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**Community and
Village-Based Provision
of Key Social Services**

A Case Study of Tanzania

Marja Liisa Swantz

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UNU World Institute for
Development Economics Research
(UNU/WIDER)

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This study has been prepared within the UNU/WIDER project on New Models of Public Goods Provision and Financing in Developing Countries, which is co-directed by Germano Mwabu, Senior Research Fellow at UNU/WIDER, and Reino Hjerppe, Director General of the Finnish Government Institute for Economic Research.

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LIST OF ACRONYMS

CCM	Chama Cha Mapinduzi
CHF	community health fund
CSPD	UNICEF's child survival development programme
DANIDA	Department of International Development Cooperation (Ministry of Foreign Affairs, Denmark)
DEO	district education officer
ERP	economic restructuring programme
EDP	essential drugs programme
EHO	environmental health officer
EPI	expanded programme of immunization
FINNIDA	Finnish International Development Agency (Ministry for Foreign Affairs, Finland)
GIS	geographic information system
GOT	government of Tanzania
HA	health assistant
HFA	health for all programme
HMIS	health management information system
IDA	international development assistance
IMF	International Monetary Fund
JICA	Japan International Cooperation Agency
MCH	mother-child health programme
MOH	Ministry of Health
NGO	non-governmental organizations
ODA	official development assistance
PHC	primary health care
PRA	participatory rural appraisal
PSAP	priority social action programme
PSO	project support office
RMA	rural medical aids
RMO	regional medical officer
SAP	structural adjustment programme
SDA	social dimension of adjustment
SIDA	Swedish International Development Cooperation Agency
TANU	Tanganyika National Union
TBA	traditional birth attendant

USAID	US Agency for International Development
UMCA	Universities Missions to Central Africa
UNHCR	Office of the UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UPE	universal primary education
VA	voluntary agency
VHW	village health worker
WB	World Bank

GLOSSARY OF SWAHILI WORDS

<i>dau</i>	small boat
<i>diwani</i>	ward councillor
<i>hatujaletewa</i>	we have not been given the (necessary) equipment or supplies
<i>kanga</i>	the traditional cloth worn by women
<i>kienyeji</i>	traditional
<i>kuvuma</i>	(verb) to blow, as the wind
<i>maendeleo</i>	progress, development
<i>matoro</i>	(singular for <i>watoro</i>) absentee
<i>mganga wa jadi</i>	(singular for <i>waganga</i>) traditional healer
<i>mganga wa kienyeji</i>	traditional doctor
<i>mganga wa kisasa</i>	modern doctor
<i>ming'oko</i>	wild roots
<i>mitumbwi</i>	small canoe
<i>ngoma</i>	drum, dance
<i>shamb</i>	field
<i>ujamaa</i>	familyhood
<i>uvumi</i>	gossip
<i>vilema</i>	people with limited physical capacity
<i>waganga</i>	traditional health healers
<i>wakunga wa jadi</i>	traditional midwives
<i>watoro</i>	absentees
<i>uhuruna kazi</i>	freedom and work

FOREWORD

It is with great pleasure that I introduce the study *Community and Village-Based Provision of Key Services: A Case Study of Tanzania* by Professor Marja Liisa Swantz. This study has been prepared within the context of the UNU/WIDER project of New Models of Public Goods Provision and Financing in Developing Countries.

The development of public provision of public/merit goods (health, education, water and sanitation) has gone through various stages. Initially, the concept of market failure led the state to organize the provision of public goods. Then, evidence of widespread *government failure* in the delivery and funding of public services caused a turn-about and led to the introduction of a system of provision inspired by market principles. However, the market failure problems of the neoliberal model are also quite pervasive. These failures would eventually lead, even more than in the state-led model, to policy reversals. Consequently, this UNU/WIDER project endeavours to find *new models of provision and financing* where, hopefully, a better balance between provision by the state and the market, as well as by households and other agents, could be reached.

In this study Professor Swantz describes the initial attempts of providing social services undertaken by the Tanzanian government during the early 1970s. Since then, severe economic imbalances, and the policies attempting to redress them, affected the quality and sustainability of public provision of key social services. More recently, the decentralization of the Tanzanian state is further affecting social service provision through the devolution of financial and managerial responsibilities to lower (ward and village) levels of government. At the same time, a new participatory (bottom-up) approach is being implemented including community self-assessment of basic needs and capabilities. Based on extensive field work in southern Tanzania, the author presents some of the effects that these two processes, decentralization combined with community participation, have on the system of social service provision. The author also presents some insights on the possible way ahead in this field.

I trust this paper will help the academic community, donors, policy makers and general public to further understand one crucial aspect of poverty in the developing world.

Giovanni Andrea Cornia
UNU/WIDER Director
September 1997

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I gratefully acknowledge the opportunity to write this study as a visiting scholar at UNU/WIDER. I thank Professor Giovanni Andrea Cornia, the Director of UNU/WIDER, for providing a productive research environment and support. I am especially indebted to Professor Germano Mwabu, Co-director of the project on New Models of Public Goods Provision and Financing in Developing Countries, and the project members for their assistance and encouragement.

The fieldwork for the study was done as part of the rural integrated project support programme (RIPS) in Mtwara and Lindi regions. The work of the RIPS staff and the regional headquarters have provided the basis for the study. I also thank FINNAGRO, with whom I have been employed as a senior sociologist. FINNAGRO has been funded by the Department of International Development Cooperation of the Ministry for Foreign Affairs of Finland.

ABSTRACT

The first part of the paper describes steps which Tanzania took in order to provide key social services to her people. Tanzania made great efforts within the *ujamaa* socialist system to provide free social services for rural as well as urban people, regardless of their income level. Even after the decline of Tanzanian economy the party-led government tried to maintain and improve social services but nonetheless could not prevent the deterioration of the education and health services nor that of the water and sanitation systems, which had been built with the assistance of foreign development agents. The paper analyses the export liberalization measures, the different phases of economic recovery programmes, the structural adjustment programme with its priority social action, and the recent World Bank Human Development Programme.

The second part presents a case study of social services provision in two south-eastern regions of Tanzania, Mtwara and Lindi, which on the basis of statistics are among the poorest in the country. The study and the analysis of the new emphasis on decentralization and on local government which follows in the latter part of the paper, are based on the first-hand field experience of the author. Following the section on new participatory bottom-up experiments, describing the partnership of the World Bank and several foreign development agents, the paper brings out the basic contradictions between the 'traditional' and the 'modern' in social services provision and the difficulty that any development efforts face in trying to integrate people's own understanding and practice of sharing in service provision with the externally introduced models. The different ways in which rural people do share in giving services are elaborated, and it is shown that credit must be given to these sharing practices, as new systems of cost sharing are developed.

The conclusion brings out the need to make detailed analyses (based on participatory action research) of the division of wealth in rural communities so that those already heavily involved in self-help work or who provide many kinds of services, can be identified and their contributions registered. The people who belong to the wealthy quintile but manage to escape regular cost-sharing practices, need to be identified and charged according to their means.

I TANZANIAN SOCIAL POLICY AND PRACTICE

1.1 Introduction

Tanzania has considered the basic social services to be public goods which all citizens were entitled to enjoy. Great efforts were made to satisfy the basic needs of the people. After the two first decades of independence, it had become evident that the fragile economy of the newly independent country could not carry the costs that the provision of free education, health, water and sanitation would warrant, not even with the self-help efforts of the people. With the structural adjustment programmes the tension between benevolently oriented political leadership and the economic realists caused considerable friction.

This paper describes and analyses the national and local strategies, and the struggle of the state, local communities, external development agents and service organizations which have been involved in trying to solve the problem of provision for key social services in Tanzania. After a general review of the strategies and programme implementation on the national level, the study focuses on specific rural communities in the Mtwara and Lindi regions in southern Tanzania. The illustrative case studies come from regions which the Tanzanian public opinion considers – rightly or wrongly – to be the most backward. In the World Bank estimation, based on GNP per capita, the Lindi region in 1996 was reported to be the poorest region of the second poorest country of Africa, with the neighbouring Mozambique the poorest.

Based on concrete case studies, the paper probes new and old experiments, including some traditional ways, in which the government, regional and district authorities, and local communities have provided social services to the public. The paper describes and analyses local situations in which the new education policy and resultant institutions are being implemented, health services are administered, and traditional health attendants are being retrained. It also looks at solutions sought for creating and maintaining water and sanitation services as part of the public health and preventive health programmes. The case studies concern areas which in inter-regional perspective have been disadvantaged for historical, environmental or cultural reasons. The responsibility of the international community and the ways in which external bi-lateral and multi-lateral development agencies have intervened are also analysed. The question is asked on how the responsibility can be shared with the local community without putting inordinate burdens on deprived sections of the population or without creating a dependency syndrome which at present seems to be excessively evident.

'Local community' signifies here primarily a village but the term is extended to cover a cluster of villages which administratively forms a 'ward'. The term 'local government' signifies the elected district council, but depending on the context, it can also refer to local government in a more general sense and include the village government and the

ward development committee (Annex Figure 2). Of key social services, health, education, water, and sanitation and, to some extent, food security, are considered.

Tanzania as a nation offers an appropriate case study because of its initial policy to provide free social services to all citizens, although the country subsequently ran into difficulty trying to fulfil that political promise. The countrywide national systems of health, education, water and sanitation developed in Tanzania offer an opportunity to examine the weakness and strength of a planned welfare system in a developing country. Tanzania also made an effort to incorporate elements from traditional health practice into the new health care system, thus enabling us to explore how 'the traditional' relates to 'the modern'. Is there any way of synthesizing the old and the new in carrying out the required services? If so, what does it demand from the different parties concerned?

The substance of this paper derives from a recent participatory action research done in the south-eastern part of Tanzania. The encounters with administrators, civil servants, business people, and villagers of all categories, including men, women, youth, and children, provide the background and sounding board to the description and analysis which also reflect the writer's earlier research experience in other parts of Tanzania.

The first part of the paper looks at the evolution of social services in Tanzania up to the present day. It gives brief background information on the relative priority of the social sector within the Tanzanian political programme before and after the gradual acceptance of the economic restructuring programme (ERP), starting with the first annual plan 1982/3 prepared within the framework of the structural adjustment programme (SAP) (Malima 1983).

A review of the efforts of the Tanzanian government to include the traditional healers and birth attendants in the health system serves as the transitional step to the description of the communities of southern Tanzania and their concepts of health and their healing practices in general.

The paper then goes on to describe the present changes and the intensive planning in which the government of Tanzania, the World Bank and the major donors have been engaged in recent years. The focus of this study is narrowed to the south-eastern regions and exemplifies the planning procedures in specific contexts. As the background to the situation, the paper gives a few glimpses of the history of the two regions, pointing out factors which have influenced the relative poverty and the shape of social services in these regions. Some of the weaknesses of the present delivery system are taken up and the possibilities to improve the educational and health services are considered. An assessment is carried out of the attempts made at the instigation of the World Bank to reform the service delivery systems toward sharing in cost recovery with the local governments and the external development agencies, more specifically with UNICEF and the Department for International Development Cooperation, formerly FINNIDA, in the Ministry for Foreign Affairs of Finland.

Finally, the study demonstrates how differently an anthropologist and an economist look at the 'traditional' and 'the modern' in relation to people's economics. Villagers'

assessment of their own worth does not fit well with the statistical accounts of poverty or wealth, but hopefully shows the importance of leaving the assessment to the people themselves. A detailed account of the situation in two or three villages throws light on the problems that will be faced by the villagers if required to contribute user fees. It brings the main issue of the paper to the grassroots level of action and opens some new avenues of thinking for the on-going policy debate.

The main focus in the development of education or the social sector in general often stops at the question of funding. Obviously the financing of services is a central issue which affects the quality of work and motivation of the staff. There are, however, many immediate ways in which health and education can be improved and promoted. The study explores how the economics of the poor work, with emphasis particularly on women's ways of sustaining life and giving service, and then the paper goes on to ruminate what guidance such social economics give to decision makers in solving the problems of delivery of the 'public goods'.

Overemphasis on monetary issues can deviate concern from such central issues as the quality of service, personal motivation, individual and group effort, social concern, initiative, and creative learning. The question arises whether the end product of a long process of shaping the social service structures in Western society has been the fitting model for the totally different kinds of social situations and cultures of the developing countries. The question needs to be determined whether other educational and health modes of service than those developed in the West can also be entertained and rewarded and what are the signs that these forms are emerging.

1.2 Evolution of Tanzanian social policy and practice

An extensive programme of social services formed the core of the *ujamaa* socialism adopted by Tanzania as its political programme in the early stage of development. In 1971 the ruling Party TANU¹ directed the government to place greater emphasis on rural development to satisfy the basic needs, namely water, education and health, of the majority of the people living in the rural areas (SIDA 1982).² This coincided with the acceleration of the villagization programme which had started after the Arusha Declaration³ in southern parts of Tanzania (Nyerere 1968). One of the main motivations of the villagization was to resettle people in compact villages within communicable distance from the services the government intended eventually to provide for all citizens.

¹ TANU is the acronym for Tanganyika African National Union which was later united with the Afro-Shirazi Party of Zanzibar and was called the Revolutionary Party, Chama Cha Mapinduzi, referred to as CCM.

² SIDA (1982) has been used as a reference source, but much of the general information comes from the writer's own observations as a resident in Tanzania during the decades in question.

³ The Arusha Declaration, given at the Party Conference in Arusha on 26 January 1967 formed the basis for the direction of Tanzania's new socialist political and economic orientation. In the declaration itself, little is said about social services as such, but the equal distribution of benefits in *ujamaa* villages and the policy of self-reliance aim at community initiative in providing social services for all.

President Nyerere's visions for rural development, in which social service programmes had high profile, aroused wide international interest. Aid agencies and foreign personnel were incorporated into operationalizing the lofty ideals. Tanzania became the experimental ground for enthusiastic social reformers who worked out new approaches and methods in the fields of health and education. The Tanzanian social reforms were quoted in international research and media circles as models for other developing countries. A long-term health sector development plan 1971/2 up to the year 1980/1 was formulated and later integrated into the global programme 'Health for All by the Year 2000' at the WHO conference in Alma Ata in 1978.

Tanzania experienced an economic decline, caused by a variety of external and internal reasons, which are beyond the scope of this study. The development programme, which was primarily to be built on self-reliance and only secondarily on external assistance, became excessively donor dependent, top-to-bottom instead of the intended bottom-up development. Eventually outside support began to dry up and the World Bank and IMF put pressure on the country to reform its economic and social system before granting new loans.

Tanzania, however, resisted subjection to the conditions set by the IMF for further loans. In 1979 the Tanzanian government agreed to a programme outline of low-conditionality but negotiations broke down over IMF demands for devaluation, a reduction of real government expenditure, a wage freeze, abolition of price controls and higher interest rates. The main dispute was over devaluation, food subsidies and producer prices, which the Tanzanian government wanted to spread over a longer timeframe to prevent the shock effect of sudden changes. The new Extended Fund Facility signed in August 1980 was withdrawn by the Fund soon thereafter and the programme was suspended. The IMF conditions were rigid and had they been implemented, according to the opinion of a government economic adviser, they would have led to even greater disaster, the collapse of education and health services (Green 1984:74). The 'take-it or leave it' attitude of the IMF exacerbated the situation and negotiations broke down in 1980 and again 1983. An important reason for Tanzania's resistance to the externally set conditions was to 'maintain equity in income distribution as well as the provision of social services and other basic needs to the majority of the population'. The conditions set by the IMF threatened these objectives.

The country drew up its own stabilization and adjustment programmes that met many of the IMF conditions. A national economic survival plan was approved in 1981, as was a stabilization and adjustment programme for the period 1982/3-1984/5. The decline of the national economy continued, not only because of the poor management of the economy – as the Fund would maintain – but also because of the aftermath of the Uganda War 1978-79, the recurring droughts causing a drop in agricultural production, the decline of external terms of trade and the increase in oil prices, which meant that 55-60 per cent of exchange earnings had to be spent on oil imports. The overextended state control of almost all sectors of the economy proved inadequate and inappropriate.

In 1984 a liberalization process was started whereby the private import of goods for sale was allowed; 50 per cent of the foreign exchange earned from non-traditional exports could be retained to import consumer goods; crop authority parastatals were downgraded to marketing boards; primary and regional cooperatives were reactivated; political structures in the countryside were gradually decentralized and the country was opening up to foreign ventures. Not only had the World Bank money been drying up but other donors had followed suit. The decline in the productive sectors had also affected the social sector. After the government came to a formal agreement with the IMF, an economic recovery programme (ERP I) along the same lines as SAP was finally adopted in 1986 for the next three years.

In the ERP I, nothing was said about the social sectors. Efforts were concentrated on attempts to revive the productive sectors, not least agriculture and economic infrastructure. The cuts made in government expenditure and the squeeze of funds from the social sector caused wide criticism of the whole structural adjustment programme. The rapidly declining health conditions and reduced inputs in education influenced the preparation of the second economic recovery programme (ERP II) for 1989-92 during which a priority social action programme (PSAP) was 'appended' to the main programme (Mabele 1994:64).

The PSAP endorsed the commitment made to the social sectors by the Tanzanian government at independence as the correct and still valid pledge. The document acknowledged also the need for new managerial strategies and attention to sustainability. To quote: 'The objective of priority interventions in the educational sector is to ensure *a smooth transition from a centrally funded school system to one that will be mainly funded by the local community*'. Decentralization has been the aim since, although its implementation has taken time.

According to the priority social action programme, financing the increasing allocation to the social sectors would be possible through budgetary shifts, user charges (cost-sharing), community contributions and participation in support of the health services. Reliance on foreign aid would continue; 57 per cent of the costs were projected to be covered from external donor sources. No estimates were made of the government's added contribution, but budgetary reallocations, money obtained from food aid, debt swaps, user charges, contribution in kind through self-help, fees from hiring PSAP-constructed facilities, and interest obtained from credit advances were all listed as potential sources (Mabele 1994; URT 1989).

A social dimension of adjustment (SDA) unit under the Macro-Economic Directorate of the Planning Commission was to oversee the implementation of the priority social action programme and to liaise with the line ministries. UNDP was the executing foreign donor agency. The donor contributions were slow in coming and lacked sustainability.

In the beginning of the 1980s, the Tanzanian government allocated 25.5 per cent of its budget for social services, more than the country's defence allocation of 24.5 per cent.⁴ Figures differ, depending on which services are included in the social service statistics. Other items besides health and education variably included in the social sector budget were social welfare, housing and community development, water and electricity, and miscellaneous social services. The budget allocation for the social sector in the peak year 1984/5 was 30.5 per cent. After agreeing to the IMF-induced economic recovery programme, the social services sector was reduced to 17.5 per cent in the 1986/7 budget. Ministry of Finance statistics indicates the figure as 15.3 per cent, which still was more than the 11 per cent for the defence budget but severe cuts had to be made in health and education programmes, reducing allocations to 4.6 per cent in 1989/90 and up again to 18.2 per cent in 1991/2 (Meena 1991: 169-91).

Tanzania, the second poorest state in the *World Bank Development Report 1995*, rises 30 points higher to the 144th position of the total of 174 countries when social indicators are taken into consideration, as shown by the *Human Development Report 1996*. The capability poverty measure – based on the three variables of the underweight of children, unattended births and female adult literacy – ranks Tanzania 40 points higher than the real GDP per capita rank and puts it in 58th place of the 101 countries included in the table (World Bank 1995; UNDP 1996).

As indicated by the social sector strategy of 1994 which provides a general guide for the future development of the social sector, this sector still commands priority today, even though the structural adjustment programmes of the country have greatly reduced the funds available. Despite almost two decades of economic decline, the Tanzanian health programme in principle is still oriented toward serving the entire population, but financial allocations have been reduced and the increase of user fees together with privatization has advanced steadily. The good intentions are not reflected in the quality of the service.

1.2.1 *Developing educational programme*

Every child has the basic human right to primary education. Long before signing the Convention on the Rights of the Child, Article 28, which obliges the state 'to make primary education compulsory and available to all' (UNICEF 1996a:163), Tanzania had recognized that the state has the duty to provide basic education.

Education was a priority area of development when the *ujamaa* programme was introduced. In 1967 the first president Julius Nyerere formulated an education policy, 'education for self-reliance', which aimed at making the schools an integrate part of self-reliant communities embodying the precepts of equality, human dignity and the value of work (Nyerere 1968; Lugalla 1993). With people's self-help, and support from donor

⁴ The speech by Malima gives the budgeted figures from the total development budget estimate for 1983/84 as follows: directly productive sector 42.1 per cent, economic infrastructure 35.6 per cent and social infrastructure and administration 22.3 per cent. The speaker emphasized the bias towards directly productive sectors as being a shift from the earlier emphasis.

agencies, the Tanzanian government also embarked on a massive adult education programme which brought adult literacy to 85 per cent by 1987.

The government declared that education was to be obligatory for all by 1977. Through the Universal Primary Education Act (UPE) all school-aged children were to be given a chance to attend primary school. In 1975 when the enrolment of school children for grade one doubled in a single year, a countrywide crash programme for training teachers had to be organized. Ward-level education coordinators were mobilized to give training courses and in-service training to selected grade seven school leavers. Schools were built by village communities with support from the government and teachers with shaky competence filled the vacant posts (SIDA 1996).⁵ By 1983, ninety per cent of all rural children were living within 4 km of a school and the enrolment figures had risen to 74 per cent by 1994 (UNICEF 1996a:163).

In some ways, the manner in which education was implemented was counter-productive to the endorsed policy objective of 'education for self-reliance'. After independence the practical subjects were dropped from the syllabus and teachers specializing in agriculture and carpentry were transferred to regular teaching duties because these subjects were considered to be 'Bantu education' by the educated Tanzanians and had no part in a more sophisticated school system. There still are remnants of this thinking in the Ministry of Education. It divorces education from practice, concentrates on academic learning and takes theory as a model, causing a generation of young people to be unprepared or unable to do practical work. In the words of the parents, the youth 'do not know anything', because the vast majority do not gain entrance into the secondary level nor do they learn in school any useful skills for village life. In the absence of teachers, the school's agricultural training often degenerates to basic work duty or toiling in the teachers' fields. The issue of teaching programme will be discussed later in the paper.

In the 1980s, education was allocated two or three times the amounts earmarked for health. More than a half of the total budget for social services was reserved for education throughout the 1980s. While in 1981/2 the government allocated 18 per cent of the total budget to education, the figure in 1984/5 was 8 per cent (Meena 1991:180), and 6.1 per cent in 1996, yet the number of children had grown rapidly, the average annual change in population being 3.36 (rural 2.44) per cent (UN 1995:62).

In constant 1980 prices, the total capital expenditure for primary education declined from 40.4 million TSh in 1981 to 17.1 million in 1985 (15.2 per cent to 11.0 per cent of the total for education) while corresponding figures for public secondary education grew from 22 million TSh in 1982 to 58.6 million in 1986 (Meena 1991:183). In 1982/3, 58 per cent of total educational expenditure was allocated to primary education against 16 per cent to higher education. The trend to transfer from primary to higher education is evident. In 1990/1, only 46 per cent was allocated to primary education against 30 per

⁵ According to some estimates more than 70 per cent of primary teachers are still underqualified (SIDA 1996:7). Supplementary teacher training courses were conducted later for the so-called UPE teachers but the basic education continues to suffer from the weak educational background of a large number of the teachers.

cent for higher education. According to official estimates, the yearly cost for a primary school pupil is US\$ 20 against US\$ 4,400 per university student.

The government is still the main funder of education but since the UPE Act, a substantial part is contributed by families who pay a fee for their children's education. Up until 1996, the fee was 200 TSh; in 1997 it rose to 1,000 TSh, but there are also additional hidden costs to the family in the form of uniforms, desks, school supplies, examination costs, sports equipment, food, etc. Because of the extra costs, the poorer parents feel they cannot afford to send their children to school.

In 1996, when 6.1 per cent of GNP was spent on education, 60 per cent of the total expenditures for education were provided by the government, 30 per cent by households and only 10 per cent by external donors.

Even if the educational allocations percentage-wise have reflected its priority status, the funds received by the schools have been cruelly insufficient. The schools have suffered from a shortage of funds for basic supplies, buildings, teaching aids of all kinds, even food to feed boarding school students. The decline of educational services is obvious. The number of children attending school has dropped dramatically. The number of drop-outs has increased steadily and it is estimated that 30 per cent of the pupils drop out of school before completing the primary cycle. From an one-time high net enrolment rate of 70 per cent (gross enrolment 74 per cent), by 1996 it had drastically dropped to roughly 55 per cent (UNICEF 1996a:164).

In the south-eastern regions the school enrolment is even lower than the national average. It is estimated that at present in the Mtwara region, only 40 per cent of the primary school-aged children attend classes and only one half of those who begin school ever finish grade seven. Part of the reason is inadequate facilities, but the motivation for learning has also deteriorated because the returns and rewards are minimal. Schools do not equip the youngsters to enter into worklife and only 4 per cent pass the entrance examination to secondary education. Many schools pass only one or two students a year to secondary level and there are schools that have had no graduates.

The number of enrolments in secondary schools has always been low in Tanzania – the lowest in the world, possibly with the exception of present Rwanda – since the policy was to offer some education to all children rather than educate a small elite group. However, according to the Ministry of Education, the percentage of students entering secondary schools doubled in five years, from 3 per cent in 1983 to 6.3 per cent in 1987/8 (Meena 1991:183-4). Entrances have increased rapidly in recent years, as private schools have been started by local development corporations, religious bodies and parents. Many of these schools have taken in students whose results do not come up to the passing mark in the national grade seven examinations.

The low salaries in both education and health sectors, and at times the long intervals for the salaries to reach the employees, have forced these workers to earn extra money with sideline projects. Professionals cultivate garden plots, keep livestock, sell products, have small shops or kiosks, etc. Teachers do extra tutoring outside school hours and health

workers give injections and distribute medicines, usually from public stores. In 1983, primary school teachers received annual salaries amounting to half of those in Kenya and less than one third of the average salaries of teachers in sub-Saharan countries in general (Meena 1991:180).

Now after ten years of steady budget cuts, the health and education sectors are again receiving priority treatment. UNICEF is investing heavily in primary education in the coming five-year period, and the World Bank with its new emphasis on social sector is providing new extensive loans with a controlled funding programme, partly administered through non-governmental agencies and private agents. Assistance is also forthcoming from EU member countries and several NGOs. The system is based on considerably larger user contributions than heretowith,⁶ contradicting with the basic principle that every child has the right to an education. Even if exemptions are made, studies and experience show that the poorer children are left out and reluctant parents have an excuse not to send their children to school. The issue at hand is how to best realize every child's right to education.

1.2.2 Evolving health sector policy

The aim of the ten-year health sector development plan for 1971/2-1980/1 was to reach the maximum number of people in the rural areas with basic health services. The service infrastructure was to be expanded drastically to provide curative and preventive services to the majority of population. The health for all programme (HFA) was implemented with an early adoption of primary health care (PHC) as the core of the health services.

In 1972 the Ministry prepared a health plan which provided the blueprint for implementing the national health policy. The aim was to ascertain that a health facility was within the reach of everyone. There was to be a health post for each village, a dispensary for every 10,000 people, a health centre for every 50,000 people and a hospital in each district and region.

At the instigation of the Swedish International Development Authority (SIDA) an extensive evaluation of the health sector was carried out in cooperation with the Ministry of Health of Tanzania (MOH) from 1978 till 1981. At a conference organized by the MOH and SIDA, leading members of the medical profession and all major donors attended to summarize and evaluate the findings, and to further plan the health sector activities.⁷ The 1978/9 survey covered all health institutions in all twenty regions

⁶ The parents of a primary school pupil are expected to contribute five times the fee they have been contributing so far, a rise from 200 to 1000 TSh. More of the WB programme later.

⁷ As a continuation to this evaluation the writer was asked by the MOH to assess the impact of the health services on the ordinary village women. Having worked in a participatory mode, the author proposed a plan to be financed by FINNIDA to develop an ongoing evaluation system for inclusion to the training of health workers. It resulted in a series of training workshops for the instructors of health workers from all the levels in all the zones and the inclusion of the village participation component in the curriculum as part of the community medicine course. From Finland the Physicians for Social Responsibility were involved. A guide for use by the health workers' training institutes was developed in a participatory manner and later published in three editions. The book is still in use, but practical training has dwindled to a minimum because of lack of funds.

and was followed by a regional health sector analysis. The data thus compiled provided a good comparative base for assessing later developments in the health sector.

By 1980 about 72 per cent of the people lived within a radius of 5 km from a health facility and another 20 per cent were 5 to 10 km away. All services were free of charge (SIDA 1982 and URT 1991) and four to five health service contacts were made per person per year.

The rural health facilities were to be served by trained auxiliaries, medical assistants, rural medical aids (RMA), nurses, health assistants (HA) and mother-child health aids (MCH). In 1978/9, 56 per cent of the health workers worked at hospitals, 14 per cent at health centres and 30 per cent at dispensaries. Only 2 per cent were university trained doctors, 17 per cent nurses, 5 per cent rural medical aids, and 2½ per cent each for the mother-child health aids, and the MAs. Sixty-one per cent constituted 'other categories', which included environmental health officers (EHO), and dispensary assistants, who often were upgraded cleaners with skills learned through practice. The category 'other workers' covered dental and laboratory assistants. With an increasing emphasis on primary health care, an accelerated training programme for most categories of health workers was put in place with substantial contributions from several development agencies.⁸ A special mother and child health services programme had been initiated already in 1974. An expanded programme of immunization (EPI) aimed to have all children vaccinated by 1988. Another preventive scheme in place already in the 1970s was the tuberculosis and leprosy control programme. Later an essential drugs programme (EDP) was added, but the transfer of resources from the high-costing hospitals and curative services to a wide distribution of primary, preventative-level care was not as easy in practice as in theory. Three large referral hospitals drained a large chunk of the health budget (URT 1991:3,7).⁹

When the cost of providing health facilities for all 8,300 villages proved to be an insurmountable task, short training courses of village health workers (VHW) and traditional birth attendants (TBA) were started in 1983, with the emphasis on preventive and mother-child health care to supplement the other paramedic services. The training of these workers was considered beneficial not only for financial reasons but also for the promotion of primary health care at the grassroots level. By 1988 about 2000 VHWs had been trained.

The guidelines for 1980-2000, proposed by the Ministry of Health to realize the goal of 'Health for All', had, among others, the following objectives:

- i) To raise the average life expectancy at birth from 50 years (1978) to 60 years by

⁸ Finland's contribution was the building of 11 rural medical aid training schools during 1973-79 and these were in full operation by 1983. The centre in Arusha was converted to a centre for educational development for health (CEDHA), the task of which was the educational development and retraining of teachers in the country's 97 health workers' training institutes (Swantz 1985b; Kokkonen 1985).

⁹ EPI and EDP have been supported substantially by the Danish Department of International Development Cooperation, Ministry of Foreign Affairs (DANIDA).

reducing infant mortality rate from 137 per 1000 births during the first year of life to 50 per 1000;¹⁰

- ii) To provide health for all with the primary health care approach;
- iii) To increase self-sufficiency in manpower;
- iv) To improve the management of health care delivery system at all levels through training and retraining, including the development of a viable health information system;
- v) To involve the people in the implementation and management of health projects and programmes; and
- vi) To improve the drug supply system and to strive for self-reliance.

Health expenditures reached their peak in 1973/4 when 9 per cent of the total government budget was spent on health, the very years when Tanzania experienced its first financial setback because of a severe drought (Meena 1991). In 1981, 2.8 per cent of the GDP was spent on recurrent health services (52 TSh per inhabitant), while in 1980 the per capita income was 1,978 TSh in 1980 prices. In addition, the country was served by the voluntary agencies' health institutions, which customarily charged a moderate fee. In 1980/1 the contribution of the voluntary agencies accounted for 18 per cent of the total health expenditure (SIDA 1982).

The number of government-supported rural health centres had increased from 22 at the time of independence to 161 in 1976. In spite of the economic decline, the number of health centres grew to 260 in 1986, and the number of dispensaries had increased from 1,847 in 1976 to 2,831 in 1986, when there was one rural health centre per 84,231 people and one dispensary per 6,846 people. By the end of 1980 there were 20,000 inhabitants per doctor compared to 28,000 in 1972, and according to the World Bank, in 1992, the corresponding figure was reported to be 21,496 per doctor (World Bank 1996). Of the total health care expenditures, 65 per cent were spent in the rural areas, where 90 per cent of population lives. Donor support to the cold storage system, including procurement and distribution of sufficient and regular supplies of vaccines to more than 3,500 health delivery points each year, has made it possible to sustain the mother-child health programme so that immunization coverage has been maintained.¹¹ It was estimated that by 1985/6, about 80 per cent of children had been immunized against tuberculosis, 67 per cent against measles, and 80 per cent coverage has been maintained till the present time (Johnsson quoted in Meena 1991).

¹⁰ *The Human Development Report* shows infant mortality rate 85 per 1000 and life expectancy at birth 52.1 years (1993). The WB corresponding figures are 90 per 1000 and 47 years (WB Report 14982-TA:73).

¹¹ The role of UNICEF, WHO and DANIDA needs special mention, but the government and MOH are determined to maintain the basic services.

(i) Budgetary concerns in health sector

In the planning and evaluation of the health sector policy and practice during the decade of the 1970s, there was no discussion about cost coverage, apart from reporting how much and to which sectors of the health service each development agency had provided and would continue to assist. The reports reveal that 63 per cent of the health development budget in 1981/2 was to be covered by foreign assistance, with SIDA providing 15 per cent of it. SIDA has been the biggest donor in the health sector since 1972/3 and has continued to be so, equalling with the UK in 1981/2 (SIDA 1982:14).

It was acknowledged from the start that the implementation of the rural health service programme would require a substantial self-help component. Community participation and the responsibility of people to care for their own health were recognized aspects of health care throughout the planning but there were difficulties in implementation. The non-specified 'people' had at times contributed up to 50 per cent of the construction costs in the form of free labour and local building materials. Thus, it was taken for granted that this would continue but the reports did not detail as to how the recurrent costs would be covered in the future. It was never questioned that 'the people' might not continue to construct buildings to cover the expanding needs or to maintain them, nor was it considered that 'the people's' contribution for recurrent expenses might be something other than labour and building materials. The monetary estimates of 'people's' labour and material contribution were not included in the budgeting. According to the author's knowledge, this has been the case until today. Even the new UNICEF plan for 1997-2001 is devoid of any discussion of the costs, apart from what UNICEF's own continued support will be.¹²

The cost-sharing programme for health services in the form of user charges was introduced with the Health Sector Reform Plan in 1993. It was to be implemented in four phases. The first phase covered grade one and grade two patients and the second phase also grade three patients in the referral and regional hospitals. The third phase concerned grade three in- and out-patients in district hospitals. The implementation of the fourth phase, which concerned village dispensaries and rural health centres, was delayed and was still to be implemented in June 1995. Even the hospitals which were permitted to charge for medical attention, were directed by the Minister of Health in June 1996 to grant reprieves to maternal and child health services. Thus exempted groups were pregnant mothers until delivery, children under five years and, in addition, patients with epidemic diseases such as AIDS, meningitis, cholera, and dysentery as well as patients with diabetes (*Sunday News* 1995).

Not all health care requires funds for implementation. Maternal mortality has been very high and has not always received the attention it deserves. UNICEF's most recent report based on hospital data records 342 maternal deaths per 100,000. A community-based safe motherhood initiative, emphasizing low cost affordable interventions with full household participation, has shown a significant 45 per cent reduction in maternal

¹² 'People' is placed in quotations marks to indicate that in the cost-sharing debate, the category has to be broken down into different components.

morbidity in the districts where it has been applied with the cooperation of several agencies (UNICEF 1996b).¹³

Factors which make women vulnerable, such as poor nutrition, heavy work, powerlessness to make decisions, incorrect information and inadequate service delivery, can be eliminated without large monetary inputs or even without trained health personnel. This points to the importance of intersectoral approach to primary health care. Intersectoral approach is put into practice in the implementation of a health programme in the regional and district primary health care committees which combine development and medical officers, agricultural, education, water, information and administrative officers and non-governmental organizations (URT 1991:14-5). Participation in similar committee meetings gives evidence that intersectoral work is not easy to accomplish on the committee level if it is not implemented in practice. Medical personnel tend to steer discussions toward their professional needs unless concrete local problems, such as environmental measures for malaria prevention or waste disposal, frame the debate.¹⁴

(ii) Experimenting in the health sector

As in the education sector, cost sharing also in the health sector has to be linked to a major improvement in the health service delivery system. The government of Tanzania, together with the World Bank and UNICEF and with the support from major donors, prepared and piloted the country's health sector reform which received the approval of Parliament in March 1996. In April all partners in the health reform effort reviewed and approved a health sector reform plan of action for 1996-99.¹⁵ 'With strong leadership provided by the Ministry, the reform will assure consistency and coherence of policy, investments and interventions of the different stake holders and partners in health in Tanzania' (UNICEF 1996b). UNICEF is active in 50 districts in 11 regions in Tanzania.

The World Bank has actively involved itself in the evolving human resource development programme and has called together the other donors for the implementation of the health sector reform project, in close cooperation with the government of Tanzania, through the Ministry of Health. Similar pilot projects to those proposed by the WB have been in operation in Iringa and Mbeya regions, where the Danish Department of International Development Cooperation (DANIDA) supports education, water and health sector programmes. In a donor conference on the human resource development programme convened by the World Bank in May 1995, the EU representative had critical comments on the WB plans. Similarly, DANIDA claimed to be a critical partner of the Bank. Some basic alterations were made in the plans before the education and health pilots were started and the experimentation is currently going ahead.

¹³ Evaluation was done in one district. The programme will be intensified (UNICEF 1996)

¹⁴ Notes from a PHC regional meeting in Mwanza, Kilimanjaro Region March 1993.

¹⁵ The agencies cooperating with the Ministry of Health with a major stake in health sector are DANIDA, USAID, ODA, JICA, WHO, UNICEF and Rotary International and WB with loan funds.

The intention of the World Bank in initiating donor cooperation with the MOH in the health sector reform was to improve health services in rural and peri-urban areas through client participation in cost sharing and thereby to upgrade the level of services. Government representatives met in October 1995 and April 1996 with the major donors who have supported the health sector since the Health Reform Plan Act of 1993. They recommended that a district focus be developed within a strategic health plan and donor contributions be better coordinated in the provision of essential health packages. The three-year plan needs still to be detailed as to the costs and sources of financing (UNICEF 1996b:79).

The main thrust of the World Bank's interest has been in the privatization of social services to make them more effective. The reform project was to include the following components:

- i) Providing support for effective and sustainable public health programmes;
- ii) Increasing the role of households in meeting their health needs and promoting sustainable health financing mechanisms;
- iii) Assisting the government in implementing its health reform programmes, especially within the Strategic Health Plan Act for 1995-98.

The original proposal to initiate the social sector reforms through NGOs and private agents was amended to conform with the recommendations of the Tanzanian government employees, who were the consultants and the researchers for the programme. The donor agencies as representatives of their governments work in cooperation with the Tanzanian government, yet they take the role of an outside agent. However, the work itself is carried out by professional district staff and the communities themselves.

Since Tanzania implemented its economic recovery programmes later than most other developing countries, it would appear that the country has benefited to a degree from the adverse experiences the World Bank had in pushing the user charge plans through too quickly (Mwabu 1996). In Tanzania, the first pilot has only now been implemented and in only one area of the Igunga district, Tabora region, where the dispensaries and health centres have been rehabilitated and are considered to be functioning well.

The basic idea of the health reform is to transfer a part of the costs to the users and to develop eventually health insurance schemes which would help the households to pre-pay for medical services before the onset of sickness (World Bank 1996). At the core of the reform is the establishment of village-based community health funds (CHF) in villages, to be regulated by the community itself and the district health board. Households deciding to join the fund make voluntarily annual contributions to the fund and matching amounts will then be paid by the government/donors/World Bank via IDA. Each household within the CHF scheme will have a membership card which gives all family members access to health services at a health facility of their choice. Health services will also be available at the resultant, well-functioning units for non-members, albeit on a user-charge basis. The elected CHF committee determines the amount of the

membership fee and very poor community members can be exempted from payment by the committee. In addition to the amounts contributed by members, the CHF committee can also use other means for raising funds. Once the CHF system shows signs of working well, the dispensaries and health centres will receive a 'capitation grant' to accommodate the health entitlement of households that have chosen a particular facility for their health care.

1.2.3 Water and sanitation

The third sector to be considered is water and sanitation. Since the beginning of the 1970s, the basic need of providing communities with potable drinking water was prioritized not only in Tanzania, but universally and 'Water for all by the year 2000' became the slogan. For Tanzania the programme became an issue of political credibility for the ruling Party.¹⁶

Tanzania launched its rural water supply development programme with a planned cost of US\$ 700 million at 1971 constant prices (Mutahaba 1987). Mutahaba points out how the accelerated speed of development distorted the water supply programmes and transferred the entire responsibility of building the water system from the Ministry of Water and regional water engineers to the donor. Instead of programme support, project support became the dominant form of assistance and the programme prepared by the Ministry of Water – which would have taken longer to implement, but the responsibility would have remained with the local people – was discarded. All the regions were divided between various donors. At the same time, the World Bank introduced its shallow well programme, forcing project implementers to reject the drawn plans in favour of a crash programme with incomplete blueprints (Swantz 1989:141). Almost all assisting countries and agencies, including the World Bank, have been involved with individual water projects and have been guilty of neglect in making the local population aware of their ownership of the wells and water supply systems. The problems incurred with water projects relate to the difficulties faced in development assistance in general.

During the decade of the 1970s, the donors' initial, more altruistically recipient-oriented training programmes were changed to policies which were openly accentuated with the spirit of 'enlightened self-interest'. In practical terms, this meant that technical projects were expected to generate a high return for the donor countries in terms of commodity and import support, cash disbursements and use of foreign personnel for technical assistance. This also meant that the capital goods were supplied from the respective donor countries. The necessary water pumps were developed and supplied by each donor separately and cooperation was difficult to bring about. Although the World Bank organized a study of the most viable pumps, 'self-interest' deterred the use of the results. Interestingly enough, one of the main findings was that technology was not the main constraint; participation of people in the whole process was a central issue. It took two decades before the donor agencies or even the government conceded to the fact that

¹⁶ The water supply project in the Mtwara and Lindi regions was one of the case studies of the transfer of technology research project, the results of which have been compiled by the author who was also the director of the project. See Swantz (1989); von Troil (1986); Sitari (1984 and 1987); Therkildsen (1988).

participation of all parties in development is central to any development effort (Swantz 1989:150).

At the present time it is difficult to estimate the coverage of clean drinking water for the population since the functioning capacity of the shallow wells or the operational level of piped water systems vary from season to season and location to location.¹⁷ The weakness of the programme is apparent in the inferior post-project performance (see Table 1). If at the time of initiating the system, user costs are not identified for political reasons, the introduction of payments *post factum* is an overwhelming task because people do not perceive the ownership of the wells as belonging to them. In the two south-eastern regions covered here, it would not be an exaggeration to say that reasonably safe water is within the reach of one third of the population.

TABLE 1
SURVEY OF FUNCTIONING SHALLOW WELLS IN THE MTWARA REGION, 1996

District	Division	Total number of wells	No. of functioning wells	No. of non-functioning wells
Masasi	Nakepi	38	15	23
	Nanyumbu	59	20	39
	Lisekese	261	87	174
	Lulindi	19	3	16
	Mchauru	2	2	0
	Chikundi	49	6	43
	Chiungutwa	19	0	19
Mtwara	Dihimba	45	18	27
	Ziwani	116	45	71
	Nanyamba	49	38	11
	Npapura	59	30	29
	Mayanga	20	9	11
	Kitaya	39	25	14
Mtwara Urban	Mtwara urban	163	39	124
	Nikindani	48	28	20

Source: Regional Water Engineers' Report 19/4/1996.

Sanitation is an even more complex issue than water. Tradition affects people's behaviour in this area of life much more than is obvious even to the individuals themselves. Some customs originate in long-forgotten traditions, the significance of which has no relation to the present mode of living, yet they linger and prevent improved practices (Swantz 1985:82). These are aspects of life in which it is possible to implement PHC with no or little additional cost. The aggregate figures of a survey completed in 1994 show that 11.9 per cent of population have no facilities for latrine, and 86.9 per cent have the traditional pit latrines in rural areas. In urban areas only

¹⁷ The Ministry of Water regional statistics are inadequate, and the channels of information regarding breakages and local needs for repair of the water system do not operate well.

2.2 per cent are without facilities and 91.1 per cent have the traditional latrines. A sample survey in the coastal village of Ruvu B in the Lindi region found only one household with a traditional pit latrine, others had none.

In all three service sectors, the prevailing sentiment of reliance on outside assistance pertains not only to village people but also to the administrative personnel. Within the RIPS-programme¹⁸ in the Mtwara and Lindi regions, there are common metaphors for this dependency. To the question why a school building has not been constructed, why a well does not work or why an agricultural programme has come to a halt, the most common answer is *hatujaletewa* (tools, seeds, spare parts) have not been brought to us. 'Waiting for nails' is another signum. When nails were to be provided for erecting a goat shed, even a wealthy man would not build the shelter until he got his nails.

Reliance on external provision for social services creates a situation similar to the North where dependence on social service coverage is pervasive. The difference is of scale. But it is more than that. There are subtle cultural reasons that become articulated and noticed by outsiders when they strike especially odd to their ears. An extreme example was a school committee member who was given forms for registering children for school entrance in his part of the village. His excuse for not having done so was that he had not been given a pen/pencil to write down the names! This indicates more than total dependence on given things. It shows that the school is a part of a sphere of life which is alien to him: a pen is not a part of his normal equipment, because he does not need to do any writing in his everyday life. Literacy is not a part of the culture in Kitaya villages nor is there any shop nearer than Mtwara town 70 km away where paper or pens could be purchased. The man did not realize how revealing his reply about his own educational background was.

1.3 Decentralization of service delivery

The first part of section I gave a brief overview of Tanzania's efforts to fulfil its social sector obligations after independence. The ruling Party CCM was determined to provide free social services for political reasons, while at the same time, emphasis was laid on voluntary self-help in constructing the physical infrastructure. This section of the paper covers the issue of what possibilities there are to manage the education, health and water sectors in the present economic conditions, paying special attention to decentralization, democratization, and privatization, the political remedy offered for social ills.

1.3.1 Transfer of responsibility for social services to the local governments

Tanzania pledged to provide social services to its people but from the start, they were also exhorted to work hard. *Uhuru na kazi* – freedom and work – was the slogan. People were urged to initiate self-help projects, for which the government would share costs. Villagers were encouraged to construct the actual buildings for dispensaries and schools, with the government donating the roofing or staffing the facilities. This worked for

¹⁸ The RIPS-programme (rural integrated project support) is supported by the Ministry for Foreign Affairs of Finland in which the writer has served as a senior sociologist.

some years, but the most common complaint later was that the government failed to keep its part of the contract. Current philosophy is again advocating an active role to the people in their own development, anticipating the communities will respond if the supply side keeps its commitment. Early experiences indicate that the rarity of a fulfilled promise in the form of matching funds, which the village people themselves are responsible for, is a new incentive that will go a long way, at least at the initial stage of the user contribution scheme for the provision of social services.

Good governance has been the challenge of the developing countries for the past decade. Bringing responsibility closer to the level of implementation has been a part of that demand. In the early 1970s Tanzania took steps to decentralize the administration with the result that a regional administration was established to replace the local district councils. The regions were given rather independent administrative powers and the regional commissioners acquired a status similar to the secretaries of state in central government. The regional development committee was to authorize plans proposed from the lower level committees for the development of the district and the ward. The committees were also the arm of the ruling Party. The procedure was cumbersome and often non-operational. There was little guarantee that the proposals coming from the local communities ever reached the highest decision level. After the process of democratization started, local governments were reintroduced in 1984 in the form of elected district councils. The transfer of power can, however, be only nominal if the decision-making procedure and the financial means for implementation are not firmly in the hands of locally-governed institutions. The process of transferring this power from the regional level to the district level has been accelerated in Tanzania in recent months.

The structure of administration is at present going through drastic changes (Annex Figure 1). The Prime Minister announced the abolishment of the regional administration in his speech to Parliament on the 28th of June 1996. This is a major step in the fresh process toward decentralization. It follows continual pressure from the IMF and WB to reduce administrative costs and will result in a further retrenchment of staff. At this time, it is too early to say what the consequences will be in practice, but in terms of development, it means shifting power closer to the scene of implementation. It will have a major effect on the decision-making procedures, but it will also place a greater financial responsibility on the rural and urban communities themselves for the provision of social services.

The district staff under the district executive director, rather than the regional offices even in the existing system have been the implementers of development programmes, acting in cooperation with the wards and villages, but the regions have eaten up a great part of the funds coming from the central government. In the new system, the regional and district development committees will be disbanded. Decisions will be made by the elected district councils in which the villages and municipalities are represented. The change will require a major programme in civic education for the councillors to be fully aware of their responsibilities in the utilization of funds. In the present circumstances, the district leadership complain that the councillors' foremost interest is in the share that they themselves can 'eat' from the district funds in the form of 'sitting allowances', travel

compensation, etc.¹⁹ When cash is short, voting for causes which fatten one's own purse is not an African phenomenon only.

Rather than begin civic education from some abstract concept, the handling of funds for social services is a concrete matter, the benefits of which the councillors as well as ordinary citizens can quickly grasp. For this reason, the process of decentralization and democratization can start with concrete processes of education, health, water and sanitation.

1.3.2 The basis for decentralization is the people's participation

From the transfer of responsibility for social services to the citizens follows the obvious observation that the local communities will have to be given more decision-making power in the planning and implementation of these services. If handled well, educational and health reforms can become instruments in local government development and create among the local people greater awareness of the ways in which they can influence their own circumstances.

Participation has become a buzz word in recent development parlance. It is offered as the key to local development programmes, as a kind of *talitha cum* which opens blocked channels and accelerates local development. It is not an accident that participation has accompanied privatization and the free market boom. People's participation in their own development transfers the responsibility of funding and work to the people themselves and lightens the burden of the state.

In Tanzania, people's participation is not a new concept. What is new is that it is now promoted by the World Bank. Participation was already promoted under the form of voluntary contributions during President Nyerere's term. Voluntarism is an ambiguous concept which can be promoted or suppressed depending on the economic trends and interests of the state or the dominating private sector. Goran Hyden has provided an interesting analysis of the voluntarist base in East Africa, comparing it to the experience of developed countries, like the Nordic countries or the US. In the US, where voluntarism is widespread, the climate tends to be antagonistic towards state provision of social services or any idea of a welfare state. In the Nordic countries, much of the social life is also based on voluntary services. But in contrast with the US, these voluntary services and voluntarism preceded the creation of the welfare state. Hyden's characterization of Nyerere's socialism as being a kind of populism which depended on voluntary contributions, offers an explanation why the Nordic people and aid agents so readily approved of it (Hyden 1995). However, Tanzanian voluntarism did not make room for civil society, if the concept is taken to mean non-governmental popular movements. Voluntarism was captured within the party system. The civil society space was provided by the churches and religious movements which supported schools and

¹⁹ 'Eating' is a verb used for rent seeking or appropriation of public funds or property with some means the legitimacy of which an outsider is not certain. The councillors and government officials can legitimately claim allowances for the days they spend outside their duty station. They can also have lunch allowances when in the home area. There are many ways of making days longer and having extra duties to perform to lengthen the duration away from home.

collected large sums of money through voluntary efforts for church buildings or mosques and for the work of the parishes. Women's mutual assistance systems continued throughout. More of this kind of sharing later.

The Tanzanian socialist programmes depended on voluntary labour and numerous collections of 'voluntary' payments to the Party, for building its national, regional and local offices, meeting halls, stadiums, etc. Both cash and work contributions were a part of the system. Every time when the Uhuru Torch was carried from district to district around the whole country before the Saba Saba celebrations, money collections were made for some cause within or outside the country's borders.²⁰ On the other hand, the policy consciously avoided the kind of voluntarism on which the present policies are based because payments for social services potentially exclude large segments of the population. Thus, educational and health services would hardly remain public goods, entitlements accrued to the entire population.

Participation is not a concept without problems and requires contextual definition and analysis whenever it is applied. Much of participation in fact ends up as an effort to co-opt people to a project for which the parameters are defined by the external designers of the project. The present World Bank-supported education programme depends on selected consultants to train the district education staff who then carry the main responsibility for the scheme. Much of the local management is transferred to the local communities. The village, with the help of the district team, makes its education plan and directly handles the related finances through the community education fund. However, the programme is 'ready made' when it is submitted to the people and participation in this case is confined to either rejecting or accepting it. Rejection means rejection of external support.

The RIPS-programme in south-eastern Tanzania is fostering participation in a different way. RIPS has introduced 'mutual learning' as the basic mode of communication. Mutual learning as a concept emphasizes that all the involved parties learn from one another. The contacts are initiated by using modified participatory rural appraisal (PRA) methods. The meaning of 'participation' is worked out in everyday practice. The village analyses are made at gatherings in which villagers, village leaders, government officers from various levels, political leaders, and facilitators work together, each contributing from his own expertise. More of this in the case study of the two southern regions.

Education or health programmes cannot be planned entirely as the 'people's own projects. The state has to maintain general health and education policies in order to carry its share of the responsibility for them. The state will also have to carry the greatest share in funding the wage bill. 'Participation' on this level means compromising in finding solutions to social service programmes and drawing contracts between the communities and appropriate levels of government, or agreeing in negotiations between different levels of planning and implementation. Yet, without the actual participation of

²⁰ The torch to commemorate the first torch taken to the summit of Mount Kilimanjaro on the first day of independence is carried every year around the whole country and brought to the main national festival grounds on the 7th of July, the date of the inauguration of Tanganyika National Union.

the people in local planning and in carrying out the plans, they can hardly be expected to take on sufficiently large share of the implementation. Even then, if people are burdened with the financial responsibilities, they must also be given access to the resources. This important issue will be referred to at a later stage.

1.3.3 Educational goals and motivation for greater self-support

The need to improve the quality and facilities of education, as currently offered at the primary and post-primary level is obvious. The facilities are inadequate, there is a lack of supplies, the buildings leave much to be desired, and the standard of teaching offered is often poor. Even worse, the present facilities accommodate an ever diminishing part of the school aged children. In some parts of the country, there are not enough schools or teachers to accommodate all the children, in other parts the existing classes are only half full. School statistics leave no doubt, but that the numbers of those who receive no formal education increase year by year.

The question of education reform is, first of all, one of quality and contents and only after that of finance. Without an assurance that the education children receive truly equip them for future life and work, parents lack the desire to continue to support their children's schooling. In the south-eastern regions this is evident. Because the tradition of education is only thinly spread and value of education for its own sake is not appreciated, it is all the more important that education prepares children for useful work. Unless future generations are equipped with at least the basic skills of literacy and the ability to acquire and to make use of new knowledge and information, regional and individual inequalities become intolerable.

The educational experiments build on a foundation of what is considered to be realistic to implement at present. The plans seek to reorient the institutional set-up toward more viable practical goals which parents, teachers, and students are motivated to reach.

The present primary schools orient toward the secondary school entrance examination. Parents' and students' hope that primary education would open the way to higher institutions has been waning. Parents' common remark about the school leavers is that 'they know nothing', meaning that not only do they fail to get into secondary schools but they have not learned any marketable skills either. Currently, all children who do not pass on to secondary schools, i.e. 94-96 per cent, are said to 'have failed'. As has been said before, from many schools not a single student passes the exam, or at most only one or two go for secondary education. This means that the primary schools are oriented toward an impossible goal. Even when the secondary school facilities increase rapidly, they are out of reach for the majority of children. Thus the problem of education is not first and foremost one of costs. It is one of quality and the meaningfulness of education. Yet the quality and objectives of education are closely tied with the problem of finance. The question that needs to be asked is: How should primary education be changed so that it better corresponds with the needs of the students and the community, in order to motivate youngsters to go to school and the parents to send them there or to share in financing their education?

A growing number of parents would want their children to pass the primary exams and continue in secondary school. These parents are usually prepared to look for the necessary funds. If they have the funds, there are enough places in private secondary schools to accommodate them. Parents, development corporations, religious bodies, or local communities have started an increasing number of private secondary schools to which students even with somewhat lower passes are accepted, but the fees are three-four times higher than in government schools. There has been a tendency for the educated segment of the population, often coming for the meetings from Dar es Salaam, to take over the decision-making. For example, the levy extracted from the cashew crop has been used by the district education or development funds for establishing new secondary schools; no other options for the use of the money were given to those who pay the levy.²¹ Many of these schools frequently suffer from lack of resources and the quality of teaching is poor. As fees increase, the poorer parents fail to find the needed funds. Some scholarships have been available, especially for girls. The problem is with the students who deserve to continue, but whose parents are not willing to pay for their children's schooling, even if they have the means. Such students need to be identified already during their primary education and be given scholarships to enable them to continue. The World Bank has a special programme in support of girls' secondary schooling; also RIPS has provided such scholarships in the two south-eastern regions.

With improved communication between the school and the parents, communities will be in a position to have more influence on the education their children receive. As it is, a great majority of primary students have neither the motivation nor the inclination to go on with academic studies. For them, the important question is how to improve the learning of basic literacy skills at an early stage of their schooling and how to combine primary and post-primary education with useful practical skills which would equip the youth to become self-supporting productive members of their societies after they leave school.

The present primary education does not take into consideration the different kinds of demands that parents and students have toward their education. A primary school in a fishing village which does not increase knowledge about marine life or teach improved methods of fishing, fish processing and fish marketing, or a school in a pastoral area which does not have books available or give useful information and science-based knowledge about cattle and cattle keeping can motivate neither the parents to send their children to school nor the children to attend school in these communities. Fishing and earning cash daily, or herding cattle and having prospects of owning goats, are much more attractive alternatives than sitting in a classroom, especially if after seven years the students have not acquired knowledge or skills for making a living.²² However.

²¹ The goal is to have a secondary school in each division. The goal itself is not unreasonable, but the present funds are not adequate to operate even the existing schools for the full school term.

²² In the mid-1970s, the author did participatory youth studies in the coast region with the university students from Dar es Salaam. In the new Rufiji villages, the youngsters picked-up their income earning skills during school holidays. Immediately after the last school day, the youth were on move, heading for Dar es Salaam and the bigger towns and villages; only an odd one remained in the village (Swantz 1974). Opportunities at present are not available for the young people in the same way. Once they have deserted the home village, the youth do not as readily return, particularly if they manage to start some

important steps are being done in that direction. The new educational policy of the Ministry of Education and Culture incorporates 'work studies' starting from the first grade. These can include learning production, management and organizational skills while also expanding the students' general knowledge base. There is no reason why the two branches of learning cannot be combined.

Thus a plan for relevant primary education, which starts from the contents and methods of education, is as important as a plan for financing education. It leads to giving a great preference to the retraining of teachers and introducing fresh approaches into the teaching institutions. The south-eastern regions are in the fortunate position that they have several teacher training institutions in which students can learn practical participatory approaches to education already while they are in training.

The difficulty of recruiting teachers could be alleviated if retrenched civil servants or army officers released from service could be recruited as teachers and given special teacher training courses for this purpose. They would probably be more competent than the grade seven leavers. Another possibility is to re-employ already retired teachers who have settled in villages for specific tasks or use them as substitutes when the regular teachers are in retraining courses or otherwise absent for longer periods.

income-generating activities. If these young people were convinced that schooling provides them with better skills, education could be a greater attraction for them.

II COMMUNITY-BASED SERVICES IN SOUTH-EASTERN TANZANIA: CASE STUDY OF THE MtwARA AND LINDI REGIONS

2.1 Background to social services in the Mtwara and Lindi regions

What has been said about the provision of social services in Tanzania in general pertains by and large also to the Mtwara and Lindi regions. There are, however, some differences in the structure and culture of the south-eastern societies which have affected the recent development. Whereas in the northern part of the country citizens, especially parents, have taken the responsibility of starting schools, this development has been slower in the south-eastern regions. There are historical and cultural reasons for this. The regions have been affected by the political developments in southern Africa and they have until now suffered from greater isolation than the northern parts of the country. This section gives a description of the background to the social services in the Mtwara and Lindi regions, how the cuts in funding have affected their social services, as evidenced in the deterioration of primary education and health services, and the kinds of reforms in progress.

Outside the government system but substantially supported by both the colonial and independent governments, the Catholic and Anglican churches have been active in south-eastern Tanzania for over a century and their influence in the area of social services is not negligible. The Mtwara and Lindi regions were among the first in Tanganyika (the mainland Tanzania) for the work of the Universities Missions to Central Africa (UMCA).²³ Before the turn of the century the German Benedictines entered and established themselves in both regions. The missions initiated western type of education and started primary schools in the villages. Later secondary schools and teacher training schools were started by the churches. UMCA emphasized women's education from the beginning. Three of the women who have led the national women's movement have come from the Mtwara region, as also has the present President of the United Republic of Tanzania, Benjamin Mkapa. UMCA and Catholic missions, which in the 1960s became national churches, also started hospitals, dispensaries and clinics as well as nurses' and medical assistants' training. After independence the church schools and other educational facilities were nationalized whereas many of the medical institutions continued to be run by the churches. The UMCA health facilities were nationalized in the 1970s, but in the recent privatization process the main hospital at Mkomaindo in Masasi has been offered to be returned to the Anglican Church. The Catholic Church retained support to the large main hospitals and have continued to give high level medical services, charging moderate, graded payments. The Catholic Church has also made an impressive contribution with their technical training institutions in Ndanda and Lukuledi.

²³ UMCA was initiated in the universities of the UK by the inspiration of David Livingstone who visited Mikindani in 1866. For early history, see e.g. Gray (1950). See also Anderson-Morshead (1955); Blood (1957) and Liebenow (1971).

Islam spread in the south-eastern regions before Christianity, but Islamic learning which was limited to religious texts and made use of the Arabic script, was not incorporated in the official educational system.²⁴ Muslims construed the Christian presence as a threat to their religious identity. This meant that government-supported education did not penetrate the Muslim communities and Islam became the umbrella under which people protected their traditional ways of life, making them slower to enrol their children even to secular schools, the western origin of which seemed alien to them.

The colonial government initiated the Makonde Water Development Corporation in the 1950s and built a supply scheme which provided water for a large part of the dry Makonde Plateau. Water was purchased at the water kiosks, ten cents for two calabashes, reminisces a man who was a young boy at the time (von Troil 1986). The scheme went out of operation in the 1970s when the Tanzanian government promised free water.

After independence in 1961, the south-eastern regions of Tanzania were affected by Mozambique's struggle for nationhood which Tanzania supported and for this purpose demarcated the southern parts of the country as an emergency area. These remained a restricted area until the independence of Mozambique in 1974, after which the refugee settlements were transformed into ordinary villages. The state of emergency gave the government the opportunity to carry out the country's first villagization operation in the Mtwara region in the late 1960s and early 1970s.²⁵ This was to have long-lasting effects on the development in the regions. The regional director of development in the Lindi region reported in 1981 that by 1978 the entire rural population of the Lindi region lived in registered villages (URT 1981a). The process had been completed. As elsewhere each village had, under the Villages and Ujamaa Villages Act of 1975, an elected village chairman and committee responsible for controlling its affairs (URT 1981a). The villages gained the legal status of a primary cooperative society and they acted as the marketing agents for the villagers' crops. Starting from the fiscal year 1977/8, the villages had also appointed village managers to advise the village committees. The refugee agencies²⁶ assisted in setting up social services for the Mozambican refugees in

²⁴ The British government supported a fact-finding mission to study Muslim education in East Africa in 1957. It was followed by a conference on Muslim education held in Dar es Salaam, which was attended by 40 professional educationalists and Muslim delegates from Tanganyika, Kenya, Uganda, Zanzibar, British Somaliland, the Sudan, Somalia and Northern Nigeria. The Mission's report recommended the preparation of a series of text books in Arabic to teach non-Arabic speaking children, an improvement in the teaching of the Arabic language, an increase of Muslim teachers in primary schools, and an enlargement of the Muslim Academy in Zanzibar so that it might become a centre for teaching Islam and train teachers in Islam for the whole East Africa. The Mission also proposed more educational broadcasting, an adviser on Muslim education, and the provision of administrative help for Muslim education associations. See Griffith and Serjeant (1958).

²⁵ The Party had the opportunity to start the first villagization operations because of the state of emergency. Unusually heavy floods in the valley triggered the resettlement in the Rufiji basin at about the same time.

²⁶ UNHCR and the Lutheran World Service.

the Tanzanian emergency settlements which were turned into regular cooperative villages after the departure of the refugees.

2.1.1 Social service statistics in the Mtwara and Lindi regions

From the 1988 census figure of approximately 889,000, the population of the Mtwara region is estimated to have grown approximately to one million in 1996, indicating a 1.4 per cent growth. For the Lindi region the corresponding figures are 646,550 and 744,788 (Mkoa wa Mtwara; URT 1996c). Despite records indicating some positive developments, the deterioration of social services in the two regions in the past 15 years has been alarming in many ways.

(i) The education sector

According to the 1978 census, of the total population over 5 years of age, 72-75 per cent had not had any formal education in either the Mtwara or Lindi region. Ten years later in 1988, the percentage of those who have never attended school was reported to be 53.5 per cent in the Newala district and 45.4 per cent in the Masasi district (URT 1982; URT 1994). In the beginning of the 1980s after UPE had become compulsory, as a consequence of the accelerated primary education programme, the enrolment rate of the age group 7-13 years in primary schools in the Mtwara region was reported to be 90 per cent (URT 1981b:31). By 1996, school attendance had started to decline, dropping from 139,803 pupils in 1981 to only 127,584 (in 482 schools) in 1995. The more detailed data below from several schools indicate the general trend. According to the 1996 regional plan, 1,731 students or 1.2 per cent dropped out of school during the year; of these 731 or 42 per cent were girls. In 1994 the corresponding figures were 997 boys and 394 girls (39.5 per cent). This indicates that the drop-out trend is still rising. Early marriage is often cited as the main reason for girls leaving school, but an analysis made in ten Mtwara rural district schools revealed that the female gap was small; out of 2,530 pupils, there were only 14 girls less than boys.

The decline in enrolment rates is similar in the Lindi region. Although the number of schools has increased since UPE, it has not developed into a corresponding growth in the number of students. In 1974 the Lindi region had 194 primary schools; by 1996, there were 339 schools with the enrolment of 86,711 pupils. Assuming that each school had only one class for each grade, this would mean only 36 pupils per one class, which is seldom the case. According to the most recent 1996 figures from the Ministry of Education, the number of 7-year olds in Lindi primary schools is 4,011, with a difference of 21 between girls and boys, whereas there are 12,734 children in the 11-year old age bracket with the boys representing a majority of 178 males (1.4 per cent). For the 13-year olds, out of a total of 10,044 students, the difference is 470 or 4.68 per cent. The Bureau of Statistics, however, gives different figures; the total difference is 2,389 or 2.75 per cent.²⁷ The girls mature, get pregnant, or are married off before they finish school. If statistics can be trusted, Lindi has more teenage pregnancies than any other region in Tanzania (Shuma 1994).

²⁷ The gender difference in the 14-year olds was reported to be only 3, but out of the remaining student body of 9,558 children up to the age of 17 years, there were 1,036 less girls than boys (10.8 per cent).

In general, the gender gap is not very large in the regions where universal education is a relatively new concept, despite the fact that resistance against girls going to school has been more common than for the boys. The growing gender gap becomes more apparent in the upper classes when children enter school at a later age because the lack of space prohibited the attendance of all registered youngsters. Every year fewer and fewer 7-year olds start school and, as indicated above, in 1996 there were 8,723 more 11-year olds than 7-year olds in Lindi primary schools.

Both Mtwara and Lindi have staff recruitment problems which have roots in the reputation as the 'Cinderella' regions of Tanzania, a fact that affects social sectors as well as other civil service posts. The Mtwara region had 838 vacant primary level teaching posts in 1995/6. Teachers are discouraged by the reported need for over 2,400 new classrooms and 4,250 teachers' houses (Mkoa wa Mtwara). Existing school buildings are run-down and supplies leave much to be desired. Parents are obliged to buy exercise books for their children and text books, when available, are shared by many. All and all, it is no wonder that the students are not satisfied with the schooling they get or that teachers lack the motivation to do their jobs properly.

(ii) Education statistics in a few selected villages

A house-to-house survey of school attendance in ten villages in the Mtwara rural district in April 1996 indicated the net enrolment to be even smaller than generally assumed. Out of 4,013 school aged children in the ten villages, only 1,644 had been enrolled, representing an average enrolment of 40.97 per cent; the lowest was 30.47 and the highest 68.94 per cent (URT 1996a).

Headteachers submit monthly reports to the district education office on enrolment and average attendance in each class. The reports indicate also the numbers of non-enrolled children, but the accuracy of these figures is not the same as in the house-to-house surveys. For example, in the Mnavira Ward of the Masasi district, 161 children (96 boys and 65 girls) started school in 1990. By 1996, when these children had reached the 7th grade, only 127 were in attendance. In 1995, out of 707 children of the school-entry age in the Mnavira villages, 320 were actually enrolled, and only 299 were still attending in 1996. The gender distribution seems fairly well balanced; out of the total school population in Mnavira of 1,797 children, there were 100 girls less than boys. The starting school age varied between 7 and 12 years. In 1990 there had been five 12-year old children who started grade one and there were eleven 16-year olds in grade five.

The statistics sent in by the headteachers for October 1996 from four Kitaya Ward schools in the Mtwara rural district also show a similar trend; grade seven students totalled only 57 per cent of the number of grade one students.

The village of Mtangalanga in the Newala district (Mtwara region) has 269 registered households with a population of 1,198, constituting 666 females and 532 males, a difference of 134. During the two-day study in the village by the research team, only one female grade seven graduate and two young mothers were encountered in public places. If there were other girls in the village, they were not visible. In comparison to the large

number of excess adult women, the absence of girls was striking but apparently many are taken by town people, often relatives, as house girls or barmaids.

The performance of the Mtangalanga school has been poor in spite of the fact that until very recently, it has had an adequate number of teachers. Even now the ratio of teachers per students is adequate, 148 students and five teachers. The village has built only one house for a teacher; the others were living in rented quarters, which at least partly accounted for the fact that two teachers lived in Newala town, travelling seven kilometres daily. The school has graduated only one student, the son of a teacher, to secondary school since it started 1975.

Naipanga in the Nachingwea district (Lindi region) had 2,525 registered households with population of 13,452, comprising 4,212 working men and 5,364 working women, 856 old people, 784 with *vilema* (limited physical capacity) and 2,236 children (0-13 years) of whom 887 boys and 1349 girls. The distorted ratio of women (1152) and girls (462) raises questions about the accuracy of the records.²⁸

The Naipanga school had 12 classes and 12 teachers, the five lower grades had two streams each and the upper grades, 6 and 7, had one class each. One primary class came in the morning, another in the afternoon; both were taught by the same teacher. Of 530 registered students, about 460 attended, which translated into only 38 children per class. The rest were *watoro* or absentees; some of the girls had become pregnant. Out of a total of 382 children in the seven to thirteen year age bracket, 120 were invited to enrol and 90 attended, less than a quarter of the eligible number. Had the 292 remaining eligible children enrolled, six more classes – even with 48-50 students to a class – would have been needed.²⁹ Also with full attendance, the present school structures could not have satisfied the need. In many cases, the long distances to school was the main obstacle. More on this issue below.

Both the statistical record and the observations made of school life give ample evidence that the deterioration of the educational system is not only due to the lack of physical structures or even the number of teachers. The quality of education, the competence of the teachers and quality of teaching, teaching equipment, willingness of the parents to send their children to school or the pupils' motivation to attend, are factors which all need to be more closely studied and remedied.

(iii) The health sector

In the Mtwara region in 1981, the health facilities, which also included the voluntary agency (VA) hospitals and dispensaries, averaged one hospital bed for every 800 persons. Hospital coverage was not equal in all districts. In the Newala district, there

²⁸ The villages statistics are frequently inaccurate, but village leaders seldom question such discrepancies. The RIPS PSO is creating a computerized village database for which village statistics will be scrutinized more carefully.

²⁹ The optimum number is considered to be 45-50 pupils. In some of the urban schools, for example, in Mtwara there can be 100 children in a class, which is far from ideal. Even then, the Mtwara town schools graduate 25-37 students to secondary school.

were 1,300 people per bed, but in the Masasi district, the location of two large hospitals, there was one bed for every 500. Statistically 78,000 people in the rural district of Mtwara shared one rural health centre while in the Newala district, the figure was 98,000 and there were 8,400 persons per dispensary. District borders do not necessarily translate into longer distances to health facilities, nor do the statistical figures indicate the actual distance to a facility. A hospital or health centre in a neighbouring district is often nearer than the one in one's own district, and an urban facility is closer to the rural population than the intended rural health centre.

There is a large number of villages which have no health post, not even a first aid station or a trained village health worker. Even a relatively well developed village like Naipanga lacks all health facilities. The government considers it to be relatively close to the town of Nachingwea and dispensaries in Ndomondo, a distance of 8 km, and Lukuledi, twice the distance. Villagers do not own cars and must depend on a few passing vehicles with no regular schedules. Few villages have regular through-traffic, forcing people to rely increasingly on bicycles. Seeing a group of villagers transporting a woman in birth pains in an epileptic fit on the back of a bicycle convinced the author that even a stretcher carried on foot would have been a better solution. Yet village-made stretchers are not in general use.

Village health workers often volunteer their labour if the village fails to pay its share. Following the health management information system (HMIS) developed by UNICEF together with DANIDA, village health workers keep records of the numbers of children examined, nutritional status, vaccinations, deaths, etc. Many villages also provide gruel to children under five who are brought to the clinic on a village health day.³⁰ Malnutrition has decreased during the same period from 8.1 to 1.5 per cent, surpassing the government's target of 2 per cent for the nation by the year 2000.

Malnutrition is exacerbated by food shortages. The Masasi district in the Mtwara region has seasonal problems with hunger, although, on government order, every able-bodied person is to grow an acre of cassava as a food security measure in an event of low rainfall, especially during the cultivation season, when the food stores are empty and the crop is not ready for harvest.

To supplement cultivated crops, people use products from the bushland and have been encouraged to continue to do so. Digging and preparing *ming'oko* (wild roots) for food is hard, tedious work. To find *ming'oko*, the women sometimes have to spend nights in the bush and can encounter wild animals and snakes. In comparison to cultivated roots, these are underpriced, but they sell well. In the rainy season, women collect large baskets of forest mushrooms which they either sell or dry for later use. Wild products from the bush supplement people's diets with a variety of fruits, nuts, leaves, bark, and trapped or hunted birds, rodents, even rats.³¹

³⁰ A group of women who started bee keeping as their productive activity in Mnima, Newala, donated a share of their produce to be given to the small children on a village health day.

³¹ A man in Mbonde, Masasi, travels on foot over 45 km on hunting trips lasting up to five days to distant maize and groundnut fields to catch rats with home made traps. He roasts his entire catch of some 700 rats

Government intervention on the use of harvested grain in communal and family celebrations is also a source of problems. Following government ordinances, the annual initiation celebrations have been reduced to a triennial event. Some villages have requested the government to reverse this restriction. Celebrated only every third year, the event becomes too big and leads to even greater problems, especially if the yields are poor that year. The size of the festival also brings up the expenditures beyond the capacity of the parents.

In Mtwara, preventive care is being covered by UNICEF programmes. Thanks to UNICEF, immunization has been accomplished in 15 out of 21 divisions in which the child survival, protection and development programme (CSPD) has operated and has covered nearly one half of the children under five. By September 1995, over 90 per cent of children had attended the village health days during which the immunization, weighing and checking of children's general state of health was done. Since the programme started in 1987, the number of vaccinated children had increased from 61.8 per cent to 91.2 per cent in 1995 in the divisions covered by UNICEF.

The Lindi region is still far from being able to offer access to curative health services to all its citizens. World Bank loans have rehabilitated dispensaries and health centres, but the shortage of medical supplies is acute. Particularly the scarcely populated Liwale district, which has one hospital and 14 dispensaries in its 39 villages, is burdened by long distances and limited availability of vehicles for transportation.

Villages in the proximity of municipal centres usually have to depend on the facilities of the town, a fact which makes their position more precarious than that of many remote villages with their local health centres or dispensaries. Mtangalanga – 5-6 km from Newala, the nearest settlement – is one such village from where patients are taken to Newala hospital in acute cases. Two traditional healers and two birth attendants (TBAs) had served the immediate and long-standing health needs of the people. The traditional birth attendants have been trained by a health and nutrition training unit located in the village itself but at the time of the study the place was not in use for the lack of funds. The fact that 86 per cent of the under-five year olds had been immunized shows that the unit has had some influence in the village.

UNICEF had funded the operations of the training units with simple facilities for one village in each district for training VHWs and villagers in maternal and child health and nutrition. Currently the districts suffer from a paucity of funds for recurrent expenses, not of buildings. In all 19 divisions where UNICEF has been active, there are trained village health workers and regular village health days.

The regional medical officer (RMO) has noted that the village health workers and the traditional birth attendants do not routinely report maternal deaths. A quarterly report from the villages with active VHWs and TBAs indicated that in 1995 they had

in front of an open fire and sells them for 20 TSh a piece. He has no problem of market. He estimated that about 15 villagers did the same. Other Tanzanians look down on the Makonde 'who eat rats and snakes'.

examined 906 pregnant mothers and delivered 614 infants; 42 infant deaths at birth were reported but for cultural reasons no maternal deaths were listed. While the UNICEF accounts from these villages tally only a few maternal deaths, hospital records show an average of 775 maternal deaths in 1991-94. A study is being undertaken to study the reasons for the underlying taboos (URT 1995).

(iv) Water and sanitation

The Makonde Plateau has been a problem-stricken area of the Mtwara region. It has been inhabited for centuries, yet it has no ground water which could be tapped for shallow wells. The colonial Makonde Water Corporation provided the plateau with piped water. Later, the installations were rehabilitated by Finnwater Consulting Engineers. As a part of the new water supply project, Finnwater built a pumping station in the Kitangari valley and villagers, largely women, dug the trenches for the pipes within their own village area. At the time of writing this, 120 villages get piped water which is led to village water tanks from Kitangari pumping station.³² The initial diesel-powered generators for pumping water have been replaced by electricity from Masasi power plant.

When in 1987 Finnwater handed over responsibility for the water projects in the Mtwara and Lindi regions to the Tanzanian government, 27 per cent of the two regions' 1.5 million people had potable water, 34 per cent enjoyed a somewhat improved quality of water, and 19 per cent – or one-fifth of the population – had not benefited from the scheme and continued to rely on the old sources. Taking into consideration the vast size of the territory (83,720 sq. km), its large population (at present close to two million), and the relatively few years of implementation, the result can be considered reasonable (Swantz 1989:150). The weakness of the programme is apparent in its disappointing post-project performance. When user costs are not indicated at the time of building the system for political reasons, introduction of payments *post factum* for wells to which people do not feel ownership is an overwhelming task. In the two south-eastern regions it would not be an exaggeration to say that one third of the population is within the reach of reasonably safe water.

The availability of safe water, which was estimated to have reached 75.5 per cent of population in 1992 in the Mtwara and Lindi regions (versus the national average of 45.0)³³ has deteriorated greatly for the lack of maintenance and paucity of local funds for acquiring spare parts. Above all, there is a lack of technical skills in the villages to repair broken pumps or care for the machinery. According to the regional water engineers' report in 1996, 47.2 per cent of the rural pumps were in operation in the Mtwara region and in the Lindi region, 57 per cent of the rural population near the wells

³² Based on personal discussions with Hassan Lihoka, the water technician in charge of the Kitangari pumping station Hassan Lihoka, 5 July 1996.

³³ The figure most likely represents the number of wells and water facilities constructed and their potential use by the population living within reasonable reach of them.

had safe water.³⁴ Statistics of water sources in operation might be somewhat optimistic because the functioning of wells and machinery is erratic. In fact, 80 per cent of the population lives close to the sources of safe water but not all are able to appropriate it. The availability of skill and funds for spare parts and maintenance is at the heart of the problem.

Safe water is a special priority for the UNICEF, who have the technical staff for building wells and instructing villagers in water harvesting methods. They have also provided a number of schools with clean water tanks.

Building latrines is one of the major concerns for medical teams battling recurring meningitis in the Masasi district and waterborne diseases in other districts. Pit latrines create problems to the ground soil, causing landslides. The environmental health officers have cooperated with teams from the environmental health officers' training institute to keep the impetus in latrine construction going. A regional environmental health officer has activated, with encouraging results, all levels of health workers to tackle the public health care problem through a participatory rural assessment-approach. Through an integrated approach from below, employees from different sectors learn to work together on concrete issues and difficult problems. Health programmes, if integrated into the regular school system, can be carried out with little or no extra cost.

2.1.2 Cooperation between external agencies

Since the early 1970s bilateral development agencies have supported social service projects in the Mtwara and Lindi regions. The Department for International Development Cooperation of the Ministry for Foreign Affairs of Finland (FINNIDA)³⁵ has been active in the regions since 1972, making initially regional master plans for the two regions, then a water master plan which was implemented as the Mtwara-Lindi water supply project in 1980-90. It also included a sanitation component. The Finns broadened their support to the regions by taking on the rural integrated project support programme (RIPS), which has had two phases. After the Phase I from 1988 till March 1993, an interim planning phase of 1½ years introduced a new participatory approach for the Phase II (1994-99). RIPS II at present provides support to all those rural districts where the participatory approach to service and productive sectors plays an important role.

As it was already mentioned, UNICEF has worked in the Mtwara region since 1980 with CSPD, its child survival, protection development scheme. UNICEF is starting a new five-year country programme of cooperation 1997-2001 also in the Mtwara region with an emphasis on education. The World Bank has been supporting the agricultural sector,

³⁴ The Finnwater Consulting Company built 1285 shallow wells in 221 villages in the Lindi region, of which 1048 were reported still to be in operation in 1996 (URT 1996c:25). If this is the case, more than 57 per cent of population has potable water.

³⁵ FINNIDA is no longer in use for the Finnish International Development Agency (which currently is the Department for International Development Cooperation) in the Ministry for Foreign Affairs of Finland, but is used occasionally in the paper for the sake of brevity and also because of its familiarity from common usage.

especially cashew production, and has assisted in the rehabilitation of health facilities in the Lindi region. World Bank has also carried a pre-test in ten schools in the Mtwara rural district in cooperation with an external consultant, Merit International, and cooperates with RIPS and UNICEF in carrying out a larger pilot programme in education, covering all 84 schools in the Mtwara rural district in three years time (URT 1996b).

The British ODA has also been active, starting with the Mtwara regional integrated development plan 1981-86, with support to small-scale productive projects and agricultural research rather than service sectors. DANIDA has implemented a rehabilitation programme for tertiary level schools and training institutes and has assisted in the immunization programme. German, Swiss, Austrian, Irish, and Spanish agencies and several NGOs have given or are starting their support in these two regions.³⁶

However, with the increased support from donors and external agencies, the problem of coordination is an acute issue. All external agents tend to have their own administrative approaches. For personal reasons, it is not always in the interest of the government officials to promote cooperation. It is high time that better coordination and cooperation be introduced in promoting the service sector. A sectoral approach is being adopted by the government of Tanzania and donors with the intention of affecting better coordination from the top. Unless coordination is implemented in the actual field of operation, it has little effect in practice.

UNICEF has worked through the regional and district administration and has handed the funds to them. RIPS has its own project support office (PSO) with an external financial controller whose office distributes the money to the local implementing personnel or offices. The responsible implementing agents can be individuals, managers of working groups, district administrators, or the funds can be handed directly to the village implementing groups or committees which choose their trustees. The project support office also includes other services, such as a media centre, a computerized database for villages and projects, and geographic information system (GIS). The database is used for monitoring and evaluating projects and programmes as well as for providing the villages with feedback of the data, in printed form, produced in cooperation with them.

The agencies in the two south-eastern regions face a special challenge because in comparison to other areas, they are relatively few and so far, not many local NGOs are registered. The PSO could be developed as a common support office for all the agents and actors needing services. Within RIPS experiments on vehicle pools have been tried, according to which a vehicle can be ordered for any project use, with payment based on the set rates of the district. Already now, the media centre in Mtwara provides services for the government of Tanzania or any agents in production of video, radio, and TV

³⁶ Concern, the Irish NGO, has been investigating potential areas of cooperation; Doctors over Borders from Spain and medical personnel from Germany have also started processing their plans. The Finnish Midwives Association has worked for three years in the Mtwara rural districts supporting the local health personnel in training traditional birth attendants (TBAs).

programmes, offering other information services with links to press. Similarly the village and project database can be used by all the agents. When the database includes all projects supported by the various agencies and information gleaned in villages is entered in the village database, overlap and duplication of work can be avoided and resources combined. If a common database can be utilized, greater cooperation can also be developed in monitoring and evaluation.

2.1.3 *Development as the bridge between the 'traditional' and the 'modern'*

There is a need to examine further what is meant by 'community-based social services'. This in turn leads us to explore how people move between *ki-jadi* (the traditional) and *ki-sasa* (modern) services. Conceptually this distinction can be made in terms of the people's own inherited social care system and social practice that claim their basis in a bureaucratic system or scientific theory. In this section, the author explores how the gap between these two systems manifests itself in people's everyday lives and how it is being bridged. The terms 'traditional' and 'modern' are used metaphorically, to differentiate between the meaning given by a group of people to a concept familiar to them from a socially shared context which they identify as an inherited right and obligation, and a concept for which they have to learn the meaning of, usually in a new or previously unknown or alien context. The distinction denotes an interpretation actualized today which at times forcefully affects behaviour. Even if people identify many features as 'African' against 'European' or 'Western' (Asian, Arab) the difference is not to be understood in these terms. Many features in the 'traditional' came from an alien context but have been integrated into the commonly shared practice during past generations. There are numerous examples of customs, songs, rites, languages, which have their roots in some earlier phase of foreign contact but which now are an integrate part of the traditional. Consider the way people mix words from different languages, often identifying a word from Swahili to be a Makonde word or giving a Swahilized English term as the Swahili equivalent to a concept. The distinction is between what subjective connotations people give to institutions or ideas and where they place them in their conceptual system, not as a mental exercise, but as something that motivates their action and attitudes.

In everyday lives, the boundaries between the systems shift and people move in an integrated world, following socially shared rules. Even so, often in talking with people about a traditional custom or a modern health practice, one feels as if moving in a house that has no doors from one room to another. Each room has its own life; you close the door when you leave and go to the next room via a common entrance hall. The distinction between what is modern and what belongs to tradition is very clear in the villagers' minds and prevents them from associating their own sharing tradition with the new requirements, yet they become mingled since they both exist in the same abode. The contradiction which the modern creates in relation to the traditional is evident in the pursuit for *maendeleo* (progress, development) but people often disagree and even contradict themselves in what is worth pursuing for.

'People' is not one homogenous group. In each community there are 'modernizers' or 'brokers' as they have been called in literature.³⁷ Young people clamour for what to them seems modern, the latest fashion of Nike shoes, Chicago Bulls shirts, shiny dresses, discos. Migrant workers since colonial times have represented such fads. They change status relations in a rural community, but city fads do not change production patterns and make only superficial changes in lifestyle. Particularly women's city ways often harden rural resistance towards female education while contact with people similar to themselves in other parts of the country softens resistance to change.

The core problem in development work is to find ways of moving between the traditional and the modern. 'Development' as a project tries to open doors between closed rooms but it alienates often more than integrates. Participatory development moves between knowledge systems, seeking to abridge the conceptual chasm between people's practical knowledge and dominating knowledge which claims its base in science, so-called rational economics, and ever higher technology.³⁸

Cost sharing is in no way a new concept now introduced by the SAP. Sharing is a central part of everyday life. In the field of health, people have especially deep experiences of the difference between their own belief system and the alien system. It is possible to distinguish areas in which there is continuity from 'traditional' cost sharing to covering costs in organized health service, but also to identify puzzling gaps in that continuity.

People are willing to pay for the services of the traditional healers because these belong to their own conceptual world and take care of aspects of health which the formally organized services do not cover. Traditional healers go beyond the mere symptoms of health disorders to penetrate to their root causes. They do not treat patients in fragmented parts but deal instead with people as whole human beings with social relations which profoundly affect their health.

People are willing to pay thousands of shillings for rituals which pass the youth to adulthood, but claim to have no cash to pay 200 TSh – now 1,000 TSh – school fee per year. They consider the social benefit from one school year to be marginal compared to the ritual that keeps them integrated in their society. A person might pay ten thousand shillings for inviting his kin to eat a meal for 'sweeping the graves' or to finalize death rites by killing a goat in honour of the deceased but he would want the 'donor' to finance the nails for the improved goat house he builds according to the specific instructions given to him. Sharing a meal with close kin in honour of one's ancestors is one of the many preventive rites with which the family health is upheld. What to a development worker seems to be a contradiction is, within the framework of tradition, a reasonable way of sharing costs to sustain health and cement social bonds as a precondition for social and organic health. This traditional method of sharing contradicts sharply with the modern requirements for cost sharing.

³⁷ The term introduced by Polly Hill in *Cahiers et Etudes Africaines*. Gould uses the term for teachers, imams, farmers, traders who have strategizing roles in the communities.

³⁸ Cf. Marglin (1990) and Apffel-Marglin and Marglin, eds (1996).

One way to determine which institutions villagers perceive to be an integral part of their world is to look how they use the Venn diagram in analysing the village institutions. They often place such modern institutions as dispensary, agricultural extension, and even the school away from the centre or even totally outside the circle depicting the conceptual village space. Survey results also commonly show that teachers or health personnel are excluded from the samples because they are not conceived to be part of the village community.

The demarcation line between traditional and modern existed also in the minds of government planners who started to reshape the Tanzanian society after independence. In planning the kind of social services people would need and should have, little thought was given to existing social organizations and traditional systems of service even though the main architect of Tanzanian socialism himself, Julius Nyerere, wanted to keep the link to essentials in the old culture. The concept *kienyeji* (traditional) freely translated 'as the natives do it', was readily rejected by the educated. Nyerere elevated the well-recognized concept of *ujamaa*, or familyhood, which could be translated 'sense of caring for extended family members', as an aspect worthy of preserving, but it was poorly worked out in practical terms. The failure of the *ujamaa* village experiment is an illustration of the difficulty of transferring concepts from one context to another.

When Nyerere elaborated his *ujamaa* policy, he started from aspects that were valuable in tradition. There were three points. First was 'love' or 'respect' which really meant 'recognition of mutual involvement in one another', i.e. 'each member of the family recognized the place and the rights of the other members'. The second traditional principle, 'all basic goods were held in common', related to property. The third principle was that everyone had to work towards the common good (Nyerere 1968:338-9). Apart from recognizing these general principles, neither Nyerere nor other leaders returned to the issue of tradition in the context of modern development.

It does not seem that the value of what the author calls 'sociality' inherent in African culture was discussed in terms of its real significance for the political process or development. Finding a sounding board in 'tradition' which could act as an inducement for development would have required mutual search to people's cultural roots which would have gone beyond culture as a *ngoma*. Those who saw no relevance in referring to tradition perhaps realized that continuity is not automatic. It is interesting to note that Nyerere himself has also realized the disconnectedness between the tradition and the modern. In a recent interview, he

... acknowledges that socialism never mixed well with the traditional ways of African villages. ... You can socialize what is not traditional. ... The *shamba* (field) can't be socialized (*Herald Tribune* 2 Sept. 1996).

This is true not only about socialization, but also about modernization in general. The external and internal domains have integrated from within. Because working *shamba* or the field was the people's inalienable right which gave them a living and linked them to

their forebears, *shamba* could not be socialized. The more intimate the strings which the modern demands touch, the more acute the question of integration from within. The issue of cost sharing is intimately related with the issue of integration.

Village women and men readily respond to the beat of a drum, and gossip goes around like a wind – in fact the same word is used in Swahili for a blowing wind *kuvuma*, to blow, and *uvumi*, gossip. It is much harder to have a similar response when ideas from another context are introduced. There is a definite divide between what is conceived to be the traditional and the modern. This divide makes it imperative that ideas are born and developed at the grassroots level by the people themselves and that they thus become their own masters.

Traditional can be dealt with as modern; thereby, tradition can serve society in such a way that it forms an important foundation within the modern context. It is transformed to something new but at the same time anchors the present to the past and helps people's own self-integration within themselves and within society of which they are part. The question remains: How can it happen? How can the abyss be crossed over? What is the secret of 'development' which would not be one linked only to the 'modern'? What makes true integration take place?

The difficulty that all well-meaning development agencies have faced in trying to build the bridge of development accentuates the necessity for integration to take place from within and to leave it for the people themselves to find the ways in which it can happen. The author has argued elsewhere that if tradition becomes transformed as if from within, it generates genuine change that becomes creative (Swantz 1986:380).³⁹ In this way, a break in tradition contains at the same time creative continuity. The following is a quote from an excellent collection of essays which touches the issue at hand here: 'Often, what gets ignored are the means by which Africans have learned to compensate the impossibility of their everyday lives' (Hecht and Simone 1994). Perhaps what outsiders call development is at best 'compensation' for what gets lost.

The borderline between systems becomes problematic when in an effort to integrate the old and the new, the traditional healers and midwives receive short training in the formal – or the modern – health system. Home deliveries continue to be the most prevalent ones. Each family usually has its women who specialize in birth deliveries while other women assist. No payment is expected but the traditional midwife (TBA) is given beer or food and social recognition. Once the traditional birth attendant has received some training, people no longer show the same respect for her service and women attending to the delivery may ostracize the TBA.

It would appear that when traditional birth attendants were retrained as village midwives, the 'traditional' as the basic foundation of the modern context was overlooked. The village midwives say that after their retraining, they no longer are given even a token gift or payment, in kind or cash. In a course of a week or two, they have been transferred to the sphere of modern! The same woman could get lavishly paid in

³⁹ The author has dealt with this issue of creative change in Swantz (1972 and 1995).

her capacity as a young girl's instructor in the traditional initiation rites but families categorize her differently when she assists as a retrained TBA at a birth.

The TBAs are referred to as *wakunga wa jadi* (traditional midwives) but in fact, some are traditional, some are selected by village leaders from among their relatives, some are chosen because they have a sprinkling of education and can benefit from the additional learning. This means that the position of TBA is in limbo between the new and the old in an ambiguous way. But also, in one village, an old truly traditional midwife complained that she no longer was called for deliveries and subsequently had stopped working, yet the service provided by the traditional birth assistant is said to be the same as before their training. Or is it the same?

The changes are small but significant.⁴⁰ For example, the TBAs trained by the Mother-Child Health Training Institute (which currently is the Public Health Nurses' Training Institute) were instructed to lay the mother on a bed. Although hospital deliveries use the bed, no home tradition in Tanzania, as far as the author is aware, would use this method. The mothers, and especially the older women assisting, would consider this a major change since it does away with some of the basic aspects like the carrying pad, *ng'ata* or *kata*, in the form of a ring symbolizing vagina on which the delivering mother sits; the sitting or kneeling position of delivery, and the contact with the ground, sometimes with bare, sometimes covered with black cloth, both having symbolic significance.⁴¹ The trained TBA might also omit the soaked medicine leaves for cooling that have both healing and symbolic significance or may fail to observe the taboos connected with delivery. Such small differences transform the 'traditional' into 'modern' and thus disqualify it as part of the shared social system.

It is interesting to note that the history of medical services in Finland also records a slow acceptance of trained midwives to replace the traditional ones. The government initiated systematic training of midwives already in 1774 (in Stockholm), but the institutionalization of midwifery did not evolve until the end of 19th century, even though training had been started in Finland 1824 and the government had stipulated that each parish must have a trained midwife. 'The common people often considered their role useless because the "old grannies" had traditional experiences in these problems' (Härö and Kalimo 1997).

Occasionally, the retrained traditional midwives are compensated after the delivery of a child, as in the predominantly Catholic community in the Lindi rural district where expectant mothers were accustomed to going to the nearby church-run clinic for check-ups. The mothers were well acquainted with the midwife, also a Catholic, from her earlier days as a traditional midwife and trusted her increased knowledge now. This can be interpreted to mean that both the educational background of the women, and the fact that the pregnant mothers were familiar with the pre-natal clinic helped to abridge the gap between the old and the new.

⁴⁰ Cf. Swantz (1994).

⁴¹ The author is grateful to Ms Milanzi who provided the information on the Makonde customs, which are comparable to the author's own observations among the Zaramo.

Delivery in a hospital, on the other hand, relieves the TBAs of the responsibility. Women's experiences of delivery in clinics and hospitals in difficult cases have been fairly good. In this instance, the patient accepts the transfer to another symbolic system and almost entirely relinquishes her own responsibility in the matter. However, the limited number of hospital deliveries even before the onset of the payment system indicates a preference, if no difficulty is expected, to home delivery with its familiar efficacious aspects.⁴²

There is a qualitative difference in the acceptance of the *waganga* (traditional healers) and the TBAs. Healers have their own organization *Baraza la Waganga wa Kienyeji wa Tanzania* (BAWAKITA, Tanzanian traditional healers' association). *Waganga* do not seem to be similarly ostracized after they have been registered as a part of the health system, even though they have been instructed in basics of contagious diseases and hygiene.

For some reason, registering the *waganga* or providing additional training for this group does not alienate them from their own traditional practice, but makes 'modern' use of the 'traditional'. Many *waganga* have added elements from the official medical system to their practice, adding to the 'mystery' of traditional medicine. Registering the *waganga* most likely also enhances their professional position within the modern health structure and thus a degree of integration could be considered to have taken place. *Waganga* serve a wider clientele who often come from outside the actual community. This means that the patients are not as familiar with the symbolism embodied in the healer's practice and are open to other methods of treatment.⁴³ It is possible that the difference between the TBAs and *waganga* relates to the fact that TBAs deal with regeneration and continuity of the social group, whereas the healers deal often only with illnesses of individuals. If the *waganga* started changing the time-honoured way of raising the spirits and treating spirit illnesses, which link the patient with her forefathers, clients knowledgeable of the specific traditions could react in the same way. Another reason for different reception by the clients could be in the different social standing of the healers in general, but it might also be that currently we have less information about the latter.

The rural medical assistant (RMA) is referred to as *mganga wa kisasa* or modern doctor, whereas a traditional healer is called *mganga wa jadi*, or *mganga wa kienyeji*, traditional doctor. As a consequence from their mediating role, more extensive cooperation and mutual learning process could be developed between the traditional healers and health personnel.⁴⁴

⁴² The author refers here to some of her previous writings on the subject, Swantz (1989, 1994 and 1979). See also Lloyd Swantz (1990).

⁴³ On the other hand, within a spirit rite relating to a specific spirit, the treatment is closely defined. A missing drum beat might mean that a whole treatment fails, as I have been in a position to observe in Bunju, near Dar es Salaam. Similarly, a patient became incredulous when a *mganga* claimed that a spirit which was totally unknown to him was the cause of the patient's trouble. The healer has to move skilfully in the territory between the new and the old. Patients may wander from one healer to another in search of a satisfying answer.

⁴⁴ Healers advertising in newspapers call themselves at times 'doctor', causing a lot of confusion.

The unforeseeable nature of what in anthropology has been called culture contact, and the difficulty to predict consequences even of best external efforts, makes it that much more vital for the dialogue between the systems of knowledge to be of mutual learning. The development buzzword 'participation' must for this reason be people's participation in a development process of their own making. Participation then becomes a process of mutual learning in which all participants discover new things and can together build on these new discoveries. This necessitates genuine self-willed, if not always self-initiated, participatory and mutual learning approaches which open space for creative change.

2.1.4 Women perpetuate the sharing and caring tradition

Rural people from time immemorial have shared in the provision of the social services they consume. This factor is commonly overlooked when the question of cost sharing is discussed. How it is realized in a village society today requires closer scrutiny. In the previous section, it became apparent that the transition from the old to the new is not self-evident or without complications.

In a traditional village society, a system of exchange prevailed within which services were mutually provided. How well it served people in all circumstances and how well it worked in specific contexts would require a detailed historical and anthropological analysis. This paper will not go into ethnographic differences, but will rely instead on the general principle on which social exchange was based, however imperfectly and restrictively it worked in reality between the specific groups of people. In social exchange based on reciprocity, participants remember what has been given and what services are expected in return. In anthropological economics, this system has been referred to as gift economy, although the way it has been conceived has in recent literature been called to question.⁴⁵

The main difference between gift and commodity economy is that in the first – gift economy – the exchange is of inalienable objects on a personal level (Gregory 1982), keeping a balance between giving and receiving, approximation in value but never returning exactly the same as what has been received. In the commodity economy, exchange takes place in impersonal terms, debts are documented, to be repaid with interest, and commodities are alienable. Neither side needs to feel any further obligation to each other. The small loan systems now promoted universally meet difficulties in societies, where re-payment in exact sums has not been the custom. In a gift economy loans can be postponed for even generations, as, for instance, among the Chagga in the exchange of bride wealth payments: gifts and new loans are given and received on personal trust. According to Bloch and Parry, the crucial difference is not in the use of money/commodity as a means of exchange but rather whether the exchange is connected with individualistic short-time transactions or identified with an order of exchange which is ideologically articulated with, and subordinated to, a sphere of activity concerned with the cycle of long-term reproduction. In present day Africa, the

⁴⁵ This discussion relates to the issue of 'morality of exchange', a topic covered by the writer in another context (see also Parry and Bloch 1989).

borderline between the two is blurred, which leaves much room for manipulation and ambiguity especially in intercultural margins. An individual relates selectively to communal tradition. A calamity or threat might compel a person to return individually gained profit to the realm of protective medicine, spirit healing, or an offering at graves, as in the case of Madagascar Merina culture where the ancestral tombs act as an organizing principle (Bloch and Parry 1989).

In today's village community people pay for services they mutually render either in cash, kind or mutual service.⁴⁶ Payments in the form of service are seldom counted in cash value. When women give service at funerals, religious and ritual occasions, wedding celebrations or other family or communal events, as a rule, they do not expect to be compensated in cash. At times they are compensated in kind or with small cash payments which are collected from the participants or are given by the celebrant's family. Such payments are voluntary and the amount depends on the family's ability to contribute. Poor families' celebrations are small in size, fewer neighbours and relatives attend and contribute. A family or an individual without the means to share in community celebrations can become isolated and withdrawn. Social groupings based on wealth, gender, pedigree, educational level, ethnicity and religion do divide local societies, but by and large, social exchange in some form or other is a part of life.

Women share the work by banding together in small groups. Although casual at times, these groups do have some permanency. Women know others on whom they can call for help or with whom to rally together for specific tasks. Past experience has shown that people do not readily volunteer to share work in large groups. Efforts of cooperation in which work inputs are unequal do not encourage greater sharing. After the work is done, there is little to share. Yet women do like to work with other women, usually in groups of two or three, which the Ministry of Community Development is now encouraging the women to expand to groups of five. For larger projects such as fishfarming, milling, cultivating specific cash crops, or running teahouses, the women themselves decide on the size of the group needed. Women are becoming aware that if they are organized, they can more easily apply for loans. Groups are set up so that the profits can be divided either according to the individual or the group. To mention a case, women take turns selling in a teahouse and it is up to the inventiveness and efforts of the individual to determine how profitable she can make her day. To try her luck, one woman took advantage of a time when the disco was played throughout the night; it was Christmas eve in a Muslim village and she made much money. The success of one member or the superior leadership qualities of another might cause disunity, but women usually acknowledge the need for the support of the group, who will also share the work of an incapacitated member, including toiling in her personal field, or caring for her children. Much of women's work is very difficult for one person to handle alone. This is the case with pounding corn, thrashing, going to distant fields, fetching water or firewood, or digging wild roots or collecting mushrooms in forest. Women need one another for lifting heavy loads on their heads and for protection. A story circulates in Kitaya Ward about *simba karatasi*, paper lion, so named because after being seen in one village it

⁴⁶ Data for this section are derived in general from personal fieldnotes 1993-7 from south-eastern Tanzania.

could re-appear in a short time tens of miles away in another place. The origin of the story is the death of a teacher's wife who was in the bush with her child digging for roots, when the lion attacked her from the back and killed her. The child was saved because other women were able to rescue him.

The analyses made in Masasi, Newala and Rwangwa districts showed that women sharing in groups generally belong, with some exceptions, to the middle-income category. The wealthy share with those on the same level. The group composition shows that women have several links with one another: they are united through kinship, age group, ritual roles and other similar bonds. This means that women with traditional links seek each others' company also in the new contexts. The poorest quintile may be left without help because they cannot reciprocate, although the analyses also found some incidents of purposeful inclusion in an effort to support the less fortunate women (Annex Figure 3). Failing support is indicative of the separation from kin and children.

The break-down of traditional social systems – especially as the alienated school youth no longer feel any obligation to their parents – has weakened social bonds. There is a growing number of villagers who are not a part of any exchange circuit. While the poorest may still be able to cadge food by hanging around the wealthier villagers, not all are willing to do so. When care systems are reshaped, the potential of social exchange systems and the marginalization of some groups of people have to be considered.

The customary work parties with which people in the past cultivated their fields and collaborated to build their houses tend to turn to paid work assignments, although the communal work system is still known and can be popular, giving the people an opportunity to meet, socialize and share a drink together after the work has been completed.

The custom of sharing in social celebrations or in each other's grief has also been adapted to the urban setting. Lists at workplaces are frequently circulated for contributions in support of a colleague whose relative has died or who might be celebrating his or her wedding. The way in which the personal and social interferes with the official and formal illustrates how the bridging of traditional and modern can take place also in the modern context. On the other hand, the familial system creeps into the formal systems in ways which lead to extensive use of public money for private purposes. In *Anthropology of Organization*, Nicholson treats the subject in an interesting manner which has relevance to the larger question of 'sharing' at the borderline between the traditional and the modern systems. Bureaucracy is created to prevent familial relations from taking over in impersonal, official dealings, but it is difficult to keep the familial out of the official relations when the same people meet in a bar after working hours. Nicholson relates a case in which public money was used extensively to transport to the home village the coffin of a colleague who had died when his car on official duty ran into a tree. The usual speculation followed as to who was at fault, who had made the tree fall at that place at that particular moment. Nicholson surmises that the traditional need to clear oneself of blame played a role in the excessive measures subsequently taken (1994). The interplay of the indigenous ways of dealing with occurrences and relationships is an interesting aspect of the problem of 'sharing' but

it is beyond the scope of this study. It leads to accusations of corruption, yet those involved are often trying to use their position of power for the benefit of a group larger rather than the individual (Edevbaro 1997; Medard 1982 on the concept of neo-patrimonialism).

This leads to another aspect of cost sharing which has not been taken into consideration when sharing systems have been developed. There are few estimates of the remittances from relatives working outside their home areas, and none in the south-eastern regions, as far as this writer is aware. Remittances in the form of clothes, food, household articles, tools, or money are considerable and they have an impact in sustaining life in the rural areas in all parts of Tanzania. Funeral rites and family visits because of death or illness at home as well as other clan events and special celebrations consume a large share of the savings of the migrant family member. On the other hand, the returning relative can also replenish his food stores and get other socially significant services from his rural family members and neighbours (L. Swantz 1969).

The largest contribution which women give in kind and cash is for the care of infants and children under five, but also for the care of old people and the disabled unable to contribute to work.⁴⁷ The value of these services can be estimated from the annually documented village demography, listed according to the working population, infants, school aged children, old people and disabled. When women are asked to describe their working schedule by recalling their main daily chores, they seldom include childcare or attending the sick or handicapped. They do categorize bathing, cooking, or taking a family member to hospital as a separate work task, but childcare and other nursing tasks are not included.

When payments for officially organized service systems, schools and health care institutions are decided, the monetary value of the time and money spent in the currently non-recorded, informal care service must be recognized. It can be estimated on the basis of costs for lost working time or reduced production capacity of those on whom these care duties fall, usually the women. The monetary value of nursing care given to a dependent family member can be based on what family member absent from the village would pay for a servant or for the daily necessities as their contribution to the care of a parent, infant or other dependent.⁴⁸

The state and, even more so, religious bodies have provided institutional care for the deaf and blind, but even in these cases, some family costs are also incurred in travel expenses, clothing and incidentals. The state has endeavoured to integrate handicapped children into regular schools especially in urban schools. Those remaining at home demand attention but seldom receive external assistance because funds at the disposal of the social welfare staff are minimal.

⁴⁷ Included in the category of disabled are the blind, crippled, deaf, mentally handicapped, and the chronically ill, bedridden patients.

⁴⁸ It is not seldom that a single mother sends her child to her mother or grandmother to be cared for. When the child grows, he contributes to the household by doing chores, but a school aged child can be a liability.

Another aspect that needs recognition when evaluating the service given, is the time and workload of the women in carrying water, often over long distances. The availability of water and the effort involved to acquire it must be proportionately related to the payments placed on the users of this commodity.

On the basis of this brief glimpse into village care systems and sharing, the author concludes that 'cost sharing' is widely practised and is by no means a new concept in rural communities. When communities are expected to pay for services, endorsement will have to be given to the prevalent forms of sharing already in existence. At least a rough assessment of the monetary value of the services rendered needs to be made. The PRA analyses, which are being done in the south-eastern regions, can more purposefully include these aspects in group meetings and in various committee sessions.

As a point of comparison, a mother of one child in Finland receives 1,200-2,000 Fmk (US\$ 230-390) per month for taking care of her own child at home. If she has two children she gets an additional sum of 800 Fmk (US\$ 155) per month. If the Western social system served as the model for determining which public goods people should be entitled to, the African village women, as a category, should be exempt from all cost-sharing payments that need to be made in cash. The monetary value of the health and social care given by many women more than adequately offsets all that the state can expect of them until such a time when the state or some form of insurance can take over this work. These self-help contributions have so far been ignored when charges are made.

2.2 Cost-sharing through community education fund (CEF)

2.2.1 Experimenting in education: the community education fund

With the development focus on poverty alleviation, the reputedly poorest regions of Tanzania are at the moment receiving increasing attention. UNICEF started its programme of child survival, protection and development (CSPD) in 1980 and is at present preparing to launch another five-year continuation of its work in the Mtwara region, with special emphasis on primary education. RIPS Phase II, with support from the Ministry for Foreign Affairs of Finland, started a new three-year programme mid-year 1996. The World Bank has taken the Mtwara rural district as one of its three pilot areas to test the strategy of user fees and matching funds in primary education.

International organizations and donor governments have placed much importance on the activities of NGOs. Several NGOs are offering services in the field of health with concentrated efforts in the Mtwara rural district. The number of registered indigenous NGOs has grown exponentially, but their capacity for action is not as great as their numbers indicate. In the Mtwara and Lindi regions only a relatively small number of local NGOs are registered and they are still learning the rules of operation. For this reason, the preferred model is the coordination of inputs from various agencies. The small number of 'donors' and uncrowded development efforts make it an opportune time to develop a coordinated model. The plan is to concentrate all regional or district resource services with trained local personnel in external offices, which would be totally

at the disposal of whoever needs them and can pay the related costs regardless of the agency or government office they represent.

In reorganizing the primary education and health programmes the assumption is that if the communities can influence the planning and management of these services, they will carry a greater share of the financial responsibility. After initial studies, several pilots, and many donor agency and government conferences, the World Bank has formulated its plans and is trying them out. At the same time, the government of Tanzania has prepared a new Education and Training Policy 1995 which gradually comes into operation. RIPS and UNICEF are cooperating with the district governments in the Mtwara region, working out some parts of the new policy and also trying out the pilots in agreement with the World Bank. RIPS applies the same principles also in the Lindi region. It is anticipated that the government of Tanzania and the donors will adopt process-planning as an approach which would marry the practical experience in developing schools and resource centres at the local level with the theoretical planning from the top. This would mean making full use of the participatory process at the community level. It would also be a part of the local government development now in process.

The World Bank plan recognizes the need to reform schools so that they are more demand-driven. The schools have to meet the needs of the parents, pupils, communities and the nation. If people are expected to share in the costs of schooling their children, they must have the satisfaction of knowing that the education they are paying for meets their expectations. Before primary and post-primary education can pass this criteria, parents, the community as well as the pupils themselves must have a voice on the future developments of the school and on how they would be willing to participate in the related costs.

Decentralization of responsibilities and benefits requires the establishment of local funds. The WB programme is based on the establishment of a community education fund (CEF) in the villages now taking part in the experiment. The school committee, which carries the responsibility, is made up of the headteacher, and his/her deputy, and representatives of the village leadership, of the parents and of the students. The school committee discusses the school plans and carries out their implementation with the support of the district education office.

The central idea of the new plan is that the villagers, and in particular the parents of the students, agree to carry a larger part of the financial responsibility than has been the case so far. The compulsory universal primary education fee (UPE payment) has been 200 TSh per child per annum, with certain reductions for a multi-child family. Based on the World Bank recommendation, from the beginning of 1997 the school fee was raised to 1000 TSh per year. In addition, the WB has also suggested that each household in the village pay an additional agreed sum in cash into the community education fund.⁴⁹ An

⁴⁹ It has to be remembered that the World Bank has provided a long-term low interest loan to the government of Tanzania for social service expenditures. This is a matter that needs separate discussion in another context.

important point is that families be asked to contribute at an appropriate time, i.e. after selling their crops, as their cash income increases. So far, this factor has not been taken sufficiently into consideration.

The trained district education team in turn trains the school committees to take up the responsibility for the primary school, once the village assembly has come to an agreement about the financial conditions of the suggested plan. The committee opens an account for the CEF to which a cheque is sent semi-annually to match whatever the village contribution has been at certain agreed dates. The village decides what their first priorities are. The money provided by external funders (World Bank, RIPS, UNICEF) through the government channels matches the sum the village contributes, to a maximum of 6,000 TSh per student in one year.

The RIPS programme calls for a larger community participation at the planning stage. Local staff together with the community engage in a participatory rural assessment before narrowing the discussions to the school plans. This puts the school programme into a wider context and adds to the motivational force through communication between the different parties concerned, i.e. the bureaucrats, facilitators, various groups of villagers, and students. A working group acts as a liaison with the local community, the district government and the RIPS project support office.

Another difference between the World Bank and RIPS is in the manner in which the village contribution is assessed. The WB promotes cash contributions, leaving it to the villages to collect the fees. When challenged, a considerable number of villagers pride themselves in being able to pay cash, sometimes even competing to exhibit the highest level of wealth. The community can then decide on the form of contribution from those households who cannot pay cash. It was also suggested by the WB representative that the poor might be able to work for the wealthier villagers in order to earn the money needed for their contribution. For the World Bank this programme serves as an instrument of introducing people to the logic and management of cash economy.

RIPS and UNICEF had already been implementing similar programmes which the World Bank pilots are adopting. While WB stipulates cash as the village contribution, the other two agents also recognize the work and material contributions of the villagers as the community input. The work and materials which individuals provide for improving educational facilities are registered as their household share in payment toward the project. This requires a different kind of record keeping than what has been done so far. In the earlier self-help schemes, the work each household donated was not recorded and thus certain fatigue occurs when households contribute very selectively. When the work contribution is recorded and a cash value, based on the minimum salary scale, is assigned to it, the manual form of the contribution carries no stigma. Both the wealthy as well as the poorer members of the community may decide on a manual contribution instead of cash, if they so wish, or they can do both. Materials such as bricks which the village contributes are evaluated according to current local prices.

In projects supported by the WB, RIPS, and UNICEF, the school committee, with the initial approval of the village assembly, decides on the amount of the fee, how they wish

to use the money and what the priorities for the community are. Some committees decide to start from construction, other committees think of supplies or school meals, some request money for sports equipment or garden tools with their first instalments. As they continue to pay, they then also continue to receive more money which multiplies into further improvements of their school programme.

The villages were given no indication of how long the subsidy would continue, but the excitement was great when the cheques were delivered, matching the exact sums that the villages had collected. The WB model and its variations by other agencies created a precedence which, if successful over the three years of testing, can be replicated by the government in other parts of Tanzania. The question remains as to how long will the government sources continue to provide funds matching the community contribution. Can a programme based on a World Bank loan be sustained in the long run?

2.2.2 Participatory rural assessment (PRA) and school reform

The following is a brief description of the educational situation as it is being developed in some villages in the Lindi and Mtwara regions. The description is illustrative of the present situation in over 200 villages in which participatory analysis with the participatory rural assessment (PRA) approach has been made with groups of people and village leaders. Primary schools operate under school committees, the members of which are elected by the village government. At times villages have been able to request changes in staffing of the schools and they have also put forth wishes as to agricultural and other work-oriented inputs which the schools and students could make, but the school committees do not have the authority to monitor the quality of teaching, to dismiss teachers or to determine the use of school fees.

Nandagala in Mnacho Ward in the Lindi region serves here as a case study. The experiments in cooperation with the government and other agencies, their differences and similarities are described, followed by a discussion on how they relate to the decentralization and democratization process which is going on in the Tanzanian society today.

The demand in Nandagala was for more classroom space to accommodate literally hundreds of children who were left outside. In 1994 the school had registered 400 children for starting the first grade, but only 120 were taken in. Even they could not start their school work properly for the lack of space and the numbers dwindled to less than a hundred in attendance. Some parents had already had uniforms sewn for their children but had to withdraw them from school for lack of space. The children were directed to return to the pre-school from which many of them had come. For other households, children who had no space in school were welcome extra labour whom the family now could utilize without feeling guilty.

In 1995 only two students passed on to secondary school from the Nandagala school. The post-primary classes, which, in theory, could have accommodated 40 students to learn carpentry, masonry, metalwork or domestic science, had only seven students. There was little motivation for the primary school graduates to continue because of the

almost total lack of equipment, materials and tools, and lack of imagination on the part of teachers to improvise.⁵⁰

The school served both Nandagala and Ng'au villages and the school committee consisted of members from both villages. In Nandagala, there was also a special building committee which had been elected to make arrangements for the construction of the new school to house the primary classes.⁵¹ The foundation had been dug two months before the school was to begin, a good number of bricks had been made by villagers, and the village had set aside 180,000 TSh to start the construction. The rest of the money was to come from the earnings of the village truck. The building was delayed and various problems incurred, illustrating how village politics can obstruct local governance.

The school and building committees had several meetings with village and ward leaders trying to disentangle the mess into which the school issue had drifted. The money from the truck did not materialize because most of the time the truck was grounded and the two men in charge of the transport on behalf of the village economic committee claimed that the money earned was spent for vehicle repairs. The suspicion of a misuse of money generated by the truck paralysed the building plans. It turned out that a long-standing conflict was at the root of discontentment; the men dominating the scene belonged to two ruling clans whose power was resented in village politics.

At the PRA analysis sessions and seminars held with the youth⁵² they were encouraged to take the initiative themselves. Taking up the challenge, the youth started working in some twenty small production groups. They requested and received small loans after demonstrating considerable effort in cultivating fields and planting cash crops. The income from farming cash and food crops (onions, maize, cashew) helped them to build up their other small enterprises and they started substantial projects of running a milling machine, teahouses, small shops, and carpentry workshops.

The youth organized what they called a 'trouble-shooting committee' with the intention to monitor the village government activities and to make sure that the school was built. Determined to introduce a change in the village management, they pressed for answers to their questions in meetings and managed to make significant changes in the leadership of the various committees. The ward executive secretary became very sympathetic to the cause of the young people but, as happens all too often, he was moved to another ward, and his replacement was a man with little background in community affairs. This did not stop the progress now being made in village affairs.

⁵⁰ On the other hand, it should perhaps be mentioned that the carpentry teacher used his own house for storing both the tools and the items students made, and the classes were held under a large tree.

⁵¹ The existing school was common with the neighbouring village Ng'au. Located between the villages, the school did not have sufficient space to accommodate the children from both communities. The new school was planned for Nandagala children in their own village where the ward office was. The divisional office was in Ng'au.

⁵² Youth are of the age bracket 18-35 years; in the text the term is used interchangeably with 'young adults'.

To be able to go ahead with the building plans for the school, the village decided to sell the truck. After negotiations, equivalent funds to match the proceeds from the truck and an additional loan from RIPS were received. The funds obtained were put directly in a bank account which the village opened for this purpose, under trustees elected by the committee. In the school committee and the building committee the headteacher, some teachers, village leaders and ordinary villagers, men and women, and also a couple of grade seven students were represented. The village contracted local professional builders to construct the school on a condition that they employ local skilled youth for a part of the work. The youth in turn were able to procure better tools for their carpentry workshop.⁵³ The ward community development officer, a resident and native of the village, was elected as the treasurer with the main responsibility to oversee the operation.

After thus solving the internal problems of the village, construction progressed smoothly and the building is now the pride of the village and the region. However, there is a long way to go. Two classrooms is only a start in fulfilling the requirements. Yet the encouragement that the village and especially the young adults received from their success has multiplied also in other ways. The older youth members integrated teenagers into their groups which, incidentally, was a condition for getting their group loans. Together they have levelled a football field next to the school and the village football teams got a new kick. Another group started practising a theatre show on the school steps. Nandagala in the Mnacho Ward is an excellent example of the readiness of the youth to respond when they are taken seriously and have a chance to analyse their own situation through a participatory process. In a five-day seminar which was organized for this purpose, the participants also started an emergency fund for some especially needy youngsters to which they contributed from their own pockets.

In connection with the PRA analysis showing the available and needed skills in Nandagala village, the villagers discovered that the young people were almost totally absent from the lists of individuals skilled in village technologies. The idle, non-schooled youth who flocked around the market place had the parents worried. The villagers came up with the suggestion that technical and agricultural primary classes should be started for the non-schooled children who were already beyond the cut-off age of 13 years for starting school. While learning marketable skills, the youth would also discover the importance of knowing how to read, write and do basic arithmetic. It was proposed that these classes be allowed to use the school building after hours and to build a shed for the practical work. The agricultural and technical primary classes are awaiting approval from the authorities as a legitimate form of learning.

An important initiative toward technical classes has been made in a fishing village where the youth adjust their schooltime to their fishing schedule. The fishing brings sufficient income to pay young people who have graduated from grade seven and can be

⁵³ The youth team of carpenters had learned their skills in an earlier phase of the post-primary training when the school was still equipped with tools. They claimed that the tools had subsequently been stolen from the school and they suspected some of the teachers as the culprits. This was the reason given as to why students did not go to post-primary classes.

trained as teachers. This is a repeat of the UPE exercise, but this time for a different kind of a school. Training of these teachers will start presently. In place of adult education, another category of education, youth education, is now needed.

(i) The case of Mayembe Chini school

Mayembe Chini is a village along the Ruvuma River 9 km from Kitaya. During the Mozambique liberation war, the village, as all villages along the river, was in the danger zone. At that time, both Mtwara and Lindi regions were declared an emergency zone and provided the base for Mozambican freedom fighters. The Mayembe Chini school was set up to serve the two sub-villages of the area as well, i.e. Mayembe Juu and Kilomba Chini (*chini* meaning below; *juu* meaning above). Both of these have now developed into full villages and do not consider themselves a part of the Mayembe Chini village. This became a major issue when the education plan was introduced.

When the education plan was being developed, the adult working population of Mayembe Chini was 590. The Mayembe Chini school, which included children from all three villages, had an enrolment of only 162. The Mayembe Chini teachers recorded that only 24 school aged children from their village were not at school, but this was incorrect because 45 of the Mayembe Juu children attended school while 98 did not. This meant that only 62 of the children in Mayembe Chini school were actually from their own village.

In second sub-village, Kilomba Chini, out of an adult working population of 487, fifty-five children were going to school in Mayembe Chini. As it turned out, Kilomba Chini – worried about the large number of children not going to school – had started its own school. The villagers had cleared the ground and built a mud-and-stick schoolhouse with an ironsheeting roof. The village had recruited two volunteer grade seven graduates as teachers and registered 90 children of various ages to start the first grade of their primary schooling, bringing the total enrolment in the community to 145 children, but even then, 102 older school aged children were still excluded. The villagers sent a letter to the district education office asking for recognition of the school they had started at their own initiative. The answer was negative because the existing school in Mayembe Chini did not have the required number of students. The district education officer based his decision on the bureaucratic policy rule which stipulates that each class must have 45 children and thus permitted only a nursery school, but not a primary school, to be started in Kilomba Chini. The DEO was backed by the ward councillor *diwani* who was the elected representative for all ward villages in the district council and lived in Mayembe Chini. The parents were furious. Their children were far past the age for beginners, and had to walk through lion-infested country to reach the distant school. Furthermore, after the initiative they had already taken, they deserved better treatment. One solution was to conduct a thorough census of all children in the area to estimate how many schools would be needed now and in the coming years. Taking the census had its problems – it did not cover the entire population – but the results warranted establishing at least the lower level classes in the village. Obviously, under these circumstances, the sizeable outlying sub-villages of Kilomba Chini and Mayembe Juu would not contribute to the CEF of the village proper, Mayembe Chini. Three months

later, Kilomba Chini had not collected a cent for the community education fund. They wanted to have their own school closer to home and were making preparations for putting up a second building on the cleared grounds that one of the lower education officers in the CEF planning team had actually measured for them.

The general trend of trying to set up large-scale classes for maximum efficiency does not work well for small communities and smallholders. It is generally recognized that large classes are harmful instead of helpful. It should also be remembered that the number of teachers can be hired in proportion to the size of the school, and teachers not proficient in administrative matters can manage a small school better than a big one.⁵⁴ The advantages of having a primary school within the proximity of the homes of the children are obvious. Later, the upper grades can be developed in bigger schools with more specialized teachers. There is a need in education to change its entire direction, and not simply the location of the school buildings.

Also, other long-brewing conflicts soon erupted in the villages in question. A road connecting Mayembe Chini and Mayembe Juu was not used by Mayembe Chini. Consequently, both villages felt that the project was a wasted effort; one village to build a road primarily used by the neighbouring village and the other to contribute time and work to a school which was not even in their midst. The latter preferred to send their children to the more distant Kilomba Juu which had a good road, although still anxious about bush animals.

The sketchy observations given here highlight the types of problems faced by the introduction of an educational system which delegates more responsibility for the villagers and village level authorities. People do not feel comfortable with the educational system and cannot make relevant choices when they have not been included in the planning. They feel it is not up to them to question the quality of the education their children receive; it is a given goods, for which they have only a take-it-or-leave-it choice. It is a part of a hierarchical system, the authority of which is not to be challenged by people with little or no education. They are simply indifferent to it or obstinately refuse to obey orders, even when they are based on national law (Swantz and Tripp 1996).

(ii) The case of Kihamba village

The village of Kihamba serves as another case study with general application. Kihamba in Kitaya Ward with its four sub-villages (Kihamba proper, Tandika, Mjoma and Tipuli) has a population of 2,300. The primary school was set up in a mud-and-stick shack in 1992 on a steep hill overlooking the main village. Prior to this, about 20 Kihamba children had completed primary school in Kitaya, a distance of 7-9 km away. Now the Kihamba school had reached the seventh grade level and the first students were able to take the national school-leaving exam at the end of the year. None had gone to

⁵⁴ Finland and the US have had small village schools with one or two teachers in which children have got a good foundation for later learning. Only with improved transportation facilities has the bussing of children made it possible to collect them into bigger schools; whether it is a beneficial development for the small children, still remains a question.

secondary school from the village.

A cement block building with a corrugated iron roof was built in 1996 for one class and an office to ease the overcrowding. The villagers had put in an enormous amount of effort for it. But the district education office had tendered the construction job outside the village, although the women had been responsible for moving the heavy concrete blocks – block at a time for short stretches – from the base of the hill to the site. A storm soon ripped-off the roof and left it crumpled and dangerously hanging over one wall, leaving most of the building with no shade. The dilapidated mud-and-stick structure with partial walls for one class could not offer much better shelter. Three classes of pupils were sitting on benches made of thin poles under trees in the open air. The smallest children were balancing on tiny stones in the roofless teachers' office, instead of sitting comfortably on mats. The villagers strongly condemned the Mtwara education office for the poor construction work of the builder hired to put up the school, claiming they would have had better skills in the village.

A PRA assessment of the village resource base conducted in Kihamba (transect walk, map drawing, resource mapping, seasonal charts, Venn diagram of local institutions and services, wealth ranking) highlighted some of the basic problems affecting the resource utilization of the villagers:

i) Food shortages:

Cultivated food does not suffice for the entire year, yet the cause is not the shortage of arable land, either in the river valley and the hills. The assessment was made during the lean cultivation season.

ii) Hazards, reasons for shortages:

Pests (monkeys, baboons, wild pigs) destroy crops;
Grasshoppers and big floods in some years threaten rice fields;
Drought affecting the hill crops is common;
Shortage of labour during the peak season;
Lack of funds for utilization of hired tractors;
Fires burnt carelessly can destroy crops and trees;
Crocodiles make fishing and fetching water dangerous (a fisherman from Kihamba was killed by a crocodile while the author was in the area).

iii) Cashew as the main cash crop is a problem:

Thinning of trees and spraying with sulphur requires resources and knowledge. The agricultural officer comes only at the request of the wealthiest farmer who pays for his visits and whose crop is collected at the farm site.

iv) Village has no local market or storage facilities, most cashew crop is sold in Kitaya and Mahurunga depriving the village from the one per cent income from the crop.

v) Kihamba has no health facility, the nearest is in Kitaya.

The participatory rural assessment also makes it possible to differentiate wealth groups using cashew sales as the main criteria. Three groups can be identified:

- i) the wealthy, who have good income from cashew sales. For example, the richest man's crop was 70 sacks at 80 kg each priced at 350 TSh per kg during the season just drawing to a close;
- ii) farmers with moderate wealth, who generally sell 4-8 sacks of cashews;
- iii) the small farmers, who have no crop-bearing cashew trees. Forced to sell the rice they grow, they themselves eat cassava and do casual work during the lean season to buy food.

It was generally agreed that women – doing a variety of crafts (pottery, cutting grass for roofs, cutting and drying palm leaves for mats and baskets), cooking food items for sale, trading, doing casual labour – bring more income into the household than men. Cash income for daily household needs, mainly food, is estimated to be 3-5,000 TSh per month.⁵⁵ The young females join the women in crafts, cultivation and trade, or move to towns to escape the drudgery of the villages.

Many male youth earn money by fishing, but many also idle along the road side. Some belong to the two football clubs, Buffalo and Scorpion, and to earn money for sports equipment, they cultivate a 5-acre area with the help of a tractor hired from a Catholic church centre for 10,000 TSh per acre. One young man set up a bicycle repair workshop under a tree. Unfortunately these earnings do not supplement the household incomes but are instead for the personal needs of the young men.

During the PRA-group meetings, the villagers of Kihamba raised numerous critical issues relating to local government, cost-sharing, education and a host of other problems.

i) Local government

- The lack of confidence felt by the villagers in their local government had become a critical issue. A change in the village leadership was deemed necessary before the people were ready to consider collecting money for the CEF. This led to a decision to call together a general village meeting in the presence of *diwani*, the councillor, to prepare for new local elections.
- Past negative experiences affected collaboration with the district government. Shoddy materials and poor workmanship contracted by the district government for the construction of the school building raised doubts as to the costs involved, which seemed questionable, considering the large work contribution of the villagers. The village wants to make its own procurements.
- When a failure can be credited to an external agent (in this case district office), the village can disown responsibility for the failed project. For example, when the roof was blown off the school building that had been initiated and paid for by the district office, the villagers rather gloated over the mishap, instead of

⁵⁵ This figure varies according to the season. Considering that a woman can earn 500 TSh per day from casual work during the cultivation season, estimating her annual income would require considerable scrutiny.

considering it their task to do anything about it. Eventually, after the planning meetings, they volunteered to clear the damaged site.

ii) Cost sharing

- The timing of the community education fund was not realistic; the cultivating season, also known as the lean season when money is scarce, was on hand. The wealthy who still had money from cashew sales were prominent in the meeting, taking over the discussion. The dates set for the CEF collection were not realistic; virtually no school fees have been paid at the time of writing this.
- School children commonly earn money for the school fees during holidays. But some wage earning efforts, such as fishing, can become so attractive that these keep the youngster out of school.
- Parents utilize their children for work and chores during school terms. Children, especially girls, look after their siblings while mothers work in the fields. Whole families can move to distant fields for the growing season and education loses its importance.
- The relationship between the school and village government is not good. Complaints against the village government are expressed in all villages; the chairmen are criticized harshly. The village use of money raised doubts. The village refused to give the school the land it needed for productive projects (cashew plantation).
- Parents are becoming more weary of the numerous money collections than the fees. Collections are customarily made for examinations, school farewell parties, sports events, uniforms, desks, etc. The community education fund should do away with these extra collections.
- The village has no money to build a lock-up to store securely the building materials or market crops. Earlier a teacher's house had been used for this purpose, but it was inadequate even for living. Houses are needed for six teachers.
- Expenses are incurred in depositing money. Amounts over 50,000 TSh are to be deposited in a bank but every trip by bus from Kitaya to Mtwara to the bank means an extra cost of 1,800 TSh in fares because there are no banks in any of the villages. Also, as one person is not trusted with the money, the bus fare and food money is compounded by the number of villagers needed to accompany the banking errand.

iii) Relating to education

- In Kitaya, the post-primary classes were not attended because of complaints that there was no organized teaching. In the Kihamba village, people did not complain about the level of teaching and there were enough teachers for the practical subjects. But to organize the teaching for all three levels required – pre-primary, primary, and post-primary – seemed to be beyond the capacity of the single headmaster, even after the school had got the equipment for the practical subjects.

- People's expectations were directed toward secondary school. Parents in general did not expect the school to prepare the students for the village needs, yet they often complained that the school leavers 'know nothing.' The idea of the primary school preparing students for secondary school had no substance.

iv) Other problems

- Lack of mutual trust: The village was riddled with fears of witchcraft and there was a mistrust of collectors visiting houses.
- New immigrants coming to the village were not well integrated into community affairs. People come because land is available which means that they work harder.

Despite the accusations and criticism, the Kihamba village was able to agree on an education plan for the secondary school and the financial implications were worked out in detail. In order to get full benefit of the matching funds up to the maximum 6,000 TSh per student, as had been promised, the 1013 able-bodied people (out of a total population of 2,300) agreed to pay 1,332 TSh each. The initial contribution from each working villager was 500 TSh; in addition, the parents of school children paid the 1,000 TSh school fee for each child in school. The total CEF for the first year came to approximately 3.5 million TSh, which also includes the purchase of books and other educational supplies, and making new desks. The estimates for the first year were tallied item by item, including the price of work. For the construction of the schoolhouse, cement blocks were needed. At first, the blocks were to be made at the construction site on the hilltop with the women carrying the necessary 500 barrels of water from the river up the hill. When the feasibility of this scheme was challenged by observers, it was decided that the blocks would be made at the base of the hill. The hauling of water would be compensated, and the price of transporting the blocks by truck was added to the estimates. The tendency not to put a price on women's work seems to be common everywhere. It was envisaged that total contributions, including the district council's share and matching donor funds, for educational improvement would by 1999 ultimately amount to 11 million TSh, or approximately US\$ 18,000.

The collection of funds for the CEF was to start immediately and the village selected the members responsible for the collection task. A bank account was opened in Mtwara for amounts exceeding 50,000 TSh; signatories were appointed. The construction of the building was to be completed within six months; the facilitators did not question the tight timetable. The timetable had to be amended later to take advantage of the months of the growing season before the onset of the harvest. Evaluation and follow up measures were decided on.

Villages like Kihamba and Mayembe Chini with their sub-villages have been indifferent to education, in spite of the fact that an upper primary school already existed in Kitaya in the colonial time (the school had been started in 1947). Easy transportation on the river, fish and plentiful supplies of small game, wild roots and leaves had made it relatively easy to earn a livelihood for families and people were not forced to any great efforts for production. The growth of the population, the state of emergency, war, villagization, and isolation from the rest of the country as well as the lack of role

models, are among the factors which have influenced the apparent lack of interest in education. At present, the potential interest is there but the living conditions have deteriorated and benefits of education are being questioned. The trust in promises made by the upper administrative level is no longer there. Before a community is ready to show a willingness to contribute substantially, genuine action on the part of the government is necessary to demonstrate the seriousness of effort and commitment to let the local level authorities make decisions and handle the resources under their own surveillance.

2.2.3 Economic capacity of the communities for implementing CEF

With the PRA approach, villagers can make self-assessment of the economic capacity of their village. The following table summarizes thirty villages in the south-eastern regions:

TABLE 2
COMMUNITY SELF-ASSESSMENT OF OWN WEALTH

District	Village	Wealthy		Moderately well-off		Having little wealth		Destitute		Total househo
		No.	as % of total	No.	as % of total	No.	as % of total	No.	as % of total	
Kilwa:	Kilwa Kisiwani	1	10.0	4	40.0	2	20.0	3	30.0	10
	Kilwa Kivinje	3	23.1	2	15.4	4	30.8	4	30.8	13
	Mpara	1	10.0	2	20.0	2	20.0	5	50.0	10
	Mkwanyule	1	10.0	2	20.0	1	10.0	6	60.0	10
Liwale:	Mangirikiti	2	6.7	10	33.3	10	33.3	8	26.7	30
	Mpigamiti	4	10.0	11	27.5	12	30.0	13	32.5	40
	Kipule	5	12.5	3	7.5	13	32.5	19	47.5	40
	Mihumo	10	10.8	59	63.4	22	23.7	2	2.2	93
Masala:	Chisegu	3	5.0	4	6.7	46	76.7	7	11.7	60
	Namkungwi	6	30.0	5	25.0	5	25.0	4	20.0	20
	Namihungo	13	24.1	17	31.5	18	33.3	6	11.1	54
	Mikuva A	4	5.9	23	33.8	41	60.3		0.0	68
	Mikuva B	2	7.7	6	23.1	12	46.2	6	23.1	26
	Magumchila A	3	9.1	5	15.2	7	21.2	18	54.5	33
	Magumchila B	3	9.1	5	15.2	6	18.2	19	57.6	33
Newala:	Chilanga	6	18.8	13	40.6	13	40.6		0.0	32
	Mkoma II	0		2	6.5	21	67.7	8	25.8	31
	Chihwindi	4	6.9	12	20.7	27	46.6	15	25.9	58
	Chihanga	3	16.7	8	44.4	7	38.9		0.0	18
Mtwara Rural:	Mbambakofi	2	5.9	15	44.1	17	50.0		0.0	34
	Nanguruwe	0	0.0	10	50.0	10	50.0		0.0	20
	Msanga Mkuu	7	29.2	4	16.7	3	12.5	10	41.7	24
	Mtawanya	0	0.0	12	21.1	23	40.4	22	38.6	57
	Mtendanchi	3	12.0	8	32.0	3	12.0	11	44.0	25
	Ziwani (Msakai)	0	0.0	3	12.5	12	50.0	9	37.5	24
	Kitaya	2	4.3	12	26.1	32	69.6		0.0	46
	Njengwa	2	3.6	27	48.2	27	48.2		0.0	56
Nachingwea:	Mpiruka	3	10.0	15	50.0	12	40.0		0.0	30
	Mchangani	4	13.3	14	46.7	12	40.0		0.0	30
	Ndomondo	7	17.5	29	72.5	4	10.0		0.0	40
TOTALS		104	9.8	342	32.1	424	39.8	195	18.3	1065

Within the RIPS programme, a participatory wealth ranking assessment has been made of several hundreds of villages. The tables above are based on an analysis in thirty villages,

TABLE 3
CRITERIA FOR WEALTH RANKING

	Wealthy	Moderately well-off	Having little wealth	Destitute
House	Owens a well-built structure with ironsheeting roof, shutters/windows; owns several houses.	Has a house of plastered mud and stick with poor ironsheeting grass roof; has just one house.	Has a poorly built house with a grass roof.	Owens no house or hut.
Fields - Area	Large fields; 20 acres or more.	5-20 acres of land.	Owens less than 5 acres, usually 2 acres.	Owens no land or has merely 1/2-1 acre; mostly works for others.
- Crops	Grows many cash and food crops.	Grows cash and food crops.	Grows mainly food crops but is able to sell some produce.	Grows food crops only; works mostly for others.
- Location	Fields within good village land.	Fields fairly well located.	Fields peripherally located.	Has no fields.
Food	Has enough good food for the whole year.	Food sufficient but often only for 10 months.	Food enough for half a year.	Food availability insecure; has to beg from others and/or work for food.
Livestock	Owens 10 or more cows, over 20 goats, ducks sheep, chickens	Owens 2-3 cows, 10 goats, sheep, chickens, ducks.	Owens chickens, 1-2 goats.	Owens no livestock.
Cash	Much money, money in bank .	Moderate.	Only little cash.	Earns sometimes by casual work.
Household items	Owens good radio, milling machine, sewing machine	Has an older radio, mat, sheets, 2 chairs, table		
Clothing	Has good bedding, good clean clothes.	Has moderate clothes.	Clothes neither good nor clean; no bedlinen.	Poor clothes; has nothing.
Business	Might have a shop; carries on trade or is perhaps a kiosk fish trader.	Conducts business from a stall or petty trades; sells second-hand clothing.	Petty trades from the confines of home; sell foods; taps palmwine.	None.
Transport	Has a new bicycle; car.	Has an old bicycle.	Has a poor bicycle.	Has nothing.
Fishing	Owens boats, nets, fishing gear; hires fishermen .	Owens poor nets or traps; owns some gear; canoe or dau.	Earns livelihood with traps, hooks, needs to borrow boats.	Has no gear; works as a hireling.
Ability to provide help	Can, and does, give help to others; can share material resources.	Can at times help others.	Cannot help others; although the women do.	Begs for help; depends on the wealthy for work and food.
Water source	Owens a private water well.	Has access to a source of clean water.	Has no clean water source.	Cannot pay for water.
Wives	Maintains more than two wives.	Maintains two wives.	Can afford one wife.	One wife or no spouse.
Children	Has many children, and can easily support them.	Has many children, has a fairly good ability to take care of children.	Has some children, finds it difficult to take care of them.	Cannot afford to have children.
Other characteristics	Can share ideas.	Can share ideas.		

using the most commonly stated criteria of the villagers themselves as they rank the households in each location according to three or four categories – the very wealthy, those considered moderately well-off, those with limited means and the poor, consisting of the destitute, old and disabled. Almost without exception, the two lowest categories dominate. The wealthy or those 'with capacity' represent about 16 per cent of the households in half the villages. In sixteen villages, according to those conducting the assessment, 35 per cent of the population belong to the lowest category who have no property, insufficient food supplies, and usually work as casual labourers for others.

2.2.4 *Sample survey of two villages*

People live very simple lives but do not necessarily consider themselves to be in utter poverty. To understand this better, the results from another simple house-to-house survey of two small communities, Ruvu B and Mitengo, are given below. Ruvu B, the very lowest in educational terms, is a fishing village north of Lindi, and Mitengo, close to Mtwara town, is better off with regard to education and marketing opportunities, yet has low material means. Both exemplify the meagre standard of living common to approximately half or more of the population in south-eastern regions, for whom the means of livelihood are adequate only for a very undemanding lifestyle.

(i) The Ruvu B village

In a sample of 30 fishing and farming households, seven parents had had some education but only one child in the survey families goes to school. The main reason cited by everyone is the long distance of 5-10 km through bushcountry with poor roads, seasonal floods that can isolate the village, and wild animals. Only two of the fishermen own small boats, one has a small net; others fish from the shore with mesh nets (mainly the women), traps, rods and sticks (for octopus, squids) or with lines and hooks using borrowed boats. Cultivation is mainly done for food except when the crop is used for processing food items (buns, fried fish, tea, soup, etc.) that are sold at the local market. Monthly income averages approximately 5,110 TSh or US\$ 8. One man reported an income high of 15,000 TSh (approx. US\$ 25); the lowest was 1,000 TSh or US\$ 1.7. The average daily income is 335 TSh. Housing is simple. All those in the sample live in mud houses with roofs of grass and in one instance, of ironsheeting. Only one household has a pit latrine. In general, no furniture is listed and small oil-burners without wicks are used for light. Three villagers have radios, three people have bicycles, one of them a woman, who also reports the most household items. People seem rather resigned to their circumstances; not much hope for adding to the supply of household articles is expressed. Women's wealth is usually measured by the number of *kanga* wraps they have for clothing. The wealthiest boasts of 16, the others have 2-5. Eight households say their children have shoes, in 17 households children go barefoot. Several say shoes are not needed since their offspring do not go to school.

(ii) The Mitengo village near Mtwara town

Out of this smaller sample of 15 households, all parents except one had attended school and two had gone to secondary school. All school-aged children attend school and have

shoes to wear. However, the children of three households, who are under school age go barefoot. In eight cases, the father is said to pay for school fees; in three cases both mother and father are mentioned. Almost all villagers are farmers, one is employed. All produce crops for food, only one has a business. Nine families have their own house, one rents, others live with relatives. Houses are built of sticks and mud; three have ironsheeting roofs. All families report having latrines, and all use small oil burners for lighting. Seven households have radios, three have cupboards but furniture in general is scarce. Six have bicycles (one villager has two), others walk. Women have 2-10 *kanga* wraps. No-one has a bank account because the limited income does not warrant one; the average monthly income is approximately 4,420 TSh or US\$ 7.4. The daily income rate is 275 TSh.

The Mitengo people live from their own agricultural produce, but food crops barely last until the next harvest. It is obvious that in an isolated village such as Ruvu B, there are few opportunities for casual labour, but surprisingly, the villagers in Mitengo which is located near the town of Mtwara, do not report doing any casual labour; only one villager in the sample is employed.

In both sample villages, the monetary income averages approximately the same as the villages in Kitaya Ward. Ruvu B survives from fishing and agriculture. Being a community in which all inhabitants fish, it has a slightly larger cash income than Mitengo, but on the other hand offers less opportunities to spend money on commodities. Because of its isolation, simple fishing tools, and lack of markets, Ruvu B is limited in its efforts to sustain itself.

As with many other coastal villages, Ruvu B has found a new source of income that did not show up in the survey yet. It has started growing seaweed for export as one measure to counter-act dynamite fishing. The shores of Ruvu B are well suited for growing seedlings of seaweed which they have already started to sell to other villages. Whether the government will support the village when and if it wants to start a school of its own, is a decision that will have to be made soon, even if it does not have the required number of school aged children.

Those not accustomed to fishing as a means of livelihood do not always appreciate the lifestyle of these communities and the scantily-dressed fishermen wading in water appear to be poor. During the wealth-ranking analysis, farmers commented that 'fishing is not the foundation of economy; fishermen are despised' but a closer look gives a different picture. Large fishing communities such as Msanga Mkuu, Msimbati, Kilwa Masoko and Kilwa Kivinje have a sizeable population with capital wealth and a steady income. Msanga Mkuu fishermen had earned over 40 million TSh fishing in Mozambique waters in one season. A household in Naumbu owning a medium size fishing boat that goes to the Kilwa waters to fish for two-three months, can earn 5 million TSh; of this they put aside 2 million TSh. The same boat fishing in local waters can sell its catch daily at the Mtwara fish landing site, earning even on a poor day at least 10,000 TSh and, depending on the tide, up to 100,000 TSh on a good day. No tax is collected at the landing site; the boat owner merely pays 3,000 TSh for a licence once a year.

Also, river and lake fishing provides a nutritious addition to diets and a fairly good income, luring young boys away from school. Some fishermen come from distant villages in Newala and Tandahimba and stay for several weeks; there are many camping sites at the inland lake at Chidya south of Kihamba to accommodate these fishermen; others come daily from the surrounding villages. Bandari is one of the schools with only a few students because of the nearness of the lake. Two young men from Mikuva report to have earned 25,000-40,000 TSh per week which is more than what a teacher or government bureaucrat in the same village can make. Fishing is, however, seasonal. Best freshwater fishing is from May till December.

Fishing gear and boats for ocean fishing are expensive to buy and maintain. Money has to be available to fix damages caused by storms and the usual wear-and-tear. This affects the social structure of the fishing community, and differentiates the villagers into boat and gear owners, and hired hands. It becomes difficult for young people to take up large-scale fishing since the owners, in picking the teams of hired hands, are selective. The rest rent *mitumbwi*, the small canoes, or *dau* boats, and fish with small nets, hooks and lines or wade from the shore setting traps, and spearing baits with sharp sticks. Women fish with mesh nets.

The young adults have noticed the relative ease with which cash can be earned with fishing. Since they lack the proper gear, they have been enticed to resort to dynamite-fishing and it is common knowledge that they get the dynamite from the big wigs within the government circles. The fishing communities have declared a war against this terrible destruction of coral reefs and started an NGO for the protection of marine environment. They have implored top government leaders and politicians to change legislation, to take radical steps to prevent the pilfering of dynamite stores and to instigate more severe punishment for those caught with dynamite.

The capacity of the fishing communities to save money is generally low. The potential funds for financing educational and health services are available in theory but the division of wealth is very uneven and education offers no incentives for the fishing population. No reading material is available for the literacy groups started for young people and the primary schools do not relate in any way to the marine environment of the villages. For education to be meaningful, it has to be oriented towards the economic and environmental interests of the population.

2.2.5 *Assessing wealth in relation to service needs*

A common feature for the people of the lower income groups is that their food supplies are not adequate for the entire year. Income flow and food production are not steady throughout the year. Food is in short supply especially during the growing season from January to April when the first maize harvest brings new crops. When the reported monthly income averages 5,000 TSh, it amounts to an annual income of 60,000 TSh or US\$ 100 – and that figure is based on the assumption that earnings are steady throughout the year. Seasonal and occupational differences are also big. The regional per capita income, inclusive of all productive activities, at current prices in 1994 was

reported to be 59,533 TSh. The corresponding figure for the Lindi region is 38,340 TSh, while the per capita income for mainland Tanzania is estimated to be 62,138 TSh, indicating that the Mtwara income is not far below the national average.

Income based on agriculture is prone to seasonal and annual fluctuations. As this is being written, there are big floods again in the Lindi region where most of the crops in the flooded areas are destroyed. Smallholder farming requires diversified sources of income, especially during the lean season, and non-agricultural income sources are needed to enhance the income. Labour becomes a constraint. Food and income are supplemented by collecting and drying forest products, cutting firewood for one's own consumption and for sale, burning charcoal, hunting rodents, antelopes or birds, cutting grass for roofs or cutting, drying, and marketing palm leaves for mat and basket weaving, making mats, baskets, clay pots, local beds and many other daily articles. Fishing has already been mentioned. Women prepare ready-made foods for sale and it is often done in the wee hours much before sunrise; they are on their way to the fields at dawn. Some of the handicraft is done by the elderly and children's absence from school is at times caused by necessity. Marketing is also a problem. Walking up to 50 km to earn 5,000 TSh by selling the raw materials for making mats, returning the next day, and sleeping overnight with some relative on the way, is not uncommon. Bus transportation would eat most of the money gained. Prices for self-made products are low in the villages. Because of the great variety in income sources, estimating daily, weekly or monthly earnings is an impossible task. Some kind of estimate could be made on the basis of consumption but even assessing the income from products which sell cheaply within the village does not give a fair picture.⁵⁶

On the other hand, land is still available in areas like Kitaya, where the surveying of land has been completed and people with money have the possibility of certifying their plots. This has encouraged wage earners from Mtwara town to buy good river valley land and to employ local people as casual workers, creating further disparity and reduced capacity of the villagers to provide for their own social services. People are moving down from Newala and Tandahimba districts where the land shortage is acute. Older inhabitants of the area do not readily acknowledge the immigrants as local farmers and they can be overlooked in the collection of village fees. The PRA planning, debates in the villages, and an improvement in negotiating skills should alert the communities to acute issues. Some villagers have their own rotating credit schemes but they need loans and agricultural advice for a more effective use of the valley land and for improving old cashew trees or planting new ones. Land is still available in the hills where much of the cultivation is done even now.

The fluctuations in income from agricultural production entail the need to store food for the lean months and to secure a daily income for the purchase of various basic items that are not covered by home-grown supplies (salt, sugar, flour, food oil, lamp oil, tea, spices, soap, matches, fish, and other food items). Thus, the 500 TSh earned daily from

⁵⁶ For example, a sizeable basket full of wild roots *ming'oko* sells for 200 TSh but its nutritional and food value in general is superior to the same amount of dried cassava which would sell for at least double the price.

casual labour or from the sale of processed foods is the minimum that a family of five needs every day. People make mental budgets, but just acquiring the basic necessities requires a sizeable income. In most households women try to work out strategies whereby they can feed the family and organize their work so that they can handle all the chores and still be present when they are needed. In Kihamba, the people publicly confirmed that although men control the cash crops and income from fishing, it is the women who bring in most of the household income.

Many men have taken the custom of eating in little teahouses. Their income is squandered on food and drink. When a man has eaten outside the home, he does not have the same urgency to bring food home for his wives to prepare a substantial meal as is the custom in Muslim households. Larger earnings from the one-time sale of cashew or sesame are spent on some bigger purchases, such as bicycles, radios, watches, occasional water well, etc. But, as verified by the two wealth-ranking surveys, these purchases are limited to the wealthier households. In Ruvu B, the most common expense was for repairs to the roof or the house in general. Grass roofs and mud walls need annual maintenance to be well taken care of, but the condition of the houses in Ruvu B, as elsewhere, shows that this is not done on a regular basis. Travelling constitutes considerable expense, as does the marketing of goods, when they need to be transported to market, whether local or some distance away. Cash is also needed for health expenses which again include costs for transportation. Health is prioritized over education; fortunately local healers are available in areas where other health facilities are lacking.

In both Mtwara and Lindi regions, the largest cash income comes from cashew. The cashew output had shown promise until 1995, after which it suffered a setback. The cashew earnings for Mtwara totalled 14.5 billion TSh (US\$ 25 million) and 4.5 billion TSh (US\$ 7.5 million) for the Lindi region. Eighty-six per cent of this money remains in the villages as the individual income of cashew-growing smallholders. Mtwara has a population of one million, and if this income were divided equally among the people, it would mean an earning of 14,500 TSh per citizen, or US\$ 25 per year. For the Lindi population of 750,000, the corresponding figure would be 3,600 TSh or approximately US\$ 10.

There are various kinds of taxes imposed on the earnings from cashew. Of the cashew money just noted, 55 shillings per kilo (approx. 14 per cent) are cut to various taxes. This reduction is done before the grower gets his/her share. The buyer purchases a licence for a certain tonnage of cashew and pays e.g. 50,000 – 200,000 TSh for each district separately depending on the amount to be purchased. The exporters pay also an export duty of 150,000 TSh per shipment for the cashew board for each district. The tax of 55 TSh noted above is paid to the district council via the Primary Cooperative Society which does the purchasing from the growers and gets 10 TSh per kilo. Of the 55 TSh the village in which purchase is made gets 1-4 TSh/kg depending on the district. In Kitaya, Mtwara Rural district, the villages got only 1 TSh from the purchasing price of 350-470 TSh/kg. The elite of the districts, mainly resident in Dar es Salaam, have started development funds mainly for starting secondary schools and giving scholarships. For these funds 7 TSh is taken out of the 55 TSh. The rest remains with the district council.

In addition 3 per cent per ton goes to the cashew board and 2 per cent per ton as customs revenue. The wharf fee is 1 per cent per ton. All this is cut from the growers' price.

Not all the villages have primary societies or purchasing agents where the transaction can take place. Kihamba is one of these villages. Only the richest man has his 70 sacks (à 80 kg per sack) collected from his own farm. This meant that the village missed out on the income from the other twenty–thirty cashew farmers' harvest because they were forced to sell their crop of 4-8 sacks each in two of the neighbouring villages. The village income of one shilling per kilo of cashews is not a fair share. If a village like Kihamba does not have a primary society, the buying is not done locally. Only the big producers have the advantage of being able to sell their crop at the farm gate. The Kitaya executive secretary had collected seven million shillings for the Mtwara District Development Fund which meant that the nine villages, mainly Kitaya where the buying took place, had together accumulated only one million shillings, or US\$ 1,667, in revenue from cashew sales. As already indicated, this meant only less than 20,000 TSh or US\$ 32 for Kihamba, while the district council had collected 37 million TSh from this one ward alone. It is obvious that the distribution of revenue income is unfair, especially because very little benefit trickles down to the village communities from the revenue going to the district.

The Kihamba village gained one advantage from the rich man's income; he purchased a milling machine which eased the work of the women in the local and neighbouring villages. This was unique as there had not been a milling machine in operation even in Kitaya. But that was the extent of the rich man's benevolence; since all villagers are expected to donate the same amount for the education fund, he was not expected to pay more than the poorest man in the village. Those in desperate circumstances can apply for exemption if they cannot meet the CEF contributions, but this fact was not clearly announced at the community meetings to avoid free riding. It was apparently feared that people would use this option as an excuse for not paying the school fees or the agreed sum for the CEF collection.

While income from cash crops does benefit the communities as additional cash for consumption, ensuring a more equitable allocation of the money and greater transparency in the way it is channelled, requires much educational and organizational input. A cashew farmer contributes only one shilling per every 350-450 TSh earned as revenue to the village fund while a woman who sells a plateful of fried fish or buns to supplement her household money, pays 50-100 shillings for each plateful or potful every day, assuming, of course, that the tax collector takes care of his duties diligently. To be comparably taxed with the cashew farmer, a woman would have to earn 40,000 TSh each time she ventures to the market. Her daily income is at best 5,000 TSh. This disparity in collecting fees is unacceptable.

Money collected for the Mtwara district development fund and other similar funds, which are not under public control, requires more transparency. The district council funds, on the other hand, are in principle controlled by the council members and the communities can influence their use through their elected councillors. The village plans for education, health, water and general development will make the villagers

increasingly conscious of their duty and possibility to influence the use of these funds through the councillors they elect.

It was also reported by the transporters and agencies buying cashew that some money collected from the buyers had been misappropriated at the primary societies and districts. One of the buying agents resident in Mtwara said that in three years his business had suffered a loss of 3 million shillings in Masasi alone. When the villagers in the planning meetings demanded to know where the collected village funds had gone, the officials in charge were not able to give an answer. They more or less confirmed that there had been a loss of money. Much stricter control of collected funds is possible when a larger group of citizens is aware of the system, and how they can influence it. Before funds for social services can be extracted from the communities, the system has to be fool-proof against misappropriation and under the supervision of those asked to contribute. It is obvious that the villagers are not willing or able to pay for the services until there is a fairer distribution of already existing funds. Assuming control over the social services is a concrete step in developing responsible local government.

III CONCLUSION

The issue at hand concerns the provision of social services in circumstances in which the people's own resources are meagre and many constraints prevent the utilization of the available potential. The case studies of the village resource base are not isolated illustrations; they are founded on on-going work in several hundred villages. They are indicative of the situation and can provide some evidence for generalized conclusions. The process of moderate cost sharing is, however, only in its first stages. More time will be needed to evaluate the results of the current experiences. Some predictions, however, can be made and obvious false steps can be corrected as the experiments evolve. At this stage, it is possible to present some factors of a general nature which need to be considered when the capacity of a community to pay user fees is estimated and demands are put on the rural people.

It seems rather obvious that the villagers' criticism directed at their leaders is a step on the road to greater awareness of self-rule on the local level. Educational reform and the responsibility placed on the local communities in village-level planning and implementation is a method to strengthen local government. When the election of local leaders is in the hands of local people, they are also ready to assume more financial responsibility for the village level institutions. The biggest drawback at the moment is the lack of trust in the leaders. Economic constraints as an obstacle are only secondary. If educational needs are geared to existing resources and people pay for what they consider to be good value, local resources will go a long way. They must not be, however, overstretched.

As people realize they have more control over local affairs, it becomes important for them to elect leaders they can trust. This became evident in the planning meetings that resulted in new elections. In some villages, people admitted that earlier they had elected leaders who bothered them the least. Now leaders must be accountable to those who elect them, or they lose their elected position. Communities are also becoming aware of the importance of the types of leaders they vote to represent them in the district council and the legislative assembly, Parliament. By creating trustworthy local governments, people begin to influence the central government. Only when communities begin to trust the elected representatives and civil servants, can any meaningful cost sharing be expected to take place. Giving local communities more responsibility and autonomy can also become an excuse for the state to distance itself from the responsibility of providing the needed services. It is self-evident that the material and social responsibility burdened on the communities have to be matched with resources from the central government for the villages to be able to bear these obligations.

The following summary of the points, considered to be important by the author when cost sharing is proposed, relate to both principle and practice:

- i) The planning for cost-sharing must start from a common assessment of existing

resources and their locations. Education is only one sector. Payments cannot be planned as atomized items. The service requirements have to be collected together and the total need estimated. In place of a community education fund, a community service fund with different windows should be initiated. Payments by communities for services need to be considered as a form of direct taxation. They cannot be multiplied as new demands for services evolve. Community members can then learn to start voluntary organizations to cover those aspects which are missing from the coverage offered by the formal service organizations, as is the case in many countries.

- ii) One basic question is determining who in Tanzania carries, relatively speaking, the heaviest economic and social burden. The statistics show that the conditions are much better in urban centres than in the rural areas. Poverty is concentrated in villages. If statistics, which make the Lindi region one of the very poorest areas in Tanzania, are assumed to give a fairly accurate picture of the economic state of the people, it must be reflected in the allocations and demands placed on these people. But disparity exists among the local communities and the present plans for user fees and taxation do not sufficiently recognize the income differentiation of the rural areas. It has not even begun to consider the direct contributions already given by women in the form of services nor the unfair payments deducted from the women's small income.
- iii) Rural people, women in particular, take care of the sick, disabled, infants and the elderly without compensation. This unique nursing care must be assessed. In Tanzania, every village keeps house-to-house records, so-called cell records, of its people. Cell leaders are acquainted with the people in their jurisdiction and can vouch that the weak members are cared for. Perhaps even better would be to elect a female health attendant to share this responsibility in each cell to report changes in the relevant households. If a health card system is adopted, the households already overburdened by the care for the sick could be given a free voucher for the services they need over and above the daily care of their patients.
- iv) Village work-registers must be established. When public work duties are to be done, especially in the field of health, education, water and sanitation and food security, it is important that the hours spent and the work accomplished in the provision of services be recorded. This work can be evaluated according to the current price level and minimum wage level in the village, duly acknowledging specialized skills like masonry or carpentry, which need to be estimated higher. This becomes a form of village employment, with remuneration in lieu of money, being in the form of paid services, i.e. lower payments for the community service fund or schools and reduction in health card payments. The necessity of having to carry water long distances must be counted towards offsetting the price of water.
- v) Special attention needs to be given to employed workers who often skip payments or work duties because in the local census they are listed separately as 'staff', and thus not considered true members of the rural community. This separates them unnecessarily from the village and allows them to distance themselves from village responsibilities. The same happens also with the retirees who return to spend their

elderly years in the rural areas. Wage labourers pay taxes, but the wealthier households that shun manual work, do not contribute a fair share in relation to their financial means. So far, wealthy members pay no higher taxes or fees to compensate their lack of work nor do they have progressive taxing. Often, an one-time big donation gives a wealthy person the reputation of being generous, yet his contribution to the village fund is no greater than that of the poorest villager.

- vi) What happens to the development or poll tax money, school fees, licences paid for stalls at the market, duties paid for cashew or for selling even smallest wares, or the entertainment fees paid for rituals and *ngomas*, is a central question when decentralization and community funds are proposed. If CEFs or CHFs or water fees are started, then it is essential that the community has control over the use of this money.
- vii) There must be a radical change in the financial management of collected fees and payments. It must become transparent if people are burdened with any additional payments. The various development corporations are not publicly controlled and do not have freely elected management committees or boards, yet they collect fees from products in a larger scale than what the villages receive from the crops they grow. The farmers from whom the money is taken have to have a control over the decisions about the use of that money.
- viii) Small voluntary collections of money which are now understood by the people to be obligatory (such as Uhuru Torch or constructing public buildings in distant places) must be clearly identified as voluntary donations.
- ix) Systems must be established for monitoring funds in such a way that gives the local people the possibility to share in this task. Forms of participatory monitoring need to be worked out and people trained for it.
- x) Civic education to complement the councillors' responsibilities (school committees, health funds, water systems) needs to be conducted at the ward level in practical terms in relation to the councillors' actual tasks of managing funds, bookkeeping monitoring, learning to reason in making choices, conducting easy surveys, discussing with fellow villagers about decisions, etc.

Another set of issues relate to the quality of services and their relevance to the people. These concern the people's value systems but also to the adequacy and relevance of the educational and health systems or even the water system. They relate also to village technologies and reasons why schools do not teach the most urgently needed practical skills and technologies:

- i) Science teaching should relate to village technology. For example, during the years when water systems were developed, the technology of the village water supply system was never introduced to the school classes. Teaching simple technology would have ensured that the students could at least repair a broken pump and know how to fix a water tap – or even to turn off the tap when they find it running and so learn to save water! The maintenance of water systems and school premises as the

basic practical subject from grade one onward in the *stadi za kazi* (work studies which are in the new syllabus in Tanzania, at least in theory) is a useful start in making the students understand the importance of technical servicing: how corners are kept clean, how decay is prevented and how small repairs need to be done immediately when something breaks.⁵⁷

- ii) Bridging the border between traditional and modern must take concrete forms. Fixed ideas about theoretical knowledge being more valuable than practical knowledge need to be challenged. It seems that in the face of modern telecommunications, electronics, and money markets, the concept of genuine knowledge becomes blurred for both westerners and Africans alike. The awe for technology paralyses people from using their own hands and their own strength in relation to their local world.
- iii) School health is a programme which can be implemented with existing resources. Health inspections on a daily or monthly basis, or even once in a term, can be done in the schools at no extra expense if the teachers would collaborate with the local health staff.
- iv) The mutual learning process can be institutionalized in such a way that different partners (facilitators, government officials, village men, women, and youth) learn through dialogue and shared analysis. Without a mutual learning process, there is no way in which one side can teach the other.
- v) Emphasis should be addressed to developing the cluster and zonal resource centres with inputs from below as well as from the central government.

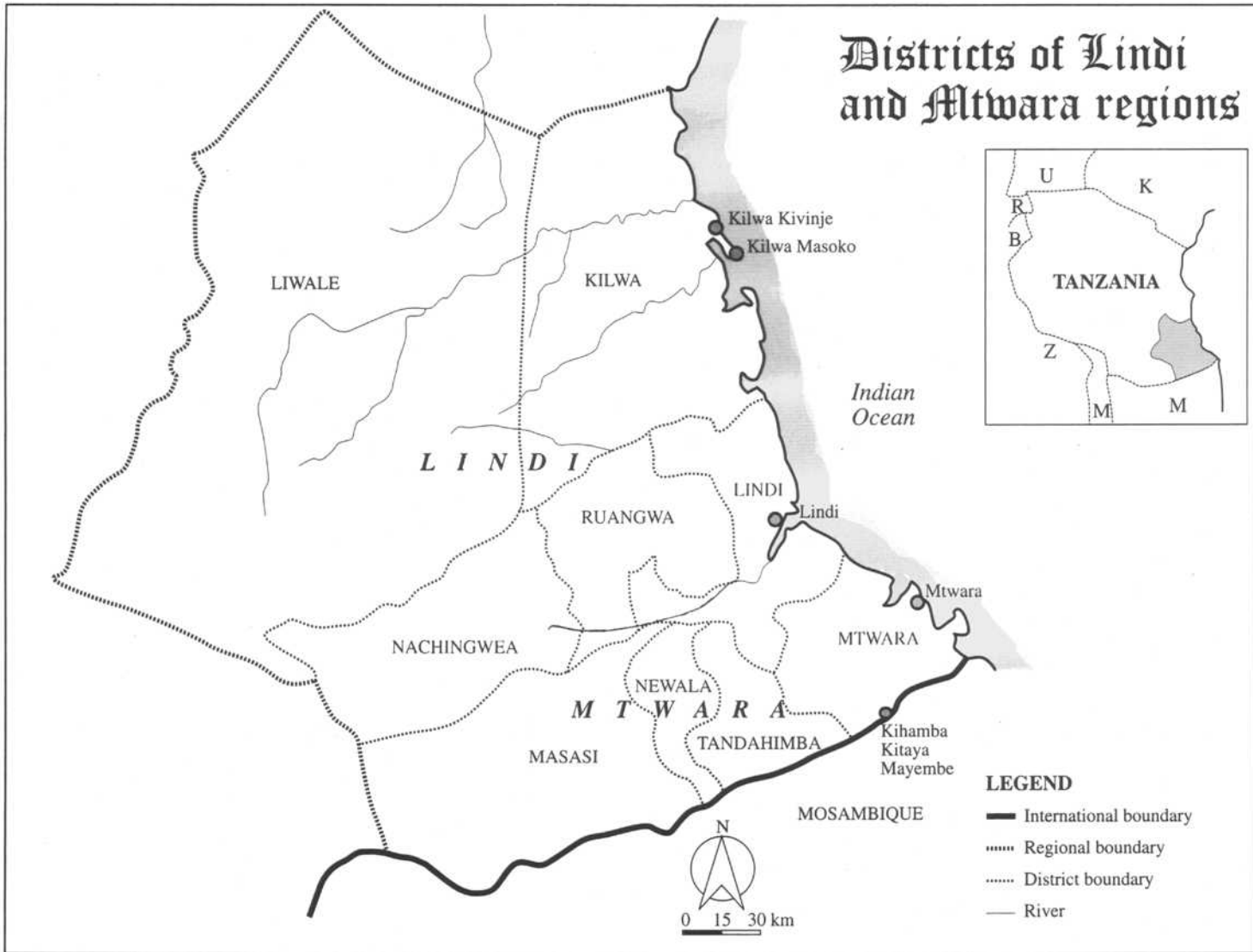
The system of user fees can be started moderately, but with certain exemptions which enable also the lowest income quintile to receive services. There is wealth in villages, albeit unevenly distributed and utilized for social services, which can be appropriated for payments, but the needs are enormous and many. Currently, payments collected are not utilized for village services. Natural resources in village areas and income from cash sales that are appropriated by higher authorities, are currently done so without any negotiations as to a fair division of the income. Villages do not receive their equitable allocation. Even more unfair proportionately are the fees collected from the women's efforts to increase their meagre incomes. These have to be re-assessed. Women's contributions in the form of transporting water and the direct nursing services given to infants, elderly and disabled must be acknowledged with lowered or cancelled payments through licences, lesser taxes or vouchers, until their income reaches the level of their service.

Life can be improved with a multiplicity of corrective measures and with a variety of small inputs. These may do not solve the basic question of poverty but they can improve

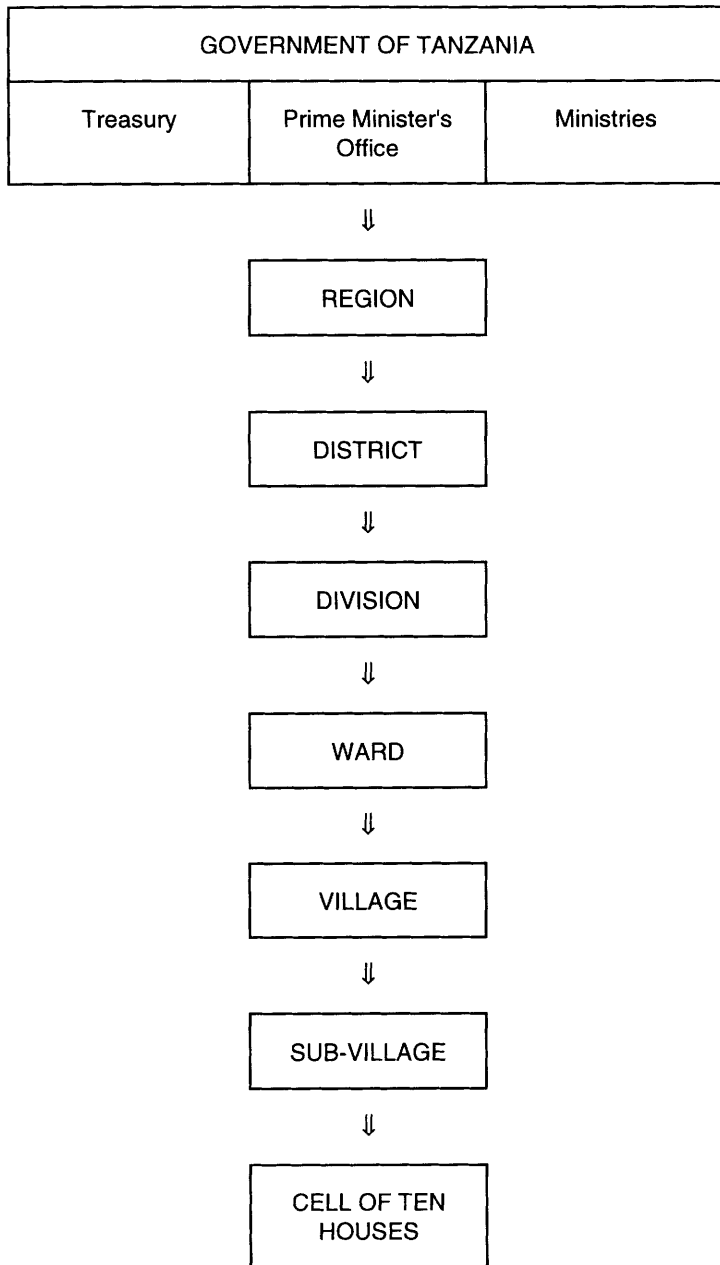
⁵⁷ Efforts are being started to rectify the situation in the Mtwara and Lindi school programmes now. DANIDA has provided maintenance training in connection with the secondary level educational institutions' rehabilitation programme.

life conditions significantly. Emphasis should be on the improvements that can be done now with the existing resources, rather than on those which are beyond reach. Basic in this kind of reform is people's own participation in the decision-making and the willingness and ability of the leaders and civil servants to participate together with the citizens in the process of mutual learning and decision-making.

ANNEX FIGURE 1
DISTRICTS OF LINDI AND MTWARA REGIONS



ANNEX FIGURE 2
TANZANIAN ADMINISTRATIVE SYSTEM



ANNEX FIGURE 2
WOMEN WITH SUPPORT GROUPS

The symbols in the columns indicate the types of supportive relations women working in groups have. Middle income women in all age groups both need and get support from other women. The wealthy do not need support nor do they join in the groups. The same is true for the poorest income group; they would need the support but generally cannot get it because they are unable to reciprocate.

Case No. 1	Income groups			
Age groups	Upper	Middle	Low	Lowest
Young girls		⊙ ⊙ ⊙	⊗	
Middle age		⊗ ⊗ ⊗ ⊙ ● ● ▲		
Elderly		● ● ▲	● ●	

Case No. 2	Income groups			
Age groups	Upper	Middle	Low	Lowest
Young girls	⊙	⊙ ⊗ ⊙ ⊗		
Middle age	▲	▲ ● ● ⊙		
Elderly		● ⊙ ● ⊙	●	

Case No. 3	Income groups			
Age groups	Upper	Middle	Low	Lowest
Young girls		● ● ● ●	● ●	
Middle age		● ● ●		
Elderly		●		

Case No. 4	Income groups			
Age groups	Upper	Middle	Low	Lowest
Young girls		⊙ ▲		
Middle age	●	⊙ ⊗		
Elderly	●	⊗ ⊗ ▲ ●		

Case No. 5	Income groups			
Age groups	Upper	Middle	Low	Lowest
Young girls		⊗ ⊙ ⊙	⊗	
Middle age		● ▲ ⊗	●	
Elderly		⊙ ⊙ ●		

Legend: ⊙ ▲ Women having kin relations in the group
 ⊗ ⊕ ● Women having attended the same initiation rites or women who have affiliations in a different ritual group.

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