# Participation for local development : the reality of decentralisation in Tanzania

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## The reality of decentralization in Tanzania

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# Abbreviations

| | |
|---|---|
| BoD | Burden of Disease |
| CBG | Capacity Building Grant |
| CCHP | Comprehensive Council Health Plan |
| CCHPG | Council Health Planning Guidelines |
| CCM | Chama Cha Mapinduzi |
| CDG | Capital Development Grant |
| CHMT | Council Health Management Team |
| D by D | Decentralisation by Devolution |
| DAS | District Administrative Secretary |
| DC | District Commissioner |
| DS | Divisional Secretary |
| GAP | Granssont Assistance Programme |
| MCH | Mother and Child Health |
| HFC | Health Facility Committee |
| HMIS | Health Management Information System |
| JHIRF | Joint Health Infrastructure Rehabilitation Fund |
| LGA | Local Government Authority |
| LGLB | Local Government Loan Board |
| LGRP | Local Government Reform Programme |
| MDG | Millennium Development Goals |
| MP | Member of Parliament |
| NGO | Non Governmental Organization |
| N.S. | National Standards |
| NSGRP | National Strategy for Growth and Reduction of Poverty |
| O&OD | Opportunity and Obstacles to Development |
| PEDP | Primary Education Development Programme |
| PMO-RALG | Prime Minister's Office for Regional Administration and Local Government |
| PO-RALG | President's Office for Regional Administration and Local Government |
| PPLGR | Policy Paper on Local Government Reform |
| RAS | Regional Administrative Secretary |
| RC | Regional Commissioner |
| RS | Regional Secretariat |
| SAP | Structural Adjustment Programme |
| TANAPA | Tanzania National Parks Authority |
| Tsh | Tanzanian shilling |
| URT | United Republic of Tanzania |
| VTC | Voluntary Counselling and Testing |
| WDC | Ward Development Committee |
| WVT | World Vision Tanzania |

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# 1

# Introduction

## Background of the study

It was the first president of the United Republic of Tanzania, Julius Nyerere, who made a powerful statement on the need for participation of the people in communities for development. He stated that:

> 'Development is the participation of people in a mutual learning experience involving themselves, their local resources, external change agents and outside resources. People can not be developed; they can only develop themselves by participation and co-operative activities which affect their wellbeing. People are not being developed when they are herded like animals into new ventures.' (Nyerere 1968)

In this statement people are understood to be an important instrument in their own development. Actual and sustainable development can be obtained by making the people who benefit an integral part of the development process. This includes involvement in the decision-making and in the phase of implementation. Nyerere also recognises the importance of external resources and agents of change in facilitating development.

There are examples where participation contributed to development and that prove the value of Nyerere's statement. In Nachingwea District, in the Southern part of the country, for example, community members at one time reasoned that a proper office for the District Headquarters was essential for the improvement of the district planning and the provision of services from the local government. The old, dilapidated groundnuts storage facility they had been using as the District Office simply wasn't good enough. As a result, the services were not being adequately planned or delivered. After some members of the local community had visited other District Headquarters and had seen their modern offices the community decided that they had had enough of the existing situation. The community wanted a proper office for their District Headquarters. If the central government was not going to build it for them, then they would build it them-

selves. In 2003 the community members decided to rely on their own resources. They embarked on an ambitious 1 billion Tanzanian shilling (Tsh) building project to construct a new District Headquarters. Once the project began, other stakeholders stepped in to support this community initiative. This included the local business community and the central government. This building was completed in 2007, has 84 rooms and houses the offices of both the District Commissioner and District Executive Directors (Department for International Development 2006).

In this example we see the value of participation for development. Development depends mainly on local communities taking their own fate into their hands. It is therefore no surprise that the many international organisations, such as the World Bank and World Health Organisation, emphasise the need for participation in local development. Supported by various scholars, these institutions consider community participation a core element of sustainable development, particularly for social service delivery (see for example: Dola & Dolbani 2006; WHO 2002). The link between participation and development can be seen as a part of the broad concept of 'democratic decentralisation', which puts much emphasis on the links between people and local governments as a strategy for development.

The emphasis on the concept of participation is also reflected in the Constitution of the United Republic of Tanzania of 1977. Indeed, it has been the argument of all government administrations since the independence of Tanzania in 1961. The Constitution shows a strong recognition of the importance of participation in achieving the much sought social and economic development in the country. It declares the establishment of devolved local governments (articles 145-147) as a milestone for promoting mass participation, local democracy and well-being of communities through provision of a wide range of social and economic services.

However, since independence the efforts to realize this strategy have left the government in a conundrum. Most of these efforts have been changes in the institutional setup. Some of the remarkable changes include the abolition of the Local Governments Authorities (LGAs) in 1972. These LGAs were replaced by a de-concentrated system. In 1982 the LGAs were again re-established. Both changes had the enhancement of community participation as a strategy for sustainable development as their goal. However, these changes did not contribute to community participation or improve the social service delivery as was expected.

The failure to realise community participation for local development is often associated with the longstanding practices of central government officials and the passive attitude of communities who believe it is the responsibility of the government alone to provide the public services. The most recent government initiative to enhance participation of local communities could therefore be considered a new attempt to break through these longstanding practice and attitudes. The intended system is a system in which both government officials and citizenry recognise the role of community participation in local development. The question that remains is: to what extent do the current institutional arrangements really facilitate participation of the people for local development?

## Statement of the problem

The argument that participation contributes to development has been the dominant policy in the Tanzanian Local Government administration to date. The adoption of the Policy Papers on Local Government Reform in 1998 can be seen as a new attempt to put emphasis on the bottom-up planning process. The reforms envisage that through bottom-up planning the development programmes will respond to local needs and bring about a sense of ownership to facilitate implementation.

The principle that guides this reform is the principle of Decentralisation by Devolution (D by D). The policy theory on D by D indicates that the institutional arrangement created through the reform process facilitates participatory planning. One invention of this is the establishment of Opportunity and Obstacles to Development (O&OD) methodology. This methodology is designed to enhance participation in the bottom-up planning process.

However, according to various scholars, such as Devas (2005: 7), the institutional arrangements require certain qualities to be able to facilitate this process of Decentralisation by Devolution. These include the attitude and commitment of the politicians and officials involved in the planning process who take steps to ensure that the results reflect the views of the citizens, the ability of the poor to organize, mobilize and use their voice and the resources available to implement the agreements, since there is little point in going through the process if there are no resources to implement what is agreed on. Participation requires more than just creating an institutional arrangement that supports it. People have to actually use this arrangement to achieve real Decentralisation by Devolution.

Despite the emphasis on participation, the experience of the local government administration in Tanzania leaves much to desire. There are still administrative practices that show the central government is rather dominant in the decision-making on what has to be done at the local level. The local government sometimes appears to be left with limited discretion to act as an autonomous institution that is able to respond to local needs and demands. The central government influence over the local government can be exercised in many ways. Quite often this influence is related to the planning procedure, on allocating the (public) money.

According to the Local Government Expenditure Review of 2007 the local government authorities depend on the central government financing for more than 90% of their funds. Most of these central government funds are conditional grants. They are earmarked for specific areas. As a result, local preferences expressed through local participation, are quite often only supported if they fall under these earmarked categories. It is therefore interesting to see whether or not the LGAs are still able to support participation and contribute to local development within the boundaries of these limitations.

There are examples that indicate that LGAs do not have real autonomy. A famous recent example is the policy of constructing a dispensary in every village and a secondary school in every ward. Just after coming to power in 2005, the fourth government administration announced that every local government must ensure that there is a dispensary in every village and a secondary school in every ward. The announcement

was actually the implementation of the election manifest of the Chama Cha Mapinduzi (CCM) for the 2005 general elections (CCM 2005). This political party won the election, so the promises were put into policy. Although the intention might be considered desirable, as every citizen would wish to be close to the point of service delivery, the approach was actually a contradiction to the philosophy of Decentralisation by Devolution. After all: the implementation of the election promises was a top-down policy that violates the principle that the needs and demands have to be identified by the local people.

Some LGAs might have a good road network and transport services which make the need for a dispensary in every village or a secondary school in every ward less urgent as the existing facilities are already easily accessible. As such, these LGAs might press for more urgent needs, like shortages in equipment, buildings or staff in the existing facilities. Yet through this central policy these LGAs are forced to construct more dispensaries and secondary schools.

There are indications that the LGAs staff and leaders perceive the central government directives as political and sometimes unrealistic. The indication arises from the arguments often made by the LGAs that if the government had for so long failed to enable the available primary facilities to deliver quality service, adding more facilities would complicate the situation instead of solving the problem. Since the resources are limited and the focus will be on construction of new primary facilities, there is a danger that the service provision in old facilities will continue to deteriorate because more resources will be directed to the new facilities. In this regard, people in most LGAs would rather see the existing facilities being improved before taking a move towards constructing new ones.

Considering such experiences, the purpose of this study is to examine the extent to which the LGAs are able to realize development in a situation where they have limited resources themselves and depend largely on central government transfers. Development depends to a large extent on participation. After all it is the local community that has the knowledge of existing needs and has to implement in practice any decision with regard to the development (Van Dijk 2006: 32). The overall objective of the study is to examine the extent to which the institutional arrangements under the policy of Decentralisation by Devolution (D by D) facilitate this participation of the local people. Do these local people have a voice in the bottom-up planning process and does it contribute to development? This overall objective is divided into the five specific objectives:
1. To show development changes (if any) at the local level.
2. To examine the extent to which local people participate in the bottom-up planning process.
3. To assess the extent to which the bottom-up planning process contribute to local development.
4. To establish important factors for participation in local development.
5. To give recommendations for possible improvement of participation for local development.

Therefore the central question of the research is:

*To what extent do the government institutional arrangements in Tanzania facilitate or impede participation for local development and what improvements can be made?*

This central research question breaks down into the following sub-questions:

*1. To what extent is there an infrastructural development of primary facilities?*
The Policy Paper on Local Government Reform (1998) provides that the main objective of the reform is to improve service delivery. The first question addresses the possible development in these primary facilities' infrastructure as part of the overall improvement of public service delivery. In this research only the development in education and health sectors is studied.

*2. To what extent do the local people participate in the bottom-up planning process?*
In view of the local government reform, the bottom-up planning is intended to facilitate participation in the local communities. Decisions on improvement of the local facilities should be related to local needs. A response to the needs expressed through the bottom-up planning process is supposed to create a sense of ownership that facilitates the implementation of the decisions. The second question in this research therefore examines the extent to which local people participate in the bottom planning process.

*3. To what extent does the bottom-up planning process contribute to local development?*
The effort to enhance participation in the bottom-up planning process is based on the notion laid out in the local government reform policy papers, that involvement of the people will facilitate local development. The answer to this question is therefore an attempt to establish the extent to which the bottom-up planning, as a participatory approach, does contribute to local development.

*4. What factors facilitate or impede participation for local development?*
Development is associated with many factors. The answer to this question will show the possible factors that facilitate or impede participation in the bottom-up planning process. To answer this question a comparison can be made between the observed participation for local development and the use of the bottom-up planning process.

*5. What changes can be made to improve participation for local development?*
The answers to the previous four questions will provide a basis to formulate some recommendations for improvement that might enhance local participation.

## Significance of the study

This study is significant with regard to both theory and policy. Theoretically it shows the gap between the theoretical perspective of participation and the actual practice of participation in the Tanzanian context. Sometimes there may be variations to the point where a particular actor (stakeholder) can influence the common goals. However, participation is expected to bring in a mutual agreement of the local development activities. For instance, in view of the Organisation for Economic Co-operation and Development (1994 as cited in Cornwall 2002: 36):

> 'participatory development stands for a partnership which is built upon the basis of a dialogue among the various actors (stakeholders), during which the "agenda" is set jointly and local views and indigenous knowledge are deliberately sought and respected. This implies negotiation rather than the dominance of an externally set project agenda.'

In this opinion, the study tries to show how participation is practiced in a particular context and whether or not there is a connection between participation and local development.

The significance of this study in relation to policy is linked to the ongoing local government reform in Tanzania. The study will provide some policy insight to the reform process on community participation. It will inform policy makers about the existing gaps between policy theory and practice. The study also shows the relevance of choices in the institutional arrangements that might facilitate or impede participation for development.

## Organisation of the study

The study consists of twelve chapters, divided in three parts. Part I consists of the following six chapters that contain the theoretical part of the study. Chapter 2 shows how participation is embedded in the overall concept of decentralisation and its relevance in public governance. Chapter 3 provides the institutional arrangements of centralisation and decentralisation under which the government processes are carried on. It intends to shed light on the relevance of some important structures involved in the study. Chapter 4 provides an overview of decentralisation in Tanzania. The Tanzanian history shows a change from more central to more decentral and back again. This chapter brings into focus some theoretical descriptions of the bottom-up planning process which is the core of the study. In chapter 5, the delivery system of the two specific social services, health care and educational services, are described. This chapter also shows the relevance of the infrastructure for the improvement of both services.

Based on the background information provided in the previous chapters, chapter 6 contains a description of the theoretical framework of the study. In this chapter the hypotheses and variables are highlighted and described. Chapter 7 is about the research design and methods. The chapter provides guidance for the empirical part of the study.

Part II provides the empirical part of the study. It consists of chapters 8, 9 and 10. These chapters describe the six cases involved in this study. Each chapter presents two cases selected from one district. The chapters begin with a brief overview of the relevant district, followed by a systematic description of the bottom-up planning process with regard to a facility for health services (a health centre or a dispensary) and with regard to a primary school.

Part III contains the comparison of the cases and the analysis. In chapter 11 the cases are compared and the hypotheses of the study are tested. Based on the theory, the empirical study and analysis, chapter 12 provides the conclusions and recommendations.

# PART I

# Theoretical framework

# 2

# Concepts of decentralisation

## Introduction

In recent years decentralisation has received widespread attention as a major element in the discourse on 'good governance' promoted by many donor agencies and development institutions (Bergh 2004). Decentralisation has many functions. From the point of view of 'good governance' it is a mode of administration that advocates bottom-up planning which captures, internalises and addresses local needs and concerns (Johnson 2001; Devas 2002). As such, it promotes responsiveness and accountability of policy makers to local needs and people (Crook & Manor 1998).

This chapter presents an overview of the basic concept of decentralisation. This concept provides a basis for the development of the theoretical framework that guides this study. The chapter is organised as follows. The following section provides an explanation of the meaning of decentralisation as conceived in the literature and brings into focus some important properties underpinning the theory of decentralisation. The next section provides a specific meaning of decentralisation that has been advocated in recent years and has a direct link with empowerment and participation. Then some arguments for decentralisation and centralisation are highlighted to give an understanding on the relevance of these two levels of government. This chapter concludes by highlighting some perspectives on the necessary conditions for successful decentralisation.

## Meaning of decentralisation

In every state system, governmental authority is to some extent dispersed over units and subunits. The 'unit' in this phrase is the central government. The 'subunits' in the Tanzanian context are the Local Government Authorities (LGAs). Even the most centralised systems will be under pressure to subdivide governmental activities and to

attribute some power for taking decisions and executing tasks to authorities other than the central government. However, even the most grass roots kind of state organisation will experience incentives for concentrating part of the governmental authority in one central unit.

Distribution of power and activities from a central state unit, such as a national government, may be given to subunits that are either hierarchically subordinate to the central unit or to subunits that are to some extent autonomous. The former mode of division of tasks in a state system is usually called de-concentration. All subunits in a de-concentrated system have to answer to a superior authority. The latter mode of division of tasks in a state system is often labelled devolution. Subunits in such a system have authority in their own right and typically are not subordinate to other units in the system. The following taxonomy is limited to devolutionary systems.

Devolution starts out with centralised government authority that subsequently is distributed over a number of autonomous subunits. This government authority is founded on the sovereignty of the people. This is explicitly stated for example in the Constitution of the United States that starts with the recognition of the sovereignty of the people: 'We the people'. In that sense governmental authority is *transferred* from individual citizens to a governmental system. This is either a local government or a state government or even a federal government. The resulting state system may still look in many ways the same as a devolutionary system.

## Properties of decentralisation

A state system with devolution has a number of variable features. These features can be grouped into two categories: properties of the subunits and properties of the relations between the centre and the subunits, that is between the central government and the local government authorities (LGA).

The subunits in a system have a number of variable properties which depending on which system is used will differ from each other. Some important properties of these subunits are:

- Subordinate or autonomous (as indicated above).
- Layers of sub-central government; in most state systems one will find not only two, but several layers of government. This could be a governmental layer in between central government and LGAs, such as regional governmental bodies. There may also be a layer of governance below the LGA.
- Scale of the subunit. Subunits can vary from very large LGAs to very small communities. Van Dijk (2006) shows for example the differences with regard to the scale of the subunits in Thailand, Indonesia and India. With this respect 'large' and 'small' can be seen in both the number of citizens addressed by the subunit, but also in the geographical area that falls within the jurisdiction of the subunit.
- Political organisation: subunits might be governed by a representative government, with elected officials or an elected council, or be governed by appointed officials.
- Extent of jurisdiction: what are the subunit's powers of rulemaking and enforcement of these rules over its citizens? Some subunits do have a wide jurisdiction, while others are only implementing the rules that have been laid down in another forum.

- Power of taxation: to what extent does the subunit have the competence to collect its own means?
- Administrative resources: does the subunit have its own personnel and its own freely spendable monetary resources?

It is important to note that these properties may vary between systems and that the variations do not necessarily coincide. The values of these properties give an indication as to the amount of decentralisation, and the degree of independence or autonomy of the subunits. There are systems of local government in which the LGAs have wide jurisdiction, but hardly any administrative resources, such as their own personnel. On the other hand, one may find LGAs with important tasks that are autonomous but do not have an elected board or officials.

## Intergovernmental relations: the degree of local autonomy

The relations between central government and LGAs are often labelled 'intergovernmental relations'. Local autonomy (the primary division of tasks and authority) in devolutionary systems is typically limited by all kinds of secondary arrangements. These arrangements can analytically be grouped into four major categories. In many systems, the different arrangements will often appear in combinations.

- *Legal limitations and obligations:* central legislation may specify or limit LGA powers and tasks, thus limiting the discretion (and the autonomy) of the LGA.
- *Fiscal strings:* for a number of reasons, LGAs may be financed from central coffers. The transfer of such monies from central to local may have strings attached that limit the discretion on spending those monies and thus limit the autonomy of the LGA.
- *Oversight arrangements:* the central government may be attributed authority to oversee and intervene in LGA policies and decisions. Such powers may be limited or extensive. The more extensive, the less autonomy for LGAs.
- *Personnel:* the LGA may or may not have its own administrative apparatus with personnel appointed and awarded by the LGA. The more control the centre has over personnel, the less autonomy for LGAs.

All these properties combined form an indication of the resulting *degree of local autonomy*. The more autonomous LGAs are, the more *decentralised* the devolutionary intergovernmental system is. The more power central government has over LGAs, the more *centralised* the intergovernmental system is.

## Assessing the degree of decentralisation

It should be noted that so far we have only been discussing the *design* of the intergovernmental system. Thus, an application of all of the above properties as indicators merely results in an assessment of the degree of centralisation or decentralisation of the intergovernmental system *on paper*. However, in the end what we are really interested in, is the *actual* degree of local autonomy or the actual degree of decentralisation. And

even though an assessment of the design of the institutional arrangements might predict the actual autonomy, the system in reality might diverge significantly or even totally from the system as devised in policy papers and legal regulations. Normally one will find quite a difference between an administrative system as it is designed and regulated and that same system as it actually functions. Thus there are other circumstances beside the factors identified earlier, which either contribute to or limit the actual functioning of LGAs. The actual discretion a local government has in determining its own affairs within the limits of its jurisdiction depends on the way the system is designed to facilitate empowerment of LGAs. On the one hand we may find state systems that are, on paper, very centralised, but turn out to be decentralised, because for example, the LGAs appear to have a lot of discretion. On the other hand, we may find intergovernmental systems that look decentralised on paper but operate in a most centralised manner. It is a matter of *empirical* research to determine how centralised or decentralised an intergovernmental system actually is.

## The ideal level of decentralisation

Decentralisation is often considered a state of affairs worth pursuing. The term 'decentralisation' is defined more extensively in literature (Bergh 2004). Different scholars, political scientists and economists have defined the term decentralisation to suit the context of their interest. However, in a narrow sense and in particular in the context of intergovernmental relations, the term decentralisation can be defined as the transfer of responsibility for planning, management, and funding and allocation from the central government to sub units or levels of government (Rundinelli *et al.* 1981).

In recent years there has been growing concern for democracy, popular participation, and empowerment (Mehrotra 2005; Bergh 2004). The kind of decentralisation that is often linked to these three terminologies is identified as 'democratic decentralisation'. According to Bergh (2004), the term 'democratic decentralisation' emphasises the links between the state and the people, and consequently between decentralisation and participation. It refers to the transfer of powers and resources to authorities that represent local populations. These authorities should be accountable to the local communities and can therefore be considered as an institutionalised form of participatory development (Vedeld 2003 as cited in Bergh 2004: 781).

The emerging view in this kind of decentralisation is that there is a symbiotic relationship between decentralisation and participation. However, no particular participatory mechanism has been identified to suit different contexts or institutional arrangements. It remains the role of countries to search for a proper participatory mechanism or tool that fits into their own context. Whether particular mechanisms or tools work to produce meaningful participation remains an area for examination.

## Arguments for decentralisation and centralisation

The existence of both central and local governments suggests that each level possesses distinct advantages and serious shortcoming in performing the fundamental tasks of the public sector (Oates 1972). In this section, some arguments for decentralisation and

centralisation are reviewed to provide a basis for development of the theoretical framework that guides the design and analysis of this research.

*Argument for decentralisation*
The thrust for decentralisation has been associated with some empirical evidence and theoretical expectation about decentralised governance. Some scholars such as Mehrotra (2005), Berg (2004), Heller (2001) and Ribot (2002) provide empirical evidence showing that decentralisation improves service delivery at the local level. The same results are shown by development agencies such as the World Bank, who have often focused on the benefits of decentralisation for service delivery, based on the principle of subsidiarity (World Bank 2008). However, both the empirical evidence and the normative perspective of subsidiarity exist in at least three main arguments for decentralisation: promoting responsiveness, enhancing accountability, and facilitating cost recovery.

*Promoting responsiveness*
The common theoretical argument for decentralisation is that it provides a means for the level of consumption of public goods to be tailored to the preferences of subsets of society. Therefore, decentralisation is seen as mode of administration that promotes economic efficiency by allowing greater differentiation of resource allocations across jurisdictions in response to the needs of consumers. Local governments are closer to the people and are therefore seen to be in a better position than the central government to provide services that match the preferences of the people in their jurisdiction. It is assumed that the lower levels of governments are better informed about the preferences of the population than the central government (Bergh 2004; Oates 1972; Azfar *et al.* 2001; Bahl 1995). As such, the local governments are considered to stand a better chance of providing public service to the level and mix that commensurate to the demands of the population.

*Enhancing accountability and innovative efficiency*
Decentralisation is also seen as a mode of administration that improves efficiency by enhancing accountability. Because the sub national governments are closer to the citizens, it is assumed that it provides an opportunity for the people to participate, monitor and control the sub national governments (World Bank 2008). With this in mind, the links between the local people and local governments is perceived to increase innovation over time in response to the competitive pressure by the local people to adopt the most efficient techniques of production (Oates 1972; Bergh 2004). As such, decentralisation may increase both static and dynamic efficiency in the production of public goods (Oates 1972: 13; Van Dijk 2006: 32).

   Indeed, this is seen to be especially true where the financing of public services are devolved to the local governments. It is expected that financial autonomy provides 'incentives for effective governance to arise according to the logic of "market-preserving federalism", in which clear ex ante institutional arrangements, budget constraints, and revenue expectations drive local governments to maximize cost-efficiency and constituent service' (Qian & Weingast 1997 as cited in Azfar *et al.* 2001:

7). Thus decentralisation requires some financial autonomy to enable the local governments' response to the local demands.

*Facilitating cost recovery*
The demand driven development initiatives through decentralisation is thought to enhance the willingness of the local population to participate in realizing them (Bahl 1995; Briscoe & Garn 1995; Litvack & Seddon 1999). According to this theory, the local population is perceived to be more willing to contribute, financially or in kind, for the implementation of development programmes that matches their development preferences. Decentralisation therefore is expected to increase the base of support for governmental action. In this sense a local government is expected to exert greater fiscal effort and raise more revenue, if they can determine how the revenues are used (Azfar 2001).

*Arguments for centralisation*
Some of the public sector tasks can better be performed at the central level, that of the central government. Such tasks include counterbalancing the weakness of the local governments.

The first argument for centralisation is that some local government actions may have consequences for other local communities or local governments. Local governments do not always have the same interest. Local communities trying to act in their own good might easily limit the opportunities or rights of other communities. Such policies are those related to the provision of high level public goods such as ensuring the environmental quality or preventive of communicable pandemic disease. These spillover effects demand a higher government authority to correct and balance interests. The level of central government is seen as the most appropriate to provide these kind of public goods, since there are little incentives for the local governments to use their scarce resources to provides them (Oates 1972).

The second argument says that centralising decision-making has the effect of economic stabilisation and equal distribution of wealth within a nation. Economic stabilisation is sometimes seen as a public good that can only be organised from a central level. In this regard the central government is considered to be in a position to make good use both of monetary and of fiscal policy without excessive inflation. Similarly, if income redistribution policies are performed at the local level this can lead to the movement of assets from one local government to another in search for economic efficiency. In this respect the central government must also coordinate the use of natural resources and to redistribute natural wealth. Every nation knows its richer and poorer area. Quite often the wealth is based upon the existence of natural resources. Building a nation requires equal distribution of these natural resources.

The third argument for central decision-making is the concern that local decision-making is dominated by local elites and does not reflect what is best for the local people (Bergh 2004) and might even threaten fundamental principles under the rule of law. Such a possibility is likely to happen because of sharing authority and resources with government units outside the centre where political restraints on capture are likely to be weaker (Azfar 2001). 'People also tend to pay less attention to local than national elections, especially where election cycles are frequent' (World Bank 2000 as cited in

Azfar 2001). This situation is seen to provide more opportunity for local elites to take over the local government. The third argument is the management issue. In this argument it is said that the local government has weak administrative and technical capacity to manage effectively, thereby creating the risk of services, at the local level, being delivered less effectively and efficiently than it could be done by the central government (Bergh 2004; Prud'homme 1995 as cited in Azfar 2001).

## Does decentralisation produce benefit under all conditions?

Most empirical evidence shows mixed results with decentralisation. Various scholars, for example Faguet (1998), Mehrotra (2005), Bergh (2004) and institutions like the World Bank (2008) provide evidence that decentralisation does have an added value for development. Despite this, however, there is evidence that shows failure of decentralisation under certain conditions. The benefits of decentralisation seem to occur only if certain conditions are fulfilled. Although there are some conditions for successful decentralisation in certain systems of government, there is no evidence of particular conditions identified to fit a particular type of government structure or context. However, 'theoretical predictions on decentralisation suggest that only certain forms of decentralisation, or better, decentralisation under certain institutional arrangements, will work' (Azfar 2001: 8).

Mehrotra (2005) provides three properties of an institutional arrangement that can lead to successful decentralisation. This argument is based on four case studies in areas of schooling, basic services, public health and other services and health. Such properties include:

- a functioning state (not a weak, certainly not a 'failed' one), and effective capacity, both at central and local levels;
- empowered local authority to which functions, functionaries and finance have been devolved by the central authorities; and
- 'voice' articulated on a collective basis by civil society, through institutions enable by the state. (Ibid: 269).

According to Mehrotra, the first property refers to a state that can guarantee basic transparency, accountability and representation. Successful decentralisation requires a central government that oversees, regulates and if necessary disciplines local authorities so that poor people really benefit from political reform. It should also be able to provide sufficient resources to devolve to the local authorities. The second property refers to empowerment through legislative or constitutional means that transfer control over functions as well as functionaries to LGAs where responsibilities for delivering social services have been devolved to them. The last property refers to creation of institutional mechanisms to ensure that the voices of the citizenry can be heard through formal mechanisms by the local authorities.

Other literature provides similar properties of successful decentralisation. Especially the scholars that underline 'deep democratic decentralisation', like Bergh (2004), Ribot (2002) and Heller (2001). However, some properties are more specific and sometimes represent particular contexts of interest. For example, in summarising their comparison

of local governance in Africa Olowu & Wunsch (2004: 238) provide the following as pre-requisite for effective local governance.

- Local autonomy and authority.
- Resource availability at the local level.
- Effective local government institutions of choice (i.e local assemblies or councils).
- Effective, open and accountable local political processes.
- Supportive national political context.
- Effective system of intergovernmental relationships.
- Demands for public goods and social capital at the local level.
- Well designed local government institutions.

Lists of properties like these envisage the kinds of conditions that need to be met for effective local governance. Beyond that, bringing these properties into picture serves to show that, according to the literature reviewed, the necessary conditions for successful decentralisation revolve around, but are not limited to, two main elements of decentralisation: local autonomy and community participation. Both local autonomy and community participation have a specific form in the Tanzanian context. This context exists within an institutional framework (chapter 3) and a specific planning procedure (chapter 4).

# 3

# Institutional arrangements in Tanzania

## Introduction

The current governmental system of administration in Tanzania was configured after the introduction of the multiparty system in 1992, which separated the parties' structures from that of the government's administration. The government administration was then left with a hierarchy of only two levels: a central government layer with regional offices and a layer of local government. These two levels are connected in a number of ways.

In view of some literature on decentralisation, achieving the correct configuration of the institutions at both central and local levels is fundamental in making decentralisation a model that works (see for example Azfar 2001). This is because the institutional arrangement can either support or hamper the involvement of the local community in the decision-making, which is the main focus of most decentralisation agendas. This chapter describes the institutional arrangements in Tanzania with a focus on the relationship between the central and local governments, including the way in which public services at the local level are financed. The chapter is organised as follows. The following section describes the institutions of the central and local government. This section is followed by a brief account of the functions and legal framework of the local government. The next section then describes the local government financing with specific emphasis on health and education sectors.

## A picture of the institutional arrangements

The institutional arrangements between the central and local government authorities in Tanzania are the result of a long and complex history. The current situation is portrayed in figure 3.1. This figure demonstrates the relationship between the central government

structure and that of the local government as configured after the introduction of the multiparty system in 1992 and that was later modified under following amendments of the local government laws and new policies.

*Figure 3.1*    Interlinks between central and local governments structures
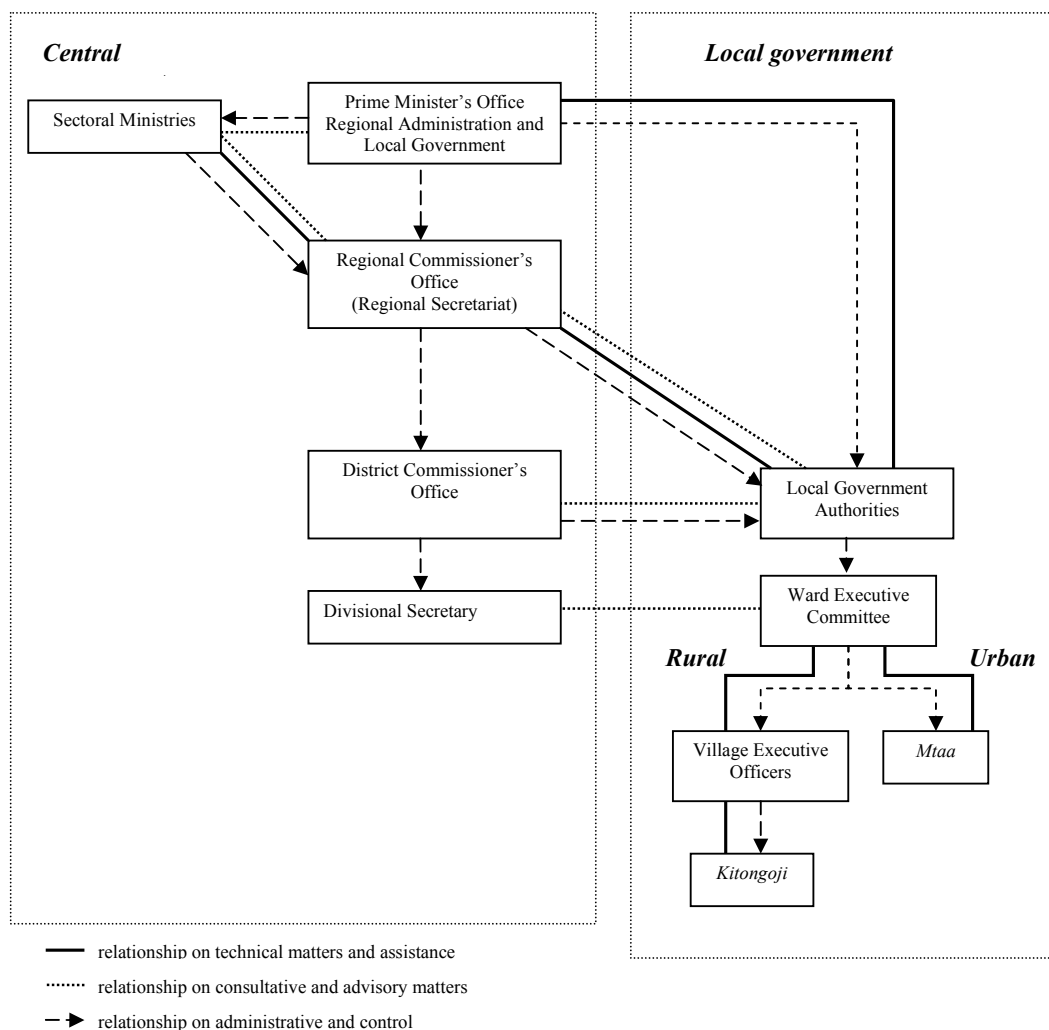


The exact role and duties of the institutions of both the central and local government are explained in the following subsections.

*Institutions of the Central Government*

According to article 52 of the Constitution of United Republic of Tanzania of 1977 the Prime Minister is responsible for supervision and control of the activities of Sectoral Ministries. These sectoral ministries are responsible for, for example, health and education services. Alongside that, through Notice No.1 of January 2006, the Prime Minister is also responsible for the Regional Administration and Local Government.

This notice forms the legal foundation of the Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) whose main duty is to co-ordinate all policy that addresses local government authorities.

The role of the sectoral ministries is to formulate broad national policies, guidelines, and support local government authorities. To achieve this, the sectoral ministries formulate regulations and conduct legal supervision of the local government's political and administrative decisions. The ministries execute their role through the regions, which links the central and local government.

*The Regional Level*

The Regional Administrations were renamed Regional Secretariats (RSs) under the provision of the Regional Administration act 1977, as part of the decentralisation process. The regional commissioner (RC) is the principle representative of the central government within the region. All executive functions within the region are exercised by or through the RC. He is appointed by the president and has the following four main responsibilities:

- Maintaining law and order in the region; the RC has the power to arrest and detain.
- Determining the specific direction of efforts in implementing the general policies of the government in the region.
- Facilitating and assisting the Local Government Authorities (LGAs) in the region.
- Any other function delegated to him by the president as per Regional Administration Act No. 19 of 1997 section 6 (1) (2) (3).

Specifically, as spelled out in the Policy Paper on Local Government Reform (1998: 49) the office of the Regional Commissioner is given legal powers in respect of accountability on the part of the district councils in the respective region. The Regional Commissioner can:

- act as an appellate body for complaints within a local authority;
- intervene in cases where unlawful decisions are made by a council or by a local administration;
- report to the Prime Minister's Office for Regional Administration and Local Government on illegal behaviour by an actor within a local government;
- receive complaints from citizens, organisations and private contractors or businessmen dealing with the local government or affected by decisions made by the council;
- call-in by-laws and development plans as required for legal inspection.

The Policy Paper on Local Government Reform further suggests that the decisions of the RC could be appealed against to the Prime Minister's Office for Regional Administration and Local Government, or taken to court.

The Regional Commissioner is assisted by the regional secretariat. The head of the regional secretariat is the Regional Administrative Secretary (RAS) who is appointed by the president and is the principal advisor to the RC. The regional secretariat performs

his role through four divisions, each headed by an Assistant Administrative Secretary, who all report to the regional administrative secretary.

The administrative role of the regional secretariat is both to facilitate and to support the development choices made by the local government and to support the realisation of the goals and targets of the local government authorities in relation to national development. The relationship between regional secretariat and local government authorities is therefore twofold: on the one hand aiming to enhance the capacity of the local government authorities with the caution of not violating the main underlying principle of local government autonomy, but on the other hand the regional secretariat is expected to direct these local government authorities in realising their policy objectives in conformity with central government requirements.

*Staff in support services*
The technical support staff of the regional secretariat are organised in clusters. Sector ministries employ the members of staff. Their main role is to provide advice and support to the LGAs. The clusters are grouped as follows:
- *Management support services cluster*, this cluster includes the local government officer, an economic planner, a legal officer, a community development officer, a local government auditor and a labour officer.
- *Economic development support services,* this cluster includes an agricultural officer, a livestock officer, a co-operative officer, a trade officer and a natural resources officer.
- *Physical planning and engineering support services cluster,* which includes a civil engineer, a highway engineer, a draughtsman and a town planner-survey officer.
- *Social sector support services cluster,* this cluster includes an education officer, a social welfare officer, a health officer, water engineering officer and a youth officer.

*The Regional Consultation Committee*
In addition to the regional secretariat, the amended section 8 of the Regional Administration Act 1977, establishes regional consultation committee for each region. The regional consultation committee is made up of a mixed composition of both political and administrative leaders from the region. These includes the regional commissioner, all district commissioners within the region, all chairpersons or mayors in the district and the urban authorities, all directors of urban and district authorities and Members of Parliaments of constituencies within the region. The functions of the Consultation Committee as set out in section 9 of the same act are:
- To consider and provide advice to local government authorities regarding their development plans.
- To provide advice to any interested party on economic and development affairs in the region.
- To consider reports and advise the Government on national development projects, programmes and activities affecting or relating to the region.
- To consider reports and advice on the activities of co-operative societies and other non-governmental organisations operating in the region.

- To monitor and ensure the coordination of the overall economic development in the region.
- To perform functions which the Minister may direct in respect of all or any consultation committees.

These functions underline the two important roles the region plays. The first role is to link the central government to the local governments. For this role the regional level has administrative and control functions. And secondly the region has to provide support to the Local Government Authorities. For this role the regional institutions have advisory tasks. These two roles are performed by or through all three main actors in the regional layer: the regional commissioner, the regional administrative secretary and the regional consultative committee.

*The District Level*

The most important actor for the central government at the district level is the District Commissioner (DC). The District Commissioner is appointed by the president and his main task is to assist the regional commissioner in the execution of his duties in their respective districts. As for the regional commissioner, all the executive functions of the Government in relation to the district are exercised by or through the district commissioner. The main functions of the DC are:

- Maintaining law and order in the district.
- Determining the general policies of government in the district.
- Exercising and carrying out such other functions and duties as are conferred or imposed upon him by or under this act or any other written law.

In addition to these main functions, section 14 (3) of the Regional Administration Act of 1997 contains some other duties of the DC:

- Providing and securing the right environment for successful performance by local government authorities of their duties and functions.
- Ensuring compliance by all persons and authorities with appropriate Government decisions, guidelines and regulations in relation to the promotion of the local government system.
- Doing all such acts and things as shall facilitate or secure the effective, efficient and lawful execution statutory or incidental functions by the authorities.

The DC is supported by the District Administrative Secretary (DAS). The DAS is the principal advisor to the regional commissioner. The DAS must provide support when the regional commissioner implements decisions of the central government and when the regional commissioner provides support to local government authorities.

*Divisional Secretary*

The last link in the central government chain of hierarchy is the Divisional Secretary (DS). The DS assists the DC in maintaining law and order in the respective division. He is also charged with duties of coordinating development efforts in villages and wards as well as promoting government policies.

*Institutions of the Local Government*

The local government structure runs from the Prime Minister's Office of Regional Administration and Local Government to the *Kitongoji* or *Mtaa*. The Prime Minister, being the head of the Office for Regional Administration and Local Government, is responsible for the local government. The main role of this Office is to formulate broad national policies and monitor local authorities to ensure that these policies are integrated in locally developed programmes in collaboration with sectoral ministries, which also formulate policies in their areas that impact on local government.

*Local Government Authorities*

At the local level there are Local Government Authorities (LGAs). The Local Government Authorities are District Authorities in rural areas and Municipality or City Authorities in urban areas. All Local Government Authorities are made up of councils. If the local government authority is a district the authority has a District Council, whereas the same council in a municipality is called a Municipality Council and in a city a City Council.

The LGAs vary in size, depending on the geographical area, the resource endowment and in population. For example, the municipalities of Arusha and Mwanza are both smaller in size than the district of Monduli, but command far bigger resources in financial terms.

The local government authorities are autonomous multi-sectoral corporate bodies operating on the basis of both mandatory and discretionary powers under the legal framework constituted by national legislation. The Council is the supreme decision making body in the Local Government Authority. The Council is made up of the members elected from each ward who are elected every five years. The other members are the Members of Parliament (MPs) representing the constituency within which the council is situated and women members, appointed by the National Electoral Commission from the proposals submitted by the political parties in proportion to the number of elected positions held on the council including MPs. Basically, this system of preferential councillor seats operates to guarantee that one-quarter of all council seats are occupied by women.

The council is headed by the council chairman in the districts and by the mayor in municipalities and cities. These chairmen and mayors are elected from among the councillors in the first council meeting almost immediately after the elections. Once elected, the chairman acquires the status of *primus inter pares*, the status that gives the chairperson significant influence to direct policy and in the decision-making process. In addition, at this first meeting the councillors divide themselves in four standing committees (see Table 3.1).

Section 7 and 8 of the Local Government Act of 1982 provides the LGA with the authority to establish other standing committees with a maximum of three committees. Nevertheless, the Prime Minister, responsible for Local Government Authorities may, by regulations published in the Gazette, diverge from this rule and prescribe the number of committees that may be established. Each standing committee except the standing committee for finance, administration and planning for District authorities, and finance

and administration for urban authorities, shall consist of not more than one third of the members of the urban council.

*Table 3.1*   Standing committees of the LGAs

| Rural LGAs | Urban LGAs except for 'city council'* |
|---|---|
| a) finance, administration and planning | a) finance and administration |
| b) education, health and water | b) economic affairs, health, and administration |
| c) economic affairs, work and environment | c) Urban planning and environment |
| d) HIV/AIDS | d) HIV/AIDS |

\* The city council will only establish such committee as may be determined by the minister in the order establishing it.

The major responsibilities of these committees are to:
- prepare budgets for the various sector departments within the LGA;
- prepare reports on the implementation of development projects and the provision of social services;
- monitor and supervise the implementation of development projects and social services provision on behalf of the council.

These committees are then to report to the full council, which is convened four times annually, although the meeting may be called at any time if the need arises.

*The local government staff*
The head of the paid service in the Local authorities is the District Executive Director for district authorities and Municipal Executive Director for urban authorities. The director plays a central role in management and administration of the LGA. He is the secretary of council meetings and is the accounting officer for the council. In this regard, although the Executive Officer has no voting rights, he does in fact wield strong power and influence over council decisions pertaining not only to financial matters but also in the area of planning, projects evaluation, tendering and general administration. Alongside, the specific responsibilities of the council director include:
- Being head of all staff in the LGA.
- In charge of the day-to-day running of the LGA.
- Being responsible for council revenue collection and expenditure according to the approved budget.
- Maintain political and public relations with councillors and other external stake-holders.
- Implementation of council business through council and committee meetings.
- Being responsible for policy formulation, co-ordination and accountability, and legal matters.

The heads of departments work under the responsibility of the Executive Director. There are many departments and may include the following: water, communications and works, education and culture, finance, administration, agriculture, livestock and coope-

rative development, community development, trade and economy, health, and natural resources. The setup of the departments is not uniform between all councils and much depends on whether the council is urban or rural. The Policy Paper for Local Government Reform provides the rationale for this and states that

> 'in order to enable local authorities to become effective instruments of social and economic development at a local level and achieve the local government's objectives, the structure of local authorities are designed, based on economic and social activities.'

The heads of departments provide advice to the Executive Director and standing council committees. They are charged with implementing all decisions reached by the council on matters of development and delivery of social services. In addition the heads of departments must assist the committees in its proceedings and serve as secretary for the committee. He or she will, however, do so on a delegated basis, as this is the responsibility of the Executive Director. In exercising their functions the heads are guided by professional and technical specifications and principles. However, according to Othman & Livinga (2002) 'such requirements sometimes contradict political preferences and draw the two sides into sharp conflicts'.

According to the Public Service Act of 2002 section 5 (1) (a) (iii) and subsection (2) the central government appoints the Executive Director through the process of open bidding. City council executive directors are appointed by the president, while directors of town, municipal and district councils are appointed by the Minister responsible for Local Government. In addition the Minister appoints the heads of departments after a recruitment process.

*The Ward Level and Village Level*

At the grassroots level there are Ward Development Committee (WDC) and Village Council respectively. The WDC is comprised of a councillor representing the ward in the respective District or Urban Council, chairpersons of all village councils within the ward, member(s) of the district council who ordinarily reside in the ward and invitees including persons from NGOs and other civic groups involved in the promotion of development in the ward. The latter have no right to vote. The secretary of the Ward Development Committee is the Ward Executive Officer. Generally, the WDC is responsible for ensuring the implementation of the decisions and policies of the council and of development schemes.

In the rural areas the grass roots level consists of villages and *kitongoji*. The village structure is comprised of a village assembly and a village council. The village council is a corporate body with perpetual succession and an official seal. The council is capable of suing and being sued and entitled of holding and purchasing, or acquiring in any other way. Furthermore the council can dispose of any movable or unmovable property. The village council is made up of a chairman elected by the village assembly, the chairman of all *kitongoji* within the village and other members elected by the village assembly. No less than one quarter of the total number of all members of the village council is women.

While the village council consists between fifteen and twenty members, the village assembly is comprised of every person who is ordinarily resident in the village and who

has attained the apparent age of eighteen years. In addition, the village assembly is the supreme authority on all matters of general policy making in relation to the affairs of the village and is responsible for the election of the village council and the removal from the council of any or all the members of the council, for the performance of any other functions conferred upon it by or under the Local Government Act or any other written law. In urban authorities the lowest level of the ward is referred to as *mtaa*. *Mtaa* have a similar status to that of the villages in the rural areas.

The village council's functions and roles include planning and coordinating activities, rendering assistance and advice to the villagers engaged in agriculture, forestry, horticultural, industrial or any other activity, and to encourage village residents to undertake and participate in communal enterprises. Proposed by-laws must be adopted by the village assembly before being submitted to the District Council for approval (section 163 of the Local Government Acts 1982).

In facilitating the undertaking of its functions and roles, section 30 (3) of the Local Government Acts 1982 divides the villages in *kitongoji*. *Kitongoji* are the local communities within villages. Every village consists of not more than five *kitongoji* with a chairman elected by the *kitongoji* electoral meeting. This meeting consists of all adult members of the *kitongoji*.

## Legal framework of the Local Government Authorities

The legal framework of the Local Government Authorities is mainly based on two separate acts: the Local Government District Authority Act and the Local Government Urban Authorities Act. Both acts came into force in 1982. The acts give a definition of the responsibilities of the Local Government Authorities. The basic functions of the Local Government Authorities include:
- Maintenance of peace, order and good governance.
- Promotion of the economic and social welfare of the people within their jurisdiction.
- Ensuring effective and equitable delivery of services to people in their areas.

According to the acts, the objective of the local government in performing their functions is to give effect to meaningful decentralisation, to promote participatory and democratic decision-making and to provide local government services in an efficient and cost effective manner. In addition to the basic functions, the specific functional responsibilities of local government therefore include:
- Formulating, coordinating and supervising implementation of plans for economic, social and industrial development in their areas of jurisdiction.
- Monitoring and controlling the performance of duties and functions of the council and its staff.
- Ensuring collection and the proper utilization of revenues of the council.
- Making by-laws applicable throughout their areas of jurisdiction, and considering and improving by-laws made by village councils within their areas of jurisdiction.
- Ensuring regulating and coordinating development plans, projects and programmes of villages and township authorities within their areas of jurisdiction.

- Regulating and monitoring the collection and utilization of revenue of village and township authorities.
- Subject to the laws in force, doing all such acts and things as may be done by a people's government.

According to the Local Government Reform Programme and the Ministry of Finance (2005), formulated by the PMO-RALG, the responsibilities assigned to Local Government Authorities are typically local services. As such they play an important role in the delivery of government services. The government services delivered by local governments as translated in the same report include:
- *Basic education*, including building and maintaining schools and providing for the primary school education of children.
- *Basic health care*, promoting public health and the establishment and maintenance of hospitals, health centres, maternity clinics, and dispensaries.
- *Roads*, building and maintenance of streets and roads.
- *Water,* establishing, providing, maintaining and controlling public water supplies.
- *Agriculture extension*, providing services for the improvement of agriculture and livestock.
- *Local administration*, taking all necessary, desirable, conducive or expedient measures for the execution of the functions of the LGAs, including the imposition of local taxes and collection of fees.
- *Other local government services*, such as the establishment of fire bridges, public markets, abattoirs, community centres, public parks, refuse collection and other local amenities.

Other acts that provide both responsibilities and competences to the institutions in the institutional framework are the Local Government Finance Act of 1982, the Urban Authorities (Rating) Act of 1983, the Regional Administration Act of 1997 and the Local Government Laws Act of 1999. The two principal local government acts have been amended from 1999 as part of the ongoing Local Government Reform Programme (LGRP). Furthermore the Local Government Service Act of 1982 has been repealed by the Public Service Act 2002. The other specific sector legislation that affects local government is also amended to commensurate with the new demands of the time.

## The local government financing

The income of Local Government Authorities comes from two main sources: the government allocations, including the government's own sources which accounts for 80-90% of the total local government financial resources, and donor-sector basket funding. The other source comes from the locally raised revenue collected through taxes, fees and charges (The United Republic of Tanzania, 2006, the report by Andrew Young School of Policy Studies). According to the Local Government Finance Act 1982, the central government allocations are provided in two categories: conditionally and unconditionally. Conditional allocations are made for priority sectors, which are education, health, water, roads and agriculture.

Categorically, there are three types of intergovernmental transfers from the central government to the local government budget. These include:

- Formula based recurrent block grants.
- Other transfers (subventions) from ministries, departments and agencies for recurrent purposes.
- Development grants and funds.

*Formula based recurrent block grants*

The formula based recurrent block grants form a dominant means of transfers and contributes of about 80-85% of all local government resources. According to PMO-RALG and the Ministry of Finance (2005) approximately 17% of the national recurrent budget is funnelled to the local level as sectoral grants. These transfers are made through earmarked sectoral transfers and are disbursed directly from the treasury to the local government account.

The government of Tanzania uses a formula to allocate recurrent block grants to LGAs. The recurrent block grant formula differs from sector to sector reflecting the differing characteristics of the services that they fund. For example, the recurrent block grant formulae for health and education sector are as shown in table 3.2.

*Table 3.2*    Recurrent block grants formulae for health and education sector

| Recurrent block grants | Allocation formula |
| --- | --- |
| Primary education | Number of school-aged children: 100% |
| Local health services | Population: 70%<br>Number of poor residents: 10%<br>District medical vehicle route: 10%<br>Under-five mortality: 10% |

The table shows that the LGA receives the so-called 'Formula Based Recurrent Block Grant' on the basis of the number of school-aged children for the primary education sector and on the basis of the combined factors i.e. population size, number of poor residents in the district, the distance to be travelled to receive medical assistance, and under-five mortality rate.

In budgeting and spending of block grants resources, LGAs have to comply with a number of general conditions, as well as specific sectoral block grant conditions specified by the respective line ministries (The United Republic of Tanzania 2007, Guidelines for the Preparation of Local Government Authorities' Medium Term Plans and Budgets). These conditions may have an impact the overall operation of the LGAs. For example, table 3.3 indicates specific and general conditions for primary education and primary health dependent block grant.

In addition to the above conditions, there are more conditions, in particular for the health sector. The so-called Comprehensive Council Health Guidelines (2007), provide two types of specific block grant conditions on the health block grant, namely:

- Conditions of the costs per centre, which guide the allocation of resources by the type of provider or level of the health system.

- Conditions on the type of expenditure, such as those on the use of block grant resources on allowances, transport, training and maintenance.

*Table 3.3*    Block grant conditions for Primary Education and Primary Health

Block grant for Primary Education

*Specific condition*
Councils are required to allocate the OC amount, first for examinations fees and the balance is then distributed to the schools according to the enrolment figures for capitation purposes

*General conditions and limitations*
The local education plan must adhere to the national education policy, national gender policy, and the National Strategy for Growth and Reduction of Poverty (MKUKUTA)
1. LGAs must budget the Other Charges (OC) element of their grant for the cost of national examinations, at an amount no less than the actual amount incurred in the previous year
2. Councils are required to provide 3,000 Tsh per enrolled pupil in OC capitation resources to the school level for the Education Block Grants
3. The school-level funding must be distributed between the schools in the LGA in accordance with the number of pupils enrolled.
4. School plans must be the basis for the use of OC resources at the school level.
5. School level OC (capitation funding) must be used for: text books, teaching and learning materials, maintenance, minor repairs, furniture, and school administration
6. No more than 10 % of school-level OC resources can be allocated for administration, including allowances and transport
7. School level OC resource should not be used for spending on capital infrastructure, such as construction of classroom or teachers' houses.

Block grant for Primary Health

1. LGAs must abide by all technical and professional regulations issued by Ministry of Health and Social Welfare in the delivery of health services. The Comprehensive Council Health Plan, upon which health block grant is based, shall adhere to the national health policy, national gender policy and the National Strategy for Growth and Reduction of Poverty (MKUKUTA)
2. LGAs are required to determine the combination of allocations for personnel emoluments (PE) and other charges (OC) in accordance with the objectives of efficient delivery of local health services through the local health plan
3. The Personal Emoluments (PE) and recruitment must meet establishments' and nationally defined technical requirements
4. All LGAs are required to set their own performance objectives within the context of the local health plan, which take into account national priorities, local conditions and concerns and the availability of local resources

*Source:* The united Republic of Tanzania (2007)

Local Government Authorities (LGAs) are required to allocate sectoral health grants to its 'cost centre' as defined in the Block Grant. Table 3.4 shows the distribution of the costs according to these costs centres.

The cost centre allocation requires that LGAs allocate within the range given in the instructions. The sum for all cost centres combined should not exceed 100% of the total allocation. The total allocation refers to the total funds received by the district for the health sector. Be that as it may, the allocation by type of expenditure indicated above means that the overall budget received for the cost centre has to be allocated on the basis of the allocation range indicated above for allowances, transport and minor main-

tenance. It is forbidden to use these funds for, for example, the construction of buildings.

*Table 3.4*     The ranges and guidelines on resources to cost centre

| Cost centre | Allocation Range |
| --- | --- |
| Office of District Medical Officer | 15%----------20% |
| Council Hospital/Regional Hospital | 25%----------35% |
| Voluntary Hospital (if present) | 10%----------15% |
| Health Centre (Public and Voluntary Owned) | 15%----------20% |
| Dispensary (Public and voluntary Owned) | 15%----------20% |
| Community initiatives in health | 5%------------10% |

| The ranges and guidelines on resource allocation by expenditure type | | |
| --- | --- | --- |
| Type of expenditure | Allocation range | Examples of expenditure |
| Allowances | Maximum: 25% | Supervision, distribution, outreach and training |
| Transport | Maximum: 20% | Fuel for supervision, all other fuel and fares |
| Minor maintenance | 10-20% | All health facility level |

*Source:* The United Republic of Tanzania (2007)

*Other funds*

Both for primary education and for primary health services the Local Government Authorities receive other regular transfers as grants additional to the formula-based allocation through their mother ministries. The subvention received for primary education sector is known as the Capitation Grant. This grant is received by councils and depends on the number of pupils enrolled and is based on estimates prepared by the Ministry of Education and Vocational Training. The Capitation Allocation is intended to provide additional funding for the non-salary operating costs of primary schools. As such, councils are required to fully pass on all capitation allocations to the school-level. The Capitation Grants is ear-marked for text books, teaching material and aid, conducting examination, capacity building and training, and minor restoration of facilities and furniture.

*Non-sectoral grants and funds*

The Development Grants and funds are transferred to LGAs through a unified system for the provision of non-sectoral capital funding. The funding transferred through this system includes Capital Development Grants (CDG) and the Capacity Building Grants (CBG). The system is funded through the government budget, as well as through a World Bank Project (the Local Government Support Project) and through a basket fund established by the development partners. Since all transfers to the LGAs are made through the consolidated funds, this system uses the common procedures and formulae to transfer funds to the LGAs (The United Republic of Tanzania 2007). According to

the Local Government Planning Guideline (2007), the allocation of the Development Grant is made on the basis of three criteria:

1. 70% is distributed to local governments depending on population size.
2. 10% is distributed to local governments depending on land area.
3. 20% is distributed to local governments depending on the estimated number of poor residents in each council area.

The grant through this system is meant to be non sectoral capital transfer to LGAs for capital investments in new infrastructure and the restoration of the existing stock and provides discretion for the LGAs. In practice the local government guidelines stipulate some details on the utilization of the grants. For example, the grants cannot be used for the cost of recurrent and maintenance activities. The guidelines further state that 15% of the funds may be utilised for the costs of planning, appraisal, monitoring and supervision, that 80% of the funds should be spent on areas of health, education, water and sanitation, roads and agriculture and in overall 50% of the grants should be spent for investments at village or *mtaa* level. It should be remembered that often the guidance from the central government is given strong consideration at the district level regardless of the language used.

In order to qualify for a development grant the district council is required to meet certain conditions. The general conditions are related to the overall council performance. The most relevant here is perhaps the fiscal capacity. This condition requires that the LGA should budget 5% as a cash contribution to the projects being funded from the development grant. Therefore, if a local population has no capacity to make such contributions; this population does not qualify to get funds. In other words: a poor community will remain poor and the rich community will be privileged.

The assessment of the application for a Development Grant is carried out centrally by the PMO-RALG. It is conducted during the second quarter of the Financial Year (October-December) in order to fit into the planning and budgeting cycle of the LGAs. The Development Grants represent an irregular small proportion of the local government resources (PO-RALG *et al.* 2005).

The Capacity Building Grants (CBG) is provided to assist LGAs to improve their capacity and performance. There are only two minimum access conditions for the CBG:

- The LGA must have an acceptable capacity building plan, which should be in the format of that introduced in the Council Restructuring methodology.
- The LGA must have satisfactorily accounted for previous grants.

The allocation formula for the Capacity Building Grants (CBG) is that the average amount per annum per qualifying council is equivalent to US$ 35,000. Each qualifying council will receive a fixed amount of US$ 20,000. The remaining amount of US$ 15,000 is allocated to the qualifying councils according to the same formula as for the Development Grants.

The minimum conditions for the Capacity Building Grant are established during the annual performance assessments conducted by the Prime Ministers Office for Regional Administration and Local Government (PMO-RALG).

*Education and Health Sector Specific Development Grants*
In addition to the non-sectoral grants provided through the Development Grants, the LGAs receive funds for education and health services through specific sectoral grants. For educational services the main source of income is the Primary Education Grant. This grant is earmarked for construction and the restoration of classrooms, construction of teacher's houses, toilets and water supply, and large-scale restoration (The United Republic of Tanzania 2006, the report by Andrew Young School of Policy Studies). This grant is also used for the purchase of books and procurement of desks. The allocations are not formula based instead they are determined by the Ministry of Education and Vocational Training (The United Republic of Tanzania 2007, Guidelines for the Preparation of Local Government Authorities' Medium Term Plans and Budgets).

In the health sector, the specific sectoral grant is the Joint Health Infrastructure Rehabilitation Fund (JHIRF). The purpose of this fund is to assist LGAs to improve buildings, infection control services, equipments and the furniture for their primary health facilities. According to the JHIRF Manual, councils are required to use the fund in rehabilitation activities where its unit cost would be between 30% and 75% of new construction (The United Republic of Tanzania 2004). It can also be used for procurement of new furniture and equipment as well as ensuring proper function and adequacy of infection control services.

However, not every district council is eligible for the grants. The eligible councils and budgeting for JHIRF are pre determined at the central level. PMO-RALG classified each district or municipality according to three criteria that are used as a basis for granting the JHIRF. The criteria are:

- Districts or municipalities with a high poverty rate (derived from the Household Budget Survey 2000/01) receive support first.
- Districts or municipalities that have received support (government or donor/NGO) for restoration in the previous five years will only receive support if there are enough funds left; the districts or municipalities that have received support for two facilities or less are treated as if no support has been received.
- Councils should have received training on sensitisation for the establishment of Council Health Boards and the board should be established before the transfer of funds is affected.

The allocation of the funds granted according to the JHIRF is pre-determined at the level of central government. For example, the maximum allocation for a dispensary is 14 million Tanzanian Shillings (Tsh) and is 52 million Tsh for a health centre. This means that the district council is limited in what they can spend. Here the danger could be that some projects can be left incomplete or the equivalent amount of funds can be recorded as spent even when the actual use was less and therefore giving opportunities for embezzlement.

Once the council has qualified for JHIRF, it is the Council Health Management Team (CHMT), which identifies the primary facilities that are to be funded (see the JHIRF manual 2004). This CHMT is a technical health management organ of the district, established under section 86A (13) of Act No. 7 1982. This team consists of seven members namely: District Medical Officer, District Health Secretary, District Nursing Officer, District Health Officer, District Pharmacist, District Medical Laboratory Technologist, and District Dental Surgeon.

The criteria used are:
- Primary health facilities in need of maintenance and restoration as mentioned earlier.
- Primary health facilities with Health Facility Committee or a similar body that can oversee the rehabilitation.
- Dispensaries with at least one trained staff and a health centre with at least two trained staff as these are necessary conditions for primary health facilities to qualify for JHIRF.

The qualified facilities are then ranked in terms of the needs (priority), so that the council starts with the highest priority health facility (The United Republic of Tanzania 2004, Manual for Joint Health Infrastructure Rehabilitation Funds (JHIRF)). This task is done by the CHMT in collaboration with the district engineer and Health Facility Committee (HFC). Community members are required to contribute 15% of the estimated cost for a health centre or a dispensary in funds or in kind.

*Table 3.5*     Criteria for ranking health facilities for JHIRF

| Item | Criteria | Weight | Definition |
|---|---|---|---|
| State of Facility | Fair | 10 | No structural failures; small leaks in roofs; |
| | Bad | 30 | small cracks in walls & floors, blocked drains; leaking water taps. |
| Distance to other facility | Below norm (5 km) | 0 | Some structural elements need partial/full |
| | Within/beyond | 40 | replacement; cracks in walls & floors; |
| | norm | 10 | replacement of doors & windows; broken drains; missing water taps. |
| Services provided | Outpatient/MCH Outpatient and MCH | 15 | |
| | Out-, inpatient & MCH | 20 | |

*Source:* The United Republic of Tanzania (2004)

*Other local government financing mechanisms*
The Local Government Authorities own and borrowed sources provide support for local community plans. The LGAs can collect their own revenues through fees, including tax registration, bus stands, forestry products, valuation, scaffolding, inoculation and ambulances. Other sources of income are the charges for licenses, including road and liquor, property taxes and rent, charges for refuse collection, hire of vehicles, markets and fines. Although the funds are raised locally, the LGAs are required to indicate the

sum in their plan as local contributions. However, according to PO-RALG *et al.* (2005) the fund collected through this source is limited as it only contributes to about 20% or less of the total expenditures of the LGAs.

Likewise, the Local Government Finance Act (1982) allows local government in Tanzania to borrow with ministerial permission, however in practice the local government borrowing plays an extremely minor role in local government finances. The PMO-RALG and Ministry of Finance currently opposes providing loan guarantees for local government borrowing, fearing the accumulation of local debt and loan defaults. Another reason is the absence of a well-developed capital market where local government authorities can borrow (PO-RALG *et al.* 2005). The only available avenue for local government authorities is to borrow is from the Local Government Loan Board (LGLB), a government-supported financial intermediary from local government authorities. However, inadequate capacity of the LGLB, limited own sources to repay loans, and the absence of appropriate incentives to repay the loan, presents a challenge to LGLB in providing access to loans. In this regard the borrowing mechanism makes very small contribution of about 0.1% of resource inflows to local government authorities (PO-RALG *et al.* 2005).

## Concluding remarks

In this chapter we presented the design of the intergovernmental system of Tanzania, as can be derived from policy documents and legal texts. It is within this framework that the government initiative to strengthen local governance and devolve powers and responsibilities to LGAs has to be implemented. Already from this description properties of that institutional framework can be identified that actually impede the implementation of the devolution policy. The existence of two parallel administrative structures between the central government and the local government suggests strong oversight and control over LGAs, leaving less leeway for local government bodies. The central government structure involves central offices and officials dropping to the lower levels of governments. These officials are tasked with the duty to ensure law and order and to warrant that LGAs perform their roles in accordance with the national priorities and directives. The officials in central government appear to have a close relationship with the central government. As shown in figure 3.1, the field offices of the central government have direct links with the centre and with local government. All these properties of the institutional design point towards an emphasis on central control. Indeed, even though according to policy, the relationship between central and local government is considered to be advisory and consultative, there are indications that practice sometimes greatly diverges from these ideals.

The way, the financial ties between central and local government have been devised, suggests that central government has ample opportunity to influence the local government through financial pressure. Allocative decisions of central agencies striving for control over scarce resources may very well tamper with local government autonomy and local participation. Since the local government expenditure largely depends on central government transfers, the LGAs might quite well become merely the implementers of the central government policies and programme while being unresponsive to local

wishes (Dill 2009). Whether the Local Government Reform Programme to be described in the next chapter can survive in such an institutional environment is an important theme of this study.

# 4

# Decentralisation in Tanzania

## Introduction

In Tanzania, decentralisation is part of the effort being made by the government to improve delivery of services at the local level. This aim dates back to 1961 when the country gained independence. In the first few years of Tanzania's independence, most services, such as health and education, were concentrated in a few urban areas, with the main goals being to serve the colonial residents (Max 1992). In response to this situation and to ensure the quality of social services for all the people the government of Tanzania undertook several initiatives to improve its administrative system. These initiatives involved a swing in the continuum representing on one hand centralisation and on the other decentralisation. This brought up the Local Government Reform Programme (LGRP) the aim of which was to strengthen the LGAs by granting them autonomy. Another pillar of this policy was enhancing community participation, to ensure accountability and a provision of services that matches demand.

This chapter provides an overview of decentralisation in Tanzania. It includes the LGRP and the bottom-up planning process-which is one outcome of the Reform. The following section gives an overview of decentralisation in the period between 1961 and 2000 just before the implementation of the LGRP. This LGRP is then described in more detail. The last section of this chapter describes the bottom-up planning, as presented in government documents.

## Decentralisation between 1961 and 1998

*The first years after independence: from central to decentral*
Upon independence, Tanzania inherited the administrative system that was left by the British ruler. In this first period, the native authorities, district and town council which were the administrative structures of the colonial government, continued to function.

There was only one municipal council: Dar es Salaam, established in 1946 under the municipal ordinance 1946 (Cap.105). The Local Government Ordinance 1953 was retained as the guiding legislation with a few amendments to enable free civic elections based on universal suffrage (Shivji & Peter 2003).

In 1962 the government undertook the task of establishing democratic Local Government Authorities throughout the country (Max 1992). This led to the abolition of the so-called native authorities that were replaced by popularly elected district councils. The composition of the district councils varied from sixteen to sixty members, depending on the size of population and area (Shivji & Peter 2003: 8). Besides these elected members the councils had also appointed members. These members were appointed by the minister responsible for local government and did not exceed more than five (Max 1991: 32)

The main objective of the establishment of LGAs was to extend and improve the provision of public services across the country. The country was slightly developed by the British colonial administration, especially in the urban regions. Establishing LGAs sought to take decision-making closer to where people live. For this reason local authorities would receive autonomy and influence in the decision-making. Decisions of the local level would be integrated in a system of (national) policy making.

*1972: a de-concentrated system*
However, this intention did not bear fruit as since all decision-making powers were still concentrated at the central level (Oyugi 1988). In fact, decentralizing powers to the lower government institutions took a new direction and since 1965, the opposite direction has gained support. Powers were concentrated at the centre. According to Shivji & Peter (2003) in this phase the local government was perceived and treated as an implementing agency of the central government rather than a representative body of governance answering to the local needs. Both in governance and development the approach was top-down and managerial.

This strong centralised system did not stay for long. Ten years later, in 1972, the LGAs, as agencies of the central government, were abolished. The main argument was poor service delivery and mismanagement at the local levels. The LGAs were replaced by a system, referred to as 'de-concentration'. This system had a strong regional administration, being in charge of the district administration. The system of de-concentration sought to give more local freedom for both decision-making and participation in matters that had a primarily local impact. But the practice did work as was hoped. Decision-making powers continued to be retained at the centre. And in fact, what was called decentralisation was a reform aiming at concentrating power at the centre (Eriksen *et al.* 1999). The abolition of the LGAs even meant that the last elected public bodies at the local level disappeared. The staff at the de-concentrated institutions that were put in place were appointed by the central government and their main task was to ensure that national policies were efficiently implemented.

Although the abolition of the LGAs was actually a change intended to increase people's participation in decision-making, the institutional reality undermined this aim (Mushi 1978; Shivji & Peter 2003). In the de-concentrated system the district councils

turned out to be 'rapid bureaucratic organisations dominated by central government officials' (Max 1991: 88). The result was 'a nation of peasants and bureaucrats' (Feierman 1990) with bureaucrats firmly in charge (Eriksen *et al.* 1999: 58).

*1982: the re-establishment of the LGAs*

The de-concentrated system led to the deterioration of social and economic situation within the country. The government realised that the abolition of Local Governments Authorities (LGAs) was a mistake. As a result, in 1982 LGAs were re-established, with elements of both political and administrative decentralisation. The LGAs gained substantial formal autonomy. The reason behind this move was twofold. First, decentralisation was seen as necessary in facilitating the democratic participation in decision-making and implementation at the district, village and regional levels. Secondly, it was hoped that elected local councils would be more effective, both in tax collection and in mobilising people to participate in self-help activities (Eriksen *et al.* 1999: 59). To achieve this, formal responsibilities of service delivery and provision of public amenities was transferred to the local level.

The revived local government system could not meet the expectations of the people in terms of efficient and effective service delivery. The local government agencies failed to organise participation and responsiveness to local needs. This was partly caused by the inherited structures from the former de-concentrated system. The roles, functions and structures, the governance, finance, human resource capacity and management did not really change. Resources like manpower, expertise, equipment etc were retained at the regional level.

It is important to notice that, until this time, Tanzania has a one party system, with a structure of the party cascading down to the grassroots level parallel to that of the central government and local government. In line with the doctrine of the 'supremacy of the party' the party 'interfered' with the government in various ways, and on practically all levels. District commissioner and the regional commissioner positions were retained as these were the key party figures. The central government therefore continued to control the local authorities in various ways. Firstly, through the legal and financial framework, overall policies and guidelines, within which local councils must operate, were still in the hands of the central government. Secondly, through the collection of most local taxes, the paying of salaries for a substantial part of council's staff and determining budget ceiling.

## The Local Government Reform Programme (LGRP)

The failure of the revived local government system to produce the expected results, led to the government setting up a commission to undertake studies on the performance of the local government system and recommend on how it could be improved. The results of these studies led the commission to recommend the need to develop a new local government system which would respond to the existing socio-economic and global challenges. This conclusion was laid down in the Local Government Reform Programme (LGRP) that was established in 1996 and approved in 1998. The main objective of this programme is to strengthen Local Government Authorities and enable them to

execute their role more effectively and efficiently. The approval of this reform was gained after a series of consultations between the government and the donor community, in which some of the donors, such as the World Bank, pledged to assist the programme financially and technically. Increasing decentralisation was partly a response to the demand of these donors, as laid down in the Washington Consensus (Gore 2000). This Washington Consensus puts participation and decentralisation in the spotlight as an important means of development.

The guiding principle in the Local Government Reform Programme is 'Decentralisation by Devolution' (D by D). The main goal is to improve the performance of the public sector, to increase the accountability and to put a stop to mismanagement and waste. This is achieved by giving more powers, functions and resources to the people in the communities (Shivji & Peter 2003).

According to the LGRP the new decentralised local government authorities have to be:
1. *Autonomous institutions*. The local government authorities will be free to make policy and operational decisions consistent with government policies without undue influence from the central government.
2. *Cost effective in service delivery*. The local government authorities will be strong and effective by: possessing resources and authority necessary to effectively perform its roles and functions; having adequate number of appropriately qualified and well motivated staff who will be recruited and promoted exclusively on the basis of merit; providing necessary training and upholding professionalism in local government; and having capacity to operate efficiently and cost-effectively.
3. *Democratic institutions*. The leadership of the local government authorities will be chosen through a fully free and fair democratic process, extending to village Councils and grassroots level, in order to: facilitate the participation of the people in deciding on matters affecting their lives, planning and executing their development programmes; and foster partnerships with civic groups.
4. *Efficient in service delivery*. The *raison d'être* for the devolution of roles and authority by the central government, and the existence of the local government, will be the latter's capacity and efficiency in delivering services to the people.
5. *Subsidiarity institutions*. Each local government will have roles and functions that correspond to the demands for its services by the local people, and the socio-economic conditions prevailing in the area. The structure of each local government will reflect the nature of its roles and functions.
6. *Politically accountable and transparent*. The local authorities will be transparent and accountable to the people. This will be the basis for justifying their autonomy from undue central government interference. Besides, local government leaders (Councillors) and staff will adhere to a strict code of ethics and integrity. In particular, leaders with high ethical standards will be elected to champion the cause of people's development.

The principles of the local government reform as pointed out in the Policy Paper on Local Government Reform (1998) include:

- letting people participate in government at the local level and elect their councils;
- bringing public services under the control of the people through their local councils;
- giving local councils powers over all local affairs;
- improving financial and political accountability;
- securing finance for better public services;
- creating a new local government administration answerable to the local councils;
- de-linking local administration leaders and staff from parents ministries; and
- creating new central-local relations based not on orders but on legislation and negotiations.

In this context, local government authorities are thus holistic institutions, which are multisectoral units with a legal status (corporate body) operating on the basis of discretionary, but general powers under the legal framework constituted by the national legislation. They are expected to deal with most aspects of the society and be directly responsible for a wider range of sectors. The local government authorities are considered as having responsibility for social development and the provision of public services within their jurisdiction, facilitation of maintenance of laws and orders and issues of national importance such as education, health, water, roads and agriculture.

In line with the Local Government Reforms Programme, the role of central government institutions are confined to the:

- facilitation and enabling of local governments in their service provision;
- development and management of a policy and regulatory framework;
- monitoring accountability by the local government authorities;
- financial and performance audit;
- provision of adequate grants.

The LGRP resulted in various amendments to the Local Government Acts of 1982. These amendments stress the importance of the principle of good governance, called for democratically elected local leaders and increase transparency and accountability of the council to the people. Under the new law, local authorities are required to perform their duties efficiently and in a transparent manner. Other principles were translated into law in the form of binding guidelines. According to these guidelines, the Minister has the responsibility of coordinating and supervising the implementation of the Programme.

The implementation of the Local Government Reform Programme commenced in 1999. The districts were divided in three groups. The implementation of these groups would follow with one year intervals. The entire implementation process for each of the groups was planned for two years. So, the implementation of the reform process covered a period of four years in total to be completed in the entire country of Tanzania.

The reform programme envisages that more power is vested in the local government. According to Van Dijk (2008) this reform is expected to provide opportunities for local people to take the initiative and to formulate their own priorities. This suggests that local people are now empowered to make their own participatory plans and prepare development programmes that are relevant to their local needs and wants. Parallel to the decision making powers on what issues are to be addressed, the empowerment of the

local people will be sensible if the local people will have resources to implement such decisions.

## The process of bottom-up planning

The policy of Decentralisation by Devolution (D by D) emphasises local autonomy and community participation. In this policy local autonomy is regarded as necessary for development: if citizens feel empowered they will take their destiny into their own hands, which will in the end contribute to the development of the community (Chaligha 2008). Community participation has a similar effect. Participation promotes accountability of the LGAs and ensures that the LGAs respond to the needs of the local population.

To reach the goals of the development agenda, as laid down in the Tanzanian Development Vision 2025, it was regarded as important that the planning procedure would really enhance development. In this sense, bottom-up planning is one of the main aspects of the Local Government Reform. The reform was expected to increase popular participation in setting local plans and local preferences. The underlying assumption was that citizens conceive their own projects and plans, which are implemented by them according to their preferences. Local communities have the information on the local needs. If these communities make plans to improve the local situation, and if these plans gain support, the chances that these plans are implemented, and really cause some kind of development, are considered higher.

It is important to note that this policy meant a seismic shift in comparison to the period preceding the implementation of the Local Government Reform Programme. In that period the planning process was basically top-down: government planners and economists, bureaucrats and donors were the main decision-makers. They were supposed to decide according to what the local communities needed, but in the end there were no safeguards, no real incentives to really take into account the local wishes. This approach resulted in many plans that were not realised and those realised were not sustainable because local communities did not support the decisions (The United Republic of Tanzania 2008, a paper by Prime Minister's Office Regional Administration and Local Government)

In an effort to make community participation a reality, the government through the President's Office-Regional Administration and Local Government (PO-RALG) developed an 'Opportunity and Obstacles to Development' (O&OD) methodology to facilitate the bottom-up approach in planning (PO-RALG 2005). The methodology was developed in 2001 and its main concern was to reduce dependency and create a sense of ownership in the community plan. The methodology was expected to augment local involvement at the decisions that are relevant for their specific community, such as health and education services.

> 'The O&OD Methodology is thus designed to promote community initiatives as well as to accelerate achievement of national goals in the Tanzanian Development Vision 2025. In the O&OD planning process, the sub-goals in the Vision 2025 become direct basis of setting specific objectives, under which planning items are identified such as opportunities, obstacles, interventions, costs and so on. Besides, the O&OD is intended to promote effective

and efficient allocation of Local Government Capital Development Grants (LGCDG) as clearly elaborated in the Planning Guidelines for villages and *Mtaa* that the O&OD is an essential methodology to identify community preferences for which the LGCDG is disbursed.' (The United Republic of Tanzania 2006; PO-RALG 2004).

The O&OD methodology involves three levels of government: the grassroots level that formulates wishes and preferences, the village and ward level where local wishes are translated into a village and ward plan and finally the council level that decides upon the grants and funds. The following sub sections provide a description of the planning process in these three levels.

*Planning at Grassroots Level*
The planning process of the O&OD starts at grassroots level with the preparation of a village plan or a ward plan, depending whether or not the LGA is either rural (district) or urban. The O&OD methodology is a comprehensive and multi-sectoral process and enables community members and other stakeholders together at the village level to identify their development preferences and develop their village plan. Consequently, the O&OD methodology involves roughly eleven logically organised activities that enable community members to identify development preference in a logical framework. These activities are laid down in a manual, promulgated by the PMO-RALG.

The activities in this manual include first of all a selection and training of national facilitators. The role of the facilitators is to guide community members in the development of their grassroots plan. The use of facilitators is associated with the government concern that knowledge and skills of community members may be low to undertake the planning process on their own and develop sound and comprehensive local plan.

Often, the 'facilitators' are officials identified at council level and trained to be able to guide the process at community level. After training of the facilitator, the next step is 'capacity building at local government level' and 'social preparation'. Basically these two steps involve conducting an extraordinary meeting of the village assembly to launch the entire process. The main objective of this meeting is to explain to the community members the purpose of the preparation of the plans and the use of O&OD. Furthermore, at this meeting the assembly is supposed to agree on a timetable for the entire process and other issues.

The next phase in the process is to collect data, discuss the goals of Development Vision 2025 and the question how these goals can be reached in the particular community in question. Discussions are conducted in smaller groups, taking place on the level of the *mtaa* (hamlet), and according to sex and age. Once groups are formed, the data collection begins. The primary data is collected using participatory tools such as a transect walk, drawing a village map, exploring historical timelines and the seasonal calendar, conducting an institutional analysis. In addition, the secondary data is also collected from village registers, files and institutions including health centres, dispensaries and primary schools (see the O&OD manual 2004).

The collected data is then discussed in groups first. The groups are guided by the Development Vision 2025, as a broad national policy guide. The national vision is the articulation of a desirable future situation and the plausible course of action needed to realise those goals. It seeks to actively mobilise the people and other resources toward

the achievement of shared goals. The main attribute of the Development Vision 2025 includes a high quality livelihood peace, stability and unity, good governance, a well educated and learning society and, a competitive economy capable of producing sustainable growth and shared benefits. These main abstract goals are translated into more specific attributes, designed as a guideline for the decision-making taken by the communities.

*Table 4.1*    Attributes of Vision 2025

1.  self sufficiency in food and security
2.  universal primary education
3.  gender equality
4.  universal access to primary health care
5.  access to quality reproductive health services
6.  reduction in infant and maternal mortality rate by three quarters of current levels
7.  universal access to clean safe water
8.  increase life expectancy to the levels attained by typical middle income countries
9.  absence of abject poverty
10. desirable moral and cultural uprightness
11. absence of corruption and other vices
12. strong adherence to and respect for rule of law
13. a learning society which confidently learns from its own development experiences and that others and owns and determines its own development agenda

*Source:* The United Republic of Tanzania, Planning Commission 1998; PMO-RALG 2004

The groups develop draft community plans, based on the attributes of Development Vision 2025. In the rural areas the community plans are compiled by the village council into one village plan, which forms the input for the 'ward plan'. In the urban areas, the *mtaa* (hamlets) wishes are directed to the ward plan without further consideration on an intermediate level.

*Planning at Ward Level*

The compiled village or *mtaa* plans are submitted to the Ward Development Committee (WDC). All chairpersons of the village government or the *mtaa* and ward are members of the WDC. According to Local Government Act No. 7 and 8 of 1982 the WDC is responsible for initiating and promoting participatory development in the ward, including formulating tasks or enterprises to ensure the welfare and well-being of all residents of the ward.

The Ward Development Committee (WDC) discusses the village or *mtaa* plans and provides the village council or the *mtaa* representative with technical advice to incurporate into the plan. After the village or *mtaa* plan is approved by the village or the *mtaa* it is then incorporated into one ward plan (comprising the plan of all villages or *mtaa* in that ward) and forwarded to the Local Government Authority (the district council level).

*Planning at Council Level*

Local Government Authorities have to decide on a council plan. In theory the LGAs are supposed to incorporate the preferences in the Village or Wards Plans into their respective council plan. This council plan is the framework for funding from the central government. The plan is actually an amalgamation of different plans, developed in the district. Each department at the council develops its sectoral plan. In the council plan these sectoral plans are combined.

Often, the planning and budgeting cycle starts when the national planning and budgeting guidelines are issued from the central government. These guidelines provide a performance review of the previous financial year and a summary of sectoral policies and areas which are accorded priorities within the National Strategy for Growth and Reduction of Poverty (NSGRP) and the Development Vision 2025. The Ministry of Finance and Economic Affairs prepare the guidelines in close collaboration with the PMO-RALG. Alongside, PMO-RALG also issues planning and budgeting guidelines for the LGAs.

Apart from the general guidelines, some departments of the LGAs also receive planning guidelines from their respective 'mother ministries'. Most of the departments at the LGA-level have one or more mother ministries at the central level. For example the health department has to deal with the Ministry for Health. The same goes for the department of education that has to deal with the Ministry for Adult Education, for Vocational Training and Secondary Schools at the same time.

The Council's Executive Director is responsible for ensuring that each sectoral plan is in accordance with all the national guidelines. In this sense the director is expected to supervise the preparation of the council plan in order to make sure that the plan shows detailed costs of the planned activities and the priority of these activities is compatible with the national government's guidelines.

The village or ward plans provide the information used in the sectoral plans. The preferences in the village or ward plans, for example with regard to health are incorporated into sectoral plan to form part of the council plan. Once all sectoral plans are developed, they are then combined into one council plan. The council plan is presented in three different council permanent standing committees for discussion and approval. The idea behind presenting the council plan to the permanent standing committees is to ensure that the plan has political support. In these meetings some activities may be cancelled, shaped and/or added to suit political interest.

The draft council plan is then submitted to the regional secretariat. The main role of the regional secretariat is to scrutinize the draft plan and budget to ensure that regulations, policies, government guidelines and directives have been adhered to. The secretariat will then send its advice and comment in writing.

Once the comments from the regional secretariat are incorporated, the council plan is then presented, discussed and approved by the District Council. This is the supreme decision making body in the Local Government Authority system. The approved council plan is then sent to the respective regional secretariat. The regional secretariat will combine the budgets from the amalgamated council plans from the region and submit

these budgets to the PMO-RALG. The total budgets are consolidated and submitted to the Ministry of Finance and Economic Affairs to be incorporated into a national plan and budget. The national plan and budget is finally presented to the parliament for discussion and approval.

In a nutshell, the whole planning process, from the development of the village or *mtaa* plans to the ward plan, incorporation of these plans into council plan and finally decision-making at the national level, involves six different institutions on three layers of administration. The village and ward can be considered as the grassroots level, while the regional, ministerial and parliament are the central government levels. The council is the intermediate level: it is the highest decision-making body within the LGA, and functions as an intermediate between the local wishes and the national policies and guidelines. The entire planning procedure is shown in figure 4.1.

*Figure 4.1*   The planning process

# 5
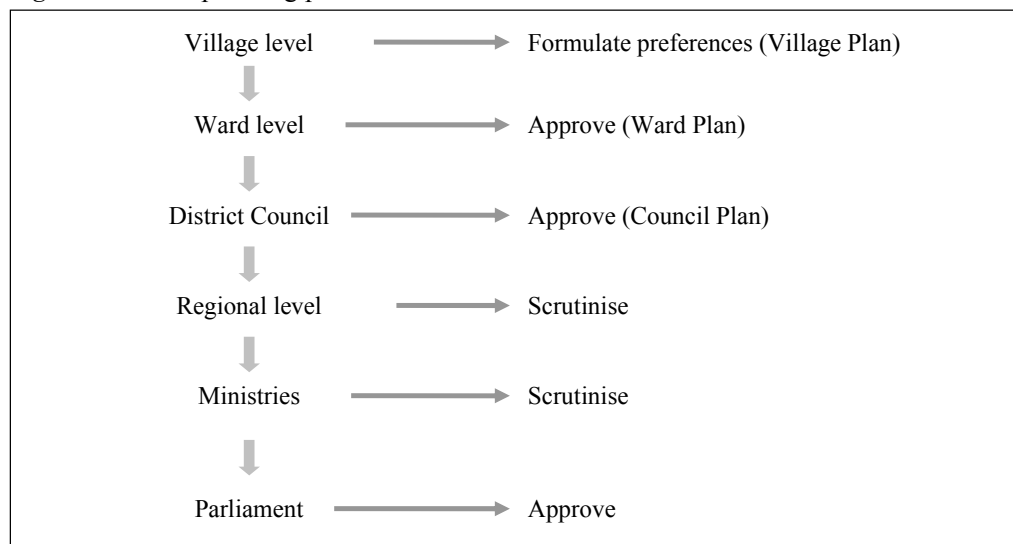
# Health and education services

## Introduction

In the Tanzanian system the primary responsibility for social services such as primary education and primary health care has been devolved to the local governments. This devolution follows the decentralisation policy, intended to bring the government closer to the people that it serves. The idea is that these local governments can respond more effectively and efficiently to the local needs and preferences (Research on Poverty Alleviation 2006). Furthermore, this decentralisation lays more emphasis on the improvement of the quality and distribution of these services (The United Republic of Tanzania 1998, the Policy Paper on Local Government Reform).

This chapter provides an overview of the organisation of the social services in Tanzania. It focuses on primary education and primary health care. The chapter is comprised of three sections. The first section gives a general overview of the government initiatives on quality provision of public services. The following two sections describe the organisational systems for both primary education and primary health care respectively.

## A brief history of the provision of social services

The effort to improve the quality of public services has been one of the most challenging tasks in the history of Tanzania. Since independence in 1961 the government undertook several initiatives to ensure 'quality social services for all', but most of these initiatives have ended with no or little success. For instance, just after the independence, the government set out an ambitious plan in the Arusha Declaration (5 February 1967), aiming for the eradication of poverty, ignorance and disease. This plan was based on the

so-called '*Ujamaa*' policy, which was guided by the principle of socialism. However, an economic crisis in the late 70s ended all plans and programmes with little or no success. According to Tibaijuka & Cormack (1998), the government failed to mobilise and maintain resource allocations at a satisfactory level for both health and education sectors. As a result, the sectors deteriorated seriously, both in quality (standards) and quantity (coverage).

Consequently, at the beginning of 1985, Tanzania initiated and implemented massive Structural Adjustment Programmes (SAPs) which were an attempt to correct economic imbalances and improve efficiency of developing transitional economies. Education and health care were among the sectors which were adversely affected by these programmes.

'Many schools under the LGAs became desolate in terms of run-down buildings, lack of teaching facilities, such as books, copybooks, chalk, desks, pit latrines, teachers houses and offices, and suffered a serious shortage of classrooms. The government owned primary schools became the least conducive places for learning. The health sector was also in the same pathetic state. Hospital, health centres and dispensaries faced: shortages of medicines; poor or inadequate health facilities; inadequate and unqualified staff and; inadequate and dilapidated infrastructures including building for provision of clinical services, offices, staff houses, and waste collection and drainage facilities. Similarly, the government owned health facilities became the last resort for people seeking primary health services.' (Mukandala & Peter 2004: 13).

However, it was widely reported that the SAPs could neither generate sustainable, equitable growth nor increase productive investment (Campbell & Stein 1991). Instead, these programmes increased external debt and caused considerable social, economic and environmental decline. So to speak, the social sector continued to perform poorly and deteriorated (Global Coalition 1993; Economic Commission for Africa 1989). According to Tibaijuka & Cormack (1998: 7):

'The 1980s have been branded a lost decade for development. The widening gap between the rich and the poor, accelerated by adjustment policies represents one of the greatest sources of instability in sub-Saharan Africa.'

In response to this situation the Tanzanian government launched reform programmes, the purpose of which was improving quality, quantity, and sustainability of public services at the local level. These programmes were later integrated into the Local Government Reform Programme (LGRP).

## Education system

Investment in human capital and provision is recognised as essential for improving the quality of life (URT 1989). In fact, after the Jomtien Declaration of 1990, universal primary education and education for all became two important goals of the national government. However, how to achieve and sustain these ambitions appeared more difficult to determine and to realise (Galabawa 2001). Serious doubts were raised about the quality of the schools and the relevance of the education provided (Galabawa, Senkoro & Lwaitama 2000; Tibaijuka 1998). In general the Jomtien Declaration, stating the objective of achieving a basic education for all in 2000, has equally remained

elusive (Galabawa 2001; Tibaijuka 1998). The forces preventing the achievement of quality primary education are many and complex.

However, despite these limitations and complexities in attaining the objectives of the Jomtien Declaration, the government of Tanzania could not give up. Together with donors, the Government launched the Primary Education Development Programme (PEDP) in 2001. Its aim is to ensure that all children have equitable access to good quality primary education. The option of decentralising primary education to the local government authorities is seen as a step further toward ensuring access and quality of primary education for all the citizens, wherever they are. Ensuring the availability of adequate and quality classrooms, and equipment as well as adequate qualified teaching staff is expected to be among the major focuses in attaining quality primary education.

The Tanzanian education system consists of three major levels, namely: basic, secondary and tertiary. The basic education consists of two years of pre-primary and seven years of primary education. Secondary education consists of four years of junior secondary education (ordinary level) and two years of senior secondary education (advanced level). The tertiary level consists of three or more years in school.

Primary education in particular is recognised as being key to universal basic literacy (Tibaijuka & Cormack 1998). It is thus important that resources towards the level of education with the highest rates of social returns be improved as a way of improving efficiency and effectiveness of resources allocation. This role has now been left to the LGAs as the main provider of primary education services at the local level. According to the World Bank (1986) and Diambomba (1992), decentralisation is regarded as the key to both increasing the efficiency and effectiveness of education systems, and to redressing inequalities in access to education. Likewise, a decentralised system is expected to enhance the quality and development of education and enable local communities and parents to participate in the decision-making process (Tibaijuka & Cormack 1998). Therefore decentralisation was the vehicle for implementing the policy, coupled with a strong political commitment from the central government.

The policy enabled each village to have at least one primary school. Villages are the lowest government unit with an estimated population of about 3,000 to 3,500. However, the massive quantitative expansion does not necessarily match the qualitative improvements and the education provided was of a generally low standard. It is therefore interesting to study how the community participation contributes to the improvement of primary schools infrastructure.

## Health system

The Tanzanian national health system is organised in a referral pyramid, made up of six levels, namely national, regional, district, divisional, ward, and village. The structure is characterized by an increasing degree of specialization in staff (clinical and administrative), drugs, and equipment coinciding with the area that is depending on the facility. It is important to note that all facilities are designed to ensure access and equitable health services to all the people, wherever they are.

The villages are the lowest level in the health care system. On this level there is a 'village health post' staffed by two village health workers. These village health posts serve the entire village population of about 3,000 to 3,500. This facility is supposed to be managed by the village government. The mandate of choosing their own health workers is left to the discretion of village government. The role of health workers is to link the community with the nearest health facility, to provide health education, and to assist with relevant public health intervention. This lowest level of health care is considered informal and has always received less attention (Haroub & Athumani 2002).

The dispensary is the first real entry point in formal health care provision. The dispensary caters at the ward level for 6,000 to 10,000 people and oversees all the village health services in its ward. Its main function is to provide comprehensive outpatient services. According to the national standards the dispensaries are supposed to provide facilities for an outpatient department, mother and child health care, a maternity room with at least two beds, water closets and a room for the dispensary staff. A medical assistant supported by a maternal health assistant and two health assistants staff the dispensary.

The health centre is the second level of formal health services. Health centres cater for approximately 50,000 people. The health centre is a primary health facility and offers outpatient and in-patient services, maternity care, a laboratory, dispensing medicines and mortuary services. According to the national standards the health centre is supposed to be staffed by an assistant medical officer, a rural medical aide, a senior nurse, a midwife/nurse, a mother and child health aide or a public health nurse, a health officer, an assistant health officer, an assistant laboratory technician and a pharmaceutical assistant.

District hospitals provide hospital services for the people in a district and are the referral point for all primary health facilities (heath centres and dispensaries) in the district. The district hospital is expected to serve a population of about 450,000 to 2,000,000. Every district is supposed to have at least one district hospital. In districts where the government does not own a hospital the government has agreements with the religious organisations that have a designated voluntary hospital. Under these arrangements, the designated hospital receives subvention from the government. The services provided by the district hospital include: outpatient, inpatient, and general surgical and obstetric operations.

The regional hospital is located in every region. The regional hospitals offer similar services to those provided by district hospitals, however, these regional hospitals employ specialists in various fields and therefore offer some additional services and a higher level of health care. And finally, at the national level there are four national hospitals.

The main problem with the standard of the health care at the local level is one of a human resource crisis. There are simply too few nurses and doctors available to provide the care needed. Other problems are of course the condition of the buildings and the shortage of equipment. Poor maintenance of health facilities and deterioration in health equipment were major factors, which were reported as undermining the delivery of

quality of health services in Tanzania (Tibaijuka 1998). Tabaijuka (1998) refers to the health evaluation survey, conducted by the Ministry of Health, which indicated that, out of the 7,700 building that were assessed, only 19 percent were in good shape. By 1984 the situation was completely unacceptable and resulted in unnecessary referrals and patients not receiving the required services.

The bulk of health care is provided by the so-called primary health facilities. These are the dispensaries and the health centres. These facilities are seen as most cost-effective method of providing basic and preventive health services (Vogel 1993). This is why the national health policy in 1990 stated that the primary health care was the cornerstone of Tanzanian health care. In an attempt to improve the primary health care, community involvement and ownership through active participation in identification of problem areas, planning, implementation, monitoring and evaluation of health care services were seen as important instruments (The United Republic of Tanzania 1990, the National Health Policy).

Decentralisation of primary health services to the respective local government is one of the efforts being made by the government to ensure quality health care for all. It is an attempt to improve the quality through involvement of citizens who know their problems better and to decide on better options and strategies for health in their regions. This is a policy that suits ideas of international organisations, such as the World Health Organisation (WHO 1993: 51):

> 'Decentralisation is a method for promoting greater responsiveness to consumer preferences and sustainable development.'

# 6

# Theoretical framework

## Introduction

The push for decentralisation has been the involvement of the people in the development process. The underlying assumption is that placing more power and resources at a lower level of government will enhance development. There are several arguments that support this idea. Firstly, the local people have knowledge of the shortcomings of facilities. Their preferences are believed to give a more adequate picture of the needs than relying on perception of the officials at the central government. Secondly, if government officials are more accountable to the local people, these people are supposedly more willing to participate in the planning and development process (see for example Bahl 1995; Bergh 2004).

The same way of reasoning can be found in the Local Government Reform Programme and in particular the bottom-up planning process. With regard to service delivery in Tanzania, the important aim of the bottom-up planning process, among other things, is to ensure local participation in primary school and health care provision. The government commitment to ensure that participation is realised, the so-called O&OD methodology, was introduced to be used countrywide. The O&OD is a participatory community planning process to empower the people on the basis of bottom-up planning approach and positive thinking. This chapter explores the theory behind the O&OD process, resulting in a few hypotheses that can be tested in an empirical research.

This chapter mirrors the bottom-up planning process (O&OD-methodology) from two perspectives. The first perceptive is described in the next section and is based on the ideas laid down in the Policy Paper on Local Government Reform (1998). This is the government's policy theory on local autonomy and local participation. This policy theory has its weaknesses, caused by the institutional framework. In the last section of this chapter these weaknesses are explored as well, resulting in competing explanations

of the factors that contribute to development at the local level. These rival explanations result in three other hypotheses that will be tested in the empirical study as well.

## Bottom-up planning as envisaged in policy documents

*Development*
The main assumption in the Policy Paper on Local Government Reform (1998) is that involvement of local people will enhance development. It is clear that local communities do not have enough resources to build facilities that can provide the social services needed. There is always a need for support from the higher governmental layers, either in money or in kind (knowledge). This involvement from the central government does not mean that the decision-making has to be made on the central level. The past has shown that a passive local community that waits for the (central) government to make the decisions is incapable of contributing to real sustainable development.

For this reason the Local Government Reform presents a new planning procedure. To examine the effects of this procedure requires a method to assess whether or not local development does occur and whether it is caused by this procedure. Development can be used as the dependent variable.

Development is a variable that calls for a comparison of a situation at a certain time with a situation from a previous time. If this comparison shows an increase of infrastructure, such as building, equipment or staff, one might think that there is some kind of development. This way of reasoning has its shortcomings. After all: the improvement of infrastructure might lag behind the increase in the demand. For example, if the increase of students exceeds the increased capacity of the buildings, there is some kind of development, but one could hardly argue that this development fulfils the needs of the local people.

To assess development one needs to compare the actual situation with a norm reflecting the actual needs of the people depending on those facilities. For this reason the developments of facilities can be compared to the national standards of these facilities. These national standards take into account the number of citizens that are depending on the facility. In that sense the comparison of the actual situation with the national standards does provide some more information on the real development that took place during a certain period of time. Both measurements can be used to assess whether or not the facility showed development.

*Bottom-up planning as a means to increase development*
The Opportunities and Obstacles to Development (O&OD) methodology is a procedure to enhance local participation as a means to increase development. The O&OD methodology is the result of government efforts to harmonise the various participatory approaches and tools being used by different development supporters in different districts and at different times (The United Republic of Tanzania 2005, the Programme Report by Prime Minister's Office Regional Administration and Local Government). Obviously, the government was eager to adopt the O&OD methodology because of the success-

ful results associated with various participatory approaches used by various development supporters such as NGOs.

There is some evidence that participatory approaches lead to success. One example is the Moivaro Village in Moshono Area Development Project where World Vision Tanzania (a Christian NGO), supported the restoration of school classrooms, the laying of a section of water pipe and the construction of a tank at the water source all through community participation (Kelsall & Claire 2003). Some other success stories show also that community participation and empowerment contributed to realising development projects. In these cases, community members seem to internalise the approach and even took new initiatives to improve their environment, even after the project came to an end. Active communities appeared to take their destiny into their own hands, sometimes even changing their leadership. In Kilimani village, in Rufiji District, the local community identified poor leadership as one of the main obstacles to development. As a result the village leaders were trained and success was realised in the implementation of the water project.

These examples show that community participation can contribute to development. The question is therefore: can O&OD methodology, in the context of Decentralisation by Devolution, produce meaningful community participation and empowerment? Does it make an impact on development at the local level? The answer to this question lies in the design of the bottom-up planning process.

*O&OD incorporated in the bottom-up planning process*
As stated before, the District Council is the highest decision-making institution in the district. Any decisions taken by government to support local initiatives have to be made by the District Council. The main assumption in the Local Government Reform is that further decentralisation enhances development. This assumption receives some support in the success stories on community participation. Therefore the planning procedure requires for communities to identify their needs and to state their wishes. Councils on the other hand are supposed to support these wishes. Figure 6.1 pictures these assumptions in the bottom-up planning procedure.

*Figure 6.1*   The model of bottom-up planning process
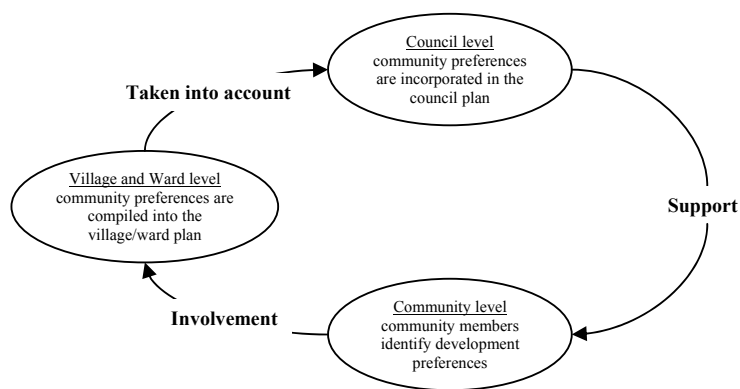
*Involvement*
The bottom-up planning procedure as pictured in figure 6.1 is the ideal type: a system working like this is expected to enhance the development of facilities. In this model the first major assumption, based on the success stories of community participation, is that if local people are involved in the planning procedure, this will strengthen development. This brings us to the first hypothesis that can be used to check the model:

*H1:     If the local people participate in the planning process, development will occur at the local level.*

Involvement in itself is a vague factor. Involvement can be regarded both as 'awareness' and 'ownership'. Awareness refers to the knowledge of the local people about their role in the planning procedure. Do they know about the content of their respective village plans? Here local people are expected to be able to state development preferences contained in their respective village plan. If the majority of local people are not aware of the content of these plans, one can hardly regard the local community as 'involved' in the planning procedure.

Ownership refers to the knowledge of the follow up of village plan. After a plan is formulated the decision-making on the Council level and the implementation determines whether or not the wishes are actually realised. Involvement requires a local community that is able to say what happens after the plan was formulated, and what happened with the development of the facility involved. If the status of the facility remained poor and the local community did not undertake anything to change this, one can hardly speak of involvement.

*Taken into account*
The planning procedure itself demands a specific use of the institutional framework. The involvement of the local people results in specific wishes with regard to the development of the facilities in their communities. It is the district council that has to decide whether or not these wishes are taken into account. According to the main principle of devolving autonomy to the local level, it is expected that the council takes into account these wishes. This brings us to the second hypothesis underlying the O&OD process:

*H2:     If the council takes into account the development preferences of the local people, development will occur at the local level*

Of course the district council will be unable to grant all wishes stated by the local communities. The financial resources will simply fail to fulfil all these wishes. Therefore the hypothesis is formulated in a more subtle manner: it is not a question of whether or not the council grants all the wishes, but whether or not the council considers these wishes. The O&OD process expects that the council uses the wishes stated by the local communities for its decision-making. The opposite is of course that the council ignores these wishes. That would be a violation of the ideas of O&OD and can be

considered as a sign of central (top-down) interference at the decision-making process instead of decentral (bottom-up) decision-making.

The involvement of the local people in the planning process is considered to be meaningful if their development preferences are to be 'taken into account' at council level. In this regard, the development preferences contained in the village plans are expected to be at least reflected in the council plan. To assess whether or not local preferences are taken into account, one could compare the council plans with the village plans. If the council plans reflect development preferences contained in the village plan, there is evidence that these preferences are really taken into account. If there is no trace of these wishes, it is safe to assume that those requests are being ignored.

*Support*
The third hypothesis deals with the content of the decision-making. The main assumption of devolution to local communities is that the decisions of the council do reflect the ideas, wishes and initiatives of the local communities. The council is expected to support those wishes. This generates the following hypothesis.

*H3:    If the council supports implementation of development preferences at the local level, development will occur*

Despite the inclusion of the preferences of local communities in the council plans, the underlying theory of the O&OD methodology is that development only occurs when the council supports the implementation of these decisions. The support referred to here is either financial support or support in kind. If one really wants to enhance local participation, these local communities should feel supported in their wishes. To assess whether or not local communities received support one could compare the financial resources mobilised at the local level with the support received from the council. If the realization of the wishes depends fully on contributions from the community itself, there is no support at all. The assumed use of the planning process in the O&OD procedure is that the council, of course, fully supports local wishes.

## Alternative explanations for development

There is often a discrepancy between the system (in this case: the policy) on paper and how it is actually used (Van Dijk 2008: 150). The model of the O&OD methodology is an ideal that ignores some relevant factors. These factors interfere with the decision-making by the councils, interfere with the gathering of information by the officials at the council level and interfere with the use of resources by local communities. In other words: there are some strings connecting the bottom-up planning process that might have an impact to the expected results from the O&OD methodology.

The first factor deals with interference from the central government with LGAs. Although the relationship is characterised in terms of consultation and advice, it leaves many questions as to whether it indeed provides the LGAs with the discretion to respond to the needs of the local people. After all: the central government, to be more specific, the sectoral ministries for health and education formulate national norms that

have to be complied with by local facilities. These norms deal with the number of staff in relation to the number of pupils or clients, the number of buildings and equipment and even the maintenance of the equipment. The result of these national standards and guidelines is that they might be dominating the decision-making procedure at the district council.

This is more likely, taken into account that many senior staff at the local government authorities is employed by the central government. Thus, there are incentives for the local government staff to be responsive to central wishes and central policy instead of the development preferences of the local people.

The second issue is the connection between the lower local government staff and their respective district council. The local government staff at the lower local government level and at the facility level itself are employees of the district council. In this regard, it is likely that they perform what they are asked to do by the district council. As a result, the sense of local accountability can be diluted and the prevailing wishes in the council plans could be those forwarded by lower local government staff as instructed by council staff.

This administrative relationship between council and those in charge of health facilities or head teachers of primary schools, also works the other way round. It is likely that the district council might collect data directly from these officials, instead of using the planning procedure. After all: this information provides more specific information on the current status of the facility. The quality of the O&OD plans also affects the information. Obviously, if development preferences made by the local people expressed through village plans are not clearly stated, the responsible staff at the district council will probably use other possible sources of information.

The third factor is of a different nature. The two types of issues mentioned above reflect the failure of the bottom-up planning procedure. The third factor provides an alternative for the local communities themselves. There have been several development partners supporting community development initiatives. Often, such development partners work directly with communities either by facilitating and initiating development projects or by supporting the development projects that have already been started. On the other hand, local people themselves can sometime mobilise resources through development partners. In this situation the observed development changes at the local level could be a result of the relationship between communities and development partners, and not due to the O&OD methodology. The type of development relationship between communities and development partners are likely to have an impact on development since it often supports either the already initiated development project or is a response to the local people's specific request. In this situation local people are more likely to be more willing and committed to participate since their preferences for development are respected. Besides, the support from development partners has a less bureaucratic procedure in comparison to those found in the government administrative system.

*Figure 6.2*   The actual model of the bottom-up planning process

# 7
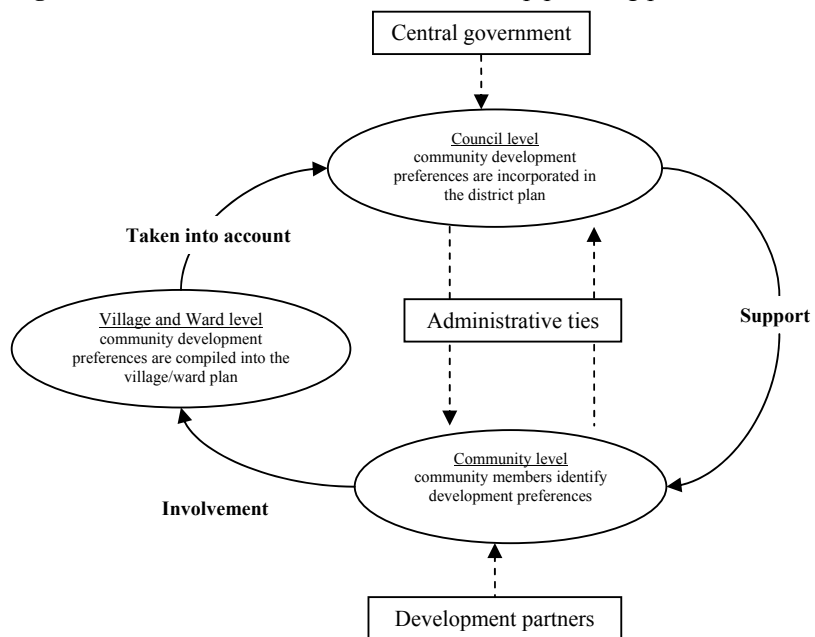
# Research design and methods

## Introduction

This study concentrates on the planning process at the local level. It focuses on community participation and development of primary infrastructure, as a prerequisite for quality delivery of services at the local level. In the previous chapters the relationship between planning process, more specifically: the O&OD methodology and development is explored on a theoretical level. This resulted in a few hypotheses. The next step is to find empirical evidence to test these hypotheses. Does the reality confirm or reject the ideas as laid down in the Local Government Reform Programme?

This question can be answered by conducting empirical research. The aim of this empirical study is to explore the process, to explain the result in terms of the decisions being made, and to analyse whether or not this process contributed to the development of the local communities. Development is in itself a vague term. In this study development is therefore measured as improvement of infrastructure: building, equipments and staff. These three items function as an indicator for development.

The cause of development is, according to the underlying theory of the O&OD methodology, community participation and the support communities receive from the higher institutions. It is expected that involvement of the local people in the planning process and the consideration of the local peoples' development preferences at council level contributes to development. To assess whether or not these theories hold, a case study is conducted. This chapter explains and justifies the approach and methods used in the empirical part of this study.

## Case study research: selection of the cases

As explained in previous chapters this study focuses on development in health and educational services. Both are examples of basic social needs that cannot be dealt with

without government support outside the local community. The question of whether or not planning procedures contributes to the development of educational and health infrastructure in local communities can be answered by conducting a case study of a few specific planning processes. This case study requires a selection of planning processes, being the unit of analysis in this case study research (Yin 2009). The impact or the effect of the planning process can be measured by reconstructing the planning process and the actual changes in selected facilities over a couple of years. The reality of decentralisation becomes visible when one compares the actual changes at the facilities over a couple of years with the expressed wishes in the bottom-up planning procedure that took place during the same time.

The cases for this study have been selected in two steps: first three LGAs have been selected. Second: in each LGA a specific health centres and a specific school has been selected. The data collected in the case study research, refer to the decisions on staff, buildings and equipment in these six facilities: three health centres and three schools.

*Selection of LGAs*
The three selected LGAs were involved in the first phase of rollout process of the O&OD methodology in 2002. In this regard, the three LGAs are considered to be at a mature stage of institutionalising the O&OD methodology. In other words, even if there were weakness at the initial use of the methodology, it was expected that at the time of this study more improvement will have been made.

The six cases were selected from the three LGAs located in Morogoro region. These include: Morogoro Urban, Morogoro Rural and Kilosa District. Morogoro Urban and Morogoro Rural were two pilot districts that exercised with the O&OD process before the formal implementation in 2002.

*Figure 7.1*   Location of the three selected LGAs
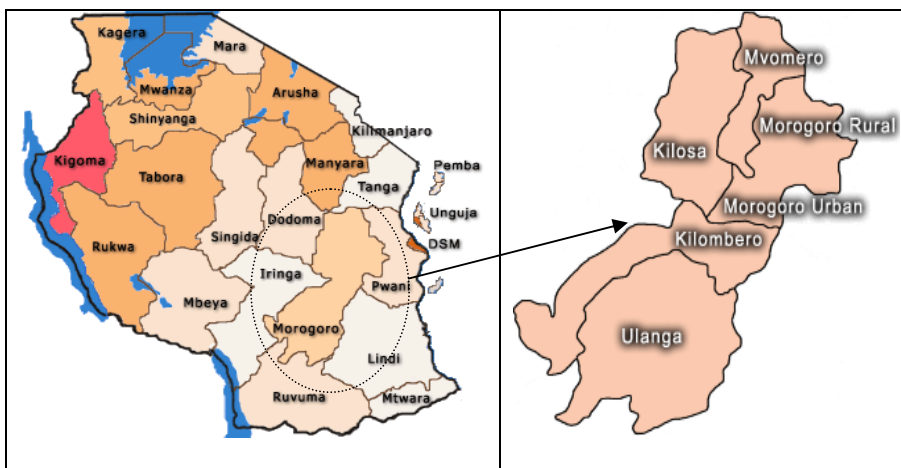
The selection of the three LGAs took into account important criteria for conducting a case study research. One of the critiques of the case study research according to Eckstein (1975) is that 'one can not generalize on the basis of individual cases'. However, the use of more than one case requires the strategic selection of cases in order to be able to generalise (Flyvbjerg 2006).

Thus, apart from being involved in the initial stage of the rollout process of O&OD methodology, which is intended to enhance community participation in the planning process, the three LGAs were selected from the one region of Morogoro. As such, the three districts are under the same regional secretariat that is tasked with scrutinising the council plans to ensure they reflect national policies, guidelines and the political directives (see chapter 3 for specific function of the regional secretariat). Likewise, the three districts border each other. In this respect, it was easier to visit these institutions and collect the data.

*Selection of planning processes*
In each LGA, the planning process was examined on two levels: the grassroots level and the council level. At the council level three departments were involved: the education department, the health department and economic department. These departments could provide information on the sectoral plans for health and education in that district and the economics department respectively. The economic department is responsible for compilation of all departments' plans into one council plan.

The involvement at the grassroots level is explored with regard to six specific facilities: two in each LGA. The selection of these facilities was done with the intention of selecting the facilities that appeared to have developed during the implementation of the planning procedure in 2005. The reason for selecting the best cases, that show at least some development, is that if a facility does not show any development it is not possible to say whether or not the planning procedure had any impact. This means that only the facilities with at least some change in buildings and/or equipment and/or staff were eligible for selection in this study. After this first step a purposive sampling technique was used to select the best examples of facilities in each district: one health and one education facility.

The selection of the best cases is based on the accounts of the heads of department of the LGAs. The criterion for selection of the cases was that infrastructure development took place in the past three years since 2005 and the facilities are considered 'successful' examples by the district officials. This selection strategy resulted in the following list with facilities.

*Table 7.1*    The six selected cases

| LGA | Health Facility | Education Facility |
| --- | --- | --- |
| Morogoro Urban | Kingorwila Dispensary | Mlimany Primary School |
| Morogoro Rural | Tawa Health Centre | Ngerengere Primary School |
| Kilosa District | Kidodi Health Centre | Malowelo Primary School |

This selection procedure makes it possible to draw more general conclusions from the impact of the planning procedure. Now that the facility at least shows some development it is possible to assess whether or not the planning procedure contributed to this development. If these particular cases show that the planning procedure did not contribute to the development in the selected facilities that would be an argument that the planning procedure does not contribute to development in general. After all: if the best practices do not show an effect of the planning procedure, than that contribution can not be expected in the cases which have not shown such development.

Each of the selected cases is considered as an individual separate planning process. This means that the six cases can be compared to each other. The distinct advantages of *multiple* case study design is that the evidence is often considered more compelling, and the overall study is therefore regarded as being more robust (Herriott & Firestone 1993) than a single case. As suggested in Yin (1994: 49) each case was treated as a complete entity of its own, worthy of investigation through multiple pieces of evidence and conclusions. For each case therefore, the report indicates how and why a particular proposition was demonstrated (or not demonstrated). The conclusion of each case was thus put in place for full replication in other cases or otherwise.

## Research strategy

The aim is to assess in every case to what extent participation contributed to development. The evidence used to establish the exact influence of participation is found in both primary and secondary data. The use of both types of data also suggests the use of different methods of data collection. This study used three methods of data collection namely: the documentation review, the interviews, the archives and observation. The use of various methods of data collection complements each other, and according to Yin (1994) a good case study will want to use as many sources as possible. The use of different sources also helps to verify the reliability of data from different sources.

As pointed out earlier, the study concentrates on the impact of community participation on development at the local level. This requires time for some development to manifest itself, such as in the construction of buildings. The study therefore assumes 'backward mapping' of the development process. In this regard, the infrastructure development of primary facilities was traced back to 2000 when the Decentralisation by Devolution (D by D) was first implemented.

However, the emphasis on hypothesis testing took into account the period between 2005 and 2008. The reason was that, as the result of D by D, the village plan developed using the O&OD methodology was launched in 2002 and covered a period of three years. In this regard and for the purpose of this study, the first phase was considered the infant stage where more familiarisation was still being made to effectively institutionalise the process. The second phase that covered a period between 2005 and 2008 was considered to be a more mature stage where institutionalisation had fully taken place and therefore produced much better results.

The information needed to describe the planning process was collected through a review of the relevant documents and archives, direct observations and through individual interviews and group interviews. According to Yin (1994) the unique strength of a

case study, is the ability to deal with varied forms of evidence. The way in which this evidence was employed is described below in more detail.

*Documentary review*
This study began by documentary review of the status of primary facilities infrastructure in the district. The reviewed documents include the planning guidelines, policies, council plans, implementation reports, service delivery assessment reports, and village plans. The documentary reviews served four main purposes. The first was to get the general overview of the current status of the primary facilities infrastructure and the planning process. The second was to have a clear understanding of the national standards for buildings, equipment and staff. The third was to get a clear understanding of the implementation of Decentralisation by Devolution (D by D). The last was to collect information for comparison of development preferences in the village plan and the development issues in the council plan.

The information collected from documents was cross-referenced through interviews. According to Yin (1994) documents play an important role in any data collection in any case study. However, the most important use of documents is to corroborate and augment evidence from other sources. The documents were critically reviewed: they were not accepted as literal recordings of events and the reliability of the documents was taken into account before their use as a source of information.

*Archives*
Review of the archives was done at the facility level to collect information on development changes over time. This included reviews of record files on infrastructure development. Note that as suggested in Yin (1994) the archive documents were only used after the conditions under which they were produced and their accuracy was carefully examined.

*Direct observation*
Direct observation was conducted to observe the actual situation in the facilities. This was mainly done after interviews and after the review of documents and archives. The direct observation served as a cross-reference for the accuracy of these other three sources. It was also used to observe the actual existence of for example, copies of the village plan at the local level. The main intention was to have a real feel of the field and factual knowledge about the situation expressed in documents and through interviews. In other words, observation helped to check the validity of the data collected through other methods.

*Individual interviews*
The main source of information was individual interviews with various respondents. The respondents interviewed for this research were both officials from the local government level and the community level. The respondents within the local government comprise of heads of the department of education, the department of health and the department of economic affairs. Furthermore the health and education department staff involved in planning procedure, the council executive directors and the mayor or the

council chairman were interviewed, as they could provide information on the exact course of events during the planning procedure.

The community members could provide information on the course of events with regard to their participation. The interviewed respondents were the members in the primary school committees and health facilities committees. Both committees are representing the communities.

Furthermore those in charge (with regard to health facilities) or the head teacher (with regard to the primary school) might provide information on the exact course of events. The latter can also provide information on the actual changes in infrastructure. All interviews were conducted using a questionnaire with open questions, inviting the respondent react freely on the questions asked (see the annexes of this study).

*Group interviews*
Group interviews were conducted both at the grassroots level, and the council level. On the grassroots level the group interview was conducted with committee members of the primary facilities. At council level the group discussion was conducted with members of Council Health Management Team (CHMT) and head of sections in the education departments.

The group interview with committee members from the primary facilities was conducted to collect information about their involvement in the planning process, both individually as a member of the community and collectively as a committee. It was also used to collect information about the influencing factors on infrastructure development in their respective primary facilities. On the council level, the group discussion was conducted to collect information about the general status of primary facilities infrastructure in the district and the planning process at both council level and grassroots level.

## Data processing and analysis

This study is primarily exploratory and descriptive in nature. It involves both qualitative and quantitative data. The data is collected, processed and analysed separately in each of the six cases. Two types of analysis were employed: a case-by-case analysis of the six individual cases and the cross case analysis.

The case-by-case analysis was guided by the propositions developed in the theoretical framework. For each individual case, the data was presented and analysed using the two different measures. First of all, the improvement in infrastructure over time and the extent to which the infrastructure meets the minimum national standards. This first variable is considered an indicator for development. This variable is compared with the information that gives some insight in the independent variables: the question of to what extent the local people were really involved in the planning procedure, the question of to what extent the council took the local wishes into account, and finally the amount of support from the council to the development at the local level.

After the case-by-case description the six cases are compared. In the cross case analysis the cases are compared on their score on both the dependent variable (development) and the independent variables (involvement, taken into account and support). The

scores of the cases are then compared with the hypothesis formulated in chapter 6. This enables us to answer the question of to what extent the cases provide evidence to prove these hypotheses.



Group discussion with members of Malowelo Primary School Committee
[Photo: Henry A. Mollel]

# PART II

# Empirical research

# 8

# Morogoro District-Urban: The case of Kingorwila Dispensary and Mlimani Primary School

## Introduction

Morogoro District–Urban, or Morogoro Municipality, is one of the six councils in Morogoro Region. The District consists of the town of Morogoro, one of oldest towns in Tanzania. This town was founded in the 18th century and is located about 300 kilometres south east of the capital city Dodoma and 195 kilometres west from the commercial city of Dar es Salaam. Morogoro District–Urban borders Mvomero District in the north, west, and south and Morogoro District–Rural in the east. The municipality is also the regional capital for Morogoro Region.

Morogoro Municipality is 260 square kilometres, major geographical features include the famous Uluguru Mountains, which lie in the south-eastern part, and Mindu mountains, which lie in the western part. There are three main rivers with several tributaries, which form a number of alluvial flood plains. These rivers are the Morogoro, Kilakala and Bigwa.

Administratively, Morogoro Municipality is divided into 19 administrative wards. The wards are further subdivided into 275 *mtaa*, which form the lowest layer of functioning governments.

## Social services

*Primary health services*

There are ten government owned primary health facilities in the municipality. These facilities include three health centres and seven dispensaries. According to the Municipal Profile of 2007 these health centres and dispensaries were unevenly distributed. Most of the facilities were located within the town centre, leaving a large part of the municipal periphery with only a few primary health facilities. Because of this situation the people in the periphery have to walk long distances to visit these facilities.

The data collected by the municipal council shows that the infrastructure of most of these health facilities was poor. Most of the facilities had inadequate equipment, buildings and staff. For example, according to the Comprehensive Council Health Plan of 2007/2008, only three primary facilities out of ten had buildings in good condition. The same goes for equipment and staff: only three facilities had a 'better' level of buildings and staff.

*Primary education services*

The municipal council owns and operates sixty primary schools. Each ward has at least one primary school. According to the Municipal Education Officer, an official working at the District Council:

'although there has been improvement of infrastructure in government owned primary schools for the period between 2002 and 2008, still the municipality has a shortage of classrooms, teacher's houses, offices, desks, chairs and tables.'

Table 8.1 indicates the general situation of the infrastructure of the primary schools in the municipality in 2008. The 'required' number is based on the national standards.

*Table 8.1*     General overview of primary schools in Morogoro Municipality

| Type | Required | Available | Shortage | % Shortage |
|---|---|---|---|---|
| Classrooms | 1,030 | 606 | 424 | 40.5 |
| Teacher's houses | 1,484 | 105 | 1,379 | 92.1 |
| Offices | 171 | 90 | 81 | 47.2 |
| Desks | 29,132 | 11,205 | 8,927 | 42.8 |
| Tables | 1,845 | 744 | 1,101 | 63.3 |
| Chairs | 2,132 | 1,036 | 1,096 | 45.3 |

*Source:* Morogoro Municipal Council (2008)

Despite the shortages mentioned in table 8.1, the number of staff members does not seem to be a problem. According to the Education Officer: 'most of the primary schools in the municipality have adequate number of teaching staff. Some have even more number of staff than adequate.'

## The case of Kingorwila Dispensary

Kingorwila Dispensary is located in 'mtaa wa Zahanati' in the Kingorwila ward. The dispensary was established in 1979 by the Morogoro Municipal Council. It is about 13 kilometres away from the municipal headquarters in the town of Mororogo. The dispensary started in a building that had been used as the primary court. This building had only two rooms and one small hall. According to the in charge of the facility, in the early days of the dispensary more than one operation was carried out in one room.

The dispensary serves not only the people of Kingorwila ward, but also the people living in the nearby ward of Bigwa and people from the villages of Pangawe, Kizinga, Mikese, Mkambarani, Maseyu and Lubungo. The Kingorwila Dispensary is located along one of the busiest highways in the country that connects Morogoro town to Dar es Salaam. According to the in-charge, the dispensary also provides health services to those who are involved in accidents in that highway. On average, the dispensary serves about 14,000 people.

The tarmac road and the proximity provide easy access to the municipal headquarter for officials responsible for the dispensary. There are also good telephone services which allow people including staff in the dispensary to use their private mobile phones.

*Condition of infrastructure of Kingorwila Dispensary*
The documents and the interview with the in-charge show some improvements with regard to the infrastructure between 2000 and 2008. However, despite the improvements the dispensary suffers shortages in almost every aspect if compared to the national minimum standards. The improvement between 2000 and 2008 include an increase in operation rooms from three to eleven, increase of staff from four to ten and increase in some equipment, such as a stethoscope, a blood pressure monitor, a delivery bed and a microscope. Table 8.2 shows the status of the infrastructure in Kingorwila Dispensary between 2000 and 2008.

Although at the time of this study Kingorwila was referred to as a dispensary, according to the municipal medical officer, an official working at the council responsible for medical services, it already had health centre status and it will shortly be announced officially. The reason for promoting, Kingorwila Dispensary to a health centre was that it had been serving a large population that, according to the national minimum standards is beyond the capacity of a dispensary. According to the national guidelines a health centre is supposed to cater for about 50,000 people, while the dispensary caters for between 6,000 and 10,000 people. For this reason the national minimum standards in table 8.2 are based on the minimum standard for a health centre instead of the standards for dispensaries.

*Planning at the grassroots level*
A brief account of the planning process was provided in the ward plan of 2005 which comprises of all the plans of all *mtaa* in the ward. The ward plan and the interviews with the facilitator of the planning process, the *mtaa* executive officers, two members of the ward executive committee and the ward executive officer, made it possible to re-

*Table 8.2*    Infrastructure of Kingorwila Dispensary between 2000 and 2008

| Service Areas | Years | | | | | | | | | N.S.[*] |
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Staff | 4 | 4 | 4 | 3 | 3 | 4 | 3 | 6 | 10 | 15 |
| Buildings | | | | | | | | | | |
|   Operating rooms | 3 | 6 | 6 | 6 | 6 | 6 | 11 | 11 | 11 | 15 |
|   Wards | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
|   Staff Quarters | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| Equipment | | | | | | | | | | |
|   Autoclave | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
|   Delivery Kit | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 |
|   Delivery Bed | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|   Microscope | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 4 |
|   Weigh Scale | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 |
|   BP Monitor | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 4 |
|   Stethoscope | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 4 |
|   Diagnostic Set | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
|   Ambulance bag | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |

[*] N.S. = National Standards

construct the actual planning process. It is important to note that, although the account of reconstruction for this case was obtained from the facilitator, in this planning process there were two types of facilitators involved: one from the council and the other from the community. The role of the council facilitator is to train and guide community facilitators who lead the planning process at *mtaa* level. The reconstruction of the planning process in relation to Kingorwila Dispensary was obtained from the community facilitator who facilitated the process at 'mtaa wa Zahanati'.

According to the facilitator, all community members were invited to participate in the planning process. Although the facilitator was not able to remember the exact number of community members who participated in the process, she pointed out that very few community members turned up. According to the facilitator, members of the community are often less willing to participate in collective action like the planning process because these events have often ended with little or no impact. However, despite poor turn up of community members, the planning process was still carried out as outlined in the O&OD methodology guideline. The identified development preferences at *mtaa* level were then forwarded to the ward for compilation into one ward plan.

According to the *mtaa* facilitator and two members of the ward development committee, the officer responsible for compilation of the ward plan was the ward executive officer. At the time of this study this officer had already been transferred to another ward and the new officer was yet to see the plan. The ward plan was not among the important documents handed over to the current ward executive officer. However, during the interview the ward executive officer, who took office just one month before the interview, was able to locate a copy and saw it for the first time.

The two members of the ward executive committee said that they participated in the planning process at *mtaa* level. In fact, their names appeared in the list of participants included in the ward plan. However, according to these two members they never saw the result of their contribution, in the form of the ward plan document. Besides, neither of them were able to tell which wishes for the Kingorwila Dispensary were formulated or which preferences were included in the plan. According to the two members, they did not know what went on after their participation at the discussion at *mtaa* level. And none of them followed up to find out whether the identified development preferences had been addressed or not.

The *mtaa* executive officer did not participate in the planning process because she was employed after the ward plan was already developed in 2005. According to her, she never saw a copy of the ward plan nor knew what was contained in the plan. Indeed, during my visit, she tried to search for a copy of the plan in her office but couldn't find one. It appeared the *mtaa* office is little or not at all concerned with the ward plan. It is hardly surprising that the *mtaa* executive officer was unaware of the identified development preferences during the planning process and did not know what happened after the plan was filed to the council.

*Kingorwila Dispensary in the planning process*
Both the in-charge and the committee members were considered to be the active members in the management of the facility, and therefore are expected to be informed about the development of the dispensary.

The in-charge said that he participated in the planning process at *mtaa* level. According to him, his main role in the process was to inform members of the community about the status and needs of the facility. However, during our interviews, the in-charge was not able to recall the development preferences about the dispensary identified during the planning process. Instead the in-charge admitted that he did not have or even see a copy of the ward plan. In addition, the in-charge did not know anything about the follow up of the ward plan. He was not able to tell whether the identified preferences were addressed or not.

According to the in-charge, the plans for facility development are contained in the facility plan, which is funded through the Joint Health Infrastructure Rehabilitation Fund (JHIRF). The facility plan is prepared by members of dispensary committee. Thereafter, the plan is presented to the *mtaa* committee and forwarded to the Ward Development Committee (WDC) before it is submitted to the Council Health Management Team (CHMT). According to the in-charge, this plan is supposed to be incorporated into the Comprehensive Council Health Plan (CCHP). This sectoral planning procedure differs from the general O&OD procedure, which prescribes an integral approach.

Another way in which the in-charge reports to the council is through the quarterly reports. The quarterly reports are developed by the in-charge in collaboration with the facility committee members. According to the in-charge, these quarterly reports contain an overview of the current status and the facility needs. Sometimes special requests about the facility needs can be made by letter.

It is important to note that, the in-charge and other dispensary staff are employees of the council and therefore accountable to the Municipal Director. According to the in-charge, no decision can be made at the dispensary level without the consent of the respective staff at the council level.

The group discussion conducted with committee members of Kingorwila Dispensary showed that most of the members did not participate in the planning process. None of them has even seen a copy of the ward plan or knew its content in relation to the dispensary development. In this regard, one member of the group argued that:

> 'there are still problems in community participation. Sometimes, community members are involved when decisions are already made.'

It is therefore clear that the committee members were not aware of the relevance of the ward plan with regard to the dispensary development. As such, the ward plan appeared to be useless to them.

*The content of the ward plan*

In the reconstruction of the planning process, the ward plan was reviewed to establish development preferences identified for Kingorwila Dispensary. As noted earlier, all the identified development preferences at *mtaa* level were compiled into one ward plan. Thus, the focus here was the development preferences of 'mtaa wa Zahanati', where the dispensary was located.

According to the ward plan, the planning process was not undertaken at each *mtaa*. Instead the ward was divided into four zones namely: Kingorwila, Tungi, Nanenane and Legeza Mwendo. According to the facilitator, some of the *mtaa* are close to each other and share the same problems. It was therefore thought a good idea to combine some *mtaa* in order to minimise time and cost. In this regard, the focus in review of the plan was the development preferences of Kingorwila zone where 'mtaa wa Zahanati' is located.

The review of the plan showed that various issues across different sectors were incorporated in the plan. Every issue was presented in terms of the objective. Since the focus of this research was on Kingorwila Dispensary, the attention was given to development preference related to Kingorwila Dispensary. Table 8.3 shows the development preferences of Kingorwila Dispensary included in the ward plan.

*Table 8.3*    Preferences of Kingorwila Dispensary in the ward plan

| |
|---|
| 1.   Health staff, clinical officer and student trainee from the municipality |
| 2.   One laboratory technician from the municipality |
| 3.   Laboratory equipment, drugs and microscope from the municipality |

As shown in table 8.3 most of the issues are clearly stated in term of name and numbers. The only ambiguity can be seen in preference number one where 'the need for health staff' does not show the intended cadre or amount required. The same goes to the last part of the sentence where it does not show the number of student trainees required or their specialisation.

*Planning at the council level*

The reconstruction of the planning process at council level was based on the account of the head of health departments, head of economic department and members of the Council Health Management Team (CHMT). The information from the head of departments was gathered through interviews while for the CHMT members it was gathered through the group discussion.

According to the head of the health department, the planning process starts with a pre-planning session. The pre-planning is a preparatory stage where the information for development of the Comprehensive Council Health Plan (CCHP) is collected at the local level. This information is collected by the members of the Council Health Management Team, in collaboration with the in-charges of the health facilities in the district. Thereafter, the actual planning process begins. According to the head of departments, the actual planning process is guided by the Comprehensive Council Health Planning Guidelines. With this in mind, every decision for planning is made based on the guidelines.

In addition to the information collected directly by the members of the management team at the council level, three sources of information are used in the planning process. First of all the 'health management information system' provides useful information. In this system every in-charge has to report quarterly on the status of his facility, using forms developed centrally by the Ministry of Health and Social Welfare. The second source of information is the stakeholder workshop, which is conducted with all the in-charges of the primary facilities in the municipality aiming to identify and discuss the problems and needs facing their respective facilities. According to the officials at the council level, the report of the workshop is a useful source of information in the planning process. Finally the facilities are required to prepare a facility plan each. This plan has to be submitted to the health department at council level. These health facility plans are also a good source of information.

The main assumption of staff at the council level is that these sources represent the wishes of the local people since their representative in the facility committee provides them. The collected information is, however, sorted and decided upon by the council officials. They decide what will be included in the Comprehensive Council Health Plan (CCHP). According to these officials the decision on what to be included in the CCHP is based on national priorities and directives. The national priorities are obtained through guidelines while directives are obtained through official correspondence between the central government officials in the field and the local government officials. For example, there is a letter directing the local government to implement the political directive of building a dispensary in every village.

The guidelines that determine the decisions on the level of the council, are Council Health Planning Guidelines (CCHPG) (2007), the guidelines for Joint Infrastructure Rehabilitation Fund (JIRF), Essential Health Package (EHP), which focuses on the most important health problems in Tanzania, the Burden of Disease (BoD) profile, which identifies seven interventions that have to be taken into account in councils' plan, National Strategy for Growth and Reduction of Poverty (NSGRP), Millennium Develop-

ment Goals (MDG), the Government Vision 2025 and the overall national Health Policy and National Health Strategic plan. As a matter of fact, according to CCHPG (2007), the plan is said to be comprehensive if it has taken wishes stipulated in such documents into account. Also, prior to every annual planning session the council receives the sectoral priorities and budget ceiling for the respective year from the central government. According to public servants working at the council level, their focus in the development of CCHP, is directed towards meeting these guidelines and central directives. The wishes of the local people as stated in the ward plan, was not seriously considered.

According to the head of the economic department, most funds from the central government are specified for certain sectoral areas. Bearing this in mind, the sectoral plan must be developed based on criteria set out in the guideline, the budget ceiling and the national priorities. They also have to taken into account, any directive from the central government. 'The council has to abide to the guidelines otherwise the budget may not be approved', argued the head of the economic department.

*The content of the council plan*

The council plan was reviewed to establish the extent to which they reflect the development preferences expressed in the ward plans. For this reason three plans were reviewed, covering the period where the ward plan was suppose to be executed and accomplished. These were the plans for the financial years 2005/2006, 2006/2007 and 2007/2008.

The three council plans showed that the development preferences contained in the ward plan regarding Kingorwila Dispensary, were not reflected at all. Although the plans indicate some interventions related to improvement of primary health facilities infrastructure in the municipality, none of the interventions was related to the identified preferences for Kingorwila Dispensary as reflected in the ward plan. The specific intervention for Kingorwila Dispensary regarding infrastructure was the 'rehabilitation of Kingorwila Dispensary's infrastructure'. Such intervention was not reflected in the ward plan.

In fact, the officials at the council level had no idea of the content of the ward plan. There was not a clear connection between the ward plan and the CCHP, since the plan at the council level is mainly developed on other information gathered by the council officials. The general answer given by the council officials, was that 'most of development preferences identified by the local people are often not reflected in the council plans because of limited funds.' Going a step further, they also pointed out that:

> 'it might be that some of such development preferences do not match with the national priorities.'

The result is that decisions about most health development projects at the local level are made at the central level.

*Development activities implemented at Kingorwila Dispensary*

The last step in the research is to compare the implemented development activities with the identified development preferences in the ward plan. For the research question it is

relevant to assess whether or not the planning procedure contributed to this development. Therefore the extent to which the council has contributed to the development as perceived by the local people is assessed as well. The information to reconstruct this part was collected through observation, archives, interviews and group discussion. The group discussion consisted of seven members.

The interviews conducted with the dispensary in-charge showed that most of the development preferences explained in the ward plan were not implemented. For example, at the time of this study, the dispensary had no health officer, no laboratory technician, no laboratory equipment and no microscope. All of these requests were made in the ward plan.

On the other hand, the dispensary showed some development when comparing the situation in 2000 and 2008. Some of these developments were not identified in the ward plans. Table 8.4 shows the implemented activities at Kingorwila Dispensary.

*Table 8.4*     Implemented activities at Kingorwila Dispensary between 2005 and 2008
1.  Increase of seven health staff
2.  Construction of one building with 5 working rooms
3.  Construction of the maternity ward which contain the labor room (it was still on going)
4.  Increase of some equipment (one delivery kit, one Bp monitor and one stethoscope)

According to the in-charge and the dispensary committee members the large amount of funds for the construction of buildings was obtained through the Granssont Assistance Programme (GAP) and community contributions.

The grant from the Granssont Assistance Programme was obtained through an individual person who became interested in the development of the dispensary. According to the in-charge that person was touched by the death of a Japanese citizen who died in a road accident at Kingorwila area along the highway between Morogoro town and Dar es Salaam city. She thought that it would be a good idea to improve the capacity of Kingorwila Dispensary in order to be able to take care of the people involved in accidents like these. Although this person was a resident of Dar es Salaam city, she had some sort of work relationship with the deceased. In order to find means to develop the dispensary this person was able to secure funds from the Granssont Assistance Programme (GAP). In the end this support contributed heavily to the development of the Kingorwila Dispensary.

According to the in-charge, the dispensary committee managed the funds from the programme. The committee members were very motivated by this support. 'This made the committee members efficient in utilising the funds and mobilise more support through community contribution said one of the committee members. The grant required a contribution from the community members as well. This contribution was both in kind, such as labour power, and in money. 'To ensure that their contribution and other funds for the project were used efficiently, the community members continuously demanded transparency on the amount of funds secured and a report on the progress of the im-

plementation of this project', said one of the committee members. In the same vein, the in-charge commented that,

> 'community members were very active in supervising the project in ensuring that support from donors as well as their contribution are efficiently and effectively utilised. For example, sometimes when the construction activities stopped, the community members came to me immediately to ask why. If the construction stopped because of issues that were within the capacity of community members to solve, community members immediately organised themselves and fixed the problem. Sometime, technicians were called through phones to immediately attend to their working station. The active community members made the local government leaders, including the members of the dispensary committee, more responsible and accountable to the local community members.'

The dispensary committee members could also provide information on the general support of the council in relation to the dispensary's' development. In view of the committee members, support from the council in relation to the dispensary's development was generally low. According to them, the dispensary's development would not have occurred had there been no external financial support.

## The case of Mlimani Primary School

Mlimani Primary school was established in 1972 by the government. The school is located about 1.5 kilometres from the municipal headquarters. A dirt road connects the school with the municipal headquarters. However, according to the school head teacher, the road is passable throughout the year.

The school is located at *mtaa* of Forest Hill in the ward of Boma. The regional headquarters of Morogoro is also located in this ward. Therefore, most of the inhabitants in this ward are employees of this regional or municipal headquarters. The other inhabitants are without formal employment and are involved in agriculture, livestock keeping and small entrepreneurial activities (Mlimani Ward Plan 2005).

According to the Mlimani ward plan of 2005, the ward consists of four primary schools, three dispensaries, two mosques and three churches. The ward has also basic services such as running water, electricity, telephone, and transport services The availability of basic services in Forest Hill makes it a suitable place to live.

*Condition of infrastructure of Mlimani Primary School*
The data on the condition of the primary school of Mlimani, showed that the condition of buildings, staff and equipments was generally good. Comparison of the situation over several years shows that most of the development activities have been realised between 2004 and 2008. Table 8.5 shows the status and development trend of infrastructure in Mlimani primary school. As indicated in table 8.5, most aspects of infrastructure such as staff, classrooms, chairs and tables are above the national minimum standards. The shortages were observed on desks and staff houses.

*Planning at the grassroots level*
The ward plan of Boma reflects the planning preferences of Mlimani Primary School. This plan provides a brief account of the process undertaken to develop the plan at the

*mtaa* level. According to the plan, the process was carried on using the Opportunities and Obstacles to Development (O&OD) methodology.

*Table 8.5*    Infrastructure of Mlimani Primary School between 2000 and 2008

| Service Areas | Years | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| Staff | 23 | 23 | 23 | 23 | 24 | 24 | 25 | 26 | 25 |
| Buildings | | | | | | | | | |
| Classrooms | 8 | 8 | 8 | 8 | 8 | 15 | 15 | 15 | 15 |
| Offices | 2 | 2 | 2 | 2 | 2 | 6 | 6 | 6 | 6 |
| Staff houses | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 |
| Equipment | | | | | | | | | |
| Chairs | 12 | 12 | 12 | 27 | 27 | 41 | 41 | 39 | 39 |
| Desks | 177 | 177 | 177 | 192 | 192 | 306 | 306 | 280 | 280 |
| Tables | 9 | 9 | 9 | 9 | 9 | 28 | 28 | 39 | 39 |

To establish what really took place during the planning process, two *mtaa* executive officers, the ward executive officer and the *mtaa* chairman were interviewed. One executive officer was for the *mtaa* of Forest Hills and the other was of Boma. They both share the same office and have been supporting to each other in most of the activities. Although Mlimani Primary School is located in *mtaa* of Forest Hill, it is actually near the boarder with Boma. A large number of pupils studying at the school are actually from the two *mtaa*. The ward executive officer also identified himself as one of the facilitators involved in the planning process at *mtaa* level.

In the interview, the two *mtaa* executive officers said that they did not participate in the planning process. Both of them were employed when the planning process was carried out, but both of the *mtaa* executive officers had never seen the ward plan. Neither knew the development preferences in the plan nor what happened after the plan was established. In fact, the *mtaa* executive officers were of the opinion that the plan was for other people, while in actual sense the *mtaa* executive officer is responsible for the development activities at *mtaa* level.

Regarding infrastructural improvement of Mlimani Primary School, both the *mtaa* executive officers asserted that they were not involved in the improvement of the facility. 'Improvements could be observed from outside, but I am not aware how it came about', said one of the *mtaa* executive officers. From this it appeared that there was no link between the *mtaa* leaders and the primary school administration.

On the other hand, the *mtaa* chairperson declared that he participated in the planning process. However, he was not able to state any of the identified development preferences related to Mlimani Primary School infrastructure. In fact, he did not know what took place after the O&OD process at *mtaa* level. This means that the chairperson never saw a copy of the plan or knew the content of the plan, or knew what happened after the plan was established.

The facilitator of the planning process at *mtaa* level was the ward executive officer. Although he could not remember the exact number, the ward executive officer said that most of the community members participated in the process. The participants included people from different age groups, genders, and the disabled. Each group had 11 to 15 people. According to the ward executive officer, the main reason of grouping community members in different groups was to give them more freedom to be able to identify their specific needs. 'Sometimes when you mix for example women and men, men can dominate the discussion', said the ward executive officer.

The main role of the community facilitator was to guide the groups according to the O&OD methodology guidelines. According to the ward executive officer, he was also as the facilitator responsible in making the community members aware of the national policies, the national priorities and what was expected from them.

According to the ward executive officer, the identified preferences from each *mtaa* were brought to the ward in the form of a report. Thereafter, the chairpersons of all *mtaa* in the ward elected a few members amongst themselves to compile the *mtaa* reports for the ward plan. According to the ward executive officer, once the ward plan was developed, it was presented in the public meeting that included members of all *mtaa*, for final approval of the plan.

However, despite his good account of the planning process, the ward executive officer was not able to state the development preferences in the ward plan relating to Mlimani Primary School. Instead, the ward executive officer was optimistic that all development activities carried out at Mlimani Primary School were the result of the ward plan. However, he asserted that he was not involved in the development of the school infrastructure. Besides the ward executive officer did not make any follow up of the plan since he was not able to tell how many of the identified development preferences were addressed by the council, against the preferences identified by the ward.

*Mlimani Primary School in the planning process*
The information on how to reconstruct the Mlimani Primary School plan was involved in the planning process, is collected from the school head teacher and the school committee. The information from the school head teacher was collected through interviews while that from the school committee was collected through the group discussion.

The school committee consists of twelve members. It includes seven parents of pupils studying at the school, the councillor, the ward education officer and the three teachers. Most of the parents are graduates and influential people. For example, one member holds a PhD and is a professor at Sokoine University. Other members have either a master degree or hold at least a certificate.

The interview conducted with the head teacher showed that he did not participate in the development of the ward plan. According to the head teacher, he was not even informed about the planning process. He has never seen a copy of the ward plan and had no idea of the content of the ward plan, nor what happened after the plan was established.

According to the school head teacher, the school has its own three-year plan that addresses the school development needs. This school plan is developed by the school

committee and is presented to the village council for approval before it is forwarded to the council. This planning procedure is separate from the general O&OD process. In addition to the school plan, the head teacher also forwards the school's wishes directly to the council through monthly reports. According to the head teacher, the status in this monthly report includes the realised development issues and the needs.

Some decisions about school development are made and implemented without formal plans. According to the school committee members they are able to share their identified needs informally with staff at the education department at the council. This, it appears, is helpful when necessary to obtain support from the council to realise these wishes.

In view of both the school head teacher and the school committee, the link between the ward plan and school development preferences is unknown. Since the school development preferences are forwarded to the council through the school plans and monthly reports, these are the most important methods known by the head teacher when asked what he would undertake to improve his school.

*The content of the ward plan*

The reconstruction of the planning process at the grassroots level involves examining the ward plan to establish if there are development preferences related to Mlimani Primary School. This involved review of the ward plan for the period between 2005/2006 and 2007/2008.

The review of the ward plan showed that although the development preferences were not specifically stated indicating a particular primary school, some development preferences were related to those identified by the school head teacher of Mlimani Primary school. Table 8.6 show development preferences in the ward plan related to development activities carried on at Mlimani Primary School.


*Table 8.6*     Preferences of Mlimani Primary School in the ward plan

| | |
|---|---|
| 1. | Need for 24 classrooms |
| 2. | Need for 110 teachers houses |
| 3. | Need for 570 desks |


In view of the Ward Executive Officer, parts of each of these three wishes were for Mlimani Primary School.

*Planning at the council level*

The ward plan was submitted to the district council. The next step in the planning process is therefore the decision-making at the council level. The data for this section was collected from the head of education department, the head of economic department and the heads of sections in education department. Two heads of sections were involved. In some aspects some clarification was obtained from the Municipal Director and the Mayor. All data in this section was collected through interviews.

According to the head of the education department, the plan regarding the education sector is developed by staff of the education departments, based on data collected from the grassroots level. This includes data collected directly from the primary schools in the form of the primary school plans and the monthly reports. These primary school plans are the three-year plans the head teacher was referring to. These plans are developed by the primary school committee and a copy is forwarded to the council. However, apart from submitting a copy to the council, every financial year and in particular between March and April, the primary school committees are supposed to conduct meetings to discuss their development preferences based on their three-year school plan. The main purpose of the meeting is to make their respective plans up to date. The reports of all primary schools in the ward are then compiled and submitted to the council.

Alongside the school plan, every head teacher is required to submit a monthly progress report to the council. According to the head of logistics and supplies section in education department, 'the report is developed by the school head teacher in collaboration with the school committee. The report includes information about the school needs which are also used for planning at council level.'

The interviews with the head of the education department and economic department revealed that the staffs at the council level are more concerned with meeting the central government requirements stipulated in the guidelines than observing the local preferences. In conversations about planning these officials often emphasise the need for meeting these requirements. They argue that, for example, the plan must incorporate the sectoral priorities and the budget ceiling. The council officials also stress that the plan must be developed as guided by the education sector guidelines. This proves that decisions at the council level are more influenced by central policy than the wishes of local communities. This situation is made worse by the fact that most of the funds are intended for specific areas only and therefore provide little discretion for council staff.

The interviews with staff in education departments, the head of economic departments, the municipal director and the mayor revealed that there are some issues that contribute to this central involvement with the planning procedure. Firstly, the planning process involves scrutiny of the plans by a central government official. This makes the local government staff see the central wishes expressed in the guidelines as requirements that must be taken into account; if not, the plan risks not being approved.

Secondly, the respondents referred to the fact that employment and some management issues such as salaries, promotion and transfers of senior staff at the council level are decided at the central level. These are also incentives for council staff to obey orders of the central government instead of responding to the local wishes.

Thirdly, the council staff see the guidelines as a protection against the influence of politicians. They can use the guidelines to justify their choices in an argument with the political leaders. A reference to the rules is often more convincing and limits the room for political debate. One head of a department pointed out that 'without guidelines the politicians (referring the councillors) would have confused everything. The guidelines enable us to defend our professional acts against the councillors'.

Finally, the council staff sees the lower local government structure as irrelevant or incapable of developing sound plans. The information gathered directly from the facilities is considered more adequate than the information through the O&OD process. For instance, in the interview with one senior official, he strongly argued that:

> 'grassroots people have no capacity to manage development funds. My two-year experience indicates that community members have no capacity to manage and supervise funds especially for development projects.'

When the senior office was asked why he sees the lower local government structure as incapable he argued at great length that:

> 'If the central government has fear over the local government why doesn't the local government have fear over their lower level structures? The local government is even better because they can justify why they have fear over the lower level. But the central government has no any justification about its distrust to the local government staff in local government are many and have skills and knowledge sometimes even more than some staff in central government. But when you talk about the lower local government structure, it is clear that their capacity is still very low. For example, most of the wards and villages have no qualified staff. And those with qualified staff have poor working equipment or/and offices.'

This argument was affirmed by another senior officer who argued that 'the local people are not yet empowered.' However, on the other hand, the structures of the lower local governments are seen by some council officials as potential centre for local development since they are close to both the local people and the primary facilities. For example, the same senior officer argued that:

> 'autonomy should go down to ward through to *mtaa* level where majority of the people live. Let's give them money to address their own problems.'

Pointing out a reason for the situation, the senior officer argued that

> 'the current system do not facilitate the local empowerments. For instance, local people are not empowered to be able to develop and execute their plan. Besides, the resources at the local level are limited and those transferred through the council are earmarked for specific areas leaving little room for local discretion.'

*The content of the council plan*

The next step in reconstructing the planning process is to assess whether or not the council plans reflect the wishes stated in the ward plan with regard to Mlimani Primary School. The main source of information for the reconstruction of this section was the council plans for the financial years 2005/2006, 2006/2007 and 2007/20008. These plans cover a period in which the Forestry Ward Plan was suppose to be executed and accomplished.

The three councils plans reviewed showed that the only developments preferences reflected in the council plan were 'the construction of one staff (teachers) house in Mlimani Primary School'. This grassroots development preference was contained in the council plan for the financial year 2005/2006 and was the only development preference observed in all three plans that could be related to the development preferences of Mlimani Primary School.

*Development activities implemented at Mlimani Primary School*
The reconstruction of the planning process involved establishing what real development activities took place between year 2005 and 2008. The essence was to examine to what extent the support from the council, as perceived by the local people, contributed to development of the school.

The data used to reconstruct this part was collected through documentary review, observations and group discussion. The main documents involved were the implement-ation reports and some files with relevant information about development activities. Observation was conducted by observing the result of development activities. The group discussion was conducted with the school committee to get some details and clarifi-cation about certain development activities.

The fact that only one development request was honoured in the council plan, but that, at the same time the Milimani primary school received many infrastructural im-provements, shows that the development of the school was not solely dependent on the planning procedure. Table 8.7 show development activities implemented at Mlimani Primary School.

*Table 8.7*     Implemented activities at Mlimani Primary School between 2005 and 2008

1.  Construction of one building with seven classrooms and four offices
2.  Construction of the concrete fence around the school boundary
3.  Construction of one staff house
4.  Increase of two teaching staff
5.  Increase of 88 desks
6.  Increase of 12 chairs
7.  Increase of 30 tables

According to the respondents in the group discussion, most of the development ac-tivities were financed by donor support and community contribution. The community members rated the council support as low. Development was only possible through these external funds and not thanks to support from the council.

The members of the local community explained that financial support from donors was obtained through the initiative of the school committee. This initiative began by inviting potential stakeholders, including the school guardians, in the graduation cere-mony. This event was used to inform parents of pupils studying in the school and the school guardians about the school challenges and problems. As a result one of the guardians took the matter seriously and then managed to secure support from donor who was not known by the school head teacher and committee members since the contact was between the donors and the school guardian. According to the head teacher, the support obtained through the school guardian contributed largely to the development activities in particular the construction of classrooms and offices. He further asserted that alongside the donor support about 25% of development support was obtained through community contribution.

The school head teacher said that other support was obtained through letters written by members of the community to different stakeholders in effort to solicit development

support. Through this process for example, financial support was obtained from Bonite Bottles Company ltd. for constructing school fences. At the time of this study the school committee had also just secured funds from the Tanzania National Parks Authority (TANAPA) for the construction of a classroom and toilets.

Therefore, most of the development activities at Mlimani Primary School were initiated at the grassroots level through the school committee. The ward plan itself did not play an important role. This plan was not even mentioned by the respondents as an important document that contributed to the school development.

# 9

# Morogoro District-Rural: The case of Tawa Health Centre and Ngerengere Primary School

## Introduction

Morogoro district is located in the northeastern part of Morogoro region. The district borders Lindi region to the east, Ulanga and Kilombero districts to the south, Mvomero district to the west and north, and Coast region to the East. Morogoro District-Rural has a total area of 11,925 square kilometres which is about 16.34% of the total area of Morogoro Region (Morogoro Regional Economic Profile, 2006). Geographically, the district is divided into mountainous areas, low mountainous areas and savannah. The mountainous zone takes a large part of the Uluguru and Unguu mountains. This part occupies about 25% of the district. The low mountainous zone occupies roughly 20% of the district's land area. The area consists of several rivers such as Mgeta, Kafa, Ruvu, Wami, Msongozi, Mbulumi, and Ngerengere.

Administratively, Morogoro District has six divisions. The divisions are divided into 25 wards which are sub-divided further into 132 villages. Below the village administrative level there are neighbourhoods, or *kitongoji*. In total, the district had about 657 *kitongoji*.

## Social services

*Primary health services*
The district has three government owned health centres and thirty government dispensaries. According to the respondents in the group discussion these facilities are unevenly distributed. In some areas people travel long distances to get access to primary health services. The national standard is that people have to travel a maximum of about 5 kilometres to get access to a dispensary and 10 kilometres to a health centre. According to the data gathered in the group discussion, this standard is not met for approximately 35 percent of the population in the district. These citizens have to travel longer distances to get access to primary health care.

According to Comprehensive Council Health Plan (CCHP) 2007/2008, the infrastructural condition of primary health facilities are mostly in 'fair' condition. There are some facilities in good condition but others are in poor condition. According to the plan, the poor condition refers to a situation where the health facility needs major restoration, and has less than half of the required number of staff and equipment. A fair state refers to a situation where the facility requires minor restoration and has about half of the required number of buildings and basic equipment. Good condition is the situation where the facility has more than half of the required number of buildings and the basic equipment. So even if a facility is of 'good' condition that does not mean that the facility meets the standards formulated by the national government.

*Primary education services*
Morogoro District-Rural has 144 governments owned primary schools. The data collected at council level showed that the primary schools in the district are evenly distributed across the district. This implies that almost every village has at least one primary school.

The group discussion conducted with four staff in the education department showed that most of the pupils in the district live within three kilometres from the nearest primary schools. The fact that a few pupils are staying more than three kilometres away from their school is due to the non-symmetric shape of the ward or village. According to the respondents most of primary schools in the district are in a good condition: most have an adequate number of staff with good and adequate condition of buildings and equipment.

## The case of Tawa Health Centre

Tawa Health Centre is one of the three governments owned health centres in Morogoro District-Rural. It was established in 1958 by community members with support of the government. The health centre is located about 74 kilometres away from the district headquarters on the leeward side of the Uluguru Mountains. The main means of communication between the health centre and the district headquarters is the dirt road. The condition of this road makes it impossible to travel during the rainy season. According to the in-charge of the health centre:

'The large part of this toad is impassable during the rain season and therefore hamper communication between the health centre and the district headquarter.'

Administratively, Tawa Health Centre is located in Tawa village. Tawa Village is one of six villages that form the Tawa ward. The other villages in the ward include: Mila-wilila, Kifindike, Kitungwa, Uponda and Logo. The people from these villages all are dependent on Tawa Health Centre. According to the in-charge, Tawa Health Centre also serves people from the nearby wards since some of the nearby wards do not have a health centre.

In Tawa village some of the basic services are lacking and some are still poor. For example: a large part of the village, including the neighbourhood where the health centre is located, does not have electricity. There is also poor supply of water and tele-phone services.

*Condition of infrastructure of Tawa Health Centre*
The in-charge of the health centre explained that Tawa Health Centre is generally in poor condition. The records and the visit to the health centre confirmed this. Some of the equipment and buildings appeared to be old and dilapidated. According to the in-charge, very little development had been made to buildings, staff and equipment since the year 2000. Table 9.1 shows the trend of infrastructure development at Tawa Health Centre.

*Table 9.1*     Infrastructure of Tawa Health Centre between 2000 and 2008

| Service Areas | Years | | | | | | | | | N.S.[*] |
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff | 15 | 13 | 11 | 15 | 16 | 15 | 15 | 17 | 18 | 15 |
| Buildings | | | | | | | | | | |
|   Operating rooms | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 15 |
|   Wards | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 |
|   Staff Quarters | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 15 |
| Equipment | | | | | | | | | | |
|   Autoclave | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
|   Delivery Kit | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|   Delivery Bed | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|   Microscope | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 |
|   Weigh Scale | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 |
|   BP Monitor | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 4 | 4 |
|   Stethoscope | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 4 |
|   Diagnostic Set | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
|   Ambulance bag | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |

[*] N.S. = National Standards

As shown in table 9.1, the development of the Tawa Health Centre was only observed in the areas of staff and equipment. These include the increase of three blood pressure monitors and three staff members. According to the director, with the exception of staff,

the dispensary suffers shortages in almost all other aspects of infrastructure. 'These are shortages according to the actual demands and also according to the national minimum standards' said the director.

*Planning at the grassroots level*

The data used to reconstruct the planning process at the grassroots level was collected through interviews. This part involved the account of the ward executive officer, ward education officer, village executive committee and the *kitongoji* chairperson.

According to the ward education officer, the planning process began by the training of village councils. The training was conducted by the facilitators who were sent from the district headquarters. The training took about ten days. Thereafter, the village council began the actual planning process and the draft village plan was developed. The draft village plan was then presented to the village general assembly meeting. In the village assembly meeting, community members were given opportunity to discuss the development preferences incorporated into the plan before the plan was approved and forwarded to the district council.

However, despite his account of the planning process, the ward education officer was not able to divulge the content of the village plan with regard of Tawa Health Centre. He also had no idea of to what extent the identified development preferences were addressed by the council.

Another official at the ward level, the ward executive officer, could not provide this information either, as she did not participate in the planning process. The reason was that at the time she had worked in another ward. She was transferred to Tawa Ward just after the planning process took place in 2005. Although she had a copy of the plan in her office, the ward executive officer did not know the development preferences that were addressed in the plan. Furthermore, she had no idea about the development preferences that had already been addressed before. According to her there was no follow up at council level with regard to development preferences in the village plan. In her opinion the village plans are not very useful in local development.

At the village level, both the village executive officer and the *kitongoji* chairman were not informed about the planning process and the development of the village plan. They have not seen a copy of the village plan or knew what development preferences were identified during the planning process. It appeared that they did not even know of the existence of the village plan.

The village executive officer and the *kitongoji* chairman explained at different times that development activities at the village level are normally initiated by the village council. In this regard, the village plan appears to be irrelevant. The village council meets regularly and decides on how community members can be mobilised to support development at facilities. According to the two respondents, this is what explained the development at Tawa Health Centre. They did no have any idea about the contribution of the village plan to this development.

*Tawa Health Centre in the planning process*

The reconstruction of the planning process at the grassroots level involved examining the position of the health centre administration in the planning process and in the plans.

The data collected from the in-charge and the committee members showed that they did not participate in the planning process. Despite having some ideas on the existence of the village plan, no one had seen a copy of the village plan or knew the content of the plan with regard to the health centre development. Neither of the respondents appeared to know about the follow up of the plan or knew the content of the council plan that was developed on the basis of the village plan.

It appeared the community or the officials working at the facility do not regard the village plan as a tool for development. According to the in-charge the preferences that were addressed for the sake of the health centre, were forwarded directly to the council by the health centre administration. The in-charge sends his health centre plan and the quarterly reports to the district government, according to the requirements of the Health Management Information System (HMIS). The in-charge explained that the letters is used to express an urgent need to the council. More often the follow up is made for these reports.

The Health Management Information System (HMIS) involves regularly filling in forms. These forms are developed by the central government with the intention of harmonising the information collected from the health facilities. According to the in-charge and the committee members, these methods are the easily accessible means used to forward development preferences to the council.

*The content of the village plan*
The village plan was reviewed to establish development preferences that could be related to Tawa Health Centre. The review of the plan showed that the village plan contained development preferences related to Tawa Health Centre. Table 9.2 provides development preferences related to Tawa Health Centre found in the village plan.

*Table 9.2*      Preferences of Tawa Health Centre in the village plan

| |
|---|
| 1.   Construction of staff houses |
| 2.   Construction of the building for Mother and Child Health (MCH) services |
| 3.   Adequate staff |
| 4.   One Public Health Nurse |

According to the in-charge the identified development preferences in table 9.2 are only part of the actual needs at the health centre. The health centre had more needs than those identified in the plan. For example the health centre suffers shortages in different kinds of equipment and there is a lack of buildings for laboratory services. These shortages were not mentioned in the plan. The in-charge was not able to say why these needs were not included in the plan, as he did not participate in the planning process.

*Planning at the council level*
The data used to reconstruct the planning process at council level was collected through interviews and group discussion. The interviews were conducted with the head of the health department, the head of the economic department, the district executive officer and the district chairman. The group discussion was conducted with members of the

Council Health Management Team (CHMT). Seven members were involved in the group discussion.

According to the head of the health department, the Comprehensive Council Health Plan (CCHP) is developed by the members of the CHMT. Thereafter, the plan is combined with other departments' plans into one council plan.

According to the head of the health department, the data used to develop the CCHP is made up of factors identified by the people at the local level. Some of this data is collected by CHMT members and some is forwarded to the council by the facilities' administration. In this respect, the head of the health department strongly argued that, 'before 2000 most development decisions were done at the district headquarters, but after that following the reform development activity are decided at the local level and forwarded to the council'.

The discussion with the members of the CHMT revealed that, normally, prior to the planning session, they collect data from all the health facilities. This data is then used with the data collected through the facility plan and the quarterly reports to develop the CCHP. The community members are involved in the committees that are responsible for these reports. Furthermore, the officials at the council level recognise that in most cases the development preferences received through the village plan, are similar to those received through other methods, such as quarterly reports and the facility plans. The impression they gave was that the village plan was not a useful source of information for development of CCHP due simply to the assumption that it provided similar information to that obtained using other methods

According to CHMT members, the decisions on the development of local facilities, at the council level where the decisions take place, is mainly governed by guidelines and directives from the central government. The preferences to be incorporated in the CCHP, are therefore, either pre determined or directed at central level. For example, at the time of this study, the emphasis was on the construction of a dispensary in every village. This was laid down in a directive from the central government. Despite the fact that the existing facilities, such as Tawa Health Centre, had a lot of shortages, the council officials felt that they had to implement this national directive instead of listening to the needs identified by the existing facilities or the local communities. In this sense, the central wishes have more power over the council officials, than any other wishes or preferences. According to one CHMT member, the concern of officials at council level on central directives and guidelines, is strengthened by the fact that the approval of the council plan involves the scrutiny from central government to check whether the plans have taken into account the national priorities and directives. Without the reflection of the central priorities and directives, the council plan may not be approved.

Other officials at the district offices confirmed this. They pointed out that, sometimes the requirements made by the guidelines and the national directives are not compatible with the preferences expressed by the local people. However, the preferences expressed by the guidelines and directives have to prevail, since they form a basis for approval of the plan.

The main concern of officials at the district government is that the guidelines are too many and too detailed. For instance, the development of CCHP involves taking into account the Local Government Authorities 'Medium Terms Plans and Budgets' guideline (2007); the Comprehensive Council Health Planning Guideline guidelines (2007); the guidelines for Joint Health Infrastructure Rehabilitation Fund (JHIRF), the Ministry of Health and Social Welfare Policy, other sectoral priorities and budget ceiling received annually prior to planning session. The consideration of all these guidelines leaves little or no room for discretion to respond to local wishes.

Despite the fact that the guidelines are considered to facilitate and support the planning process, in practice these guidelines dictate the terms of council plan. A senior officer said:

> 'they call it advisory, but, my friend, when you are advised and you refuse to incorporate such an advice into the plan, the regional secretariat has its own way of communicating to the central government to make sure you get stuck.'

This statement illustrates that, at council level, the guidelines requirements are perceived as orders and not as tools to aid the planning process.

*The content of the council plan*

The reconstruction of the planning process at council level involved review of the council plan to establish development preference related to those identified for Tawa Health Centre. This involved reviewing the council plan for the financial years 2005/ 2006, 2006/2007 and 2007/2008. These three plans cover a period in which the Tawa village plan was supposed to be executed and completed.

All three council plans showed that the development preferences identified in village plans were not reflected in the final council plan. Instead, the council plans reflected other issues for Tawa Health Centre. Table 9.3 shows the development preferences related to Tawa Health Centre reflected in council plans.

*Table 9.3*    Development decisions in the council plans related to Tawa Health Centre

1. Restore and equip VCT services in Tawa Health Centre
2. Install grilled doors and windows in Tawa Health Centre
3. Conduct maintenance of Tawa Health Centre ambulance
4. Procure office equipment and supplies for Tawa Health Centre
5. Procure and supplies dental equipment for Tawa Health Centre
6. Purchase and install solar panels and accessories for Radio calls installation in Tawa Health Centre
7. Conduct wiring and install generator electric supply to Tawa Health Centre
8. Restore Tawa Health Centre
9. Purchase binocular microscope for Tawa health Centre

According to the head of the health department, the issues involved in the council plans are determined by the amount of funds available and the guidelines. The question of whether or not the development preferences from the grassroots could be honoured depends on the availability of the funds and the extent to which such preferences commensurate with the national priorities.

*Development activities implemented at Tawa Health Centre*

The last step in the reconstruction of the planning process is to assess the development activities that have been implemented at Tawa Health Centre between 2005 and 2008. The intention is to establish to what extent the council supported the local initiatives. Reviews of the reports, observation of the facility, interviews with the in-charge and a group discussion with members of the health centre committee provided the information. The main conclusion of this research is that development at Tawa Health Centre that took place between 2005 and 2008, was not based on the village plan. Table 9.4 shows the implemented development activities at Tawa Health Centre between 2005 and 2008.

*Table 9.4*    Implemented activities at Tawa Health Centre between 2005 and 2008

1. Renovation of water pipe and sinks in three working rooms and eight staff houses
2. Painting the roof and the front walls of the outpatient buildings
3. Renovation of Voluntary Counselling and Testing (VTC) building
4. Painting outside walls and ceiling-board of staff houses
5. Increase of two staff members
6. Increase of 3 blood pressure monitors

According to the in-charge and the health centre committee members, most of the development tasks in table 9.4 are maintenance and replacement. These activities are often routine activities conducted by the council and were not actually perceived as development activities.

The members of the health centre committee qualified the support of the district council as 'low'. According to these members of the local community, actual development requires the construction of new buildings for some services, like a maternity ward and a laboratory, and equipping the health centre with the necessary equipments. Maintenance and replacement were not considered as development activities that really contributed to an improvement of the quality of the service delivery.

Furthermore, many of the development tasks that were implemented at the health centre were supported by the 'Uhuru Torch Race'. This race has a long history: from the first years of independence a torch is carried across the country following a different route every year. The entire race takes a couple of weeks and stops and starts in different places. The villages and cities that are passed by during this race receive quite a lot of (media) attention. This attention is an incentive for council leaders to invest in the appearance of these villages and cities.

The Uhuru Torch Race halted in Tawa village in 2007. In that year the Tawa Health Centre received a new painting of the roof and the front walls. The in-charge and the health committee members of Tawa Health Centre were of the opinion that this renovation was only realised due to the Uhuru Torch Race and not because the community members requested renovation.

According to the health centre in-charge, the major needs of the Tawa Health Centre are mainly a shortage of buildings, like a building for mother and child health services, a laboratory and an operating theatre. Furthermore the facility needs staff houses, as in

Tawa village there is a shortage of houses for rent. In fact, at the time of this study, the eighteen staff shared eight available apartments. As noted earlier, some of these problems were identified in the village plan of Tawa village but were not reflected in the council plans.

## The case of Ngerengere Primary School

Ngerengere Primary School is a government owned primary school in Morogoro District-Rural. It was established in 1954 by St. Kamilius Catholic Church. After independence in 1961, the school was handed over to the government. Since then the school has been under the management of Morogoro District Authority.

The village of Ngerengere is situated 67 kilometres from the District headquarters in Morogoro. The road to the District headquarters is in good condition. Only the last 17 kilometres is unpaved. However, according to the school head teacher, the road from Ngerengere to Morogoro is passable through out the year. This is mainly because the unpaved road is well managed by the army barracks that is located in nearby Ngerengere.

There is also a railway connection in Ngerengere village. The railway line connects Ngerengere village to the commercial city of Dar es Salaam and Morogoro town, but is scarcely used. The village has also other basic services such telephone services, electricity and supply of running water.

Different institutions, such as a military barracks, a livestock farm unit and a secondary school, surround the village. These institutions draw people from different parts of the country and made Ngerengere village a multicultural place.

Besides, the employees working at these institutions, many of them are from Ngerengere, are involved in peasant activities, such as livestock keeping, or earn their money as small entrepreneurs. The interaction between people employed by the larger institutions and those working in the informal sector, as self-employed, makes the village of Ngerengere economically vibrant.

*Condition of infrastructure of Ngerengere Primary School*
The condition of the infrastructure at Ngerengere Primary School was examined to establish developments changes obtained between 2005 and 2008. It appears that there has been a remarkable development in Ngerengere Primary School during this period. Table 9.5 shows the trend of developments in this facility.

According to the head teacher, the number of staff was adequate and the condition of buildings and equipments was generally good. In fact, it appeared during the observation, that some of the buildings were new. The old ones were also adequately managed and maintained. All of the buildings were well painted and roofed. Similarly, the condition of chairs, desks and tables appeared to be good. Although there are still shortages of buildings and equipments in relation to the national standard guidelines, according to the head teacher, this problem is not serious. All pupils have enough space, there are enough chairs and desks to sit on and teachers could share available chairs and tables without causing much inconvenience.

*Table 9.5*     Infrastructure of Ngerengere Primary School between 2000 and 2008

| Service Areas | Years | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| Staff | 19 | 18 | 14 | 22 | 25 | 28 | 26 | 23 | 21 |
| Buildings | | | | | | | | | |
| Classrooms | 7 | 7 | 8 | 9 | 9 | 10 | 10 | 11 | 12 |
| Offices | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |
| Staff houses | 4 | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 8 |
| Equipment | | | | | | | | | |
| Chairs | 12 | 12 | 12 | 12 | 19 | 19 | 20 | 20 | 20 |
| Desks | 156 | 156 | 191 | 191 | 279 | 279 | 300 | 300 | 330 |
| Tables | 10 | 10 | 8 | 9 | 9 | 8 | 9 | 9 | 9 |

A comparison of the status of Ngerengere Primary School with the national minimum standards showed that there are shortages of staff houses, offices, desks, chairs and tables. According to the primary school national guidelines the standard teacher pupil ratio is 1:45, classroom pupil ratio is 1:45 and desk pupil ratio is 1:2. Ngerengere Primary School does not meet these standards. But in the head teacher's opinion, the situation is still satisfactory making it possible to carry on the school activities comfortably. Table 9.6 shows the situation of infrastructure in 2000 and 2008 compared to the national standards (reflected in the column 'required').

*Table 9.6*     Infrastructure of Ngerengere Primary School in 2000 and 2008 compared with the national standards

| Service Areas | Year 2000 | | | Year 2008 | | |
| --- | --- | --- | --- | --- | --- | --- |
| | Available | Required | Gap | Available | Required | Gap |
| Staff | 19 | 15 | +4 | 21 | 21 | 0 |
| Buildings | | | | | | |
| Classrooms | 7 | 12 | -5 | 12 | 12 | 0 |
| Staff houses | 4 | 8 | -4 | 8 | 12 | -4 |
| Offices | 1 | 4 | -3 | 2 | 4 | -2 |
| Equipments | | | | | | |
| Desks | 156 | 329 | -173 | 330 | 410 | -80 |
| Chairs | 12 | 37 | -25 | 20 | 49 | -29 |
| Table | 10 | 21 | -11 | 9 | 27 | -18 |

*Planning at the grassroots level*
To reconstruct the actual planning process at the grassroots level, interviews were conducted with the ward executive officer, the ward education officer, the village chairperson, the chairperson of elders and the chairperson of the *kitongoji* in which Ngerengere Primary School is located.

The ward executive officer and the ward education officer appeared to be well informed about the planning process in the village of Ngerengere. Although the inter-

views were conducted separately, the account of these two officials about the planning process matched. They were both able to provide information on the way the planning process was carried out. This is remarkable, as neither of them was working in Ngerengere during the development of the village plans. Instead these two officials were working in the nearby wards. It appeared that the planning procedure in the ward, in which Ngerengere is located, is more or less the same in the entire district. When the ward executive officer and the ward education officer took office, the former incumbent had described the villages' plans and their importance for the development. According to the interviewed ward officials, the account of their predecessor, about the planning process, is similar to what they had experienced in their former wards.

According to the two officials, officials from the district headquarters and from the national government facilitated the development of the village plan. The facilitator had to train village councils on how to develop their village plans. Thereafter, the trained members of the village councils developed the drafts plans for their respective villages. These drafts were then shared with all community members. Once all the comments were incorporated into the plan it was then decided upon by the village assembly and forwarded to the district council.

The two ward officials knew some of the development preferences stated in the Ngerengere village plan. They were also able to mention some of the development preferences that related to Ngerengere Primary School. However the ward officials did not know how many of these development preferences have been addressed by the district council and how.

The village chairman, the chairperson of elders and the chairman of the *kitongoji* did not participate in the planning process. These three respondents were not able to describe the planning process at all. They were also not able to mention the development preferences in the village plan and were therefore unable to give information on the particular preferences with regard to Ngerengere Primary School. Despite the fact that all three knew about the existence of the plan, they did not know what happened after the plan had been decided upon.

*Ngerengere Primary School in the planning process*
The next step is to reconstruct the planning procedure particularly in respect to Ngerengere Primary School. Both the head teacher and the committee members of the Ngerengere Primary School participated in the planning process. They were able to describe the planning process as described by the ward executive officer and the ward education officer. The head teacher was also able to show a copy of the village plan in his office.

Despite the participation in the planning process and understanding of the contents of the plan with regard to Ngerengere Primary School, the actual process used by the school administration to deal with infrastructure development appeared to be somewhat different. According to the head teacher, the school needs are continuously identified by members of the school committee and discussed. The school committee proposes possible solutions at the village council. The village council then reviews these needs and tries to find solutions, for example, by forwarding these needs directly to the district headquarters. Other needs that could be solved within the capacity of the village council

were solved at that level. The head teacher regarded this direct intervention of the village council as the most important means to development:

'My role as the school head teacher, in this regard, is to make follow up at both the village council and district head quarter.'

The follow up is important for the head teacher. This is because the village has two schools that are struggling for the means to develop their infrastructure. According to the head teacher and the school committee members, they have to be creative to find strategies to develop the school. One of the strategies is to maintain a close working relationship with the local government leaders. This contact makes it easier to have issues addressed in the village council. The head teacher argued that the members of the village council seem to feel responsible for the well-being of the school. Because it is their school, they are more willing to search for means to develop the school. This appears very important, as a direct approach of the district council seems impossible. As the head teacher asserted:

'if you go straight to district council for issues related to school development, you are likely to be referred to the village council.'

*The content of the village plan*

The village plan was reviewed to establish the specific development preferences that could be related to Ngerengere Primary School. The village plan showed that most development needs as observed in the school (see table 9.6) were incorporated in the plan. Table 9.7 shows the development preferences related to Ngerengere Primary School as reflected in the village plan.

*Table 9.7* Preferences of Ngerengere Primary School in the Village plan

1. Teaching and learning equipment
2. Qualified staff
3. Desks
4. Staff houses
5. Classrooms

As identified in table 9.7, the major weakness of the development preferences in the village plan is that they are not specifically stated. In Ngerengere village, there are two primary schools. The development preferences in the plan do not specify for which school the qualified staff, desks or staff houses are needed. The preferences are also vague in terms of the amount of staff, desks, houses and classrooms.

According to the ward executive officer this ambiguity with regard to the development preference is the result of low planning knowledge and skills. According to him, the people at the local communities do not have a clear picture of the real needs of the primary schools and how these needs should be formulated in the village plans. On the other hand the head teacher argued that;

'despite ambiguity in the identification of development preferences, the intention during the planning process was to give all the primary schools in the village adequate infrastructure.'

*Planning at the council level*

The village plans were forwarded to the district council that is supposed to use these plans when formulating the Comprehensive Council Development Plan. For the reconstruction of the planning process, it is therefore important to know how this plan was developed and which information was being used. To identify the influencing factors interviews were conducted with senior officials at council level, among which were the head of the education department, the head of the economics department and two heads of sections in the education department.

According to the head of education department, the staff in the education department of the district council develops the health sector plan at council level. The sources of data for the development of the education sector plan were mainly the primary school plans, the quarterly reports and the assessment reports. These school plans were developed by the school committees and were then forwarded to the council. In the same vein, the plans were developed by the head teacher in collaboration with the school committee. These quarterly reports include the status of the school and its needs.

The assessment report is developed by council staff in collaboration with ward education officers. Assessment reports are developed annually. The assessment reports show the condition of the facility, the availability and shortages of all types of infrastructure. According to the head of the education department and the heads of sections of this department, the assessment report provides up to date and comprehensive information.

The assessment report is regarded highly as a useful source of information for the planning at the council level. Compared to the other sources these assessment reports are seen as more important. Furthermore, it is interesting that none of the officials at the district level mentioned the village plan as an important source of information for the development of the council plan.

According to the head of department, District Micro Plan Guide and the document with the sectoral priorities and the budget ceiling strictly guide the development of the execution plan. Both the sectoral priorities and the budget ceiling reports are received annually from the central government. According to head of the education department these guidelines are important in the sense that they determine in the end the amount of money available and which priorities can be funded. Most of the funds in the education sector are designated for specific areas. Therefore, the role of the staff in the education department in the district council is to formulate a plan that is in accordance to the directives provided in the guidelines. There is little room for discretion. For example, the 'capitation grants', which are disbursed to primary schools on the basis of pupil numbers, have strict guidelines indicating that funds have been dedicated for this criterion. According to these 'Guidelines for the preparation of local government authorities', medium term plans and budgets' in 2007, 40 percent of the money has to be spent on text books, 20 percent on minor restoration, 20 percent on equipment, 10 percent on examination and 10 percent on administration.

*The content of the council plan*
The planning procedure at the council level resulted in a council plan. The plans for the financial year 2005/2006, 2006/2007 and 2007/2008 were scrutinised with the aim of identifying which decisions relate to Ngerengere Primary School. The three plans show that there are no specific issues related to the development of Ngerengere Primary School. However, there were some development issues in the plans where it was broadly stated that the Ngerengere Primary School might one of the beneficiaries. These issues are shown in table 9.8.

*Table 9.8*    Development decisions in the council plans related to Ngerengere Primary School
1.    Recruit 100 teacher trainees
2.    Recruit 60 teacher trainees
3.    Construction of classrooms and staff houses

As shown in table 9.8 the issues are broadly stated, without indicating the specific schools that will benefit from these decisions. According to the head of the education department, the reason that these issues are broadly stated is that this makes it possible to distribute the means according to the shortages as they appear in the schools. The decision-making by the district council allows the public servants to divide the money according to their opinion. With this in mind, any primary school in need of staff, classroom(s) or staff house(s) has a chance to be considered.

*Development activities implemented at Ngerengere Primary School*
The outcome of the planning process is what really happened at Ngerengere Primary School between 2005 and 2008. The objective is to determine to what extent the decision-making by the district council supported the actual developments at the school. The data collected shows that several development activities were implemented at Ngerengere Primary School between 2005 and 2008. Table 9.9 shows the implemented development activities.

*Table 9.9*    Implemented activities at Ngerengere
            Primary School between 2005 and 2008
1.    Increase of six teaching staff
2.    Construction of three classrooms
3.    Construction of one staff house
4.    construction of three staff houses
5.    Increase of two chairs
6.    Increase of fifty one desks

According to the head teacher and the members of the primary school committee, most of the development activities in table 9.9 were supported and funded by World Vision Tanzania (WVT). This is an international Christian relief and development organisation,

working to promote the well-being of all people, especially children. The developments also relied heavily on community contributions. The contributions from the district council were less than locally mobilised support, but nevertheless still significant. The head teacher and the committee members regarded the support of the district council as moderate', since the largest part of support was obtained from WVT and community members.

According to committee members, most of the development activities were initiated by community members before the WVT stepped in to support. According to them, WVT was attracted by the effort and commitment of community members. Community members had already began to collect building materials such as gravel, sand, stones and bricks for construction of a classroom and staff house before the WVT stepped in to support this initiative financially. Later on WVT decided to give more support for construction of other classrooms, offices and staff houses. In the head teacher's view and that of the committee members, this extended support from WVT was influenced by the good management of the previous development project by the school administration and the still active participation of the community members in the development process.

The interviews showed that an important factor contributing to the successful development of the school was the close relationship between the school administration, the village council and the ward leaders. All issues facing the school were first shared at the local level at the village council. As stated by the committee members, this close relationship between leaders at the local level and the transparency of the decision-making at the local level were the key factors that promoted the active participation of community members in the development process. As one committee member argued: 'in fact, there is a great sense of ownership of the school.'

According to the school head teacher, the identified development preferences by the school committee often received serious concerns when presented to community members. The community members in Ngerengere appear to be highly motivated. According to school head teacher, in most development activities the labour power, for example the construction of new buildings, was obtained from the community. The community members were also willing to provide financial support.

# Kilosa District: The case of Kidodi Health Centre and Malowelo Primary School

## Introduction

Kilosa district is one of the six districts in Morogoro Region. The district has an area of 14,245 square kilometres. It is located in the central part of Tanzania. The district is bordering: Tanga region in the north, Iringa region in south-west, Kilombero district in the south, Morogoro municipality in south-west and Mvomero district in east. The district covers 20 percent of the total area of Morogoro Region.

The topography of the district varies significantly. In the central and southern part flood plains of Wami, Mkata and Ruaha rivers are 400 meters above sea level. The cultivation steppe in the north area, around the village of Gairo, is 1,100 meters above the sea level. The highest parts of the district are found in the Ukaguru, Rubeho and Vidunda mountains, which form an almost continuous chain of mountains along the western side of the district and reach the height of 2,200 meters.

The cultivated steppe stretches towards Dodoma, the capital city of Tanzania. This area is characterised by dissected hills with moderately fertile, well-drained soil comprising of sand and clay loam on granite. The main agricultural activities are maize production and keeping livestock. The area is rich with river valleys, which are very good for irrigation and make it possible to cultivate the area even in the dry season.

The district has also flat and undulating plains that extend as flat hills to the west. These plains are dissected by the Wami and Ruaha rivers. The soil in this area is poorly drained, black clay in the central plains and alluvial fans in the west made up of black, fertile loams. The central plains are subject to seasonal flooding and are mainly occupied by pastoralists from the Maasai tribe. However, in this area there is also some

intensive rice production. The peripheral loams are better drained and allow the cultivation of a range of crops, maize, cotton, sisal etc.

The mountain ranges that run from north to south are part of the eastern arc system and comprise pre-Cambrian metamorphic rock covered by coarse soil. With altitudes of up to 2,200 meters, cultivation of temperate crops (such as wheat, coffee, soya beans) is possible in the small pockets of agricultural land available.

Administratively, Kilosa District is divided into 9 divisions. The divisions are further subdivided into 36 wards, and 168 registered villages. The principal town in Kilosa district is the town also called Kilosa. This town is located 96 kilometres west of Morogoro where the regional headquarters can be found.

## Social services

*Primary Health Services*
Kilosa district has fifty-six government owned primary health facilities. There are six health centres and fifty dispensaries. The facilities are evenly distributed over the different villages in the district. However, as the number of villages exceeds the number of facilities by far, most of the facilities serve more than one village. In the villages or wards where a health centre is located, the health centre serves both as a health centre and as a dispensary. This is important to note, as this situation is not in accordance to the national health policy of 2007 that states a health centre is always the referral point for dispensaries.

According to the Comprehensive Council Health Plan (CCHP) of 2007/2008 the buildings of about 37.5% of the primary health facilities in the district were in need of restorative work and expansion, and the remaining 62.5% were in poor condition. Furthermore, the plan indicates that most of primary health facilities in the district have a shortage in equipment and staff. The CCHP shows that the required number of health staff in the district was about 509, while the available number was actually 195 staff members. The same situation goes for equipment. According to the head of the health department at the district head quarter:

> 'Most health facilities suffer from shortages in almost all aspects of infrastructure. The extent and type of the shortages varies across the facilities. Therefore, some health facilities have better conditions of infrastructure than others, but the general picture is that most facilities have poor infrastructure condition.'

*Primary Education Services*
Kilosa district has 218 governments owned primary schools. The schools are evenly distributed throughout the villages. Almost every village has at least one primary school. The data collected from reports and files at the department of education shows that most primary schools in the district have a shortage of buildings, equipment and staff. In general, the district had shortage of about 1,148 classrooms, 1,989 teachers' houses, 238 teachers' offices and 437 teaching staff. The same goes for equipment. For example, out of the 50,367 desks required, there were only 32,059 desks in use. However, according to statistics collected at council level, the situation of infrastructure varies across primary schools. Some primary schools are better equipped than others.

## The case of Kidodi Health Centre

Kidodi Health Centre is one of the six health centres in Kilosa district. This health centre was established near the village of Kifinga in 1960. Kifinga village is located about 100 kilometres from the district headquarters. The road that connects Kidodi with Kilosa is partially paved (tarmac). However, according to the in-charge of Kidodi Health Centre, the road allows access between the health centre and the district head-quarters throughout the year. Kifinga is one of the villages in Kidodi Ward. The health centre provides health services to the people of Kifinga village and the people of the nearby villages, such as Tundu, Iwemba, Msowero, Lumango and Ruaha. In these villages there is neither a dispensary nor a health centre.

Kifinga village has most of the basic services including electricity, telephone services, and running water. There are also other institutions providing services such as a primary school, mosques and churches.

*Condition of infrastructure of Kidodi Health Centre*
The data collected on the health centre shows there has been very little development at Kidodi Health Centre between 2000 and 2008. During this time no new buildings were constructed, the number of staff members did not increase and there was very little investment in equipment. Table 10.1 shows the situation of infrastructure in Kidodi Health Centre from 2000 to 2008. The table indicates that Kidodi Health Centre does not meet the minimum standards that have been formulated by the central government. The only development that took place was the investment in some new equipment, such as a blood pressure monitor, a stethoscope and a set of scales. According to committee

*Table 10.1*  Infrastructure of Tawa Health Centre between 2000 and 2008

| Service Areas | Years | | | | | | | | | N.S.[*] |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | |
| Staff | 21 | 21 | 19 | 17 | 18 | 18 | 18 | 20 | 22 | 15 |
| Buildings | | | | | | | | | | |
|   Operating rooms | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 15 |
|   Wards | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 |
|   Staff Quarters | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| Equipment | | | | | | | | | | |
|   Autoclave | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 2 |
|   Delivery Kit | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |
|   Delivery Bed | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 2 |
|   Microscope | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 |
|   Set of Scales | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 4 | 4 |
|   BP Monitor | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 2 | 4 |
|   Stethoscope | 1 | 1 | 1 | 1 | 1 | 1 | 3 | 3 | 2 | 4 |
|   Diagnostic Set | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
|   Ambulance bag | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |

[*] N.S. = National Standards

members of the health centre there have been no significant development initiatives since the year 2000.

*Planning at the grassroots level*
As Kidodi Health Centre is situated in Kifinga village, the planning process of this local community is reconstructed to assess whether or not the local community identified the needs of this health centre. For this reason interviews were conducted with the ward executive officer, who was also the community facilitator during the planning process, the village chairperson, the village executive officer and the *kitongoji* chairperson.

According to the ward executive officer, the village plan was developed through the O&OD methodology. The methodology began by informing the village leaders about the necessary steps. Then groups were formed with citizens who would actively participate in the process. The intention was to enable the village leaders to make the necessary arrangements and inform the people in advance about the process.

Then the actual process began. At first the groups were put together and were informed about the overall intention, the objectives and the procedure. Thereafter, the groups were distributed and guided by community facilitators. Every group was required to identify available opportunities in their locality, obstacles to development and development preferences. The report of every group was then handed in to the village council for assimilation into the draft village plan. After the decision-making by the village council the village plan was forwarded to the district council.

According to the ward executive officer, the development preferences were formulated based on Tanzanian Vision 2025, the National Strategy for Growth and Reduction of Poverty (NSGRP), Chama Cha Mapinduzi (CCM) Election Manifesto (the election manifesto of the ruling political party) and the District Council Strategic Plan. In his opinion, a development preference that is not with the framework identified in these aforementioned guidelines is not likely to be incorporated into the plan of the district council.

Despite the description of the planning process, the ward executive officer was not able to tell which preferences in the plan were related to Kidodi Health Centre. He was also not informed of to what extent the identified preferences were addressed by the district council. The ward executive officer did not appear to have made any follow up of the villages plan in spite of having a document comprising of all the villages' plans in his office.

At the village level the village executive officer of Kifinga village did not participate in the planning process of Kifinga village. While the village process was taking place, he was working in another village. And when he came to Kifinga, the plan had already been developed. The village executive officer only worked for about one year and half years in Kifinga. According to him, when he took office, he was informed about the village plan but had not seen a copy of the plan. As such, he had no idea about what was contained in the plan.

The village and the *kitongoji* chairpersons appeared to have different experiences with the planning process. However, neither of them had information concerning the content of the village plan. According to the village chairperson, he did not participate

in the planning process, because he was not the village chairperson when the planning procedure took place. In his view, the process involved only few community members, and he was not one of them. But even after becoming the village chairperson in 2005, he never saw a copy of the village plan. He does not know the content of the plan nor made any follow up to use the plan in his contacts with the district council.

The *kitongoji* chairperson did participate in the planning process but could not remember the specific development preferences identified in the plan. Her main excuse was that several planning events were organised at the local level by different in-stitutions like Non Governmental Organisations (NGOs). For her it was difficult to remember the content of this particular plan. Like the village chairperson, the *kitongoji* chairperson does not know what happened after the plan was established by the village council. She had no idea to whether the village plan had been addressed to by the district council.

*Kidodi Health Centre in the planning process*
The next step in the reconstruction of the planning process is to gather information on to what extent the needs of Kidodi Health Centre were addressed in the planning pro-cedure. For this reason interviews were conducted with the in-charge of the health centres and with the committee members that form the administration of the health centre. The respondents did not participate in planning process that resulted in the vil-lage plan. They were not informed about the planning process nor were able to tell the specific content of the plan with regard to Kidodi Health Centre. Some of the res-pondents, like the in-charge, were not working in Kidodi Health Centre when the plan was developed.

According to the in-charge and committee members, they never saw the village plan once it was developed. They therefore, were unable to say to what extent the plan was actually responded to by the district council. According to them, the development re-quests for the health centre are forwarded to the district council through other methods. First of all, the Health Management Information System (HMIS) appears to be an im-portant method of informing the district council about the actual needs of the health centre. In this method, the development needs are filled out on standard HMIS forms and forwarded quarterly to the district headquarters. Secondly, the facility formulates a facility plan. This plan is forwarded to the ward executive committee. According to the in-charge, some of the development needs identified in this plan, are addressed by this committee. The needs that are beyond the capacity of the ward are forwarded to the district council.

The third method that is used to inform the district council about the actual needs, is through stakeholders meeting that takes place every now and then with the district officials. According to the in-charge, this meeting takes place at the end of every financial year. The district officials of the Council Health Management Team (CHMT) conduct this meeting with all the in-charges of all the health facilities in the district. The in-charges are expected to identify the needs of their respective facility. The report of this meeting includes a summary of all the needs of all health facilities in the district.

According to the in-charge, these three methods are used to formulate the Comprehensive Council Health Plan at the district council. The participation of the local people is organised through the health centre committee. The health centre committee represents members of the community.

*The content of the village plan*
The Kifinga village plan 2004/2008 was very brief about the needs of Kidodi Health Centre. No development preferences are mentioned. The only issue that can be found in the village plan is the expressed 'need for an ambulance'.

Since most of the respondents were not were informed about the planning process as observed in the previous section, it was not possible to establish why the village plan did not contain the development needs of Kidodi Health Centre. After all, according to the in-charge of Kidodi Health Centre, and proven by the actual situation, the health centre has several development needs, like the need for staff houses, an operating theatre and laboratory service and several items of equipment. These wishes are not identified nor expressed in the village plan of Kifinga.

*Planning at the council level*
The village plans are forwarded to the district council to be incorporated into the district plan. To reconstruct the decision-making by the district council, interviews were conducted with staff members involved in the planning process. This included the head of the health department, the head of the economic department, the district executive officer, the district council chairman and the members of the Council Health Management Team (CHMT).

The Comprehensive Council Health Plan (CCHP) in Kilosa is developed by the Council Health Management Team. This plan is based on the information gathered through the facility plans. Prior to every planning session the CHMT members conduct a meeting with all the in-charges of health facilities in the district to discuss the overall situation of health delivery and to set priorities. According to the head of health department, the outcome of this meeting is the report indicating development preferences for each health facility in the district. This report is the main source of information for development of CCHP.

There are also other complimentary methods used to collect information from the health facilities for planning. Those methods include the quarterly reports compiled by the Health Management Information System (HMIS) and the supervision report. This supervision report is developed by members of Council Health Management Teams during their field supervision. This field supervision is normally conducted quarterly.

Comprehensive Council Health Planning Guidelines of 2007, sectoral priorities, central government directives, and budgetary constraints received prior to planning guide the actual decisions of the CCHP. Other documents which must be considered according to CHMT members, include the National Health and Social Welfare Policy, the Health Sector Strategic Plan, Government Vision 2025 and the National Strategy for Growth and Reduction of Poverty (NSGRP)

According to all respondents at council level, the council plan must reflect the wishes identified in these documents. The major reason is that the council plan has to be ap-

proved for funding. This approval is dependent on the criteria set out in these guidelines. The health sector plan will not be approved, if it has not taken into account the wishes expressed in the guidelines and directives. At council level the officials perceive the guidelines as more than just facilitating for the planning process. These rules carry the wishes that must be taken into account. For the decision-making at the district council, the wishes of the local communities expressed in their village plans are only taken into account if they are in accordance with national priorities.

According to CHMT, the frequent changes in national policy further undermine the ability of the council to respond to the preferences of the local people. In this regard, one CHMT member argued that

> 'we often fail to respond to pressing local development needs because the guidelines restrict us on the amount of funds we can spend for a particular issue. For instance, in most of our primary facilities the most pressing need is the washing machines. But we cannot buy the machine because the cost is higher than the amount we are allowed to spend according to guideline. In this view, we are forced to spend money in routine and consumable activities, which have less impact to our primary health facility. Frankly speaking, I do not see any impact of the basket fund. The guidelines are too strict. We have just been doing the same things all and all over again. In fact, there is very limited room for discretion.'

In the same vein, another respondent argued that despite much emphasis on bottom-up planning, in practice, the process is still very difficult. The guidelines and other political directives pre-empt the council decision-making thereby preventing effective response to development preferences expressed by the local people. In fact, most of the funds are either specified for or associated with directives. According to some respondents, most of the central government directives including frequent changes in policies that are often backed by political interests that don't take into account the needs of local people. Thus, it hinders the planning process. The most cited example was the wish of the central government to have a dispensary in every village. In view of most respondents, this is typically an example of a political directive which appears to be more unrealistic. According to them, the first step would have been to develop the available facilities that are suffering from serious shortages of staff, buildings and equipment.

*The content of the council plan*
The reconstruction of the planning process at council level involved a review of the council plans to establish development preferences that can be related to Kidodi Health Centre. For this reason the council plans for the financial years 2005/2006, 2006/2007 and 2007/2008 have been studied. The review of the council plans showed that most of development issues contained in the plans were fairly broadly stated. There is only one exception that is specifically related to Kidodi Health Centre. Table 10.2 shows the development preferences contained in the three different council plans.

*Table 10.2* Development decisions in the council plans related to Kidodi Health Centre

1. Renovation of dental unit for Kidodi Health Centre
2. Supply of 54 health facilities in-charges with adequate equipment and medical supplies
3. Employment of skilled health staff
4. Purchase of medical equipment for health facilities in the district

As shown in table 10.2 most of the issues were not specifically stated. However, according to account of the head of health department and the CHMTs members, the broadly stated issues involve all health facilities in the district with need. In that regard, Kidodi Health Centre is no exception. In this regard, it is not possible to draw a link between the vague preferences in the local plans and broadly stated interventions in the council plans.

*Development activities implemented at Kidodi Health Centre*
The last step in the reconstruction of the planning process is to assess whether or not the development requests for the Kidodi Health Centre could be traced back to the planning procedure. The objective is to show what the local people perceive as the contribution of the district council for the development of the health centre. The focus is on development activities between the year 2005 and 2008, when the village plan was supposed to be implemented. The collected data shows that very few development activities have been implemented at Kidodi Health Centre. Table 10.3 show these development activities.

*Table 10.3*   Implemented activities in Kidodi
Health Centre between 2005 and 2008

1.   Renovation of buildings
2.   Increase of one staff
3.   Increase one new set of scales

According to the in-charge and the health centre committee members, the implemented activities were real needs of the health centre since the buildings were old and dilapidated. However, when asked to rate the council support, they all indicated that the support of the district council is low. This is because in their minds, there are more pressing preferences with greater impacts than those shown in table 10.3. For example, the health centre has no operating theatre, can only conduct minor operations and lacks a facility for laboratory services. According to the respondents, these are the most urgent priorities since people have to travel long distances for these services.

## The case of Malowelo Primary School

Malowelo Primary School is one of 128 primary schools in Kilosa district. It is a rather young school and was only established in 2003. The school is located about 140 kilometres from Kilosa district headquarters in the village of Iyogwe. Iyogwe is connected to Kilosa by a dirt road. Only about 40 kilometres of the road is paved. During the rainy season there are difficulties in transport as some parts of the road become impassable.

   Malowelo Primary School started as a part of Makuyu Primary School, the oldest primary school in the village. As a result of increase in demand, an effort was made to register Malowelo to become an independent primary school. This effort was made by the village leaders, in collaboration with the district council. In 2003 Malowelo Primary School was officially registered and became an independent primary school.

Most inhabitants around the primary school are indigenous. The dominant group belong to the Kaguru, Wanguu and Zigua tribes. According to the Iyogwe village plan of 2003 the main economic activities of the people are agriculture and keeping live-stock. These activities are done on a small scale. It only provides food and very little surplus for buying basic needs such as clothes, shelter and other necessities such as cooking oil and kerosene. In general, the condition of the village shows that poverty is still high. Most of the houses are made of mud covered by grass. The village has neither electricity nor running water. The domestic water used in the village is from shallow wells. According to village plan, Iyogwe village had about 14 shallow wells

The people's level of education living around the school is generally low. Commu-nity members are slow to actively participate in the development of the school. Accord-ing to the leaders of the village, this situation requires a close follow up to remind and sometimes to educate the community members about their role in the development of the primary school.

*Condition of infrastructure of Malowelo Primary School*
The starting point for the reconstruction of the impact of the planning procedure is the actual condition of the infrastructure of Malowelo Primary School. The objective is to establish development changes obtained as a result of the bottom-up planning using the O&OD methodology. As the school was registered as an independent primary school in 2003 several development activities have been carried out to enable the school to meet the new demand. As a result the school has the basic requirements for a school. How-ever, according to the head teacher, the basic requirements are not yet at an adequate level. The school still requires more development to meet the actual demand as well as to meet the national minimum standards. Table 10.4 shows the condition of the infra-structure at Malowelo Primary School between 2003 and 2008.

*Table 10.4*   Infrastructure at Malowelo Primary School between 2003 and 2008

| Service Areas | Years | | | | | |
|---|---|---|---|---|---|---|
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
| Staff | 2 | 2 | 4 | 4 | 5 | 6 |
| Buildings | | | | | | |
| Classrooms | 2 | 2 | 3 | 3 | 4 | 4 |
| Offices | 1 | 1 | 1 | 1 | 1 | 1 |
| Staff houses | 0 | 0 | 1 | 2 | 3 | 4 |
| Equipment | | | | | | |
| Chairs | 0 | 5 | 5 | 10 | 10 | 10 |
| Desks | 12 | 12 | 78 | 78 | 98 | 98 |
| Tables | 0 | 3 | 3 | 5 | 5 | 5 |

As shown in table 10.4 there has been an increase in most aspects of infrastructure at the school. Such aspects include staff, classrooms, staff houses, chairs, desks and tables. To determine the actual development of the facility, the condition of the infrastructure of

the primary school can be compared with the national minimum standards. The national guidelines provide that the teacher pupil ratio is 1:45, the desk pupil ratio is 1:2 and the classroom pupil ratio is 1:45. Beside, every schoolteacher is supposed to have their own chair and table.

*Table 10.5*   Infrastructure at Malowelo Primary School in 2003 and 2008 compared to the national standards

| Service Areas | Year 2000 | | | Year 2008 | | |
|---|---|---|---|---|---|---|
| | Available | Required | Gap | Available | Required | Gap |
| Staff | 2 | 3 | -1 | 6 | 9 | -3 |
| Buildings | | | | | | |
|    Classrooms | 2 | 3 | -1 | 4 | 9 | -5 |
|    Staff houses | 0 | 3 | -3 | 4 | 9 | -5 |
|    Offices | 0 | 2 | -2 | 1 | 3 | -2 |
| Equipment | | | | | | |
|    Desks | 12 | 76 | -64 | 98 | 201 | -103 |
|    Chairs | 0 | 6 | -6 | 10 | 18 | -8 |
|    Tables | 0 | 6 | -6 | 5 | 18 | -13 |

Table 10.5 shows that, despite the positive changes at the school, there has not been enough development and investment to meet the national standards. In fact, in most of the infrastructural aspects, the gap with the national standards has widened. According to the head teacher this is because at the beginning the school had only pupils in lower level classes. As the school was achieving the maximum level (i.e standard seven) the number of pupils also grew and the demand increased accordingly.

*Planning at the grassroots level*
To examine the involvement of the local community in the planning process interviews were conducted with the *kitongoji* chairperson, village executive officer, village chairperson, and the ward executive officer. The planning process resulted in the village plan of Iyogwe. The plan gives a brief description on how the plan was developed. According to the village plan, the planning process started with a general village meeting. In this meeting members of the community were informed about the objective of the process and their role. The village plan shows that, all steps of the O&OD methodology were followed.

The *kitongoji* chairperson and the village executive officer participated in the planning process, but knew very little about what precisely took place during this process. The only thing they could remember was that they gathered for the village meeting and were asked to identify development preferences for the village. But they were not able to mention any of the development preferences identified. In fact, none of them had ever seen the village plan or had made follow up of the plan.

The village chairperson did not participate in the planning process at all. At the time of the planning, he was not a chairperson. But even then, up to the time of this study, the

village chairperson has not yet seen the village plan. At the time of this study the village chairperson had already been in office for two years, but was still not aware of the content of the plan.

Like the *kitongoji* chairperson and the village executive officer, also the ward executive officer did not participate in the planning process. He also, was not employed at the time of planning. Despite being able to trace a copy of the document containing all the villages' plans, the ward executive officer did not appear to make use of the plan. For instance, he was not able to say to what extent the development preferences contained in the village plan of Iyogwe have been addressed by the district council and how. He was also not aware of whether the development changes at Malowelo Primary School were in the village plan of Iyogwe. However, his general assumption was that most development activities addressed by the council for the villages are contained in their respective village plans.

*Malowelo Primary School in the planning process*
The next step is to identify whether or not the planning procedure took into account the specific needs of the Malowelo Primary School. For this reason interviews were conducted with the head teacher and the members of the school committee. Most of the members of the school committee did not participate in the planning process. According to the respondents, they were not informed about the planning procedure. Actually, they were not aware of the Opportunities and Obstacles to Development (O&OD) methodology. Only one member had the idea of the O&OD methodology. This respondent actually participated in the planning process. He was informed about the planning procedure because he was by then a member of the village council. Indeed, none of the committee members had ever seen the village plan or had an idea about the content of the village plan. As a result, the committee members have never made use of the village plan for the development of the school.

Likewise, the school head teacher did participate in the planning process, although he also explained that he used other means to inform the district council about his needs. The school has its own plan that contains the most urgent needs. This plan was developed by the school committee, approved by the village council and then forwarded to the ward development committee and the district council.

According to the head teacher, all the three levels (village, ward and district) were involved in the development process. However, the lower local government structures (i.e the village and the ward) have executed their role poorly. The respondents pointed out that:

'last year we planned to construct three classrooms, but until now we have only managed to build one classroom which is not even finished.'

In the view of the respondents, the lower local government leaders have not played their role effectively to promote the community members to participate in the development of the school.

*The content of the village plan*

The village plan was reviewed to establish development preferences that could be related to Malowelo Primary School. Most of the school needs were reflected in the village plan. These include the need for more staff, buildings and equipment. Table 10.6 shows the development preferences that are related to Malowelo Primary School as reflected in the village plan.

*Table 10.6* Preferences of Malowelo Primary
School in the village plan

1. Construction of four classrooms
2. Construction of four staff houses
3. Purchase 138 desks
4. Increase of six teaching staff

The table shows that some of the needs of the school, such as chairs, tables and offices were not reflected in the village plan. Since the respondents in the village were less informed about the plan, none of them were able to explain why some of the infra-structural needs were not included in the plan. Besides, the identified needs in table 10.6 do not show which primary school was intended. Since there are two primary schools in Iyogwe village, this might be a problem. However, as stated by the respondents, most development preferences were meant for Malowelo Primary School, as it was a newly established school and therefore had more needs than the older Makuyu Primary School.

*Planning at the council level*

The next step in the reconstruction of the planning procedure is to establish whether or not the village plans played an important role in the decision-making at the district council. For this reason interviews were conducted with staff members at the district council that were involved in preparing the council plan. This included the head of the education department, the head of the economics department, two heads of sections and a few other staff members.

According to the head of a section of the education department, the development preferences of the grassroots people form the basis of the planning at the district council. These preferences are not collected through the village plans, but through other means. One of these methods is by forms made by the Ministry of Education and Vocational Training. These forms are used to collect data directly from the primary schools. These forms provide information on the actual status and needs of the school.

The school plans use other methods to collect information. These plans are developed by the school committee and presented to the village council for approval. Thereafter, the plan is forwarded to the district head quarter.

The last sources of information are the school and ward education reports. The school report is developed by the school head teacher in collaboration with the school committee. The ward education report is developed by the ward education officer in

collaboration with the ward development committee. Both reports are forwarded quarterly to the district headquarter.

According to the respondents, most of the school needs that are identified through statistics forms are similar to those collected through other methods. In view of the respondents the forms used to collect data from the school are reliable and provide more accurate information. According to respondents, the other methods are mainly used to complement or validate the collected information using the statistic forms.

Despite the data collection from the grassroots level, the development of the district plan is mainly based on guidelines, sectoral priorities and budget ceilings. The funds for educational services are mainly earmarked for specific areas. In this view, the role of staff at council level is to develop a plan that reflects the pre-determined wishes instead of responding to local preferences.

Due to the afore mentioned constraints, the autonomy of the local government is still very limited. There is little to no discretion left to the district level to respond to the local wishes. Actually, the local preferences that are taken into account depend on the extent to which they commensurate to the policy of the central government.

The council staff treats the guidelines and central priorities as mandatory requests that must be taken into account. The respondents gave two main reasons for this attitude. Firstly, central government staff in the field scrutinise the council plan before approval. The main objective of this scrutinising is to ensure that the plan reflects the central government priorities. Secondly, there are still strong ties between the local council staff and the central ministries, which gives more of an incentive for council staff to be more responsive to the central wishes. For instance, employment, decisions about promotions and transfers of most senior staff at council level are made at the central level.

*The content of the council plan*
The result of the planning process, in the form of a council plan of the financial year 2005/2006, 2006/2007 and 2007/2008, show some issues that can be related to primary schools. However these issues are very broad and do not indicate a specific primary school. They were only provided cumulatively. Table 10.7 shows the development preferences observed in the plans.

*Table 10.7*   Development decisions in the council plans related to Malowelo Primary School
1.   Construction of 202 classrooms
2.   Construction of 70 staff houses
3.   90 million Tanzanian shillings set out for the purchase of tables, cabins and desks

According to the head of the education department, the budget documents that accompany the plan show a more precise allocation for every primary school in the district. Whether or not this is true could not be confirmed, as the budget documents could not be found at the district offices. Despite of not being able to provide the exact amount intended for Malowelo Primary School, the head of education departments

suspected that, as Malowelo is a newly established primary school and therefore has more needs, this school would have received a bit more compared to the other schools in the district.

*Development activities implemented at Malowelo Primary School*
The last step in the reconstruction of the added value of the planning procedure is to assess the implemented development activities. The objective is to establish the level of support that has been obtained from the district council as perceived by the local people. The focus is activities implemented between 2005 and 2008 when the village plan was supposed to be implemented and accomplished. The data collected shows that several development activities have been implemented at Malowelo Primary School. These activities are shown in table 10.8.

*Table 10.8*  Implemented activities at Malowelo
Primary School between 2005 and 2008

1.  Increase of four teaching staff
2.  Construction of two classrooms
3.  Construction of four staff houses
4.  Increase of 86 desks
5.  Increase of five chairs
6.  Increase of two tables

The head teacher and the members of the school committee explained that these activities had been made possible by a contribution from the community and some support from the district council. According to the committee members, the council support was moderate. The district council's contribution was not enough to support the community initiatives to meet the national standards. That is why the school is still in need of some major infrastructural improvements.

Sometimes the support of the district council is too little to the extent that even with contributions from community members there would not be enough funds to complete the project. The guidelines to utilize council funds require for example that only a maximum of three million Tanzanian shillings can be utilized for construction of a classroom. This amount is regarded too low since the actual cost of a classroom is about seven million Tanzanian shillings. The community members are required to contribute the remaining amount which sometimes, is too much to them, especially in poor villages like Iyogwe. According to respondents, the district council should take into consideration the fact that Malowelo Primary School is still a new school and therefore has more needs than the existing ones.

According to the school head teacher, the greater burden put on community members delayed the completion of most development projects.

'It takes a long time to accomplish a single project. For example, it can take about three years to complete the construction of one classroom. However, some delays are contributed by poor leadership at the local level. The village leaders have been less effective in pro-

moting community to contribute for the school development. This is because no action is taken to community members who fail to contribute.'

In the head teacher's opinion, such a situation has caused not only delays in the implementation of a specific project, but also sometimes failure of completing the project.

'For example, last year we planned to construct four classrooms, but until now we have not even finished one classroom. This is because of poor contribution from community members.'

# PART III

# Analyses and conclusions

# 11

# Cross-case analysis
# and comparison

## Introduction

The three previous chapters with the six cases provide the empirical evidence for the research question of to what extent the planning process contributes to the development of the facilities that have to deliver both health and education services. In this chapter a comparison will be made. The comparison is based on the scores of the individual six cases on the three hypotheses formulated in chapter 6.

The hypotheses use the dependent variable 'development'. This variable is measured in terms of the changes of three main aspects of infrastructures: staff, buildings and equipment. The underlying assumption of the O&OD process and the principle of D by D is that the planning process supports this development. The explanatory variables in the hypotheses focus on three important elements of this process: the participation from the local communities, the extent to which the district council takes into account the wishes of these local communities and the extent to which the decisions of this district council really support these wishes. The comparison will indicate how much these explanatory variables explain the observed development.

The structure of this chapter follows the logic of the hypotheses. The following section elaborates on the dependent variable development. The established development changes are then compared in three sections related to the different phases of the O&OD methodology. The next section then examines the extent to which the local people did participate in the planning process. The following section examines the extent to which the development preferences of the local communities, collected through the O&OD process, are taken into account by the district council. Then the impact of the decision-making at district level on development is explored. This section answers the question: to what extent does the bottom-up planning really contribute to local development?

The obvious answer to this question is that the bottom-up planning might in an ideal situation contributes to development of the primary facilities infrastructures. In this regard, other factors are important to explain the extent to which bottom-up planning process can explain local development. Thus, the following section examines other contributing factors to local development and how they relate to the bottom-up planning process. The last section provides explanations for possible impeding factors to bottom-up planning process: why is it that the bottom-up planning process is not functioning as promised?

## Development of Primary Health Facilities and Primary Schools

The word 'development' is a complex term that takes in many different ideas. In this study development is considered as an improvement of infrastructure, to be more precise: an increase of the number of staff, buildings and equipment. It is important to underline the coherence of these three elements of infrastructure. An increase of the number of staff without a similar increase of the amount of equipment or the improvement of the quality of buildings cannot be considered real development. After all: the result might be that there are more staff, but these staff members have no equipment to use, or no roof over their heads to deliver their services. The same goes for the other elements of infrastructure: too much equipment, while there is not enough (educated) staff to use them, or buildings that can not be used while there is insufficient equipment can not be considered real development as well. Therefore: real development occurs only when the three elements of infrastructure show a simultaneous growth over the years.

Table 11.1 shows whether or not the facilities in the cases show development between 2005 and 2008. An increase is indicated with a '+'. If the element does not change or if it decreases this is indicated with a '-'.

*Table 11.1*   Changes in infrastructure in the period between 2005 and 2008

| Facility name | Development Variable | | |
| --- | --- | --- | --- |
| | Buildings | Equipment | Staff |
| Ngerengere Primary School | + | + | - |
| Mlimani Primary School | + | + | + |
| Malowelo Primary School | + | + | + |
| Tawa Health Centre | - | - | + |
| Kidodi Health Centre | - | + | + |
| Kingorwila Dispensary | + | + | + |

The table shows that in Mlimani Primary School, Malowelo Primary School and Kingorwila Dispensary there was a substantial development between 2005 and 2008. In Ngerengere Primary School, Tawa Health Centre and Kidodi Health Centre one or more elements of the infrastructure stayed behind. Therefore at first sight the conclusion might be that in these facilities there was apparently no or less development.

On closer inspection, these three cases show that there is actually a difference between Ngerengere Primary School on the one hand and Tawa Health Centre and Kidodi Health Centre on the other. In Ngerengere Primary School the number of staff decreased between 2005 and 2008. This decrease can be explained as the number of staff in 2005 was exceeding the national standards. Therefore the decrease of staff between 2005 and 2008 was an attempt to bring the number of staff in accordance to the national standards. In this respect, the health centres of Tawa and Kidodi differ: in both cases the number of buildings stayed at the same level, while in Tawa Health Centre there was also no increase of the amount of equipment. In these two facilities the level of the infrastructure does not even come close to the national standards.

Two criticisms spring to mind on using an increase in infrastructure to identify development based on the analysis of table 11.1. First of all, the changes in these elements might be very small. A small change is regarded as a '+' just as if a change was very large. In that sense it is difficult to compare the development in the cases. The second ground is illustrated by the case of Ngerengere. The change of infrastructure itself does not say anything about the actual demand. The gap between supply and demand in terms of the number of clients of the health facilities or the number of pupils in the school might be even larger after the period in which a development is shown. In other words: the demand might exceed the development of the facility. In that case one can hardly speak of a real development, as the quality of the service delivery became actually worse than before.

Therefore it is necessary to incorporate an indicator that reflects the demand. For this aim one could use the national standards. These national standards reflect a calculated level of buildings, equipment and staff members, on the basis of the number of clients or pupils. In table 11.2 the three indicators in 2008 are compared with the national minimum standards. If an indicator fulfils or exceeds the national standards, this is indicated with a '+'. If it is does not meet the national standards it is indicated with '-'.

*Table 11.2*   Change in infrastructure towards the national minimum standards

| Facility name | Development indicators | | |
|---|---|---|---|
| | Buildings | Equipment | Staff |
| Ngerengere Primary School | - | - | + |
| Mlimani Primary School | - | - | + |
| Malowelo primary School | - | - | - |
| Tawa Health Centre | - | - | + |
| Kidodi Health Centre | - | - | + |
| Kingorwila Dispensary | - | - | - |

Table 11.2 shows that in the Kingorwila Dispensary and Malowelo Primary School none of the indicators meet the minimum national standards. In the four other cases only one indicator meets the national minimum standards.

The result in table 11.2 has also its weaknesses. Based on this table one could conclude that the development – of any kind – is insufficient in all facilities. This gives a

very negative picture of what really happened at the facilities. After all: one could also argue that the national minimum standards are simply too ambitious and therefore difficult if not impossible to meet. This is clear for the indicators of buildings and equipment where none of the facility fulfils the national minimum standards.

To offset the weakness of the two measures shown in table 11.1 and table 11.2, the two measures can be combined to indicate the amount of development in the facilities. In this combined measure the question of to what extent the facility meets the national standards has to be given more weight. The argument is as follows. For development the infrastructure of the facility has to improve simultaneously with all three elements (buildings, equipment and staff) of development. If one or two of these elements stay behind, the increase of the other elements will be less useful. However there is one exception: the lack of development of an element can be justified if it reaches the national minimum standards. Therefore: if no development with regard to that specific element of infrastructure is observed, but the facility meets the national standard, the quality of the service delivery does not suffer from the fact that that element stayed at the same level or even decreased.

As the national standards reflect the actual demand, an increase of all three elements when none of the elements meet the national standards cannot be considered convincing development. After all, one cannot be sure of whether or not the changes are substantial and sufficient to improve the quality of service delivery. The last variation is the facility where one or more of the elements of infrastructure lag behind, as it does not meet the national standards. In that case one can even argue that the quality of the infrastructure became worse.

Table 11.3 shows the result of the combination of the two measures. The plusses and the minuses of the two previous tables are combined in a new measure. The scores of this new measure on the three indicators of development can be used to determine the level of development. In this table '+/+' means: development that meets the national standards; '-/+' means: no development, but the development indicator meets the national standards; '+/-' refers to the situation that there is development, but that development is insufficient when taking into account the national standards and finally: '-/-' refers to the situation that there is no development observed, and the indicator does not fulfil the national standards either.

The qualification of the level of development is based on the argumentation that all indicators have to develop simultaneously. This means that a case that shows no real

*Table 11.3* Development/development related to the national standards

| Facility name | Development indicators | | | Level of development |
|---|---|---|---|---|
| | Buildings | Equipment | Staff | |
| Ngerengere Primary School | +/- | +/- | -/+ | More developed |
| Mlimani Primary School | +/- | +/- | +/+ | More developed |
| Malowelo Primary School | +/- | +/- | +/- | Moderate developed |
| Tawa Health Centre | -/- | -/- | +/+ | Less developed |
| Kidodi Health Centre | -/- | +/- | +/+ | Less developed |
| Kingorwila Dispensary | +/- | +/- | +/- | Moderate developed |

development, and the lack of development is not justified by the fact that the indicator already meets the national standards, is considered 'less developed'. In the table these 'less developed' cases score one or more '-/-'. A case is considered 'moderate developed' if all three indicators show development, but none of the indicators meets the national standards. These are the cases with only a '+/-' score on the development indicators: there is development simultaneously on all three indicators, but the development is insufficient to meet the requirements.

The more developed cases are the cases that meet the national standards on one or more of the indicators. If an indicator meets the national standard it is less important whether or not that indicator increased. After all, development of that indicator is not necessary since the indicator already exceeded the level needed to satisfy the demand. Of course the remaining indicators, that do not fulfil the national standards, do have to show a development, to safeguard an improved service delivery. This means that a case that scores a '-/+' or a '+/+' on one or more of the indicators *and* that scores at least a '+/-' on the other indicators, is referred to as 'more developed'.

Table 11.3 shows that some cases are more developed compared to others. The cases that show more development are Ngerengere Primary School and Mlimani Primary School. These two cases show that one of the indicators meets the national minimum standards. Although there is a decrease in the number of staff in Ngerengere Primary School, this case is still considered as more developed since the number of staff still meets the national minimum standards.

Malowelo Primary School and Kingorwila Dispensary are considered 'moderate developed'. These two cases show that there was an increase in the quality of the infrastructure of the facility. There were more and/or better buildings, more equipment and more staff members. These are preconditions for a better quality of service delivery. But as none of these elements meet the national standards it is uncertain whether or not the development was sufficient for the actual demand. Therefore these cases are considered 'moderate developed'.

The last two cases, Tawa Health Centre and Kidodi Health Centre are considered 'less developed'. The main reason for this is that in these two cases one element of the infrastructure remained at the same level despite not meeting the national standards. In both cases the number or quality of the buildings is insufficient while no activity is observed with regard to the improvement of this specific element of the infrastructure.

The comparison of the six cases raises the question of whether or not the development in primary schools is comparable to development in health facilities. After all, the health facilities show 'less' and 'moderate' development, while the primary schools are more and moderate developed. In that sense one could argue that development in primary schools is perhaps more attainable while development of health facilities seems to be more difficult. A reason for this difference might be that the community members are more involved and more willing to contribute for development of primary schools. Almost every (healthy) member of a society bears the responsibility for a child and will therefore be more willing to contribute for the wellbeing and intellectual development of that child. A contribution that results in a better education for your child will in the

end appear to be an investment as better education will probably result in a better career and higher salary.

Compared to health care the group of citizens that are enjoying the quality of the facility is smaller or at least more select. The people that have to contribute for the facility are those who are not in immediate need of the service. Healthy people have to assess the risk of whether they will ever use the services and on the basis of the assessment of that risk they have to decide whether or not to contribute to improve the quality of the facility. In that sense involvement in the quality of health services requires a more altruistic attitude of citizens compared to involvement in improving the quality of schools. Education is simply a different type of public good compared to health care.

In the context of this research this difference is less relevant. After all: the aim of this empirical research is to assess to what extent the planning procedure contributed to the development. Although the comparison shows that primary schools are more developed than primary health facilities, both sectors use the same bottom-up planning process for development. Therefore, one can still compare the influence of this planning process to the development. Only when it comes to alternative explanations for development the different properties of the two social services might become relevant.

## Participation in the development process

The Opportunities and Obstacles to Development methodology is a planning tool designed to enhance 'Decentralisation by Devolution' (D by D). The ultimate goal of D by D is to bring in community participation as key actors for local development. The Policy Paper on Local Government Reform (1998) provides that

> 'the overall objective of the Local Government Reform is to improve the delivery of services to the public, and the main strategy to do so is decentralisation'.

It further provides that the local governments, which have been decentralised, will

> 'facilitate participation of the people in deciding on matters affecting their lives, planning and executing their development programmes.'

This section will attempt to answer the two interlinked questions: to what extent do the local people participate in the bottom-up planning process? And, to what extent does the bottom-up planning process contribute to development of primary facilities infrastructure? In answering the two questions, the following hypothesis of the study will be tested:

*H1:    If the local people participate in the bottom-up planning process, development will occur at the local level.*

The participation in the planning process is measured using two indicators: awareness and ownership. Awareness is an indicator reflecting the knowledge and understanding of the content of the plans that the local community has developed. Ownership is a step further and reflects extent to which the local people use the plan in their communication with officials of the district council. In this respect 'awareness' can be considered as a precondition for 'ownership'. If one does not know the content of the plan and the

preferences that have been stated in the plan, it is very difficult if not impossible to use this plan or to make a follow up on this plan. Both indicators provide information on the extent to which the local community members are really participating in the planning procedure.

*Awareness*

Awareness shows the level of understanding of the local people about development preferences contained in their respective village plan. The underlying assumption is that:

> A1:    *If the local people are aware of the planning process, they are able to state development preferences contained in their village plans*

To assess the awareness of the local communities the respondents have been asked about their knowledge of the plans. The gathered information is scored on a three level scale: 'aware', 'moderate aware' and 'not aware'. If all interviewed respondents at the grassroots level are able to state development preferences contained in their respective plans, the cases is rated 'aware'; if only few respondents are able to state the content of the plans, the case is rated 'moderate aware'. And if none of the respondents are able to state the preferences, the case is rated 'not aware'. Table 11.4 presents the comparison of the cases, compared to the supposed outcome of the successful planning procedure: the amount of development.

*Table 11.4*    Awareness against development indicators

| Indicator | | Development | | |
| --- | --- | --- | --- | --- |
| | | More developed | Moderate | Less developed |
| Awareness | Aware | | | |
| | Moderate aware | Ngerengere Primary School | | |
| | Not aware | Mlimani Primary School | Kingorwila Dispensary Malowelo Primary School | Tawa Health Centre Kidodi Health Centre |

If the local people are able to state development preferences contained in their plans, then there is awareness and therefore a certain level of participation in the planning process. The expectation is that the more the local community participates in the planning process, the more likely it is that development will occur. Awareness is considered to encourage the local people to remind local government leaders from time to time about the decisions that they agreed upon in the form of the development preferences in their plan. This will impose pressure on local government leaders to respond to the identified local preferences.

Table 11.4 shows that in the case of Tawa Health Centre and Kidodi Health Centre follow the assumption in the sense that people are not aware and there is less development. Since 'not aware' is equated to 'poor participation in the planning procedure', these two cases are considered to follow the hypotheses in sense that they indicate that poor participation in the planning procedure coincides with less development.

The table also shows that the four other cases of Ngerengere, Kingorwila, Mlimani and Malowelo do not follow this hypothesis. However, the four cases show a certain variation. For example, the case of Ngerengere indicates that the people are 'moderate aware' of the planning procedure. This coincides with 'more development'. In that sense this awareness might explain why Ngerengere Primary School is better developed than, for example, Kingorwila Dispensary or Malowelo Primary School. After all, in these two facilities the local people were not aware of the planning procedure and the development is considered 'moderate'. The only facility that contradicts the hypothesis is Mlimani Primary School: although there is 'no awareness' (i.e. poor participation) the facility is 'more developed'.

*Ownership*
The second indicator of participation is 'ownership'. Ownership is about making use of the plan once it is established. Ownership occurs when the plan is used as a tool in the communication with the district council. If the local communities refer to the plan as a means to realise their local preferences, they 'own' the plan. The underlying assumption is that:

A2:     *If the local people own their respective village plans, they should be able to tell the amount and means in which development preferences contained in their respective plans are addressed.*

Like awareness, ownership can also be interpreted in different ways. For this reason, the results are categorised into three levels: 'ownership', 'moderate ownership' and 'no ownership'. If all respondents are able tell the amount and means in which development preferences contained in their respective village plan are addressed, the case is rated to indicate 'ownership'. If only few respondents are able to tell, the case is rated 'moderate ownership' and if none of the respondents is able to tell, the case is rated 'no ownership'. Table 11.5 shows the result of this comparison analysis.

It is expected that where there is ownership, there is participation and therefore more development. Table 11.5 indicates that the cases do not differ: none of the respondents were able to tell how the district council used the plan in their district plan. The picture is therefore rather negative: the participation in the planning process is limited to some knowledge of the content of the plans, but there is no knowledge at all about the follow up once the plan has been filed to the district offices.

*Participation in the planning process and local development*
For this study, participation in the planning process is measured by combining the results of the analysis of two indicators of awareness and ownership. Since participation

is considered an important element of development, the analysis of participation is crossed against local development to determine its links.

*Table 11.5* Ownership against infrastructure development

| Indicator | | Development | | |
| --- | --- | --- | --- | --- |
| | | More developed | Moderate | Less developed |
| Ownership | Ownership | | | |
| | Moderate ownership | | | |
| | No ownership | Ngerengere Primary School Mlimani Primary School | Kingorwila Dispensary Malowelo Primary School | Tawa Health Centre Kidodi Health Centre |

The results of two indicators are combined to get the overall level of participation in the bottom-up planning process. In order to do so, each of the three indicators is assigned a scale of 1 to 3. In this scale 1 indicates 'aware' or 'ownership'; 2 indicates 'moderate aware' or 'moderate ownership' and 3 indicates 'not aware' or 'no ownership'. The results of the score on awareness are added to the score of ownership. This results in a six-point scale that addresses the 'participation in the planning procedure'. On this scale a 1 is considered 'excellent participation', 2 means 'very good participation', 3 means 'good participation', 4 'moderate participation', 5 'low participation' and 6 means 'poor participation'. The results of this formula are presented in table 11.6.

*Table 11.6* Classification of the participation in the planning procedure

| Facility name | Awareness | Ownership | Sum | Participation |
| --- | --- | --- | --- | --- |
| Ngerengere Primary School | 2 | 3 | 5 | Low |
| Mlimani Primary School | 3 | 3 | 6 | Poor |
| Malowelo Primary School | 3 | 3 | 6 | Poor |
| Kingorwila Dispensary | 3 | 3 | 6 | Poor |
| Tawa Health Centre | 3 | 3 | 6 | Poor |
| Kidodi Health Centre | 3 | 3 | 6 | Poor |

Only Ngerengere Primary School shows low participation in the planning procedure. This means that very few people participated in the planning process. The other five cases show poor participation. This indicates that the local people are not aware of the content of their plan and or are not making use of the plan. The participation variable is then crossed with development variable. The intention is to test the first hypothesis as pointed out earlier in this section. The result of the analysis is shown in table 11.7.

*Table 11.7*  Participation against infrastructure development

| Variable | | Development | | |
| --- | --- | --- | --- | --- |
| | | More developed | Moderate | Less developed |
| Participation | Moderate | | | |
| | Low | Ngerengere Primary School | | |
| | Poor | Mlimani Primary School | Malowelo Primary School Kingorwila Dispensary | Tawa Health Centre Kidodi Health Centre |

Table 11.7 shows that the health centres of Tawa and Kidodi confirm the hypothesis: poor participation results in less development. The four other cases divert from the hypothesis at different levels. The case of Ngerengere Primary School shows that there is more development but low participation. Malowelo Primary School and Kingorwila Dispensary divert from the hypothesis in the sense that, they show poor participation and moderate development. Although these three cases divert from the hypothesis, they follow the same pattern that is underlying this hypothesis. After all: there is more development and more participation in Ngerengere compared to Malowelo and Kingorwila. The only case that deviates from the hypothesis is Mlimani Primary School. This case shows more development, although there is poor participation in the planning process. The development in this case cannot be explained by the participation in the planning procedure.

## Decision making by the district council

The next step in the planning procedure is the decision-making at the level of the district council. Participation in the planning process is meaningful if the identified preferences in the plan are taken into account by the district council. According to the O&OD methodology the plans developed by the grassroots people are expected to be incorporated into council plans or at least to be considered by the district council when it decides upon the district plan. To assess whether or not the planning procedure contributed to the development it is therefore important to answer the questions: to what extent does the council take into account the development preferences of the local communities, collected through the bottom-up planning process? And to what extent does it explain local development? These questions are combined in the following hypothesis:

H2:    *If the council takes local development preferences into account, development will occur at the local level*

*The relationship between village or ward plans and the district council plan*
The result of the decision-making at the district council is the district council plan. If one would like to assess whether or not the district council has taken into account the local preferences when deciding upon their plan, the easiest method would be to com-

pare both the district plan and the plans of the local communities. When the decisions of the district can be traced back to a village or ward plan, this would be convincing evidence that the expressed preferences of the local communities did affect the decision-making by the district council.

The extent to which the council takes into account development preferences of the local people can be scored on a scale. To avoid the confusion that can emerge if every result are interpreted differently, this study categories three levels of the rating scale namely: good, fair, and poor. 'Good' indicates that all council decisions of the district council can be traced from development preferences contained in the village/ward plans; 'fair' indicate that only a few council decisions can be traced from development preferences contained in the village/ward plans; and, 'poor' indicate that council decisions are not traceable in the village/ward plans.

*Table 11.8* Development preferences in the council plans against the development preferences in the village plans compared to the infrastructure development

|  |  | Development | | |
|  |  | More developed | Moderate | Less developed |
| --- | --- | --- | --- | --- |
| Development interventions in the district plans against development preferences in the village plans | Good |  |  |  |
|  | Fair | Ngerengere Primary School<br>Mlimani Primary School | Malowelo Primary School |  |
|  | Poor |  | Kingorwila Dispensary | Kidodi Health Centre<br>Tawa Health Centre |

The expectation in table 11.8 is that where all council's development decisions are based on development preferences of the local people expressed through village/ward plan, there will be more development. In that situation the local people will be motivated to participate and to contribute to improve their facility. The results in table show that in the cases of the Kidodi Health Centre, Tawa Health Centre and Malowelo Primary School this occurs and they follow the hypothesis. While the case of Malowelo Primary School shows a 'fair' relationship between the councils' decisions as reflected in council plans and the development preferences contained in the village/ward plan, this resulted in 'moderate development'. The cases of Kidodi Health Centre and Tawa Health Centre confirm the hypothesis in the negative sense: a 'poor' relationship between councils' decisions as reflected in council plans against the development preferences that resulted in 'less development'.

The other three cases of Ngerengere Primary School, Mlimani Primary School and Kingorwila Dispensary do not follow the hypothesis. Although three cases do not exactly follow the hypothesis, it is clear that they follow the same pattern. When one compares Kingorwila Dispensary with Ngerengere Primary School and Mlimani Pri-

mary School in the last two cases the decisions of the district council reflect better the preferences of the local communities resulting in a higher level of development. The fact that these three cases follow the pattern might be the result of a (too) strict method of measuring the variables. Although the O&OD methodology prescribes that the district council 'incorporates' the wishes of the local community as reflected in their plan, the decision-making at the council is inevitably a bit more complex than just accepting the wishes and transforming these wishes into decisions. The district council might have to prioritise, might have to allocate the scarce means available.

On the other hand, if a district council decision does reflect the wishes expressed by the local communities, that does not guarantee that the decision-making of the district council really supports local initiatives. The wishes can be formulated in a very vague, ambiguous way. The decision of the district council will then almost by accident be in accordance with the wishes of the local communities. And finally: some of the cases show that the decisions of the district council cannot be traced down to individual facilities. One example is in the case of Malowelo Primary School, where the village plan indicates the need for four classrooms and the council plan indicates construction of 202 classrooms. Whether or not there is a link between the decisions of the district council and the preferences of the local communities is not clear.

*The quality of development preferences contained in the village plans*
These remarks, when comparing the decisions with the wishes, call for some more investigation with regard to hypothesis 2. All cases score either a 'fair' or 'poor' relationship. None of the cases score a 'good' relationship between the local wishes and the district plan. The fact that the preferences in the local plans are simply vague or ambiguous needs attention. Vague wishes seem to leave leeway for district council officials to ignore them. When assessing the local plans sometimes the local wishes are just as broad as 'the need for equipment'. This does not specify the exact type of equipment. Any decision at the district council that results in some more equipment (from a blood pressure monitor to a set of scales or even an ambulance) can count as a decision that 'follows the wishes of the local community'. In that sense, the vague wish is easier to lead to unintended responses since it provides leeway for the officials at the district level to decide on: 'what they think is best' for the local communities.

Having said that, a vague wish does not reflect a real interest of the local communities and is therefore easier to ignore. The local community will probably not refer to it later and if they will it is quite easy to defend the decision with arguments that the vague wish was not understood correctly. The opposite way of reasoning is also convincing: when the local community expresses a detailed wish, or a specific preference, for example to renovate a specific building, it is perhaps more attractive to support this wish. After all: the chance that this decision will be implemented is higher. Furthermore, the district council has then to explain why it ignores the wish. It is just easier to decide according to the application instead of refusing it. This brings up two competing hypotheses:

*Ha:*      *If the development preferences are not clearly stated, the decisions of the district council will reflect the local preferences as any decision of the district council can count as a response to the vague wishes of the local community.*

*Hb:*      *If the development preferences are not clearly stated, the district council will ignore these wishes as the district council will not fear that the local communities will refer to the plan once the decision has been made.*

The cases provide evidence to confirm or to reject both hypotheses. First, one can score the quality of the preferences in the local plans. These wishes can be clearly stated or can be vague. A clearly stated wish identifies the facility, the type of infrastructure (buildings, equipment and or staff), within these categories the specific type (for example, a blood pressure monitor in stead of just 'equipment') and the number required. A vague wish lacks these properties and is just referring to the type of infrastructure, without specifications.

In both *Hypothesis a* and *Hypothesis b* the dependent variable is the question of to what extent the district council ignores or takes into account the preferences as stated by the local communities. This variable has two values: either the decision by the district council can be reduced to the preferences stated by the local communities, or these decisions are more or less independent from these preferences. The result of the comparison of both variables is shown in table 11.9.

*Table 11.9*    Consideration of development preferences at council level

| | | Consideration of the preferences by the district council | |
| | | Take into account | Ignore |
|---|---|---|---|
| Quality of the development preferences | Clearly stated | Malowelo Primary School | Tawa Health Centre |
| | Poorly stated | | Kingorwila Dispensary<br>Kidodi Health Centre<br>Mlimani Primary School<br>Ngerengere Primary School |

Only in Malowelo Primary School and Tawa Health Centre are the wishes in the local plans are clearly stated. In Malowelo Primary School are these wishes taken into account by the district council. In Kingorwila Dispensary, Kidodi Health Centre, Mlimani Primary School and Ngerengere Primary School the wishes are poorly stated and (therefore) ignored. In this sense these five cases confirm Hb: clearly stated wishes are taken into account and poorly stated wishes are ignored by the district council.

The only facility that deviates from *Hb* and seems to confirm *Ha*, is Tawa Health Centre. In this facility the decisions of the district council are not based on the preferences of the local community, although these wishes are clearly stated. This indicates that the decisions of the district council are governed by other influences, instead of the

local preferences. The district council decides what it thinks is best: whether it responds to the preferences of the local community or not.

*The quality of development preferences against council decisions and its implications to local development*

The case of Tawa Health Centre leads to the question of how we have to judge the coherence between the quality of the preferences of the local community and the decisions of the district council. Following the O&OD methodology one would expect that the district council is aiming at realizing and supporting local initiatives. The clearer these wishes and plans are, the more reason to support the wishes. If the local community is vague, and apparently does not show an interest in the quality and development of their facility, there is more leeway for the district council to decide what it thinks it is best for the development of the facility. The worst scenario following the O&OD methodology is, of course, when the district council decides against a clearly stated preference: in that case the district council is actually hampering the local initiative instead of supporting it.

Following this line of argument the boxes in table 11.9 can be scored on a scale from 'according to the O&OD methodology' to 'frustrating the O&OD methodology'. On this scale the highest score (1) is when the development preferences are clearly stated and are taken into account at the district level. After all, this is what the O&OD methodology actually intends to realise.

The lowest score (3) is when the district council ignores the clearly stated preferences. This would be an outcome that actually frustrates the process of O&OD methodology. It will in the end demoralise the local people in the participation of the bottom-up planning process.

The middle category (2) is when the development preferences are poorly stated. A poorly stated preference does not have to stand in the way of a successful O&OD process. After all: the district officials can follow up to get a clear understanding in order to take the clarified wishes into account in the district plans. The alternative would be that the district council seems to ignore the wishes, as these preferences do not provide the information needed for the decision-making. In that situation the district council might use other sources of information. In both situations the process is not exactly according to the O&OD procedure, but is also not frustrating it.

From this perspective it is possible to reformulate *H2* into a new more specific hypothesis. The question is whether or not it matters for the development of the facilities, if the decision-making at the district council, hampers or supports the initiatives of the local communities? This generates the following hypothesis:

*H2a:* *If the decisions of the district council are based on clearly stated development preferences, the district council acts according to the O&OD methodology and therefore development will occur at the local level.*

The results of the cases on this hypothesis are shown in table 11.10. The independent variable is 'decisions at the district level based on the quality of the development

preferences'. This variable can have the score of 1, 2 or a 3 (see before). The dependent variable is development.

*Table 11.10*  Decision making at district level based on the quality of development preferences against development of facilities

| | | Development | | |
|---|---|---|---|---|
| | | More developed | Moderate | Less developed |
| Decisions at district level based on the quality of development preferences | 1 | | Malowelo Primary School | |
| | 2 | Ngerengere Primary School Mlimani Primary School | Kingorwila Dispensary | Kidodi Health Centre |
| | 3 | | | Tawa Health Centre |

The hypothesis is supported by the cases in the grey cells in the table. These are the Tawa Health Centre and Kingorwila Dispensary. At Tawa Health Centre there is less development, where the district council ignored the clearly stated preferences of the local community. Kingorwila Dispensary is moderate developed while the decisions of the district council were not reflecting the poorly stated preferences of the local community.

The other four cases divert from the hypothesis *H2a* at different levels. In the cases of the primary schools of Ngerengere and Mlimani the district council decisions are not based on the poorly stated development preferences, but nevertheless there is more development. Malowelo Primary School is the only case where the district council decision-making follows the recommendations of the O&OD methodology: clearly stated wishes are taken into account by the district council. Nevertheless, this has not resulted in a high level of development. Although not all the cases are reflected in the grey cells, the cases do provide weak evidence that *H2a* can be accepted. After all: the cases do follow the pattern as reflected in the hypothesis.

The fact that the grey cell in the top left corner of the table is empty provides the conclusion that the O&OD methodology only contributed a little to development in these six cases. After all, we see that even if the local communities state their wishes clearly and the district council does take these wishes into account, there is no real development. 'Moderate' development (Malowelo Primary School) is the highest attainable. On the other hand, we also see that in most of the cases there is no real link between the wishes expressed by the local communities and the decisions at the district council. The wishes are vaguely stated and the officials at the district council decide according to their own ideas. In that situation we see various levels of development (from 'more' to 'moderate' to 'less' developed). And what is even more striking, is that sometimes the district council ignores clearly stated wishes. This is actually contradicting the ideas underlying the O&OD methodology: in that situation the decision-making at the district council is actually destroying any local initiatives instead of sup-

porting it. From that perspective it is no surprise that there is less development. All in all, this analysis indicates that the bottom-up planning process only provides a minor explanation of local development. As such, other possible explanations can better explain local development.

## Government support on implementation of development preferences

The output of the planning procedure is the decisions made by the district council. Following the rhetoric of the O&OD methodology, the decision-making on allocating the public sources should merely support local development. The last step in the analysis whether or not the planning process contributes to development therefore deals with the question to which extent does the district council support local development? The following hypothesis reflects the rhetoric of the O&OD methodology:

*H3:    If the district council supports implementation of development preferences at the local level, development will occur.*

In the ordinary course of events, the support from the district council is that of a financial nature: the district council decides to provide a budget to realise the specified development. Quite often this budget is not sufficient for the development. To realise the development the community has to contribute as well, either financially or in kind. Sometimes this requirement for local contributions is part of the decision of the district council. Such a clause may constitute an additional barrier for implementing the decision. After all: a local community may find that the contribution required is prohibitively high. In that case the decision of the district council will not be implemented and the facilities will not develop. Therefore the assumption is that development will not occur unless the district council's financial support covers much of the costs.

In other cases the support of the district council might be small compared to the contributions of the local communities, but nevertheless essential for the development. In these cases the fact that the district council makes the decision and decides what the community has to contribute, is the crucial starting point that leads to development. In that situation development would not occur without the support of the district council.

The cases provide information about the content of the decision-making and the extent to which the decisions appeal to local communities to contribute. The support of the councils can be divided into three levels: high, moderate, and low. This rating is based on the account of the facility committee members and some data that provided information of the content of the decision-making by the district council. 'High' indicates that the financial support from the council is more than the resources mobilised at the local level. 'Moderate' indicates that the financial support from the council is less than the resources mobilised at the local level but local people perceived that this support has had a significant impact on the development. Finally, 'low' indicates that the council financial support is less than the resources mobilised at the local level and the local people perceive that the support has little to no impact on the development.

More development is expected where government contribution is high and less development where the government contribution is low and considered as having little

to no impact. This expectation is showed in the grey cells in table 11.11. This table shows the scores of the six cases.

The table reveals that the cases of Malowelo Primary School, Tawa Health Centre and Kidodi Health Centre support hypothesis *H3*. In these cases there is a low level of support from the district council (Tawa and Kidodi) and a low level of development. In Malowelo there is a moderate support, meaning low in portion, but still conceived as substantial by the local communities, and a moderate level of development.

*Table 11.11*    Council financial support against infrastructure development

| | | Development More developed | Moderate | Less developed |
|---|---|---|---|---|
| Council support | High | | | |
| | Moderate | Ngerengere Primary School | Malowelo Primary School | |
| | Low | Mlimani Primary School | Kingorwila Dispensary | Tawa Health Centre Kidodi Health Centre |

The three other cases of Ngerengere Primary School, Mlimani Primary School and Kingorwila Dispensary divert from the hypothesis in different ways. Kingorwila Dispensary shows low support from the district council and yet still moderate development. The cases of Ngerengere Primary School diverts from the hypothesis in the sense that moderate council support resulted in more development. Mlimani Primary School is somewhat different: the support the local community received from the district council is conceived as low and was less than the contributions from the local community members themselves. Still this facility shows more development compared to the other cases. Both Ngerengere Primary School and Mlimani Primary School provide evidence for the idea that whether development takes place or not, does not fully depend on the contributions of the district council.

Therefore the hypothesis seems only valid in the negative sense: a situation where the facility does not show any development coincides with a low level of support from the district council. But on the other hand it is not true that a low level of support will automatically lead to a low level of development. This is because some cases such as Mlimani Primary School and Ngerengere Primary School show more development than the other four cases of the Kingorwila Dispensary, Malowelo Primary School, Tawa Health Centre and Kidodi Health Centre. Therefore, the comparison suggests that there are other explanations that might explain development of the facilities, besides or in place of the support of the district council.

## The output of the planning process: why does development occur?

The previous section shows that the various phases of the bottom-up planning process do not function as described in the policy documents and the O&OD methodology. On the one hand, the local communities are not actively involved in identifying the needs of the facilities, or at least they do not use the planning process to express these needs. Furthermore, the decisions at the district council are not determined by these local wishes, but are based mainly on other incentives, such as the central guidelines and the information directly collected from the facilities. On the other hand, the facilities show a variation in development. Some facilities are more developed while others are either moderate or less developed. Considering the fact that the bottom planning process is apparently not contributing to this development, the question arises *what explains the realisation of development activities at the primary facilities?*

The cases indicate that development is provided mainly by a combination of local initiatives and external financial sources. Both local initiatives and external financial sources are not associated with the bottom-up planning process and can therefore be regarded as alternatives to the bottom-up planning procedure. In this study, the external financial sources are the sources that are not associated with the planning process and include support from an individual person, a Non-Governmental Organisation (NGO) or from any other development partner. The external financial sources are obtained by either local people searching for financial support, or by initiating development activities and therefore, attracting the attention of donors who are willing to contribute. Sometimes the external donors have their own agenda to address particular issues and are the cause of the local participation. But even if the local initiatives do not lead to acquiring external financial sources, the initiative can by itself make a difference in development. Activity within a local community creates an atmosphere in which every individual member of the community contributes to maintain or to improve the facility.

The cases that are more developed are those where external financial sources were obtained. These are Mlimani Primary School and Ngerengere Primary School. The two cases share an important characteristic that the other cases do not have. In the case of Mlimani Primary School some of the members of the school committee are more educated and hold influential positions in the government. Members of the local community have good positions and are influential. Taking advantage of the school location and the composition of the community, the management of the school were able to develop a strategy that contributed to the quality of the infrastructure of the school. The parents of the pupils and the influential members of the community were invited for the school graduation ceremony to share the school needs. As a result, some members took the matter seriously and managed to secure financial support from donors.

In the same vein, Ngerengere Primary School benefited from the fact that it is surrounded by various government institutions. The employees of these institutions were mainly highly educated and had the skills to find a way to develop the facility. The external support for the development of Ngerengere Primary School was obtained by community members themselves, initiating development activities and attracting the attention of the World Vision Tanzania (WVT) who supported the initiative.

In the moderate developed cases of Kingorwila Dispensary and Malowelo Primary School the development was the result of mainly external financial resources in combination with community involvement. In the case of Kingorwila it was the location of the facility that contributed to obtaining the external financial sources. An individual became interested in the state of the facility, because the facility is located along the highway and can therefore save the life of people involved in traffic accidents. As a result, she managed to get financial support for the development of the dispensary's infrastructure. The case of Malowelo shows that external financial support is not always needed to develop a facility. In this case community members themselves have initiated the development activities. The concern of the community members seems to be contributed by the fact that the school was newly established and therefore needed much more investments than other facilities.

In all four cases the development depended on local initiatives and local contributions. The members of the community were willing to contribute in kind or financially, because they had an overview on how their contributions have been used. This mechanism of accountability seems to be a precondition for the willingness of the local communities to become active and to take care of the facilities by themselves. For example, in the case of the Kingorwila Dispensary, the members of community could call the head of the facility if development activities were not progressing as agreed. In all the four cases the members of the community were given reports of the realised development activities from time to time. In case of delays or when the report would not be given, the community members demanded the report. This situation of active local communities make the local leaders, included the management of the facilities, effective and efficient in supervising the spending of the funds and the progress of the development activities.

The cases of Tawa Health Centre and Kidodi Health Centre are less developed. In these two cases there was no community initiative or external financial support. Development activities depended mainly on the sources that the district council provided. These funds were often directed to maintenance and renovation instead of real improvement. In fact, some renovation and maintenance conducted in these facilities were actually contributed by national events such as Uhuru Torch Race. Tawa Health Centre received, for example, underwent renovation only because of the Uhuru Torch Race. The decision to repaint the front walls of the facility was hardly a response to the needs the facility had. The local community was just passive and did not do anything to improve the facility on its own initiative.

It can be concluded then, that local development is mainly dependent on local initiatives in combination with external financial sources. Both factors are intertwined: local initiative can provoke external financial support and the external financial support can contribute to an active local community. The six cases provide support for this conclusion. Table 11.12 contains the summary of the cases and the presence of local initiatives and/or external financial support. The information in the table is gathered during the field research. The sign '√' indicates that the local initiatives and/or external

financial resources are 'present' and the sign '×' indicates that these two factors are 'absent'.

The table shows that, the development in the three cases of Ngerengere Primary School, Mlimani Primary School and Kingorwila Primary School is as result of both community initiatives and external financial sources. On the other hand, the moderate support in Malowelo Primary School due to only local initiatives. The two cases of Tawa Health Centre and Kidodi Health Centre that are less developed show neither active community initiatives nor external financial support. In this view, active community initiatives and external financial support are important elements for local development.

*Table 11.12*     Development and sources of support

| Facility name | Level of development | Support | |
| --- | --- | --- | --- |
| | | Active community | External financial sources |
| Ngerengere Primary School | More development | √ | √ |
| Mlimani Primary School | More development | √ | √ |
| Malowelo Primary School | Moderate development | √ | × |
| Kingorwila Dispensary | Moderate development | √ | √ |
| Tawa Health Centre | Less development | × | × |
| Kidodi Health Centre | Less development | × | × |

## Possible explanations for the failure of bottom-up planning process

The conclusion of the analysis presented above is that the bottom-up planning process apparently does not succeed in capturing local participation. After all, the analysis of the steps in the planning process following the O&OD methodology shows that the planning process is not being used while on the other hand the development – if any – of the facilities is mainly caused by some kind of local involvement. This means that the local communities are in principle willing to contribute and to take care of their facilities, but that the O&OD methodology is not able to capture these local initiatives. Quite often it seems even worse: the O&OD process is actually hampering any local initiatives, for example if the district council ignores the needs expressed by the local communities and decides according to its own priorities.

At first glance this seems a strange conclusion. After all, the O&OD methodology is designed to enhance participation in the planning process. The analysis of the cases in the previous sections shows that the actors that have to participate do not really participate in the procedure and the actors that have to enhance this participation seem to actually hamper any local initiatives instead of supporting them. This section tries to explain why the bottom-up planning procedure, and the O&OD methodology, is apparently not contributing to participation for development.

*The district council and the grassroots: who makes the decisions?*
As indicated in chapter four, the development decisions at council level are supposed to be based on grassroots peoples' preferences expressed through the bottom planning process. However, the analysis of the six cases shows that there is quite often no relationship between the development preferences expressed in village or ward plans and the decisions contained in the council plans. These mismatches indicate that the real decisions are being made by the district council, instead of the local communities. This is mainly caused by the design of the planning process and the nature of the relationship between the district council and the local communities.

*Collection of local preferences*
The O&OD process is technically supported by facilitators. These facilitators have to assist the local communities in writing their community plan. The cases show that in the process of facilitation the facilitators have strong influence on what should be included in the village or ward plans. This is because the facilitators are more informed and have technical knowledge about what staff at the council level expects from the local plan. With this in mind, it is likely that the facilitators influence the local people to identify only wishes that match to the council wishes. The main incentive to do so is that, the facilitators are generally the employees of the district government. Therefore, the concern of the facilitators will always be to meet the demands and wishes of the master (the employer) and not the local communities. As the local communities have no real influence in the appointment of the facilitator, they lack the means to correct him or her if they feel that they are not being taken seriously.

Although the facilitators stress that community members are not influenced on the choices to make, they also point out that the local preferences must reflect the overall district council priorities. This shows that the facilitators – quite often with the best intentions – try to reformulate the wishes expressed by the local communities in accordance to the priorities of the district. The facilitators simply take into account whether or not a wish is 'grantable'. If not, there is no need of incorporating the wish into the plan.

This behaviour is exacerbated by the planning procedure itself. Once the preferences are identified and discussed by community members, they are compiled into village (for rural district) or ward (for urban district) plans. This compilation is done mainly by staff and leaders in the lower local government structures, supported by district appointed facilitators. In fact, the compilation of the preferences often involves a re-writing of the wishes in a technical way to fit the community plans and the wishes of the district council. As a result, some of the development preferences expressed by the local communities are not reflected in the village plan. On the other hand, the preferences in the village plan do not always reflect the actual needs of the local communities. This is, for example, the situation in the cases of the Kidodi Health Centre and Kingorwila Dispensary. In both cases the village plans did not reflect most of the actual needs of the facility.

*Passive attitude of the local people*
The influence of the facilitators on the identification of the local preferences seems to lessen the confidence and concern of local people in the bottom-up planning process.

The experience that the needs these members identify will not be a part of the village plan, let alone the district plan, makes them less interested in actively participate in the planning procedure. Only in one case did some members of the community remember the content of the plan while in the other cases none of the members were able to recall their role in the planning procedure. The lack of confidence in the planning procedure is further underlined by the fact that in none of the cases is the plan used as an instrument to follow up on the development of the facilities.

The members of the local communities see the bottom-up planning as a government process to collect local information for the sake of the central government, instead of an instrument to develop their community. For the local people participation in the bottom-up planning process is equal to not participating: participating in the planning process does not really make a difference.

The effect of the disparities between the actual preferences of the local peoples and the development issues contained in the village or ward plans can also be observed in the phase of implementation. According to most respondents at the district level, the officials and leaders must make an extra effort and sometimes coerce local people into participating in the development of the facility. This is because the local people consider development the decisions from the district councils as an external enforced decision instead of support for the decision made by the local communities themselves.

The cases of the primary schools of Mlimani and Ngerengere show that it pays off to have the local communities see the development decisions as their own decisions. In both cases the facilities were developed due to initiatives supported by local communities themselves.

*The basis of council decision-making*
Despite the long and costly process of the O&OD methodology, the village or ward plans are not used when the district council prepares its plan. Quite often the staff of the district council departments was not even able to present a copy of the plans. The officials at the district level consider the village and ward plans as useless. They perceive the lower local government's structures to have no capacity to develop sound plans as well as managing development projects. For instance in the case of Mlimani Primary School, one respondent at district council level said that:

> 'grassroots people have no capacity to manage development funds. My two-year experience indicates that community members have no capacity to develop sounds plans and manage funds especially for development projects.'

This attitude implies that officials at the district council level have no confidence in lower local government structures or even local communities. It indicates that most decisions made at the district level are mainly based on knowledge of the officials collect about the situation in the facilities, and not the wishes expressed by community members through the bottom-up planning process. With this in mind, the district officials pretend to know what the local needs are rather than community members themselves.

The argument of the district officials, that the lower local government structures including the local communities have no capacity to develop sound plans and manage development projects, is like blaming the victim and not the perpetrator. After all, the

role of the LGAs is mainly to make sure that the lower local government structures have the capacity to perform their roles effectively and efficiently. Besides, the lower local government structure is actually part and parcel of the LGA structure. After all, the officials at the lower government level (the villages and the wards) are appointed by the district council and are directly accountable to the district council.

*The vicious circle*

The relationship between the grassroots level and the district council seems to form a vicious circle. The local communities are not really interested in the planning process as they know or feel that their wishes will not be taken seriously. This fear is reinforced by the attitude of the district officials who pretend to know 'what is best' and who do not take the local plans seriously. This attitude at the district level is partly justified by the lack of involvement of the local communities and the vague wishes expressed through the bottom-up planning process. In this sense, the O&OD methodology cannot work if neither of the parties takes the planning procedure seriously.

The role of the facilitator as an intermediary between the local communities and the district level is therefore crucial. For a well functioning O&OD methodology he or she should be willing and able to really support the local communities with the development of their plans instead of only selecting the wishes that suit the district priorities or by reformulating the wishes in vague words, so they provide the room for the district council to pretend to decide according to these wishes.

*Alternative mechanisms to the bottom-up planning process*

As indicated in chapter four, the central government's main objective is to enhance participation and promote community. If participation or bottom-up planning process is considered to make sense, district plans are expected to be prepared on the basis of local preferences expressed through the O&OD process. However, the cases show the existence of various mechanisms parallel to O&OD methodology are used to collect information. These mechanisms include planning procedures and reporting systems. These procedures and reporting systems are less participatory and follow the administrative relationship between the management of the facility and the district council.

For example, each facility has to develop its own facility plan. Contrary to the village or ward plan developed, these facility plans are developed by only the members of the facility committee. There is no safeguard ensuring that the entire community is involved. The same applies to the reporting systems that involve the administrative heads of facilities sometimes in collaboration with the facility committee. They have to prepare quarterly reports and forward these reports directly to the district headquarter. The reporting system also involves staff from the district headquarter collecting local information through supervision and assessment reports.

The experience in most of the cases shows that the district officials consider the information collected directly from the facilities to be more useful for the preparation of the district plans. In fact, there are some indications that the local plans developed using the O&OD process, are completely ignored by the officials at the district councils. They rely fully on the information they gathered using other sources. After all, none of the officials at the district council in all three councils could present a copy of the village

plans. These village and ward plans can sometimes be found in the economic departments, but even then they were not used in the planning procedure. In one of the councils it took almost a week to find a copy of one of the village plan. It was finally found in a box full of dust.

The question that remains is: why do other mechanisms parallel to the bottom-up planning process still dominate in the council decision making? Why these other mechanisms are more successful compared to the bottom-up planning process? A possible explanation of the success of these other mechanisms is that they are part of an existing, long-standing administrative relationship between the management of the facility and the district council. After all, the in-charges of the health facilities and the head teachers of the primary schools are appointed and paid by the district council. The employment relationship between the management of the facilities and the district council provides a basis for gathering information by the district council.

This direct access to information on the status of the facilities might appear to be very useful when the LGA receives a new directive or a new guideline with new priorities. It is then easier to collect the data directly from the source instead of waiting until the bottom-up planning procedure is finished. After all, the information collected using the bottom-up planning process is quite often outdated or at least not as accurate compared to the information gathered directly from the source. The bottom-up planning process takes a couple of months before it results in a plan that can be filed with the district council. Compared to the quarterly reports the district council receives directly from the facility management, it is almost inevitable that the officials at the district council will rely more on that information rather than the plans produced in the bottom-up planning procedure.

*The district councils and the central government: who formulates the priorities?*
The last factor that contributes to the ineffectiveness of the bottom-up planning procedure concerns the relationship between the district councils (the LGAs) and the central government. Decentralisation by Devolution proclaims a certain degree of discretion for the local government authorities, to formulate their own priorities and to reallocate their own means. Instead, the cases show that the central government uses detailed guidelines and directives to direct the district councils in the planning process.

Bearing in mind the policy paper on Local Government Reform, the main intention of guidelines and other central government directives is to provide the LGAs with technical guidance in an advisory and consultative manner and not to command the LGAs on what they should do. However, in practice the latter prevails. The guidelines, directives and sometimes instructions from the central government seem to wield greater influence on the bottom-up planning process. The local government officials and leaders do not consider the guidelines, directives and instructions as supportive or advisory. Instead they perceive the guidelines as orders that must be obeyed. This perception has had an effect in determining the development interventions included in the council plan. The district council decisions are mainly based on central government wishes and not the preferences of grassroots people as indicated the O&OD guidelines.

*Budget ceilings and earmarked funds*

The guidelines have this influence as they often accompany the transfer of the funds. The amount and categories of the preferences of the local communities that can be included in the council plan, is determined by the budget ceiling. These financial transfers are often earmarked for specific areas, or specific types of activities. This limits the scope of discretion of the officials at the district council to take into account the preferences of the local community. After all, there is no financial support available for preferences that deviate from these earmarked funds.

The argument given by one of the senior officials in one of the council is more striking and shows how local government officials rely heavily on central guidelines, directives and instructions:

> 'Planning beyond the budget ceiling or against national priorities is only possible if the district council has its resources to implement its own priorities. But the financing of our local expenditure relies heavily on central government transfers.'

Since around 90% of the LGA budgets rely on the transfers from the central government (Lyimo: 2003), it is evident that the districts have limited choices to ignore these central governments guidelines. Ignoring them would be the 'exit'-option (Hirschman 1970). Now that exit is impossible the other option is to either use voice to complain about the strictness of the guidelines, or just to act loyally and plan according to the guidelines. The cases show that most of the officials at the local government authorities just loyally execute the central guidelines.

It is interesting that the priorities and guidelines push this loyalty to the limit. Sometimes the national priorities have a more political background. Examples are the policy of constructing a secondary school in every ward and a dispensary in every village. This policy was expressed by the political party in its election manifesto. In all three councils, these wishes were considered unrealistic, because most of the existing facilities were poorly maintained. The main effect of these kinds of directives is that the flow of the limited resources available are directed to these two specific priorities while both local communities and local government authorities seem to have another under-standing of the effective spending of the resources.

*Approval of the district plan*

It is nevertheless interesting that the officials at the district level do not really raise their voice. One reason might be that the district plan needs approval from the central government. Approval is dependent on the question of whether or not the district plan is in accordance with the central guidelines. The empirical evidence in the six case descriptions indicates that this approval procedure lessens the ability of officials at the district council to respond to local wishes. Although the various guidelines on bottom-up planning process suggests that district plans are prepared by council officials on the basis of grassroots peoples' development preferences, in practice the choices are mainly determined by the central government. The central government uses directives, guide-lines and instructions to affect the decision-making procedure. The scrutiny of the district plans by officials of the central government further ensures that the priorities laid

down in these directives, guidelines etcetera are taken into account. Only a plan that conforms to these central priorities will be approved.

This process's main concern is to ensure that the national priorities of the central government are taken into account. Actually, quite often due to this procedure the officials at the district council have to re-do their plan, until it meets the central government requirements. To avoid or minimise this trouble, local government staff rely heavily on central directives, guidelines and instructions and try their level best to develop a plan that conforms to these national norms. The reliance on central directives, guidelines, policies and instructions was observed in all the three councils of this case study. The local government officials emphasise that their plan must reflect the national priorities received just prior to the planning session of every year, while it has no use to deviate from this policy.

*Strong ties between district officials and mother ministries*
Furthermore, there are still strong ties between the local government senior officials and the central ministries. Most of the officials working at the local government authorities are appointed by the central government. The central government pays their salaries, decides on whether or not the official will be promoted and even decides on possible punishment in case of dereliction of duty.

These ties between district officials and central government undermine the organisational strength of the local government authorities. Officials at the district level have direct ties with their mother ministries. For example, the district's department of education deals directly with the Ministry of Education and Vocational Training, without informing the council executive director, who is the highest public servant within the organisation of the district. These direct ties also undermine the organisational structure at the central level. After all, at the central level there is a ministry responsible for local government authorities (PMO-RALG). Any directives or guidelines from the mother ministries have to pass this ministry. In practice this does not always happen.

A good indication of the central government's influence over local government officials was given by the head of education department in one of the investigated local government authorities. The head of departments pointed out that, he sometimes receives directives from the respective ministry or through the regional education officer. Sometimes he receives these directives without the involvement of his immediate boss, the district executive director. A similar comment was given by the council executive officer in the same district. He commented that,

> 'the central ministries have still control over their respective staff in the field. For example sometimes they can organise and conduct training without informing me.'

These situations were observed in other departments and districts involved in this study. There are, therefore, still very strong ties within the specific sector, ignoring the formal structure of the local government authorities.

*Political career and human capital at the local government*
This loyal attitude at the district level is also exacerbated by the interference of the political party. Quite often mayors or council chairmen and council executive officers

are a member of the dominant political party in Tanzania (CCM). This political party has been governing for years. A loyal implementation of wishes expressed by this party in the national elections is helpful for a political career for almost all involved. This also includes the leaders of the local communities: their political career is also dependent on the question of whether or not they cooperate.

The cases show that this loyal attitude pays off. Many officials at the local level are replaced every couple of years. Quite often the executive officers could not provide the information on the planning procedure because they took office after the planning procedure took place. The reshuffle of the officials involved, both at the local government authorities and at the level of the local communities, affects the strength of the local government organisations. These organisations are simply not capable of resisting central government wishes, as the officials running the organisations lack the specific knowledge of the facilities and do not have a strong relationship with the local communities. As a result the bottom-up planning process is forced to state wishes in favour of the top down priorities: the local government staff uses their technical knowledge to negotiate and convince the local people to comply with the central wishes.

*Conclusion*

The analysis and comparisons in this chapter show that bottom-up planning process is not working as it is prescribed. Local people are not participating in the planning process and the district officials simply ignore the wishes stated by the local communities. The council staff does not use the village or ward plans as a basis for the development of the council plan, instead they use other mechanisms such as facility plans and reports as well as their own understanding of the local situation.

Yet we see some development at the local level and local participation. This can hardly be explained by the bottom-up planning process. Instead, local development is mainly caused by local initiatives and external financial support. Development then, occurs without government support. The cases show that local people are willing to participate, to take their own destiny in their hands and to search for a strategy to improve the facilities. Quite often this results in external financial support, since the council support is often too limited and not targeting the actual preferences. It appears that local people have more of sense of ownership with a locally initiated project financed externally. As such, the locally initiated local projects and directly secured external financial resources seem to attract local people to participate in local development, something that the bottom-up planning process has failed to achieve.

The failure of the bottom-up planning process to facilitate participation for development is due to several somewhat interlinked factors. At the grassroots level, the local people are not really interested with planning process, as they know that their preferences will not be taken seriously. This fear is a result of the way the planning process is carried out and the attitude of district council staff. The attitude of the district council staff is that the lower local government structures have no capacity to develop sound plans and with this in mind they pretend to know 'what is best' for the local people. The facilitators do not succeed in really helping the local people to identify their wishes. Instead they act more as an employee of the district council and collect the wishes that

suit the district. The result is vague wishes that provide leeway for the district council to pretend to decide according to those local preferences.

The O&OD process is crowded out by other mechanisms to collect information from the facilities. Facility plans and reporting systems provide the district council with all the information they need, bypassing the information collected through the bottom-up planning process. The success of these mechanisms is explained by the fact that the information collected is more accurate, and is part of the long-standing administrative relationship between the management of the facilities and the district council. After all, the district council appoints this management. As a result the decision-making in the planning process is more top down rather than bottom-up. The officials at the district council carry out the planning process aimed at fulfilling the wishes of the central government instead of responding to the local initiatives. The wishes of the central government are expressed through the guidelines that accompany the financial transfers. These guidelines leave the local government with limited to no discretion.

    The focus on central government, by local government staff, is reinforced by existing ties between the local government staff, and central government ministries and departments. The senior local government staff is still managed from the centre. Likewise, some of the central ministries and departments still assign specific duties to their respective staff in the local government without references to the Prime Minster's Office Regional Administration and Local Government (PMO-RALG). This indicates that, central ministries and department still have mandate over their respective staff in the local government. Consequently, there are more incentives for the local government staff to be more responsive to the central government wishes.

# 12

# Conclusions and recommendations

## Introduction

Since the independence of Tanzania in 1961, decentralisation has been one of the strategies used to ensure quality delivery of social services. The main focus is involvement of local people, to create a sense of ownership that will make the implementation of local development programmes easier. The underlying assumption is that involving the local people will enhance sustainable development.

This ideology is the core element of the Local Government Reform Programme. This reform is guided by the principle of Decentralisation by Devolution. According to the Policy Paper on Local Government Reform (1998)

> 'the general objective of the reform is to transform local government organisations into organs that are autonomous, strong and effective, democratically governed, deriving legitimacy from services to the people, fostering participatory development, reflecting local demands and conditions and conducting activities with transparency and accountability.'

The Decentralisation by Devolution is the reaction to earlier attempts to create institutional arrangements that would enhance sustainable development. In the past the efforts were hindered by the desire to retain central oversight and control (see for example Mukandala, 2004). This structure had little success, based on these experiences; this research intends to establish the extent to which the local government reform has made participation for development a reality. The central question of this research is therefore:

*To what extent do the government institutional arrangements in Tanzania facilitate or impede participation for local development and what improvements can be made?*

This chapter provides an answer to this question. First, the next section will explore the properties of participation in local development and the requirements that have to be met. The following section then answers the question of whether or not the bottom-up planning process fulfils these requirements and therefore contributes to development. Then the causes of failure of the bottom-up planning process are discussed. This chapter ends with some recommendations aimed at enhancing participation in local development.

## Participation for local development

Active community participation is attained through self mobilisation. Sometimes this mobilisation involves staff and leaders in the lower local government structures (village or ward level). More often, this form of participation is a result of pressing local needs. This kind of participation often attracts the local people who take part in the process as it addresses their actual preferences. Local people are also more likely to demand information about progress and therefore enhance the downward accountability.

While participation of the local people for local development has been the government's objective, on the other hand, development partners such as NGOs have been playing a crucial role in enhancing participation. More often the development partners work directly with communities and they have been successful in facilitating participation and local development.

The empirical research provides examples in which participation resulted in development. Ngerengere Primary School, Mlimani Primary School and Kingorwila Dispensary are three examples of active communities that were able to define collective interests, to decide upon the course of action and to improve the facilities. In the case of Ngerengere Primary School, for instance, community members decided to start development of the school using their own local resources (contribution). Their efforts and commitment in the process attracted World Vision Tanzania (WVT) who stepped in and provided financial support. In return, community members became more motivated to contribute and to closely supervise the expenditure of money gained from WVT.

A similar experience was seen in the case of Mlimani Primary School. In Mlimani Primary School the school committee shared the school needs with people around school catchment area. Some of them were parents of pupils studying in the school and the people selected from among community members to be the 'school guardians'. One of the guardians took the matter seriously and managed to secure external funds from donors. According to the school committee, the funds motivated community members to contribute more towards the development of the school. Community members were also concerned about administration of the funds and from time to time they demanded a progress report.

In Kingorwila Dispensary the initiative came from outside, from a civilian who became interested in the condition of the dispensary because of the location of a nearby highway. She applied for external financial support. This support provoked an active community that contributed themselves. Also, community members supervised the fund and development activities so closely to ensure that the funds were efficiently used. For example, according to the Dispensary In-charge, sometimes when the construction

activities stopped, the community members went immediately to the in-charge to ask why. If the construction stopped because of issues that were within the capacity of community members to solve, community members immediately organised themselves and fixed the problem. Sometime, technicians were called through phones to immediately attend to their working station.

These examples show that there are some requirements that have to be fulfilled to encourage local participation. First of all, people are more motivated if the money is being spent in a transparent manner and the management of the development project can be held accountable. As such, community members need to have: confidence that the process will positively impact their common interests; controls over resources and; powers to hold leaders and officials who do not perform their duties, accountable for collective interests.

## Does the bottom-up planning process facilitate participation?

One could regard the examples in the previous section as real participation for local development. This is the participation Nyerere had in mind in his statement in the first chapter of this study: local communities have to take their fate into their own hands and that will facilitate development of the social services.

However, this participation is not similar to that of the bottom-up planning process. After all, based on the empirical research in this study, one could conclude that local communities do not take the bottom-up planning process very seriously. Local people are not aware of the content of their respective village or ward plan. They also do not use the plan or refer to it in later contacts with the district council. In general, participation in the bottom-up planning process is poor.

The fact that the district council does not take into account the result of this planning process (the village and ward plans) does not contribute to possible success either. Quite often it is not possible to trace the basis of the decisions made by the district council from local plans. In fact, there are no clear links between the content of the local plan and that of the respective district plan. If there are links, then this has occurred because of vaguely stated wishes. It is then, almost by coincidence that the district council decides according to the wishes expressed by the local people. In general the planning process is not used to bring the local needs to the attention of the district council and the decisions of the district council are taken without considering the wishes of the local people.

On the one hand, we see that local communities are willing and able to participate, to contribute and to develop their local facilities. Sometimes there are local initiatives, which bring external support that ultimately enhances participation. These two factors seem to have a reciprocal effect. This is because, on the other hand the external financial support promotes participation since it provides the local people with an opportunity for more control and often target on the preferences or pressing local needs. This could be seen as a virtuous circle that enhances development.

In contrast, on the other hand we see that the bottom-up planning process is apparently not able to capture this willingness of the local people. People are not participating, as they know that it does not pay off. This could be regarded as a vicious circle:

people are not participating, the district council ignores the outcome of the process, and people are even less motivated to participate. Therefore the question is what are the main differences between the failing bottom-up planning process and the successes of the situations in which development occurs due to external financial sources?

## The failures of the bottom-up planning process

There are many factors that can be identified and that hamper the success of the bottom-up planning process. Some factors are related to the properties of the bottom-up planning process itself. This results in the vicious circle mentioned before. Other factors are related to the existing relationships between the district council and the management of the facilities and the relationships between the central government and the local government authorities.

*The vicious circle of the bottom-up planning process*
Local people do not seem to consider the bottom-up planning process and in particular the O&OD methodology as a tool for local development. This is indicated by the fact that they do not participate in the planning process and when they participate, they do not seem to take the process very seriously. This is illustrated by the fact that community members do not make follow up of their plans or even remember the content of the plan in relation to their development preferences. One of the reasons is that the local people recognise that they have little room to express their actual needs. Furthermore, there is no confidence that the process will have returns and that if they address their needs, the district council will support the attempt to solve the problems.

The lack of participation results in local plans that are vague and insignificant. These plans are actually written by facilitators who are the employees of the district council. The facilitators are trained by district council officials and are more tuned to the preferences of the district council than those of the local communities. Sometimes this has led to significant differences between the real preferences the local people have and the content of the local plans. In most cases the pressing development preferences as pointed out by members of the facilities' committee are not reflected in the local plans. This shows that not only did the local people did not participate or were taken seriously in the process, but also that they were not asked what choices to make. It appears that sometimes local people formally participate in the planning process only to impress the local government officials and leaders and not because they feel concern about the process.

How serious the members of the community take the development of local plans contributes to how vague and insignificant they are. The vague and insignificant plans make it easier for the district council to decide according to its own priorities and make decisions that are not reflecting the actual needs of the local people. This practice reinforces the lack of confidence that the local communities have in the bottom-up planning process. After all, the process does not result in significant support for the development of their communities. Even when the district council does support the local needs, the support is considered low or moderate. The support is not tailored to the wishes expressed through the bottom-up planning process. Instead, they are directed to

local issues that are not pressing at all. For example, in Tawa Health Centre the pressing needs, according to the facility committee members, are the buildings for Mother and Child health services and minor surgery; however the district council support was directed to maintenance and restoration. In the health centre committee's opinion, even maintenance and restoration was only done because of the 'Uhuru Torch Race' (see chapter 9). Otherwise, it is likely that such activities would have not been implemented.

The poor participation, insignificant plans, disregard of the local wishes at district council and poor support from the district council reinforces the lack of willingness to participate in the bottom-up planning process: the vicious circle is complete.

*External factors: administrative ties between district and facilities*
Besides the vicious circle of the bottom-up planning process, there are some external factors that make it difficult to enhance participation for local development. First of all, the officials at the district council appear to act mainly on their own opinions rather than on the basis of the wishes expressed by the local communities through the bottom-up planning process. The officials at the district council rely on their own knowledge of the local situation and information collected through other parallel mechanisms to bottom-up planning process.

The existence of administrative reporting and other planning processes enables council officials to collect the information they need when they prepare the district plan. The district receives lots of information through the facility plans and reporting system. After all, every facility has to make its own facility plan. And besides that plan the administrative head of the facility, sometimes in collaboration with the facility commit-tee, is required to prepare and submit quarterly reports to the district council. The information collected through these methods enables the council officials to have know-ledge about the local situation and sources of information for preparation of district plan.

These planning processes and reports parallel to the bottom-up planning process undermine the use of the village or ward plan as basis for preparation of the district plan. In fact there is no indication that village or ward plans are used as the basis of information for preparation of district plan. According to descriptions of each case and subsequent analysis, the district plans are developed on the basis of the information collected through the alternative mechanisms. Village or ward plans are hardly men-tioned at district level as a useful source of information for planning. Actually, it is hard to find a copy of a village or ward plan at education and health departments. In some of the cases the copies of these plans were hardly ever found in the planning departments further indicating that they are not at all used. More often, the copies are found in boxes, which appear to not be in use, and sometimes it took several days to find a copy.

The parallel mechanisms of data collection are contradictory to bottom-up planning process that focuses on mass participation. After all, the parallel mechanisms are less participatory as they only involve people in the lower local government administrative structures. For instance, while the village and ward plans involve all community mem-bers for the preparation and approval of the plans, the primary facilities' plans and reports are developed by facilities' committees and approved by the village council.

*External factors: ties between the local government and the central government*
Other factors that make it hard to break the vicious circle are due to strong central government involvement in the decision-making process. The central government limits the discretion of the LGAs financially as the LGAs depend on the central government transfers for more than 90% of their budgets. Most of these transfers are conditional grants and are associated with guidelines, directives and sometimes instructions. Such instruments are more detailed and provide directives on how such funds should be allocated and spent. It leaves no room for local discretion. As a result, local governments have become merely implementers of national and sectoral development programmes. There is no innovation or creativity in these programmes. Most of development interventions contained in the district plan are routine with no indication of progressive development.

For instance, some of the funds from the central government are earmarked for specific areas. As such, the type of activities to be included in the district plans must fall under the earmarked categories. Since the planning process involves an intense scrutiny by staff in the central government structure that runs parallel to the local government structure, the staff in LGAs are obliged to comply with guidelines and other central directives in order to avoid the risk of their plans not being be approved. In this way, the LGAs are forced to adhere to the central wishes since they have limited choice for exit (Hirschman 1970). Therefore, the local preferences are only taken into account if they comply with the national priorities.

Limitation is further exacerbated by upward looking LGA staff and leaders. Their efforts are aimed more towards ensuring that the national priorities are taken into account in the development of district plans. Local preferences are only passively taken into account. In fact, they are only taken into account when they commensurate with the national wishes.

The existing ties between local and central government only compounds the problem of local government staff following orders from the central government rather than local preferences. Ministries are yet to devolve their staff to local government. The senior local government staff is managed from the central level and sometimes assigned duties from their mother ministries parallel the role assigned through the Prime Minister's Office Regional Administration and Local Government (PMO-RALG). Decisions on appointments, promotions and transfers of the most senior officials in local government are made at the central level. Also, their salaries are received directly from the central government. This, of course, seriously undermines the accountability that local government staff has to local communities as there is more of an incentive for the local government staff to concern themselves with central government wishes. The system also subjects the local government staff to a fear of being fired, demoted or transferred to remote areas, which is often perceived by government staff as punishment.

The main conclusion is that there is still resistance at the national level to surrender powers to the local level. Van Dijk (2008: 165) came to similar conclusions in his research on the impact of decentralisation on poverty in Tanzania. Van Dijk concluded that this it is the usual fear of national level politicians and bureaucrats of their loss of influence if national ministries are no longer fully in command.

## Recommendations

The main conclusion is that the institutional arrangements in Tanzania are not facilitating decentralisation and participation of the people for local development. Instead there are indications that the current use of the bottom-up planning process is hampering any local initiatives. The contributing factors to such failure are non-adherence to the policies on Local Government Reform and inadequate reforms. Accordingly, the local government system requires more improvement if participation for local development is to be realised. The improvement can be divided into two areas: those that only require commitment in the implementation of the policies and; those that require further reforms.

*Adhere to the local government reforms policies*
This study shows that, in practice the local government reform policies are not adhered to. There is a divergence between policy theories and practices. Such divergence has led to little local government autonomy and poor empowerment of the local people. To bridge the gap between policy theory and the practices some specific changes in the use of the bottom-up planning process are needed.

- Give the local people opportunity to make their own choices without influence from either the central government or the district council.

Local people should be encouraged and mobilised to identify their local needs and develop a local strategy to address them. The lower local government structures such as village government or *mtaa* are best placed to perform these roles. This is helped by the fact that the leaders in these lower local government structures are often community members in the respective localities. Because of this, they have a good understanding of community members as well as local problems.

However, the role of the district council remains crucial. The lower local government structures might have no capacity in terms of low skilled and knowledgeable personnel to carry out the process efficiently. In this regard, staff at the district council are required to provide technical advice on governance especially in the area of financial management. Alternatively, and for the purpose of avoiding the central priorities, the council officials carry on using the process from the external agents (NGOs), which are more effective, as indicated in the cases of Mlimani Primary School and Ngerengere Primary School.

- Let the local people develop strategies to implement their local needs. In other words, avoid strategies imposed from above, which might not be honoured by the local people.

It is likely that local people will support the strategy where they developed themselves. The role of local leaders, especially in the lower local government structure, should be to encourage local people to address their local problems. This might require technical support from either the district council or technical institutions like higher education institutions. As noticed in Nyerere's statement the role of external agents is important in

proving technical support, giving new skills and providing material support. The support from the district council should facilitate the local initiative.

- Strengthen the downward accountability mechanisms.

There is a deeply entrenched belief at district council level that LGAs or the lower local government's structures have no capacity to manage resources efficiently and/or develop sound plans. In fact, this is like blaming the victim instead of the perpetrator. The LGAs are responsible for ensuring that lower local governments' structures are able to perform their roles effectively and efficiently. Besides, some evidence shows that given the opportunity to plan and control resources, local people are effective and efficient in governing their local affairs (see for example a case of Mlimani Primary School and Ngerengere Primary School). To change the attitude, local people need some powers to hold the local government officials accountable.

- Honour as much as possible the local wishes by basing decision making at council level on the local plan.

District plans should clearly reflect local development preferences expressed through the bottom-up planning process. Currently, there are no clear links between the contents of village or ward plans and that of the respective district plan. To give the local plans meaning, the preferences in the village or ward plan should be among the main priorities of district plans.

- Harmonise the reporting system.

The current bottom-up planning process is undermined by parallel mechanisms of planning and reporting. These parallel mechanisms have made the local plans develop making the Opportunities and Obstacles to Development (O&OD) methodology less meaningful to both community members and district council staff. The parallel methods are not participatory and therefore contradict with the overall philosophy of Decentralisation by Devolution, which focuses on enhancing participation for local development.

Since the O&OD methodology is multi-sectoral mechanism, it is of crucial importance that other planning processes and systems for reporting are integrated into the bottom-up planning process. By doing so, local plans will provide a basis for the development of district plans as there will not be alternative means to obtain the local information.

- Reduce strings attached to the budgetary allocation system to give the LGAs financial autonomy.

Currently, the Local Government Authorities (LGAs) are overwhelmed with detailed central guidelines, directives and sometimes instructions. This seems to limit the discretion LGAs have over their resources and therefore, creates an inability to respond to actual local wishes. As a result, the LGAs have simply become the implementers of national priorities and sectoral programmes. For this reason, it is important that the LGAs are given financial autonomy so that they have more discretion over resources to respond to actual local wishes.

However, the central government is required to provide technical support and budgetary oversight. An effective budgetary oversight mechanism is crucial in this regard to ensure that spending of public funds by LGAs has value for money.

- Let the LGAs have adequate control over own staff. In other words, the LGAs should have power to recruit their own staff and plan for their career development.

If the Local Government Authorities (LGAs) are to be accountable to the local people, the existing ties to the central government institutions should be removed. LGAs should be empowered to employ the local government staff. This should include management of employment issues such as salaries, promotion and transfers. LGAs should also be able to enforce disciplinary mechanisms upon their own staff.

The current practice shows that local government staff is still answerable to their mother ministries. According to the policy documents, ministries sometimes directly assign the respective local government staff to perform certain duties without proper coordination from the Prime Ministers Office Regional Administration and Local Government (PMO-RALG). This situation does not only violate the principle of accountability to one's boss but also undermines the downward accountability of the local government staff. As a result, local government staff remains at a crossroads and are therefore ineffective. Hence, it is important that separating the local government staff from their respective ministries and institutions should involve strengthening coordination between the PMO-RALG and other ministries. This means that the requests made by other central ministries/institutions to LGAs should be channelled through the PMO-RALG.

*Improvements that transcend the local government reform policy*

Even if the reform policy is effectively implemented, it is doubtful as to whether or not there will be meaningful participation. The district council is located far from the communities and sometimes has limited information about the real needs of the communities. Yet the bottom-up planning has to follow some steps including decisions at the council, before the local plan is granted. This situation can still remove the feeling ownership of the local plan by the local people.

On the other hand, it is quite likely that central government staff will continue to interfere with LGAs in an attempt to retain control. In this regard, the following recommendations transcend the current scope of the reform policy to include some changes that, in view of this research, will help to address the two problems.

- Extend devolution to the lowest structures of government.

The current local government reform puts emphasis on decentralising some government powers and responsibilities to LGAs. In the context of Tanzania, the LGAs are still far from community members. The lowest local government structures that are quite close to local people are village governments and *mtaa*. These structures are not recognised as potential centres for empowerment of the local people. Most of the local decisions and management of resources are done at the district council level. It is almost as if these structures do not exist. In fact, one could argue that the reform has created 'centralised

institutions in the theoretical decentralised system since the LGAs do not want to share or transfers powers and responsibilities to the lower local government structures.

If participation and empowerment of the local people is to be realised, the local government reform should focus on transferring powers and resources to the lowest local government structure i.e village and *mtaa*. These structures should be the functioning centres of the local government. They should be strengthened to have adequate capacity to execute their role effectively and efficiently. This includes manning local government with skilled and knowledgeable staff, and well equipped offices. However, effective mechanisms for both downward accountability and upward accountability are important. Local people should be able take actions when the public roles are not well performed or the public monies are embezzled. In the same vein, the district council should be able to ensure technical efficiency in the utilisation of public monies.

- Harmonise the local government structure and the central government structure into one government structure.

The current link between the two structures undermines democracy and proper functioning of the Local Government Authorities by creating a single structure with clear roles, a common sense of government in the field will evolve. Currently, the central government staff are upward looking and through their oversight and influence have caused the local government staff to be upward looking as well, they are not downward looking as is envisaged in local government reform. Local government staff are currently responsive to central wishes and not to local wishes as is expected.

In general, this study demonstrates that there are good intentions involving local people as important actors for local development. However, it will not be easy to achieve those goals. It involves challenges which require learning by doing, adjustments and sometimes building new bridges. In this regard, these recommendations contribute towards strengthening the government institutional arrangements as a means to facilitate participation for local development.

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Local Government Laws (Miscellaneous Amendments) Act (1999)

# Annexes

List of questions for the group interview with community members

Name of Primary Facility:
Date:
Total number of participants:

1. How were you involved in decision making process of development of buildings, equipment and staff of your primary facility?
   What experiences [negative and positive] have you learned in participating in decision making processes?
2. Are you involved in the development of village/ward plan using the O&OD methodology? Yes/No
   If yes, how?
   If no, why?
3. What development issues regarding the facility infrastructure did you raise to be incorporated into village/ward plan?
4. To what extent do people turn up in the Village/Ward planning process using the O&OD methodology?
5. Did you see the final version of the last copy of the village/ward plan?
6. What development issues regarding the facility infrastructure (building, equipment and staff) were incorporate into village/ward plan?
7. To what extents are the identified issues during the village/ward planning process addressed by the District Council?
8. What are your experiences regarding participation of the people in the implementation of activities related to development of the facility infrastructure identified through village/ward planning process and those imposed from above?
9. The data collected at the council level indicate that, your facility is one the better facility in terms of infrastructure (building, equipment and staff) compared to many others in the district. Describe how you managed to develop/improve your facility infrastructure.
10. Apart from O&OD and what are other mechanisms do you normally use to express or forward your development preferences regarding the facility infrastructure?
11. Does the council normally respond to your preferences? Yes/to some extent/No
    If yes, can you give examples in which your preferences have been responded by the council and how did you forward to the council?
    To some extent, please explain
    If no, what do you think are the contributing factors? How does it affect implementation of development initiative at the local level?
12. What would you like to comment in relation to community participation in the improvement of primary facilities infrastructure

13. Does the in-charge of your primary facilities normally respond to your voices?
    Yes/to some extent/No
    If yes: how? give examples
    If to some extent: please explain
    If no: whose preference is normally considered by the In-charge
14. What powers do you have over the In-charge?
15. What are your general opinion regarding improvement of primary facilities infrastructures?


## List of questions for the interview with in charge/head of school

1. How long have you been working with (name the primary facility)?
2. Tell me briefly about the background of your primary facility.
3. What is the distance from Primary Facility X or Y to the district headquarters?
4. What are the main activities of the people around the catchments area of your primary facility X or Y?
5. How do you plan for development of the facility infrastructure [buildings, equipments and staff]?
6. Do you know about O&OD planning process? Yes/No
7. How are you involved in the village/ward planning process?
8. What development issues regarding the facility infrastructure did you raise to be incorporated into village/ward plan?
9. Did you see the final version of the last copy of the village/ward plan?
10. What development issues regarding the facility infrastructure (building, equipment and staff) were incorporate into village/ward plan?
11. Describe the extent to which the identified development issues during the village/ward planning process have been addressed?
12. The collected data from the council indicate that, you are primary facility is one with better infrastructure conditions compared to many others in the district. How did you manage to improve the infrastructure condition of your facility?
13. Apart from village/ward planning process using the O&OD, what other mechanisms do you use to capture community preferences and forward to the council?
14. To what extent are other mechanisms important when compared to the village/ward planning process?
15. What limitations do you encounter in responding to community preferences regarding buildings, equipment and staff]?
16. What problems related to community participation do you encounter in planning process?
17. What problems related to community participation do you encounter in implementing decisions regarding buildings, equipment and staff?
18. Describe the contribution of community participation in the planning process for development the facility infrastructure [building, equipment and staff]?
19. In your experience, is your local government authority dedicated in responding to your infrastructure [building, equipment and staff] problem *or* they devoted in responding to politicians and high raked civil servants.

List of questions for the interview at council level (individual interviews)

1. How long have you been working with the local government?
   What are your tasks?
   Are you involved in the district planning process?
   How do you develop the education/health district plan?
2. How do guidelines and policies influence your planning process?
   How? (Both positive and negative implications)?
   What are your opinions in relation to guidelines and policies?
3. What is your experience with regard to the local government autonomy?
   What powers do you have in deciding what to be done and how?
   Give an example of anything you have been able to innovate as a result of autonomy.
   What is your experience in utilizing your autonomy as a head of department [building, equipments, and staff?].
4. Describe, how the autonomy in the planning process enable you to respond to community preferences in the improvement of infrastructure in primary facility X/Y?
   Did the autonomy facilitated or impinge development of infrastructure in primary facility X/Y
5. Does central-local relationship influence staff performance in your local government authority in improving primary facilities infrastructure? How?
6. What challenges do you encountered in accessing support from the central government? If yes which/what?
7. Is there anything regarding improvement of primary facilities infrastructure X/Y the central government performed directly without involving your office? Yes/no
   If yes could you please mention an example?
   What has been the experience: success/failure?
8. Do you normally provide feedback for support received from the central government?
   How often?
   How does feedback contribute to respond to community preferences?
9. Are there any contributions [in decision making and implementation processes] from the community for improving primary facility X/Y?
   If yes, which?
   What is your experience?
   If no, why
10. Describe relationship between community participation and development of primary facilities infrastructure?

# List of respondents

## Morogoro District-Urban

*District Headquarter*
R.S. Ndunguru
Queen Mlozi
Mercy Nkinda
Bakari Hamisi
Dr. Godfrey J.B. Mtei
Bonaventura F. Moshi
D.M.L. Nangweha
John Aloyce
Waziri Kombo

*Kingorwila Dispensary*
Sabia Ramadhani
Amandus Barnabas Kimario
Godwin Masaule
Zaina Saidi
Shomari Ally
Iddi Lukwambe
George Makasi
Stanley Fifi
Sabu S. Kassim
Salum Mdumbe
Blandina Ismail
Omari Dumba
Elizabeth Mhina

*Mlimani Primary School*
Theresia Mkasi
Deogratius Kimati
Beatrice Ngowi
Bernard Banzi
Zainab Kondia
Yusuf Mteketa
Asha Mziray
Hadija M. Likopaga
Mashaka Mayule

Morogoro District-Rural

*District Headquarter*
Juma Kabelwa
Sigabu Mbigi
January Njozi
Dr. Pascal Mbena
Lucius Mbombwe
Sara P. Hussein
Cyrus Kapinga
Mourice Sapanjo
Godwin Mbembela

*Tawa Health Centre*
Ashura Shafii
Dionis Temba
Azizi Abdala
Kasimu Dimoso
Kondo J. Kondo
Emanuel Mkude
Erasto Masoro
Henry Moris
Rosymary Saidi
Kasimu Dimoso
Silvesta Mpangwa
Evarist Dimoso
Matiasi Dimoso
Elizabeth Kobelo

*Ngerengere Primary School*
Nicodemas Kalage
Odenkalm Chadiel
Moshi Mnyange
Marium Mohamed
Rahabu Kisunga
Paulina Mlolere
Rogers Shengoto
Athumani Chamsanga
Bakari kikwesha
Rukia Kihimba
Gervas Nandi
Juma Maktemu

## Kilosa District

*District Headquarter*
Ali S.S.Mwigole
Mary Ngala
Benny Ngereza
Sedeti Bulaya
Rashid Chayeka
Ally S.S. Mwegole
Felista Ngaga
Dr. John Lindi
Jacob Msigala
Ambakisye Mwakabana
Ahmed Mshamu
Erasto Kiwale

*Kidodi Health Centre*
Salama S. Mtitima
Fred Mwanyesa
Benson Mbugi
Salma Mwenga
Thomas Kitego
Charles Mlonge
Alex Maganga
Gasper Kanga

*Malowelo Primary School*
Omari Chiduo
John Msiba
Fatuma Muhando
Mary Mmbigo
Jackson Nyange
Julius Chilongola
Fotavina Luhengo
Chedlo Huja
Wilson Mayombe
Teddy Urio
Peter Mosha
Thobias Tirwabahoire
Hamza Ngoli
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