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Working Paper 2

Good governance, local government, accountability and service delivery in Tanzania

Exploring the context for creating a local governance performance index
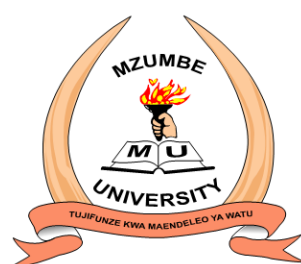
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Project background

In 2012, former Director of the Foundation for Civil Society (FCS) in Tanzania, John Ulanga, posed the question of whether a local governance performance index might stimulate greater public engagement in holding local leaders and institutions to account for their performance in delivering services and reducing poverty in the country.

To respond to this question, the University of Mzumbe, in partnership with the FCS and the International NGO Training and Resource Centre (INTRAC) (UK), began to research the viability and value of such an index at the district level in Tanzania. The Overseas Development Institute (ODI) in London joined the project in 2015.

With funding from the UK Economic & Social Research Council (ESRC)/Department for International Development (DFID) from 2014 to 2017, the partners will explore whether it is possible to create an index that reflects the performance of different local governments. More specifically, the research wants to know how such an index might be used to encourage local governments to prioritise the needs of the poorest and most excluded. Further, can citizens use such an index to demand accountability from local leaders and civil servants?

List of abbreviations

AcT	Accountability in Tanzania
CHF	Community Health Fund
CHSB	Council Health Service Board
CSDC	Client Service Delivery Charter
DbyD	Decentralisation by Devolution
DFID	Department for International Development
ESRC	Economic & Social Research Council
FCS	Foundation for Civil Society
GDP	Gross Domestic Product
HCP	Health Care Professional
IDI	In-Depth Interview
IIAG	Ibrahim Index of African Governance
INTRAC	International NGO Training and Resource Centre
LGA	Local Government Authority
LHRC	Legal Human Rights Centre
NFGG	National Framework for Good Governance
NGO	Non-Governmental Organisation
ODI	Overseas Development Institute
OGP	Open Government Partnership
OPHI	Oxford Policy Management Institute
P4P	Payment for Performance
PSSN	Productive Social Safety Net
REPOA	Research on Poverty Alleviation
TASAF	Tanzania Social Action Fund
TDV	Tanzania Development Vision
UK	United Kingdom
UNDP	UN Development Programme
URT	United Republic of Tanzania
WHO	World Health Organization

1. Summary

A performance index for local governance in Tanzania needs to provide a clear indication of how effectively local government and partners are delivering public services, supporting livelihoods and ensuring peace and security.

The selection of indicators for the creation of an index is critical if it is to be used as a mechanism to hold local government to account. Clear lines of responsibility and accountability need to be incorporated into the selection of indicators so the index can be applied at the local level.

To help in selecting relevant and context-specific indicators for an index of local governance performance, this paper sets out the context of good governance, local governance, accountability and local service delivery in Tanzania.

1.1 The system in theory

In 1999, Tanzania set out Vision 2025, which establishes a strategy to transform Tanzania into a middle-income country. Good governance is an integral component of this. The 1999 National Framework for Good Governance (NFGG) detailed policy components of this strategy. Decentralisation by Devolution (DbyD) became a core strategy for delivery: with the aim of creating bottom-up planning processes and service delivery closer to the service users, district government and ward and village/street councils were given responsibility for shaping development. The 2005 Poverty Reduction Strategy (MKUKUTA) also enshrines the importance of good governance, participation, accountability and the rule of law.

1.2 The system in practice

Improvements in governance are credited with driving Tanzania's high economic growth rates over the past decade. However, since 2011, indicators of good governance have declined (IIAG, 2015), as has the perception of citizens of the performance of their local governments and representatives.

In practice, DbyD has been a partial process. It seems to have resulted in considerable responsibilities being passed to village/street level without the same decentralisation of revenue generation or distribution. The system of executive and representative local government exists alongside a presidentially appointed system of regional and district commissioners. Religious institutions and non-governmental organisations (NGOs) are also significant actors in service delivery and governance. Both are often better resourced than their local government counterparts.

Therefore, in practice, systems of local governance in Tanzania are highly complex and have multiple and contested lines of power. Responsibilities and accountability are unclear at all levels of the system. This makes attempts to drive citizen-led accountability fundamentally flawed. Such interventions seek to identify violations from the rules in theory. However, we find that the gap between these and the rules in practice is too wide to be breached through these types of initiatives.

Therefore, we need to do further work to understand lines of accountability in the system, to identify where it might be possible to select indicators that could drive change that improves service delivery and better includes the concerns of the poorest.

2. Tanzania: governance and accountability reform

2.1 The rules in theory

The government of Tanzania has a policy framework for development and poverty reduction that emphasises good governance and a growing economy.

Tanzania Development Vision 2025

The Tanzania Development Vision (TDV) 2025 was formulated in 1999. This describes Tanzania of 2025 as a nation imbued with five main attributes: high quality livelihoods; peace, stability and unity; good governance; a well-educated and learning society; and a competitive economy capable of producing sustainable growth and shared benefits. By 2025, Tanzania should have gone through the transition from being a least developed country to become a progressive middle-income country, with a high level of human development being a key priority. TDV's effective realisation hinged on good governance and a competitive economy (Daima Associates, 2009: 11).

National Framework for Good Governance

In 1999, the government also formulated the NFGG as a guide to institute good governance in the country (URT, 1999). Defining 'good governance' as 'the exercise of official powers in the management of the country's resources in an effort to increase and utilise such resources for the betterment of life', the NFGG envisaged a broad-based national partnership for development of good governance that included central and local governments, the private sector and faith-based and civil society organisations. The NFGG focuses on the following: 1) participation of the people in decision-making; 2) constitutionalism, rule of law, protection of human rights and administration of justice; 3) a legal and regulatory framework for private sector development; 4) gender equity; 5) accountability, transparency and integrity in the management of public affairs; 6) electoral democracy; and 7) greater public service capabilities to deliver services efficiently and effectively. To enable realisation of the NFGG, the government has implemented several key and cross-cutting governance reforms. These include the Public Service Reform Programme, the Local Government Reform Programme, the Legal Sector Reform Programme and the Public Financial Management Reform Programme. In line with these reforms, sector specific programmes have been undertaken to improve service delivery through the implementation of DbyD. These programmes constitute the policy and strategic framework for enhancing accountability, transparency and integrity in the use of public resources and to improve service delivery.

Other than core reforms, there are also several institutions that focus on accountability and governance, including the Ethics Secretariat, the Prevention and Combating of Corruption Bureau and the Commission for Human Rights and Good Governance. Other accountability institutions include the Public Procurement Regulatory Authority, the National Audit Office and the Parliamentary Watchdog Committees. With specific regard to local governments and accountability, the National Audit Office produces annual reports that are concerned with governance and local government authorities (LGAs). Other than establishing institutions to address governance, Tanzania has also enacted laws that require leaders and senior public officials to disclose their incomes and assets to the Ethics Secretariat as a measure to instil integrity in public life (Tripp, 2012).

National Strategy for Growth and Reduction of Poverty

Cluster III of MKUKUTA is specifically concerned with governance and accountability (URT, 2005).1 The broad outcomes of Cluster III are: 1) democracy, good governance, human rights and the rule of law deepened and ensured; 2) peace, political stability, social cohesion and national unity consolidated and sustained; 3) accountable, responsive, effective and efficient leadership in public service ensured; and 4) equity in accessing public resources and services ensured. To accomplish these, MKUKUTA II has seven sets of governance goals, with 21 accompanying indicators. The goals are:

1. Structures and systems of governance as well as the rule of law are democratic, participatory, representative, accountable and inclusive.
2. Equitable allocation of public resources with corruption effectively addressed.
3. Effective public service framework in place to provide foundation for service delivery improvement and poverty reduction.
4. Rights of the poor and vulnerable groups are protected and promoted in the justice system.
5. Reduction of political and social exclusion and intolerance.
6. Improved personal security, reduced crime, elimination of sexual abuse and domestic violence.
7. Natural cultural identities enhanced and promoted.

Local government: Decentralisation by Devolution

Since 1999, the Tanzanian government has been actively pursuing an incremental strategy of what is referred to as DbyD. This refers to the transfer of power and authority from central government to subnational tiers of government. It is based on the principle of subsidiarity. 'Local governments through their elected leaders have a responsibility for social development and public service provision within their areas of jurisdiction; facilitation of maintenance of law and order and promotion of local development through participatory processes' (Muro and Mamusonge, 2015: 106). Decentralisation relies on the effective transfer of power, authority and resources from the central state. Participation is expected to empower citizens and also supports Nyerere's concept of self-reliance, that participation is an obligation if one is to build a nation (ibid.). Therefore, participation by citizens is not only giving their opinions but also contributing their labour and finance for community development initiatives, such as school classroom building (Tidemand et al., 2008).

2.2 What happens in practice

The gap between policy in theory and policy implementation in practice is often significant (Wild et al., 2015). In this section we explore how systems of local government and service delivery are operating in practice. This analysis reveals the complexity of the system and some of the challenges in revealing lines of accountability.
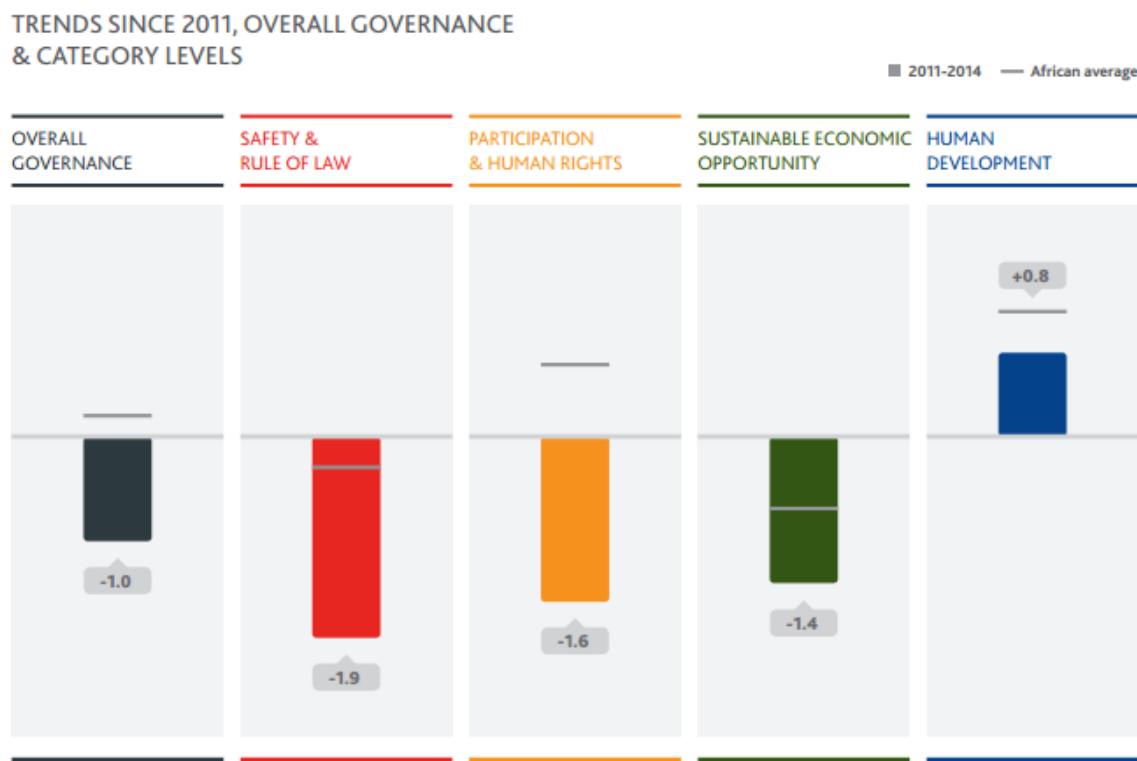
The policy framework outlined above has enabled Tanzania to work with development partners on political and governance reform. Between 2000 and 2010, the Tanzania government received an estimated $568 million in project support for governance and political reform, of which nearly a fifth ($109,249,097) was for governance alone (Tripp, 2012). Improvements in governance in this

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1 Cluster I is concerned with Growth and Reduction of Income poverty, whereas Cluster II pertains to Improvement of Quality of Life and Social Well-being.

period are partly credited for Tanzania's improving rates of gross domestic product (GDP) growth (Gray and Khan, 2010).

However, since 2011, the Ibrahim Index for African Governance (IIAG) suggests, Tanzania has been on a negative trend, with weakened performance in three out of the four conceptual governance categories.[2] A slight positive trend in human development is noted, reflecting improvements in education and health measures.

Figure 1: IIAG trends for Tanzania 2011–2014 Source: IIAG (2015).

Strong GDP growth in Tanzania has not resulted in dramatic reductions in poverty, with approximately 30% of the population living in income poverty as defined by the national poverty line (Kessy et al., 2013). However, data from the Multidimensional Poverty Index suggests that in Tanzania 64% of the population are poor, with 31.3% of these people living in extreme poverty (OPHI, 2015).

Figure 2 represents an attempt to capture the complexity of lines of responsibility and service delivery in Tanzania. It has been created with reference to the literature and based on stakeholder interviewing for this research. It shows a central column with planning being driven from the village/street level through the citizens (*wanachi*) and their elected representatives. Plans are consolidated and sent upwards through the ward and district executives to the President's Office for Regional Administration and Local Government. This office coordinates with the president and relevant national ministries back down the chain. In addition to this, the president appoints regional and district commissioners. Religious institutions and NGOs also play a significant role

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[2] Categories for IIAG: Safety and Rule of Law; Participation and Human Rights; Sustainable Economic Opportunity; and Human Development.

in service delivery at the local level, and in shaping policy at the national level. This results in multiple lines of accountability within local governance systems.
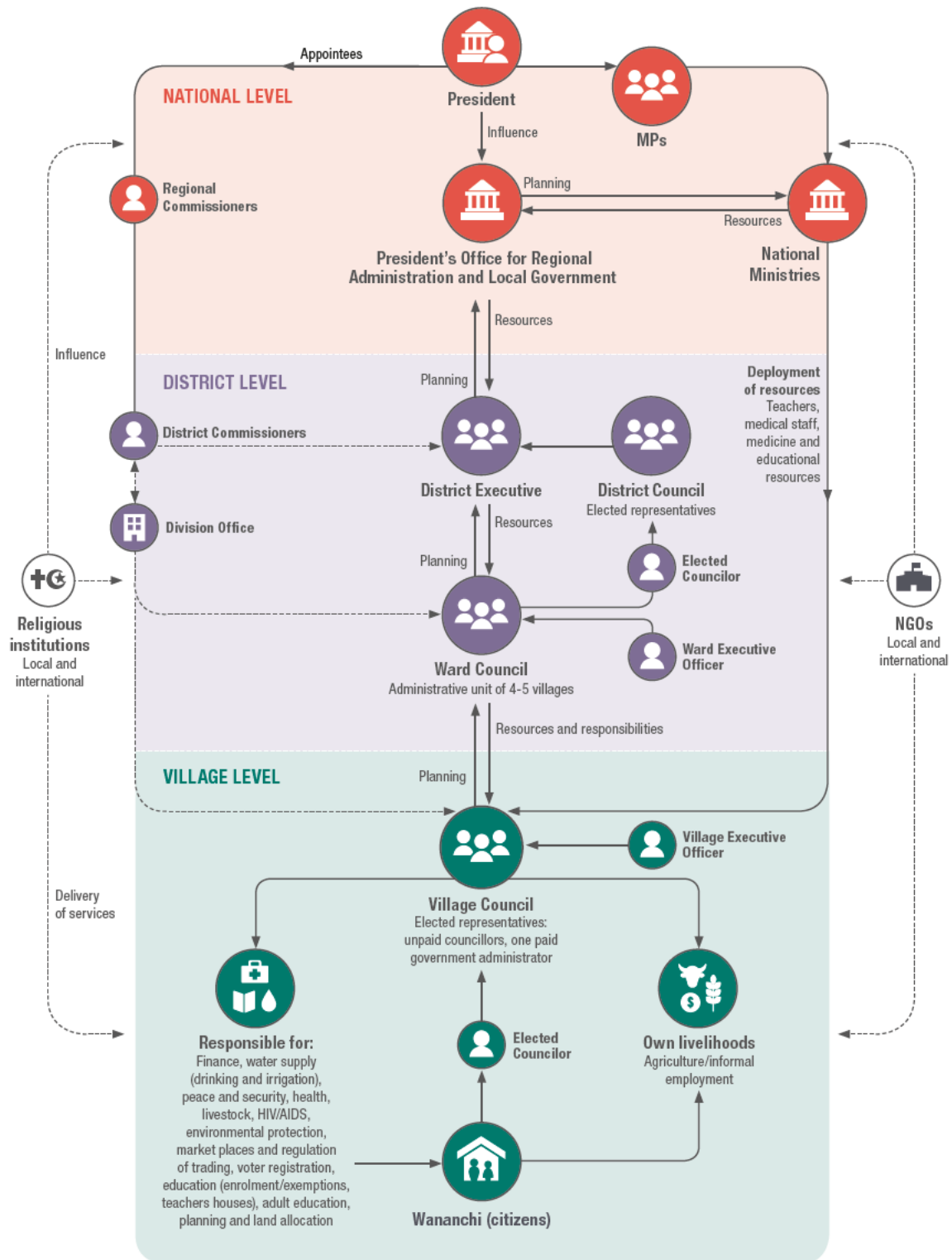
Despite a rhetoric of participation and decentralisation, central government still exerts a great deal of control over local service delivery through the allocation of resources and control over policy. There are two main types of financial transfer for service delivery in LGAs: recurrent block grants and capital development grants. While subventions and donor basket funds form part of the 'development budget', in practice they fund expenditures that are recurrent in nature. Capital development grants fund LGA infrastructure and include the discretionary Local Government Development Grant and sector development grants (Tidemand et al., 2015). Some of these grants are performance-based (Janus and Keijzer, 2015). LGAs have very little revenue collection powers –limited to around 2–6% (Hoffman, 2006) – and therefore are highly dependent on funds from central government (Chaligha, 2014; Chaligha et al., 2007).

Central government ministries also have control over how civil servants are employed and deployed to LGAs, particularly in the health and education sectors. Although LGAs can engage additional staff (Tidemand et al., 2015), they do not have the power to sack underperforming teachers.[3] LGAs also have limited discretion in providing primary education because of budgetary allocations that are directed by the Primary Education Development Programme (Tidemand et al., 2008). Tidemand et al. (2015) note clear inequalities in the distribution of funds from central government. For example, Kibaha district council receives four times the allocation of funds from central government that Sumbawanga receives.

It is important to note the wide-ranging nature of responsibilities of village and street councils, including peace and security, land allocations, social welfare and social service delivery, water, environment and so on (see Figure 2). Considerable responsibility for 'development' is placed on the village level and on citizens themselves through their volunteer labour or financial contributions (Boesten et al., 2011; Green, 2014). The decentralisation of service delivery can also lead to elite capture at the local level and even to increased inequality in access for the poorest and most disadvantaged (see for example Cleaver and Toner, 2006, on the water sector).

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[3] Only the Teacher Service Commission has the power and authority to sack underperforming teachers.

Figure 2: Delivery of public services in Tanzania

2.3 Performance and accountability of LGAs in Tanzania

In theory, LGAs can be held accountable for service delivery through the 2000 Client Service Delivery Charter (CSDC). The CSDC is a social agreement between a public service provider and the user. It was developed as part of the public sector reform process that took place in Tanzania

in the 1990s (Njunwa, 2011).[4] As Venugopal and Yilmaz (2010) note, it specifies what standards should be offered, and it also gives users information on how to redress services providers if they fail to meet the set standards. However, the CSDC is not widely used either by individuals or civil society as information about it is lacking.[5] Furthermore, it is not legally binding.

Other than the clear limitations of the CSDC, numerous reasons have been cited as to why there is poor and inadequate accountability and governance within LGAs. These include a lack of infrastructure and corruption, poor access to information,[6] technocratic procedures, a culture that does not promote transparency, low capacity and a lack of citizen participation (Muro and Namusonge, 2015). One study also recently revealed that local government uses accounting strategies to make its activities appear legitimate and effective (Goddard and Mzenzi, 2015)

Hoffman (2006: 206) concludes that, in Tanzania, 'individuals define political accountability of local governments primarily in terms of the amount of visible and tangible services they provide'.

Over the past decade, Tanzania's policy and institutional reforms in governance do not appear to have resulted in perceived improvements in the performance of local government. Figure 3 shows that trust in local government in Tanzania declined by 8 percentage points between 2005/06 and 2014/15 (Aiko et al., 2016). Figure 4 shows a 15 percentage point increase in the belief that local councillors are corrupt (ibid.).

Figure 3: Changes in levels of trust in local government councils, 18 countries, 2005–15 (percentage points)
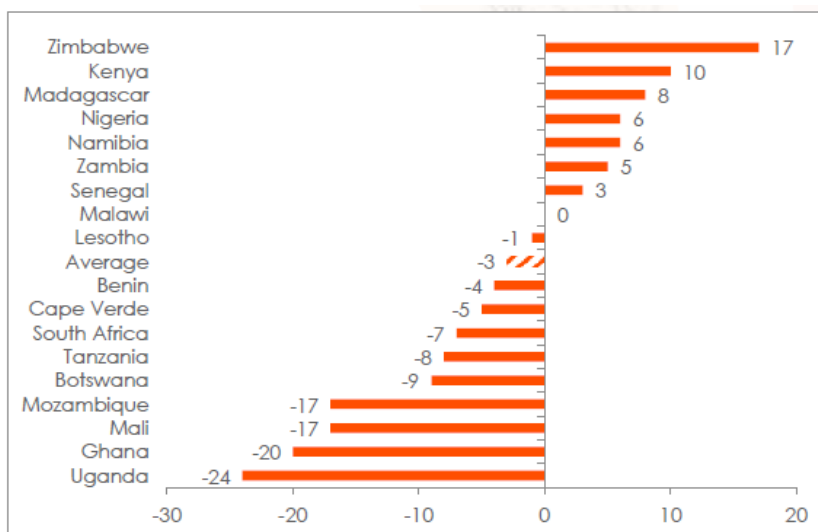

Figure shows percentage-point change between 2005/2006 and 2014/2015 in the proportion of respondents who trust local government councils "somewhat" or "a lot."

Source: Aiko et al. (2016)

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[4] For an overview of a client service charter, see www.mof.go.tz/index.php?option=com_content&id=20&Itemid=116
[5] All ministries in Tanzania have such charters, but it is not clear if they are utilised.
[6] With specific reference to accessing information, this for many can be problematic as a quarter of Tanzanians who reside in rural areas do not have access to a radio, only 9% have a TV and, even if 66% have access to a mobile phone, many women have less access. Moreover, as noted by the Tanganyika Law Society (2014), the right to information is not an absolute right, as stipulated in Article XIX (2004). Information on, for example, resources for primary service providers such as schools and hospitals does not have to be disclosed to the public. Also, it has been found that government officials believe there are more restrictions on the freedom of information than there were in the past, even if the government has in place numerous mechanisms to facilitate with the dissemination of information (ibid.). This lack of transparency may hinder accountability at the local level, and ultimately an index concerned with accountability of services at a local level.

Figure 4: Change in perceived corruption among local government councillors, 17 countries, 2005–15 (percentage points)
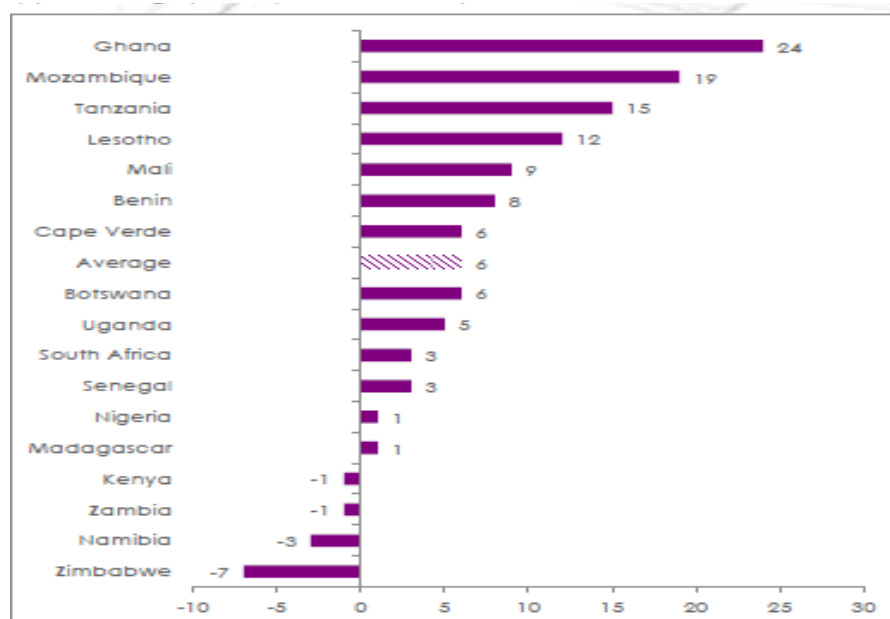

Figure shows percentage-point change between 2005/2006 and 2014/2015 in the proportion of respondents who say "most" or "all" local government councillors are corrupt. (* This question was not asked in Malawi during the most recent (2014) survey).

Source: Aiko et al. (2016).

Citizens are not convinced it is their responsibility to hold LGAs accountable for service delivery. When asked the question, 'Who should be responsible for making sure that, once elected, local government councillors do their jobs?', only 36% believed it should be the voters who should hold their LGAs accountable (REPOA, 2014). Citizens are also less likely to engage with their LGAs as there is a perception their concerns will not be heard or taken seriously(Tables 1 and 2).

Table 1: How much of the time do you think your LGC will try their best to listen to what you have to say?

	Urban	Rural	Male	Female	Zanzibar	Mainland	Total
Never	26	22	23	24	40	23	24
Only sometimes	55	55	56	54	56	55	55
Often	17	19	18	19	4	19	18
Always	1	3	3	2	-	2	2
Don't know	-	1	-	1	-	1	1

Source: REPOA (2014).

Table 2: How much of the time do you think your village/mtaa chairperson will try their best to listen to what you have to say?

	Urban	Rural	Male	Female	Zanzibar	Mainland	Total
Never	19	14	16	16	34	15	16
Only sometimes	48	48	47	49	59	48	48
Often	28	31	31	28	5	31	30
Always	5	6	6	6	1	6	6
Don't know	-	1	-	1	-	1	1

Source: REPOA (2014).

These tables show a greater belief that a village-level representative will listen to their concerns than is the case for representatives at the district level. Over 50% of rural people believed that their councils were doing either very badly or fairly badly, with only 8% of rural people saying they were

doing very well. Moreover, when asked if local revenues – which, as noted, represent a small amount of money in comparison with what LGAs receive from central government and block grants – were used well, the responses were also quite damning: 56% indicated that they thought revenues were used either very badly or fairly badly. Only 6% thought local revenues were used well (REPOA, 2014).

In Meru district in Arusha, 85% of those who were involved in the research indicated that they would participate in community projects if there was strong leadership from the within LGAs; if there was transparency; and also if there was accountability. However, even if community participation is seen as important, and there is a conducive environment of accountability, 45% of community members indicated that a lack of skills, be these administrative or project management, had a negative impact on a citizen's ability to participate (Muro and Namusonge, 2015).

2.4 The problem of who is accountable

In this section we explore aspects of the health care system and the Tanzania Social Action Fund (TASAF) that illustrate the lack of clarity over responsibility for performance and accountability at the level of local government. We could have selected examples from a wide range of sectors – all of which suffer from similar problems. Indeed, if we view local government only from individual sectors we may fail to see patterns of how the ward and village levels of government have high levels of responsibility placed on them while having very resource to implement national policies.

Central government recruit health care professionals (HCPs) (though is it the responsibility of LGAs to train, develop, reward and discipline HCPs) and also deploy HCPs to respective districts depending on the latter's needs. However, in a country where there are acute shortages of HCPs, this in itself is highly problematic. For example, it is estimated that there is one doctor per 25,000 people and one nurse per 10,000. This is, as noted by the World Health Organization (WHO), well below the recommended minimum, insofar as there should be either 23 nurses or doctors per 10,000 people. The acute shortages of HCPs, as observed by Kruk et al. (2010), means less than half of all births are attended by a skilled medical practitioner. This in itself is a major challenge, and also raises a question: if this is a reality, how can LGAs be held accountable for health care service delivery if there is already an acute shortage of medical practitioners? For example, in Kongwa district, out of a required 664 HCPs, there were as of 2012 only 327. Also, as observed by Mkoka et al. (2015), there is inequality of access to HCPs: more work in urban areas than in rural areas, especially the hardest-to-reach areas.

Not only is there is a clear shortage of HCPs but also only 19% of primary health facilities in Tanzania have access to basic infrastructure. Infrastructure includes electricity, clean water and improved sanitation. It is this lack of basic infrastructure that is noted by Mkoka et al. (2015) as a cause for concern, as a lack of facilities and poor working conditions limit the abilities of already stretched HCPs to be able to do their job. There are considerable differences between urban and rural areas, with 60% of urban areas having access to basic infrastructure compared with 5% in rural areas of the country. Two clinics out of 10 do not have access to basic equipment (thermometer, weighing scales, and a stethoscope). With regard to medication, at any given time primary health facilities will be without a quarter of basic drugs. Absenteeism is also a cause for concern. In urban areas, when random spots checks were conducted, one third of medical staff where absent. This is less the case in rural areas, with the figure at 17% (World Bank, 2012). One of the reasons why absenteeism is a problem is that many LGAs do not provide staff with a

conducive living environment –nor is there an opportunity for career advancement and training is not taken seriously (Kruk et al., 2010).

In partnership with donors such as the government of Norway there has been some experimentation with systems of Payment for Performance (P4P). The rationale behind this policy is that, by providing a financial incentive to staff who are employed within the health care system, services will improve. However, as noted by Chimhutu et al. (2015) from empirical data, the introduction of such schemes within Tanzania has proved controversial, specifically because donors have marginalised the Tanzanian government, affording it limited power and voice within these discussions. Also, there is a district lack of evidence as to the effectiveness of P4Ps.

Community Health Funds and the pro-poor exemption policy

Since 2001, Tanzanian citizens who reside in rural areas have been encouraged to join community-based prepayment schemes, or, as they are commonly known Community Health Funds (CHFs). As per the 2001 Community Health Fund Act, the objectives of the fund are 1) to mobilise financial resources from the community for the provision of health care services to its members; 2) to provide quality and affordable health care services through a sustainable financial mechanism; and 3) to improve health care service management in the communities through decentralisation by empowering communities in making decisions and by contributing on matters affecting their health (URT, 2001). Every household is entitled to join the scheme at a cost of between TSh 5,000 and 30,000. The fees vary depending on where one lives as they are set at the discretion of the district and municipal councils, with the government in theory matching the fee. They are managed and monitored by the Council Health Service Boards (CHSBs); representatives of this board work closely with ward development committees to ensure members are mobilised, fees are paid, a membership base is recorded and recommendations from service users are brought to the attention of the CHSB. In effect, the CHSBs have a dual role, as they are both the provider and the purchaser, insofar as they implement CHFs and also provide health care facilities (Idd et al., 2013).

Upon joining the scheme, the household will be issued with a certificate that is valid for a year and will cover up to six people to access basic primary health care and medication. Mtei and Mulligan (2007) state that the certificate covers only the household head and those under the age of 18. Even if there is some ambiguity, as the government is aware that not all of those who are in areas where the scheme operates can afford the user fees, a wavier policy was also included in the 2001 Community Health Fund Act.

For one to qualify for a waiver, and therefore to have access to the CHF, there is a specific process to go through.[7] First, those who are in need should present themselves to their local village council. It is then the responsibility of the village council to present the case to the ward health committee. If the ward health committee believes there is cause to issue a waiver then the case will be forwarded to the council health services. It is here the CHF membership card will be issued. On issuing a card, the district is expected to subsidise it though pro-poor funding that should be allocated from central government. Deciding on the criteria for exemption is left to the ward level.

> 'We have many exemption eligibility criteria that were supposed to be used for CHF exemption. For example, the food poor, those with very poor houses, patients suffering from chronic diseases, the disabled, and the elderly people. We decided to only provide exemption to elders above 60 years and

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[7] The CHF is a district-level voluntary prepayment scheme, introduced in parallel with user fees at public health facilities that targets the population living in rural areas and/or employed in the informal sector.

who are not able to pay. But as time goes, we will add more eligibility criteria' (IDI with district health manager, taken from Idd et al., 2013: 303).

This suggests the waiver could lead to inequality of access depending on where one resides in Tanzania (Burns and Mantel, 2006). Only minimal efforts are made by health workers, village leaders and district officials to inform people about the waiver policy. This in itself restricts transparency and ultimately accountability in the scheme (ORGUT, 2009). However, the financial reality of the scheme also means exemptions cannot be honoured in practice.

> 'We usually hold meetings for mobilizing community members to join CHF, the message from the district is that people should pay membership contributions and join the scheme, we hardly tell them about exemption criteria because the district officials explained to us that they don't receive any financial support from the Central government and exemptions erode CHF financial stability' (IDI with ten cell leader, taken from Idd et al., 2013: 302–3).

Research conducted in Lindi and Iramba by Maluka and Bukagile (2014) concluded that uptake of CHFs varied. In Lindi it was found that enrolment (0.4%) was low because of high premiums and a limited supply of basic drugs, and that there was a lack of trust in HCPs and providers. Local politics were also a reason behind low enrolment. In Iramba, the research found high uptake, (28.1%) of CHFs because there the HCF had a good supply of drugs and there was a strong sense of engagement between services users, providers and LGAs. One thing to take into consideration, though, is that many people choose not to enrol because they see no need to – as they can simply pay user fees as and when they have to. This may explain why, as of 2011, national coverage was only 7.9%.

Tanzanian Social Action Fund

TASAF has recently introduced a Productive Social Safety Net (PSSN).8 This is designed to address poverty at the household level and help those who live under the basic needs poverty line, who are unable to afford basic services such as education and health care. In October 2015, the Tanzanian government signed a memorandum of understanding with the UK Department for International Development (DFID). DFID has agreed to provide £110 million for the scale-up of the PSSN over a five-year period. During this time it is envisioned that 1 million households and up to 5 million people will benefit from the project, targeted by the provisions of conditional cash transfers and a guaranteed 60 days per year paid employment for one household member.9

The programme uses a system of community-based targeting, which is in itself very vulnerable to elite capture (Boesten et al., 2011). Village/mtaa leaders identify beneficiaries at public meetings. At a first public meeting, ward community development officers outline the characteristics of households that could be included. At a second public meeting, a list of names is presented. Those who meet the criteria are given a questionnaire. There is then a third public meeting to explain which households are included.. If successful, beneficiaries must agree to send their children to school and pregnant women should agree to attend a health care facility – the logic being that increased attendance at schools will break the cycle of poverty and also decrease child mortality and improve women's health. TASAF outlines a Grievance Resolution Mechanism in case of disputes over the selection of beneficiaries, but it is very unclear how this operates in practice and who makes the decisions. TASAF does recognise that it is difficult for beneficiaries to comply with

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the set conditions for payment because of a lack of health care facilities and schools. Moreover, it is unclear what the role of LGAs is in this process.10

Both of these cases illustrate multiple lines of responsibility at the front line of service delivery. This makes the process of identifying lines of accountability very opaque.

2.5 Civil society initiatives in measuring governance in Tanzania

The Tanzanian government has signed up to the Open Government Partnership (OGP). The OGP is a global initiative that aims at promoting transparency, accountability, citizen empowerment, fighting corruption and encouraging the use of new technologies to improve governance. The intention is to make government more open to its citizens in the interest of improving public service delivery and government responsiveness, combating corruption and building greater trust (Kombani, 2013). For this to be done, a platform in the form of a website has been implemented that gives citizens the opportunity to give the government direct feedback about the services that they are or are not providing. It also allows citizens to track and follow up on any complaints that may have been made.[11] The process for how complaints are then addressed is unclear.

Civil society organisations are seen as critical to effective citizen demands for local government accountability (Mushi, 2011). In the context of Tanzania such organisations are involved in monitoring expenditure and advocacy for better governance at both national and local levels (Rogall, 2007; Pathfinder, 2013). They are often the preferred partner for donors (Green, 2014). Moreover, they are assumed to play an important role in demanding access to information, providing services and advocating for rights for citizens in Tanzania (Hearn and Mapunda, 2012). However, as Green (2014) notes, this agenda has been driven and shaped by donors and is not necessarily reflective of a sustainable and genuine local civic accountability process. Further, a study in Kenya suggests publicly available information on education has not stimulated greater activism (Lieberman et al., 2015).

Some examples of initiatives of this type include the following.

The **Accountability in Tanzania (AcT) Programme** was a £31 million governance programme funded largely by DFID and managed by KPMG, originally with consortium partners the Overseas Development Institute (ODI), MDF and the Delta Partnership. The programme ran for six years (2009– 15) and included ring-fenced finance (including a contribution from the Danish International Development Agency for governance and accountability). The purpose of the programme was to increase the accountability and responsiveness of government to its citizens through a strengthened civil society. This was a form of demand-driven accountability (Hearn and Jones, 2011) insofar as, 'Demand-side governance initiatives refer to citizen or society-led activities to exact accountability from power-holders' (Classen and Lardies, 2010: 3).

AcT worked by making grants and supporting learning across 25 civil society partners working in all sectors and parts of the country (covering 15 districts). These included **Policy Forum,** a member-led network of NGOs working on citizen voice, local governance and oversight of public money. Through partners HakiKazi, Research on Poverty Alleviation (REPOA) and the Tanzania Gender Networking Programme, Policy Forum has produced a guide to public expenditure

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[10] A similar project was conducted in 2010: see Evans et al. (2012).
[11] See http://www.wananchi.go.tz/ for more information on how to make a complaint.

tracking for citizens in English and Kiswahili and also governance reviews of the presidential terms since 2005.

Oxfam GB was also involved in the AcT programme, under the name **Chukua Hatua**. As with the other organisations, it was concerned with demand-driven accountability and aimed to create an active citizenry through participatory workshops and training. Instead of outcomes it monitored behavioural changes through outcome mapping (Green, 2015).

It is unclear if the projects that were in the AcT programme have actually made any lasting impact in the accountability discourse, and also the extent to which the government of Tanzania engaged with these projects. The final evaluation report suggests impact at the national level was very limited. Some local impacts were reported but that is to be expected within the life of the programme and considering the level of the resources given to the local civil society (Itad, 2016). DFID has recently funded another similar programme, Inclusive Institutions for Development, which aims to mobiles civil society.

SNV is a partner in the new Institutions for Inclusive Development project and took part in a similar project from 2009 to 2013 funded by the Netherlands. Adkins (2014) details a project that sought to address the difficulties of working on citizen accountability within a highly dysfunctional and complex system of local government. Building the capacity of local councillors to hold the district executive to account had limited impact because of constraints in the whole system. This underlines the difficulty of addressing local governance in isolation from the wider context.

Twaweza[12] and the Legal Human Rights Centre (LHRC)[13] are significant civil society organisations in relation to accountability. Twaweza publishes survey information and analysis on government performance, whereas LHRC tracks human rights abuse. Twaweza has successfully focused national attention on the very poor quality of Tanzania's education system through its survey work (Joshi and Gaddis, 2015). Twaweza recently raised concerns about decreasing civic space in Tanzania, especially since the elections in October 2015 (Kwayu, 2016). However, its own survey reveals that 60% of citizens approve of President Magufuli's ban on opposition rallies in favour of a unified focus on national development. The new authoritarian crackdown on corruption and waste is highly popular with citizens (Twaweza, 2016). LHRC produces an annual Human Rights Report for Tanzania, the most recent of which received funding under the AcT programme. This highlights potential human rights concerns but is not clearly linked to actions for change at local levels – for example on tackling mob justice.

It is significant that citizen accountability work in Tanzania is dominated by large NGOs with donor funding. Citizen accountability needs to begin with citizens at the village/street level working upwards to try to understand how they might engage with those tasked with delivering services. The theory of change behind citizen accountability requires that there is a right way of doing things, and that citizens with information can reveal where a violation has occurred. However, as we have seen in the case of Tanzania, there is a very wide gap between the rules in theory (policy, structure and strategy) and how things actually work in practice.

3. Conclusion

Our review of relevant literature on Tanzania reveals heavy donor support to good governance reform with investment in programmes of local government reform. DbyD in theory pushes

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[12] http://www.twaweza.org/
[13] http://www.humanrights.or.tz/

responsibility for public service provision, planning and the rule of law to local government. However, our analysis of health and social funds provision finds that actual implementation and lines of responsibility are confused and contradictory. Local government has very limited resource-raising powers and is highly dependent on central government funding. This presents considerable difficulties in assessing the performance of local government as lines of responsibility are not clear or even particularly transparent.

Citizen accountability mechanisms are largely dependent on donor funding and do not work very well in a local governance system that has a large gap between the rules in theory and how things actually work in practice.

The question for our research project is then: is it possible to design a local governance performance index? Is there a danger that such a tool will also fall into the trap of assuming that the gap between rules in theory and how things work in practice is small and can be closed?

Designing an index will depend on being able to identify indicators that can represent different lines of accountability within the systems. It is also essential to understand more about where different actors within the system place blame for failure or lack of progress. For example, local government cannot be blamed for not delivering services if it does not receive resources from central government.

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