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Pilot social audit in Northern Province

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Social inclusion and public services in the Northern Province

Quantitative aspects of a social audit in two pilot areas

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CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

The most valuable contributors to this consultation are the 1305 community members who provided information on the experience of 6381 people in the two development nodes in the Northern Province.

Responsibility for the success of the process rests with the field workers who laboured under considerable time pressure.

CIETafrica developed the sample, designed, tested, translated and back-translated the instruments, trained interviewers, supervised the household surveys, conducted double data entry and verification, analysed the data and delivered the report of the community consultation between 15 February and 19 March 2001.

The illustrative community consultation was co-funded by Simeka and CIETafrica. The results may be quoted and reproduced in any form, provided the usual conventions on authorship are respected and clear reference is made to the limits of interpretation (see Methods).

Johannesburg
7 July 2001

Summary

This illustrative community consultation collated the public service experience of a sample of 6,381 citizens in two areas of the Northern Province – the eastern node and Sekhukhune cross-boundary node. The study illustrates the quantitative community base of a social audit and demonstrates performance indicators that can be generated for monitoring progress in four sectors, in terms of the *Batho Pele* principles.

Consultation: Among public services reviewed, the education sector had the highest level of consultation through school governing boards (SGBs). More than two thirds of households reported participating in an SGB in the year prior to the consultation.

Citizens should be consulted about the quality of public service they receive and they should be given a choice about the services offered

48% had met the teacher once or more in the last year
71% said they had attended one or more SGBs

Service standards: An indication of the extent to which expectations are met (or frustrated) is the level of satisfaction voiced with public services. One in every five respondents said she or he was dissatisfied with these public services. The police and justice sectors were reported to be the "most corrupt" in both nodes. Asked what single thing they would like to see changed in education, health and welfare services, between one third and one half of those who had a recommendation said "better service".

Citizens should be told what level and quality of public service they will receive so they are aware of what to expect

Asked if they were satisfied with public services
79% said they were satisfied with EDUCATION
83% said they were satisfied with HEALTH services
79% said they were satisfied with WELFARE

Access: There is good coverage with services discussed in this consultation: some 95% of youth of school-going age attended school on the day of the survey; 88% of children under the age of five years had been vaccinated against measles and more than 90% of senior citizens collected their pensions regularly.

There was no detectable difference between the eastern and Sekhukhune cross-boundary nodes in school attendance or measles immunisation, but a senior citizen in the eastern node was significantly less likely to receive his/her pension than one in Sekhukhune.

All citizens should have equal access to the services to which they are entitled:

ACCESS TO EDUCATION
95% of youth aged 7-18 years attended school

ACCESS TO HEALTH CARE
80% used government health services in the past year
32% who used them, said they had to pay
94% considered the nurses at the clinic accessible
88% of children aged 6-59m were vaccinated

ACCESS TO WELFARE
20% said they used welfare services in the past year
7% of those who used them, said they had to pay
80% considered the social worker accessible

Courtesy: The levels of respect people feel they receive from the services can be estimated from their perception of corruption in public services and, more specifically, what people see as the nature of corruption. The undisputed leaders in perceived corruption are the police and justice sectors. The reason given for this is not, as one might have expected, because of bribes or misuse of resources. It is reported simply as "bad service".

Citizens should be treated with courtesy and consideration

12% said EDUCATION was the most corrupt
8% said HEALTH was the most corrupt
2% said WELFARE was the most corrupt
1% said SAC was the most corrupt
while 24% said Police and 13% said Justice

Of those who felt that one or other government department was corrupt, 69% said this was because it was bad service

Information: The fact that 50% of the sample could not give an opinion on which welfare service was most important might indicate they do not know or understand the welfare service offer. In the health sector it was possible to probe this apparent lack of information by asking people if they knew that children under the age of five years should get free immunisation. A sizeable proportion – higher in the eastern node – did not know this. Predictably, these were the more economically marginalised: those without income and those headed by an unemployed person.

Citizens should be given the full information about the services they are entitled to receive

14% did NOT know child immunisation was free

38% were unaware of Heritage Day celebrations
21% were unaware of Freedom Day celebrations
27% were unaware of Women's Day celebrations

33% said they knew the message of HERITAGE day
45% said they knew the message of FREEDOM day
52% said they knew the message of WOMEN'S day

Openness and transparency: This principle includes that citizens should know who is in charge of provincial departments. One in four could identify the MEC Education but only one in ten could identify who was in charge of health, welfare and sports, arts and culture.

Citizens should be told how departments are run, how much they cost and who is in charge

23% correctly identified the MEC Education
15% correctly identified the MEC Health
9% correctly identified the MEC Welfare
11% correctly identified the MEC SA&C

Redress: Only around one in ten citizens said they had made a complaint in the sectors reviewed. Most people do not know *how* to make a complaint: 50% in education and 70-80% in health and welfare say they do not know how to go about a complaint.

If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic positive response

49% did not know how to complain about EDUCATION
32% did not know how to complain about HEALTH
17% did not know how to complain about WELFARE

Value for money: The health and education departments were considered the best run and the most valuable public services in both areas visited. Expenditures of public resources were not reviewed in this consultation. However there are also direct costs to the citizens (official and unofficial user fees) and indirect costs occasioned by *not* having access to effective services.

Public services should be provided economically and efficiently, in order to give the citizens the best possible value for money.

34% said EDUCATION was the most valuable service
32% said HEALTH was the most valuable service
4% said WELFARE was the most valuable service
1% said SAC was the most valuable service

50% said they would pay for changes in education
44% said they would pay for changes in health
29% said they would pay for changes in welfare

For example, the average transportation cost for a health visit was in the region of R15 for the round trip, more than twice the cost of the same trip in the Province of the Eastern Cape. In addition to this, users paid an average of R24 for the health visit, the costs being higher in the eastern node, in comparison with R2 in the Eastern Cape.

Lessons for improving the service delivery monitoring system

Despite their limited interpretability for the whole of the Northern Province, these quantitative indicators illustrate the sort of evidence to be expected from an appropriately resourced community-based social audit of public services. While service-based monitoring looks at how well services are carried out from the point of view of those who use the services, in community-based monitoring the whole community can be involved in identifying and solving problems. All citizens are intended beneficiaries of the public services. A public service monitoring system should include views of citizens who do not use the programmes, and look at their reasons for not doing so.

In addition to extending the measurement base from the services to include communities, it is also necessary to look at the life cycle of a monitoring initiative. A single survey, such as this illustrative community consultation, offers a limited opportunity for supporting evidence-based planning. All types of communities must be represented, skills must be developed among service providers and communities alike, and the process must be reiterative with visible tangible gains from each repetition.

Introduction

In the year 2000, the Northern Province government embarked on an Integrated Provincial Support Programme (IPSP) to improve service delivery. As part of the IPSP, the Province appointed Simeka Management Consulting to establish a service delivery monitoring system based on established service delivery standards as set out in the Batho Pele (People First) Campaign. There were three expected outcomes from this process:
1. A Citizen's Report for the Premier to present to the public of the Northern Province
2. An adapted and improved service delivery monitoring system and
3. Improved capacity in the provincial administration to manage and to maintain the system.

Simeka requested CIETafrica to conduct an illustrative community consultation in the Province to provide evidence of the people's views on service standards. Budgetary restrictions precluded a fully representative provincial sample or an enquiry covering all public service sectors. The same stringency eliminated the institutional review of public services and other qualitative community feedback used in a normal CIET social audit. It also eliminated any capacity building and it reduced opportunity for fuller consultation with Simeka and provincial counterparts prior to implementation.

The quantitative component of this community consultation covered a sample of urban and rural households in two regional development nodes – the eastern node and the Sekhukhune cross-boundary node – and documented community experience of health, welfare, education, and sports, arts and culture. For these four sectors, it was possible to generate performance indicators of public services for most of the eight Batho Pele principles and to provide pointers about which public services (not limited to the four sectors) performed best and worst in the eyes of the public.

Methods

Given the dire time and resource constraints, the sample relied on an earlier social audit conducted by CIET in the Northern Province on behalf of the Universal Service Agency[1]. The original provincial sample was stratified by rural/urban location and accessibility and proportional to population. In each stratum the final selection of the sample was random, proportional to population, from a list of all candidate communities in each substratum.

[1]Andersson N, Pascual-Salcedo M. Community-led telecentre planning: stakeholder information baseline. Universal Service Agency/CIETafrica. Johannesburg 1998. Available on http://www.ciet.org

Table 1
The sample of the illustrative consultation
Stratified by urban/rural, language group and accessibility of community

Node	District	Location	Language	Accessibility	Sample size
eastern	Thohoyandou	Rural	Tshivenda	Remote	670
	Thohoyandou	Rural	Tshivenda	Remote	663
	Thohoyandou	Rural	Tshivenda	Good	570
	Mutale	Rural	Tshivenda	Regular	653
	Giyani	Rural	Xitsonga	Regular	551
	Sekgosese	Rural	Xitsonga	Regular	671
	Namakgale	Urban	Xitsonga	Good	650
Sekhukhune	Thabamoope	Rural	Sepedi	Good	685
	Sekhukhuneland	Rural	Sepedi	Good	757
	Acornhoek	Rural	Sepedi	Regular	504
				total sample size	6374

From the original provincial sample, the sites in the two development nodes were revisited during this illustrative community consultation. The seven sentinel communities in the eastern node sample include the Tshivenda and Xitsonga language groups and one "urban" setting. The three sentinel communities in the Sekhukhune cross-boundary node sample contain only the Sepedi language group.

Limits of interpretation

The consultation tool was originally developed for the IPSP social audit in the eastern Cape[2], translated into each of the languages for application in the Northern Province. The sample was also not designed for this consultation, but is a part of another sample with provincial representation (see above). Consequently, results cannot be interpreted as representative of the province at large, but they can be taken to reflect conditions in the two study areas, particularly the eastern node.

To be truly representative of these two areas, the sample would require careful stratification using more recent boundaries and it would require population weighting based on the data available from the updated electoral roll. Simply selecting, mapping and validating a proper sample might cost almost as much as was allowed for this illustrative consultation. At most, levels of indicators reflected in this report should be taken as the *type* of finding one might expect in a properly funded initiative.

Training

Two teams were recruited for the fieldwork, each consisting of seven interviewers

[2] Andersson N, Merhi S, Ngxowa N, Myburg M and Salcedo M. First things first: implementing Batho Pele in the Amatole district municipality. Bisho: CIET 2001

and a field supervisor. Each member of the team was required to speak English, Sepedi and one other language of the province. A five-day training was divided into a two-day classroom session, pilot testing, and final revisions.

In the classroom sessions, back translation of the instrument preceded practice interviews. Mock interviews permitted standardisation and estimation of the duration of the household questionnaire.

Classroom-based training session
Photo:CIET/CWhitaker

Pilot testing in communities not included in the sample provided an opportunity for testing field logistics – getting permission from local authorities and community leaders, distribution of the team in the community, quality control, productivity and meeting points. During the final revision day, all pilot interviews were checked by trainers and commented upon with each interviewer. A standard implementation procedure and productivity (18 interviews per person per work session) were agreed for fieldwork in each sentinel site.

Fieldwork and data management

Based on performance during the pilot, two team supervisors were chosen. In each site the supervisor first contacted the headman, whose permission was required before the household interviews began. During the last week of February 2001, a total of 1317 interviews provided data on the experience and opinions of 6381 citizens.

Prior to data entry, answers were precoded and a series of logical checks conducted. Double data entry relied upon public domain software (Epi-Info). The validation process exercised allowed the identification and correction of keystroke errors and cleaning of logical errors.

Analysis

Analysis relied on EpiInfo. Ordinarily, this vulnerability analysis would be enriched by data from key informants and focus groups. Qualitative data would thus be "quantified" as characterising the community -- a process known as *meso-analysis*

by which data from the individuals can be interpreted in the local context[3]. Meso-analysis essentially deals with factors operating in the community by linking them to the behaviour of the individuals in that community[4].

Formal epidemiological analysis probed behind the indicators to get a deeper understanding of vulnerability -- who is left out by the services. Promising associations indicating possible vulnerability or social exclusion were analysed using standard epidemiological techniques to identify potentially confounding effects of age, sex of respondent, education, residential area and other factors. Risk analysis used the Mantel-Haenszel procedure[5] [6]. Contrasts are reported as the odds ratio and exact confidence intervals (CI) are those of Cornfield. Heterogeneity between strata was tested using the procedure of Woolf.

Differences between averages (for example, unofficial cost of services and willingness to pay) were tested using standard procedures: where the variances of the two groups were homogeneous (95% confidence), the t-test was used. Where the variances were heterogenous, the Kruskal Wallis test for two samples was used. Only those associations that are significant at the 5% level are reported. Most other associations can be assumed to have been tested and found to be easily explicable by chance alone.

Interview in Apel (Sekhukhune cross boundary)
Photo: CIET/C Whitaker

[3] Andersson N. Mesoanalysis: the linking of quantitative and qualitative data. In *Four Essays on Evidence-based Planning.* EDI/ World Bank 1996.

[4] Andersson N. Mesoanalysis. *in Four Essays on Evidence-based Planning*. CIETinternational: New York. 1995.

[5] Mantel N, Haenszel W. Statistical aspects of the analysis of data from retrospective studies of disease. *J Natl Cancer Inst* 1959;22:719-748.

[6] Mantel N. Chi-square tests with one degree of freedom: extensions of the Mantel Haenszel procedure. *J Amer Stat Assoc* 1963;58:690-700.

Batho Pele performance indicators

1. Consultation

Citizens should be consulted about the quality of public service they receive and, wherever possible, they should be given a choice about the services offered.

Each of the sectors reviewed has a structure for consultation with citizens. In the education sector, nearly two thirds of households participated in SGBs (Table 2), and more than one half said they had seen the teacher to discuss the child's education (Table 3).

Table 2
Consultation and education: Number of times someone attended an SGB meeting to discuss the child's education in the last year

	eastern	SCB
once	14% (114)	17% (68)
2 times	15% (120)	17% (69)
3 times	13% (103)	13% (52)
4 times	11% (89)	8% (32)
5 or more	8% (55)	7% (27)
never	39% (305)	38% (154)
TOTAL	100% (786)	100% (403)

Table 3
Number of times someone from the household met with the teacher to discuss the child's education in the last year

	eastern	SCB
once	19% (153)	23% (94)
2 times	14% (114)	17% (68)
3 times	7% (56)	5% (20)
4 times	3% (28)	2% (10)
5 or more	4% (29)	1% (3)
never	53% (423)	52% (214)
TOTAL	100% (803)	100% (409)

Possible use of consultation mechanisms was also reflected in knowledge of complaints procedures. Asked *how* they would make a complaint, 10% said they would take an education complaint to the SGB, 2% said they would take a complaint about health to a health committee and 2% said they would take a welfare complaint to a community committee.

There seems to be little difference in consultation between the two nodes. Within each node, however, certain subgroups were more included by existing consultation mechanisms. For example, respondents with higher education were more likely to have attended SGBs than those with lower education[7]; the same effect is apparent in households headed by a more educated person[8]. Households headed by more educated people were also more likely to meet with the teacher to discuss their child's education during last year[9].

[7] 511/911 respondents with higher education attended compared with 173/360 with lower education: OR 1.65; 95%CI 1.28-2.14

[8] 429/713 households with more educated head compared with 277/518 with a less educated head: OR 1.31; 95%CI 1.04-1.67

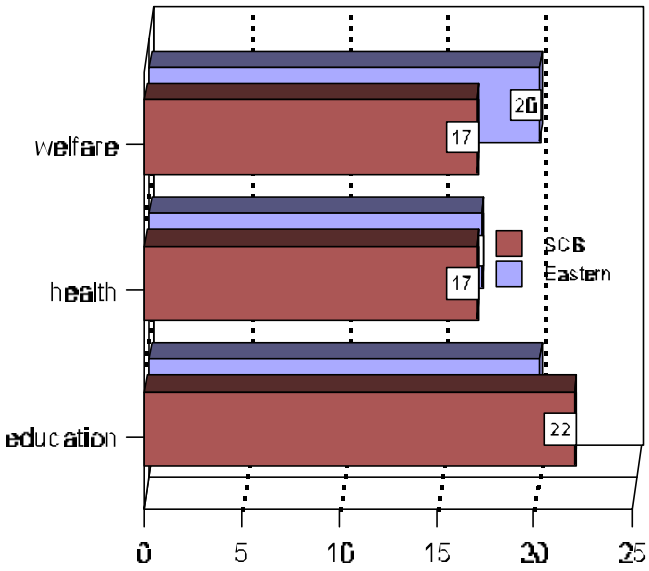
[9] 353/713 of households with a more educated head met the teacher compared with 207/522 with a less educated head: OR 1.49; 95%CI 1.18-1.89

2. Service standards

Citizens should be told what level and quality of public service they will receive, so they are aware of what to expect

One indication of the extent to which expectations are met or frustrated is the level of satisfaction voiced with public services. Citizens were asked how satisfied they were with education, health and welfare services. Figure 1 shows the proportion who said they were dissatisfied or very dissatisfied with these public services.

Figure 1
Proportion who were dissatisfied or very dissatisfied with education, health and welfare



Those with the lowest level of education, those who in the main do *not* benefit from the key services consulted upon here (attendance of school-going youth, immunisation under the age of five years, knowledge that immunisation was free, old age pension and participation in sport), were if anything more likely to say they *were* satisfied with services. This is a fairly constant finding in social audits around the world: those who expect least, get least.

Table 4
Proportion who were dissatisfied with aspects of education services

	eastern	SCB
teachers' attendance	14% (123)	14% (60)
teachers' behaviour	15% (131)	19% (80)
teachers' teaching	14% (125)	16% (67)

Table 5
Knowledge of what parents should teach their children before they go to school for the first time

	eastern	SCB
Behaviour	79% (684)	82% (350)
skills (read, count)	16% (138)	16% (68)
nothing/don't know	4% (38)	2% (9)
TOTAL	100% (860)	100% (427)

Within the education services, they were asked about their level of satisfaction with teachers' attendance, behaviour and teaching performance. Initial analysis shows a fairly low level of expectation (Table 4).

In the case of education, it was possible to enquire if parents had been informed what they might teach the child before his/her first attendance at school (for example, to identify colours, to know the days of the week and numbers). The majority referred to behavioural, particularly discipline, rather than educational aspects (Table 5).

As with many other responses, this was strongly related to education of the head of household[10]. Among more educated heads of household, those living in permanent houses were more likely to teach their children before going to school[11].

In the case of education, perception of service standards could be further tested by asking whether children are assisted when they have difficulties with classes. No less than 79% (858/837) of respondents in the eastern node and 86% (368/428) in Sekhukune said their children were being assisted when they had difficulties with classes.

Respondents with higher education in households headed by more educated people were more likely to say their children had been helped[12]. This perception was also more common among people with some income[13] and those in permanent houses[14]. It is not immediately clear whether this is a difference only in responses from respondents in less advantaged households, or whether there is a real difference in service quality, with more vulnerable people receiving less support.

Table 6
The single thing people would most like to see changed in education

	eastern	SCB
nothing	23% (194)	23% (96)
better teachers	22% (191)	31% (131)
more schools	15% (132)	7% (32)
better materials	11% (93)	10% (41)
less cost	5% (44)	6% (24)
more teachers	4% (32)	5% (20)
others	10% (90)	15% (63)
don't know	10% (82)	4% (18)
TOTAL	100% (858)	100% (425)

Table 7
The single thing people would most like to see changed in health

	eastern	SCB
nothing	29% (252)	25% (105)
better service	22% (192)	26% (112)
less travel/ more clinics	16% (141)	9% (40)
more doctors /nurses	13% (109)	14% (59)
more medicines	6% (48)	13% (57)
less waiting	1% (8)	1% (6)
less cost	2% (15)	4% (17)
other	3% (29)	3% (14)
don't know	8% (68)	4% (17)
TOTAL	100% (862)	100% (427)

[10] 701/720 of the more educated head of households reported they had taught something (behaviour or skills) compared with 494/521 less educated heads: OR 2.02, 95%CI 1.06-3.84.

[11] 509/515 of those in permanent houses reported they had taught something (behaviour or skills) compared with 183/196 in non permanent houses: OR 6.03 ; 95%CI 2.09-19.57 (exact confidence limits)

[12] 772/876 of respondents with higher education compared with 250/341 with lower levels of education: OR 2.7 95%CI 1.95-3.75. And 611/690 of respondents in households headed by more educated people compared with 377/487 in other households: OR 2.26; 95%CI 1.62-3.15

[13] 751/878 of those with some income compared with 228/289 of those with no income: OR 1.58; 95%CI 1.11-2.26

[14] 656/759 of respondents from permanent houses compared with 358/447 from non permanent houses OR 1.58; 95%CI 1.15-2.19

Asked what single thing they would like to see changed (Tables 6-8), the most common single response was "better service". This finding should be taken up in a focus group, to find out quite what it means (for example, punctuality, quality of interaction and courtesy).

In this consultation, the demand for better service probably means people do not know what level and quality of service to expect.

Table 8
The single thing people would most like to see changed in welfare

	eastern	SCB
nothing	44% (378)	42% (179)
better service	12% (107)	16% (68)
more services	12% (107)	14% (62)
counselling/advice	9% (81)	8% (35)
other	6% (53)	9% (39)
don't know	16% (134)	10% (45)
TOTAL	100% (860)	33% (428)

As with many of the responses, the perception of a need for improved services was not homogeneous across different social groups and different types of respondent. For example, female respondents from more educated households were more likely to want to see changes in the education sector[15].

More educated respondents were also more likely to ask for changes to the health sector[16].

[15] 391/522 of female respondents from households headed by more educated people compared with 238/396 female respondents from households with less educated heads: OR 1.98; 95%CI 1.48-2.66

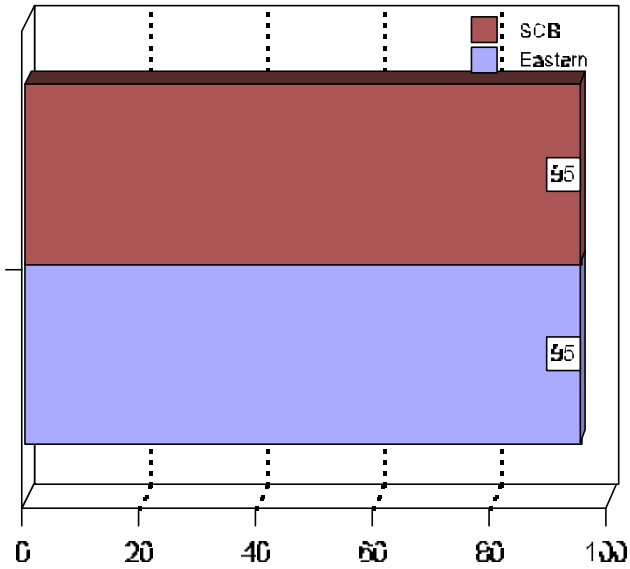
[16] 606/834 respondents with higher education compared with 194/320 with lower education: OR 1.73; 95%CI 1.3-2.29

3. Access

All citizens should have equal access to the services to which they are entitled

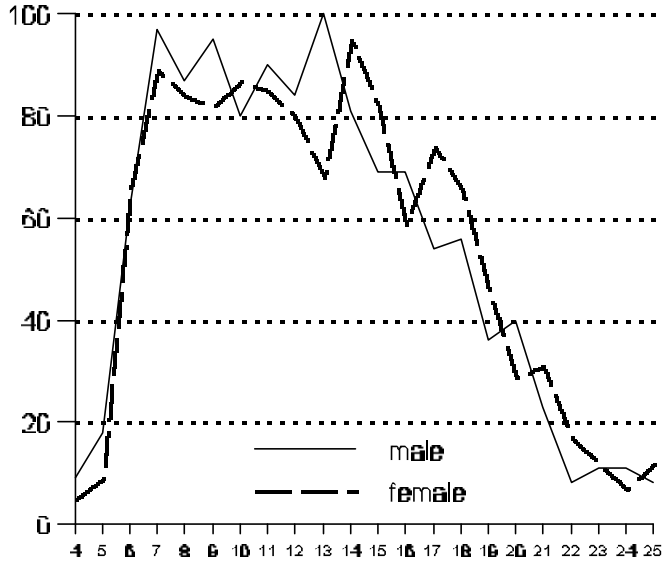
Each of the public services reviewed delivers a complex series of services, and access to these has several dimensions – geographic, cultural, temporal and financial. As a first approximation, one major indicator of access was chosen for each sector, with a more detailed illustrative probe in some sub-sectors.

Figure 2
Percent aged 7-18 years living *in the household at the time of the survey* who attend school



Access to education: No less than 95% of youth of school-going age (7-18 years) living in the households were reported to attend school (1394/1467 in the eastern node and 522/547 in Sekhukhune). Interestingly, given the very different levels of education of the heads of households in the two development nodes, there is no difference in attendance between the eastern and Sekhukhune nodes (Figure 2).

Figure 3
School attendance of males and females aged 4-25 years, in both development nodes (actual numbers)



An important limitation in interpretation of these data is that they refer to youth attending school *who are resident in the household*. It is quite possible that, dropping out of school, a youth would leave the household too.

This effect could be examined further by looking at grade and age specific attendance *numbers* (Figure 3). This confirms a falloff after the age of 13-14 years, suggesting youth might leave home after this age.

Table 9
Number of times the household used health services in the last year

	eastern	SCB
none	19% (159)	20% (86)
1 time	16% (138)	17% (72)
2 times	17% (144)	23% (95)
3 times	13% (113)	12% (51)
4 times	10% (83)	8% (34)
5 times	3% (23)	3% (14)
6 times	3% (26)	3% (10)
7 or more	10% (84)	8% (35)
don't know	10% (81)	5% (23)

Table 10
The last time someone from the household used a clinic

	eastern	SCB
within last week	8% (66)	7% (28)
2 weeks ago	11% (95)	12% (48)
3 - 4 weeks ago	27% (214)	22% (87)
2 - 4 mths ago	21% (173)	17% (66)
5 - 8 mths ago	9% (69)	14% (56)
9 - 12 mths ago	5% (40)	9% (37)
>1 year ago	5% (44)	10% (36)
never	13% (102)	9% (34)
TOTAL	100% (803)	100% (392)

Access to health care

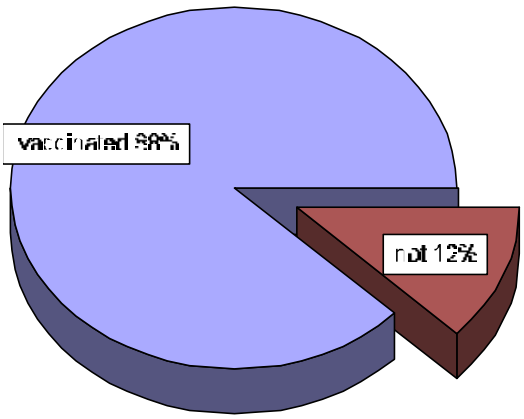
Four in every five households reported using a health facility in the year preceding the consultation (Tables 9 and 10). The most common reason for attending a health facility was to deal with a chronic complaint like asthma, hypertension or diabetes (Table 11).

A useful indicator of access to health services is the coverage with measles immunisation. This is a cornerstone of any primary health care programme, and the ability to achieve and to sustain universal childhood immunisation (UCI) of preschool children is a profound measure of service performance. Both development nodes (Figure 4) reported coverage was nearly 90% – a satisfactory level by international

Table 11
The medical attention that was required

	eastern	SCB
chronic illness	20% (145)	21% (79)
delivery/prenatal /contraception	10% (76)	12% (48)
fever/typhoid/measles	10% (72)	10% (39)
broken bones/injuries	7% (51)	12% (47)
diarrhoea, parasites, stomach	7% (52)	7% (27)
malaria	8% (57)	1% (5)
respiratory diseases	4% (30)	5% (19)
immunisation	3% (23)	3% (11)
dental	2% (15)	2% (9)
chest/all pains	5% (38)	5% (20)
others	23% (177)	21% (79)
TOTAL	100% (736)	100% (383)

Figure 4
Coverage with measles immunisation (children under the age of 5 years) based on report of the mother



standards.
Coverage with vaccination was strongly associated with beliefs about service standards, for example, whether the household considered health and education to be the most important and best run departments[17]. Also, perhaps not surprisingly, there was a strong link between perception of access (whether they considered the nurse accessible to them[18]) and vaccination. A vaccinated child was also more likely to come from a household that had considered they had access to the social worker[19], one that had used the welfare services recently[20], or that had not found cause to make a complaint about social welfare[21]. This "crossover" – whereby people who engage with one service are more likely to have the benefit of others – could have important programmatic advantages. *Importantly, this consultation could not confirm any association between vaccination status and low income or type of house.*

As a separate measure of perceived access to health care, citizens were also asked if the nurses of the clinic were accessible to them, implying a combination of time, culture and attitude. The overwhelming majority (94%) said yes (791/853 in eastern and 403/422 in SCB).

Access to welfare

Access to social welfare was measured primarily by the proportion of people over the age of 60 (65 in the case of men) who received their monthly state pension. This different age of access produces falsely elevated coverage rates among men, since many men actually do receive a pension between the age of 60 and 65 years. Taken together, the coverage rates are nonetheless high (Figure 5). Reflecting the generally more disadvantaged population in the eastern node, a senior citizen in this node was significantly less likely to receive a pension than one in the Sekhukhune node (224/253 in the eastern node compared with 308/338 in Sekhukhune CB).

[17] 342/374 among those who thought health and education were among the most valuable, 131/155 among those that did not, odds ratio 1.96 95%CI 1.06-3.6; 299/327 among those who thought health and education were among the best run, 174/203 among those that did not, odds ratio 1.78, 95%CI 1.02-3.1

[18] 439/486 of those who thought they had access to the nurse were vaccinated compared with 26/36 who did not, odds ratio 3.6, 95%CI 1.5-8.4

[19] 363/399 with access were vaccinated, 65/81 without, odds ratio 2.5, 95%CI 1.24-4.9

[20] 130/137 of those in households that had used welfare services were vaccinated, compared with 320/367 among those who did not, odds ratio 2.7 95%CI 1.14-6.9

[21] 15/21 were vaccinated in households that had made a complaint, compared with 454/505 among those who did not. Odds ratio 3.6, 95%CI 1.2-10.4

There is a notable difference in access between the two development nodes, with those living in the eastern node having less access than those in Sekhukhune. The reason for this is not immediately clear but, given the evident ability to provide full coverage, a small additional investment might yield a quick improvement in the eastern node.

There were also certain other characteristics of households where senior citizens did receive pensions. For example, these households were more likely to be small (1-4 people)[22], to be headed by someone with higher than grade 4 education[23], to have had a member participate in an SGB in the last year[24], and to live in permanent dwellings (brick walls with tin or asbestos roof)[25]. This clustering of vulnerability and reduced access is a fairly common finding in social audits.

Access to other welfare services was probed by asking people what service they saw as the most important and how many times they had accessed it in the year prior to the consultation (Table 12). Although many citizens had not used welfare services, a proportion of non-users did give an opinion about the most useful service offered. Overall, child related services were valued more highly than old age pensions or other services.

Figure 5
Senior citizens who receive their pensions

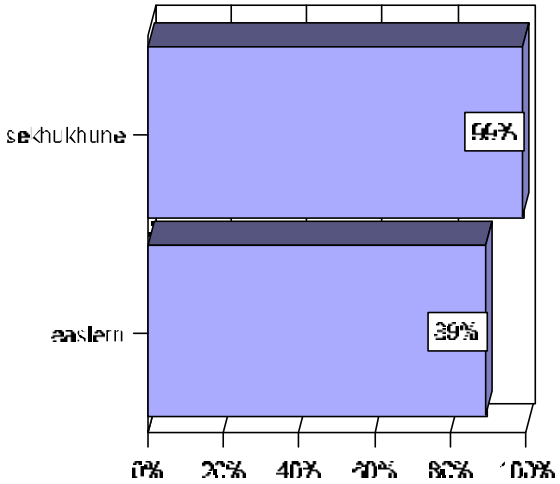


Table 12
Perception of the most important service provided by the department of welfare

	eastern	SCB
child related	12% (90)	16% (66)
grants	5% (36)	1% (6)
old age pension	9% (68)	4% (18)
counselling & advice	4% (36)	6% (26)
housing, clothes, medicine	5% (37)	7% (29)
other	7% (51)	13% (51)
none	58% (436)	52% (209)
TOTAL	100% (752)	100% (405)

Table 13
Percent who feel social workers are accessible

	eastern	SCB
yes	71% (602)	81% (344)
no	21% (179)	13% (55)
don't know	8% (70)	6% (26)
TOTAL	100% (851)	100% (425)

[22] 100/105 small households compared with 146/165 larger households, odds ratio 2.6, 95%1.01-9.62

[23] 109/115 grade 4 and above, 127/143 below Grade 4, odds ratio 2.3, 95%CI 1-1-7.3

[24] 132/140 among households who attended, 109/125 among those who did not, odds ratio 2.4 95%CI1.01-6.1

[25] 135/141 in permanent houses and 107/124 in others, odds ratio 3.6, 95%CI 1.3-10.5

A summary indicator of perceived access was obtained by asking citizens if they felt the social workers were accessible to them: around three in every four (more in Sekhukhune) felt they were (Table 13).

Tables 14 and 15 show impressive access to welfare, particularly in a context where so many households have no other source of income.

The purpose of the most recent visit (Table 15) turned out to be somewhat different in the two nodes -- in eastern, possibly reflecting its relatively disadvantaged position, more collected welfare.

Table 14
Access to this service in the last year

	eastern	SCB
none	77% (515)	83% (483)
1 - 4 times	15% (99)	8% (50)
5 - 8 times	3% (23)	2% (10)
9 - 12 times	5% (33)	7% (42)
TOTAL	100% (670)	100% (586)

Table 15
The purpose of the most recent visit to the welfare offices

	eastern	SCB
counselling/advice	29% (50)	33% (44)
collect/apply welfare	23% (40)	7% (9)
collect/apply child grant	19% (34)	14% (18)
poverty alleviation	6% (10)	4% (5)
housing	8%(14)	6% (8)
other	15% (26)	36% (48)
TOTAL	100% (174)	100% (132)

Access to Sports Arts and Culture

Access to cultural services – such as those provided by the Department of Sports, Arts and Culture – is not the easiest public service to measure.

Table 16
No message from public celebrations

	eastern	SCB
Heritage Day	67% (596)	64% (270)
Freedom Day	55% (477)	55% (188)
Women's Day	48% (418)	39% (167)

For this reason, outcomes of specific events were probed. Few attended the special days, and few knew what they were about (Table 16). For example, two out of every three respondents took no message from Heritage Day and nine out of every ten did not attend any celebration. Similarly with Freedom Day.

The most successful "special day" was evidently Women's Day, with the highest levels of participation in events and the strongest level of understanding.

Table 17
The single most important message people remember from Heritage Day

	eastern	SCB
ties to land	56% (146)	69% (102)
unite the nation	10% (27)	13% (19)
other	34% (90)	18% (27)
TOTAL	100% (859)	100% (418)

Table 18
The single most important message people remember from Freedom Day

	eastern	SCB
unite the nation	33% (127)	23% (53)
peace	25% (97)	34% (83)
celebrate with Mandela	14% (55)	20% (45)
fulfil promises	4% (13)	5% (12)
other	24% (90)	16% (36)
TOTAL	100% (859)	100% (417)

Table 19
The single most important message people remember from Women's Day

	eastern	SCB
women's rights	42% (184)	43% (111)
stop abusing women	40% (176)	37% (97)
unite the nation	2% (11)	5% (12)
celebrate with women	2% (9)	3% (7)
other	14% (62)	12% (31)
TOTAL	100% (860)	100%(425)

Table 20
Reasons for non attendance at Heritage Day celebrations

	eastern	SCB
could not attend	31% (240)	36% (131)
unaware	38% (300)	38% (140)
no interest	21% (170)	19% (69)
far/no transport	8% (63)	8% (28)
other	1% (10)	-1
TOTAL	100% (783)	100% (369)

Table 21
Reasons for non attendance at Freedom Day celebrations

	eastern	SCB
could not attend	32% (235)	42% (143)
unaware/don't know	20% (147)	22% (76)
no interest	33% (242)	21% (73)
far/no transport	12% (91)	12% (42)
other	2% (15)	1% (4)
TOTAL	100% (730)	100% (338)

Table 22
Reasons for non attendance at Women's Day celebrations

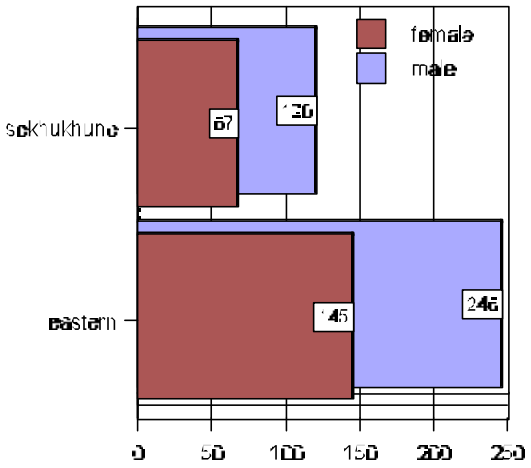
	eastern	SCB
could not attend	32% (239)	41% (133)
unaware/don't know	28% (207)	26% (84)
no interest	27% (200)	22% (70)
far/no transport	10% (76)	11% (34)
other	2% (15)	-1
TOTAL	100% (737)	100%(322)

Tables 17-19 summarise the main messages respondents reported from the three celebrations.

Tables 20-22 give the reasons for non attendance at the celebrations. In all three case lack of interest accounts for roughly 25% and another 25-30% can be explained by lack of awareness.

Figure 6 reflects the number of adults said to participate regularly in sport. Although one might query what people see as sport and what they considered regular participation, the question was asked in the same way in the two nodes yet produced significantly different results. It was also asked the same way for male and female citizens, and females were much less likely to participate.

Figure 6
Number of people who play sport regularly



Given the change in the health profile in South Africa over recent years (most attendances at health centres are now attributed to chronic illnesses like hypertension), the apparent non-participation of women in sport could be an actionable point for public services.

4. Courtesy

Citizens should be treated with courtesy and consideration

The level of respect people feel they are receiving from the services can be estimated from the perception of levels of corruption and, more specifically, what people see as the type of corruption. The worst regarded in the perceived corruption stakes are the police and justice sectors (Table 23).

The reason given for this is not, as one might have expected, because of bribes or misuse of resources, but simply "bad service". This includes lack of courtesy, lack of consideration and unnecessary waiting (Table 24).

Table 23
The government department that people consider the most corrupt

	eastern	SCB
police/justice/home	43% (241)	48% (169)
education	16% (89)	12% (44)
economic affairs	11% (64)	9% (33)
health	10% (55)	10% (34)
public works/ transport	7% (38)	12% (44)
welfare, labour, housing	7% (37)	5% (17)
local government	2% (9)	-
agriculture	2% (10)	1% (2)
sport, arts & culture	1% (5)	0.3% (1)
all departments	2% (10)	2% (7)
total	(558)	(351)

Table 24
Reasons for considering this sector the most corrupt

	eastern	SCB
bad service	64% (365)	69% (233)
management	7% (53)	14% (47)
misused funds	11% (64)	10% (33)
promises not fulfilled	3% (19)	4% (13)
no facilities/ medicine	1% (5)	2% (8)
cultural misunderstanding	1% (7)	1% (2)
charge for service	1% (8)	-
all are the same	2% (9)	0.5% (1)
no problems	8% (47)	0.5% (1)
TOTAL	100% (567)	100% (338)

5. Information

Citizens should be given full information about the public services they are entitled to receive

Table 25
Knowledge of free vaccination

	eastern	SCB
yes	84% (728)	91% (386)
no	16% (139)	9% (38)
TOTAL	100% (867)	100% (424)

The fact that 50% of the sample could not give an opinion on which welfare service was most important (Table 12) could be an indicator that they do not know or understand the welfare service offer. In the health sector it was possible to probe this apparent lack of information by asking if they knew that children under the age of five years should get free immunisation (Table 25).

A sizeable proportion – more in the eastern node – did not know that vaccination should be free.

Female respondents were more likely to know that immunisation was free, particularly in the more educated households[26]. The concentration of this effect in more educated households is compatible with education of the respondent itself being strongly associated with the knowledge about free immunisation[27]. More economically advantaged households were also more likely to know about free immunisation, based on indicators of employment[28] and income[29].

6. Openness and transparency

Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge

It was an easy matter to ask whether people knew who was in charge of each of the sectors. Table 26 shows the proportion of respondents in each node who correctly identified either the MEC or the senior civil servant in each sector.

[26] Considering only more educated households, 482/526 female respondents and 156/192 male respondents said they knew: OR 2.53; 95%CI 1.53-4.18. In less educated households, 333/400 female respondents and 99/123 male respondents said they knew: OR 1.2; 95%CI 0.69-2.08

[27] In households where the head had lower level of education, 217/240 of the more educated respondents said they knew, compared with 214/282 less educated respondents in the same type of household: OR 3; 95%CI 1.75-5.18

[28] 708/806 of respondents in households where the head was employed compared with 387/465 where the head was unemployed: OR 1.46; 95%CI 1.04-2.04

[29] 824/922 of respondents in households with some income compared with 243/312 without any income: OR 2.39; 95%CI 1.67-3.41

In many cases, there was confusion between the national and the provincial figurehead in each sector.

Table 26
Proportion who knew the name of the provincial MEC or departmental head in each sector

	eastern	SCB
Education	20% (177)	29% (123)
Health	11% (99)	22% (95)
Welfare	8% (66)	11% (45)
Sport Arts & Culture	15% (103)	6% (37)

Perhaps understandably, knowledge of who was in charge of each sector was heavily related to the degree of "social inclusion". For example, male respondents[30], more educated respondents[31], respondents from households with some income[32], whose head was more educated[33] or employed[34], and those living in permanent houses were more likely to know who was in charge of education[35].

Female respondents with higher education[36], female respondents from households where the head was more educated[37], respondents from households with some income[38], an employed head[39] and, at least among the more educated households in these areas, from permanent houses[40] were more likely to know who was in charge of health.

[30] 99/324 male respondents and 200/961 female respondents recognised who was in charge of education; OR 1.67; 95%CI 1.25-2.24

[31] 270/916 respondents with higher education and 29/368 with lower education knew who was in charge of education; OR 4.89; 95%CI 3.19-7.52

[32] 239/921 respondents in households with some income and 49/310 without income knew who was head of the education sector: OR 1.87; 95%CI 1.31-2.67

[33] 216/717 where there was a more educated head and 76/526 with less educated heads identified who was in charge of education: OR 2.55; 95%CI 1.88-3.46

[34] 225/806 respondents in households where the head was employed compared with 68/464 where the head was unemployed: OR 2.26; 95%CI 1.65-3.09

[35] 216/799 from permanent houses and 79/474 from non permanent houses knew who was in charge of education: OR 1.85; 1.38-2.5

[36] 125/671 female respondents with higher education level and 8/289 with lower education level knew who was in charge of health: OR 8.04; 95%CI 3.72-18.12. This effect was not nearly so prominent among male respondents: 48/247 male respondents with higher education and 12/80 males with lower education level said they knew: OR 1.37; 95%CI 0.65-2.92

[37] 109/528 female respondents from households where the head of the household had higher education level and 22/401 female respondents where there was a less educated head: OR 4.48; 95%CI 2.7-7.49. This effect was not so prominent among males more educated head 42/192; less educated head 18/125; OR 1.66; 95%CI 0.87-3.21

[38] 158/928 from households with some income and 31/310 without income: OR 1.85; 95%CI 1.2-1.85

[39] 151/810 from households where the head was employed and 40/467 where the head was unemployed: OR 2.45; 95%CI 1.66-3.61

[40] 124/516 of respondents in permanent houses where the head is more educated compared with 24/197 in non permanent houses: OR 2.28; 95%CI 1.39-3.76. This is not observed when the head of household had lower education level: permanent house 18/259; non permanent house 22/240; OR 0.81; 95%CI 0.41-1.63.

More educated respondents[41], respondents from households whose head was more educated[42] or employed[43], and those living in permanent houses[44] were more likely to know who was in charge of welfare.

More educated respondents[45], respondents from households whose head was more educated[46] or employed[47], and those living in permanent houses[48] were more likely to know who was in charge of sport, arts and culture.

7. Redress

If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and when complaints are made, citizens should receive a sympathetic positive response

Table 27 shows the proportion that say they have already made a complaint in each of the sectors reviewed. The levels of complaint are fairly low, and much of the reason for this is evident in Table 28: people do not know *how* to make a complaint.

Table 27
Citizens who have made a complaint about each of the sectors

	eastern	SCB
Education	14% (120)	12% (52)
Health	8% (68)	8% (36)
Welfare	4% (32)	4% (16)

Table 28
Respondents who say they do not know how to make a complaint about each of the sectors

	eastern	SCB
Education	51% (435)	48% (203)
Health	68% (588)	68% (280)
Welfare	83% (702)	81% (341)

[41] 102/919 respondents with higher education and 9/ 366 with lower education knew who was in charge of welfare: OR 4.95 95%CI 2.38-10.67

[42] 88/720 from households with more educated heads and 21/524 less educated head knew who was in charge of welfare: OR 3.34; 95%CI 1.99-5.6

[43] 93/808 from households where the head was employed and 16/310 where the head was unemployed knew who was in charge of welfare; OR 2.04; 95%CI 1.14-3.68

[44] 85/800 respondents from permanent houses and 25/449 from non permanent houses knew who was in charge of welfare: OR 2.14; 95%CI 1.32- 3.48

[45] 128/918 respondents with higher education and 10/ 368 with lower education knew who was in charge of SAC: OR 5.8; 95%CI 2.9-11.95

[46] 108/718 respondents from households with more educated heads and 29/527 from households with less educated heads knew who was in charge of sports arts and culture: OR 3.04; 95%CI 1.94-4.79

[47] 106/807 respondents from households where the head was employed and 32/465 where the head was unemployed knew who was in charge of SAC: OR 2.05; 95%CI 1.32-3.17

[48] 100/799 respondents from permanent houses and 38/477 from non permanent houses knew who was in charge of SAC: OR 1.65; 95%CI 1.1- 2.49

In this context, the rate of making a complaint is not necessarily a bad performance indicator. Considering only those who *knew* how to make a complaint, there was a much more even complaint rate across the different sectors: in the eastern node, 28%, 25% and 24% had complained out of those who knew how to do so for education health and welfare respectively; in the Sekhukune cross boundary area, these figures were 23%, 25% and 21% respectively.

As with other indicators, this was strongly related to the level of social inclusion. Respondents with higher education[49], male respondents in lower education households[50], and respondents from permanent houses[51] were more likely to complain about education.

Their most likely recourse in both zones (Table 29) would be to talk to the principal or directly to the teacher. One in ten would take up the issue with the SGB.

Respondents with higher education[52] and those from households headed by a more educated person[53] were more likely to complain somewhere about health.

Table 29
Steps citizens would follow to make a complaint against the education services

	eastern	SCB
talk to principal or teacher	58% (242)	63% (140)
SGB	20% (83)	21% (47)
district office	12% (49)	11% (24)
other	10% (44)	5% (12)
TOTAL	100% (418)	100% (223)

Table 30
Steps citizens would follow to make a complaint against the health services

	eastern	SCB
sister/doctor in charge	33% (91)	58% (67)
district office/MEC	14% (39)	22% (25)
hospital warden	12% (32)	19% (22)
SANCO	11% (30)	3% (3)
health committee	6% (17)	3% (3)
other	24% (64)	15% (16)
TOTAL	100% (273)	100% (116)

Table 31
Steps citizens would follow to make a complaint against the welfare services

	eastern	SCB
district office/MEC	27% (36)	34% (27)
social office head	17% (23)	19% (15)
social workers	9% (12)	24% (19)
community committee	6% (8)	8% (6)
other	41 (55)	15% (13)
TOTAL	100% (134)	100% (80)

[49] 139/922 respondents with higher education and 33/ 366 with lower levels of education complained about education: OR 1.79 95%CI 1.18-2.74

[50] 21/125 male respondents and 31/399 female respondents in lower education households: OR 2.4; 95%CI 1.26-4.55.

[51] 121/798 permanent and 51/479 in non permanent houses: OR 1.5; 95%CI 1.04- 2.16

[52] 329/911 respondents with higher education and 79/ 360 with lower education complained about health: OR 2.01; 95%CI 1.5-2.71

[53] 258/712 from households with more educated head and 135/519 from households with a less educated head complained about health: OR 1.62; 95%CI 1.25-2.09

Their most likely recourse was, similar to the case of education, directly to the sister or doctor in charge of the clinic (Table 30).

Respondents with higher education[54], from households with more educated head[55], from households with some income[56] and from permanent houses[57] were more likely to complain about welfare.

Unlike complaints to the other sectors which were typically direct at local level, the most common response in the case of welfare was to the district office or directly to the MEC.

Table 32
The government department people consider most valuable. Percent giving response (n=)

	eastern	SCB
education	34% (298)	35% (151)
health	31% (271)	35% (149)
police/justice	6% (51)	5% (23)
welfare, labour, housing	5% (41)	3% (14)
public works/ transport	4% (34)	3% (13)
agriculture	3% (29)	4% (17)
finance/municipality	2% (20)	3% (13)
SAC	1% (13)	1% (6)
other	1% (9)	0.5% (2)
all departments	2% (16)	1% (4)
none	5% (42)	6% (27)
don't know	5% (44)	2% (10)
TOTAL	100% (868)	100% (429)

8. Value for money

Public services should be provided economically and efficiently, in order to give citizens the best possible value for money

Asked which departments they consider to be the most valuable and the best run, roughly one in three answered education and one in three answered health (Tables 32 and 33). It is likely that this reflects perception of value for money and efficiency.

Table 33
The government department people think is the best run (Percent giving response (n=))

	eastern	SCB
education	30% (264)	31% (133)
health	30% (264)	29% (125)
police/justice	8% (70)	8% (36)
agriculture	4% (33)	4% (17)
welfare, labour, housing	5% (40)	7% (29)
finance/municipality	3% (27)	3% (12)
public works	4% (34)	3% (13)
SAC	1% (8)	0.5% (2)
other	1% (8)	0% (0)
all departments	1% (5)	1% (3)
none	6% (56)	11% (48)
don't know	7% (59)	3% (12)
TOTAL	100% (868)	100% (430)

[54] 127/566 respondents with higher education and 28/ 195 with lower education complained about welfare: OR 1.73; 95%CI 1.08-2.78

[55] 108/457 respondents from households with a more educated head and 44/287 with a less educated head complained about welfare: OR 1.71; 95%CI 1.14-2.57

[56] 121/545 from households with some income and 26/186 from households without income complained about welfare: OR 1.76; 95%CI 1.08-2.88

[57] 114/502 respondents from permanent houses and 40/257 from non permanent houses complained about welfare: OR 1.59; 95%CI 1.05- 2.42

There are several types of cost of public services, including public resources (taxes and national revenues), direct costs to the citizens (official and unofficial user fees) and indirect costs occasioned by *not* having access to effective services.

An example of cost to citizens that is not usually taken into account by the public service planners is that of transportation to access the services. In the case of health (Table 34), average transportation costs were in the region of R15 per visit, being significantly higher in the eastern node and, as is often the case, for poorer households in more remote communities.

In addition to this, users said they paid for the health visit to the government clinic (Table 35), the unofficial health costs being roughly the same in the two nodes (Table 36). The cost varied with the reason for attendance: problems related to eyesight, pregnancy and skin cost R20-25; dental, acute infections, chest and heart problems cost R15-20 and immunisation, epilepsy and TB treatment cost R10-15.

Respondents were also aksed about their willingness to pay to see improvements in each of the sectors (Table 37). Those who were willing to pay were prepared to pay considerably more for improvements in education and, in general, more in Sekhukune CB than in the eastern node. Understandably, those who lived in temporary houses were willing (and able) to pay less than those in permanent households (R51 compared with R90 for education, R18 compared with R24 for a health visit, and R18 compared with R23 for welfare).

Table 34
Cost of transport to go back and forth to the nearest government clinic/hospital

	eastern	SCB
Proportion paying	83% (719)	69% (294)
Average amount paid	R16	R12
standard error of mean	R0.48	R0.71

t-statistic 23.6 (df=1008, p=0.000002)

Table 35
Who paid for supposedly free services (% of users who said they had to pay for the service)

	eastern	SCB
health visit	31% (187/611)	48% (150/311)
welfare visit	8% (11/144)	9% (10/113)

Table 36
Amount paid for supposedly free services
Average cost to those who had to pay for the service (standard error of mean)

	eastern	SCB
health visit	R18 (R1.10)	R19 (R1.06)
welfare visit	R18 (R5.60)	R25 (R7.56)

Table 37
Willingness to pay for public services
Average amount (standard error of mean, n=)

	eastern	SCB
Education*	R69 (R6.16, n375)	R93 (R10.46, n233)
Health*	R20 (R1 n311)	R26 (R1.30, n188)
Welfare*	R20 (R1.11, n209)	R25 (R1.56, n115)

*difference is significant at the 5% level

Implications for improved service delivery monitoring

Service-based monitoring looks at how well services are carried out from the point of view of those who use the services. Estimation of programme impact thus depends on "before/after" comparisons or it may involve a separate "control" group to compare those who got the service with those who did not.

In community-based monitoring the whole community can be involved in identifying and solving problems. The public service is then seen as one of many influences that affect the well-being of citizens. Other things, like the culture and community life, are also part of the picture.

All citizens are intended beneficiaries of the public services. A provincial public service monitoring system should include views of citizens who do not use the programmes, and look at their reasons for not doing so. A community-based monitoring strategy would also be more able to separate the impact of a particular public service from other influences. A substantial advantage is that this approach more readily leads to community-led solutions.

In addition to extending the measurement base from the services to include communities, it is also necessary to look at the life cycle of a monitoring initiative. A single and limited survey, such as this illustrative community consultation, offers a limited opportunity for supporting evidence-based planning. What matters is full coverage of the monitoring process – all types of communities must be represented – and reiteration, with visible tangible gains from each repetition. This can be achieved through the implementation of a formal social audit process: a combination of modern research techniques to gather information while involving local partners over the course of several cycles. This reiterative approach focuses the search for evidence on *changes.*

In the CIET approach to social audit, service providers interact with the clients through sharing evidence on service delivery performance. This dialogue between service providers and clients becomes the basis for greater accountability, and improved effectiveness and efficiency of the public services.

A social audit gives service providers recent and accurate evidence on the coverage and effectiveness of the services they provide. It tells them what works best and why, and it tells them what is going wrong if something is wrong. They can learn more about those who should benefit from the services but who do not. By repeating social audits on a regular basis, an administration puts out messages of accountability and a concern for effectiveness.

These are the key steps in each social audit cycle:

- Collect information from households in representative communities about their use, experience and perceptions of public services; link this with information from the services themselves;
- Analyse the findings in a way that points to what actions might improve matters;
- Take the findings back to the communities for their views about what could improve the situation;
- Bring the findings and suggestions to discussions between service providers, planners and community representatives to plan and implement changes.
- Close the loop by a repeat fact-finding exercise to assess the changes and their implications.

This reiterative loop is supposed to be the building block of evidence-based planning: get the right answer, invest the resources on an informed basis, measure the change, get more confidence, go for the next step. The concept behind generating highly targeted compelling evidence is that it should build up to action. Seeing the action work reinforces the confidence of the stakeholders who bring about the action.

With community feedback as an integral part of the ongoing information-gathering process, a social audit can help to build the community voice into planning. This goes beyond householders answering questions: data from these interviews are returned to the communities, where they are discussed systematically in gender-stratified focus groups and, later, between focus group participants and community leaders. In this way, the communities in the region can contribute to policy making. CIET methods thus offer a very concrete way of increasing citizen participation in surveillance and decision-taking.

Because each cycle of social audit is conceptually simple, it is easy to underestimate the need for methodological rigour and quality control. Because of this, capacity building is a key concern. In the course of repetition of the steps for each cycle, local researchers become increasingly capable of conducting these surveys themselves.

With each new cycle, information on the previous cycle is disseminated to communities, success of the solutions derived from previous cycles is measured and topics for investigation can gradually be tuned to the needs and perspectives of the communities. In this way, social audit in the Northern Province could support sustained, critical dialogue on issues that have a profound effect on people’s daily lives, while building local technical capacities to do the job with decreasing external assistance (after four cycles over two years, there would be no external assistance).

Annex A.

Table A1 Demographic structure: age and sex of the sample population

Age Groups	eastern		SCB	
(years)	Male	Female	Male	Female
0 - 4	11% (228)	10% (228)	12% (110)	13% (130)
5 - 9	15% (296)	12% (294)	14% (127)	11% (116)
10 - 14	15% (307)	13% (315)	15% (132)	11% (110)
15 - 19	13% (266)	12% (280)	8% (74)	10% (104)
20 - 24	10% (202)	9% (225)	7% (64)	10% (100)
25 - 29	7% (151)	9% (217)	7% (65)	11% (109)
30 - 34	5% (110)	7% (164)	8% (74)	8% (87)
35 - 39	5% (103)	7% (163)	11% (98)	9% (96)
40 - 44	4% (79)	5% (122)	6% (51)	5% (51)
45 - 49	4% (89)	4% (103)	4% (40)	4% (40)
50 - 54	3% (59)	2% (45)	2% (21)	2% (20)
55 - 59	2% (34)	1% (23)	1% (13)	1% (6)
60 - 64	1% (31)	2% (52)	1% (9)	2% (26)
65 +	4% (78)	6% (140)	3% (29)	3% (33)
TOTAL	100% (2033)	100%(2371)	100%(907)	100% (1028)

Table A2
Number of people in each household

	eastern	SCB
1-3	23% (203)	33% (142)
4-6	56% (489)	51% (222)
7+	21% (182)	16% (67)

Table A3
Level of education of respondents

	eastern	SCB
No education	13% (116)	7% (30)
Less than 4 years	3% (24)	1% (3)
Grade4-Grade7	17% (148)	11% (49)
Grade8-Grade10	22% (193)	19% (81)
Grade11-Grade12	38% (331)	47% (201)
University/college	7% (56)	15% (65)

Table A4
Level of education of head of the household

	eastern	SCB
no education at all	27% (228)	10% (43)
less than 4 years	4% (35)	2% (6)
Grade4-7	18% (151)	16% (66)
Grade8-10	23% (195)	16% (69)
Grade11-12	23% (193)	37% (146)
university/college	5% (46)	19% (78)

Table A5
Occupation of the head of the household

	eastern	SCB
unemployed	39% (334)	32% (135)
non-specialised worker	16% (135)	9% (37)
specialised worker	10% (87)	15% (52)
pensioned	10% (90)	7% (28)
professional//managers	9% (82)	18% (83)
farmer/self employed	7% (63)	10% (41)
government worker	6% (46)	7% (31)

Table A7
Type of house construction (roof - walls)

	eastern	SCB
mud brick/grass roof	39% (337)	2% (9)
mud brick/zinc	5% (39)	2% (8)
cement block/zinc/ RDP	33% (281)	66% (281)
flat	2% (16)	1% (3)
cement block/ asbestos	14% (122)	13% (55)
shack	1% (9)	7% (27)
unfinished	12% (109)	10% (44)

Table A6 Age group and sex of the respondent

Age Groups	eastern		SCB	
(years)	Male	Female	Male	Female
15 - 19	7% (16)	6% (41)	3% (3)	1% (4)
20 - 34	42% (95)	51% (325)	45% (45)	51% (166)
35 - 49	32% (73)	34% (215)	38% (38)	38% (126)
50 +	19% (43)	9% (58)	15% (15)	10% (32)

Community consultation, Northern Province