

## Monitoring Rural Service Delivery in the Health Sector in Southern Tanzania

### CONTEXT

In 2010, although the citizens of Chabu and Shinji villages in Ileje District had dispensaries built for almost a year in their locales, they were still being forced to cross the Tanzania border into neighbouring Malawi to access health services as these newly-built centres were still not operational. This is an area where citizens are faced with severe malaria attacks and is the leading cause of death in the district by 68%<sup>i</sup>.

The role of the government is not simply to ensure that its citizens have health centres, dispensaries as well as hospitals but to also ensure that they have access to quality health services. This includes staffing the centres with skilled personnel and supplying them with equipment and medicines. This is reiterated in the Constitution of Tanzania. Article 8.-(1)-(b) states: "***the primary objective of the Government shall be the welfare of the people***"<sup>ii</sup>. Moreover, the National Health Policy of 2003 directs the establishment of a dispensary in every village<sup>iii</sup> and should have qualified staff.<sup>iv</sup>

This case study describes how the above problem in Ileje District was tackled using Social Accountability Monitoring (SAM) adopted by Policy Forum in 2008 as a tool that enables civic actors, and communities at large, to systematically track accountability in service delivery within the public sector. The organization on an annual basis selects two organisations as partners for SAM. In 2010, during its Annual General Meeting (AGM), MIICO (Mbozi, Ileje and Isangati Consortium) was one of the partners chosen by PF members for SAM implementation. MIICO chose to focus on monitoring Ileje District Council in the sectors of Health, Agriculture and partly Natural Resources.

Policy Forum's SAM partnerships aim to enhance capacity of its members to undertake Social Accountability Monitoring whereby its specific objectives aim at influencing behavioural change in the SAM partners, the community they work with, as well as the Local Government Authorities (LGAs) they are monitoring. For the community, the idea is that their ability to demand explanations and justifications from the duty bearers regarding the provision of services is enhanced. For the Local Authorities, the aim is to influence them take corrective actions and make necessary systemic changes where weaknesses have been identified.

In this view of capacity building, PF equips the implementing partner the SAM tool which diagnoses five major processes of Public Resource Management at LGA level. These five processes are 1) Planning and Resource Allocation, 2) Expenditure Management, 3) Performance Management 4) Public integrity Management and 5) Oversight.

### SAM INTERVENTION IN ILEJE DISTRICT: HEALTH SERVICE PROVISION

MIICO's implementation of SAM in Ileje District council started in May 2010 after MIICO signed a MOU with Policy Forum. In July 2010, MIICO staff members were orientated on SAM concept and thereafter selected Ileje District Council as the pilot area. Following this, at a meeting organised by Policy Forum Secretariat and MIICO, the SAM monitoring idea was introduced to Ileje District commissioner, the Acting District Executive Director, other district officials (Land, Natural resource, Health, Community Development, Agriculture and Cooperative Departments), members of Faith-based Organizations (FBOs) as well as representatives from CBOs & NGOs operating in Ileje District.

MIICO and Policy Forum conducted SAM training to selected civic actors who made up the Council Implementation Team (CIT). The training covered the concept of SAM and the tools that are involved in monitoring each process of the social accountability system. After the training, the CIT team collected and analysed documents from Ileje district council of the sectors chosen for SAM implementation.

The analysis findings showed that the total budget for the Ileje Council was **Tshs 8,269,729,746/=** for the year 2009/2010. The total budget for health was **Tshs 849,093,347/=** as only 5% of the total council budget. Of the

total council health budget, development expenditure was only 16% compared to the 84% of recurrent expenditure on health.<sup>v</sup>

The small amount allocated to development in the health sector budget and the implementation reports which showed that the projects of building dispensaries were all completed made the team to initiate a site visit so as to verify if what was written in the reports was what was on the ground. Following the site visit, the team discovered that what was reported did not reflect the situation on the ground and this led the team to convene a meeting with the council officials and other stakeholders in the district so as to share the findings regarding health service provision in the district. The use of media like television and newspaper as advocacy tools was as well used by the team so as to enable the findings to reach a larger audience including the decision makers.



The team was able to talk to Ileje District Commissioner and District Executive Director on October 2011 regarding the problem and one month after the intervention, the mentioned dispensaries were frequently visited by the Ileje District Executive Director and District Commissioner in order for the dispensaries to start operating as soon as possible.

In January 2012, the team visited the dispensaries and found that dispensaries were rehabilitated and ready to be used and Shinji dispensary had already been granted with registration.

### THE PROBLEM: DELAY IN THE OPENING OF DISPENSARIES

During the course of SAM intervention in Ileje district and particularly in health sector service delivery the team discovered major problems in the provision of the service. One of the problems discovered was, delay in operation of the already built dispensaries (Chabu and Shinji) to the extent that both of them had begun dilapidating even before being used due to delay in registration to operate and shortage of qualified staff which was attributed to the change of recruitment policy which directs that all council staff are to be recruited by the central government.<sup>vi</sup> This changes in law and procedure means that local authorities do not have the mandate to recruit and allocate staff, hence making the process to take long time.

#### ❖ *Chabu and Shinji dispensaries*

In the analysis, the team found that in Chabu village, there was a project for the construction of two staff buildings which were supposed to be used by the Chabu dispensary staffs. One staff building was built by the contractor (allocated with the total amount of Tshs 34,159,500 as stated in the Bill of Quantity (BOQ) – pg. 59)<sup>vii</sup> and was completed. Its quality, however, was not satisfactory as stated in the BOQ. Another staff quarter was built by the community initiatives and was in better condition compared to the one built by the contractor.



Figure 1: Chabu dispensary

The completed dispensary of Chabu which was funded by TASAF in the same village is said to be completed since 2009 but it has not yet started working to the extent that the termites have started eating the door frames due to the use of non-treated timber. According to the construction contracts signed between the district and the contractor made on 09<sup>th</sup> October 2009 as stated in the BOQ for construction of staff quarter No. 1 at Chabu Dispensary, all the timber used in the construction were supposed to be treated.<sup>viii</sup> Failure to use recommended materials in the construction of the building implies that the structure will need more money for repair and maintenance which will add costs to the council.

In Shinji village, the case was more or less the same. Construction of the Shinji dispensary had been completed and the staff house was in its final stage but the dispensary was not yet in operation.

The villagers told the team that the delay for the operation of these two dispensaries in the respective villages had resulted in the community failing to attain closer access to health services, forcing them to cross the border into Malawi. The situation was worse for pregnant women during delivery as the journey to Malawi dispensaries involved crossing Songwe river which borders the respective countries.

***What was wrong with the system?***

From the analysis done by the CIT and the explanations given by the Ileje District Council officials, the situation could be attributed to:

1. On staff recruitment the number of staff allocated for Ileje is very low compared to requirements and hence it was admitted that staff shortage is a big concern in the area. This is attributed with the recruitment process in the Local Government Authorities which is cumbersome since Local Government Authorities are supposed to submit their request to the President Office Public Service Management and Prime Minister’s Office –Regional Administration and Local Government since all LGAs are under PMO-RALG, POPSM make approval of the requests depending on the funds available (note that here we only talk of Personal Emolument funds). With the approval of POPSM the approved request are sent to Ministry of Health and PMO-RALG, they are sent to MOH due to the fact that the Ministry of Health has the database of all the graduates and hence they are responsible for the allocation and distribution of staffs to the LGAs as per their request.<sup>ix</sup> Below, is an example of the staffing needs in Ileje Council as depicted in their health plan.

JOB POSITION	VACANCY RATE	VACANCY FILLED
Medical Attendants	9	2
Clinical Officers	16	None were filled
Assistant nursing Officers	14	None were filled

Source: Ileje Council Comprehensive Health Plan 2009/2010<sup>x</sup>

2. Delays in Registration: According to the Ministry of Health, for dispensaries to start operations, they must be registered.<sup>xi</sup> An official from Ileje district council claimed that, they had not received feedback on their registration applications that were sent to the ministry of health and reckoned it was because Ileje is a very remote district and constant physicals are required.
3. Quality of dispensaries built: dispensaries were not built according to the agreement standards as stated in the BOQ that ***“All timbers to be used for construction should be treated”***;<sup>xii</sup> and that is why some of them are dilapidating even before being used. According to councillors, they said that, they were not shown the agreement signed between the council and the contractors and they were demanding that in future they should be given the BoQ for them to frequently monitor the

completed projects since most of the projects are implemented at ward level and it should not only be the role of the financial committee to do this.

### SIGNIFICANT CHANGES FROM THE INTERVENTION (SUCCESSES)

The following were the successes following the intervention of SAM in the district:-

- **Operational of Chabu dispensary:** The dispensary is now in operation and was officially launched by Hon. Hawa Ghasia, Minister of PMO-RALG on 9<sup>th</sup> January 2013. However the dispensary has started its operations since July 2012, according to the Dr. Omiti who works at the dispensary. The doctor further said the dispensary is well equipped despite the fact that there is no electricity they can still run the facility since they are using solar panel.
- **Staff Recruitment:** During the follow up visits by the CIT team on January 31<sup>st</sup> 2012 at both Chabu and Shinji dispensaries, the team were told that staffs have already been recruited.
- **Rectification of faulty construction:** As the construction of Chabu dispensary took a long time, its structure had begun dilapidating, including crumbling door frames and eroding paint. However, during the follow up visit on January 2012, the team found the door frames have been changed and dispensary was painted with new colour.
- **Dispensary Registration:** Shinji Dispensary has been granted with registration however it has not started its operation due to the on-going construction of staff houses.
- **Behavioural change to the councils' Accounting Officers:** After the feedback meeting with the stakeholders, district executives (DED & DC) have been frequently visiting the villagers of the said dispensaries (CHABU) and discussing on the issues regarding the operation of the dispensary.
- **Behavioural change of citizens:** The implementation of SAM in Ileje district to some extent has influenced the citizen perception towards holding their leaders accountable, this is so because during the course of implementation the team witnessed the citizens demanding for explanation regarding the use of public funds as stipulated in the councils plans, a behaviour which was not common since the citizens regarded themselves as not part of the council and therefore believing that they are not obliged to question their leaders regarding the social service provision in the council.

*"An old man named Gibson Mtindya (74yrs), said, 'I have been living in Chabu village since the village was formed in 1975, since then we never had a dispensary in our village. We used to go Bupigu village which is 9 km away from our village and to Malawi to get health services of which sometimes we failed to cross the river and some women delivered before getting to the dispensary. We asked the DED some years ago to build the dispensary but there was no implementation. However he promised when the number of households gets 250 the dispensary shall be built. But thanks to the government which gave us an opportunity to identify a project under O&OD process, of which ours was dispensary which the government agreed to assist us to construct. Now we are happy that many women deliver in our own dispensary. Recently one women delivered triplets in our dispensary. In case of referral cases, Doctors call for an ambulance from Itumba hospital to collect sick people for further medication, we are very much grateful to the government".*

## ACHIEVEMENTS/SUCCESS FACTORS-

- **CIT Capacity and advocacy**

Being equipped with the capacity to extract evidence (that is local and relevant) on the state of the facilities was a major factor that enabled the CIT push for responsiveness from the duty-bearers. With the above findings and the capacity-building on advocacy provided during the trainings, the team was in a position to influence the Ileje District Commissioner, the District Executive Director and a representative of the District Medical Officer, who in turn persisted with the matter as far as to the Ministry of Health.

- **Good collaboration between MIICO and Ileje LGA**

Good collaboration between MIICO and Ileje LGA played an important role in contributing to these changes. To a large extent, Ileje Local Authority officials were very cooperative in part because of the good working relationship that exists between them and Ileje Rural Development Organization (IRDO), a MIICO, member organization. Also, LGAs were involved from the beginning of the SAM process.

The above changes we believe were attributed by the SAM intervention in the district, for the fact that dispensaries in the said villages had been built for years but were not in operation because they had not been registered. But after sharing the findings and talking to the Ileje District Commissioner *Shinji Dispensary* has been granted with registration and *Chabu* dispensary is now in operation.



Figure 2: Dr. Omiti in his office at Chabu dispensary

However, we still believe that close follow-ups and continuous monitoring is highly needed so as to ensure that the changes are sustainable culminating with the full operation of both dispensaries as promised by the LGAs and Ileje DC (i.e. completed construction, registration, staffing and service provision).

## RECOMMENDATION

After understanding the reasons as to why there were delays in the operation of the said dispensaries, the SAM team recommends the following in order to bring systemic changes in the council and government in general regarding the provision of social services and health services in particular.

- Regarding the recruitment process at local level, we recommend that, Since the health sector is directly connected to the service delivery it is very important that in the adoption of D by D to give districts/councils autonomy and flexibility to decide on the use of special budget funds to enhance staff attraction and retention in remote areas which are regarded as underserved areas. The newly formed Public Service Pay and Incentive Policy we believe if it implements its commitments effectively to a higher extent it will help to reduce the problem of staffing in remote areas such as Ileje.<sup>xiii</sup>
- When planning it is important to take a holistic view of the implementation process. In this case, since it was known that there were 2 projects of constructing dispensaries by the Ministry of Health, the moment the projects were approved, recruitment and registration processes should have begun.

- A need for the government to review the systemic issues that hinder the implementation of D by D so as to have a smooth implementation of development projects instead of waiting for approval from the central government
- It showed from the findings that councillors as the council's oversight bodies are not provided with contracts and corresponding BOQs by the contractors who are offered different tenders in the district. For the council to improve accountability to the citizens that they serve, it is very crucial to involve councillors in the scrutiny of all necessary agreements between LGAs and outsourced contractors.

## CONCLUSION

Effective social accountability monitoring processes requires a number of multiple stakeholders to act together so as to enhance accountability in local Government Authorities. As seen from the case study above, for the changes to be sustainable and hence systemic each stakeholder has a role to play. For the citizens who are beneficiaries of the services, they are also supposed to monitor the service delivery provided by the duty bearers by participating from the planning stage (budgeting) to the implementation stage (budget execution). Likewise, LGAs should as well give citizens the space not only to participate in the process but also the opportunity to question and demand for explanations and justifications for decisions made regarding service delivery.

CSOs as part of the stakeholders should as well collaborate with LGAs and refrain from unnecessarily having antagonistic relations.

From our case study, what is therefore required to sustain the changes recorded is for citizens in Chabu and Shinji villages, Ileje District, in collaboration with MIICO as part of the implementing partner, to continuously monitor progress and press for action when regress is noticed.

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<sup>i</sup> Ileje District Strategic Plan 2006/07-2010/11 pg. 13.

<sup>ii</sup> Constitution of United Republic of Tanzania Article 29.-(1) pg. 19

<sup>iii</sup> National Health Policy, Ministry of Health 2003 pg. 19

<sup>iv</sup> National Health Policy, Ministry of Health 1990

<sup>v</sup> Source: [www.pmoralg.tz](http://www.pmoralg.tz) LGA expenditure for Ileje Council 2009/2010, Accessed on 23<sup>rd</sup> March 2012

<sup>vi</sup> The Public Service (Amendment ) Act, 2007 pg. 6

<sup>vii</sup> Bill of Quantities for Construction of staff quarter no. 1 at Chabu dispensary pg. 58

<sup>viii</sup> Ibid

<sup>ix</sup> <http://www.policyforum-tz.org/files/MKUKUTAHUMANRESOURCEFORHEALTHCONSULTANCYFINALREPORT.pdf>

pg. 30, Also the Government Circular of 24<sup>th</sup> September 2006 with reference No: 17/128/11/54

<sup>x</sup> Ileje CCHP 2009/2010 pg. 13 &14

<sup>xi</sup> The Private Hospitals (Regulation) Act, 1977 pg. 7&8.

<sup>xii</sup> Bill of Quantities for Construction of staff quarter no. 1 at Chabu dispensary pg. 58)

<sup>xiii</sup> [http://www.tzdp.gov.tz/uploads/media/presidents\\_office\\_-\\_public\\_service\\_management\\_Equity.pdf](http://www.tzdp.gov.tz/uploads/media/presidents_office_-_public_service_management_Equity.pdf). Paper presented during the General Budget Support Annual Review 2010, 7<sup>th</sup> December 2010.