Policy Forum on annual basis selects two partners for Social Accountability Monitoring (SAM) implementation. In 2009/2010 during its annual general meeting the members selected MIICO to be one of the implementing partners of SAM in Ileje district Council. The sectors chosen for SAM implementation in Ileje district Council were Health, Agriculture and partly Natural Resource sectors.

The reasons behind the selection of Health sector was due to the fact that, some of the health projects were not working and even some of the dispensaries built were not in operation and started getting old even without being used. This triggered the minds of the implementation team want to know what the reasons behind this were.

The overall goal of SAM is Capacity building to members on Social Accountability Monitoring where by 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 explanations and justifications 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 actions upon their conducts.

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Corrective/adaptive measures taken during the course of your intervention</th>
<th>Date(s)</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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?)</strong></td>
<td>Have you made any changes to your original intervention during its implementation? What were you hoping to achieve by making these changes?</td>
<td>2009/2010</td>
<td>The team did analysis using the following documents from the council: District Council Strategic Plan 2006/7-2009/11, Medium Term Expenditure Framework (MTEF 2009/10-2011/12), Council Comprehensive Health Plan (CCHP 2009), Primary Health Services Development Programme (PHSDP), CAG report, District council expenditure report, Agriculture Department 3rd Quarter Implementation Report, Ileje district council (2010): Contract for construction of Chabu dispensary, Health department 3rd Quarter Implementation Report and PMO-RALG website: <a href="http://www.pmoralg.tz">www.pmoralg.tz</a></td>
</tr>
<tr>
<td></td>
<td>(When did the intervention/corrective measure/adaptation occur and when did/will it end?)</td>
<td>July 2010</td>
<td>The following were the findings from the above analysed documents. <strong>General Findings: Budget issues</strong></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following were the findings from the above analysed documents.

**General Findings: Budget issues**

- Council’s total budget for the year 2009/2010 was **Tshs 8,269,729,746/=**
- **Allocation per sectors were:**

<table>
<thead>
<tr>
<th>IN TSHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL COUNCIL’S BUDGET</td>
</tr>
</tbody>
</table>
MIICO’s implementation of SAM process in Ileje District council started in May 2010 when MIICO signed a MOU with Policy Forum. To start this process in July 2010, MIICO staff attended orientation training on SAM concept organised by Policy Forum secretariat. After the training, MIICO selected Ileje District Council as a pilot area. Following this decision, Policy Forum secretariat joined MIICO in the introduction of SAM in Ileje District. This event, involved Ileje District commissioner, Acting District Executive Director, other district officials (Land, Natural resource, Health, Community Development, Agriculture and Cooperative Departments) and Faith based organizations, also the meeting involved representatives from CBOs & NGOs operating in Ileje District.

Following the introduction of SAM and the need to conduct SAM in Ileje district, MIICO and Policy Forum conducted another training which composed three participants from Faith Based organizations, 3 participants from ileje Local Government Authority and 5 participants from MIICO making the total number of 11 participants.

The objective of the training was to equip the implementing participants with the skills on how to conduct SAM. The training covered the concept part of SAM and tools that are involved in monitoring each process of Social Accountability.

After training participants selected the Councils Implementation Team (CIT). Which composed of CSO’s, FBO’s and Local Government Authority staffs 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 7.

CIT roles were:
- Participation in training

<table>
<thead>
<tr>
<th>Sector</th>
<th>Budget</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUCATION</td>
<td>4,118,625,730</td>
<td>25%</td>
</tr>
<tr>
<td>HEALTH SECTOR</td>
<td>849,093,347</td>
<td>5%</td>
</tr>
<tr>
<td>AGRIC SECTOR</td>
<td>601,603,526</td>
<td>4%</td>
</tr>
<tr>
<td>ROADS</td>
<td>387,119,523</td>
<td>2%</td>
</tr>
<tr>
<td>WATER</td>
<td>574,684,640</td>
<td>3%</td>
</tr>
<tr>
<td>LOCAL ADMIN</td>
<td>1,152,706,189</td>
<td>7%</td>
</tr>
<tr>
<td>OTHER LOCAL SPENDING</td>
<td>585,896,791</td>
<td>4%</td>
</tr>
</tbody>
</table>

Health Sector
The total budget for health sector is Tshs 849,093,349/= and this is only 5% of the total budget. The major findings of health sector were:

- Malaria disease as a leading disease for causing deaths (68%)
- Shortage of Staffs
- Delay in operations of the already built dispensaries (Chabu and Shinji)
- Delay in registrations of the dispensaries

On planning and budgeting: for many years Ileje district has been faced with critical shortage of staff at its all levels of the sector i.e. from the district hospital to dispensaries. In order to address the situation one would expect the council to set aside more funds for the activities involving staff recruitment, however according to the strategic plan, the budget for these activities was only TZS 63,070,000 it is only 4% of the total budget for health which was TZS 3,389,004,000

Questions for clarifications: On planned activities what was the basis for budgeting in the health sector? Similar case is for Malaria which was the...
<table>
<thead>
<tr>
<th>November 2010</th>
<th>October 2011</th>
</tr>
</thead>
</table>
| main diagnostic case in 2009/10 and it is a leading disease in causing death among the community of Ileje but yet it was not reflected in terms of the budget. The district CCHP indicates that there were funded post from previous budget as follows: medical attendants 9, only 2 were filled in 2009/10; 16 clinical officers none were filled, 14 assistant nursing officers; none were filled. The question now is what the reason for planning this was. Did the council advertise job in the news papers and people did not want to apply for it? Is there an explanation for allocating resources for the activities which are not actually implemented? How is the district plan to end the problem of medical personnel in the district? Clarifications: Concerning Malaria budget: It was clarified that, resources allocated to address malaria problem was included in equipments and campaigns budgets. For example, during malaria campaigns activities involved included distribution of mosquito nets being one of the strategies to address malaria as well as purchase of ant malaria drugs e.g. ALU, SP. The cost for these activities was combined in other budgets to cover equipments, drugs and campaigns related activities. Furthermore, some activities especially campaigns were not budgeted for because there were supported directly from other actors like PSI, National malaria campaigns not within district council’s budgets. Concerning staff recruitment, it was admitted that staff shortage is a big concern in the area. The District council submits their request to Prime Minister’s Office – Regional Authority and local Government (PMO-RALG) where these requests are approved and forwarded to the Ministry of Health being responsible for staff allocation. However, the number of staff allocated for Ileje is very low compared to requirements So far, the department of Health and district council authorities (DED) tried to look for individuals in college ready to work in Ileje by informing them

---

1 Ileje CCHP pages 13-14
about ileje and vacant positions. Through this strategy in 2009/2010 a total of 13 persons were employed being 9 assistant nurses, 4 nurse midwives and 1 dental clinician. The health official mentioned that, the employment system is bureaucratic; some of policies are contradicting as well as directives and guidelines. He recommended that, policy makers and implementers need to plan together so as to ensure quality service provision to the public.

Another major finding was 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\(^2\)) 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.

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 use of non-treated timber. According to the construction contracts signed between the district and the contractor made on 09\(^{th}\) 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.\(^3\) 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 operational.

\(^2\) Bill of Quantities for Construction of staff quarter no. 1 at Chabu dispensary pg. 58

\(^3\) Ibid
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 countries.

**Agriculture Sector**

Although budget allocation to the agricultural sector for Illeje District has been increasing in nominal terms for the past three years there has been little improvement in the lives of the majority of farmers in Illeje. The budget allocation for agriculture has increased by 17% from TSZ 195,264,000.00 in 2007/08 financial year to TSZ 229,140,400.00 in 2008/09 financial year. And in the 2009/10 financial year the budget increased to TSZ 543,761,844 an increase of about 137%. Also from the expenditure analysis it was revealed that the department had an over expenditure of about 64.4% as the allocation was TSZ 27,883,000.00 but the amount spent was TSZ 78,751,873.63 (MTEF 2009/10-2011/12)

Furthermore it was revealed that the quality of implementation report are poor for example in the implementation report it was reported that the council had planned to conserve six hectares without mentioning the area were those six hectares will be conserved and on the other hand they reported that the activity has been implemented and is complete.

More over in the same department the team found that, according to the reports TSZ 29,173,000.00 was spent to cover motor vehicles maintenance costs. Such amount of fund could be utilised even to train for example paddy growers which was estimated to use TSZ 16,126,650.00 which was not done due to the reason of funds as there was no allocation for it though it was included in the plan as a need.
Natural Resource Sector.

In this department, according to Strategic plan it was found that the department had a plan of having sustainable utilization of fisheries products increased from average of 0 tones annually in 2004/05 to 5 tones annually by the year. The activity for this was Purchase of boat engine 40 hp TZS 5m by the year 2008/09. (Pg 65 & 121 SP)

On planned activities: The main water source in Ileje district is Songwe River which has shifting character, other source of water which pour water to Songwe river are usually seasonal and not very reliable. At the same time Ileje District is far from Lake Nyasa and there is no big dam which will have capacity to accommodate such big boat for fishing.

Clarifications (Forestry and Natural resource department): It was clarified that, this activity was not supposed to be in the District council strategic plan, it has been included in the strategic plan document wrongly as the whole objective and its activities are not realistic. Moreover, it is not people's concern.

As a team we noted that these were the effects of copying and pasting plans from other districts.
**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.

<table>
<thead>
<tr>
<th>Description of change (Here list the change that occurred and which specific activity/activities within your intervention caused the change.)</th>
<th>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.)</th>
</tr>
</thead>
</table>

**Achievements**

- **Operational of Chabu dispensary:** The dispensary is now in operation and was officially launched by Hon. Hawa Ghasia, Minister of PMO-RALG on 9th 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 31st 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 officials (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

  - Media cut which was aired on TBC1 on 22nd October 2011. [http://www.policyforum-tz.org/node/8455](http://www.policyforum-tz.org/node/8455)
  - Media cut: Mwananchi Newspaper of January 11th 2013
  - Pictures taken during the site visitation
• **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 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.

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).

*Lessons Learnt:* List all the lessons learnt this Quarter from the implementation of SAM in this district.
• **Close follow up and monitoring**

During the implementation of SAM in the district we have come to learn that close follow-ups and monitoring of the findings emanated from the documents as well as site visitation encourages changes, due to the fact that if the team couldn’t continue to monitor the changes that were promised by the accounting officers after the advocacy, this initial changes might have not appeared. But since the team continued to follow-up and visit the dispensaries we have learned that in advocating for changes it is very important to closely monitor the initial changes which in future might result in the systemic changes.

• **Recruitment system**

Since one of the major findings as a result of SAM intervention was a critical shortage of staff in health sector, we have come to learn that the current system of recruitment creates this challenge since LGAs 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. This has shown challenges regarding the availability of staffs in health department, therefore we recommend for the revision of this structure so that the recruitment process at local level can be improved and overcome all the challenges. Also, this will give the room for D by D to be implemented effectively since its rationale was to devolve the power to the local authorities.

• **Registration**

We have learned that registration of the dispensaries took long time, and since for the dispensary to start its operation it must be registered and in our case the delay in the registration of the dispensaries contributed to the poor health service provision in the district particularly in the Chabu and Shinji dispensaries. Therefore it is important that the moment the projects were approved, recruitment and registration processes should have begun.

• **Lack of accountability on part of the service providers**

Ileje district being a new and isolated district, most of its citizen are not aware of their rights and that the civil society responsible in creating awareness to the community does not exist. The community participation and hence holding the public servants accountable is rarely practiced. Therefore in most cases there is lack of public accountability to the community. Furthermore in those villages whereby the projects are implemented, many villagers are not informed on the implementation of such projects.
• **Involving Council officials in the process.**

The government was very collaborative in the implementation of the process, contrary to what we were thinking; this was because we involved as many stakeholders as possible. It is practically impossible to get relevant documents if you don't involve stakeholders including staff from the district council. The involvement of Illeje council officials played an important role in contributing to these changes.