff allocation and LGA staff requests, distribution, and redistribution.

2.2.2 Community Health and Social Welfare Systems Strengthening Activity

The CHSSP activity is a five-year program supported by USAID and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to work with the GoT to strengthen linkages between communities and the formal health and social welfare systems. The program brings together the JSI Research & Training Institute, Inc. (JSI) and its partners World Education, Inc. and Initiatives Inc. to focus on serving key and priority populations with special emphasis on most vulnerable children (MVC), adolescent girls and young women (AGYW), and people living with HIV (PLHIV). CHSSP is guided by three primary objectives:

Objective 1: Improved environment for community health and social welfare services (for comprehensive, sustainable, and quality HIV and other services). This objective includes interventions to address the structural environment and foster a more conducive atmosphere for HIV service and support uptake. This includes reduction of stigma/discrimination, enabling of a more conducive legal and regulatory environment, and ensuring local commitment to these issues.

Objective 2: Higher performing human resources for community health and social welfare services (which are able to support AGYW, MVC, PLHIV, and key populations to know their status, improve retention and adherence, and achieve viral suppression preventing new infections and promoting overall well-being). This objective includes interventions that directly support improved numbers and the quality of Tanzania's human resource cadres who support those most vulnerable to HIV, with a focus on community health workers and social welfare workers.

Objective 3: More functional, better coordinated community structures and systems to better serve priority and key populations. This objective includes interventions to strengthen coordination, organizational leadership, and management capacity and service models implemented by LGAs and CSOs with the goal of increasing access to and quality of core HIV health and social welfare services for CHSSP's priority populations, in particular through improved linkages and referral networks across the HIV service continuum for AGYW, MVC, key populations, and PLHIV. This work is conducted in close coordination with relevant implementing partners.

2.2.3 Results-Based Financing Activity

The RBF, implemented by the Ministry of Health and Social Welfare (MoHSW), is a health financing system that seeks to boost health system functionality and facilitate the move towards universal health coverage in Tanzania. This strategy links financing to pre-determined indicators (or services) and hence accelerates the achievement of health targets as well as strengthening the health system. Financial and technical assistance for RBF is provided by the RBF Task Force, which includes development partners from the World Bank, USAID, Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ), United Kingdom's Department for International Development (DFID), Swiss Agency for Development and Cooperation (SDC), and Providing for Health Norwegian Agency for Development Cooperation (Norad) as well as MoHSW and President's Office – Regional Administration and Local Government (PO-RALG) officers.

The decentralized health system in Tanzania is organized around three functional levels: council (primary level), regional (secondary level), and referral hospitals (tertiary level). Within the framework of the

ongoing local government reforms, regional- and council-level systems have full responsibility for delivering health services within their areas of jurisdiction and report administratively to PO-RALG. Councils have full mandate for planning, implementation, monitoring, and evaluation of health services. Each Council has a District Medical Officer (DMO) who heads the Council Health Management Team (CHMT) and is answerable to the District/Town/Municipal/City Executive Director, the head of the Council. CHMTs are responsible for provision of services in dispensaries, health centers, and district or District-Designated Hospitals (DDHs). The Regional Health Management Teams (RHMTs) are responsible for interpreting health policies at the regional level. The MoHCDGEC is responsible for policy formulation, supervision, and regulation for all health services throughout the country, as well as playing a direct role in the management of tertiary health services.

There are an estimated 6,518 health facilities in Tanzania, of which 70 percent are owned by the public sector (MoHCDGEC, 2013). The system is in the form of a pyramid on top of which there are specialized hospitals owned by the Ministry and at the bottom are primary health care facilities. Almost 85 percent of the population gets their health services from primary health care facilities (MoHCDGEC, 2013); however, these facilities face a lot of challenges in delivering services, including poor infrastructure and shortage of skilled staff and essential medicines.

Each health facility has to undergo readiness assessment, based on a star rating, before being enrolled in the RBF system. The minimum readiness criterion is to have one star with adequate staffing (at least one skilled personnel at a dispensary level).

2.2.4 Global Health Supply Chain-TA Activity

A well-functioning health system requires a strong supply chain to ensure that antiretroviral medicines, insecticide-treated bed nets, condoms, contraceptives, vaccines, and other health supplies reach those most in need in a secure, timely, and cost-efficient manner. GHSC-TA, part of USAID's worldwide Global Health Supply Chain Program, supports the Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC), PO-RALG, and partners to improve health commodities' availability through strengthening supply chain systems. The Global Health Supply Chain Program is a multi-award indefinite delivery, indefinite quantity contract that consolidates all USAID supply purchasing and distribution projects across the health sector, creating one streamlined supply chain. GHSC-TA includes the following strategic aims/objectives:

1. Strategic Planning: Provide strategic planning and implementation assistance.
2. In-Country Logistics: Improve delivery of health commodities to service sites.
3. Capacity Building: Broaden stakeholders' understanding and engagement of the supply chain system.
4. Enabling Environment: Strengthen enabling environments to improve supply chain performance.[2]

3.0 DATA COLLECTION, METHODS, AND LIMITATIONS[3]

3.1 SAMPLE SIZE CALCULATIONS AND JUSTIFICATION

This section presents critical details about the assessment methodology and its limitations. For a more detailed description of the assessment methodology, see Annex C.

[2] From October 2016 Creating Healthy Schools and Communities (CHSC) Activity Presentation
[3] More details on Data Collection Methods and Limitations including the DO3 weighting methodology is provided in Annex C.

A substantial number of public services in Tanzania are decentralized to LGAs resulting in multiple levels of government having responsibility for service delivery within their jurisdiction. LGAs operate within both the rural (district) and urban (city, town, or municipality) levels of the government. Data for Development was instructed to collect data from a large enough sample that would be representative of each of the 13 project regions (as well as for urban and rural areas within each region), with the requirement that a 95 percent confidence interval and 5 percent margin of error be used to determine the total sample size required for each region. Sample calculations outlined below in Table 1, show a required total sample of 7,241 households. In order to account for attrition in a possible end-line assessment in 2021, the sample size was increased by one-third over three years, which assumes an attrition rate per year of 10 percent. This resulted in increasing the required sample to 9,632 households for the baseline data collection.

Table 1: DO3 Baseline Data Collection Sample Size

Level of Representativeness	Margin of Error		Total Sample Household Required	Sample + Attrition[(b)]
	Region	Urban/Rural		
Regional	5%	12.7%/5%[(a)]	7,241	9,632

(a) For the case where: 1) the combined urban (rural) wards of two regions are compared to the combined urban (rural) wards in two other regions, or 2) the combined urban wards of two regions are compared to the combined rural wards in the same two regions.
(b) Attrition at 10 percent per year.

This sampling strategy will allow for region-to-region comparisons at a 5 percent margin of error. Comparisons of smaller units, for example, comparing rural areas in Region 1 to rural areas in Region 2 will have a higher margin of error at 12.7 percent. The margin of error in this latter case may be reduced to 5 percent by grouping the urban or rural areas within each region into pairs before comparison [see Note (a) in Table 1].

3.1.1 Sample Size per Region

For the baseline survey round, the surveys completed for each of the 13 regions with DO3 operations is depicted in Table 2. Once in the field, the assessment team (AT) found that there are fewer numbers of urban wards than rural wards. To account for this, the number of interviews conducted in each urban ward is higher than those conducted in the rural wards for the same region, thus producing an increase in the actual sample size to 9,828, larger than originally planned and shown in Table 1.

Table 2: Total Sample for DO3 Baseline Data Collection

Region	Wards Per Region		Total Interviews
	Urban	Rural	
Dodoma	12	28	776
Morogoro	12	28	777
Pwani	12	28	777
Lindi	12	28	778
Mtwara	12	28	777
Iringa	12	28	776
Mbeya	12	28	776
Rukwa*	7	28	886
Kigoma**	0	28	392
Shinyanga	12	28	779
Kagera	12	28	778
Mwanza	12	28	777
Mara	12	28	779
Total	**139**	**364**	**9,828**

Notes:
Peri-urban wards are assigned to rural government.
* Region only contains seven urban wards.
** Region does not contain urban wards.

3.1.2 Sampling Methodology

The intention of this report is to compare all rural areas to urban areas within a region or across any pair of two-region groups. The report does not make comparisons among individual Higher-Level Governments (HLGs)[4] (districts, cities, municipalities, or towns) or wards within all urban or rural stratum under each region.

The sampling design consists of three steps. First, the wards were stratified by region and by urban/rural designation. Second, using the 2012 census data, seven or 12 wards from urban HLGs within a region, distributed across a region's urban HLGs proportionate to HLG population size, and 28 wards from rural HLGs within a region, distributed across a region's rural HLGs proportionate to HLG population size, were selected. Two primary enumeration areas (EAs) and one backup EA were selected from each ward according to their proportion to population size. Finally, from each of the two selected EAs, a random point was selected, and a systematic sample of households was drawn according to specified protocols.

3.1.3 Household Sampling

Eligible households were selected using systematic random sampling. A sampling interval was calculated equaling the total number of households in an EA divided by the number of completed interviews to be conducted in that EA.[5] A random starting point was selected by splitting the EA into two halves by population and using the geographic center of each half as the starting point. From the starting point each enumerator counted one full sampling interval to reach the first household to be contacted. After visiting the first household, the enumerator counted another full sampling interval to select the second household and so on.

3.1.4 Respondent Sampling

Once a household was selected for interviewing, the questionnaire respondent was randomly selected from all eligible household members that were 18 years old or older. All eligible household members were listed in NField (the software used to program the questionnaire into tablets) and one respondent was randomly selected by the program. A total of three visits were made to the household to interview the originally selected respondent. If the interview was not able to be completed within the three visits, a replacement respondent was selected for the household. If the replacement respondent was available, the enumerator attempted to complete the interview. If the replacement respondent was not available or refused the interview, the household was replaced by the next household on the walk pattern.

3.1.5 Questionnaire Weights

In order to properly compute statistics from the DO3 Baseline Survey, weights were constructed from the above sampling design.[6] Data for weight construction was drawn from the 2012 Census administered by the Tanzania National Bureau of Statistics (NBS) as well as data gathered during fieldwork.

Four individual survey weights were calculated in order to properly analyze the dataset at the urban/rural region, region, urban/rural full sample, and full sample levels.

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[4] The term HLGs includes districts (rural areas) and city/town/municipalities (urban areas) with a region; Lower-Level Governments includes wards and mtaa (hamlets) with urban and rural areas.

[5] During questionnaire piloting the AT realized that the household estimates provided in the 2012 census data were outdated. In order to get a more accurate measure of how many households each EA had, the AT contracted local guides who reviewed the EA and provided an estimate of the total number of households in that EA.

[6] Sampling weights allow the AT to reconfigure the sample as if it was a simple random draw of the total population, and hence yield accurate population estimates for the main parameters of interest.

3.2 QUESTIONNAIRE DEVELOPMENT, TESTING, AND PROGRAMMING

The draft questionnaire was prepared based on the two DO3 indicators described above and the four RQs. The draft instrument was pre-tested by EDI, finalized by Data for Development staff, and shared with USAID for final approval. After receiving final approval of the DO3 instrument, EDI translated the instrument from English into Swahili and tested it again.

Upon finalizing the DO3 questionnaire instrument, the AT programmed the questionnaire using the Nfield Computer Assisted Personal Interviewing (CAPI) software. The questionnaire programming was tested by EDI and the AT to ensure the instrument adhered to all intended logic The Nfield instrument was further tested and refined during the enumerator training and pilot tests before finalizing it for the main data collection.

3.3 ENUMERATOR TRAINING AND DATA COLLECTION

3.3.1 Enumerator Training and Capacity Building

Data for Development's Survey Director, Pamela Loose, and Senior Research Analyst, Carlos Fierros, traveled to Tanzania to hold an intensive enumerator training between March 19 and March 28, 2018. The training was organized by EDI and led by the AT. While EDI is an international organization, the enumerators, supervisors, quality control officers, and field coordinators deployed were all Tanzanian nationals. The field staff were all experienced in administering household surveys in Tanzania; therefore, the primary goal of the training was to ensure that all field staff were trained in international data collection standards. Over 70 trainees participated in the enumerator training.

The training opened with one day of dedicated supervisor and quality control officer training, followed by seven days of classroom training and two pilot tests. To ensure that enumerators properly understood how to locate and work within the EAs sampled for the household survey, staff from the Tanzanian NBS joined the training for a one-day presentation. The NBS staff projected EA maps and explained how to interpret the maps and use landmarks on the map to locate the EAs in the field. The NBS staff also provided context on differences that field staff may notice between the EA maps and the reality on the ground. In addition to presenting during the training, NBS staff also joined the field teams during the pilot tests to help ensure that information provided during training was implemented on the ground.

3.3.2 Pilots

The last four days of enumerator training were reserved for questionnaire piloting and debriefing. The first pilot test, which took place on Saturday, March 24, 2018, focused on piloting the instrument in urban EAs while the second pilot test on Tuesday, March 27, 2018 focused on piloting the instrument in rural EAs.

3.3.3 Data Collection

Data collection was conducted over a period of 10 weeks between April 3, 2018 and June 11, 2018. The 14 EDI data collection teams completed over 9,800 DO3 questionnaires in the 13 project regions.

3.3.4 Quality Control

The following quality control standards and processes were used to ensure that data collection, coding, and processing were of the highest quality. First, the data collection instrument was programmed and thoroughly tested to ensure that questions were asked in the correct order and followed all skip patterns. The local data collection firm's Enumerators, Supervisors, and Quality Control Officers were trained on best practices for survey administration and data quality assurance to ensure adherence to high standards. During the fieldwork, EDI Supervisors and Quality Control Officers conducted spot checks, direct observations, and back checking for at least 10 percent of each enumerator's completed interviews. Data for Development staff also spent time in the field doing direct observations of interviews and, along with EDI, monitored the incoming data quality throughout the data collection and processing.

3.4 DATA COLLECTION LIMITATIONS

3.4.1 Design limitations

There are several important limitations inherent to the design selected for this data collection:

- The sampling methodology used the 2012 Tanzania Census data to select EAs for survey administration. The pilot tests revealed that the 2012 Census data was outdated, creating the following complications:
    - Administrative Changes: Between 2012 and 2018, new regions were created in Tanzania, and lower level administrative boundaries shifted. In order to manage this, the AT only considered the 13 activity regions as they currently existed. If a selected EA or ward pertained to a new region, Data for Development used a replacement EA or ward, using one that falls in the activity region. This adjustment of the sample as needed helped retain the representation and accuracy of the data collection.
    - Household Counts: Rough counts of household population in pilot EAs revealed that the household population estimates in the 2012 census data were not reliable. Since accurate household population estimates were required to create the questionnaire weights detailed above, EDI used local guides to obtain current estimates of household populations for every EA surveyed. While these estimates are not exact, it is the AT's belief that they are more reliable than those presented in the 2012 Census data.
    - The maps provided by NBS proved challenging, having been drawn up from the 2012 census. This meant there were six-year-old boundaries and population centers which shifted over time. In five cases, it was impossible to reconcile the NBS maps to the realities on the ground, thus requiring EA replacements.
- Seasonal rains meant there were a number of inaccessible EAs and, sometimes, entire wards, particularly in rural areas. The field teams showed great resourcefulness to find alternative ways to access wards and EAs that were assigned, which kept the number of replacements to a minimum.
- In Kigoma region, there is a large refugee camp called Nyarugusu Refugee Camp. Three wards were located on the far side of the camp with no access route other than directly through the camp. Local officials reported the route through the camp to be very dangerous and refused access without an armed guard. This led to their replacement and the selection of three different wards in the same district.
- Due to security concerns, the field teams were restricted from collecting data in the Kibiti ward, Rufiji district of Pwani region. Data for Development replaced the EAs selected in the district to maintain the power calculations for the sample. However, the wards that were inaccessible may have revealed different service delivery challenges that were not captured by the data collection in their replacement wards.
- Some questions required respondents to provide feedback on satisfaction with services 12 months ago. Thus, some data may be inaccurate due to lapses in, or inaccurate, memory.

3.4.2 Limitations in the assessment's ability to measure or attribute change in citizen satisfaction due to closing program activities

One of the goals for this survey was to capture citizen satisfaction with service delivery. Due to the timing of this assessment, which covered public sentiment on citizen satisfaction from responding households across the country, some activities within the DO were at baseline, others at midline and others close to end line at the time of this assessment. Baseline surveys designed to capture program change for a specific

intervention are typically conducted prior to or at the start of program activities. This allows researchers to link change to the program's respective interventions at endline. For the current baseline assessment, which reaches across DO3 interventions, some DO3 programs were in their 3rd or 4th year of implementation (PS3, CHSSP, RBF and GHSC-TA aligned with DO3.2) which means that the ability to capture and attribute changes specific to these programs is limited. If a follow-on survey is conducted on citizen satisfaction in future years it will not be able to directly attribute changes observed in citizen satisfaction to the programs that have recently closed. That being said the scope of the representative data collected across 13 regions and including over 9,000 households can show change over time and may be able to reveal the contributions of USAID interventions at large on satisfaction with government service delivery in time. This would need to be done carefully weighing contributions of GOT service delivery, other donor contributions, and other contexts.

4.0 FINDINGS AND CONCLUSIONS

The following sections detail the findings and conclusions for the DO3 questionnaire by RQ. The four RQs focus on different elements of service delivery. In RQ1, the AT presents information for Indicator 1 followed by urban/rural differences and reasons for satisfaction/dissatisfaction. In RQ2, more details regarding service delivery characteristics and use of services are provided for the education, health, water, and social welfare sectors. In RQ3, the AT examines different feedback mechanisms and their effectiveness. In RQ4, the AT reports on Indicator 2. Annex D has a full set of tables with all the details including the sample sizes for each table.

Ahead of presenting the findings for each RQ, Section 4.0 presents an overview of the final data collected during the DO3 questionnaire, as well as a demographic overview of the dataset. Overview figures were calculated without questionnaire weights to provide a picture of the un-weighted dataset. Figures presented in Sections 4.1-4.4 present the findings using questionnaire weights whose calculation was detailed above.

Table 3 below shows a breakdown of the number of interviews completed by region and by gender within each region. In total, 9,828 DO3 interviews were completed across the 13 activity regions. Since gender was not used as a stratification for data collection (stratifying and having a representative sample by gender required a larger sample; in discussions with USAID, it was agreed that only a representative urban/rural stratification would be used), the random respondent selection methodology implemented during the DO3 data collection resulted in a larger percentage of female respondents being selected in each region. The final dataset was comprised of 65 percent female respondents. Table 3 also presents the response rates for the DO3 survey by region and for the full sample. Response rates were calculated using the American Association for Public Opinion Research (AAPOR) Response Rate Calculator V4.0.[7] A table detailing the final disposition codes for the DO3 full survey sample is presented in Annex D.

[7] The AAPOR Response Rate Calculator can be found at https://www.aapor.org/Standards-Ethics/Standard-Definitions-(1).aspx.

Table 3: Total Number of Interviews Completed by Region

Region	Male	Female	Full Sample	Response Rate
Full Sample	3,419	6,409	9,828	92%
Dodoma	258	518	776	85%
Morogoro	258	519	777	93%
Pwani	264	513	777	95%
Lindi	286	492	778	90%
Mtwara	310	467	777	98%
Iringa	233	543	776	94%
Mbeya	264	512	776	92%
Rukwa	317	569	886	90%
Kigoma	139	253	392	95%
Shinyanga	285	494	779	93%
Kagera	290	488	778	90%
Mwanza	261	516	777	96%
Mara	254	525	779	95%

Table 4 below presents demographic characteristics of the households interviewed for the full dataset as well as by region. The table includes the age of the selected household respondent and total size of the selected household, as well as the number of minors (persons under the age of 18) living in the household. The first line in Table 4 presents the demographic overview average for the full sample, across all 13 regions. The average age of respondents across the entire sample is 38.7 years old with an average household size of 4.9 members including 2.9 minors. Across the 13 regions, the largest household sizes are seen in Kigoma, Shinyanga, Mwanza, and Mara.

Table 4: DO3 Baseline Survey Demographic Characteristics[1]

Region	Respondent Age		Household Size		Number of Minors	
	N[1,2]	Average	N	Average	N	Average
Full Sample	9,7501	38.7	9,825	4.9	8,111	2.9
Dodoma	770	38.4	776	4.5	614	2.9
Morogoro	773	39.0	776	4.6	626	2.7
Pwani	758	41.2	777	4.6	619	2.6
Lindi	774	39.3	778	4.1	613	2.3
Mtwara	775	40.2	777	4.0	611	2.3
Iringa	764	39.5	776	4.3	615	2.5
Mbeya	765	39.7	776	4.4	611	2.7
Rukwa	876	36.3	886	4.7	733	3.1
Kigoma	389	37.7	392	5.8	354	3.5
Shinyanga	778	36.5	778	6.0	662	3.6
Kagera	774	38.0	778	4.6	664	2.8
Mwanza	777	38.9	777	6.5	709	4.0
Mara	777	38.3	778	5.5	680	3.4

Notes:

[1] Sample sizes reported in Table 4 are smaller than the total number of surveys completed because some respondents answered "Don't Know" or "Refused" to these questions; this was set as missing and not reported as part of the summary statistics.

[2] N = sample size.

4.1 RQ 1: HOW SATISFIED ARE CITIZENS IN GENERAL WITH GOVERNMENT SERVICE DELIVERY IN THE DO3 TARGET REGIONS AND SERVICE AREAS? WHAT ARE THE REASONS FOR CHANGE OR NO CHANGE IN SATISFACTION OVER THE LAST 12 MONTHS?

Indicator 1: Percentage of citizens who report being satisfied by public services provided in targeted districts.

Generally, citizen satisfaction with services provided by local government is similar to what it was 12 months earlier in eight of the 13 districts. As seen in Table 5, when analyzing the full sample, the difference between satisfaction today and satisfaction 12 months ago is not statistically different. Looking at the region-level analysis, satisfaction is statistically different in Morogoro, Pwani, Mbeya, and Shinyanga. In these regions, all but Morogoro showed an increase in satisfaction with services provided by local government over the past 12 months.

Table 5: Percentage of Citizens Reporting that they are Very Satisfied or Satisfied with Services Provided by Local Government at the Time of the Survey and 12 Months Prior to Survey (%)

Region	Survey Time	12 Months Prior to Survey
Full Sample	67	69
Dodoma	65	64
Morogoro	66**	74**
Pwani	62*	58*
Lindi	58	59
Mtwara	61	61
Iringa	72	72
Mbeya	81*	78*
Rukwa	56	56
Kigoma	45	45
Shinyanga	70*	64*
Kagera	67	66
Mwanza	65	63
Mara	73	77

Note: Kigoma region is entirely rural.
* indicates that the difference in satisfaction between today and 12 months ago is statistically significant within a region.
*** p<0.01, ** p<0.05, * p<0.1

Satisfaction with Services in Urban and Rural Areas

Citizen satisfaction with services provided by local government is generally higher in urban areas of each region. As seen in the first row of Table 6 for the full sample, the percentage of citizens who report being satisfied with service delivery today is seven percentage points higher in urban areas than rural areas and the difference is statistically significant at the 95 percent confidence level. Regions with greater satisfaction in urban rather than rural areas include Dodoma, Pwani, Mtwara, Rukwa, Shinyanga, Kagera, and Mara. The difference in Pwani is the most striking (and is statistically significant at the 99 percent confidence level), with 81 percent of urban respondents saying they are satisfied with public service delivery today, and only 37 percent of rural respondents saying that they are satisfied with public service delivery today. The exceptions are in Morogoro, Lindi, and Iringa, where satisfaction with public service delivery today is lower in urban areas, and Mbeya, where satisfaction 12 months ago is lower in urban areas.

Table 6: Percentage of Citizens Reporting they are Very Satisfied or Satisfied with Services Provided by Local Government at the Time of the Survey me and 12 Months Prior to Survey (%) within the Village (Rural) and Mtaa (Urban) Where They Live

Region	Urban		Rural	
	Survey Time	12 Months Prior to Survey	Survey Time	12 Months Prior to Survey
Full Sample	**68%****	**71%**	**61%****	**61%**
Dodoma	**74*****	70	**45*****	50
Morogoro	65	74	68	69
Pwani	**81*****	78	**37*****	33
Lindi	56	60	62	57
Mtwara	**64***	66	**55***	55
Iringa	71	74	72	66
Mbeya	81	78	78	79
Rukwa	**60****	58	**48****	52
Kigoma	-	-	45	45
Shinyanga	72	65	65	61
Kagera	**73****	71	**61****	60
Mwanza	65	64	65	62
Mara	75	79	67	73

Note: Kigoma region is entirely rural. Rural areas are comprised of villages while urban areas are comprised of mtaa (streets).

* indicates that the difference in satisfaction today is statistically significant between urban and rural samples within a region.

*** p<0.01, ** p<0.05, * p<0.1

Reasons for Dissatisfaction with Services Today

The survey asked those respondents who were more dissatisfied with public service delivery today than 12 months ago why their satisfaction has changed over time. Of all response options, non-availability, inconsistency, and need for improvement were the top three reasons respondents were less satisfied with service delivery. Table 7 below details the region with the highest percentage of respondents reporting their satisfaction decreased for these reasons as well as the average across the full sample.

Table 7: Top Three Reasons Why Citizen Satisfaction with Services Decreased from 12 Months Prior to Survey

Reason	Region with Highest Percentage		Full Sample Average (%)
Needed services have not been available	Mwanza	90	28
Provided services are not consistent	Shinyanga	73	35
Provided services need improvement	Iringa	93	82

Reasons for Satisfaction with Services Today

The survey also asked respondents who were satisfied or very satisfied with services today compared to 12 months ago why their satisfaction changed over time. Of all response options, availability, improvement in services, and good management were the top three response options across the 13 regions. Table 8 below shows the region with the highest percentage of respondents reporting their satisfaction increased for these reasons as well as the average across the full sample. Interestingly, availability and improvement

of services were listed as top reasons for both the increase and decrease in satisfaction with service delivery across the 13 regions.

Table 8: Top Three Reasons Why General Citizen Satisfaction Increased from 12 Months Prior to Survey Administration

Reason	Region with Highest Percentage		Full Sample Average (%)
Needed services are now available	Kigoma	66	41
Provided services have improved	Rukwa	65	42
Services are now managed well	Mwanza	85	24

Conclusions

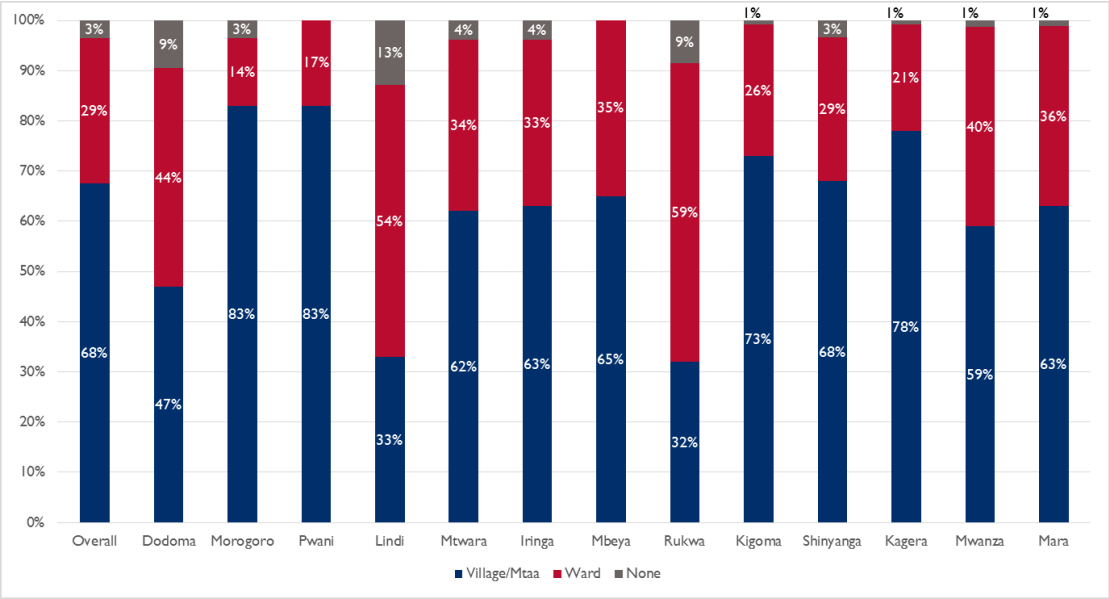
Generally, citizen satisfaction with public services has remained stable from 12 months ago to the present day with relatively few regions showing statistically significant decrease in satisfaction or increase in satisfaction. The availability of services and the improvement in services, or lack thereof, are principal reasons for changes is citizen satisfaction over the last 12 months. Urban citizens are more satisfied with public service delivery than rural citizens.

4.2 RQ 2: HOW SATISFIED ARE CITIZENS WITH RESPECT TO ACCESS, RESPONSIVENESS, QUALITY, AVAILABILITY, AND OTHER SERVICE DELIVERY CHARACTERISTICS ACROSS THE DO3 REGIONS? TO WHAT EXTENT ARE CITIZENS USING THE DIFFERENT SERVICES?

Education Services: Primary and Secondary Schools

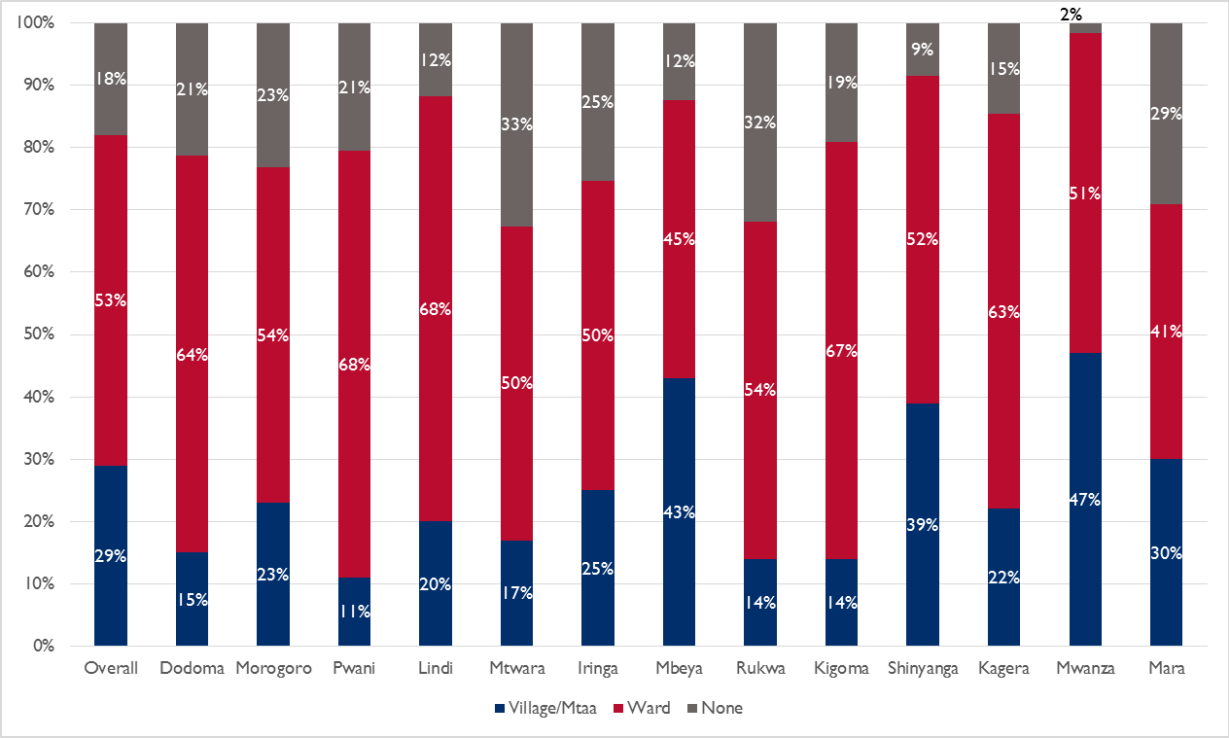
As seen in Figure 3, 68 percent of the full sample respondents have primary schools at the village/mtaa level, and 29 percent have primary schools at the ward level, leaving a gap of 3 percent that do not have any access to primary schools at either the village/mtaa or ward level. The largest gap in primary schools (neither at the village/mtaa nor the ward level) is seen in Lindi (13 percent) followed by Dodoma and Rukwa (9 percent).

Figure 3: Percentage of Respondents Who Have Education Facilities in Their Community: Primary Schools



As seen in Figure 4, 29 percent of the full sample respondents have secondary schools at the village/mtaa level, and 53 percent have secondary schools at the ward level, leaving a gap of 18 percent that do not have any access to secondary schools at either the village/mtaa or ward level. The largest gap in access to secondary schools (neither at the village/mtaa nor the ward level) is seen in Mtwara (33 percent) followed by Rukwa (32 percent) and Mara (29 percent).[8]

Figure 4: Percentage of Respondents Who Have Education Facilities in Their Community: Secondary Schools

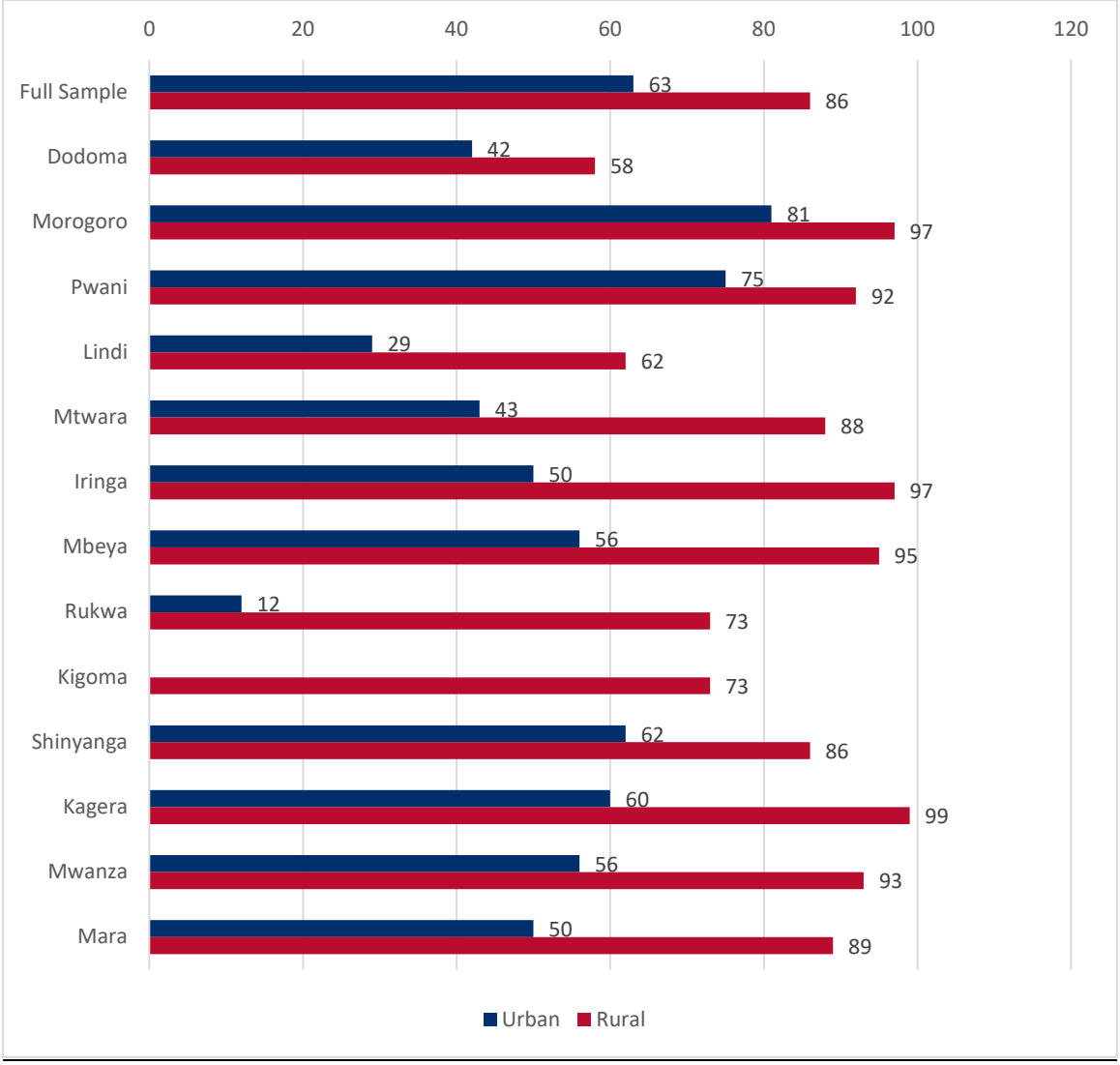


Note:
[1] Ward level question was only asked to those who said "no" on having a public facility at village/mtaa level.

Primary schools are generally present at the village/mtaa level in rural areas as opposed to their urban counterparts. As seen in Figure 5, in each of the 12 regions that are made up of both urban and rural areas, higher percentages of rural respondents reported having access to a primary school at the village/mtaa level than urban respondents.

[8] Since the number of respondents who have secondary schools in their village/mtaa are small, the AT does not provide further analysis for secondary schools.

Figure 5: Percentage of Respondents Who Have a Primary School in Their Village (Rural) and Mtaa (Urban)



Overall more than 50 percent of respondents in 10 of the 13 sampled regions with access to a primary school at the village/mtaa or ward level say the household has used the primary school. In the following three regions, use of primary schools was reported by less than 50 percent of respondents—Dodoma (39 percent), Kagera (46 percent), and Iringa (48 percent). Since there are fewer secondary schools across all regions, the percentage who report use varies from 7 percent in Kigoma to 27 percent in Lindi. For the full sample, 55 percent of respondents with access to a primary school reported using it, and 21 percent with access to a secondary school reported using it.

For the full sample, 81 percent of respondents said they were very satisfied or satisfied with their primary school and secondary school services (see table D13 in Annex D). When asked if they agree or disagree with the following statements regarding the primary schools, as seen below in Figure 6, only 65 percent of respondents from the full sample agree or strongly agree that primary schools have enough desks and 68 percent agree or strongly agree that the buildings are in good conditions.

Figure 6: Percentage of Citizens Who Strongly Agree or Agree with Statements About Primary School Quality

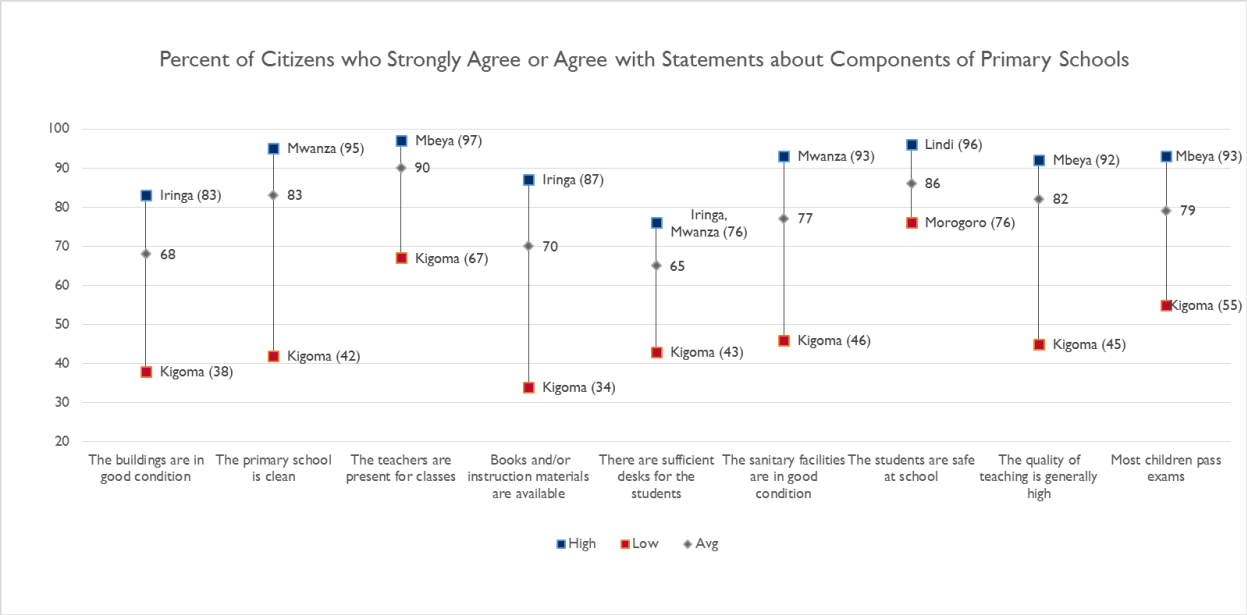


Figure 6 also shows that 90 percent of respondents said that they strongly agree or agree that teachers are present for classes. In addition, 86 percent strongly agree or agree that students are safe at school. When the AT examined the difference between urban and rural areas within the region (Table 9), a higher percentage of respondents in urban areas compared to rural areas on average strongly agree or agree that their primary schools performed well on different criteria of school quality.

Table 9: Percentage of Citizens Reporting They Strongly Agree or Agree with Statements Primary School Quality, by Urban and Rural

Component	Urban		Rural	
	Regions with Highest and Lowest Percentage	Full Sample Average	Regions with Highest and Lowest Percentage	Full Sample Average
The buildings are in good condition.	Iringa 88 Pwani 59	70	Iringa 74 Kigoma 38	62
The primary school is clean.	Kagera 97 Lindi 60	86***	Iringa 88 Kigoma 42	74***
The teachers are present for classes.	Mbeya, Pwani 98 Lindi 81	91	Iringa 97 Kigoma 67	88
Books and/or instruction materials are available.	Iringa 92 Pwani 54	71	Mbeya 89 Kigoma 34	69
There are sufficient desks for the students.	Shinyanga 80 Mara 43	68**	Iringa 80 Kigoma 43	56**
The sanitary facilities are in good condition.	Mwanza 95 Pwani 48	79**	Shinyanga, Mbeya 79 Kigoma 46	69**
The students are safe at school.	Mara 98 Morogoro 74	84*	Mbeya 99 Dodoma 82	92*
The quality of teaching is generally high.	Mbeya 91 Dodoma, Mara 65	84***	Mbeya 96 Kigoma 45	73***

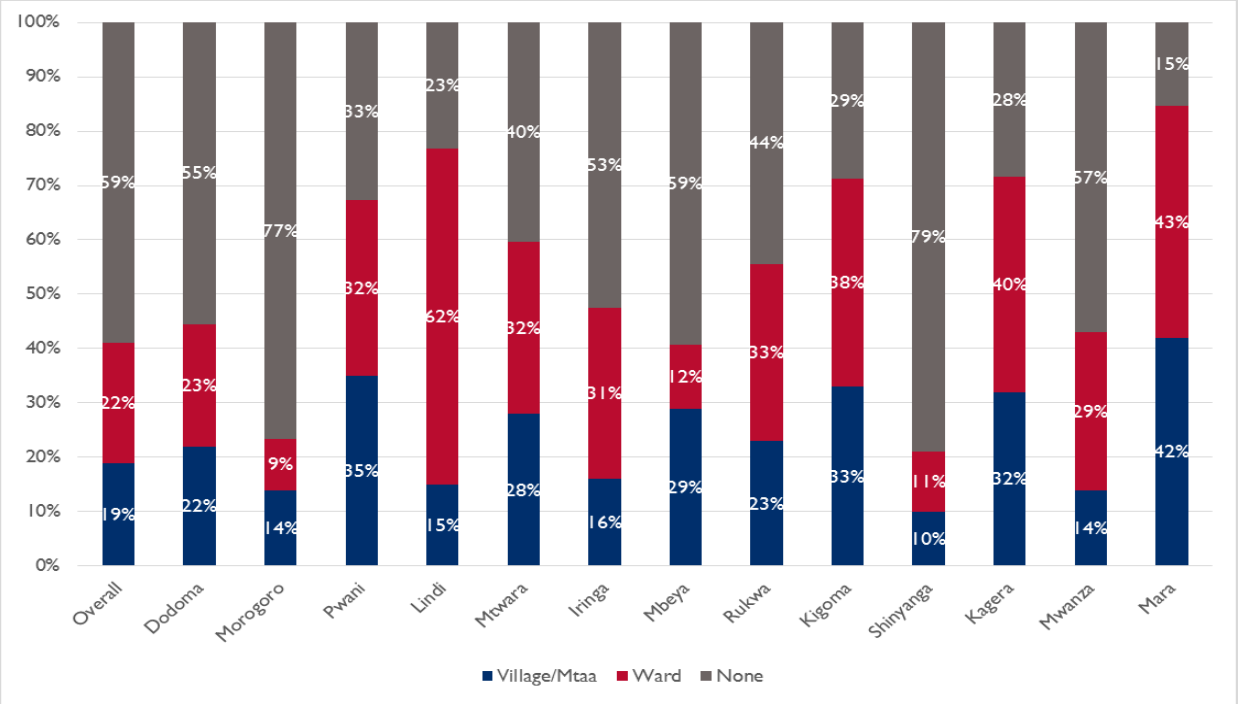
Component	Urban		Rural	
	Regions with Highest and Lowest Percentage	Full Sample Average	Regions with Highest and Lowest Percentage	Full Sample Average
Most children pass exams.	Mbeya 96 Dodoma 62	80	Iringa 91 Kigoma 55	75

* indicates that the difference in satisfaction with component is statistically significant between urban and rural samples.
*** p<0.01, ** p<0.05, * p<0.1

Health Services: Dispensaries, Health Centers, and Hospitals

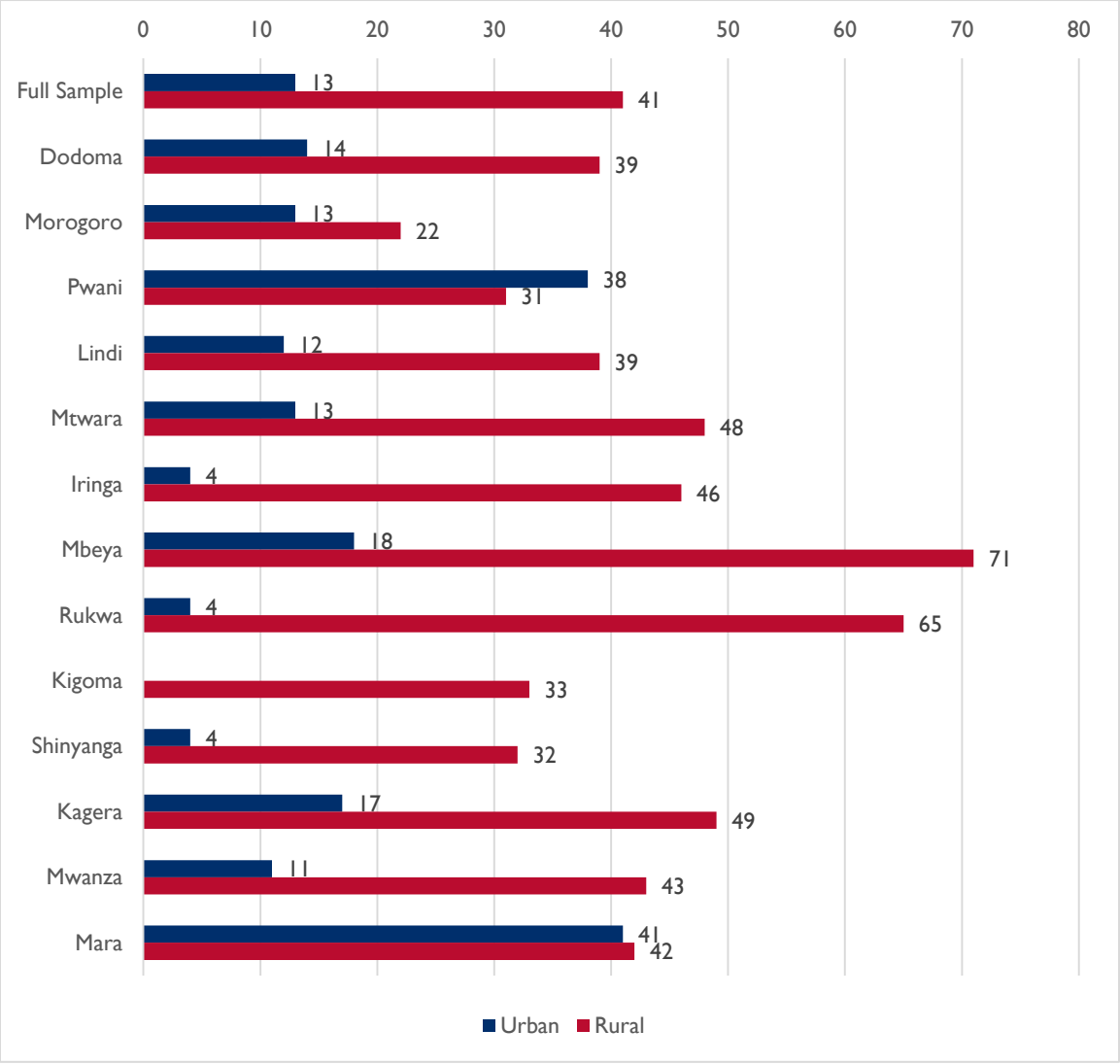
As seen in Figure 7 below, looking at the whole sample, there are more dispensaries at the ward level (22 percent) than at the village/mtaa level (19 percent). The exceptions are the Morogoro and Mbeya regions, where there are more dispensaries at the village/mtaa level. Health centers are limited across all 13 regions at both the village/mtaa and ward levels, usually under 10 percent, with an exception in Lindi, where 23 percent of respondents said there was a health center at the ward level, the highest across all 13 regions. The access to hospitals is even more uneven. The top three regions where respondents said there were hospitals at the ward level are Mwanza (59 percent), Morogoro (40 percent), and Iringa (28 percent). However, in five regions 3 percent or less of the population report having access to a hospital nearby.

Figure 7: Percentage of Respondents Who Have a Dispensary, in Their Village/Mtaa and Ward



As seen in Figure 8 below, respondents in 11 of the 12 regions that have urban and rural areas reported higher rates of access to dispensaries in rural areas (villages). The exception is Pwani, where 38 percent of urban respondents reported having access to a dispensary in their mtaa compared to 31 percent of rural respondents who reported having access to a dispensary in their village. The lowest rates of access to dispensaries in urban areas are found in Iringa, Shinyanga, and Rukwa, where only 4 percent of urban respondents reported having access to dispensaries in their mtaa.

Figure 8: Percentage of Respondents Who Have a Dispensary in their Urban (Mtaa) and Rural (Village) Areas



Focusing on the full sample, 63 percent of respondents who have access to a dispensary at the village/mtaa or ward level have used it compared to 53 percent of respondents with access to a health center who have visited one. Of those respondents who have access to a hospital, 70 percent reported using one in the past year, although the percentage of respondents with access to a hospital is much lower than other health facilities.[9]

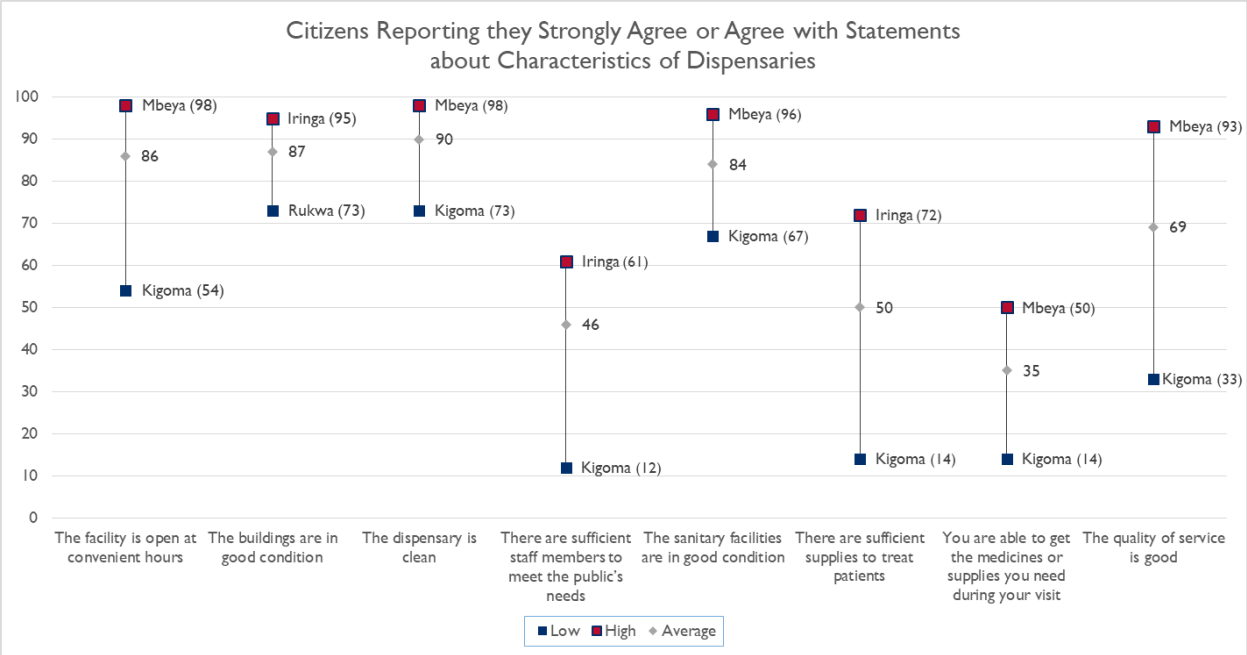
Of those who report using a health facility, only 65 percent of the full sample reported being satisfied with dispensaries compared to 68 percent who reported being satisfied with hospitals, although as stated above, the percentage of respondents with access to hospitals is lower than those with access to dispensaries or health centers (see Annex D).

Figure 9 below shows the percent of respondents who reported that they strongly agreed or agreed with the different statements related to dispensary quality. The figure shows averages for the full sample, as

[9] Since less than 15 percent of respondents have access to health centers and hospitals, results regarding satisfaction with overall services and service characteristics are only shown for dispensaries.

well as the highest and lowest regions, of respondents who strongly agreed and agreed with the statements. As seen there, only 35 percent of respondents across the full sample strongly agreed or agreed that they are able to get the medicines or supplies they need during their visit (Mbeya was highest at 50 percent and Kigoma the lowest at 14 percent). On the other hand, 90 percent of the full sample strongly agreed or agreed that the dispensary is clean (Mbeya was the highest at 98 percent and Kigoma the lowest at 73 percent).

Figure 9: Citizens Reporting They Strongly Agree or Agree with Statements About Dispensary Quality



When examining the numbers by rural and urban areas (see Table 10), the percentages of citizens reporting that they strongly agree or agree with statements regarding dispensary quality are higher in urban areas than for their rural counterparts with some of the differences being statistically significant.

Table 10: Percentage of Citizens Reporting They Strongly Agree or Agree with Statements About Characteristics of Dispensaries, by Urban and Rural

Component	Urban		Rural	
	Region with Highest and Lowest Percentage	Full Sample Average	Region with Highest and Lowest Percentage	Full Sample Average
The facility is open at convenient hours.	Mbeya 100 Mtwara 75	88*	Mbeya 97 Kigoma 54	83*
The buildings are in good condition.	Mbeya 100 Lindi 83	90***	Iringa 91 Rukwa 66	82***
The dispensary is clean.	Pwani, Mbeya, Rukwa, Kagera 96 Iringa 84	91	Mbeya 99 Kigoma 73	88
There are sufficient staff members to meet the public's needs.	Iringa, 74 Morogor, Shinyanga 43	49*	Mbeya 62 Kigoma 12	41*

Component	Urban		Rural	
	Region with Highest and Lowest Percentage	Full Sample Average	Region with Highest and Lowest Percentage	Full Sample Average
The sanitary facilities are in good condition.	Mbeya 96 Mtwara 77	84	Mbeya 97 Kigoma 67	83
There are sufficient supplies to treat patients.	Iringa 87 Pwani 25	51	Mbeya 64 Kigoma 14	48
You are able to get the medicines or supplies you need during your visit.	Mwanza 48 Morogoro 20	31*	Kagera 54 Kigoma 14	40*
The quality of service is good.	Mbeya 89 Pwani 51	69	Mbeya 96 Kigoma 33	71

* indicates that the difference in satisfaction with component is statistically significant between urban and rural samples.
*** p<0.01, ** p<0.05, * p<0.1

Water Service

The percentage of respondents reporting that they always have access to drinking water varies from 41 percent in Kigoma to 82 percent in Iringa (see Figure 10). Overall, in 11 of the 13 regions, more than 50 percent of respondents said that their household had enough drinking water. In Kigoma and Mtwara, 11 percent of respondents said they had no water. When examining responses by urban and rural areas, in the majority of regions, urban respondents reported always having access to water at higher rates than rural respondents.

Table 11 below shows the percentage of respondents who reported always or most of the time having access to drinking water in the mtaa (urban areas) or village (rural areas) where they live for each region. In Morogoro and Lindi, a higher percentage of rural respondents reported always having access to drinking water than urban respondents. For urban areas, the percentage of respondents reporting they always have access to drinking water ranges from 42-91 percent, while in rural areas, it ranges from 36-77 percent.

Figure 10: Percentage of Households with Drinking Water Most of the Time and Always

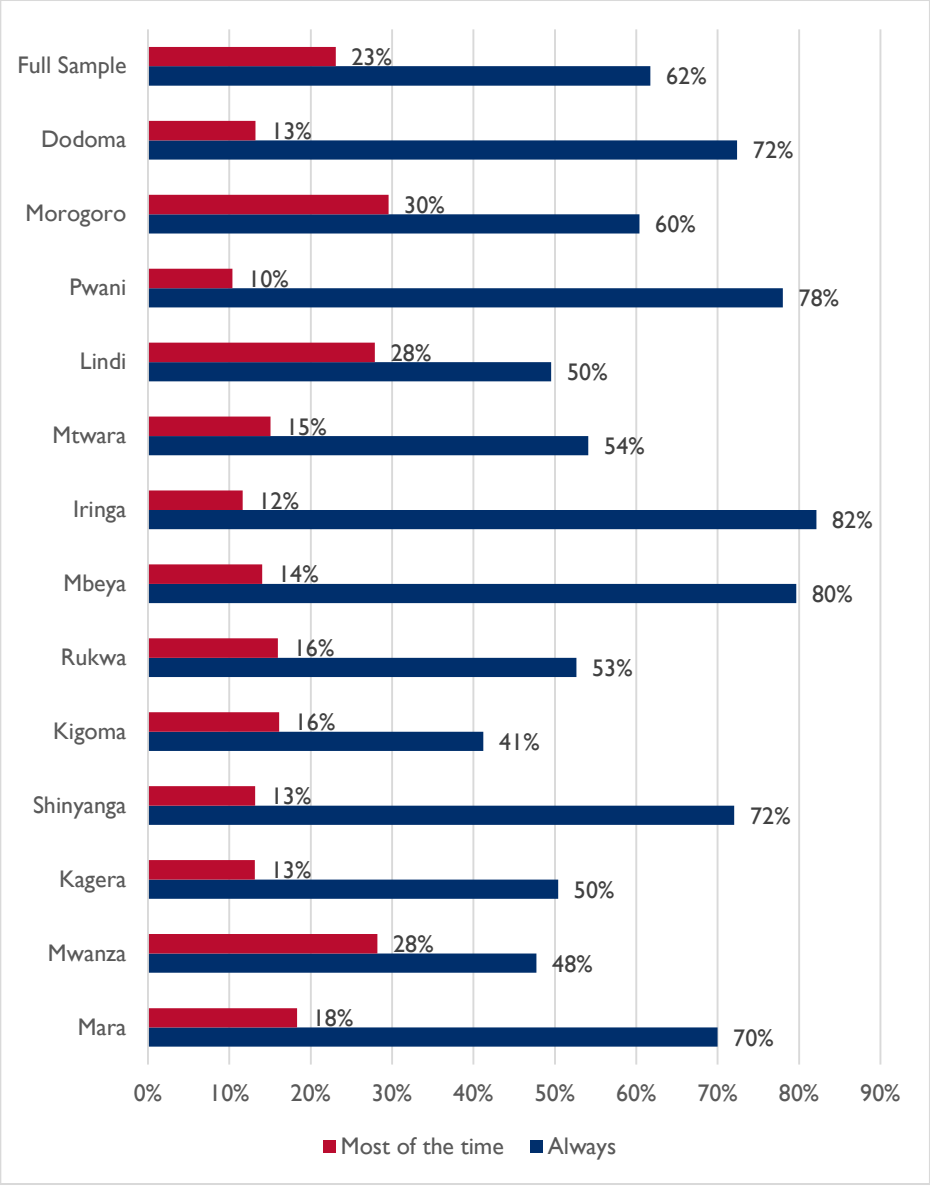


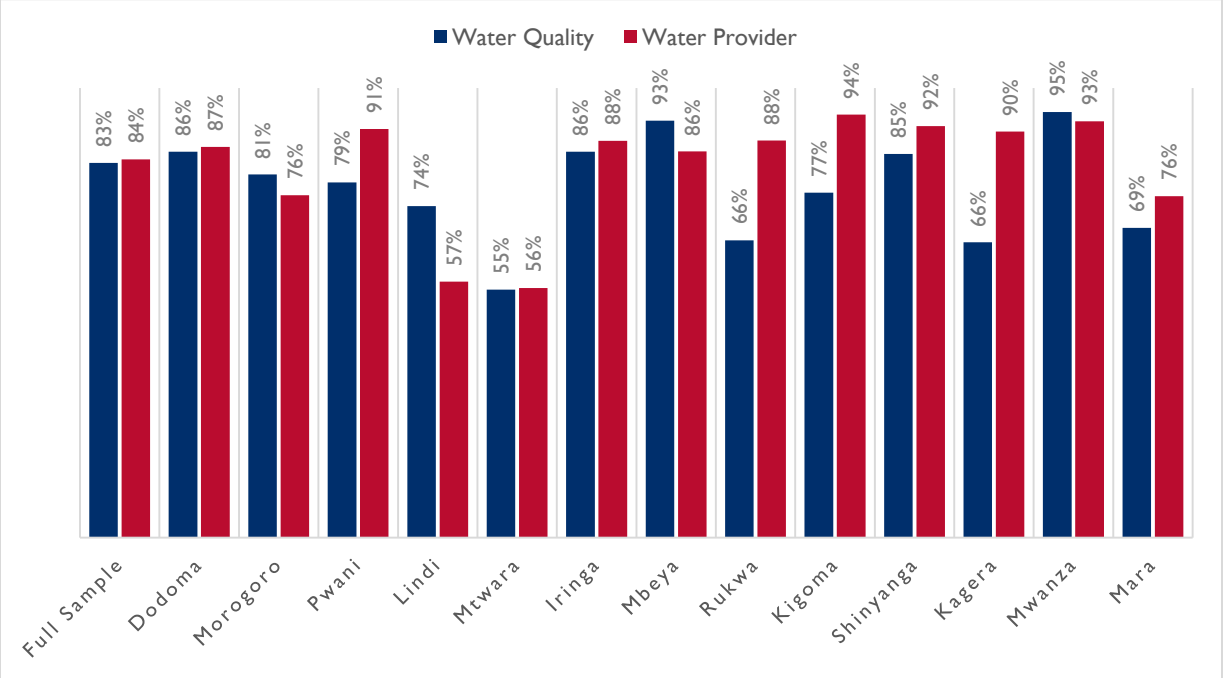
Table 11: Citizens Reporting They Always Have Enough Drinking Water (%), by Urban and Rural

Region	Urban	Rural
Full Sample	62	60
Dodoma	74	69
Morogoro	59	70
Pwani	91	60
Lindi	42	63
Mtwara	55	53
Iringa	84	76
Mbeya	80	77
Rukwa	53	51
Kigoma	-	41
Shinyanga	79	46
Kagera	64	36
Mwanza	48	45
Mara	79	50

Note: The differences between urban and rural are not statistically significant.

When asked how many hours a day they have water, respondents across all 13 regions indicated they have water on average for 13 to 23 hours each day with Lindi reporting the lowest average at 13 hours per day and Pwani, Shinyanga, and Kagera all reporting an average of 23 hours. The number of days each week that water was available averaged between 5-7 days across all regions. For the full sample, 83 percent of respondents rated the water quality as good, and 84 percent rated their water provider as good (see Figure 11). The water quality was rated the lowest in Mtwara and the highest in Mwanza.

Figure 11: Percentage Rating the Water Quality and Water Provider as Good



Social Welfare Service

Few respondents with children under the age of 18 in the household said they had received visits from social welfare officers to assess their children's well-being; it was the highest in Shinyanga and Kagera at only 10 percent (see Table 12). Only a fraction of those visited by Social Welfare Officers (SWOs) received a referral, and over 93 percent of respondents with children under the age of 18 years in their household said they would like a Social Welfare Officer to visit.

Table 12: Citizen Experience with Social Welfare Officers (%)

Region	Yes, Social Welfare Officer Has Visited Household to Assess Well-Being of Children Under 18 Years	If Visited by Social Welfare Officer, Yes This Resulted in a Referral for Services	Not Visited by Social Welfare Officer, But Would Like a Visit to Assess the Well-Being of Children
Full Sample	6	1	98
Dodoma	3	2	97
Morogoro	8	0	99
Pwani	3	7	99
Lindi	1	4	93
Mtwara	2	0	97
Iringa	5	4	96
Mbeya	5	0	96
Rukwa	5	4	99
Kigoma	2	0	99
Shinyanga	10	2	96
Kagera	10	11	98
Mwanza	4	2	99
Mara	6	1	99

Conclusions

Both education and health facilities are more widely available at the ward level than the village/mtaa level. Primary schools are more commonly available than secondary schools at both levels and dispensaries are more commonly available than either health centers or hospitals. Rural respondents have greater access to primary schools and dispensaries at the village/mtaa level than urban citizens.

The rates of citizens' satisfaction with both education and health facilities used in their village/mtaa and ward vary between citizens in urban and rural areas. The primary reasons for dissatisfaction are the availability of materials in primary schools and the availability of medicines and staff members in dispensaries.

The majority of citizens in 11 of the 13 project regions always have access to water, with urban citizens having higher rates of access than rural citizens. Across all regions, citizens with access to water have access for more than 12 hours a day and five or more days a week.

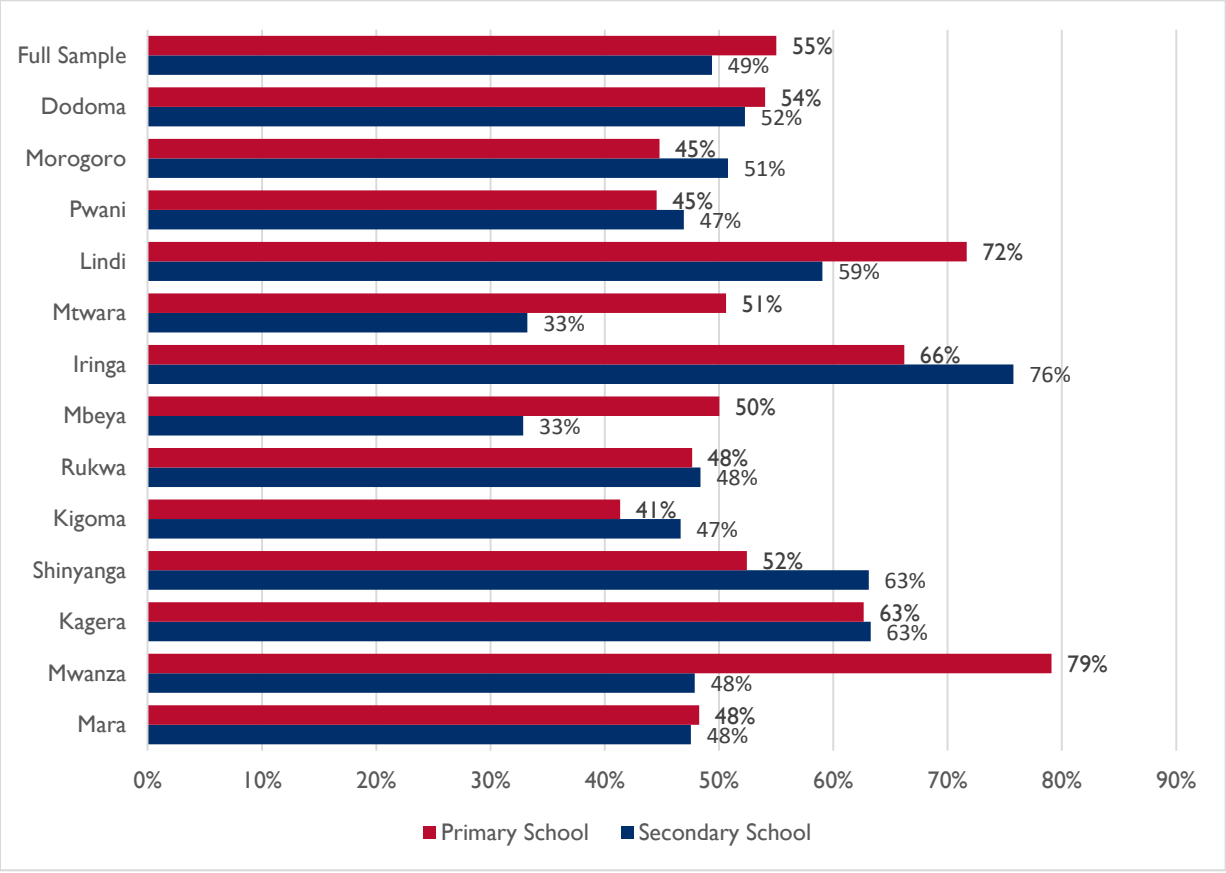
Access to social welfare services, specifically visits from social welfare officers, is low across all project regions. The majority of citizens in each region would like a social welfare officer to visit their household.

4.3 RQ 3: WHAT FEEDBACK MECHANISMS ARE AVAILABLE TO CITIZENS IF THEY HAVE ANY ISSUES OR CONCERNS REGARDING LOCAL GOVERNMENT SERVICE DELIVERY? WHICH MECHANISMS ARE CONSIDERED MOST EFFECTIVE BY CITIZENS IN MAKING GOVERNMENTS RESPOND TO CITIZEN NEEDS?

Feedback Mechanisms for Education Services

For educational facilities, feedback mechanisms are available but, on average, less than 50 percent of respondents take advantage of them. Figure 12 below shows the percentage of respondents in each region that reported feedback mechanisms were available for primary and secondary schools. For the full sample, 55 and 49 percent of respondents, respectively, indicated there were feedback mechanisms in primary and secondary schools. The lowest percentage of feedback mechanisms for primary schools was reported in Kigoma, while lowest percentage of feedback mechanisms for secondary schools was reported in Mbeya and Mtwara. When examining the primary and secondary school numbers using an urban rural breakdown, no patterns emerge. Roughly half of regions report higher percentages for reporting mechanisms in urban areas and the other half report higher percentages in rural areas.

Figure 12: Percentage Reporting That Feedback Mechanisms Are Available in Primary and Secondary Schools



In primary schools, feedback is primarily provided through face-to-face interactions, either through one-on-one conversations or through faculty/teacher association meetings. Table 13 below shows the percentage of respondents who reported providing feedback to primary schools through four different mechanisms. In the case of primary schools, nearly no respondents reported using websites of any kind to provide feedback.

Table 13: Percentage of Citizens Reporting They Have Used the Following Feedback Mechanisms in Primary Schools

Feedback Mechanism	Region with Highest Percentage	Full Sample Average
Personal conversation with facility staff	Kigoma 68	32
Designated feedback/complaint box	Lindi 61	7
Through the school management committee/parent teacher association	Iringa, Mwanza 91	67
Via village/street meetings	Lindi, Mtwara 35	9

Feedback Mechanisms for Health Services

Similar to the data on educational facilities, 40% - 52% of respondents from the full sample reported health facilities have feedback mechanisms, varying by the type of facility, but less than 50 percent of respondents report using them. Figure 13 shows the percentage of respondents that reported having access to feedback mechanisms at healthcare facilities. The percentage of respondents reporting they had access to feedback mechanisms in dispensaries ranges from 24-66 percent. The ranges are wider for health centers and hospitals, but, as mentioned above, the wider range is likely caused by the smaller number of respondents reporting access and usage of these facilities. When examining the healthcare facility numbers using an urban-rural breakdown, no patterns emerge. Roughly half of the regions report higher percentages for feedback mechanisms in urban areas, and the other half report higher percentages in rural areas.

In dispensaries, feedback is primarily provided through personal conversations with staff and designated feedback boxes. Table 14 shows the percentage of respondents who reported providing feedback to dispensaries through four different mechanisms. Similar to the data on primary schools, nearly no respondents reported using websites of any kind to provide feedback.

Figure 13: Percentage Reporting That Feedback Mechanisms Are Available in Health Facilities

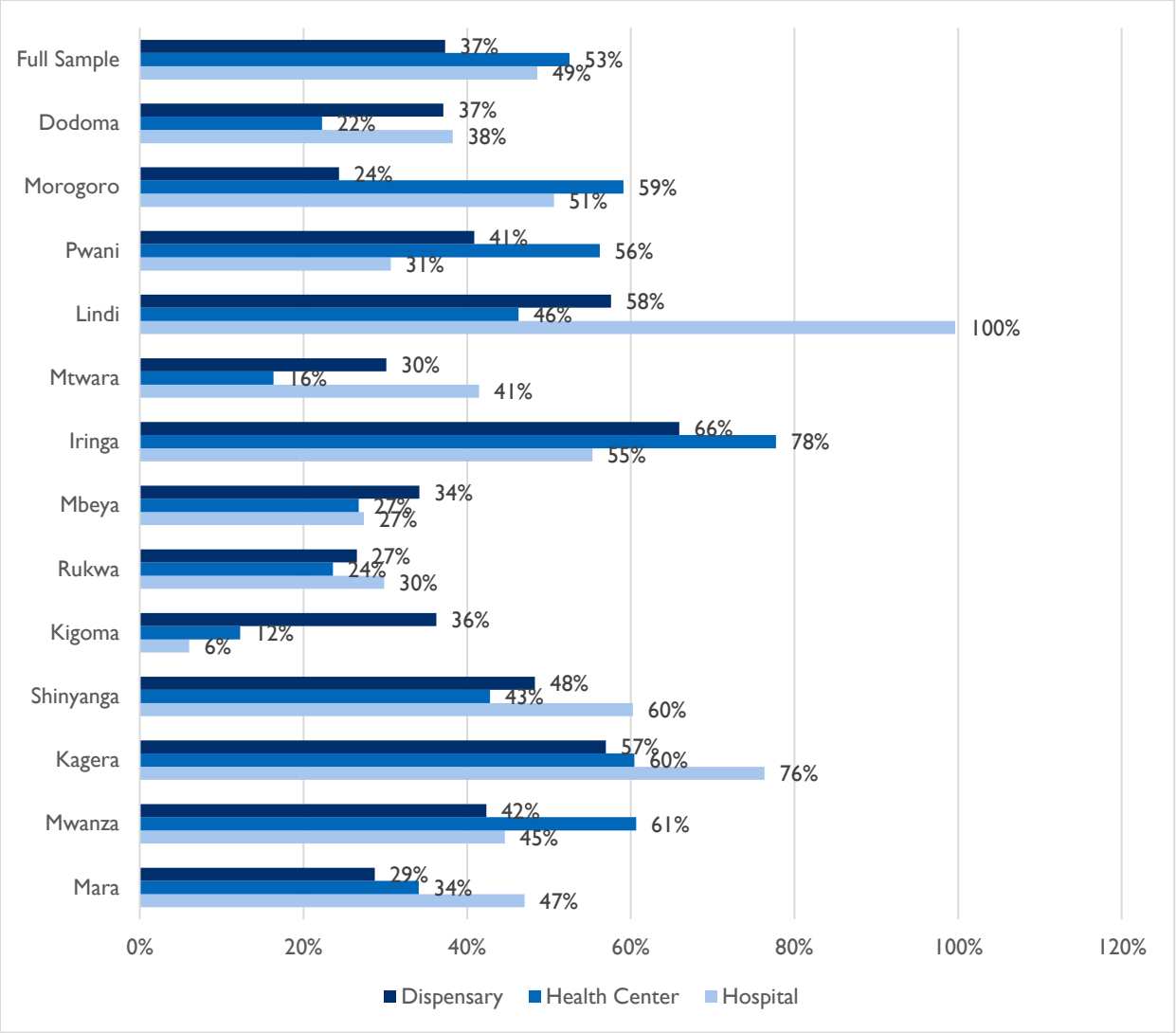


Table 14: Percentage of Citizens Reporting They Have Used Feedback Mechanisms in Dispensaries

Feedback Mechanism	Region with Highest Percentage	Full Sample Average
Personal conversation with facility staff	Lindi 67	51
Designated feedback/complaint box	Lindi 56	38
Via telephone	Lindi 11	3
Via village/street meetings	Rukwa 49	26

Civic Participation Mechanisms Used

The survey asked respondents which, if any, forms of civic participation they participated in in the last 12 months. The two most widely practiced forms of civic participation across all 13 regions are attending village assemblies or full council meetings (30 percent) and attending annual assembly meetings at the village/mtaa level (35 percent, see Table 15). Voting rates for village/mtaa council elections vary widely across regions and are less than 13 percent for the full sample. Kagera is the only region where no respondents reported voting in village/mtaa council elections. Morogoro had the highest voting rates with 29 percent of respondents reporting that they voted in village/mtaa council elections in the past 12 months. Only five of the 13 regions had respondents that reported voting in Mayor/District Chair elections or in Parliamentary elections. Interestingly, 34 percent of respondents from the full sample reported not participating in any form of civic activity in the past 12 months, with Lindi being the region with the highest percentage of non-participating respondents at 60 percent.

Table 15: Percentage of Citizens Reporting Participation in Civic Activities 12 Months Prior to Survey

Civic Activity	Region with Highest Percentage	Full Sample Average
Voted in the election of village/mtaa council	Morogoro 29	13
Voted in the election of Members of Parliament	Iringa 15	3
Attended a village assembly or full council meeting	Mbeya 66	30
Attended an annual assembly meeting in your village/mtaa	Mtwara, Kagera 56	35
Presented your views to a member of the local council	Rukwa 9	3
Attended a neighborhood forum to discuss local issues	Shinyanga 16	7
Gave feedback to your local government via telephone	Rukwa 6	3
Participated in planning via the government's opportunities and obstacles to development process	Iringa 15	6
None	Lindi 60	34

Across all 12 regions that have urban and rural areas, a larger percentage of urban respondents reported not participating in any form of civic activity—37 percent compared to 22 percent in rural areas—and the difference is statistically significant at the 99 percent confidence interval (see Table 16). In Lindi, 66 percent of urban respondents and 43 percent of rural respondents said that they did not participate in any form of civic activity in the past 12 months. While rates of non-participation are higher in urban areas, rural respondents also reported non-participation at rates of 6-43 percent. Among those rural respondents who do participate in civic activities, the most frequent form of participation was attending a village assembly or full council meetings.

Table 16: Percentage of Citizens Reporting They Have Participated in Civic Activities 12 Months Prior to Survey, by Urban and Rural

Form of Civic Participation	Urban		Rural	
	Region with Highest Percentage	Full Sample Average	Region with Highest Percentage	Full Sample Average
Voted in the election of village/mtaa council	Morogoro 30	14**	Morogoro 19	7**
Voted in the election of Members of Parliament	Iringa 19	3	Morogoro 15	3
Attended a village assembly or full council meeting	Iringa, Mbeya 63	25***	Mbeya 77	52***
Attended an annual assembly meeting in your village/mtaa	Rukwa 58	33***	Mtwara 61	44***
Presented your views to a member of the local council	Rukwa 8	3	Rukwa 11	3
Attended a neighborhood forum to discuss local issues	Shinyanga 16	7	Mbeya 23	10
Gave feedback to your local government via telephone	Rukwa 7	2	Morogoro 9	3
Participated in planning via the government's opportunities and obstacles to development process	Iringa 17	6	Rukwa 18	7
None	Lindi 66	37***	Lindi 43	22***

Notes:
* indicates that the difference in rates of participation is statistically significant between urban and rural samples.
*** p<0.01, ** p<0.05, * p<0.1

Effective Forms of Civic Participation

Respondents who reported participating in one of the civic actions noted above were then asked which of the actions were most effective for making government responsive to citizen needs. As seen in Table 17, for the full sample, attending village assemblies or full council meetings (27 percent) and attending annual assembly meetings at the village/mtaa level (28 percent) are the most effective forms of participation for making government responsive to citizen needs. Of interest, 54 percent of respondents in Mwanza reported that participating in planning via the government's opportunities and obstacles to development process is the most effective way to hold governments accountable. Also of note is that 97 percent of respondents who participated in civic activities believed that the activities were effective for making government responsive to citizen needs.

Table 17: Citizen Views on Most Effective Form of Civic Participation

Civic Activity	Region with Highest Percentage	Full Sample Average (%)
Voted in the election of village/mtaa council	Morogoro 14	8
Voted in the election of Members of Parliament	Morogoro 12	5
Attended a village assembly or full council meeting	Lindi 60	27
Attended an annual assembly meeting in your village/mtaa	Mtwara 64	28
Presented your views to a member of the local council	Morogoro, Shinyanga 7	4
Attended a neighborhood forum to discuss local issues	Mwanza 27	6
Gave feedback to your local government via telephone	Morogoro 11	5
Participated in planning via the government's opportunities and obstacles to development process	Mwanza 54	13
None	Mbeya 12	3

Conclusions

Feedback mechanisms are available in both education and health facilities, but less than 50 percent of citizens take advantage of them. When used, feedback is primary provided through face-to-face interactions in primary schools and face-to-face interactions, designated feedback boxes, and local meetings in dispensaries. These feedback mechanisms are used by both male and female citizens.

Rates of citizen participation vary between regions and types of participation. The most common forms of civic participation are attending village assemblies or full council meetings and attending annual assembly meetings. While these are the most common forms of participation, only 28-66 percent of citizens participate in these by region. Voting rates are lower with less than 30 percent of citizens voting in village/mtaa council elections. Rates of non-participation are higher among urban citizens compared to rural citizens across all project regions.

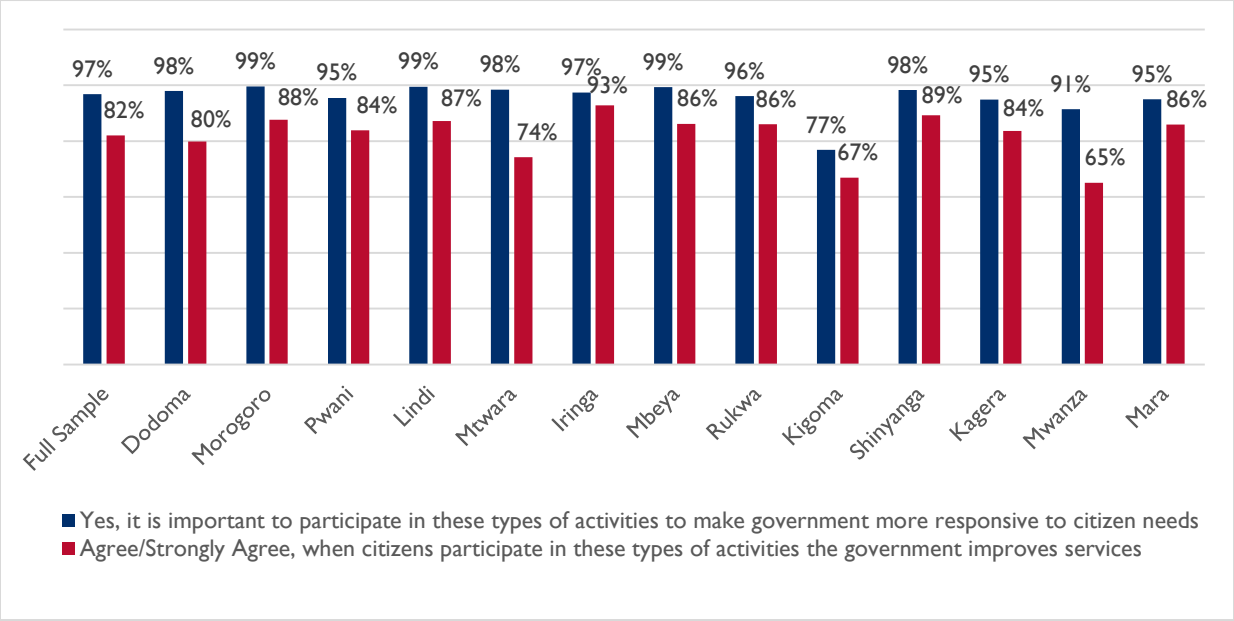
Citizens who take part in some form of civic participation feel that attending village assemblies or full council meetings and attending annual assembly meetings at the village/mtaa level are the most effective ways to make government responsive to citizen needs, likely because it is the more frequently used form of civic participation.

4.4 RQ 4: TO WHAT EXTENT DO CITIZENS BELIEVE THAT THEIR FEEDBACK IS TAKEN INTO CONSIDERATION BY LOCAL GOVERNMENTS TO MAKE NEEDED CHANGES?

Indicator 2: Percent of citizens who perceive that increased citizen engagement leads to better service delivery

Across all 13 regions, the majority of respondents reported that it was important to participate in civic activities and that civic participation improves service delivery. As seen in Figure 14, over 90 percent of respondents believe it is important to participate in civic activities in all regions except Kigoma, where 77 percent of respondents believe it is important to participate in civic activities. When examining the numbers by urban and rural divides, there is some variation between urban and rural areas.

Figure 14: Percentage of Respondents Who Agree that Civic Participation is Important to Make Government More Responsive and the Government Improves Services When Citizens Participate



Figures 15 and 16 show the percentage of respondents reporting civic participation is important and improves services by urban and rural areas of each region. The difference between the urban and rural areas of the full sample is not statistically significant. Of note again is the fact that the percentage of respondents in Kigoma who believe that civic participation is important and improves services is lower than other regions, even when compared to only rural areas of other regions. Also, in Mwanza a lower percentage of respondents think citizen participation improves service delivery despite high percentages of respondents thinking that it was important to participate in civic activity.

Figure 15: Percentage of Respondents Who Agree That Civic Participation is Important to Make Government More Responsive, By Urban and Rural

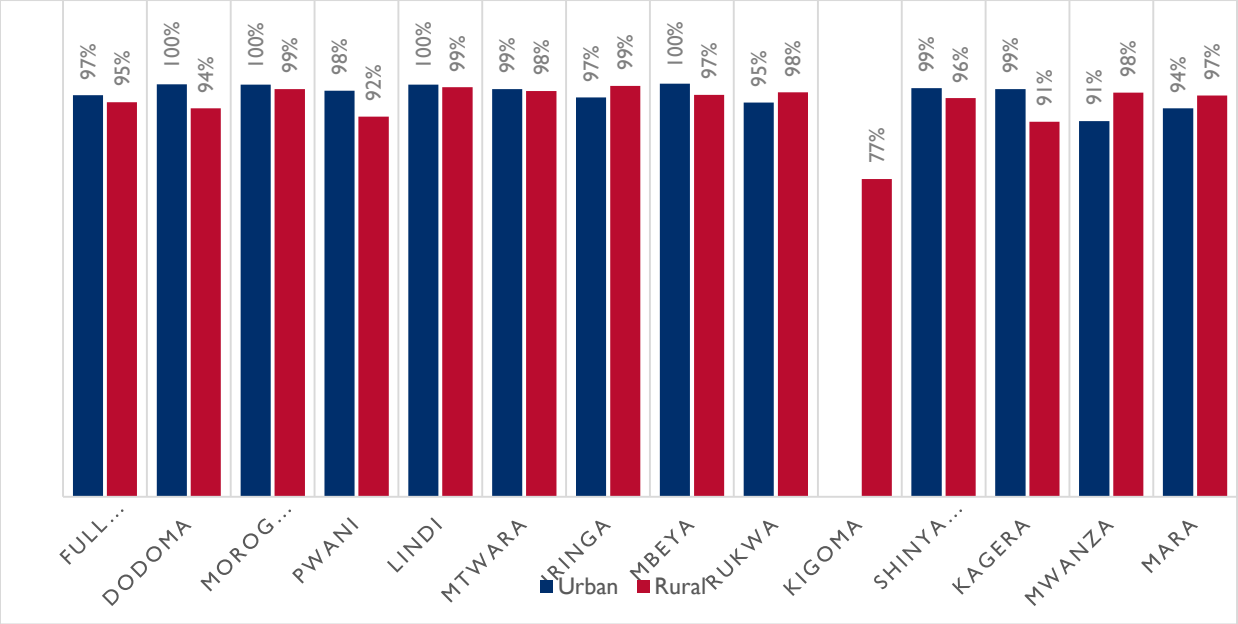
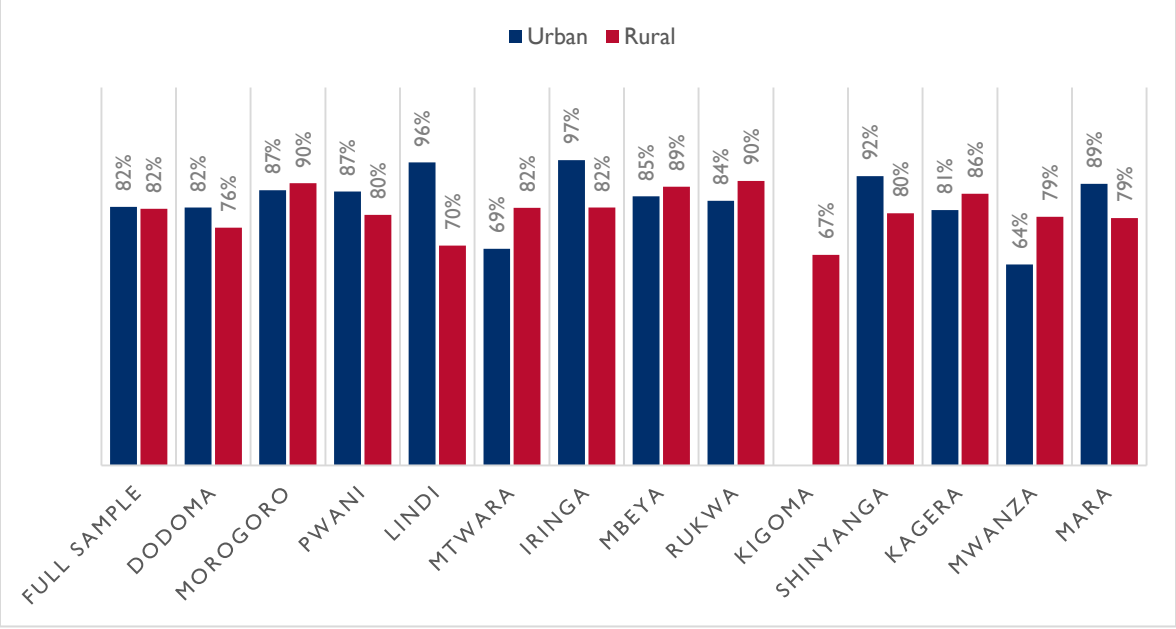


Figure 16: Percentage of Respondents Who Agree/Strongly Agree the Government Improves Services When Citizens Participate, By Urban and Rural



Is Citizen Feedback Used to Make Changes in Services?

As seen in Table 18, the majority of respondents in each region, 72 percent for the full sample, who provided feedback to primary or secondary schools, agree that the facilities use their feedback to make needed changes. Mbeya had the highest percentage of respondents who believe that their feedback is taken into consideration in primary schools at 95 percent. The percentage of respondents who believe

that their feedback is used to make needed improvements in dispensaries is generally lower than that for primary schools, with only 61 percent of respondents from the full sample agreeing or strongly agreeing.

Table 18: Percentage of Respondents Reporting They Strongly Agree or Agree That Primary Schools and Dispensaries Consider Their Feedback to Make Needed Changes

Region	Primary Schools	Dispensaries
Full Sample	72	61
Dodoma	73	72
Morogoro	58	52
Pwani	56	53
Lindi	74	55
Mtwara	79	56
Iringa	85	84
Mbeya	95	82
Rukwa	73	70
Kigoma	64	32
Shinyanga	77	63
Kagera	83	66
Mwanza	84	57
Mara	81	58

Conclusions

In general, when citizens provide feedback to education and health facilities, the majority believe that the facilities take their feedback into consideration. Distinguishing between education and health facilities, a higher percentage of citizens believe that education facilities take their feedback into consideration than health facilities. Across all 13 regions, the majority of citizens feel it is important to participate in civic activities and that this participation improves services. The percentage of urban and rural citizens who believe that it is important to participate in civic activities varies only slightly.

5.0 DISSEMINATION PLAN

The baseline assessment findings will be shared using several outreach strategies. First, results will be presented to USAID and the four activities providing services in the intervention areas (PS3, CHSSP, RBF, and GHSC-TA). Second, subject to the NBS policy, results will be provided to government stakeholders, including LGAs in urban and rural areas. PO-RALG and local governmental agencies are key stakeholders in the provision of services that lead to citizen satisfaction and have the potential to benefit from citizen engagement, thus sharing the findings and conclusions with these agencies will allow them to make regional comparisons. Information will be sent to the person or office providing local approval for the survey. Service needs and reasons given for not utilizing needed services will be part of this information. Summary reports will be written in language that is easily understood and will be translated into Swahili if needed.

ANNEXES

ANNEX A: SCOPE OF WORK (SOW)

C.4 Baseline Study of Selected Indicators for Development Objective 3 – Effective Governance Improved (SOW from RFP)

Purpose of the Baseline

The purpose of this baseline study is to inform the data-driven decisions for the team that manages the Development Objective (DO) 3 – Effective Governance Improved – of USAID/Tanzania's Country Development Cooperation Strategy.

SUMMARY INFORMATION

Program Name	Development Objective 3 – Effective Governance Improved
Relevant Implementers	Abt. Associates, TACOSODE, NACOPHA, LEAT, JSI
Life of Program	FY 2015 – FY 2019
Active Geographic Regions	Dodoma, Morogoro, Iringa, Shinyanga, Rukwa, Mwanza, Mtwara, Mbeya, Lindi, Kagera, Pwani, Mara, and Kigoma
USAID Office	Democracy Human Rights and Governance Office and Health Office

BACKGROUND

USAID/Tanzania's Country Development Cooperation Strategy (CDCS) is the primary strategic

document that guides all programming for USAID/Tanzania from 2015-2019. The strategy development led to the following results framework –

To measure and monitor the achievements of USAID investments, the Mission has developed a Performance Management Plan (PMP) that describes all indicators that the Mission will use to track outcomes of USAID's programming. For the purposes of this baseline study, USAID needs baseline data for the following two indicators –

1. Percentage of citizens who report being satisfied by public services provided in targeted districts
2. Percentage of citizens who perceive that increased citizen engagement leads to better service delivery

A. Description of the Problem That DO3 Interventions Aim to Address

Implementation of the Government of Tanzania's (GOT) "Decentralization by Devolution" process under the Local Government Reform Act of 1996 moved many planning and budgetary decisions and responsibilities for service organization and delivery from the central level to 161 districts. However, the lack of budget authority, flexibility and timeliness created inefficiencies in the delivery of services by local government authorities (LGAs). At the district level, public services are not meeting the needs of Tanzanians. Poor delivery of public goods is due to many challenges at the district level including:

- Inadequate financing for critical functions needed to provide quality assurance of services;
- Incomplete decentralization of some core functions so districts are not fully empowered;
- Poor coordination and involvement of district stakeholders (multiple line ministries involved in a given sector, NGO, private) leading to fragmentation and duplication;
- Lack of clarity on roles, responsibilities, and communication channels;
- Paucity of mechanisms to receive and respond to client concerns;

- Weak planning and management capacities; and
- Few internal controls and awareness of best practices for financial management.

USAID's Development Objective (DO) 3—Effective Governance Improved—investments work to improve government service delivery in the health, agriculture, education, and other sectors. USAID health sector investments in facility-based services and community health promotion and services activities, as well as its agriculture, infrastructure, water and education service delivery will all be included in the systems slated to be improved. The DO3 program is guided by USAID/Tanzania's Country Development Cooperation Strategy (CDCS) 2015-2019, as well as strategic thinking from the Global Health Initiative (GHI) strategy and Feed the Future Initiatives. USAID's DO3 interventions will work to ensure that any results are sustained after USAID support ends, and that institutionalized capacity for ongoing improvement exists. Specifically, the USAID aims to support the GOT to develop a self-reliant local government service delivery system, particularly for health, agriculture, education, and other sectors, that is responsive to the needs of Tanzanians.

B. DO3 Results Framework and Development Hypothesis

The Development Hypothesis targets underlying obstacles to effective governance and public service delivery. It posits that when citizens hold their own government accountable, they are more confident that their needs will be effectively met and are more inclined to actively participate and mobilize their own resources to collaborate. Also, development partners can focus resources on socio-economic development with greater confidence to use country systems. The focus of this DO will be to ensure that women and youth have a voice and participate effectively in shaping development, reforms, and governance. To measure progress in the achievement of this DO, it is fundamental that Tanzanian citizens are able to access and use quality data and information. Increased government accountability and improved service delivery will be reinforced by open data and evidence-based planning and decision-making. Through improved capacity by various stakeholders to generate and use quality data and information, supported by the CCIR, democratic governance will be enhanced.

C. Summary of DO3 Program

The DO3 Program currently includes 18 activities, listed in Annex 1 – DO3 Activities and AOR/CORs. Through the DO3 program, USAID partnered with 14 CSOs (of which five CSOs are direct grantees) and three government institutions of accountability (IOAs) to provide them financial and technical assistance to improve their ability to serve citizens in holding the government accountable. Through its capacity development contractor, USAID strengthened the organizational capacity of its IOA grantees, namely, the Tanzania's Public Procurement Regulatory Authority (PPRA), the President's Office – Ethics Secretariat (ES), and the National Audit Office of Tanzania (NAOT). These activities included facilitating organizational self-assessments and public outreach assessments for NAOT, the Ethics Secretariat, and PPRA.

USAID has also focused on improving public service delivery. In Tanzania, public sector service delivery is considerably challenged by sizable workforce shortages, low domestic investment in critical social sectors, poor accountability and management of public funds, and inefficiencies of existing government services. Given that these governance challenges, particularly at the local government level, affect all sectors and essentially all USAID programs, the U.S. Government is pioneering an integrated public sector systems strengthening activity to build the GOT's public health, education and other systems to promote the delivery, quality, and use of services at the local government level, particularly for underserved populations. Public Sector Systems Strengthening (PS3) uses an integrated approach across governance, finance, human resources, and information to strengthen public systems, such as targeting public sector workforce shortages through innovative recruitment and retention strategies. In addition, PS3 seeks to support domestic resource mobilization to improve discretionary spending by local governments on critically needed and locally identified priorities and will strengthen public financial management (PFM) systems and accountability.

Baseline Indicators

The contractor must measure baseline values for at least the following two indicators –

1. Percentage of citizens who perceive citizen participation is effective in making government more responsive to citizens' needs
2. Percentage of citizens who report being satisfied by public services in targeted districts

The sample sizes for data collection should be calculated for a 95% confidence interval, disaggregated by sex, age, and districts. The following are the targeted districts are all districts within the following regions—Dodoma, Morogoro, Iringa, Shinyanga, Rukwa, Mwanza, Mtwara, Mbeya, Lindi, Kagera, Pwani, Mara, and Kigoma.

Baseline Methodology

USAID/Tanzania request the data collection team's expertise and input in the proposal to detail how the sample survey should be designed. As mentioned above, the sample should have a confidence interval of 95%.

The data collection team must think critically about the data needs before data collection and will request any data needed early to allow time for USAID/Tanzania to request and gain access to any needed data sets.

OTHER REQUIREMENTS

All quantitative data collected by the team must be provided in machine-readable, non-proprietary

formats as required by USAID's Open Data policy (see ADS 579). The data should be organized and fully documented for use by those not fully familiar with the project. USAID will retain ownership of the survey and all datasets developed.

All modifications to the required elements of the SOW of the contract/agreement, whether in technical requirements, indicators, team composition, methodology, or timeline, need to be agreed upon in writing by the activity manager. Any revisions should be updated in the SOW that is included as an annex to the Report.

ANNEX B: DO3 BASELINE INSTRUMENT

DO3 Baseline Questionnaire

PROG: Please program the following reserve codes for every question:

RESERVE CODES:

DON'T KNOW: 98

REFUSED: 99

PROG: On the tablet, interviewer instructions (highlighted in red in this document) should appear in a blue font while warnings to the interviewer should appear in red font.

(9001-9004) FIELD CONTROL PART 1

[ENUMERATOR: THE FOLLOWING 4 QUESTIONS SHOULD BE COMPLETED BEFORE THE INTERVIEW]

PROG: COLLECT GPS COORDINATES

999 ENUMERATOR

Enumerator, select your name from the list below.

[PROG: Program list of enumerators]

9025 HHID [PROG: MIN OF 10000 MAX OF 99999]

Enter the household ID selected from the Nfield sample.

9023 ENUM_AREA

Select the Enumeration Area that the Interview will be conducted in.

[PROG: Program drop-down with Enumeration Areas]

90234 ENUM_AREA_OTHER [PROG: IF ENUM_AREA=OTHER]

Enter the Enumeration Area Number below.

9003 VILLAGE/MITTA

Will this interview be conducted in a Village or a Mtaa?

1. Village
2. Mtaa

9004 VILLAGE/MITTA_NAME

Enter the name of the Village or Mtaa that this interview will be conducted in.

9024 VALIDHH

Are you able to start the Interview?

If you unable to start the interview and need to revisit, save and suspend the interview now.

Select "No" if you are unable to start the interview and need to replace the household for the following reasons:

Entire household absent until after EDI leaves EA

The household is vacant

Safety concerns

Final Refusal

Continue with the remaining questions and finish the interview file.

1. Yes
2. No [PROG: GO TO END]

(1000s) INTRODUCTION

1000 LANGUAGE

Would you like to continue in English or Swahili?

1. English
2. Swahili [PROG: Switch language of survey to Swahili]

1001 RESPONDENT_SELECT_INTRO

Hello, my name is [NAME] and I am from EDI. We are working with Data for Development, a USAID-funded project in Tanzania that provides services to make decisions based on data. We are in your area today conducting a survey to better understand satisfaction with the public services available in your area and to get feedback on citizen engagement mechanisms that may or may not lead to better service delivery. We would like you to help us choose someone to interview from your household who is 18 or older. Would you help us pick one?

1. Yes
2. No [PROG: Jump to END]

1003 RESPONDENT_SELECT1

Please tell me the FIRST names of each member of this household who is 18 years or over. For the purposes of this survey, a "household member" is anyone who shares this dwelling and shares the household's income. I will be recording the names in this tablet so please say each name one at a time.

[RECORD FIRST NAMES OF HOUSEHOLD. THE PROGRAM WILL AUTOMATICALLY SELECT A RESPONDENT.]

[PROG: RANDOMLY SELECT ONE OF THE HH MEMBERS ENTERED IN 1003]

1004 SPEAKWITH1

[SELECTED RESPONDENT 1] has been selected. May I please speak with him/her?

1. Yes [PROG: JUMP TO INTRODUCTION]
2. No [PROG: Jump to END]
3. Not currently present [PROG: JUMP TO PAUSE]

[PROG: COLLECT TIMESTAMP ATTEMPT1]

1005 PAUSE [PROG: IF SPEAKWITH=3]

Enumerator, you have indicated that the originally selected respondent is not available for the interview.

If this is the first or second visit and [RESPONDENT] will return before midnight on the last day that EDI is in the EA, select "Pause" below. If this is the third visit or [RESPONDENT] will not return by midnight on the last day that EDI is in the EA, select "New Respondent" from the list below to select a new respondent from this household.

1. Pause [PROG: JUMPT TO PAUSE_INST]
2. New Respondent - Third attempt [PROG: JUMP TO RESPOND_SELECT2]
3. New Respondent - Original respondent absent for extended period [PROG: JUMP TO RESPOND_SELECT2]

1006 PAUSE_INST [PROG: IF PAUSE=1]

Enumerator, pause the interview as you were taught during training. When you are ready to resume the interview, select "Resume" below.

1. Resume

1018 PAUSE_ATTEMPT [PROG: IF INTERVIEW HAS BEEN PAUSED]

Enumerator, is this the second or third attempt to interview this household?

1. 2 [PROG: COLLECT TIMESTAMP ATTEMPT2] [PROG: JUMP TO 1004]
2. 3 [PROG: COLLECT TIMESTAMP ATTEMPT3] [PROG: JUMP TO 1004]

1007 RESPOND_SELECT2 [PROG: IF PAUSE=2 or 3]

[PROG: SELECT A SECOND RESPONDENT FROM THE ORIGINAL LIST OF HH MEMBERS]

1008 SPEAKWITH2 [PROG: IF PAUSE=2 or 3]

[SELECTED RESPONDENT 2] has been selected. May I please speak with him/her?

1. Yes [PROG: JUMP TO INTRODUCTION]
2. No [PROG: Jump to END]
3. Not currently present [PROG: Jump to END]

1002 INTRODUCTION

Hello, my name is [NAME] and I am from EDI. We are working with Data for Development, a USAID-funded project in Tanzania that provides services to make decisions based on data. We are in your area today conducting a survey to better understand your satisfaction with public services available in your area and get your feedback on citizen engagement mechanisms that may or may not lead to better service delivery. We would like to discuss services, such as health, education, and water with you.

The interview will take about 45-60 minutes. The information you give will be analyzed and the results will be shared in statistical summaries only. Your name will be kept private and not be linked with your answers. Your participation is completely voluntary, and you will not receive any benefits or penalties for participating or not participating in this survey. In addition, you are free to skip any question with which you are not comfortable, and you may stop the interview at any time. Your participation and feedback on this survey will help USAID design future projects that help improve services in Tanzania.

If you have any questions about the survey, you may contact Respichius D. Mitti, EDI Ltd. P.O. Box 393, Kibeta, Bukoba, and Kagera Region Tel: 0783 135 299.

Do you have any questions?

CONSENT

Do you agree to participate in this survey? PROG: COLLECT TIMESTAMP AFTER THIS QUESTION IS ANSWERED.

1. Yes
2. No

PROG: IF ANSWER IS NO, THEN GO TO FIELD CONTROL FORM; IF ANSWER IS YES, CONTINUE WITH QUESTIONNAIRE.

(2000s) DEMOGRAPHICS AND HOUSEHOLD COMPOSITION

[PROG: COLLECT TIMESTAMP]

2001 AGE

[PROG: DON'T KNOW=998, REFUSE=999]

[PROG: MIN=1, MAX=120]

How old are you [on your last birthday]?

- [Numeric Response]

2002 AGE2

[PROG: Ask if AGE=Don't Know/Refuse]

To your knowledge are you more than 18 years old?

1. Yes
2. No

PROG: IF AGE <18 or AGE2=No, CONFIRM AND GO BACK TO HH ROSTER.

2003 GENDER

[ENUMERATOR, PLEASE OBSERVE AND RECORD THE GENDER OF THE RESPONDENT – DO NOT ASK]

1. Male
2. Female

2004 HH_NUMBER

I would like to collect some information about your household members. For the purposes of this survey, a "household member" is anyone who shares this dwelling and shares the household's income. Using this definition, how many people are members of your household?

- [Numeric Response] [PROG: Program lower limit of 1 and soft verification for an upper limit of 20]

2005 HH_ADULT

How many of these household members are 18 years old or older?

- [Numeric Response] [PROG: Program lower limit of 1 and soft verification for an upper limit of 20] [PROG: Program soft verification to confirm HH_ADULT=# of names entered in HH Roster]

2006 HH_YOUTH

And how many are children from 5 years old to 17 years old?

- [Numeric Response] [PROG: Program lower limit of 0 and soft verification for an upper limit of 20]

2007 HH_CHILDREN

And how many are children under 5 years old?

- [Numeric Response] [PROG: Program lower limit of 0 and soft verification for an upper limit of 20]

[PROG: Soft verify HH_ADULT+HH_YOUTH+HH_CHILDREN=HH_NUMBER]

2012 INDIV_TIME

How long have you lived in this [VILLAGE/MTAA]? [ENUMERATOR, RECORD RESPONSE IN YEARS AND MONTHS, BUT DO NOT ASK SPECIFICALLY FOR MONTHS.]

- YEARS: [Numeric Response] [PROG: Program lower limit of 0]
- MONTHS: [Numeric Response] [PROG: Program lower limit of 0, upper limit of 11]

2008 HH_TIME

How long has your household lived in this [VILLAGE/MTAA]? [ENUMERATOR, RECORD RESPONSE IN YEARS AND MONTHS, BUT DO NOT ASK SPECIFICALLY FOR MONTHS.]

- YEARS: [Numeric Response] [PROG: Program lower limit of 0]
- MONTHS: [Numeric Response] [PROG: Program lower limit of 0, upper limit of 11]

2009 HH_INCOME_LOWER

What was the lowest monthly income your household received in the past year, in TSH?

1. [Numeric]

2011 HH_INCOME_UPPER

What was the highest monthly income your household received in the past year, in TSH?

1. [Numeric]

(3000s) OVERALL GOVERNMENT PERFORMANCE

[PROG: COLLECT TIMESTAMP]

Next, I would like to ask about your Local Government Authority and the services it provides. When we talk about services, we mean things like schools, dispensaries and health clinics, roads, market places, police, environmental conservation and protection, water supply and land use, and agricultural extension services.

3001 GOVT_SATISFACTION

Thinking about today, how satisfied are you with the services currently provided by your local government, in general? Are you:

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

3002 GOVT_SATIS_PAST12

Thinking about 12 months ago, how satisfied were you with the services provided by your local government, in general? Were you:

1. Very satisfied
2. Satisfied

3. Dissatisfied
4. Very dissatisfied
5. Did not live in this area

3003 GOVT_SATIS_DECREASE

[ASK IF GOVT_SATIS_PAST12 WAS 1 OR 2 AND GOVT_SATISFACTION IS 3 OR 4]

In your opinion, why has your satisfaction with the services provided by the local government decreased from 12 months ago? [ENUMERATOR, DO NOT READ RESPONSE CHOICES. SELECT ALL OPTIONS THAT APPLY AND PROBE FOR ANY ADITIONAL RESPONSES.] [PROG: SELECT ALL]

1. Needed services have not been available
2. Provided services are not consistent
3. Provided services need improvement
4. Services are too far away
5. Services are too expensive
6. Services are not managed well
7. Other, please specify [PROG: OPEN ENDED]

3004 GOVT_SATIS_IMPROVE

[ASK IF GOVT_SATIS_PAST12 WAS 3 OR 4 AND GOVT_SATISFACTION IS 1 OR 2]

In your opinion why has your satisfaction with the services provided by the local government increased from 12 months ago? [ENUMERATOR, DO NOT READ RESPONSE CHOICES. SELECT ALL OPTIONS THAT APPLY AND PROBE FOR ANY ADITIONAL RESPONSES.] [PROG: SELECT ALL]

1. Needed services are now available
2. Provided services are now consistently provided
3. Provided services have improved
4. Service cost has decreased
5. Services are now managed well
6. Provided services are closer to me
7. Other, please specify [PROG: OPEN ENDED

(4000s) HEALTH AND EDUCATION

[PROG: COLLECT TIMESTAMP]

I would like to ask you a couple of questions about this village/mtaa.

The first questions ask about the location of the village/mtaa in regards to several kinds of public services and facilities. Please tell me whether the following services or facilities are available in your village/mtaa, and whether your household have used the service within the past 12 months. (PROG: DO NOT FORMAT THIS AS A TABLE – INSTEAD, ASK THE QUESTIONS ONE-BY-ONE IN A LOOP)

PUBLIC FACILITY / SERVICE	4001 SERVICE_ACCESS_VIL Does your village/mtaa have a public [FACILITY]? 1. YES [GO TO SERVICE_USAGE] 2. NO [GO TO SERVICE_ACCESS_WARD] [PROG: IF DK/REF GO TO SERVICE_ACCESS_WARD]	4004 SERVICE_ACCESS_WARD [PROG: IF Q4001 NOT = 1] Does your ward have a public [FACILITY]? 1. YES 2. NO [PROG: IF SERVICE_ACCESS_VIL=NO, IDK, REF & SERVICE_ACCESS_WARD= NO, IDK, REF, THEN GO TO NEXT FACILITY]	4002 SERVICE_USAGE Has anyone in your household used a public [FACILITY] in your village/mtaa or Ward in the past 12 months? 1. YES GO TO NEXT ITEM] 2. NO [GO TO SERVICE_WHY] [PROG: IF DK/REF GO TO NEXT ITEM]	4003 SERVICE_WHY What is the primary reason your household has not used the public [FACILITY] in the past 12 months? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.] 1. No need 2. Cannot afford it financially 3. Cannot reach the facility 4. No time to visit the facility when it is open 5. Other, specify [PROG: OPEN ENDED]
Primary school	-	-	-	-
Secondary school	-	-	-	-
Dispensary	-	-	-	-
Health center	-	-	-	-
Hospital	-	-	-	-

[PROG: FOR EACH EDUCATION FACILITY THAT THE RESPONDENT USED, ASK THE FOLLOWING QUESTIONS.]

The next questions ask about services that you have used.

4005 EDUCATION_TRANSPORTATION

What is the primary mode used by the children in your household to get reach the [EDUCATION FACILITY] from your household? [ENUMERATOR, DO NOT READ RESPONSE CHOICES. THE PRIMARY MODE IS THE MODE USED MOST FREQUENTLY.]

1. Walking
2. Bicycle
3. Family vehicle (owned by the respondent or another household member)
4. Hired vehicle
5. School provided transportation (bus or car)
6. Public/Community transportation (bus or car)
7. Child lives at boarding school [PROG: SKIP TO ED_FACILITIES]
8. Other [PROG: OPEN ENDED]

4004 EDUCATION_TIME

Approximately how much time does it take to get to the [EDUCATION FACILITY] on a typical day using your primary mode of transport? [ENUMERATOR, RECORD THE RESPONSE IN HOURS AND MINUTES, BUT DO NOT SPECIFICALLY ASK FOR THIS FORMAT.]

- Hours: [Numeric Response] [PROG: Program a minimum of 0 and a maximum of 24]
- Minutes: [Numeric Response] [PROG: Program a minimum of 0 and a maximum of 60]

4006 ED_FACILITIES

To what extent do you agree or disagree with the following statements regarding the [EDUCATION FACILITY]? Do you strongly agree, agree, disagree, or strongly disagree that:

Statement	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
The buildings are in good condition.	-	-	-	-
The [FACILITY] is clean.	-	-	-	-
The teachers are present for classes.	-	-	-	-
Books and/or instruction materials are available.	-	-	-	-
There are sufficient desks for the students.	-	-	-	-
The sanitary facilities are in good condition.	-	-	-	-
The students are safe at school.	-	-	-	-
The quality of teaching is generally high.	-	-	-	-
Most children pass exams.	-	-	-	-

4007 ED_SATISFACTION

Considering what we just discussed, how satisfied are you with the [EDUCATION FACILITY]? Are you:

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

4008 ED_FEEDBACK

Are you able to provide feedback to the [EDUCATION FACILITY] about any issues or concerns you may have?

1. Yes
2. No [PROG: GO TO ED_FEEDBACK_USED]

[PROG: IF ED_FEEDBACK IS DK OR REF, GO TO ED_FEEDBACK_USED]

4009 ED_FEEDBACK_HOW

What are the options available to you to provide feedback? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. Personal conversation with [EDUCATION FACILITY] staff
2. Designated feedback/complaint box
3. Thought the school management committee/parent teacher association
4. Via village/street meetings
5. Via a website for the [EDUCATION FACILITY]
6. Via a village/mtaa website
7. Via a Council website
8. Other, please specify [PROG: OPEN ENDED]

4010 ED_FEEDBACK_GIVE

Have you ever provided feedback to the [EDUCATION FACILITY]?

1. Yes
2. No

4011 ED_FEEDBACK_USED

To what extent do you agree or disagree with the following statement: The [EDUCATION FACILITY] considers feedback from parents and the community and uses it to make needed changes? Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

4012 ED_RESPONSIVNESS

To what extent do you agree or disagree with the following statement: The [EDUCATION FACILITY] responds to citizen feedback in a timely manner. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

[PROG: FOR EACH HEALTH FACILITY THAT THE RESPONDENT USED, ASK THE FOLLOWING QUESTIONS.

4014 HEALTH_TRANSPORTATION

What is the primary mode used by members of your household to reach the [HEALTH FACILITY] from your household? [ENUMERATOR, DO NOT READ RESPONSE CHOICES. THE PRIMARY MODE IS THE MODE USED MOST FREQUENTLY.]

1. Walking
2. Bicycle
3. Family vehicle (owned by the respondent or another household member)
4. Hired vehicle
5. Facility provided transportation (bus or car)
6. Public/Community transportation (bus or car)
7. Other [PROG: OPEN ENDED]

4013 HEALTH_TIME

Approximately how much time does it take to get to the [HEALTH FACILITY] on a typical day using your primary mode of transport? [ENUMERATOR, RECORD THE RESPONSE IN HOURS AND MINUTES, BUT DO NOT SPECIFICALLY ASK FOR THIS FORMAT.]

- Hours: [Numeric Response] [PROG: Program a minimum of 0 and a maximum of 24]
- Minutes: [Numeric Response] [PROG: Program a minimum of 0 and a maximum of 60]

4015 HEALTH_FACILITIES

To what extent do you agree or disagree with the following statements regarding the [HEALTH FACILITY]? Do you:

Statement	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
The facility is open at convenient hours.	-	-	-	-
The buildings are in good condition.	-	-	-	-
The [HEALTH FACILITY] is clean.	-	-	-	-
There are sufficient staff members to meet the public's needs.	-	-	-	-

Statement	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree
The sanitary facilities are in good condition.	-	-	-	-
There are sufficient supplies to treat patients.	-	-	-	-
You are able to get the medicines or supplies you need during your visit.	-	-	-	-
The quality of service is good.	-	-	-	-

4016 HEALTH_SATISFACTION

Considering the above factors, how satisfied would you say you are with the [HEALTH FACILITY]? Are you:

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied

4017 HEALTH_FEEDBACK

Are you able to provide feedback to the [HEALTH FACILITY] about any issues or concerns you may have?

1. Yes
2. No [PROG: GO TO HEALTH_FEEDBACK_USED]

[PROG: IF HEALTH _FEEDBACK IS DK OR REF, GO TO HEALTH _FEEDBACK_USED]

4018 HEALTH_FEEDBACK_HOW

What are the options available to you to provide feedback? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. Personal conversation with [HEALTH FACILITY] staff
2. Designated feedback/complaint box
3. Via telephone
4. Via village/street meetings
5. Via a website for the [HEALTH FACILITY]
6. Via a village/mtaa website
7. Via a Council website
8. Other, please specify [PROG: OPEN ENDED]

4019 HEALTH_FEEDBACK_GIVE

Have you ever provided feedback to the [HEALTH FACILITY]?

1. Yes
2. No

4020 HEALTH_FEEDBACK_USED

To what extent do you agree or disagree with the following statement: The [HEALTH FACILITY] considers the feedback received and uses it to make the needed changes. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

4021 HEALTH_RESPONSIVNESS

To what extent do you agree or disagree with the following statement: The [HEALTH FACILITY] responds to citizen feedback in a timely manner. Do you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

(5000s) WATER

Next, I would like to ask you a few questions about the use of water by your household.

5001 WATER_HH

What is your household's primary source of water? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. Communal tap/Water kiosk
2. Protected well
3. Unprotected well
4. Private borehole on your plot
5. Private borehole somewhere else
6. Piped water inside house
7. Piped water outside house within stand/plot
8. Piped water from neighbor
9. Surface water (pond, lake, river, stream, spring water)
10. Manufacture-packaged bottled water
11. Refilled bottled water
12. Water vendor
13. Rain water
14. Other, specify [PROG: OPEN ENDED]

5001_1 WATER_HH_ACCESS [PROG IF WATER_HH NOT EQUAL IDK/REFUSE]

Who has access to that water source?

1. The public/anyone
2. Your family only
3. Only those with special permission (family and friends)

5002 WATER_PROVIDER

[PROG: ONLY ASK IF WATER_HH=PIPED WATER INTO HH OR COMMUNITY] Who is your primary water service provider?

[OPEN ENDED]]

5003 WATER_PROV_RATE

[PROG: ONLY ASK IF WATER_HH=PIPED WATER INTO HH OR COMMUNITY]

Would you rate this water service provider as:

1. Very good
2. Good
3. Poor
4. Very poor

5004 NO_WATER_WHY

[PROG: ONLY ASK IF WATER_HH=PRIVATE WELL OR COMMUNITY SYSTEM] What is the main reason that you are not connected to the public water supply? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. Do not want a connection, because other water sources are available
2. We are renters and this house does not have one (or the landlord will not get one)
3. The water company has a waiting list for connections
4. Cannot afford to pay for a new connection
5. Cannot afford to pay monthly bills for water
6. Water service is not available
7. Other, specify _____ [PROG: OPEN RESPONSE]

[PROG: IF WATER_HH=IDK/REF JUMP TO DRINKINGWATER_SUFFICIENT]

5005 WATER_HOURS

I want to ask you more about the water from [MAIN SOURCE OF WATER]. How many hours per day is water available from this source on average?

- [Numeric Response] [PROG: SET A LOWER LIMIT OF 0 AND UPPER LIMIT OF 24]

5006 WATER_DAYS

How many days a week is water available from this source on average?

- [Numeric Response] [PROG: SET A LOWER LIMIT OF 0 AND UPPER LIMIT OF 7]

5007 WATER_QUAL

Would you characterize the overall cleanliness and safety of water from your primary source as:

1. Very good
2. Good
3. Poor
4. Very poor

5008 DRINKING WATER_SUFFICIENT

Does your household have sufficient water for drinking when you need it?

1. Yes, always
2. Yes, most of the time
3. Yes, sometimes
4. No

5009 OTHER WATER_SUFFICIENT

Does your household have sufficient water for other uses such as bathing, washing clothes and dishes, etc.?

1. Yes, always
2. Yes, most of the time
3. Yes, sometimes
4. No

(6000s) CIVIC PARTICIPATION

Now I would like to ask you questions about your participation in local governance activities.

6001 CIVIC_PARTICIP

Which of the following have you or someone in your household done in the last 12 months? [ENUMERATOR, READ ALL RESPONSE OPTIONS AND SELECT ALL THAT APPLY] [PROG: SELECT ALL THAT APPLY]

1. Voted in the election of village/mtaa council
2. Voted in the election of Mayor/District Chair
3. Voted in the election of Members of Parliament
4. Attended a village assembly or full council meeting
5. Attended an annual assembly meeting in your village/mtaa
6. Presented your views to a member of the local council
7. Attended a neighborhood forum to discuss local issues
8. Took part in a public demonstration or protest
9. Gave feedback to your local government via telephone
10. Gave feedback to your local government via their website

11. Gave feedback to your local government via a complaint box
12. Participated in planning via the government's opportunities and obstacles to development process
13. Reported an official for corrupt practices or misuse of public resources
14. None [GO TO CIVIC_INFORMAL]

[PROG: None, DK, and Refuse are exclusive]

6002 CIVIC_MOSTEFFECTIVE

[PROG: ONLY ASK IF CIVIC_PARTICIP=1-5]

Of the actions that you previously mentioned, which do you believe is the most effective for making government responsive to citizen needs in your village/mtaa? [ENUMERATOR, READ AS NECESSARY] [PROG: ONLY PIPE IN ANSWERS THAT WERE SELECTED IN PREVIOUS QUESTION]

1. Voting in the election of village/mtaa council
2. Voting in the election of Mayor/District Chair
3. Voting in the election of Members of Parliament
4. Attending a village assembly or full council meeting
5. Attending an annual assembly meeting in your village/mtaa
6. Presenting your views to a member of the local council
7. Attending a neighborhood forum to discuss local issues
8. Taking part in a public demonstration or protest
9. Giving feedback to your local government via telephone
10. Giving feedback to your local government via their website
11. Giving feedback to your local government via a complaint box
12. Participating in planning via the government's opportunities and obstacles to development process
13. Reporting an official for corrupt practices or misuse of public resources
14. None of these activities are effective for enacting change

6003 CIVIC_PERCEP

Do you believe it is important to participate in these types of activities to make government more responsive to citizen needs in your village/mtaa?

1. Yes
2. No

6004 CIVIC_IMPROVE

To what extend do you agree or disagree with the following statement: when citizens participate in these types of activities the government improves services in your village/mtaa? Do you:

1. Strongly Agree [PROG: GO TO CIVIV_COUNCIL_COUNT]
2. Agree [PROG: GO TO CIVIV_COUNCIL_COUNT]
3. Disagree
4. Strongly Disagree

6005 CIVIC_PERCEP_NO

Why Not? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. There are no unmet needs of citizens in my village/mtaa
2. The village/mtaa leadership is effective in being responsive to citizen needs
3. Civic participation will not make government more responsive to citizen needs
4. Other, specify [PROG: OPEN ENDED]

6006 CIVIC_COUNCIL_COUNT

How many people currently serve on your village/mtaa council?

- [Numeric Response] [PROG: SET A LOWER LIMIT OF 0 AND SOFT VERIFY UPPER LIMIT OF 20]

6007 CIVIC_COUNCIL_GENDER

Do any females currently serve on your village/mtaa council?

1. Yes
2. No [PROG: GO TO CIVIC_INFORMAL]

6008 CIVIC_COUNCIL_GENDERCOUNT

How many females currently serve on your village/mtaa council?

- [Numeric Response] [PROG: SET A LOWER LIMIT OF 0 AND SOFT VERIFY UPPER LIMIT OF 10]

6009 CIVIC_INFORMAL

Many villages/mtaas have periodic informal meetings to discuss neighborhood issues and even have their own leader that they look up to for addressing village/mtaa issues rather than depending on the government Local Authority. Does your village/mtaa have an informal community or neighborhood leader?

1. Yes
2. No [PROG: GO TO CIVIC_FREQ]

6010 CIVIC_INFORMALELECT

Was he/she selected by a vote, either formal or informal?

1. Yes
2. No

6011 CIVIC_FREQ

How regularly does a member of your household attend a village/mtaa meeting? Would you say often, sometimes, rarely, or never?

1. Often
2. Sometimes
3. Rarely
4. Never

6012 CIVIC_RESOLVE PROB

If you have a need for specific services in your community, do you know who to meet with to get it addressed?

1. Yes
2. No

6013 CIVIC_COUNCIL REP

Do you have a person living with HIV as a member of your village/mtaa council?

1. Yes
2. No

6014 CIVIC_CSO REP

To your knowledge, are there any representatives of vulnerable populations in civil society organizations in your village/mtaa? Vulnerable populations can include most vulnerable children, adolescent girls and young women, and people living with HIV.

1. Yes
2. No

(7000s) SOCIAL SERVICES

Lastly, we have some questions about social services you have received or would like to receive.

7001 SOCIAL_RECEIVE

[PROG: ONLY ASK IF HH_YOUTH>0 AND/OR HH_CHILD>0]

Has a social welfare officer visited your household to assess the well-being of children under 18?

1. Yes [PROG: GO TO SOCIAL_FREQ]
2. No

7002 SOCIAL_REQUEST

[PROG: ONLY ASK IF HH_YOUTH>0 AND/OR HH_CHILD>0]

Would you like a social welfare officer to visit your community to assess the well-being of children?

1. Yes [PROG: GO TO END]
2. No [PROG: GO TO END]

[PROG: GO TO END IF SOCIAL_RECEIVE=NO, IDK, REF]

7003 SOCIAL_FREQ

How often does a social welfare officer visit your household? [ENUMERATOR, DO NOT READ RESPONSE CHOICES.]

1. Once a week
2. Once every other week
3. Once a month
4. Once every other month
5. Once every four months

6. Once every six months
7. Once every year
8. Only once
9. Other, specify

7004 SOCIAL_REFER

Did this visit(s) result in a referral for services?

1. Yes
2. No [PROG: GO TO END]

7005 SOCIAL_SERVICE

What services did the social welfare officer refer the child/children to? [[ENUMERATOR, DO NOT READ RESPONSE CHOICES. SELECT ALL THAT APPLY]

1. Malnutrition services
2. HIV/AIDS services
3. Psychological services
4. Gender-based violence against children/women
5. Other health services, please specify [PROG: OPEN ENDED]

7006 SOCIAL_SATISFACTION

To what extent were you satisfied or dissatisfied with the following regarding the social welfare officer or referral for social services? Were you very satisfied, satisfied, dissatisfied, or very dissatisfied?

Statement	1. Very Satisfied	2. Satisfied	3. Dissatisfied	4. Very Dissatisfied
The social welfare officer's knowledge	-	-	-	-
The social welfare officer diagnosis/assessment of the child	-	-	-	-
The main service the child was referred to by the social welfare officer	-	-	-	-
The responsiveness of your local government to social service needs of your family	-	-	-	-

(11000s) TRACKING QUESITONS

Now I would like to ask you some questions about how we can contact you in the future. We may do a follow-up survey in the future and may recontact you to participate in this survey which will also ask about services provided in your village/mtaa.

11001 NAME_FULL

What is your full name?

11002 PHONE_NUMBER_RESP

Please tell me the best telephone number to reach you. We may also use this telephone number to contact you about any questions we may have about today's interview.

11003 PHONE_NUMBER_OTHER

If we are unable to reach you at that number, we would like to contact others that might help us to locate you for the follow up survey. Please tell me the name and telephone number for the following people:

1. The head of your household or, if talking to the head of household, your spouse:

   [Name] [Number]

2. A neighbor who will know how to reach you: [Name] [Number]
3. Your best friend in this village/mtaa: [Name] [Number]

7777 END

This is the end of the interview. Thank you for your time and cooperation, it is much appreciated.

1. ENUMERATOR, PLEASE CONFIRM THE END OF THE QUESTIONNAIRE FOR THE RESPONDENT

PROG: COLLECT TIMESTAMP AFTER THIS QUESTION IS ANSWERED.

(8000s) ENUMERATOR OBSERVATIONS

[ENUMERATOR: THE FOLLOWING SHOULD BE FILLED IN AFTER THE INTERVIEW]

8001 RESP_DIFFICULTY

Did the respondent have difficulty answering any of the questions?

1. Yes
2. No [PROG: Go to ENUM_DIFFICULTY]

8002 RESP_DIFFICULTY_NUM

Please list the questions with which the respondent had difficulty by number or description and provide a short description of the difficulty.

[PROG: OPEN RESPONSE]

8003 ENUM_DIFFICULTY

Did you have any technical problems with the questionnaire?

1. Yes
2. No [PROG: GO TO ENUM_TABLET]

8004 ENUMC_DIFFICULTY_WHICH

Which of the following technical problems did you encounter? MARK ALL THAT APPLY

1. Questionnaire wouldn't launch
2. Questionnaire wouldn't advance
3. Questionnaire closed unexpectedly
4. Other, please specify _____ [PROG: OPEN RESPONSE]

8005 ENUM_TABLET

Did you have any problems with the tablet?

1. Yes
2. No [GO TO ENUM_RATE]

8006 ENUM_TABLET_WHICH

Which of the following problems did you have with the tablet? MARK ALL THAT APPLY

1. Tablet wouldn't start
2. Tablet ran out of batteries
3. Tablet stopped working unexpectedly
4. Other, please specify _____[PROG: OPEN RESPONSE]

8007 ENUM_RATE

How would you rate the overall quality of the interview in terms of willingness to answer correctly?

1. Very good
2. Good
3. Poor
4. Very poor

11004 ADDRESS_DESCRIP

ENUMERATOR, ENTER A DESCRIPTION OF THE STRUCTURE'S ADDRESS

HOUSEHOLD CHARACTERISTICS

[ENUMERATOR: THE FOLLOWING SHOULD BE FILLED IN AFTER THE INTERVIEW OF AFTER FINAL ATTEMPT FOR ALL HOUSEHOLDS]

10001 WALL

What material is the structure walls made of?

1. Grass
2. Mud and poles
3. Sun-dried bricks
4. Other bricks, cement blocks, stone
5. Timber
6. Earth, sand, dung
7. Metal sheets
8. Other, specify
9. Not observable

10002 ROOF

What material is the structure roof made of?

1. Thatch, leaves, grass, animal hides
2. Metal sheets
3. Tiles

4. Concrete
5. Asbestos
6. Other, specify
7. Not observable

10003 ELECTRICITY_GRID

Is the structure connected to electricity?

1. Yes
2. No
3. Not observable

10005 STREET

Is the street in front of the structure paved?

1. Yes
2. No
3. Not observable

10006 PROXIMITY

Is the structure close, medium, or far away from the village/mtaa center?

1. Close (0-5 minutes)
2. Medium (6-15 minutes)
3. Far (15 + minutes)

(9005-9024) FIELD CONTROL PART 2

9005 VISITS

How many visits were made to this household?

1. 1
2. 2
3. 3

9006 DATE_VISIT1

Select the date of the first visit

_ _ /_ _ / _ _ _ _ (Day/Month/Year)

9007 ENUMERATOR_NAME1

Please select the name of the interviewer who conducted the first visit.

[PROG: Program list of enumerators]

9008 DISPOSITION1

Enter the disposition code for the first visit to the household.

1. Completed the Interview [PROG: Skip to COMMENTS1]

2. No one at home or no adult at home
3. Respondent not available
4. Entire household absent for extended period
5. Rescheduled (Interview postponed and new time scheduled)
6. Final Refusal (Interview refused/no interview completed)
7. Dwelling vacant
8. Safety concern
9. Other Non-Interview, specify: [PROG: OPEN RESPONSE]
10. Partial Complete/Will return (Interview stopped but will continue later)
11. Partial Complete/Interview finished (Interview stopped and will not continue)
12. Temporary Refusal (Interview refused)

9009 APPOINTMENT1

Was an appointment made for a second visit?

1. Yes
2. No [PROG: Skip to COMMENTS1]

9010 APPOINTMENT_DATE1

Enter the date of appointment

90101 APPOINTMENT_TIME1

Enter the time of appointment

Time: (HH:MM)

9011 COMMENTS1

Enter comments about how the first visit went

[PROG: If VISITS=1, then Skip to LANGUAGE_USED]

9012 DATE_VISIT2

Select date of second visit

_ _ /_ _ / _ _ _ _ (Day/Month/Year)

9013 ENUMERATOR_NAME2

Please select the name of the interviewer who conducted the second visit.

[PROG: Program list of enumerators]

9014 DISPOSITION2

Enter the disposition code for the second visit to the household.

1. Completed the Interview [PROG: Skip to COMMENTS2]
2. No one at home or no adult at home
3. Respondent not available

4. Entire household absent for extended period
5. Rescheduled (Interview postponed and new time scheduled)
6. Final Refusal (Interview refused/ no interview completed)
7. Dwelling vacant
8. Safety concern
9. Other Non-Interview, specify: [PROG: OPEN-ENDED]
10. Partial Complete/Will return (Interview stopped but will continue later)
11. Partial Complete/Interview finished (Interview stopped and will not continue)
12. Temporary Refusal (Interview refused)

9015 APPOINTMENT2

Was an appointment made for a third visit?

1. Yes
2. No [PROG: Skip to COMMENTS2]

9016 APPOINTMENT_DATE2

Enter the date of appointment

90161 APPOINTMENT_TIME2

Enter the time of appointment

Time: (HH:MM)

9017 COMMENTS2

Enter comments about how the second visit went

[PROG: If VISITS=2, then Skip to LANGUAGE_USED]

9018 DATE_VISIT3

Select the date of the third visit

_ _ /_ _ / _ _ _ _ (Day/Month/Year)

9019 ENUMERATOR_NAME3

Please select the name of the interviewer who conducted the third visit.

[PROG: Program list of enumerators]

9020 DISPOSITION3

Enter the disposition code for the third visit to the household.

1. Completed the Interview [PROG: Skip to COMMENTS3]
2. No one at home or no adult at home
3. Respondent not available
4. Entire household absent for extended period
5. Rescheduled (Interview postponed and new time scheduled)

6. Final Refusal (Interview refused/ no interview completed)
7. Dwelling vacant
8. Safety concern
9. Other Non-Interview, specify: [PROG: OPEN-ENDED] (Specify in notes)
10. Partial Complete/Will return (Interview stopped but will continue later)
11. Partial Complete/Interview finished (Interview stopped and will not continue)
12. Temporary Refusal (Interview refused)

9021 COMMENTS3

Enter comments about how the third visit went

[PROG: END]

ANNEX C: DATA COLLECTION METHODS AND LIMITATIONS

Sample Size Calculations and Justification

A substantial number of public services in Tanzania are decentralized to LGAs resulting in multiple levels of government having responsibility for service delivery within their jurisdiction. LGAs operate within both the rural (district) and urban (city, town, or municipality) levels of the government. As such, Data for Development was instructed to collect a large enough sample that would be representative for each of the 13 project regions (as well as for urban and rural areas within each region), with the requirement that a 95 percent confidence interval and 5 percent margin of error be used to determine the total sample size required for each region. Sample calculations, outlined below in Table C1, show a required total sample of 7,241 households. In order to account for attrition for a possible endline assessment in 2021, the sample size was increased by one-third over three years, which assumes an attrition rate per year of 10 percent. This resulted in increasing the required sample to 9,632 households for the baseline data collection.

Table C1: DO3 Baseline Data Collection Sample Size

Level of Representativeness	Margin of Error		Total Sample Required	Sample + Attrition[b]
	Region	Urban/Rural		
Regional	5%	12.7% (5%)[a]	7,241	9,632

(a) For the case where: 1) the combined urban (rural) wards of two regions are compared to the combined urban (rural) wards in two other regions, or 2) the combined urban wards of two regions are compared to the combined rural wards in the same two regions.
(b) Attrition at 10 percent per year.

Using this approach, data can be used to compute representative indicators at the regional level as well as at the urban or rural levels for each region. Additionally, since the probability of selection of each household will be known, indicator values can be computed that are representative of the population—for example all urban and rural households. This sampling strategy will allow for region-to-region comparisons at a 5 percent margin of error. Comparisons of smaller units, for example, comparing rural areas in Region 1 to rural areas in Region 2 will have a higher margin of error at 12.7 percent. The margin of error in this latter case may be brought down to 5 percent by grouping in pairs the urban or rural areas within each region before comparison [see Note (a) in Table 1].

Sample Size Per Region

For the baseline survey round, the surveys completed for each of the 13 regions with DO3 operations is depicted in Table C2. Once in the field it was revealed that there are fewer numbers of urban wards than rural wards. To account for this, the number of interviews conducted in each urban ward is higher than those conducted in the rural wards for the same region, causing the actual sample size to be larger than originally planned and shown in Table C1. The final sample size was 9,828.

Table C2: Total Sample for DO3 Baseline Data Collection

Region	Wards Per Region		Total Interviews
	Urban	Rural	
Dodoma	12	28	776
Morogoro	12	28	777
Pwani	12	28	777
Lindi	12	28	778
Mtwara	12	28	777
Iringa	12	28	776
Mbeya	12	28	776
Rukwa*	7	28	886
Kigoma**	0	28	392

Region	Wards Per Region		Total Interviews
	Urban	Rural	
Shinyanga	12	28	779
Kagera	12	28	778
Mwanza	12	28	777
Mara	12	28	779
Total	**139**	**364**	**9,828**

Notes:
Peri-urban wards are assigned to rural government.
* Region only contains seven urban wards.
** Region does not contain urban wards.

Sampling Methodology

The intention of this report is to compare all rural areas to urban areas within a region or across any pair of two-region groups. However, since there are fewer urban wards than rural wards the sample sizes for the rural and for the urban strata of each region [where the strata comprise of wards within higher-level governments such as districts (rural) or city, municipal or town area (urban)] could not be balanced. The report does not make comparisons among individual HLGs[10] (districts, cities, municipalities, or towns) or wards within all urban or rural stratum under each region.

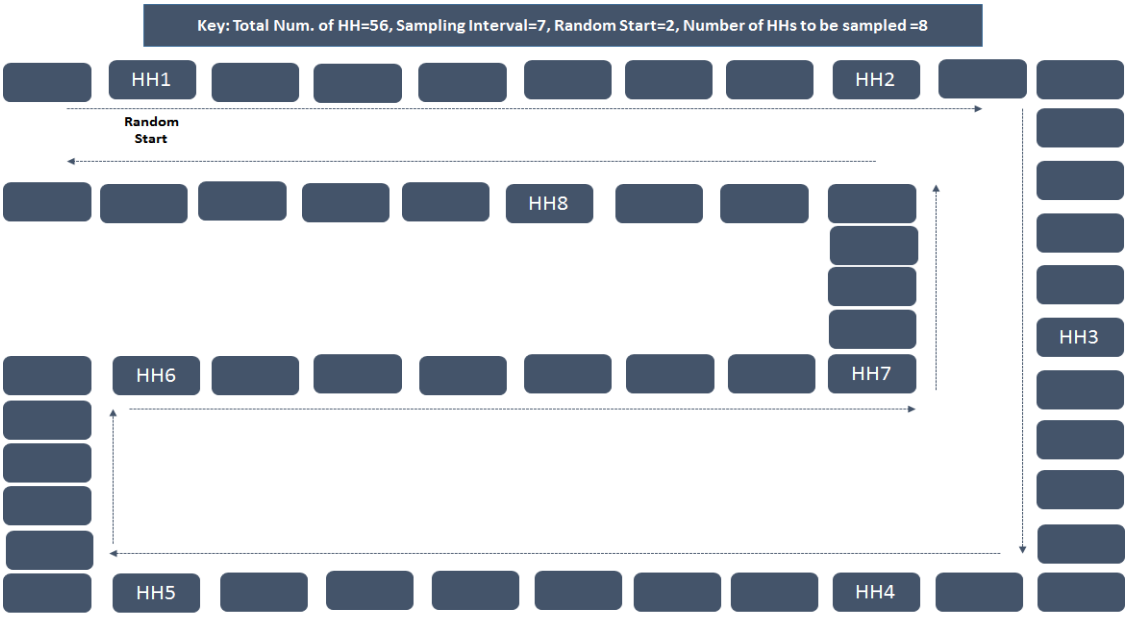
The sampling design consists of three steps. First, the wards were stratified by region and by urban/rural designation. Second, using the 2012 census data, seven or 12 wards from urban HLGs within a region, distributed across a region's urban HLGs proportionate to HLG population size (i.e., if an urban HLG has 20 percent of the region's urban population then it received 20 percent of the sampled wards) and 28 wards from rural HLGs within a region, distributed across a region's rural HLGs proportionate to HLG population size (i.e., if a rural HLG has 20 percent of the region's rural population then it received 20 percent of the 28 wards); were selected. Two primary EAs and one backup EA were selected from each ward. Finally, from each of the two selected EAs a random point was selected and a systematic sample of households drawn according to specified protocols. The number of households drawn in each EA was equal to half of the total required sample for that EA's ward. The total number of households interviewed per ward varied based on the ward's designation as urban or rural—usually 32 households were interviewed per urban ward and 14 households per rural ward. The exception was the region of Rukwa where 70 interviews were conducted in each of the seven urban wards.

Household Sampling

Eligible households were selected using systematic random sampling. A sampling interval was calculated equaling the total number of households in an EA divided by the number of completed interviews to be conducted in that EA.[11] A random starting point was selected by splitting the EA into two halves by population and using the geographic center of each half as the starting point. From the starting point each enumerator counted one full sampling interval to reach the first household to be contacted. After visiting the first household, the enumerator counted another full sampling interval to selection the second household and so on. Figure C1 below was used to train enumerators regarding the household sampling.

[10] The term HLGs includes districts (rural areas) and city/town/municipalities (urban areas) with a region; Lower-Level Governments includes wards and mtaa (hamlets) with urban and rural areas.
[11] During questionnaire piloting the AT realized that the Household estimates provided in the 2012 census data were outdated. In order to get a more accurate measure of how many households each EA had, the AT contracted local guides who reviewed the EA and provided an estimate of the total number of households in that EA.

Figure C1: Random Walk Pattern



Respondent Sampling

Once a household was selected for interviewing, the questionnaire respondent was randomly selected from all eligible household members that were 18 years old or older. All eligible household members were listed in NField (the software used to program the questionnaire into tablets) and one respondent was randomly selected by the program. A total of three visits were made to the household to interview the originally selected respondent. If the interview was not able to be completed within the three visits, a replacement respondent was selected for the household. If the replacement respondent was available, the enumerator attempted to complete the interview. If the replacement respondent was not available or refused the interview, the household was replaced by the next household on the walk pattern.

Questionnaire Weights

In order to properly compute statistics from the DO3 Baseline Survey, weights must be constructed from the above detailed sampling design.[12] Data for weight construction was drawn from the 2012 Census administered by the Tanzania NBS as well as data gathered during fieldwork.

Four individual survey weights were calculated in order to properly analyze the dataset at the urban/rural region, region, urban/rural full sample, and full sample levels. Weight 1, included as variable "weight1" in the final DO3 dataset, represents the selection weight for the urban/rural analysis. The formula used to calculate Weight 1 calculated the proportion of the population represented by the council, ward, and household for each observation and multiplied the proportions to get the urban/rural survey weight. Weight 2, included as variable "weight2" in the final DO3 dataset, represents the selection weight for the regional analysis. The formula multiplies Weight 1 by the proportion of the urban/rural areas of the region out of the entire region's population. Weight 3 is included in the dataset as "weight3" and is used to calculate the statistics for the full urban/rural sample. Finally, Weight 4, included as "weight4", is used to calculate the statistics for the full sample.

[12] Sampling weights allows the AT to reconfigure the sample as if it was a simple random draw of the total population, and hence yield accurate population estimates for the main parameters of interest.

QUESTIONNAIRE DEVELOPMENT, TESTING, AND PROGRAMMING

The AT prepared a draft of the questionnaire based on the two indicators provided by USAID and the proposed RQs associated with the indicators. The instrument contains questions on socio-demographic characteristics of the sampled household as well as public service delivery and satisfaction. An outline of the modules included in the instrument is provided below and the full instrument is presented in Annex A.

- Introduction and Consent
- Demographics and Household Composition
- Overall Government Performance
- Health and Education
- Water
- Civic Participation
- Social Services
- Enumerator Observations
- Field Control

The draft instrument was pre-tested by EDI, the data collection firm hired to carry out the fieldwork, finalized by Data for Development staff and shared with USAID for final approval. After receiving final approval of the DO3 instrument, EDI translated the instrument from English into Swahili and tested it again.

Upon finalizing the DO3 questionnaire instrument, the AT programmed the questionnaire using the Nfield CAPI software. The instrument was programmed in both English and Swahili, however the English version was only used for testing and the questionnaire was conducted in only Kiswahili in the field. The questionnaire programming was again tested by EDI, and the AT, to ensure the instrument adhered to all intended logic The Nfield instrument was further tested and refined during the enumerator training and pilot tests before finalizing for the main data collection.

ENUMERATOR TRAINING AND DATA COLLECTION

Enumerator Training and Capacity Building

Data for Development's Survey Director, Pamela Loose, and Senior Research Analyst, Carlos Fierros, traveled to Tanzania to hold an intensive enumerator training between March 19 and March 28, 2018. The training was organized by EDI and led by the AT. While EDI is an international organization, the enumerators, supervisors, quality control officers, and field coordinators deployed were all Tanzanian nationals. The field staff were all experienced in administering household surveys in Tanzania; therefore, the primary goal of the training was to ensure that all field staff were trained in international data collection standards.

The training opened with one day of dedicated supervisor and quality control officer training, followed by seven days of classroom training and two pilot tests. During the training the below topics were covered in detail:

- Overview and methodology;
- Interviewing techniques such as research ethics, confidentiality, gaining cooperation at the village and household level, gaining informed consent from the respondent, interviewing techniques, causes and techniques to reduce bias, and probing;

- Mock interviews and tablet use to ensure enumerators were recording accurate responses;
- Interviewer preparedness in field sampling methodology;
- Tablet care and troubleshooting;
- Uploading data; and
- Enumerator and supervisor reporting requirements.

Through training on these topics, the AT ensured that each field staff member was able to administer the household survey using the Nfield CAPI software and understood the importance of confidentiality and data quality. During the supervisor and quality control officer training, the AT instructed the supervisors and quality control officers on how to conduct proper field observations and what skills they should be observing in each enumerator. This allowed data collection officers to detect any issues that could impact data quality in the field and provide real-time feedback to enumerators. All feedback was then shared with EDI leadership and transmitted across all enumeration teams to ensure data was being collected consistently across the field.

Although EDI is an experienced firm, the field staff did not have experience using EAs as the primary sampling unit. To ensure that enumerators properly understood how to locate and work within the EAs sampled for the household survey, staff from the Tanzanian NBS joined the training for a one-day presentation. The NBS staff projected EA maps and explained how to interpret the maps and use landmarks on the map to locate the EAs in the field. The NBS staff also provided context on differences that field staff may notice between the EA maps and the reality on the ground. In addition to presenting during the training, NBS staff also joined the field teams during the pilot tests to help ensure that information provided during training was implemented on the ground.

NBS engagement throughout the evaluation process.

- Approved research clearance; approved by Director and Deputy Director
- Senior Statistician and Sampler provided feedback on evaluation sampling plan and worked with Data for Development technical team members on the selection of wards and EAs
- Collaborated with Data for Development staff in responding to several information requests for 2012 Census data and rendering of EA maps
- NBS GIS staff (two specialists) collaborated in training of supervisors and enumerators on a section on map interpretation
- Accompanied the AT to piloting of instruments in two wards in Kibaha and two wards in Mkuranga, providing on-the-job training to enumerators
- Conducted field observation in Mtwara, Pwani, Morogoro, Mwanza, and other sites to ensure adherence to agreed protocols
- Maintained quality control over the assessment process

Over 70 trainees participated in the enumerator training. At the conclusion of the training, EDI selected 65 trainees to serve as the primary field team and reserved the rest as backups in case any team members needed to be replaced during field work.

The final field team structure included 14 teams, each made up of one supervisor and three enumerators. In addition, nine quality control officers rotated through the 14 field teams to conduct back check visits.

Pilots

The last four days of enumerator training were reserved for questionnaire piloting and debriefing. The first pilot test, which took place on Saturday, March 24, 2018, focused on piloting the instrument in urban EAs while the second pilot test on Tuesday, March 27, 2018 focused on piloting the instrument in rural EAs.

The pilot tests were intended to test the household selection methodology and allow enumerators to practice questionnaire administration with real respondents prior to the start of the main data collection. For the piloting, the field teams were sent in pairs. One enumerator conducted the interview while the other followed along on their tablet and entered responses. The purpose of this approach was to ensure

comparability between answers entered by the two enumerators and provide feedback to the enumerator conducting the interview. After each pilot, a full-day debrief session was held to review all feedback from the pilot tests and provide clarifications and retraining where needed.

Data Collection

Data collection was conducted over a period of 10 weeks between April 3, 2018 and June 11, 2018. The 14 EDI data collection teams completed over 9,800 DO3 questionnaires in the 13 project regions.

Quality Control

The AT employed several quality control standards and processes to ensure that data collection, coding, and processing were of the highest quality. First, the data collection instrument was programmed and thoroughly tested to ensure that questions were asked in the correct order and followed all skip patterns. Coding frameworks for closed questions were programmed and numeric questions included a range of acceptable responses as part of the questionnaire logic. Survey Specialist, Pam Loose, and Senior Research Analyst, Carlos Fierros, trained the local data collection firm's Enumerators, Supervisors, and Quality Control Officers on best practices for survey administration and data quality assurances to ensure adherence to high standards.

During the field period, EDI Supervisors and Quality Control Officers conducted spot checks, direct observations, and back checking for at least 10 percent of each enumerator's completed interviews. Any issues identified during the quality control procedures in the field were communicated to EDI management who disseminated any points of clarification needed to the entire field team. Data for Development staff also spent time in the field doing direct observations of interviews and along with EDI monitored the incoming data quality throughout the data collection and processing.

DO3 WEIGHTING METHODOLOGY

To properly compute statistics from the DO3 Baseline Survey, weights were constructed based on the sampling design, as described in the body of this report. Below is a detailed methodology of how the survey weights were constructed and implemented during the DO3 baseline analysis.

Definition of Variables

Let r, t (where t=c refers to city councils and t=d refers to district councils), w, k, and j be subscripts that denote a particular region, city (or district), ward, EA, and household. Then the following nomenclature is used in the weight calculation:

A_r^{U}	Number of urban wards assigned to Region *r* (28 in NBS letter, 12 in EDI report)
A_r^{R}	Number of urban wards *assigned* to Region *r* (28 in NBS letter, 12 in EDI report)
C_r	Number of cities sampled in Region *r* (i.e., those with at least one ward in the sample)
D_r	Number of districts sampled in Region *r* (i.e., those with at least one ward in the sample)
E_{rcw}	Number of EAs in urban Ward *w* in Region *r*
e_{rcw}	Number of sampled urban EAs from Ward *w*
E_{rdw}	Number of EAs in rural Ward *w* in Region *r*
e_{rdw}	Number of sampled rural EAs from Ward *w*
H_{rwk}	Number of households in EA *r*, *w*, *k*
h_{rwk}	Number of sampled households from EA *r*, *w*, *k*
P	Population of the thirteen regions

P^U	Urban population of the thirteen regions
P^R	Rural population of the thirteen regions
P_r	Population of Region *r*
P_r^U	Urban population in Region *r*
P_r^R	Rural population in Region *r*
P_{rc}	Population of City *c* in Region *r*
P_{rd}	Population of District *d* in Region *r*
P_{rcw}	Population of Ward *w* in City *c*
P_{rdw}	Population of Ward *w* in District *d*
U_{rc}	Number of wards in City *c* of Region *r*
U_{rd}	Number of wards in District *d* of Region *r*
u_{rc}	Number of wards sampled in City *c* of Region *r*
u_{rd}	Number of wards sampled in district *d* of Region *r*

Generation of Uncorrected Weights and Resulting Variables

Drawing on the nomenclature, above, the AT calculates the weights required to compute any of the Likert, proportion, or dichotomous variables in the DO3 household dataset. Finally, note in Table C3 that while the weights are all essentially built from the proto-weight wj, an important factor in their use for different aggregates is that the analyst is summing them and their adjustment parameters over different subsets of households.

Table C3: Uncorrected Household Weight Calculation for Share/Likert Variables, By Analysis Level

Use	Household Weight
Urban part (cities) of Region *r*	$w_j = \left(P_{rt}/P_r^U\right)\left[P_{rtw}/\left(\sum_{w=1}^{u_{rt}} P_{rtw}\right)\right]\left[H_{rtwk}/\left(\sum_{k=1}^{e_{rtw}} H_{rtwk}\right)\right]\left(H_{rtwk}/h_{rtwk}\right)$, and household *j* is in Region *r*, urbanity type *t*=*c*, Ward *w*, and EA *k*.
Rural part (districts) of Region *r*	$w_j = \left(P_{rt}/P_r^R\right)\left[P_{rtw}/\left(\sum_{w=1}^{u_{rt}} P_{rtw}\right)\right]\left[H_{rtwk}/\left(\sum_{k=1}^{e_{rtw}} H_{rtwk}\right)\right]\left(H_{rtwk}/h_{rtwk}\right)$, and household *j* is in Region *r*, urbanity type *t*=*d*, Ward *w*, and EA *k*.
Urban areas evaluated	$v_j = w_j s_r^U$, where $s_r^U = P_r^U/P^U$, and household *j* is in urban Region *r*.
Rural areas evaluated	$v_j = w_j s_r^R$, where $s_r^R = P_r^R/P^R$ and household *j* is in rural Region *r*.
Region *r*	$x_j = w_j q_r$, where $q_r = P_r^i/P_r$, i ="R" if household *j* in rural part of Region *r* or i = "U" if household *j* in urban part of Region *r*.
Area evaluated (AE)	$\omega_j \equiv x_j S_r$, where $S_r = P_r/P$ and *j* runs across all households in the sample

Next consider how to use Table C3 to calculate a variable of interest. The survey weights should be calculated and included as a variable in the dataset. The Urban/Rural weight is coded as Weight 1, since it is the first weight in the bottom-up calculation method, and the Region weight is coded as Weight 2.

Weights 3 and 4, representing the full urban/rural and full sample respectively, were included for a more comprehensive data analysis. The Survey Set command was used in Stata to assign the survey weights to the dataset depending on the level of analysis. After that, the Survey function was used in Stata to calculate the weighted means, a tabulation included in the report.

ANNEX D: DETAILED ANALYSIS

Table numbers in this annex correspond to table numbers or figures in the main text. These tables provide more details and the sample size (N) for the analysis.

Table D1: Full Sample Disposition Codes and Response Rate Calculations

Disposition Code	Total
Completed interview	9,828
No one at home/No adult at home	8
Respondent is not available	83
Entire household absent for an extended period	55
Final refusal	89
Dwelling vacant	7
Safety concern	1
Other non-interview	592
Respondent unable to provide consent	99
Incomplete interview	64
Total	**10,826**
Category 1 – Interviews	
Completed Interviews	9,828
Partial Interviews	64
Category 2 - Eligile Non-Interview	
Refusals and breakoffs	89
Non Contacts	146
Other	99
Category 3 - Unknown Eligibility Non-Interview	
Unknown Household	1
Unknown Other	592
Response Rate 1	**91%**

Table D2: Number of EAs and Households in the Final DO3 Dataset

Region	Number of EAs in Sample			Number of HHs in Sample		
	Total	Urban	Rural	Total	Urban	Rural
Full Sample	1,007	279	728	9,828	4,727	5,101
Dodoma	80	24	56	776	384	392
Morogoro	80	24	56	777	384	393
Pwani	80	24	56	777	384	393
Lindi	80	24	56	778	386	392
Mtwara	80	24	56	777	384	393
Iringa	80	24	56	776	384	392
Mbeya	80	24	56	776	384	392
Rukwa	70	14	56	886	493	393
Kigoma	56	0	56	392	0	392
Shinyanga	80	24	56	779	387	392
Kagera	81	25	56	778	385	393
Mwanza	80	24	56	777	385	392
Mara	80	24	56	779	387	392

Table D5: Citizens Reporting They Are Very Satisfied or Satisfied with Services Provided by Local Government Today and 12 Months Ago (%)

Region	Today		12 Months Ago	
	N	Very Satisfied/Satisfied	N	Very Satisfied/Satisfied
Full Sample	9,647	67	9,364	69
Dodoma	756	65	736	64
Morogoro	772	66**	747	74**
Pwani	772	62*	761	58*
Lindi	775	58	753	59
Mtwara	777	61	749	61
Iringa	760	72	741	72
Mbeya	764	81*	755	78*
Rukwa	873	56	825	56
Kigoma	368	45	364	45
Shinyanga	715	70*	681	64*
Kagera	768	67	747	66
Mwanza	777	65	763	63
Mara	770	73	742	77

Note: Kigoma region is entirely rural.
* indicates that the difference in satisfaction between today and 12 months ago is statistically significant within a region.
*** p<0.01, ** p<0.05, * p<0.1

Table D6: Citizens Reporting They Are Very Satisfied or Satisfied with Services Provided by Local Government Today and 12 Months Ago (%), by Urban and Rural

Region	Urban				Rural			
	Today		12 Months Ago		Today		12 Months Ago	
	N	Very Satisfied/Satisfied	N	Very Satisfied/Satisfied	N	Very Satisfied/Satisfied	N	Very Satisfied/Satisfied
Full Sample	**4,636**	**68%****	**4,420**	**71%**	**5,011**	**61%****	**4,944**	**61%**
Dodoma	**376**	**74*****	**360**	**70**	**380**	**45*****	**376**	**50**
Morogoro	380	65	366	74	392	68	381	69
Pwani	**381**	**81*****	**371**	**78**	**391**	**37*****	**390**	**33**
Lindi	383	56	367	60	392	62	386	57
Mtwara	**384**	**64***	**360**	**66**	**393**	**55***	**389**	**55**
Iringa	382	71	367	74	378	72	374	66
Mbeya	383	81	379	78	381	78	376	79
Rukwa	**489**	**60****	**443**	**58**	**384**	**48****	**382**	**52**
Kigoma	-	-	-	-	368	45	364	45
Shinyanga	332	72	304	65	383	65	377	61
Kagera	**376**	**73****	**361**	**71**	**392**	**61****	**386**	**60**
Mwanza	385	65	375	64	392	65	388	62
Mara	385	75	367	79	385	67	375	73

Note: Kigoma region is entirely rural.

* indicates that the difference in satisfaction today is statistically significant between urban and rural samples within a region.

*** p<0.01, ** p<0.05, * p<0.1

Table D7: Top Three Reasons Why General Citizen Satisfaction Decreased From 12 Months Ago

Reasons	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Needed services have not been available	28	14	25	0	66	10	5	33	8	0	12	50	90	27
Provided services are not consistent	35	25	35	19	4	25	2	4	57	61	73	32	44	11
Provided services need improvement	82	48	91	80	24	64	93	59	31	29	5	28	85	57

Table D8: Top Three Reasons Why General Citizen Satisfaction Increased From 12 Months Ago

Reasons	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Needed services are now available	41	16	48	41	58	27	47	60	19	66	24	32	45	34
Provided services have improved	42	5	39	4	62	18	23	52	65	34	62	50	44	42
Services are now managed well	24	65	11	55	0	47	21	0	5	0	7	4	85	7

Figure D3 and Figure D4: Percentage of Respondents Who Have Education Facilities in Their Community (%)

Region	Primary School				Secondary School			
	Village/Mtaa		Ward		Village/Mtaa		Ward	
	N	Yes	N	Yes	N	Yes	N	Yes
Full Sample	9,537	68	3,109	89	9,470	29	6,976	79
Dodoma	741	47	260	85	728	15	550	78
Morogoro	764	83	202	75	757	23	470	73
Pwani	766	83	211	98	765	11	592	80
Lindi	771	33	276	90	766	20	585	86
Mtwara	769	62	279	90	770	17	634	62
Iringa	742	63	245	94	740	25	536	75
Mbeya	749	65	236	98	745	43	548	81
Rukwa	858	32	382	88	857	14	655	65
Kigoma	368	73	42	96	364	14	247	80
Shinyanga	712	68	193	86	700	39	476	87
Kagera	757	78	266	97	753	22	526	83
Mwanza	773	59	192	97	760	47	562	98
Mara	767	63	325	97	765	30	595	62

Figure D5: Percentage of Respondents Who Have a Primary School in Their Village/Mtaa, by Urban and Rural (%)

Region	Urban				Rural			
	Village/Mtaa		Ward		Village/Mtaa		Ward	
	N	Yes	N	Yes	N	Yes	N	Yes
Full Sample	4,539	63	2,602	89	4,998	86	507	93
Dodoma	359	42	175	83	382	58	85	92
Morogoro	376	81	174	74	388	97	28	97
Pwani	377	75	154	97	389	92	57	100
Lindi	379	29	208	81	392	62	68	90
Mtwara	376	43	239	89	393	88	40	99
Iringa	367	50	233	94	375	97	12	86
Mbeya	366	56	202	98	383	95	34	96
Rukwa	473	12	341	86	385	73	41	98
Kigoma	-	-	-	-	368	73	42	96
Shinyanga	330	62	151	86	382	86	42	86
Kagera	371	60	256	97	386	99	10	93
Mwanza	382	56	163	97	391	93	29	99
Mara	383	50	306	98	384	89	19	87

Figure D7: Percentage of Respondents Who Have Health Facilities in Their Community (%)

Region	Dispensary				Health Center				Hospital			
	Village/Mtaa		Ward		Village/Mtaa		Ward		Village/Mtaa		Ward	
	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes
Full Sample	9,555	19	6,421	27	9,543	3	8943	8	9,609	7	9,368	29
Dodoma	747	22	453	31	740	1	694	7	748	0	728	11
Morogoro	762	14	505	11	748	5	613	8	764	11	708	40
Pwani	773	35	471	50	769	1	734	9	773	6	759	7
Lindi	768	15	528	73	768	1	713	24	769	0	759	18
Mtwara	774	28	560	45	769	1	750	3	775	2	763	10
Iringa	747	16	497	40	751	1	705	17	753	2	738	28
Mbeya	755	29	524	17	755	1	729	6	756	1	741	2
Rukwa	865	23	566	43	870	1	829	7	875	0	857	1
Kigoma	366	33	197	57	370	3	334	11	371	0	366	0
Shinyanga	708	10	533	13	710	2	676	4	715	0	700	2
Kagera	758	32	555	59	762	6	718	7	768	3	750	13
Mwanza	762	14	482	34	768	1	708	6	774	11	754	59
Mara	770	42	550	73	763	1	740	4	768	1	745	1

Figure D8: Percentage of Respondents Who Have a Dispensary in Their Village/Mtaa, by Urban and Rural (%)

Region	Urban				Rural			
	Village/Mtaa		Ward		Village/Mtaa		Ward	
	N	Yes	N	Yes	N	Yes	N	Yes
Full Sample	4557	13	3701	23	4998	41	2720	54
Dodoma	363	14	292	17	384	39	161	73
Morogoro	378	13	273	10	384	22	232	18
Pwani	381	38	271	50	392	31	200	50
Lindi	376	12	297	64	392	39	231	84
Mtwara	382	13	306	39	392	48	254	59
Iringa	370	4	301	36	377	46	196	57
Mbeya	371	18	328	11	384	71	196	76
Rukwa	480	4	435	38	385	65	131	70
Kigoma	-	-	-	-	366	33	197	57
Shinyanga	326	4	285	2	382	32	248	65
Kagera	370	17	313	65	388	49	242	49
Mwanza	374	11	282	31	388	43	200	85
Mara	386	41	318	81	384	42	232	56

Table D0.1: Citizens Reporting They Are Very Satisfied or Satisfied with Facilities (%)

Region	Primary School		Secondary School		Dispensary		Health Center		Hospital	
	N	Yes	N	Yes	N	Yes	N	Yes	N	Yes
Full Sample	4891	81	1176	81	4085	65	698	62	475	68
Dodoma	325	65	62	69	324	67	33	84	33	68
Morogoro	370	84	102	77	291	65	120	54	97	75
Pwani	404	74	102	77	379	63	36	89	37	62
Lindi	369	64	64	80	379	55	71	59	9	100
Mtwara	378	76	76	82	322	67	22	67	49	80
Iringa	376	86	97	94	287	81	52	94	35	88
Mbeya	367	89	87	84	272	85	31	71	19	91
Rukwa	431	66	80	75	335	50	58	84	37	82
Kigoma	247	45	45	48	223	28	53	80	8	94
Shinyanga	382	78	99	83	220	63	56	60	25	93
Kagera	366	76	92	81	304	76	61	68	34	79
Mwanza	511	84	182	93	427	60	61	89	55	56
Mara	365	75	88	83	322	67	44	62	37	48

Figure D6: Citizens Reporting They Strongly Agree or Agree with Statements About Components of Primary Schools

Reasons	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
The buildings are in good condition.	68	69	63	51	67	62	83	68	67	38	78	78	80	69
The primary school is clean.	83	79	82	69	63	70	92	90	71	42	81	86	95	87
The teachers are present for classes.	90	89	89	89	83	92	95	97	87	67	92	91	91	92
Books and/or instruction materials are available.	70	56	72	60	65	78	87	79	68	34	62	75	72	63
There are sufficient desks for the students.	65	55	65	52	50	69	76	72	53	43	71	67	76	45
The sanitary facilities are in good condition.	77	62	70	56	76	65	88	86	65	46	82	69	93	79
The students are safe at school.	86	84	76	92	96	91	92	94	84	91	90	87	93	95
The quality of teaching is generally high.	82	72	86	54	67	75	80	92	77	45	78	80	87	67
Most children pass exams.	79	69	80	67	89	73	89	93	70	55	80	71	75	68

Figure D9: Citizens Reporting They Strongly Agree or Agree with Statements About Components of Dispensaries

Reasons	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
The facility is open at convenient hours.	86	79	89	83	73	80	82	98	84	54	76	86	92	91
The buildings are in good condition.	87	89	87	83	89	84	95	93	73	82	90	84	89	85
The dispensary is clean.	90	88	90	92	89	85	90	98	86	73	95	93	92	87
There are sufficient staff members to meet the public's needs.	46	60	44	31	23	40	61	58	47	12	36	51	54	54
The sanitary facilities are in good condition.	84	87	78	90	86	76	86	96	79	67	86	83	87	82
There are sufficient supplies to treat patients.	50	59	50	27	29	53	72	65	43	14	42	50	64	46
You are able to get the medicines or supplies you need during your visit.	35	44	24	21	27	45	28	50	36	14	43	41	47	39
The quality of service is good	69	69	70	55	61	69	84	93	68	33	67	74	70	65

Table D9: Citizens Reporting They Strongly Agree or Agree with Statements About Components of Primary Schools, by Urban and Rural

Reasons	Urban/Rural	Summary	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Primary School															
The buildings are in good condition.	U	70%	75	62	59	65	69	88	69	71	-	82	85	81	71
	R	62%	62	64	43	56	56	74	65	62	38	69	73	72	64
The primary school is clean.	U	86%	83	83	81	60	81	95	91	70	-	80	97	96	92
	R	74%	75	77	55	64	60	88	87	73	42	83	79	87	78
The teachers are present for classes.	U	91%	94	88	98	81	92	95	98	88	-	90	91	91	97
	R	88%	83	95	80	89	92	97	93	86	67	96	92	90	81
Books and/or instruction materials are available.	U	71%	55	72	54	60	80	92	76	69	-	63	69	72	65
	R	67%	57	67	65	77	75	81	89	66	34	58	79	72	59
There are sufficient desks for the students.	U	68%	63	66	59	47	79	74	72	55	-	80	74	78	43
	R	56%	46	53	44	70	59	80	75	52	43	50	62	54	48
The sanitary facilities are in good condition.	U	79%	62	70	48	74	63	94	88	63	-	83	79	95	84
	R	69%	61	72	63	69	66	78	79	67	46	79	62	77	71
The students are safe at school.	U	84%	85	74	89	94	94	91	92	80	-	89	85	93	98
	R	92%	82	94	94	87	88	94	99	87	91	94	88	98	90
The quality of teaching is generally high.	U	84%	65	87	69	67	76	75	91	79	-	80	90	88	65
	R	73%	80	77	38	73	73	87	96	75	45	72	73	78	70
Most children pass exams.	U	80%	62	80	78	88	74	88	96	64	-	83	69	76	64
	R	74%	78	81	53	73	72	91	82	76	55	74	72	71	74

Table D10: Citizens Reporting They Strongly Agree or Agree with Statements About Components of Dispensaries, by Urban and Rural

Reasons	Urban/Rural	Summary	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Dispensary															
The facility is open at convenient hours.	U	88%	91	89	88	77	75	76	100	84	-	89	90	93	92
	R	83%	72	89	76	75	82	89	97	83	54	74	82	91	90
The buildings are in good condition.	U	90%	92	89	87	83	87	98	100	84	-	95	82	89	87
	R	82%	87	71	74	77	83	91	89	66	82	89	87	89	79
The dispensary is clean.	U	91%	95	91	96	87	87	84	96	96	-	95	96	93	87
	R	88%	84	83	85	90	84	97	99	80	73	95	90	89	88
There are sufficient staff members to meet the public's needs.	U	49%	71	43	33	31	61	74	51	71	-	43	62	58	57
	R	41%	53	47	28	23	29	46	62	31	12	35	40	44	46
The sanitary facilities are in good condition.	U	84%	90	78	95	82	77	84	96	89	-	82	87	86	82
	R	83%	85	80	81	83	76	88	97	71	67	87	78	89	80
There are sufficient supplies to treat patients.	U	51%	63	49	25	27	74	87	68	55	-	46	54	70	40
	R	48%	58	54	30	45	41	56	64	35	14	41	45	48	61
You are able to get the medicines or supplies you need during your visit.	U	31%	41	20	24	24	42	16	58	47	-	41	27	48	38
	R	40%	45	49	16	40	47	42	45	28	14	43	54	45	40
The quality of service is good.	U	69%	78	68	51	59	82	84	89	80	-	55	80	67	64
	R	71%	65	81	61	62	61	84	96	59	33	68	67	78	68

Table D11: Citizens Reporting They Always Have Enough Drinking Water (%), by Urban and Rural

Region	Urban			Rural		
	N	Always	Most of the Time	N	Always	Most of the TIME
Full Sample	4,674	62	25	5,031	60	17
Dodoma	384	74	14	385	69	11
Morogoro	383	59	31	393	70	19
Pwani	384	91	4	393	60	19
Lindi	386	42	23	392	63	12
Mtwara	384	55	18	393	53	11
Iringa	384	84	12	378	76	11
Mbeya	384	80	14	385	77	15
Rukwa	493	53	17	386	51	13
Kigoma	-	-	-	371	41	16
Shinyanga	339	79	10	385	46	25
Kagera	381	64	12	393	36	14
Mwanza	385	48	29	392	45	23
Mara	387	79	18	385	50	19

Table D12: Citizen Experience with Social Welfare Officers (%)

Region	Received Visit		Received Referral		Requests Visit	
	N	Yes	N	Yes	N	Yes
Full Sample	7,872	6	499	1	7,472	98
Dodoma	597	3	19	2	582	97
Morogoro	606	8	44	0	577	99
Pwani	612	3	28	7	590	99
Lindi	599	1	34	4	576	93
Mtwara	600	2	15	0	596	97
Iringa	591	5	37	4	566	96
Mbeya	587	5	62	0	540	96
Rukwa	716	5	50	4	674	99
Kigoma	336	2	8	0	327	99
Shinyanga	603	10	43	2	566	96
Kagera	655	10	41	11	618	98
Mwanza	703	4	78	2	630	99
Mara	667	6	40	1	630	99

Table D13: Citizens Reporting They Have Used Feedback Mechanisms in Primary Schools

Methods	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Personal conversation with facility staff	32	40	35	39	48	26	13	42	33	68	58	28	20	31
Designated feedback/complaint box	7	7	1	35	61	6	1	8	5	4	1	9	0	2
Thought the school management committee/parent teacher association	67	50	62	65	13	36	91	56	57	47	60	49	91	64
Via village/street meetings	9	11	5	9	35	35	10	2	18	27	33	11	3	12
Via a website	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Via a village/mtaa website	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Via a Council website	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	1	0	1	1	0	1	5	0	0	18	0	1

Table D14: Citizens Reporting They Have Used Feedback Mechanisms in Dispensaries

Methods	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Personal conversation with facility staff	51	41	43	54	67	41	34	50	41	60	47	22	62	59
Designated feedback/complaint box	38	36	42	15	56	22	52	20	7	51	15	48	37	38
Via telephone	3	2	1	0	11	2	0	1	1	0	1	3	1	1
Via village/street meetings	26	25	19	31	32	40	15	30	49	48	45	22	19	19
Via a website for the facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Via a village/mtaa website	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Via a Council website	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	2	0	0	1	0	0	8	0	0	7	0	0

Table D15: Citizens Reporting They Have Participated in Civic Activities in the Past 12 Months

Methods	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Voted in the election of village/mtaa council	13	8	29	3	1	4	14	1	2	1	13	0	1	4
Voted in the election of Mayor/District Chair	2	1	5	0	0	0	0	0	1	0	5	0	0	0
Voted in the election of Members of Parliament	3	1	6	0	0	0	15	0	0	0	0	0	0	0
Attended a village assembly or full council meeting	30	24	25	44	28	21	63	66	48	53	42	34	8	25
Attended an annual assembly meeting in your village/mtaa	**35**	**29**	**32**	29	11	**56**	52	26	**49**	41	28	**56**	**43**	**38**
Presented your views to a member of the local council	3	3	6	2	1	4	1	2	9	0	5	6	0	2
Attended a neighborhood forum to discuss local issues	7	10	5	1	1	11	6	15	13	7	16	7	6	9
Took part in a public demonstration or protest	1	0	0	0	4	1	3	3	5	0	5	1	0	2
Gave feedback to your local government via telephone	3	0	4	3	0	3	2	2	6	1	0	4	1	3
Gave feedback to your local government via their website	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Gave feedback to your local government via a complaint box	2	0	3	1	4	0	0	2	1	0	0	1	0	1
Participated in planning via the government's opportunities and obstacles to development process	6	2	5	6	1	5	15	7	14	1	4	7	9	4
Reported an official for corrupt practices or misuse of public resources	1	0	3	1	0	1	0	1	2	1	2	1	0	1
None	34	50	31	39	60	30	12	21	23	16	28	23	46	40

Table D16: Citizens Reporting They Have Participated in Civic Activities in the Past 12 Months, by Urban and Rural

Reasons	Urban/Rural	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Voted in the election of village/mtaa council	U	14**	7	30	3	4	2	16	1	3	-	15	0	1	2
	R	7**	10	19	2	1	7	9	2	1	1	6	1	2	9
Voted in the election of Mayor/District Chair	U	2*	1	5	0	0	0	0	0	1	-	6	0	0	0
	R	0*	0	1	0	0	0	0	0	0	0	1	0	0	0
Voted in the election of Members of Parliament	U	3	0	5	0	1	0	19	0	0	-	1	0	0	0
	R	3	1	15	0	0	1	6	0	0	0	0	0	0	0
Attended a village assembly or full council meeting	U	25***	19	19	48	22	5	63	63	38	-	39	27	7	22
	R	52***	34	69	38	40	42	63	77	72	53	52	41	18	33
Attended an annual assembly meeting in your village/mtaa	U	33***	23	30	18	11	53	51	20	58	-	28	53	43	35
	R	44***	43	47	45	23	61	56	50	30	41	31	59	48	44
Presented your views to a member of the local council	U	3	4	6	2	1	4	1	2	8	-	4	6	0	1
	R	3	1	3	1	2	3	2	1	11	0	10	6	2	5
Attended a neighborhood forum to discuss local issues	U	7	12	5	1	2	13	3	13	13	-	16	4	6	7
	R	10	6	6	1	3	9	11	23	12	7	17	10	10	14
Took part in a public demonstration or protest	U	1*	0	0	0	4	0	4	4	4	-	5	0	0	0
	R	2*	0	3	0	3	2	2	2	6	0	4	1	2	6
Gave feedback to your local government via telephone	U	2	0	4	5	2	2	2	2	7	-	0	6	1	0
	R	3	1	9	1	0	4	3	1	3	1	1	2	4	7
Gave feedback to your local government via their website	U	0	0	0	0	0	0	0	0	2	-	0	0	0	0
	R	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gave feedback to your local government via a complaint box	U	2	0	3	2	4	0	0	3	1	-	0	1	0	1
	R	1	0	1	0	1	0	1	1	2	0	1	0	2	0
Participated in planning via the government's opportunities and obstacles to development process	U	6	2	4	7	1	3	17	5	12	-	3	8	9	3
	R	7	3	9	4	0	8	8	12	18	1	8	7	4	7
Reported an official for corrupt practices or misuse of public resources	U	1	0	3	0	0	0	0	0	2	-	0	0	0	0
	R	2	1	1	1	0	3	1	4	3	1	7	1	1	3

Reasons	Urban/Rural	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
None	U	37***	55	34	41	66	39	11	25	26	-	29	30	47	44
	R	22***	37	11	38	43	19	13	6	16	16	24	17	31	29

Notes:
* indicates that the difference in rates of participation is statistically significant between urban and rural samples.
*** p<0.01, ** p<0.05, * p<0.1

Table D17: Citizen Views on Most Effective Form of Civic Participation

Methods	Full Sample	Dodoma	Morogoro	Pwani	Lindi	Mtwara	Iringa	Mbeya	Rukwa	Kigoma	Shinyanga	Kagera	Mwanza	Mara
Voted in the election of village/mtaa council	8	8	14	4	1	3	11	0	0	2	9	0	0	5
Voted in the election of Mayor/District Chair	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Voted in the election of Members of Parliament	5	0	12	0	0	0	6	0	0	0	0	0	0	0
Attended a village assembly or full council meeting	27	32	22	54	60	18	25	55	36	41	27	34	4	19
Attended an annual assembly meeting in your village/mtaa	28	40	30	23	33	64	27	23	23	29	32	39	12	35
Presented your views to a member of the local council	4	1	7	6	0	2	0	0	2	0	7	3	1	3
Attended a neighborhood forum to discuss local issues	6	12	0	0	1	3	2	1	6	26	7	4	27	22
Took part in a public demonstration or protest	1	0	0	0	1	1	1	0	3	0	8	0	0	3
Gave feedback to your local government via telephone	5	0	11	6	0	1	0	0	3	0	0	0	1	0
Gave feedback to your local government via their website	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gave feedback to your local government via a complaint box	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Participated in planning via the government's opportunities and obstacles to development process	13	2	3	3	0	7	22	8	16	1	7	10	54	9
Reported an official for corrupt practices or misuse of public resources	0	1	0	0	0	0	0	1	1	0	1	0	0	3
None	3	5	1	3	3	1	6	12	9	0	2	11	0	1

Table D18a: Percentage of Respondents Reporting They Strongly Agree or Agree That Education Facilities Consider Their Feedback to Make Needed Changes (%)

Region	Primary School		Secondary School	
	N	Agree	N	Agree
Full Sample	4,673	72	1,096	81
Dodoma	317	73	57	71
Morogoro	351	58	95	72
Pwani	374	56	94	95
Lindi	361	74	62	80
Mtwara	365	79	72	83
Iringa	363	85	94	95
Mbeya	350	95	84	88
Rukwa	412	73	71	93
Kigoma	234	64	44	57
Shinyanga	370	77	91	90
Kagera	340	83	82	81
Mwanza	487	84	168	93
Mara	349	81	82	76

Table D18b: Percentage of Respondents Reporting They Strongly Agree or Agree That Health Facilities Consider Their Feedback to Make Needed Changes (%)

Region	Dispensary		Health Center	
	N	Agree	N	Agree
Full Sample	3,623	61	601	50
Dodoma	297	72	29	87
Morogoro	252	52	104	23
Pwani	326	53	24	85
Lindi	344	55	68	90
Mtwara	267	56	16	67
Iringa	266	84	49	92
Mbeya	239	82	24	80
Rukwa	311	70	49	94
Kigoma	197	32	46	27
Shinyanga	202	63	46	60
Kagera	253	66	47	52
Mwanza	375	57	57	79
Mara	294	58	42	55

ANNEX E: CONFLICT OF INTEREST FORMS

DISCLOSURE OF CONFLICT OF INTEREST FOR USAID EVALUATION TEAM MEMBERS

Name	Pam Loose
Title	Project Manager
Organization	NORC at the University of Chicago
Evaluation Position?	[X] Team Leader Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-I-15-00024/AID-621-TO-17-00005
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Baseline Assessment Report for USAID Development Objective 3 in Tanzania
I have real or potential conflicts of interest to disclose.	No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	-

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	Pamela Loose
Date	09/28/17

DISCLOSURE OF CONFLICT OF INTEREST FOR USAID EVALUATION TEAM MEMBERS

Name	Ritu Nayyar-Stone
Title	Principal Research Scientist
Organization	NORC at the University of Chicago
Evaluation Position?	Team Leader x Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-I-15-00024/AID-621-TO-17-00005
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Baseline Assessment Report for USAID Development Objective 3 in Tanzania
I have real or potential conflicts of interest to disclose.	No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID* **operating** *unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	-

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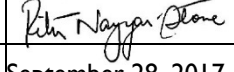
Signature	
Date	September 28, 2017

DISCLOSURE OF CONFLICT OF INTEREST FOR USAID EVALUATION TEAM MEMBERS

Name	Jacob Laden
Title	Evaluation Advisor
Organization	Data for Development
Evaluation Position?	Team Leader x Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-1-15-00024/AID-621-TO-17-00005
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Baseline Assessment Report for USAID Development Objective 3 in Tanzania
I have real or potential conflicts of interest to disclose.	No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	-

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Signature	Jacob Laden
Date	10/08/2017

DISCLOSURE OF CONFLICT OF INTEREST FOR USAID EVALUATION TEAM MEMBERS

Name	Gerald Usika
Title	Survey Specialist
Organization	NORC at the University of Chicago (Data for Development)
Evaluation Position?	Team Leader x Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-1-15-00024/AID-621-TO-17-00005
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Baseline Assessment Report for USAID Development Objective 3 In Tanzania
I have real or potential conflicts of interest to disclose.	No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	-

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Signature	
Date	January 29, 2018

DISCLOSURE OF CONFLICT OF INTEREST FOR USAID EVALUATION TEAM MEMBERS

Name	**Carlos Fierros III**
Title	Senior Research Analyst
Organization	NORC at the University of Chicago
Evaluation Position?	x Team Leader x Team member
Evaluation Award Number *(contract or other instrument)*	AID-OAA-1-15-00024/AID-621-TO-17-00005
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Baseline Assessment Report for USAID Development Objective 3 in Tanzania
I have real or potential conflicts of interest to disclose.	No
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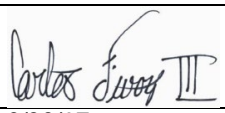
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	9/28/17

ANNEX F: EVALUATION TEAMS

Pamela Loose, Team Leader, NORC at the University of Chicago. Pamela Loose, a Senior Research Director at NORC, has over 15 years of experience in social science and survey research. Ms. Loose brings proven abilities in large-scale survey fieldwork, design, and application of survey instruments, and has experience managing all project phases, including data collection, training materials development, enumerator training, questionnaire design, and data delivery. Ms. Loose has led data collection and data quality review for several evaluations. Ms. Loose currently works as the Survey Director for two large-scale evaluations sponsored by USAID. She works on the Data for Development project, which serves to provide services to support the improvement of data-driven decision-making, planning, and implementation for USAID/Tanzania, its implementing partners, and strategic local partners. Under Data for Development, Ms. Loose led DO3 data collection effort by developing survey protocols, providing supervisor and enumerator training and monitoring the sub-contractor who completed almost 10,000 household surveys. For Data for Development DO2, she serves in a similar role so that over 8,000 household surveys can be completed following project guidelines. Ms. Loose also serves as the Project Director for an evaluation of the Mayor's Action Plan (MAP) in New York City. For this project over 17,000 residents of New York City Housing Authority developments will be contacted and asked to complete a survey which asks questions about their neighborhood and other key outcomes to the MAP evaluation. Ms. Loose recently served as Senior Survey Methodologist for the baseline data collection for an evaluation of a large-scale water and sanitation project in Zambia. In this role she worked with project partners to develop data collection protocols and let the supervisor and enumerator training. Over 12,000 household interviews were completed with water samples collected from over 3,000 households. Ms. Loose also served as the lead trainer for the Liberia Electoral Access Project which surveyed households in Liberia about how they access information and learn about elections. She served as the data collection Task Leader on the EBRD-funded Microfinance Impact Assessment in Mongolia, a multi-wave study capturing information on household finance, loan usage, and business enterprises. Ms. Loose has experience working on surveys that use hardcopy questionnaires, CAPI, and data collection via tablets. She holds an M.A. in Criminal Justice from Loyola University in Chicago and is currently working on her Ph.D. in Research Methodology.

Dr. Ritu Nayyar-Stone served as the Governance Specialist for this project. Dr. Nayyar-Stone is an economist and Principal Research Scientist at NORC at the University of Chicago's International Programs department, with over 20 years of experience in 24 countries across the world. As a public finance economist, Dr. Nayyar-Stone's expertise includes the design and econometric analysis of both quantitative and qualitative data collected in developing countries. Her qualitative data experience (focus group discussions and key-informant interviews) includes information obtained for a performance evaluation for a governance and economic management support project for USAID in Liberia; evaluation of two family strengthening projects in Burundi and Moldova funded by USAID's Displaced Children and Orphan's Fund; Georgia's agribusiness and road rehabilitation impact evaluation for MCC; and performance evaluation of a capacity building project for local thinks in Asia, Africa, and Latin America for the Global Development Network. Besides serving as NORC's Project Director for the Data for Development task order, Dr. Nayyar-Stone is currently Chief of Party for a multi-year performance and impact evaluation of the USAID funded Literacy Achievement and Retention Activity in Uganda examining improvements in reading and school safety due to a decrease in school related gender-based violence.

Jacob Laden, Evaluation Advisor, Data for Development. Mr. Laden is an evaluator and organizational development professional with over 10 years of service in supporting international agencies, private firms, non-profits, and multinational organizations. He served as Deputy Chief of Party for USAID's Monitoring and Evaluation for Collaborative Learning project in Honduras and earlier as Evaluation Technical Advisor for the USAID Monitoring and Evaluation Program in Pakistan. His recent works has included mixed methods evaluations for SLS programs, and a quasi-experimental evaluation on prior and pilot curriculum for the Hacia Adelante Program using propensity score matching and regression analysis

to identify differences in proficiency testing and learning goal completion. He is well versed in the full range of monitoring and evaluation (M&E) tools and approaches, include quasi-experimental designs, quantitative and qualitative data collection and analysis, complexity aware monitoring, political economy analysis, and Collaborating, Learning, and Adapting (CLA) practices. He has provided training on M&E for professionals in civil servants in Tanzania and Washington, and provided M&E/Performance Management Plan (PMP) design and indicator development for child and maternal health and HIV/AIDs and Malaria treatment and prevention for USAID/Angola. Mr. Laden has broad regional experience, having worked in East Africa and the Great Lakes Region (Tanzania, Uganda, Angola), Latin America (Colombia, Honduras), and South Asia (Pakistan and India). He holds an MA International Affairs.

Gerald Usika, Survey Specialist, Data for Development. Mr. Usika has more than seven years of practical experience serving in senior level program positions designing, managing, and implementing Monitoring, Evaluation, Accountability, and Learning (MEAL) systems in agriculture, nutrition, child protection, education, health, HIV/TB (Global Fund), child rights governance, humanitarian response, Neglected Tropical Diseases (NTD), early childhood development, and family planning. Mr. Usika has designed, managed and supervised more than 15 surveys and evaluations, as well as managed and conducted data quality audits of more than 20 M&E plans, tracking the flow of information within complex, multi-layered, geographically disperse projects, placing emphasis on data quality and data usage for decision-making. Mr. Usika also is experienced in providing enumerator training and providing technical assistance for evaluations, ensuring well-managed data collection and analysis throughout. He has developed a variety of unique methodologies to ensure that data is well-analyzed and of high quality throughout the data management process to ensure maximum utility to donors, program management, implementers, and program beneficiaries. Mr. Usika has work experience in the East African countries of Tanzania, Kenya, and Rwanda, and has worked alongside major donors such as USAID, DFID, PEPFAR, Irish Aid, Swedish International Development Cooperation Agency (SIDA), United Nations International Children's Emergency Fund (UNICEF), and the Gates Foundation. Mr. Usika holds an MBA in Agribusiness and a BSc in Agriculture Economics & Agribusiness. He is currently pursuing a PhD in Project Management at the Open University of Tanzania.

Carlos Fierros, Senior Research Analyst at NORC at the University of Chicago. Mr. Fierros has several years of experience in qualitative and quantitative data collection and management, data cleaning, econometric analysis, and survey programming. In his work on various NORC projects, Mr. Fierros is responsible for supporting both the administrative and technical aspects of the projects, including instrument design, data collection preparation, data analysis, managing consultants and subcontractors, and supporting overall project management tasks. Mr. Fierros has research experience in North Africa, sub-Saharan Africa, East Africa, the Middle East, and Central America.

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