SAM Strategy Journal - Tanzania

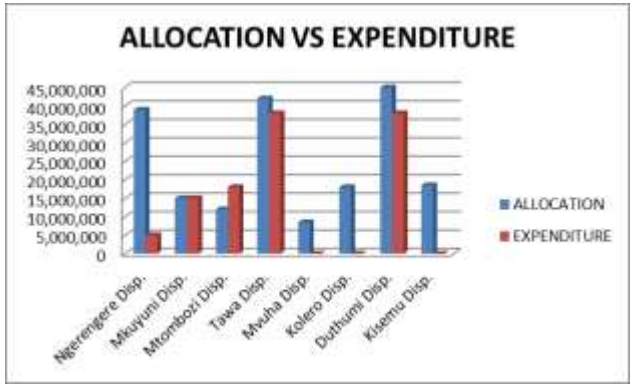
Year: 2011 **Quarter: 2 Location:** Morogoro **Completed by: Prisca Kowa** **Date: November 2011**

Intervention	**Corrective/adaptive measures taken during the course of your intervention**	**Date(s)**	**Analysis**
DESCRIBE YOUR INTERVENTION IN DETAIL, LISTING ALL ACTIVITIES UNDERTAKEN (What exactly did you do? With Whom? What was the intended outcome of the intervention? How does this intervention contribute to your overall SAM objectives?)	*Have you made any changes to your original intervention during its implementation? What were you hoping to achieve by making these changes?*	*(When did the intervention/corrective measure/adaptation occur and when did/will it end?)*	*Here list the government documents you obtain and the main findings of your analysis. Also state the file number where your detailed analysis and any calculations can be obtained. If no analysis was undertaken during this quarter, you must say so. If your analysis is still in progress, list the documents obtained, any documents that are pending, and state that your analysis is still in progress noting when completion is expected.)*
Policy Forum in an annual basis selects two partners for Social Accountability Monitoring (SAM) implementation. In 2010/2011 in its annual general meeting the members chose UNGO (Union of Non Government Organization) to be one of the implementing partners of SAM in Morogoro district Council. The sectors chosen for SAM implementation in Morogoro district Council was Health sector and Water sector. The overall goal of SAM is Capacity building to members on Social Accountability Monitoring where as its specific objectives includes influencing behavioural change to the SAM implementing partners as well as community at large so that they are able to question, demand explanation and justification to the duty barriers as far as social accountability system in service delivery is concerned and be able to question service providers so that they respond and take corrective measures upon their conducts. There were a number of activities carried out during the implementation and they are: The process began with the training which was organized by the Policy Forum secretariat in collaboration with UNGO; the major objective of the	Since there was difficult in accessing some of the council's documents, there is delay in analysis process and feedback sharing. So we need to convene a stakeholders meeting to share preliminary available findings from the analysis to get explanation and justification from the available preliminary findings Initially it was planned to monitor health and water sectors in the district, but since it was difficult to obtain relevant documents for the analysis of water sector, the team only analysed the health sector	2010/2011	• Morogoro District Strategic Plan (SP) 2009/2010-2013/2014), • Medium Term Expenditure Framework (MTEF)- Morogoro District Council 2009/2010-2011/2012, • District health annual report (2009/2010) • Council's Comprehensive Health Plan (CCHP) 2009/2010, Other information was gathered through conducting interviews using scorecards, CIT team interviewed nurses, doctors, District Health committees, administrative leaders of villages and wards (Village Executive Officers & Ward Executive Officers) as well as village members**.** The main findings were: • **Malaria is the leading disease which causes morbidity in the district** The needs assessment for health sector indicates that malaria is the leading diseases reported to cause morbidity in Morogoro District by 45% compared to other disease, also we have seen that Maternal mortality and under five mortality rate are

training was to equip the implementing members with the skills on how to conduct SAM. The training covered the concept part of SAM and tools that are involved in each process of Social Accountabilty Monitoring. The total participants for training were ten and it involved participants from CSO's, and Government Officials. After training participants selected the Councils Implementation Team (CIT). The selection of the team based on the willingness to participate in the CIT, geographical locations and individual capacity to analyse council budget documents. The total number of CIT team was 10 and their major roles were: gathering information from the council, analysis of the information (documents) obtained from the council and feedback meeting with stake holders like Councillors, Council Officials, CSO's/NGO's/CBO's/FBO's, Media and community at large on the findings from the analysis. After that, the selected team for implementation started with information/data collection from the council which focused on two sectors chosen for SAM The process of data analysis began on 14th to 23rd June 2011 after the three days training on the tools for Social Accountability monitoring whereby the participants were the CIT team selected for implementation. The analysis was done by CIT team selected mentored by PF secretariat so as to observe the council's accountability on service delivery in water and health sectors. During the analysis it was observed that there are some documents which are Council Comprehensive Health Plan 2009/2010 (CCHP),Water Sector implementation report, Financial Implementation report and Councillor's committees report are still needed for analysis, therefore the CIT are continuing to solicit those information.		14th -23rd June 2011	as well the causes of mortality in the district, hence these three areas were seen as the priorities in addressing health issues in the district. In order to address those priorities the district planned to **improve health facilities through rehabilitation and construction of dispensaries by 2012** as well as **constructing and expanding existing dispensaries to be health centers by 2012.** • **Council's ability to collect its own revenues** From the analysis the team observed that council ability to collect its own revenue is very low, of the total budget of Tshs 14.9 billion, Morogoro council has only been able to contribute Tshs 513 million which is only 3% of the total budget. This has direct impact in the council's service delivery as the council highly depends from the central government grants, this may hinder effective implementation of the councils development projects which will help to reduce Malaria disease as planned, due to the fact that in most cases funds from the central government are not disbursed on time. as shown in the table below • **Discrepancy in data in the Councils documents** There are differences in the statistical data from the SP and MTEF for example from SP the Under-five mortality rate is 135/1000 live birth but in the MTEF is 160/1000. Also there is difference in targeted years for the reduction of malaria in MDC; in the district Action Plan the target is 38% in 2005 to 14% in 2011 while in Strategic Plan it is 38% in 2005 to 14% in 2016. This shows there is lack of seriousness on the preparations of plans documents and since plan documents are like a road map to staff for implementing activities this will lead to negative impact to implement those activities and the target might not be reached. On budget allocation there are discrepancies

In November the team was able to convene the meeting with the stakeholders which involved councillors, Representative of Morogoro District Executive Director, Village Executive Officers, Medical Officers, Representative of Morogoro District Medical Officer, Journalists (Mwananchi Newspaper and Radio Free Africa Reporter) and the general public.		November 2011	between the total budget from the PMORALG website (www.logintanzania.net) and district Medium Term Expenditure Framework (MTEF). The total health budget from PMORALG website is Tshs 2.2 billion where by recurrent expenditure is Tshs 1.6 billion and development expenditure is Tshs 535.9 million. While in MTEF 2009/2010 to 2011/2012, the total budget for health sector is Tshs 2.3 billion whereby recurrent expenditure is 2.0billion and development expenditure is 268.9 million. • **Cases of over/under expenditures** Among eighty dispensaries which the team visited and they were planned to be rehabilitated by the council, three dispensaries had under spent its funds, one dispensary has overspent its funds and worse enough three dispensaries' activities were not implemented at all regardless of being allocated with funds. Among these eighty dispensaries only one dispensary of Mkuyuni had implemented its activities. This means that councils strategic goal of "***strengthening the provision of primary health services with emphasis on referral system***" will not be realized due to the fact that a number of activities planned to be done were not implemented effectively. Such kind of expenditure may as well affect future allocations in health sector for there are cases of over and under expenditures and on other activities funds have not been used at all. All these in turn denies citizen's right to health services hence instead for the council to progressively realize its citizen's rights it is regressing. In the Annexure 4 from the CAG report, it shows that MDC was as well among of the council having the unspent Development Funds/Grants. Council Development fund Available (Tshs) was 3,754,369,942/=, Expenditure (Tshs) was 1,880,837,548/= and Unspent/ Overspent Balance (Tshs) was 1,873,532,394/=[1]

[1] CAG General Report on LGA for 2009/2010 p. 184

			• **Poor implementation of the planned activities** Generally the implementation of the activities planned for the year 2009/2010 was not efficiently and effectively implemented. Most of the activities were poorly implemented and others were not finished as planned though financial resources were obtained. Of the eight sites were projects were to be implemented only one village of Mkuyuni the activity was well implemented. There other villages activities were not implemented at all for instance Kolero and Kisemu wards as shown in figure below .  Source: District Annual Implementation Report • **Poor reporting of the planned and implemented activities** Also there were activities which were not seen in the MTEF of 2009/10-2011/12 but in the district health annual report (2009/2010) were there and they were allocated with the budget as well as how the allocated budget was spent. This has implication in service delivery due to the fact that the council might be implementing the activities which were not planned therefore living out the most pressing need of the society hence threatens the realization of

			citizens or community rights as far as social delivery is concerned. Also this is contrary to the Medium Term Planning and Budgeting Manual on reporting requirements as accounting officers are supposed to report only what has been planned.[2] In this report there were no any explanation and justification from the service provider on why the activities implemented on the annual report were not in MTEF and if it was approved by the councillors. • **Inability of the oversight bodies (councillors)** The team was able to observe weaknesses in this process; oversight bodies (councillors) have failed to execute their roles effectively as oversights; for example the team found that there were contracts signed for the rehabilitation and construction of dispensaries and health centres and were not approved by the councillors in respective villages. This makes contractors not be accountable to the citizens directly which again may result to the lack of participations from the community/citizen regarding the implementation of the projects hence opens loopholes for the misuse of public funds which result to the delay of the developmental projects During the course of implementation the team experienced the difficulties in accessing the documents needed for analysis in both sectors. In health sector the document that are needed are Council Comprehensive Health Plan 2009/2010 (CCHP), Financial Implementation report (2009/2010) and Councillor's committees report (2009/2010) On the side of water sector documents needed includes, Water Sector implementation report (2009/2010), Financial Implementation report

[2] Medium Term Strategic planning and Budgeting Manual pg. 63, Reporting Requirements "Performance Reports: the foundation of these reports is a comparison an institution's target with its actual values, together with an explanation of why targets may or may not have been met. The report will also highlight major accomplishments and constraints (or emerging issues) and provide a comparison of budgeted with actual costs (for example, by department, objective, or target)".

			(2009/2010) and Councillor's committees report(2009/2010) All these documents have been requested from the council since 23rd June 2011, but up to date there is no any feedback from the council.

SIGNIFICANT CHANGES: *(Have there been any developments in service delivery as a result of your intervention? Have there been any changes in the reasoning – or how they justify what they do; the behaviour; and or the capacity of those you sought to influence as a direct or indirect result of your intervention? Those you seek to influence may be communities, CSOs. Media, Government Officials, Councillors, MPs, the general public. It is best to identify them when designing your intervention. Have their been any systemic changes in public resource management as a result of your intervention? – record both intentional and unintentional changes.)* ***NOTE:*** *It is usually difficult to attribute such changes entirely to your intervention, so do not worry if you only have anecdotal evidence here, provided that you acknowledge that this is what it is.*	
Description of change *(Here list the change that occurred and which specific activity/activities within your intervention caused the change.)*	***Evidence to support your claim*** *(How do you know that the changes listed in this section are the result of your intervention? Make reference to any supporting documentation/media cuttings record of conversation/observations noted.)*

Clear potential benefit for citizens from intervention includes findings revealing positive responsiveness of the community in the survey, discipline measures indirectly taken against irresponsible public servants (Ref. Mwananchi newspaper of 15 May, 2012) of all levels, trained Human Resource (HR) improved and allocated in each heath facilities, equipped laboratories in place, Maternal services improved in each Health Centre/providers (Mama na Mtoto). and HIV/AIDS services improved Significant for change underlining the intervention reconfirmed LGAs acceptance to UNGO findings thus took actions by terminating public servants as well as Controller and Auditor General (CAG) report came out with an adverse opinion for the council audited report for 2010/2011. The changes are indirect influence of the intervention of which the community realized that it was their duty and right to speak out and discipline irresponsible leaders and public servants. Central government and LGAs leaders have accepted to comply with people's voice and needs and Systematic change in public resource management (i.e international and unintentional changes) is a contributory factor emanated from these interventions towards this positive change which made LGA to comply to set rules and regulations. Critical key factors identified Poor service delivery, misappropriation of public funds/resources and abuse of public services/powers and ethics If there would have been no responsiveness the community soon or later would have reacted against LGA. Cooperation among SAM team and society during resulted in increased Awareness and openness, made untrustworthy leaders and public servants to be accountable for the public resources under their mandate LGA reacted positively, Community appreciates collective decision making and community imparted with skills to follow up service delivery in (Health sector) The survey is a success and worth replicable in other sectors and areas to bring quality public service delivery performance in place "Water Sector" has been identified as the next touching sector to conduct social accountability monitoring (SAM) in Morogoro District Council	Ref. Mwananchi newspaper of 15 May, 2012)
Lessons Learnt: *List all the lessons learnt this Quarter from the implementation of SAM in this district.*	

- ***Council's projects Implementation***

From the analysis we have come to learn that there were a lot of pending projects especially those of construction and rehabilitation of dispensaries. In most of the villages were dispensaries were to be rehabilitated during the site visit team found that there were no any activities going on and yet from the council documents as mentioned in the findings above they have receive funds for the activity, this matter was presented during the stakeholders meeting whereby representative of Morogoro District Executive Director who attended the meeting promised to take the matter to the DED for follow-ups.

- ***Councils document Accessibility***

Getting documents for the analysis from the council was a very big challenge as the CIT team in collaboration with UNGO (implementing partner) has been doing follow-ups for long time in trying to get other set of documents for the analysis and yet they were not able to obtain them. However with the experience from other sites where SAM have been conducted, we have come to learn that if the local Civil society collaborates well with the council for instance submitting organization's implementation report to the council it is more easier for the organization to get the councils documents that can be used for analysis. So this should be noted by the CSOs that both CSOs and Government are development practitioners for they have one goal of bringing development to the citizen they should collaborate and not seeing each other as enemies.

- ***Staffing***

It was observed by the CIT team when filling in the scorecards that, Morogoro district council has a shortage of staff especially to the dispensaries and the health centers which the team visited.

- ***Community Health Fund***

When the team interviewed the villagers regarding the community health fund, most of them said they do not understand the rationale of the fund and they even do not know what the usage of the fund is. Since the community health fund has importance regarding the provision of health services we argue for the council and leaders in those villages to educate the community about the fund.