The Human Cost of Public Sector Cuts in Africa

ANNEX I

Methodology

This research report is based on primary data collected using a mixed-methods approach, combining quantitative and qualitative data. ActionAid field teams conducted perception surveys to gather quantitative data from frontline education and health workers in six African countries: Ethiopia, Ghana, Kenya, Liberia, Malawi, and Nigeria. Additionally, focus group discussions (FGDs) were conducted with communities in these countries, facilitated by Local Rights Programmes (LRPs), to collect qualitative insights on public sector education and health services.

Country Selection, Study Areas, and Sampling Strategy

Within each selected country, two localities were randomly chosen—one rural and one urban—where AA operates. A purposive sampling approach was used to select these localities to ensure diversity in geographic and socio-economic contexts. However, health facilities and schools within the selected localities were randomly chosen to maintain objectivity in the sample selection.

The sample size was determined through a participatory process involving national AA colleagues and LRP leads. The agreed-upon minimum sample size per country included: Frontline workers: At least 10 health workers and 10 teachers per LRP, totalling 40 public sector workers per country.

Community members: At least 30 people per LRP, totalling 60 community members per country. Overall sample: A minimum of 100 respondents per country (60 community members + 40 frontline workers). While these figures represent minimum targets, countries had the flexibility to interview more participants as needed.

Gender Representation

The study also aimed for gender balance in respondent selection: At least 70% of public sector workers were targeted to be women, reflecting their significant presence in frontline public sector roles. Ideally, 50% to 70% of community members were women, acknowledging that cuts to public services disproportionately affect women, particularly in terms of increased unpaid care and domestic work responsibilities.

Sample Size

The data collection process involved 616 individuals across six countries, with 64% of the participants being women. Among them, 296 frontline public education and health workers, including 66% women, participated in the survey, while 320 community members, with 67% women, engaged in FGDs. The table below presents a detailed distribution of participants.

Individuals Participated in the Survey and Focus Group Discussions

Survey /FGDs	Women	Men	Total
1. Survey – Public Workers	179 (60%)	117 (40%)	296
Teachers	*84 (55%)*	*69 (45%)*	*153*
Health Workers	*95 (66%)*	*48 (34%)*	*143*
2. FGDs – Community Members	214 (67%)	106 (33%)	320
GRAND TOTAL (1+2)	393 (64%)	223 (36%)	616

Data Collection Tools and Process

Separate survey questionnaires were designed for education and health workers, considering gender, as well as urban and rural contexts. The questionnaires were transferred to the SurveyCTO platform for digital data collection. The FGD checklists included education and health services, incorporating gender and urban-rural dynamics.

A participatory approach was adopted in the development of research tools. National AA colleagues and LRP leads within the selected localities were actively involved in designing the data collection instruments. . This was done through several online sessions with the country teams to discuss the tools and data collection methods. To ensure consistency and accuracy in data collection, a pre-data collection training was conducted with all participating national AA colleagues and LRP leads. This training provided a comprehensive review of the research tools and the data collection software.

Data Collection Methods

Survey with Education and Health Workers: ActionAid teams visited selected rural and urban field areas to conduct detailed surveys separately with frontline education and health workers across the six countries.

Focus Group Discussions with Community Members: ActionAid teams also held FGDs with community members in rural and urban areas of the six countries to gather their reflections on education and health services in their respective areas. As much as possible the FGDs composition were gender segregated to encourage open and candid communication.

Quality Assurance: All surveys and FGDs were supervised by a senior staff member of ActionAid country team to ensure data quality.

Country teams visited rural and urban field areas and used the SurveyCTO platform to collect survey data from education and health workers whereas the findings of rural and urban FGDs were documented in MS Excel software.

Ethical Considerations and Government Approvals

At the national level, AA colleagues sought the necessary government approvals before commencing the research. In some countries, such as Kenya, Nigeria, and Malawi, the approval process took longer than expected, leading to unanticipated delays in data collection.

During data collection, informed consent was obtained from all respondents. Participants were provided with clear information about the purpose of the study, their voluntary participation, and their right to withdraw at any time. To document consent, respondents were requested to sign a consent form before participating in the survey.

Data Analysis

Quantitative Analysis: The survey data was transferred from the SurveyCTO platform to Statistical Package for Social Sciences (SPSS) software to perform a quantitative analysis of responses from frontline education and health workers.

Qualitative Analysis: The FGD data from community members was analyzed and synthesized using MS Excel software.

Comparative analysis over time: Across the different methods respondents were asked to compare now to 3 to 5 years ago. In the report analysis we have indicated 5 years or since 2020 for ease of reference. The aim of this survey was to assess the impact of cuts on people now; as many economic stats have delays of 3-5 years, but communities experience impacts much quicker.

Literature Review: The author also conducted an extensive literature review of relevant external and internal documents according to the objectives of the research.

Research limitations

Potential challenges included delays in government approvals, response bias in self-reported data, and variability in facilitator approaches during FGDs. To mitigate these issues, structured training, standardised data collection procedures, and clear ethical guidelines were implemented.

Survey questions can be requested upon request.