



CBPM NAKOMBO-ADP Assessment Report

Prepared by WVT
Advocacy Unit.

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Finally, our gratitude is extended to WVAUSO for their initiatives and support of wanting this project to be implemented in WVT.

2.0 AFFIRMATION

Except as acknowledged by the references in this paper to other authors and publications, the Assessment findings and recommendation described herein consists of our own work, undertaken to improve the quality of World Vision's Assessment exercise.

3.0 GLOSSARY

CBPM	Community Based Performance Monitoring
WVT	World Vision Tanzania
MQ	Ministry quality
DME	Design Monitoring and Evaluation
ADP	Area Development Program
AUSO	Australia Support Office
NSGRP	National Strategy for Growth and Poverty Reduction
LEAP	Learning through Evaluation, with Accountability and Planning
FY	Financial Year
URT	Unite republic of Tanzania
PO	Project officer
SMT	Senior Management Team.
SACCOS	Saving and Credit cooperative Societies.

4.0 EXECUTIVE SUMMARY

Program/Project	CBPM Assessment Plan and Terms of Reference
Programme Phase:	Assessment period: may to June 2009
Assessment purpose	<p>The assessment will empower communities to address the underlying causes of poverty Through their participation and involvement in policy influencing and monitoring to ensure government provision of education and health services.</p> <p>The assessment will analyze the situation of Health and Education services in Nakombo ADP and establish the current situation of service provision and community's engagement in monitoring performance. The identified gaps will help to introduce CBPM as a tool in a way that empowers the communities influence policies through their voices and action in addressing the underlying causes of poverty.</p>
Assessment Start and finish:	May to Oct 2009
Assessment Phase Budget	USD 29,850
Anticipated Assessment Report release Date:	June2009

5.0 APPLICANT'S CONTACT DETAILS

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This document was prepared in close consultation with the Advocacy manager, Mr.David Makala and DME team.

Health and Education are among World Vision sector priorities. Among the problems facing the communities we are serving is lack of policy knowledge mainly at the grassroots level. WVT and other NGO's are working with the government and communities to change this situation.

CBPM is planned to be introduced to the communities. This will compliment what is now happening at the local level. Technically CBPM will support the initiatives which are in the awareness raising level which is the major advocacy objective.

Prior to this assessment there was one CBPM training (Orientation workshop) which was conducted at the Northern zone in March 2009. The purpose of the training was to sensitize the three ADP's namely Nakombo, Mkulat and Shambarai where this exercise shall be conducted. At the moment this exercise has been conducted at Nakombo ADP. The purpose of the training was to raise awareness to the three ADP's about social

accountability and how CBPM operates. The participants were community Government leaders and influential community members as it was seen to be important for them to own CBPM before it is taken to ground. The training was facilitated by CBPM focal person (Sia Kassian).

6.0 ASSESSMENT INTRODUCTION BACKGROUND.

6.1 ASSESSMENT PHASE OBJECTIVES

The overall objective of CBPM Assessment is mainly to gather and analyse information on the situation of community member's participation and involvement as citizens in exercising their right to information through access and use of information, their capacities in expressing their views and interests and demand action from those with power, (government leaders and other stakeholders)

To identify opportunities and advocacy spaces provided (existing forums and events in the local government structure) for ordinary citizens to share views with each other, and evaluate their power holder's level of accountability on the delivery of basic services. The information collected during the assessment will help to understand the context and inform the design of the CBPM project in WVT selected APDs.

The Design and Implementation of CBPM project in WVT ADPs will empower ordinary citizens as community members, other partners to engage in effective advocacy and policy influencing through access and use information to lobby and dialogue with decision makers/leaders in influencing implementation of policies on their favor. This will lead to improved services in health and education, strengthen and increase the citizen's capacities to engage in dialogue, implementation and monitoring of key policies. The citizen's level of expressing their views and interests and demand action from those in power as per standards will be strengthened. The stakeholders' partnership and accountability around the delivery of basic services will be promoted.

1.1 The overall purpose of CBPM /Citizen Voice and Action assessment power holders power holders focused on collecting and analyzing information which will led to:

- Understand the current situation on the four elements of Citizen Voice and Action namely,
 - Citizens' access to *information* such as key social policies, government programs and budget allocation to implement the programmes in ther district, Wards and Villages. This forms the citizens' power for better engagement in advocacy and policy influence
 - the *voice* which is the capacity of citizens, the poor and most marginalized, to express their views and interests, monitor polices and by laws implementation and demand action from power holders and duty bearers,
 - the *dialogue*, which is the opportunity for different stakeholders, including the ordinary citizens and power holders to share their views about the delivery of the basic services and participate in decision making process

- *Accountability* of duty bearers and power holders, as well as ordinary citizens in ensuring that quality services are delivered.
- To Identify and understand the root causes of poverty and injustice in the selected ADPs and the partners who engage in advocacy and policy influence in addressing poverty and injustice in programming.
- Identify opportunities, capacities and resources available from other stakeholders such as government, CBOs, faith-based institutions, businesses, NGOs, higher learning institutions which will lead to strengthened citizen's engagement and their role in monitoring key policies implementation.
- To understand how best CBPM being introduced by World Vision in communities will be implemented to improve citizens Voice and Action while supporting the initiatives of service providers in addressing poverty among the communities/service users/ordinary citizens.

| The assessment process_provided:

- A better understanding of community members' access to public information including policies and legislation affecting their issues such as water and health.
- A better understanding of government planning, budgeting and expenditure procedures at district, ward and village level.
- Understanding on the existing Mechanisms that allow ordinary citizens to engage in dialogue with leaders at Village, Ward and District levels
- Information on the established collaborative partnerships and mutual understanding within and between stakeholders within the selected ADP communities.
- Understanding of the influential leaders and their roles, the way they could influence implementation of by-laws and policies in favor of the citizens
- Identify existing advocacy skills and structures of engaging with power holders and making them accountable to deliver on their promises.
- Better understanding of government roles and accountability mechanism.

7.0 METHODOLOGY.

The methodology used during assessment included participatory techniques which involved ordinary citizens through focus group discussions, individual and Household interviews and consultations with the ADP, Zones and Head Office staff, influential religious, political and government leaders at Village, Ward and District level. The individual key informant's questionnaires and Focus Group Discussions checklists were administered to the different participants during the assessment.

7.1 WHO

The interviews and data collection were done by the CBPM assessment working group. The group of people interviewed included the following; government leaders at Districts, divisional, ward, village and ADP level; parent; teachers; pupils; and health workers.

7.2 COMMUNITY LEADERS

Nakombo ADP- Same **District-** Education Officer, Health Officer, Primary School teachers of sampled schools, Religious leaders.

Haki Kazi Catalyst, ANGONET (Arusha NGO's Network) are partners who were expected to participate in this assessment. BUT due to some reasons they could not participate in the field though they had some inputs in the CBPM awareness training of March 2009 report.

7.3 WHERE

The assessment carried out at Nakombo ADP and thereafter shall be followed by Shambarai and Mukulat ADPs, which are located in Simanjiro, Arumeru and Same Districts in Manyara, Arusha and Kilimanjaro Regions in Tanzania.

7.4 District Level:

The District Government officials particularly the District Executive Directors (DEDs), District Planning Officers (DPOs), District Education Officers (DEOs), District Medical Officers, (DMOs) and other key district government education and health authorities were interviewed as they are the goal owner of the assessment.

The Political and Religious Leaders, Key Civil societies and NGOs leaders at district level such as District Council Chairs, Church Pastors, Muslim Imams and other religious leaders were also involved in order to get their views on education and health facilities.

7.5 Key Questions:

The following key questions were asked to supplement the formal questions prepared in advance during the Focus Group Discussions on:

(Please note that all the questions were asked in Swahili)

Transparency and accessibility of Information

- Are ordinary citizens as community members, men, and women able to access information freely from public authorities on the public services delivered in their District and specific Wards and Villages?

Sharing and feedback forums

- What are the existing collaborative efforts to share information and give feedback between stakeholder groups including the users and providers on public services being delivered by government in the district?

7.6 Accountability

- What are the main responsibilities of district government officials in the delivery of public services and what are the three main accountability measures that ensures quality services were delivered (especially in education and health)?
- What are the main responsibilities of the ordinary citizens to the government to the district authorities in ensuring that quality public services are delivered (especially in education and health)?
- What are the roles of other actors such as the civil societies and NGOs on public service provision in the district (provision, monitoring, or evaluating public service provision)?

The review of secondary literature will be made prior to the interviews and focus group discussions, especially on the District Government strategies, Action Plans and Budgets allocated on public services delivery.

7.7 Ward and Village levels:

The Assessment at Ward and Village level involved the ordinary community members and Village leaders and technical personnel.

The Ward and Village Government, political, influential, Civil Societies, Community Based Organizations and religious leaders were included as technical personnel:

- Ward Councilors and Village Chairs
- Ward and Village Executive Officers
- Ward Education Coordinators, and Ward Community Development Officers
- Head Teachers, Teachers, Clinical Officers, and Health Officers
- Primary School committees, Parents, Ward and Village Development Committee members
- Selected Ordinary community members

7.7.1 Key Questions:

The following key questions will be asked to supplement the formal questions prepared in advance during the Focus Group Discussions on:

Transparency and accessibility of Information

- Are ordinary citizens as community members, men, and women able to access information freely from public authorities on the public services delivered in their specific Wards and Village offices?

Sharing and feedback forums

- What are the existing collaborative efforts to share information and give feedback between stakeholder groups including the users and providers on public services being delivered by government in the Wards and Villages?

Accountability

- What are the main responsibilities of Ward and Village government officials in the delivery of public services and what are the three main accountability measures that ensures quality services were delivered (especially in education and health)?
- What are the main responsibilities of the ordinary citizens to the government to the Ward and Village authorities in ensuring that quality public services are delivered (especially in education and health)?
- What are the roles of other Actors such as the Civil Societies and NGOs on public service provision in the Ward and Villages (provision, monitoring, or evaluating public service provision)?

The review of secondary literature was made prior to the interviews and focus group discussions, especially on the Ward and Village strategies, Action Plans and Budgets allocated on public services delivery especially in health and education and other priority public services.

8.0 Data collection Methods

Methods used to collect data included review of Secondary Data, Focus Group Discussion and interviews. Semi structured interview were used for_key informants. Age Gender Diversity Mainstreaming (AGDM) method were also applied to capture gender and age perspectives. The children were interviewed separately.

8.1 Field work

An intensive fieldwork exercise for data collection was carried out for three days in nine (9) villages. The fieldwork enabled 32 community representatives who participated in the discussions to reveal their community's strengths, weaknesses, opportunities as well as their aspirations for community development.

8.2 Sampling

Nine villages out of ten found in the proposed program area were purposeful selected for the assessment. Grouping for sampling considered villages' similarities such as

geographical, development. The purposive selected villages include Vudee, Mwembe, Kisiwani, Mkonga/Ijunyu, Bangalala, Muhezi, Kwizu, Msindo and Marindi. The assessment as well covered four wards including Mwembe, Kisiwani, Muheza and Vudee they all fall in one division of Mwembe Mbagi.

8.3 Data Analysis.

PESTLE frame work analysis was the main approach used to analyse qualitative data. The exercise involved data organization by starting with key points explored which were divided into four parts, information about public services available at Nakombo ADP, planning, budgeting and expenditure, voice and dialogue, understanding accountability, understanding government and empowerment and lastly was about networks and association. The analysis was then carried out for all categories i.e government leaders (District executive officer, education executive officer), Political (village chairperson), Social (ADP committee members) parents, teachers, pupils.

DATA ANALYSIS.

9.0 SITUATIONAL ANALYSIS

9.1 The proposed CBPM project:

The proposed area for the Community Based Performance Monitoring project shall be in Mwembe Division composed of 6 Wards and 18 Villages with a total population of 48,354 among whom 24,273 are male and 24,081 are female (central census office national bureau of statistic by June 2005).

Means of transport is by road from Arusha to Same. The proposed project area starts 190kms almost from Arusha city to same district headquarters and the furthest village is 70kms away from same town. Its rural roads are passable throughout the year though slightly slippery during rainy seasons.

Mwembe division currently has no a social accountability project, apart from PET's (public expenditure tracking system) which was carried out only in some parts which was funded by TASAF. Village's feeder roads are also passable and there is a reliable public transport (bus) from same town to interior villages. Mwembe mbaga division is among the poorer divisions in same district compounded with socio economic challenges and this has been the selection criteria for the CBPM project to be carried out in Mwembe mbaga division.

9.2. Partners analysis

A stakeholders' analysis was done with a purpose of identifying their areas of operation, interest, strengths and gaps as far as social accountability is a concerned. The table below summarizes the stakeholder's picture;

Name of stakeholder	Areas of interest	Geographical area Covered in the	Strengths	Gaps
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		district		
Same District Council	Community Development in totality.	The whole district.	Has personnel Ready to work with WVT/ADP. Have funds for developmental activities. Already undertaking intervention for child development/protection.	Limited resources. Inadequate capacity towards addressing issues related to social accountability.
Schools	Education sector	Kirinjiko primary school.	The community is Child oriented and enthusiastic to work with WVT/ADP in developing their schools.	No scholastic materials. Inadequate teachers, books, classrooms, desks. There's a distance from schools to residences.
Health centre- is this a government dispensary?	Health sector	Bangalala dispensary	Has capacity to provide first aid services. Availability of VCT. MCH for pregnant women and children (free immunization).	Inadequate staffs. no water No doctors. No laboratory
Church/mosque	Community Development in totality.	Mwembe mbaga.	Provide spiritual support to community members.	No water. Inadequate staff houses for them

9.2.1 Political context:

Tanzania has a Vision 2025 that aims at achieving a high quality livelihood for its people; attain good governance through the rule of the law and develop a strong and competitive economy. Achieving Universal access to safe water, Universal access to primary health care, primary education and extension of tertiary education, a well educated and a learning society and gender equality are among the main targets.

The assessment reveals that the Government of Tanzania is proactive on Poverty Reduction depicted by presence of National Strategy on Poverty Reduction (MKUKUTA) that aligns with WVT Strategy. There is also a well established leadership structure at all levels and an existence of multiparty for democratic appeals. The community is capable in defining its preferred future politically, socially and economically. **The Community aspires for the implementation of CBPM after the assessment as they will manage to monitor issues affecting their development.**

Apart from the political strengths, some weaknesses were also mentioned by the community, these include poor governance among community leaders and political conflict of interest that hinders community participation and commitment. There are complaints from the community towards lack of transparency among leaders for the developmental activities being implemented; this leads to inadequate ownership of developmental programs hence impairing sustainability.

9.2.2 Background information.

Majority of interviewee came from Kisiwani and Mwembe villages at Mwembe mbaga division. The rest of the interviewee came from different villages. Age wise majority of the interviewee were between thirty six years to fifty five years old. On the level of education the interviewee attended primary school and vocational education, few attained o level, and very few attained 'A' level education.

Low income among community members

The percentage of Tanzanians who are below national basic needs poverty line is 35.7%¹ while in same district it is 76%. The low income in the district is contributed by 95%² of its population living on low agricultural productivity is low. Poverty is caused by both internal and external factors. Poor living conditions of the same people serve as a force to push the youth to urban areas where most of them remain unemployed.

The majority in the project area live in poor quality houses. Women are poorer than men despite the fact that women are the major actors in productive and reproductive activities. Women do not receive adequate remuneration for their work because they are not decision makers at household level and at higher levels. Women like other Tanzanian women have limited access to employment opportunities in the formal sector. As a result many have to adopt survival strategies through the informal sector where many operate without support of extension services or credit.

Lack of entrepreneurship and marketing skills

The community lacks skills in managing their day to day income generating activities. Farm produce are sold at a low price immediately after harvest to get some cash. Cash crops are not grown in the area despite their potentiality for growing; this leads to selling of food crops for cash and leaving the homes without food. There is misuse of little household's income attributed by poor budgeting and time management. The program area experiences lack of reliable market, price fluctuation impacts their income. Poor road infrastructure hinders the community to access external market. Farmers are inaccessible to financial institutions like community bank and SACCOS.

9.2.3 PUBLIC SERVICES.

The 64 participants were interviewed and participated in focus group discussions. These included 30 children, 15 parents, 8 teachers, 7 government leaders and 4 health workers

They identified the available public services in same district to be primary schools, secondary schools, and health centres. Most villages lacked adequate health services, since there is one government hospital that offers services for the whole district, access to clean water as well was inadequate, People travelled to fetch water far as the water points

were located far from people’s residences to some villages while some of the villages eg Mwembe enjoyed adequate water service.

The Tanzania Water policy 2002 states that Water is a basic need and right. Recognizing that access to clean and safe water is a basic need and right for all human beings, efficient management and equitable use of water in the rural areas will be promoted.

The use of water for human consumption shall receive first priority.

Although about 50% of the rural population has access to reliable water supply service.

However, due t poor operation and maintenance, over 30% of the rural water supply schemes are not functioning properly. (National Water Policy, 2002)

9.2.4 INFORMATION.

The 45 participants, the community members and children had limited awareness on the relevant national policies such as water, health and education. On the other hand the 19 respondents had adequate awareness on relevant National policies such as Education, HIV/AIDS, water, health, and Agriculture policies who said to have access to the mentioned policies through government officials and through NGO’s such as Haki Kazi catalyst who have simplified the policies into simple Swahili language so as to be easy to be consumed by ordinary citizen. The 45 respondents said they never attempted to access policies by themselves. The other 19 respondents who were teachers, health personnel and government leaders were aware with the contents provided in education policy eg Every child above seven years must be enrolled in school, for the health services the concept of cost sharing for medical services was well known by even the community members. But the rest of the contents such as entitlements about education and health services were not understood by the community members.

9.2.5 PLANNING, BUDGETING and EXPENDITURE.

The 64 members interviewed and participated in focus group discussions. These were 30 children, 15 parents, 8 teachers, 7 government leaders and 4 health workers

The children and parents respondents about 70 % said had no access to information on how funds are being used in the different government sectors. 30% were aware on how funds are transferred from district to division, Ward and to the village. These were teachers, government leaders and health workers. The ordinary citizens were not aware and do not participate in Village Assembly meetings therefore had no access to get such information. Government funds to the communities are being monitored by government leaders where by the checks and balances system is not observed. - would be more clearer to put % or tables showing how respondents responses were categorized

	Children : 30	Parents : 15	Teachers: 8	Government leaders Village, Ward, District: 7	Health worl
Access to	Yes: 5		Yes: 8		

information on how funds are used in govt sectors	Sometimes: 2 No: 23		Sometimes: None No: none		
Funds transfer Monitoring flow	Yes: No:				
Verification of funds transfer according to plans	All community members: Political leaders: Ward Technical team:				
Actions taken when in need of a new public service in the area					

9.2.6 VOICE AND DIALOGUE.

Majority of the interviewee rated just okay for the performance of education services. For health services they also rated just okay. For the remaining services the interviewee rated just okay as well.

Numbers of reasons were given out as a result of the interviewee rated just okay for the social services are as follows; for the health services they are very far from the community residence eg one can walk for 20kms to get medical services. Shortage of drugs, staffs, as per national policy every village must have a dispensary which is not the case in Same District. Inadequate numbers of classrooms, no quarters for teachers, books are not enough in schools, number of schools have no access to water.

What can be done to improve the quality of services?

The participants shared the following suggestions on what can be done to improve the quality of services in same area. There was a need for the government to review the key and relevant policies which affect community members and meet the community's needs and rights as per stated policy intentions.

There's need for government to work closely with communities.

The government to provide qualified enough staffs to meet the needs in health and education sectors. Infrastructures need to be improved as there were bad roads all over the place. Provision of more extension workers. Each village to own a dispensary as per policy provision. Here the government should work with donors, Civil Society

Organizations, Community Based Organizations and National NGOs to find ways of constructing more health facilities and provide personnel to run the facilities. Is it this workable given the tight resources faced by the government? What can the government and various stakeholders do to assist in implementation of this policy? Communities to choose committed leaders to work for them. Number of trainings on good governance (voting etc) should be conducted to raise awareness to community members so that they choose leaders whom will stand for them.

Furthermore it looks that majority of the community members do not tend to take their complains to the authorities regarding the quality of public services provided. For the few who took their complains to the authorities were about poor performance of school, inadequate of safe and clean water to their neighbourhood, civil servant living with HIV/AIDS are neglected, lack of enough teachers, water supply and its misuses in cattle keepers. The same individual concerns are more likely the same with the family concerns they rise same issues and it is not very often do people take their complains to the authoritative bodies. Minority of the interviewee who took their complains to the authoritative bodies were not satisfied and some were fairly satisfied. The reasons to why they were not satisfied and some were fairly satisfied is as follows; some said the problems are out of the leaders ability to solve them, issues are political addresses rather than scientifically solved?? Not clear what this means and the remaining interviewee did not know what the reasons behind this are.

During the assessment the participants it is very rare for the people to give feedback to the service providers about the service they offer, Visa versa to the service providers to give feedback to the communities. Did the assessment try to find out why it is very hard for people to give feedback? If there was a system as the following sentence indicates would they be willing to give feed back and act on it? In summary there's no proper system of giving feedback to each other neither from the service providers to consumers neither of services nor from the communities to the service providers.

Some of the interviewee participated with other public activism or a collective action in the community in order to seek change or response from the government. The concerns were about environmental hygienic campaigns, cattle keeping and vegetable garden, repair of water pipes, schools improvement and construction of bore holes, community development and improvement of health centres within the district. The response was not satisfactory to majority and some were fairly satisfied this is due to the fact that no changes were made after the complains, some said there were good corporation between the leaders and community members and the problems were addressed to the certain extent. Some said there were no funds from the government and NGO's to tackle the listed problems.

9.3.7 UNDERSTANDING ACCOUNTABILITY.

Understanding Powers.

Government leaders, Community leaders and Religious are the mentioned people as power holders that exist in same community. Majority of the interviewee said that there's a way of holding the power holders noted accountable. For the nominated leaders once they are held accountable they are not nominated in the second election, also in public meetings community members may read accusations of a certain leader and request for that leader to respond on the accusation which is rarely made as agendas are normally prepared in advance of which things of the sort are not included for public discussion. There is also a possibility of taking them to courts of law as it is already applicable to the national level leaders but not yet applicable to the local government authority. Majority of community members holds their leaders accountable through elections alone. Technical there is no proper means of holding powers holders accountable in same area. Power holders account to the communities for the social services rendered through public meetings from village, ward, divisional and district level which is quarterly held.

Meetings are normally held from the village level to the district level. Among the issues discussed in the mentioned meetings includes; how funds were used, leaders explains various issues and community development in a wider scope. Each level comes out with community needs and forward them to the upper level for further discussion if the raised concern failed to be solved in that level.

Understanding Government and accountability.

Majority of the interviewee tends to understand what government is. Some said it is an entity which makes laws and policies to govern people. They continue to share by saying it's a tool which draw up plans for development and make sure they are implemented, It's a tool to safe guard people and their wealth, an organ which fulfil community needs.etc. The number of definitions mentioned by interviewee also stipulates the roles of government as well.

Among the mentioned few points on the relationship between the government and ordinary people is as follows; to make sure laws and policies are implemented. Government to provide basic social services to its people. The government has a role of providing security and peace to its people.

For the opportunities exist for ordinary people to engage with the government includes individual people vote for their leaders (during elections).Discuss development issues during quarterly meetings.

For the Non governmental organization interviewee shared out their major role towards the community is to compliment government activities on provision of social services such as education, health, water, agriculture, infrastructure etc. The government and Non governmental organisation are all accountable to all citizens in the social services they both provide. For the accountability it looks like the government is more accountable as it has policies which are to be fulfilled unlike non governmental organisation just compliment the government roles. They work together as to avoid duplication of activities so in a way there is a close working relationship between the government and nongovernmental organisations. There is no proper system set to hold neither the government nor the nongovernmental organisation accountable.

9.3.8 EMPOWERMENT.

Understanding and perception of empowerment.

Majority of the interviewee tend to understand what community empowerment means and they show the importance and need of empowerment in their community; in summary they said community empowerment is the process of building capacity it can be in mode of facilitation skills or in the mode of service delivery. Numbers of examples were set to understand their level of understanding. The level of community empowerment is moderate due to the lack of funds to accomplish number of activities which are yet to be accomplished.

About Information asset majority of the interviewee access information through public notice board and radio, very few people own televisions and buys newspaper. Majority of the community members belongs to income generating activities such as farmers groups, women groups and SACCOS.

For material assets majority owns land and permanent houses which are made up with burnt bricks roofed with iron sheets. Farming is the major source of income for some community members.

9.3.9 NETWORKS AND ASSOCIATION.

There number of organisations, groups exists in Same district this includes;SAIPRO,VECO,ISF,KIWAKKUKI,TASAF,PADEP .The mentioned groups are non governmental organisation which compliments government work within the area. Most of the NGO's are farmers, environment, agriculture, water, livestock based. They provide technical and financial support to same district communities. Numbers of water pipes have been repaired, farmers are provided with modern skills and technology such as proper seeds, manure and knowledge on how to keep their cattles. For the credits union, people lend/borrow money for fair credit rates to compare with other microfinance's institutions. There no groups which involved themselves in accountability of government and service providers to the citizens at same district level.

Annex I

PESTLE ANALYSIS- CBPM PROJECT.

Category	Factors
<i>Political</i> (Political drivers of relevance)	<ul style="list-style-type: none">• Slow pace for implementing developmental activities as a result of differing political ideologies.• Some political/community leaders miss vision for community development, and others are lazy.• The community is involved in implementation stage only not at designing, planning, monitoring and evaluation stages.• Some community leaders involve themselves in misappropriation of funds.
<i>ECONOMIC</i> (important economic factors)	<ul style="list-style-type: none">• Major family production activities are left in the responsibilities of women.• Inadequate farm inputs and implements, as well as extension services.• Low income.• Poor infrastructure, roads in particular, which hinders the accessibility for transporting within and outside the Same district area.• Lack of reliable food crop markets.

	<ul style="list-style-type: none"> • Presence of profound development resources these include; Fertile land, man power, forests, livestock, rivers and networking.
<p>SOCIAL (Main societal and cultural aspects)</p>	<ul style="list-style-type: none"> • Some children enrolled at late age for primary education. • Some children are being assigned heavy duties above their capabilities. • Unfair punishment to children by both parents and teachers. • Some women are not valued/respected by their husbands. • Women are not involved in ownership of the family properties/assets. • Women are not involved in decision making. • Few women have access to employment. • There is no discrimination to people with disabilities. • There is no community support towards people with disabilities. • There is stigmatization towards people living with HIV/AIDs. • Inadequate knowledge on HIV/AIDs compounded with misconceptions. • Inadequate community support towards orphans and vulnerable children. • Absence of disaster committees in all villages. • World Vision Child Sponsorship philosophy is well accepted by the community. • Eligible children for sponsorship program can always be accessed. • Inadequacy of safe and clean water. • Poor and inadequate clothing. • Poor housing. • Most of families have poor or no latrines. • High infant and maternal deaths. • High malnutrition rate among under-fives. • Inadequate curative and preventive health services. • There is low academic performance and high drop out among primary school children. • Inadequate access to secondary education. • Most of children have no access to pre-school education.

<p>TECHNOLOGICAL (Technology imperatives, changes and innovations)</p>	<ul style="list-style-type: none"> • Inadequate knowledge on entrepreneurship and skills. • Lack of technological skills to run income generating activities. • Inadequate development of local technologies. • Poor farming techniques.
<p>LEGAL (Current and impending legislation affecting the role)</p>	<ul style="list-style-type: none"> • Existence of minors rape cases. • Existence of early/forced marriages and early pregnancies. • Most of women and children are victims of domestic violence. • Children denied their rights to school. • Existence of child labor practice.
<p>ENVIRONMENTAL (Environmental considerations, locally and further afield)</p>	<ul style="list-style-type: none"> • Excessive tree cutting. • unreliable rainfall. • Destruction of water sources.

FINDINGS AND RECOMMENDATIONS

10.1 Findings- were there any particular recommendation that will help in the implementation of CBPD in the other ADPs yet to be assessed?

The community needs assessment exercise conducted in the Same Community has successfully surfaced the true picture of community needs existing in same community. Among the community needs identified that need to be addressed for effective socio-economic development of the community. These include;

- Poor governance among community leaders that eventually contributes to gradual community transformational development. poor governance does not lead to TD in the community
- Slow pace of implementing developmental activities as a result of political conflicts due to differences in political ideologies.
- Most of people in the area live below poverty line, this being manifested by many people living in poor housing. – was this the only manifestation of people living below the poverty line? Poor housing alone does not. What about education and health which is the main cornerstone for this assessment

- Though most of people are involved in agricultural activities, yet the production is very low, in both aspects including productivity.
- Despite the arable land yet most of house holds are food insecure, contributed by use of poor farming techniques, farming inputs and implements.
- Gender inequality and inequity stands as a barrier towards women development, there is illiteracy rate among adult women, and they are overworked in agricultural and domestic works. Despite their business in production, yet upon crops harvest men are the ones deciding denying women to participate in decision making. Some men are lazy, not proactive and spend most of their time in leisure aspects like alcoholism.
- The community has low income contributed by total dependence on food crops which also serve as cash earning, also inadequate entrepreneurship skills for running their IGA and unreliable market contribute to the same.
- The community lacks adequate curative and preventive health services, which contribute to high under-fives and maternal deaths.
- Water supply for most of the community members is unsafe and unclean, being accessed beyond one kilometre by most of people.
- The community has no strategic plan to support people with disabilities as they are neglected, and there is dependency syndrome among people with disabilities.
- The community has many orphans and most vulnerable children, however the support provided to them is negligible, hence affecting negatively their social welfare and development.
- The community lacks pre-primary education services; primary schools have inadequate teachers, houses, school teaching and learning supplies. Academic performance is low, some children eligible for primary school education are either late enrolled or not. Why they are not enrolled yet primary education is free- did the study find out? Post primary school services are inadequate these include secondary and vocational skills training programs. Is this in adequate in terms of number of structures?
- There is HIV/AIDS prevalence in the community, contributed by unsafe sex practices and low knowledge among community members. Stigma against people living with HIV/AIDS does exist. The community lacks VCT and PMTCT services something that predisposes it for further disease spread.
- There exists environmental degradation in the community manifested by; excessive tree cutting in some villages, destruction of water sources and indiscriminate bush fires. Other environmental destructive factors include inadequate use of energy saving technologies and use of agricultural practices which are non environmental friendly.
- The community has several opportunities and strengths of which if combined will overcome the challenges affecting the same community and hence bring upon sustainable transformational development. These include;
 - Peace that prevails all over the country and there are local tribunals for conflict resolution at community level.
 - High level of collaboration among same district stakeholders.
 - Rivers, forests, arable land.

- Appropriate technologies potential to develop the community are known and available from the NGO's supporting community members.
- Existence of NGOs coalition advocating for human rights in the region.
- Existence of National Strategy on Poverty Reduction (MKUKUTA) which aligns with WVT development strategy.
- Existence of primary education facilities in some of the village and health facilities/services.
- Availability of strong church base of various denominations and mosque in the community.

10.2 Recommendations.

- The assessment exercise conducted in Same Community has surfaced community needs that prove that the targeted community is among the need of the neediest community in terms of good governance and accountability in Same district. The presence of inadequacy of basic services such as health and education compounds the vulnerability. Unavailability of water supply and sanitation services predisposes the community to underdevelopment. *In view of that the combination of the CBPM community needs findings justifies the need to start and proceed with the design of a project in the area.*
- Identified CBPM community needs are huge and can not be addressed by one actor; hence joint efforts from various stakeholders have to be advocated for. WVT needs to be proactive in playing a facilitation role, enhance strong and meaningful partnership with other relevant stakeholders by identifying/sensitizing partners who have comparative advantage/strengths in specific areas and team up in the implementation of developmental intervention.