



**THE IMPORTANCE OF PRACTICAL NORMS IN  
GOVERNMENT HEALTH AND EDUCATION SERVICES  
IN TANZANIA**

**January 2018**

**by**

**Gerhard Anders**

**and**

**Fortunata Songora Makene**

**Part of the research findings of the project  
'Accountability through Practical Norms:  
Civil Service Reform in Africa from Below' (2016-17)  
funded by the British Academy/DfID  
Anti-Corruption Evidence Programme**



## TABLE OF CONTENTS

---

<b>LIST OF TABLES AND FIGURES</b> .....	<b>IV</b>
<b>ABBREVIATIONS AND ACRONYMS</b> .....	<b>V</b>
<b>1.0 INTRODUCTION</b> .....	<b>1</b>
1.1 SECTIONS OVERVIEW .....	2
1.2 PRACTICAL NORMS AS AN ANALYTICAL CONCEPT.....	2
1.3 PRACTICAL NORMS AND PUBLIC SERVICE DELIVERY.....	4
1.4 CIVIL SERVICE REFORM SINCE INDEPENDENCE: HEALTH AND EDUCATION SECTORS.....	4
1.5 ORGANIZATION OF EDUCATION AND HEALTH SECTORS IN TANZANIA.....	6
1.6 CURRENT DEBATES ABOUT INTEGRITY AND PERFORMANCE IN THE PUBLIC SECTOR .....	6
1.6.1 <i>Public and Corruption Scandals in Education and Health Services</i> .....	8
<b>2.0 RESEARCH METHODOLOGY</b> .....	<b>11</b>
2.1 STUDY SITES .....	11
2.2 SAMPLING TECHNIQUE AND RESPONDENTS CATEGORIES.....	11
2.3 DATA COLLECTION METHODS.....	12
2.4 DATA MANAGEMENT AND ANALYSIS .....	12
<b>3.0 FINDINGS AND ANALYSIS</b> .....	<b>13</b>
3.1 PRACTICAL NORMS IN EDUCATION AND HEALTH: KEY THEMES.....	13
3.2 PRACTICAL NORMS IN THE EDUCATION SECTOR .....	14
3.2.1 PROFESSIONAL SPECIFIC PRACTICAL NORMS .....	14
STAFFING LEVELS: TEACHER SHORTAGE AND ABSENTEEISM.....	14
<i>Teacher Shortage especially for Science and Business Subjects</i> .....	14
<i>Teacher Absenteeism</i> .....	15
<i>Teacher Transfer Exchange</i> .....	17
THE USE OF PERSONAL FUNDS AND EQUIPMENT .....	17
CAREER DEVELOPMENT AND PROMOTION .....	19
CAPITATION GRANTS AND OTHER CHARGES (OCs) .....	21
PARENT-TEACHER COOPERATION .....	22
LEARNERS AND FEE FREE EDUCATION .....	23
<i>State of Poor Learners</i> .....	23
<i>Slow Learners</i> .....	24
FEE FREE EDUCATION POLICY AND ITS MISEDUCATION .....	25
SCHOOL INSPECTION/QUALITY ASSURANCE .....	27
3.2.2 SITE/LOCATION SPECIFIC PRACTICAL NORMS.....	28
<i>Relations with the Community</i> .....	28
LACK OF SCHOOL INFRASTRUCTURES, TEACHER HOUSINGS AND SECURITY .....	29
<i>Teacher Offices</i> .....	29
<i>Shortage of Classrooms</i> .....	30
<i>Security</i> .....	30
<i>Teachers' Housing</i> .....	31
COMPLEXITY OF SCHOOL TRANSFERS.....	31
3.2.3 GENERAL BUREAUCRATIC CULTURE.....	33

INTERVENTIONISM AND POLITICAL ACTIVISM.....	33
PAYMENT OF TEACHERS’ LEAVE AND OTHER ARREARS .....	34
MULTIPLE AGENCIES AND MINISTRIES HANDLING TEACHER’S CONCERNS .....	35
3.3 PRACTICAL NORMS IN THE HEALTH SECTOR.....	36
3.3.1 PROFESSION-SPECIFIC PRACTICAL NORMS.....	36
LACK OF EQUIPMENT .....	36
INADEQUATE PHYSICAL INFRASTRUCTURE .....	38
SKIPPING OFFICIAL PROCEDURES .....	39
SHORTAGE OF FRONT LINE HEALTH STAFF.....	40
TASK SHARING .....	41
VOLUNTEER HEALTH WORKERS .....	42
RELATIONSHIPS BETWEEN DOCTORS AND NURSES.....	43
STAFF CAREER DEVELOPMENT .....	43
PROCUREMENT OF PHARMACEUTICALS AND MEDICAL SUPPLIES.....	44
COST-SHARING POLICY .....	44
POLICY OF EXEMPTIONS AND WAIVERS .....	46
3.3.2 LOCATION SPECIFIC PRACTICAL NORMS .....	47
BORROWING OF MEDICAL SUPPLIES.....	47
UNDERDEVELOPED INFRASTRUCTURE IN RURAL AREAS.....	47
3.3.3 GENERAL NORMS OF BUREAUCRATIC CULTURE .....	48
INADEQUATE SALARIES AND DELAYS IN RECEIVING WORK INCENTIVES .....	48
DIVERSION OF FUNDS.....	49
GOVERNMENT FUNDS FOR OTHER CHARGES (OCs) .....	50
<i>Political Interference</i> .....	51
<b>CONCLUSIONS .....</b>	<b>52</b>
<b>REFERENCES .....</b>	<b>54</b>

## LIST OF TABLES AND FIGURES

---

Table 1 Summary of Research Methodology .....	12
---	----

## ABBREVIATIONS AND ACRONYMS

---

3Rs	Reading, Writing and Arithmetic
CAG	Controller and Auditor General
CHER	Coalition for Health and Education
CHF	Community Health Funds
CHRGG	Commission for Human Rights and Good Governance
CHW	Community Health Workers
DC	District Commissioner
DEO	District Education Officer
DED	District Executive Director
DMOs	District Medical Officers
DSA	Daily Subsistence Allowance
DSM	Dar Es Salaam
EFD	Electronic Fiscal Device
ETP	Education and Training Policy
ESDP	Education Sector Development Program
ESR	Education for Self Reliance
FGDs	Focus Group Discussions
GoT	Government of Tanzania
HSR	Health Sector Reform
KIIs	Key Informant Interviews
KKK	Kusoma Kuandika Kuhesabu
LGA	Local Government Authority
MoEST	Ministry of Education and Science and Technology
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of Health
MoHCDGEC	Ministry of Health, Community Development, Gender and Children
MSD	Medical Stores Department
NECTA	National Examinations Council of Tanzania
NGOs	Non-Governmental Organisations
NHIF	National Health Insurance Fund

OCs	Other Charges
OPRAS	Open Performance Review and Appraisal System
PCCB	Prevention and Combating of Corruption Bureau
PEDP	Primary Education Development Plan
PF3	Police Form Number 3
POPSM	President's Office Public Service Management
PORALG	President's Office Regional Administration and Local Government
RAS	Regional Administrative Secretary
RC	Regional Commissioner
REO	Regional Education Officer
SEDP	Secondary Education Development Programme
TASAF	Tanzania Social Action Fund
TRA	Tanzania Revenue Authority
TSC	Teachers Service Commission
Tshs	Tanzania Shillings
URT	United Republic of Tanzania
WEC	Ward Education Coordinator

## 1.0 INTRODUCTION

---

It is common practice across Africa for government employees to deviate from official legislation, regulations, and procedures that govern the provision of public services. Often, the practices that do not comply with official rules and regulations are governed by informal socio-cultural norms sometimes referred to as practical norms to differentiate them from the official rules and regulations, on the one hand, and actual practices they shape, on the other hand (Anders 2009; de Herdt and Olivier de Sardan 2015; Olivier de Sardan 2013). Drawing on the research by Anders and Olivier de Sardan, this study examines practical norms in the government health and education sector in Tanzania. This country study is part of a comparative study covering three francophone countries in West Africa (Senegal, Niger and Togo) and three Anglophone countries in West Africa (Sierra Leone) and Eastern Africa (Tanzania, Malawi). The main objectives of this study are two-pronged: (1) To employ a case study approach to track decision-making from ministerial headquarters to schools, hospitals, health posts and other extension services, and (2) to focus on frontline services where government employees (teachers, health workers and extension workers) engage the public.

The research findings show that civil servants in the education and health sectors in Tanzania have developed a range of practical norms to get their job done especially due to tremendous pressure from poorer sections of the population, complicated bureaucratic procedures and interference of political leaders. In this project, therefore, using a case study approach we examine the everyday experiences of Tanzanian civil servants in health and education and the importance of practical norms. The impact of practical norms on service delivery in these two public service sectors in the context of resource scarcity and the organisational environment is the focus of this study.

Practical norms are ambivalent. They are often employed to get the job done but they also lend themselves to corrupt practices. One example for this relates to the use of donor funds. Theoretically, donor funded projects have more funds and it is almost impossible to shift funds designated for donor projects for other important tasks. Theoretically, it is possible to transfer but the process is too complex and bureaucratic. For instance, in rural areas where they use petrol for generators to run refrigerators storing vaccines, District Medical Officers (DMO) go through the complex bureaucratic procedure to buy petrol in order to power the refrigerators when there is an outage as it would take too long to order new petrol. Therefore, money that is allocated to other expenses in donor funded projects is diverted into buying petrol to power the refrigerators. The practical norm of diverting funds to buy petrol from a private local supplier overrides the officials request procedure. The practical objective is to save much needed medical supplies and vaccines from getting spoiled. The problem here is the informality and clandestine nature of the transaction as funds can easily be diverted by civil servants who invoke the practical norm.

## 1.1 Sections Overview

This country report is divided into four sections. The first section provides the analytical framework and objectives of the research project. Further, it sketches the context of education and health sectors reforms in Tanzania and presented a brief overview of reform efforts of the two sectors since independence. Section two presents the methodology used to collect the data, the sampling technique, data collection methods, and data management and analysis. Section three examines informality and practical norms in education and health. Specifically, we discuss experiences of the average civil servants and the challenges they face in these sectors what we have observed why they have to apply practical norms in order to get their jobs done. We observe practical norms at the ministerial level, district level and frontline services. We also explore professional specific practical norms as they relate to conditions of work, location specific practical norms and general bureaucratic norms. We then conclude the Tanzania country report by highlighting good practical norms that can be formalized into become official norm and ensure accountability of civil servants.

## 1.2 Practical Norms as an Analytical Concept

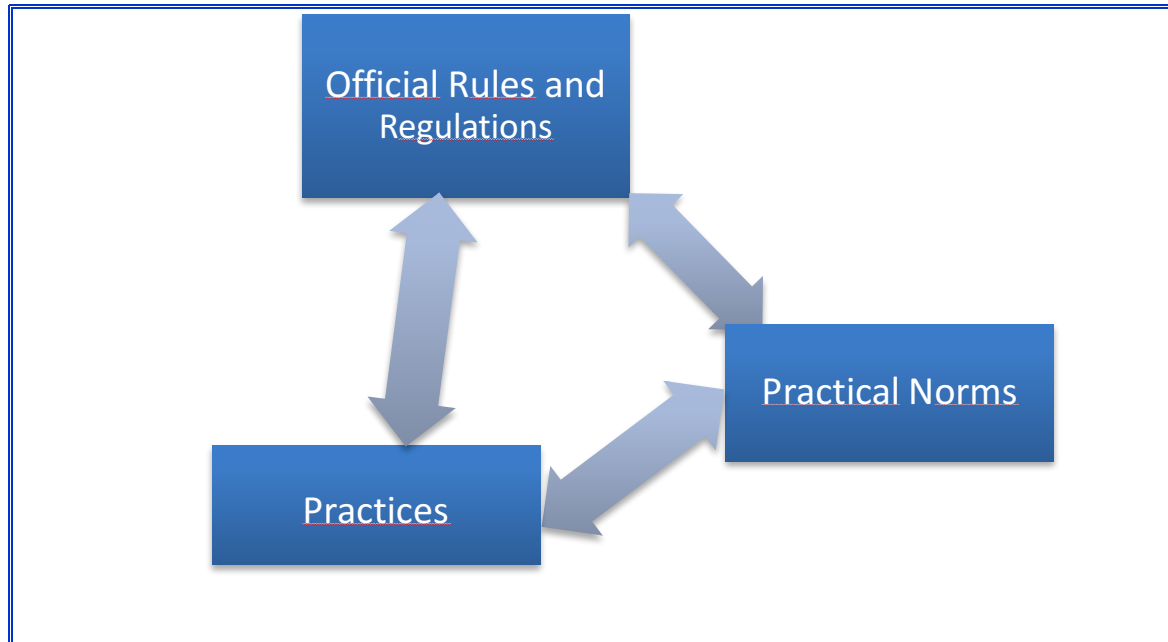
Practical norms as a concept emerged from comparative studies of public services and everyday practices in African state bureaucracies in order to understand how practices that are not complying with formal rules often are governed by informal, practical norms (Anders 2009; Blundo 2015; Blundo and Le Meur 2009). Practical norms are informal principles and rules that may contradict or supplement official rules and regulations. They are used by civil servants explicitly to justify practices that deviate from official protocol or they are implicit rules governing practices at odds with official rules and regulations. The concept of practical norms is not a vernacular or folk category used by civil servants in Tanzania themselves. It is an analytical concept developed for the cross-cultural analysis of informal bureaucratic norms that might correspond with vernacular concepts such as ‘rules of the game’, ‘the way things are done around here’, ‘the system’ or ‘unofficial bylaws’. However, it does not always correspond with a vernacular concept even though practical norms can be clearly observed in action.

As shown in Figure 1, official regulations, practices and practical norms are connected in a complex and multi-faceted web of relationships resulting in varying configurations of normative pluralism, i.e. different sets of rules co-existing in a given socio-cultural setting. Typically, official rules and practical norms are being applied with the latter amending or overriding some of the former. Practices will not necessarily always heed practical norms. Often, everyday practices will be at odds with both official rules and informal norms. difference between official rules and practical norms is that official norms are derived from rules and procedures that are created, communicated, and enforced through channels widely accepted as official’ (Helmke and Levitsky 2004), whereas practical norms include the various informal, tacit or latent norms that underlie practices of actors who diverge from the official norms (Olivier de Sardan 2013). For instance, practical norms are embedded within official rules



therefore they may complement what formal rules were designed for but failed to achieve, or they may deviate or even contradict the formal rules.

### Practical Norms Conceptual Framework



There is a co-existence between official and practical norms in delivery of public services. The case of school transfer for primary school students in Tanzania exemplifies this. The formal procedure for transferring a student from one region to another requires the head teacher for the school that the student is transferring from to fill in a special transfer form. The next step is for the student to take the form to the ward education coordinator for endorsement and thereafter to district and regional education officers. At the regional level, the student is given a letter to be taken to the regional education officer of the region where the student is transferring to. After endorsement, the letter is to be endorsed by the district education officer responsible for the new school, then by the ward education coordinator and lastly to the headmaster. The procedure usually takes very long and in most cases pupils and their parents or guardians incur high costs to complete the transfer. Some headmasters employ practical norms by skipping the entire procedure and enrol children of the lower grades as if they started grade one at that particular school to ensure they stay in school. When this practical norm is applied the children are officially enrolled to ensure that the attendance registry show the children have been enrolled since Grade 1. The headmaster even enters fictitious assessments for each grade. The headmaster keeps letters and all relevant documents on file to justify their actions.

The concept of practical norms results from a recognition that the state is not a unitary and coherent actor in policy implementation. Official or explicit norms set out legal regulations governing institutions and the services they deliver, but especially in contexts of loose government control and underfunding, these official norms are often replaced by practical norms that are informal, but no less binding (Anders 2009; de Herdt and Olivier de Sardan 2015). Top-down efforts to reform government agencies and policy implementation have proved difficult, with development policy having little impact on conditions on the ground (Anders 2010).

### **1.3 Practical Norms and Public Service Delivery**

In Tanzania, as elsewhere in Africa, health and education services account for a substantial share of government expenditure. The quantity and quality of public services is shaped by the management practices of public sector bureaucrats. These, in turn, are subject to formal and informal, practical norms. Some practical norms induce bad quality of public services, while others are “palliative” and contribute to improved service delivery in low-income settings (De Herdt and Olivier de Sardan 2015). For instance, Hahonou (2015) found high levels of petty corruption and the creation of artificial shortages by hospital staff in Niger. The study also identifies two main strategies for accessing healthcare, either through a contact at the hospital or a bribe to a hospital official. An ‘anonymous patient’ (i.e. one conforming to the official norms) is unlikely to receive adequate care. In their case study of a hospital in Soweto, South Africa, Marcis and Grard (2015) uncovered two approaches to care- a ‘routine approach’ which includes only the basic tests and care, and a more comprehensive treatment depending on the social status of the patient. Consistent with Marcis and Grard (2015) this study examines the interaction between practical norms, personal and collective ethics of healthcare and education professionals in Tanzania.

### **1.4 Civil Service Reform since Independence: Health and Education Sectors**

After independence in 1961, the “Father of the Nation”, the late Mwalimu Julius Kambarage Nyerere, declared poverty, diseases and ignorance basic enemies of the country’s economic and social development. The Government of Tanzania sought to break away from colonial policies and to create health and education services for the benefit of ordinary Tanzanians. Reforms during the period included the abolishment of school fees in public schools, the elimination of lower and upper primary school division by introducing a full eight year curriculum, the expansion of secondary education and the establishment of local education authorities, school committees, and boards as new governance structures for primary education. Between 1967 and 1978, the Government pursued a socialist development path in which the prime focus of development policies would be the public sector. It was during this time that the Government nationalised all schools with exception of very few religious owned seminaries. In 1967, the *Education for Self-Reliance (ESR)* philosophy was adopted to encourage learners to become self-reliant and committed to the well-being of the whole community. Furthermore, in 1978 the Government launched the *Universal Primary Education Policy*, which made primary education compulsory for every child upon reaching the age of seven years.

At the same time the Government expanded health services infrastructure in rural areas to ensure that all Tanzanians have access to health services. Shortcomings in funding and management were subsequently addressed by a series of Health Sector Reforms (HSRs) (Mujinja and Kida 2014). As part of the national development strategy the government created a large number of health facilities and low primary health care training institutions and encouraged the establishment of non-for-profit health facilities, mostly owned by Faith-based Organizations. The economic crisis of the 1980s severely affected health care services (Wangwe et al. 1998) and the quality and provision of health care services deteriorated at all levels. In addressing these problems, the government put in place Health Sector Reforms (HSRs), to improve provision and access to health care services and recognition of the critical role of the private health facilities by establishing the Private Hospitals (Regulation) (Amendment) Act, 1991 to allow medical practitioners and dentists to run private – health facilities, with the approval of the Ministry of Health (See also Mliga, Mwakilasa, and Mwakalukwa 2005). Other reforms as stipulated by the Ministry of Health, 1994 (HSR) include managerial reforms and decentralization of health services; financial reforms (such as introduction of user charges in public facilities, introduction of health insurance and community health funds); public/ private mix reforms; organizational reforms; health research reforms (MOH 1994; MoH 2005a and MoH 2005b).

During the 1980s, ESR policies were replaced by *Structural Adjustment and Stabilisation Policies* in an attempt to address the consequences of the economic crisis affecting Tanzania since the late 1970s. The new policies reduced real public expenditure in social sectors including education and health and reversed some of the development gains. To address the decline of the public services due to mismanagement and lack of funding the government turned to decentralization. Local Government Authorities (LGAs) were empowered to run social services such as health and education with funding allocated by central government. This went hand in hand with adaptation of the *Cost Sharing Policy* which instituted user fees in education and health. User fees, particularly in education, were implemented from 1984-2002 (Coalition for Health and Education (CHER) 2002). User fees in health commenced in 1991 at high level hospitals and in all clinics in 1993 (Shole 2015) as an additional funding source for the health sector.

In the education sector, economic recovery programs were reflected in the *1995 Education and Training Policy* (ETP) which liberalised education and training provision. This coincided with Third Phase government under President Benjamin William Mkapa. Also, formal and non-formal, distance and out-of-school education programmes were promoted during this period. To implement the 1995 ETP, the *Education Sector Development Programme* (ESDP) was introduced in 1997 followed by two sub-programmes namely *Primary Education Development Programme* (PEDP) and *Secondary Education Development Programme* (SEDP). PEDP abolished primary school fees and SEDP halved school fees in secondary education. As a result, rapid gains were made in terms of student enrolment but this created shortage of

teachers, school infrastructures and financial resources. The implementation of most of PEDP and SEDP took place during President Kikwete era.

In 2015, a new ETP was introduced to replace the 1995 ETP. The policy popularly known as *Elimu Bure* (free education) is President John Pombe Magufuli's signature achievement so far in the sector. It directs removal of all forms of fees and contributions in publicly owned schools to ensure accessibility to primary and ordinary secondary schools. Ever since the policy was officially put into action in 2016, the Government has been disbursing capitation grants to schools as fee removal compensation.

### **1.5 Organization of Education and Health Sectors in Tanzania**

Two government ministries are involved in the management of the education and health sectors. In education, the ministries are Ministry of Education and Science and Technology (MoEST) and President's Office Regional Administration and Local Government (PO-RALG) coordinate and govern all issues relate to education in Tanzania. PO-RALG also manages basic education up to Form IV. At the tertiary level, planning, coordination and service delivery are vested within the institutions themselves through their governing councils. At the primary and secondary levels, quality assurance remains the responsibility of School Heads, Ward Education Offices and School Inspectors who report direct to the MoEST.

The Ministry of Health, Community Development, Gender and Children (MoHCDGEC) and PO-RALG coordinate government health services in Tanzania. The public health service in Tanzania consists of dispensaries and rural health centres, district health centres, regional hospitals and referral hospitals. The district level plays a crucial role in the provision of health services in the country and each district has a government district hospital. In the districts without government hospitals, the government negotiates with religious organizations to designate voluntary hospitals for which they receive subsidies. Although the regional hospitals offer similar services to those at the district level, regional hospitals have specialists in various fields and offer additional services which are not provided by district hospitals such as major surgery. Finally, the referral and consultant hospitals provide highly specialized services and patients are referred to these hospitals only for severe matters which cannot be handled at the lower levels.

### **1.6 Current Debates about Integrity and Performance**

What standards should civil servants employ when discharging their duty? Should civil servants have any sort of discretion and what is the basis for that? Can civil servants use discretion (be practical) when performing their duties? Dobel (2016) argues that civil servants are human beings and public accountability or integrity should not be rigid but rather dynamic and exercised by personal integrity. Lipsky's (1980) study shows that street-level bureaucrats who are in contact with the public always exercise discretion as official rules and regulations can never regulate all practical challenges.

In response to the practical challenges and the experienced discrepancy between official regulations and lived realities public servants develop practical norms. These informal norms have advantages, i.e. they are practical, but they also have disadvantages. Sometimes they are employed to make more efficient and timely use of resources. For instance, when interviewed for this study a Regional Commissioner (RC) mentioned that innovative District Executive Directors (DED) rely on practical norms regulating expenditure they used funds based on needs but shortcutting official procedure. From the perspective of the Controller Accountant General (CAG) this is irregular. According to this Regional Commissioner, many District Executive Directors who follow formal regulations do not solve problems.

However, informality in the public services can easily be exploited by corrupt officials. The key forms of corruption affecting health and education include bribery, nepotism in recruitment and transfer to better areas for education and health personnel, fraud, theft, mismanagement of government resources and absenteeism of civil servants from duty station who continue to receive salaries but work full time at private facilities. The fight against corruption in Tanzania dates back in the early days of independence (Kamuzora, Ngindo and Mutasingwa 2009). In 1966, the Permanent Commission of Enquiry (Ombudsman) was established to deal with abuse of power among governmental agencies and officials. In 1971, the Government of Tanzania passed a *Prevention of Corruption Act*, and formed the Anti-Corruption Squad in 1975. More recently, the Warioba Report of the *Presidential Commission of Inquiry against Corruption* of 1996 is seen as the beginning of current anti-corruption initiatives which commenced during the third phase government of President Mkapa. Through an Act of Parliament of 2001, the Permanent Commission became Commission for Human Rights and Good Governance (CHRGG) which is in operation up to the present.

The comprehensive Warioba Report revealed major incidents of corruption which led to resignation of the Minister of Tourism and Natural Resources and the removal of several corrupt high-level officials. The Prime minister at the time, Mr. Frederick Sumaye, directed all ministers, Regional Commissioners (RCs), District Commissioners (DCs) and department heads to submit report of measures taken to implement the report's recommendations and submit quarterly status corruption report. The ministries of Education and Health were among the ministries identified in the report where corruption is widespread. For instance, the report revealed that in the health service it was common to pay bribes to get a hospital bed. As findings for this study will show, there is still corruption in the health sector.

Like his predecessors, the Fifth Phase government of President Magufuli has vowed to fight corruption and other vices which have been affecting the public sector. Since assuming power he has dismissed many government officials including senior officials in the Tanzania Revenue Authority (TRA), including Commissioner General Rashid Bade, and suspended the director general of the Tanzania Ports Authority, a scandal involving the non-payment of \$40 million in import taxes<sup>1</sup>. The president also fired Edward Hoseah, the long-serving director general of the Prevention and Combating of Corruption Bureau (PCCB), due to the slow pace of the fight

---

<sup>1</sup>Citizens

against graft. These actions and President Magufuli's announcements suggest that the new administration is taking the fight against corruption very seriously and is committed to improve integrity in the public sector.

Forms of corruption examined in this report range from head teachers embezzling money that could be used to improve education to teachers helping students to cheat in the exams so that their school could be ranked high and hence attract more students and get the bonus that teachers and school will receive when their schools performs well. Incidents of corruption in the health sector include ghost workers which has left some health centres without staff, unethical payments and embezzlement of funds. In the end, corruption in the health sector lowers the quality, efficiency as well as the volume of care. The examples below show some forms corruptions in the health and education sector in the recent years.

### **1.6.1 Public and Corruption Scandals in Education and Health Services**

1. In 2015, the PCCB arraigned and charged a DEO for soliciting and receiving Tshs 5.4 million worth of embezzled public funds. The officer had directed all head teachers in the district to collectively deposit Tshs 1.4 million into his account claiming that the funds were for facilitating a meeting with teachers and also twice demanding and receiving Tshs 4 million from the DED for the same activity<sup>2</sup>.
2. In October 2016, the National Examinations Council of Tanzania (NECTA) nullified primary school leaving examination results for 238 students and accused six heads of schools for their involvement in the matter. In particular, one headteacher had directed students to write examination answers on their uniforms. Upon marking answer sheets, all pupils' answers were similar, a situation which culminated into the nullification of results for all students from that school. Other teachers were caught assisting pupils to cheat in exams by hiding in toilets and dormitories, solving the questions and handing answers to their pupils. All the accused teachers were arrested by PCCB for further legal action.<sup>3</sup>
3. In November 2016, the government uncovered a total of 65,198 'ghost students' in primary and secondary schools across the country, thus saving 931.3m/- which would have been allocated for the phantom students for 2016/2017 fiscal year. The Minister of State PO-RALG, said that out of 65,198 non-existing students 52,783 have been framed in primary schools and 12,415 in secondary schools. The verification exercise was conducted in all regions in the country following the directives issued by the PO-RALG to all Regional Administrative Secretaries (RAS). The number of students in primary and secondary schools reported in questionnaire forms on statistics for nursery, primary and secondary schools was compared to the actual number of students in attendance. The issue of ghost students surfaced when the government started to provide capitation grants to government-owned primary and secondary schools. Some dishonest teachers have

---

<sup>2</sup>The Citizen, 28<sup>th</sup> January 2015

<sup>3</sup>Mwananchi, 29<sup>th</sup> October 2016

taken it as an opportunity to over-state the number of their students and take shares of the ghost students<sup>4</sup>.

4. In an investigation of available human resources in the health sector, the President's Office, Public Service Management (PO-PSM) noted the presence of 1,511 “ghost workers” resulting in financial losses amounting to TZS 4.48 billion. The exercise of verification of human resources in the health sector took place during the 2008/2009 financial year for the purpose of monitoring the use and management of human and financial resources particularly in the area of wage payments. Institutions that underwent the exercise included the Ministry of Health, referral hospitals, regional and district hospitals, health facilities owned by faith-based organizations, health colleges, dispensaries and health centres in all regions of Tanzania Mainland. In each institution, staff of the President's Office, Public Service Management (PO-PSM) inspected payroll records from 2005 to 2009 and discovered names of workers who continued receiving salaries despite cessation of their employment due to various reasons including retirement; death and transfer to other institutions and others were being paid higher salaries than their entitlements (President’s Office Public Service Management 2009).<sup>5</sup>
5. In February 2016, four senior officials at the Medical Stores Department (MSD) were suspended over embezzlement charges involving TZS 1.5bn. These were the Zonal and Customer Care Director, Director of Finance and Planning, Director of Supplies, and the Director of Procurement. Announcing the suspensions, the Minister for MoHCDGEC directed the MSD Board Chairman to immediately serve the officials with letters to that effect pending investigations into their involvement in the misdeeds. The Minister’s decision came after an investigation and audit report that revealed fraud involving the said amount, caused through misuse of public funds and breach of procurement procedures as required by the law.<sup>6</sup>
6. In April 2016, the Minister for Health, Community Development, Gender, the Elderly and Children (MoHCDGEC) suspended the Acting Director General, the Director of Finance, Information Technology Director and the Internal Auditor at the National Health Insurance Fund (NHIF) over the alleged loss of about TZS 3 billion from the fund's account in the Mara Region. The officials were suspended in order to pave the way for an investigation into the alleged loss of the funds which were meant for payment of claims of the NHIF members. This followed an investigation by the PCCB to establish those who were behind the fraud. The investigation revealed that the money was stolen from the NHIF account over a period of three years from April 2013. Thereafter, the Health Minister had ordered a special audit by the CAG into the NHIF general account.<sup>7</sup>

---

<sup>4</sup>Daily News, 10<sup>th</sup> November 2016

<sup>5</sup>President’s Office Public Service Management. 2009. Press Release Information on Ghost Workers in the Health Sector. 26<sup>th</sup> September 2009.

<sup>6</sup>The Citizen, 16<sup>th</sup> February 2016

<sup>7</sup> The Citizen, 23<sup>rd</sup> April, 2016

These cases highlight the threat posed by corruption to public services. Informality, often used to get things done and bypass red tape, also facilitates corrupt practices. Recently, President Magufuli war on graft and restoration of public services dubbed “digging a boil” [kutumbua majipu] has yielded some results and restored faith in Tanzania's state institutions but it remains to be seen whether these gains are going to have longer-lasting effects.



## **2.0 RESEARCH METHODOLOGY**

---

For this study a qualitative approach was employed for capturing and understanding the nuances and complexities of practical norms in ministerial headquarters, local government offices, schools and health facilities in two sites of Pwani and Dar es Salaam. This approach allowed the researchers to immerse themselves in the field and collect a lot of details to identify practical norms in education and health sectors that would not normally be easily obtained by other research designs. One of the main draw backs of a qualitative approach is the relatively small sample size. This is the prize to pay for detailed and nuanced data that reflects accurately the situation on the ground. Even though the sample size is relatively small compared to quantitative studies the authors of the study are confident to have identified patterns of behaviour and structural conditions characterizing regions and locations with similar conditions. It should also be noted that the sample size with more than 230 interviewees is very large for a qualitative study thus providing a very solid empirical foundation for the conclusions drawn.

### **2.1 Study Sites**

This study was conducted during September and October 2016 in two regions of Tanzania Mainland, namely Dar es Salaam and Pwani. One district was selected from each region, an urban district in Dar es Salaam and a rural district in Pwani. The reason for choosing urban and rural districts was to appreciate the differences between urban and the rural settings. To protect the anonymity of the interviewees in the two regions where the research was conducted they are only referred to as District A and District B.

### **2.2 Sampling Technique and Respondents Categories**

Respondents were selected using a purposive sampling method with attention to representing a mixture of administrative and non-administrative government employees in government health and education services as presented in Table 1.1. A total sample of 233 participants were selected for the study, 100 in health and 133 in education. Units under study in the health sector included doctors, nurses, clinical officers, laboratory technicians, pharmacists and health officers working at local government offices and ministry of health. Participants in the education sector included head teachers, academic teachers, discipline teachers and education officers working at local government offices.

**Table 1 Summary of Research Methodology**

Category of government employee	Data collection methods	Data collection tools	Total number of respondents	Gender	
				Males	Females
Administrative and Non-Administrative	In-depth interviews	Interview guide	Health: 54 (28 DSM, 26 Pwani)	25	29
			Education: 44 (20 DSM, 24 Pwani)	27	17
Non-Administrative	FGDs	FGD guide	Health: 46 (20 DSM, 26 Pwani)	23	23
			Education: 89 (32 DSM, 57 Pwani)	38	51
<b>Total number of respondents</b>			<b>233</b>		

### 2.3 Data collection methods

The study employed qualitative data collection methods including interviews with key informants, structured and semi-structured interviews as well as focus group discussions (FGDs). In addition, a desk review was conducted to gather information on historical context of education and health services in Tanzania. Structured and semi-structured interviews were conducted with government employees in the two sectors covering diverse issues such as work challenges and coping mechanisms, management of resources, interactions between officials at front line service points, local governments and ministries, official rules and regulations and recent sectoral changes imposed by the government. More semi-structured interviews were conducted with government officials in leadership positions. To gather more information on these issues, focus group discussions were held with employees at public schools and health facilities.

### 2.4 Data Management and Analysis

The collected data was transcribed and thereafter read thoroughly to identify key issues and associated practical norms. The transcripts were coded and analysed thematically using a mixture of both NVivo software and manual methods to attain the best results. Three themes emerged from the data: Conditions of work and service delivery, management of human and financial resources, and policy implementation. Feedback sessions were held in both regions after field research to validate the research findings and familiarize the interlocutors with the research findings.

## 3.0 FINDINGS AND ANALYSIS

---

### 3.1 Practical Norms in Education and Health: Key Themes

In Tanzania, informality and informal, practical norms that deviation from official rules and regulations are common. The research on informality and practical norms in government health and education services focuses on three themes: (1) working conditions and service delivery, (2) management of financial and human resources, and (3) policy implementation and reform. The findings show how public servants negotiate formalism and informality in delivering services against the backdrop of overwhelming demand and scarce resources to get their work done.

Practical informal norms at shop-floor level play an important role in regulating bureaucratic practices where there is a wide discrepancy between official rules and lived realities. This might be negative, justifying or facilitating corrupt practices, but it might also be positive, resulting in hubs of integrity. These practical norms co-exist with official regulations and societal moral values resulting in situations of normative pluralism. Three different types of practical norms will be differentiated: (a) site-specific norms, (b) profession-specific norms, and (c) general norms of bureaucratic culture.

Practical norms are defined as informal socio-cultural rules at shop-floor level existing parallel to official regulations. Government employees develop these practical norms as a pragmatic effort to manage their work and reconcile the discrepancy between lived realities in weak government bureaucracies and the official regulations in the book that are often perceived as impractical, outdated and out of touch with reality. The practical norms, in turn, are shaped by the moral principles governing conduct in society at large and are expressed in terms of kinship obligations and patron-client relationships. The interplay of official rules and practical norms results in situations of normative pluralism. Practical norms are invoked to justify the disregard for official regulations or determine the ways official rules are being applied.

The study examined the extent to which official rules are applied and to what degree everyday practices in schools, clinics, district offices and ministerial headquarters are governed by practical norms. The research generated an inventory of practical norms and examined the interdependence between site-specific norms, profession-specific norms and general practical norms of bureaucratic culture in key areas of day-to-day operations. The research team organized several validation and dissemination workshops to get feedback and present the findings as a mirror for civil servants encouraging them to discuss practical norms in a constructive manner.

## 3.2 Practical Norms in the Education Sector

Practical norms are institutionalised through implicit normative arrangements that at times it is hard to draw a line between the practical and formal norms in service delivery. The lived reality on the ground fuels practical norms as education officials like teachers and administrators at the district and regional level negotiate challenges that impede delivery of education in order to get their work done. This section examines the interplay of official regulations and practical norms that shape the work of education staff at their workplace and situates them in their site/location specific, professional and general bureaucratic cultural context.

### 3.2.1 Professional Specific Practical Norms

The legal framework governing government education institutions in Tanzania includes the Education and Training Policy 2014, Government Circular 5 of 2015 on Fee Free Basic Education, Open Performance Review and Appraisal System (OPRAS),<sup>8</sup> Minimum Standards for School Wash (Latrines and Urinals), as well as a number of codes of conduct for staff. Interviews and discussions with teachers and staff at district regional office revealed that most workers are aware of policy instruments that govern their work and some could reference specific sections of these legal and policy instruments. However, budget constraints and lived realities on the ground resulted in practical norms overruling official regulations. In addition, civil servants often were not sure how to implement official rules and regulations further exacerbating the salience of practical norms.

The research shows that teachers follow a set of practical norms to get their jobs done. In general, there is a strong professional ethos among teachers who perceive themselves as working very hard to educate the pupils in their charge. For example, some teachers went out of their way to include learners in a support programme at a rural school to ensure all children who were slow in mastering the three key skills Reading, Writing and Arithmetic (referred to as KKK). At the same school teachers also offered extra classes after regular hours to ensure their pupils succeed and most used personal funds to buy equipment and supplies. They were not able to charge the parents for the extra classes as parents refused to pay any fees at all.

### Staffing Levels: Teacher Shortage and Absenteeism

#### Teacher Shortage especially for Science and Business Subjects

In both urban and rural schools, there are shortages of teachers, especially for specific subjects such as science and business. In response, school administrators use practical norms to ensure that at least some teaching on these subjects is taking place. The lack of teachers is exacerbated by a recent change in policy from fees to fee free education. Prior to the introduction of fee free education under Magufuli's administration, schools were able to pay teachers overtime and hire part time teachers using the fees paid by the parents.

---

<sup>8</sup>President's Office, Public Service Management (2013). *Ufafanuzikuhusumudawawatumishikutumikiacheokimojakablayakupandishwacheo*. Waraka

The principal practical norms employed to address teacher shortages are merging classes, offer remedial classes and ensure the available teachers are preparing the classes that are sitting for national exams. To some extent, the application of the different practical norms is site-specific. As the accounts below reveal, in some schools all form one or form two classes will be merged into a single class if there is only one biology teacher for the entire school. In other schools, the teachers focus on teaching classes that will sit for national exams like Grade 10 and 12 whilst in other schools head teachers required teachers to work overtime and offer remedial classes for those sitting in national exams to ensure that the school will perform well.

*For example, a biology and chemistry teacher has a big load of class periods. There is no way; he will leave some gaps i.e. without accomplishing the syllabus. But we are trying hard at least he delivers 80% of the syllabus. In doing so, we allow him to merge classes, though rules and regulations does not allow but there is no way. So he merge for instance form one A and B to one class to teach biology and he will merge them again to teach chemistry. So you can see that it is simple compared to if he could attend each stream separately.*[Head teacher, urban school]

*Yes sometimes the situation forces us to do so, as we are supposed to finish school at 03.00 pm then extra classes start from 04.00pm to 06.00pm, teachers are teaching without being paid overtime".* [School administrator]

*... For Biology and Chemistry subjects there is only one teacher who is teaching from form I to form IV. We did not have a physics teacher, I complained to the DEO and he gave us only one teacher teaching physics and mathematics form I to form IV.*[School administrators]

*Shortage of teachers is a challenge as one class has about 100 to 130 students. We are about 27 teachers, we have both students taking science and arts subjects. There are only two teachers for science subjects, thus it makes us to work overtime to cover all classes and to cover the syllabus.* [A teacher urban area]

*And here comes also a challenge of number of teachers because this is the big problems especially for science subjects and he has a very big load, for him I can't blame for delaying in submitting results. For example for Biology and Chemistry subjects there is only one teacher who is teaching from form I to form IV. We did not have a physics teacher, I blamed to the education officer and he gave us only one teacher teaching physics and mathematics form I to form IV.* [A teacher, rural area]

### **Teacher Absenteeism**

Workplace absenteeism is reported to be a serious problem in Tanzania that undermines service delivery (Mgonja 2017; Uwezo Tanzania 2011; Torrington, 2011). Studies conducted to determine the problem of absenteeism in Tanzania by Uwezo Tanzania (2011) reveal that one

in five teachers was not present in their school during assessment. Further, the MoEVT of 2010 found Primary and Secondary schools teacher absent rates were 10% and 13% respectively. Further, Hakielimu (2010) found that, the rate of teachers' absenteeism was 10% in the visited schools in Tanzania. The African Economic Research Consortium's Service Delivery Indicators survey found an absenteeism rate of 23 percent in primary schools in Tanzania. Although findings in this study reveal absenteeism is more prevalent in urban schools, Betweli (2013) found that in Rukwa Region absenteeism was prevalent in both rural and urban areas. The common cited reasons for absenteeism are illness, low motivation, attending vocational training, hunger, tiredness, distance from workplace, transport problems, relationship with management and other workers; individual behaviours such as commitment with the job, working part time in private schools or doing other income generating activities, individual life style, like too much drinking of alcohol and drug abuse (Mgonja 2017; Nyamubi 2017; and Uwezo 2011).

Our study confirms these studies. Specifically, our findings show that one of the main causes of absenteeism is teachers who supplement their income with work at private schools. Officially, they are not allowed to do so but in practice government teachers who work at private schools do not have to fear disciplinary measures. In fact, the practical norm is that teachers may work at private schools and do not have to fear disciplinary action by their immediate superior, the head teacher. The relevant section F of the *Tanzania Public Service Standing Order, 2009: 114*<sup>9</sup> is only rarely enforced. A wide range of disciplinary measures are available including warning, keeping attendance register, transfer, salary deduction and embargo, rewards, attendance bonuses, recognition, timely payment of salaries and arrears just to mention a few (Mgonja 2017). However, we found these sanctions are only rarely applied. This results in a situation where the practical norms support absenteeism whilst the official rules are not or only haphazardly applied.

One District Education Officer took the highly unusual measure to dismiss several teachers which led for others to report to work immediately: "*what I did is to discharge 26 teachers which led some teachers to fear and return to work.*" In fact, his decision contravened official protocol as he does not have the authority to dismiss teachers. This authority is the reserve of the DED who can dismiss teachers following a recommendation by the Teachers Service Commission. The role of the DEO is to record attendance and submit evidence to the DED and the TSC. However, absentee cases rarely reach the TSC as superiors cover for their teachers and only report them under extraordinary circumstances. Even in the cases referred to the TSC

---

<sup>9</sup> The supervising officer in the office, institution etc. shall be responsible for the proper maintenance of the register which shall usually be kept at a convenient place in the office premises. He shall ensure that the register is available for signature as follows: (a) Before the commencement of every working session; a blue or black line shall be drawn at 7.30 a.m. immediately below the last signature of public servants who have signed the register, and Column 5 of the register shall be signed; (b) After the commencement of the working session, a red line shall be drawn at 7.40 a.m. immediately below the last signature of the public servants who have signed the register and column 5 of the register shall be signed; (c) The register shall be withdrawn at 8.00 a.m. and public servants who report for duty after the attendance register has been withdrawn shall report to the supervising officer and sign the register in his presence d) Approved late attendance shall be recorded by the supervising officer in the remarks column; and (e) The supervising officer shall submit the attendance register to the Head of Division or Institution for inspection on the 15th and 30th day of every month. (Tanzania Public Service Standing Order 2009: 114)

only very few teachers are dismissed. For instance, Mgonja (2017) found that out of 15 absent teachers reported to TSC from Mkuranga in 2013, only one was dismissed and the rest were given verbal warning while in another district all were given merely written warnings.

Some head teachers are sympathetic to teachers' situation especially when it comes to low salary and allow teachers to be absent as long as they have fulfilled their teaching responsibility in the government school. Some of these teachers have to share with the school head the allowance they get in return the school head will cover their non attendance in case there is a surprise visit from the LGAs administrators. The head teacher has to be in school all the time and only out to attend work related matters and as such s/he could cover for absentee teachers.

Further, our researchers found that sick leave is often abused by teachers who attend to their other income-generating activities in spite of being on sick leave. Of course, not all teachers feign illness. One surprising finding was that teachers with HIV/AIDS tend to be posted to schools close to referral hospitals and other specialty hospitals in Tanzania. These teachers sought transfer to be closer to the hospitals and clinics they attend regularly. One administrator for instance stated,

*Many of my teachers are not healthy enough to perform their duties effectively, they have been transferred here to seek treatment and most of them are HIV/AIDS infected...an average of 4 reported deaths per month and this affect my budget as well. My department has just spent 38 million Tshs from July to September this year to process funerals of reported deaths of teachers who were transferred to Dar es Salaam for treatment. [Administrator, urban area]*

### **Teacher Transfer Exchange**

Teacher transfer exchanges are another practical norm used to address teacher shortage. To address teacher shortages teachers who want to transfer for personal reasons such as marriage or to be close to family/ailing parents are told to find a teacher to take up their position. The only guideline related to staff transfer is when a public servant transfers for personal reasons then s/he will bear costs related to transfer. Due to teacher shortage DEOs rather than denying teachers to transfer, they would ask them to find a teacher to fill their position. This practical norm is widespread that you will find even ads on notice boards around LGA offices for teachers' postings to find an exchange.

### **The Use of Personal Funds and Equipment**

Generally, government schools have been affected by financial problems that have been exacerbated by the cessation of parental contributions. To address the lack of teaching aids and other supplies teachers often use their own money to buy teaching supplies and to print exams, for example. It is common for education and teachers to use personal money to cover office expenses and buy office supplies such as papers, printer, cartridges. During fieldwork, we observed in many offices staff using their personal laptops, printers, scanners and even faxes as the following accounts reveal:

*Many times I use my own money to cover for office expenses. I buy ream papers, the scanner you see over here is my own, I use my own money to repair the office car. I cannot wait for money from the ministry because you can never know when it will be brought. The new president changed the name of the ministry from “Ministry of Education and Vocational Training” to “Ministry of Education, Science and Technology” but as you can see we don’t even have money to change the name of the sign board outside our office.” –[Education Administrator, rural area]*

*We have shortage of teaching aids like Manila paper, A4 papers for printing examinations, pens, pencils, books, flip charts and others things which are needed in schools...sometimes we have to buy books by our own money for teaching them and making exams. Because other books are not as good for teaching as they do not have many exercises and notes are not good. [teacher, rural area]*

*In this office apart from furniture, the office computer does not work so I am using my own laptop, printer, scanner, fax and photocopy machine are all mine. I need these for my work daily but the office does not have money to buy these things for me. [Administrator, rural area]*

The use of personal funds is problematic. Recently in Tanzania there have been many cases of exam leakage in both primary and secondary schools. Also, education administrators deal with confidential information that might be disclosed to a third part when personal computers are used to handle sensitive work related information. In addition, the use of personal funds for any official matters although in many cases it is done to ensure assigned tasks are accomplished is a recipe for abuse. Staff may use the official vehicles and other facilities for personal use because they have done repairs for the vehicles or have fuelled them.

During validation, officials in charge of school inspection informed us that the shortage of equipment is known and teachers and other education staff use their own personal resources for work. However, the official rule is that once a staff uses personal equipment there are procedures to be done to register that computer to become official and it can only be used for official matters and not personal use. This is because the computer will be handling official matters that might contain sensitive and confidential information. Another problem that might arise is the accidental loss of official information especially if other family members might use the laptops that contain official information.

At government schools it is the practical norm that teachers have to pay contributions to hire private security guards as the capitation grants do not cover security in primary schools. Schools are often targeted by burglars and it is absolutely necessary to provide security. In the past, the schools were able to use parental contributions to pay for security guards but under the fee free policy this is no longer possible. At other schools teachers have established projects such as school canteen to generate extra income to pay for some activities which money was



not allocated. The following accounts expose some challenges schools face due to lack of funds and security and the practical norms employed:

*We have organized ourselves and established a project of school canteen that helps us to generate an extra income. [Teacher, rural area]*

*The capitation grant has not allocated fund for security, therefore what we are doing is to contribute money from our own pocket to pay a security guard. And he is still owe us a three months wage. [Teacher, rural area]*

Although the removal of parental contributions under the fee free policy has improved access it has resulted in funding gaps in school budgets. Schools are unable to fund basic needs that were previously paid for using funds from parental contributions such as running costs, renovation and hiring of part time teachers. The practical norm of using personal funds is not a sustainable solution and often leads to abuse. The establishment of businesses in schools such as canteen and vegetable garden are good ways to supplement income. However, these should not be done at the expense of school instruction or forcing pupils to buy stuff from canteen.

### **Career Development and Promotion**

With regard to career development, as practical norm the DEOs only allow teachers to go for further studies as long as they have scholarships regardless of the plan for career development for that particular year. This practical norm overrides the official rule stipulating that only teachers who are included in the district plan with at least two years employment can be sent on further training. There are specific protocols governing career development and teachers have to apply to be included in the district plan but in practice teachers bypass the DEO and apply first for further training but in practice teachers apply for further training and funding first and then seek approval from the DEO retroactively without being included in the district plan. The following statement by an administrative officer illustrates this practical norm.

*Officially a teacher is not allowed apply at universities before his/her name is included in the district plan for that particular year. I am the one who selects the teachers based on age and experience. But some teachers do not follow this procedure. There is one teacher who applied and got a full scholarship in China though he was not included in the plan for that year. We just had to help him by allowing him to go because an opportunity like that is rare. [Administrator, rural district]*

According to officials from the Ministry of Education, Science and Technology (MoEST), this practical norm of allowing teachers to go for further studies even though they were not included in the plan exists due to the fact that the ministry has only limited funds for career development. As a rule, when teachers have successfully secured funding in terms of loans or scholarships then the DEO permits them.

According to circular resolution of 2013, civil servants (teachers) are promoted after three years of probation. After that they will be promoted through the Open Performance Review and Appraisal System (OPRAS).<sup>10</sup> Informants interviewed by the research team claimed that teachers are not promoted on time in accordance with rules and regulations. In recent years, the promotion criteria have frequently been adapted. The major shift has been away from education qualifications to a less transparent system that allows for promotion even if the applicant has not acquired new qualifications. According to teachers we interviewed, the lack of opportunities for promotion demoralizes teachers in all localities who felt that their profession is not as valued as others.

*Promotions have been delayed. The government has currently stopped all promotions until it is done dealing with ghost workers and fake academic credentials. Promotions have not been organized appropriately, formerly promotions were based on education qualifications and until you reach a bar you go for more qualification so as to be promoted again, but this year the government has changed the protocol as a teacher has to spend three years at work in order to be promoted regardless of the qualifications. This leads to those with little qualifications to be promoted in the same positions with those who are more qualified or leaving the more qualified ones behind. This really discourages us. [Teacher a rural school]*

An informant (currently an education administrator at the regional level) who has spent over twenty years teaching and served as head teacher in both rural and urban schools argued that delays in promotion are due to the limited funding available at the Ministry. Senior ministerial officials are reluctant to increase the wage bill by promoting teachers to better paid positions. The Ministry of Education has the highest wage bill of all ministries employing 47% of all civil servants with 43.1% being teachers, according to the United Republic of Tanzania (URT) PO-PSM (2005).

*In relation to the government: teachers are many (in number) but financial resources to facilitate these teachers are very limited. So many times us teachers have been told that because “we are too many”, the government cannot cater for all our needs. We are denied our rights- overtime pay, leave allowances, teaching materials, housing, and job promotions. [Administrator, regional level]*

There might be some change in the air, however. At the May Day 2017 celebrations President Magufuli announced measures to ensure that all public servants are promoted timely and their arrears paid.

---

<sup>10</sup>President’s Office, Public Service Management (2013). *Ufafanuzi kuhusu muda wa watumishi kutumikia cheo kimoja kabla ya kupandishwa cheo*. Waraka

## Capitation Grants and Other Charges (OCs)

Since the introduction of fee free education the government of Tanzania provides school with funds—Capitation Grants—and funds to cover school fees in secondary schools. All schools visited commended the government for ensuring that the disbursement of the capitation grants has been coming on time since January 2016 as the government committed itself to meet its obligation to finance fee free education. However, some study participants mentioned that although it comes on time, it is not enough and inflexible. The capitation grant per student i.e. \$10 in primary schools student and \$20 for secondary school students are based on 2001 exchange rates which are not realistic in 2017. The capitation grant comes with clear budget lines and according to teachers the process of getting approval for funds diversion is long and complex. Head teachers have created practical norms to divert funds to activities that need funds whilst their reports do not reflect the change in allocation. The following statements illustrate this:

*The capitation grant has been coming every month since the coming of JPM and free education. It is not enough and we are not supposed to say that. Other Charges have been abolished as well so there is no flexibility when it comes to getting funds on emergency needs or other expenses that are not covered by the capitation grant. For instance, what we do in these circumstances is to use funds for the need we have at that particular month, however on our report we wrote it was used for the original purpose such as repairs.[head teacher, rural school]*

*The money we receive, if there is a demand for some activities on which money was not allocated, we diverge funds to that activity but write in the report we that it was used for activities that was genuinely allocated.*

Prior to the introduction of the fee free policy the Other Charges (OCs) option was used to cover unforeseen expenses and gave administrators flexibility in solving financial challenges. Other Charges (OC) are part of the recurrent expenditure covering all administrative costs for government departments and agencies. It includes expenditure for goods and services as well as allowances for government employees. Basic salary and national debt service are excluded from OC. During validation at MoEST and PO-RALG, ministerial staff pointed out that there have been changes to OC. Under the new government led by President Magufuli, the percentage of OC has been reduced from 80% to 60% of the government budget. In addition, there is more oversight on how funds are spent. Prior to the changes OCs covered legitimate and illegitimate expenses and were used by civil servants to get extra money for personal benefits. The interviews we conducted in schools revealed a significant amount of confusion about the changes. Some teachers and head teachers thought OC had been abolished and others were unsure. The confusion around implementation of more oversight and higher levels of scrutiny have resulted in shortages of teaching aid and supplies as revealed by the study participant below:

*Shortage of financial resources is the root cause of most of our problems in this sector. In the district education office, we have limited funds to run the office (Other Charges - OC). In previous years, we used to receive 2 to 3 million Tshs every month but now we do not. For example, in this year, we received only once in July. Funds for OC are the ones that cover for fuel, stationeries, extra duty allowances and so on. Without money we cannot perform our jobs well, we cannot make proper follow up at the schools. It is very discouraging. Imagine there are times when we have to borrow papers from schools, this is very embarrassing and demoralizing. [Administrator rural area]*

*Financially, we are depending on capitation grants and for now there is no way I can generate income even if is for good faith and to help running several issues here in school, it is prohibited even to ask parents to contribute on their children needs. Even when the grant is delayed, I have to wait until we receive and use it to the allocated activities. We are not allowed to reallocate the funds we received. This gives us problems when we encounter shortages with regard to other activities. [Head teacher, rural district]*

The interviews with head teachers and lower level administrators revealed a lack of information as they were under the impression that OCs had been abolished whilst ministerial staff pointed out during the validation phase that in fact OC s were still available. There is a clear need here to improve communications between MoEST and PO-RALG, on the one hand, and head teachers and district administrators, on the other hand.

### **Parent-Teacher Cooperation**

Whereas teachers have the responsibility to educate the pupils, it is the parents 'responsibility to monitor their children's' progress and assist them in their homework and other chores. The interviewed teachers complained about a lack of parental participation in school meetings to discuss challenges and observe improvement of their children. According to the teachers, parents often did not follow up with regard to the progress of their children or would not respond to teachers' queries:

*Many students have this habit of not coming to school. Even when you call a parent/guardian they are not coming. We have a student here who has not come to school since March this year, and we were calling his parents but they were not coming so we decided to call them to come and transfer their child as we do not want him here again [A teacher, rural school]*

Some teachers even resort to ruses to get parents to engage with the school as the statement by a teacher exemplifies:

*I remember a few months ago we fooled a parent that his son has been hit by a car while crossing the road located nearby school compounds, we told him he should report*

*to us urgently, once he came he was accompanied by a group of not less than 9 people seemed to be his relatives and friends. We ordered him to take his son as he was so troublesome and very difficult to deal with. We agreed to use this approach so that we can convince him to face us because he has never responded to our calls especially when it concerns his son. [a teacher, urban school]*

Employing a ruse like this is ethically problematic and works probably only once. It would have been better to do more to engage the parents and discuss the best way to address the problems with their child.

## **Learners and Fee Free Education**

### **State of Poor Learners**

Although official school fees have been abolished, many of Tanzania's poorest students are still facing financial challenges with regard to other school-related costs such as uniforms, school supplies such as books and exercise books, transportation to schools, and the inability to pay for other expenses such as accommodation in private hostels. This research found that high poverty levels among pupils who cannot afford school uniforms or any school supplies is forcing teachers to either buy supplies for these students or create a practical norm of classifying poor students as orphans who receive support from the municipal council. This norm was described by an urban schoolteacher:

*...we decide to include such pupils to the list of orphans who are getting support from the Municipal council; we do so because such orphans pupils receive special support from District council such as school uniforms. **We group/name them as orphans for good faith that they can have that uniform and be in good environment for studies.**[Teacher urban area]\*

The municipal executives have funds to provide support for orphans in the form of uniforms and other school supplies. The practical norm of enrolling poor students to orphan groups exists to avoid another practical norm of teachers digging into their pocket financing expenses to poor students who also experience bullying because of their looks. There are no special funds for poor students because they have parents who are supposed to cater for their needs. Enrolling poor students in orphan groups guarantees that they receive uniform and other school supplies. There is support for poor families to help them cover expenses for education through the Tanzania Social Action Fund (TASAF) Conditional Cash Transfer (CCT) programme but it seems this support does not always reach the pupils in need.

Prior to the introduction of the fee free policy parental contributions covered one warm meal in many schools. Since the introduction of this policy in 2015 parents in all schools visited during fieldwork have refused to pay any contributions citing the free fee policy. In one rural locality a school had a hostel for pupils' accommodation which had to close because the parents refused to pay contributions. There was no practical norm observed to solve the problem of hungry students but some teachers "adopt" children and provide them with food. In several

urban schools there were reported cases of students fainting due to hunger as the account below illustrates:

*“Previously parents were contributing [money] to school for porridge every month. But now the school cannot provide porridge for pupils anymore since no more contribution is allowed in schools nowadays. Yet there are many children who leave their homes in the morning without taking anything and are not even given money to buy something to eat while at school...There are many incidences of students fainting in school.”*[A teacher, urban area]

*This free education, it is a good policy as it enables children from poor families to access education but it has brought challenges to schools as now parents are not responsible for educational matters of their children. This policy could be specific either by specifying what should be contributed and what should not. Or they could do a research and start as a piloting for some classes or schools and then scale up. But now it is a challenge to schools and to students as they are suffering at school no food, no materials no enough money to operate schools.* [Administrator, urban district]

The 2015 Tanzanian government Circular 5 directs public bodies to ensure that primary and secondary education is free for all children and abolishes all forms of fees and contributions. The circular reads that *“Provision of free education means pupils or students will not pay any fee or other contributions that were being provided by parents or guardians before the release of new circular.”* Whilst most fees are covered by the government through the Capitation Grants, other costs such as uniforms, learning materials and food are still the responsibility of parents. This however is poorly understood by parents and has created conflicts between parents and school authorities. As a result, many parents do not any longer cooperate with school authorities when asked to provide such items for their children or contribute to school meals, according to the teachers who were interviewed for this study. The policy change was not communicated clearly enough to parents. An awareness campaign would have been useful to set out the responsibilities of teachers, parents and learners under the new policy.

### **Slow Learners**

The poor teaching and learning environment coupled with other factors contributes to pupils' underperformance. There are children whose learning pace, thinking and intelligence are slower than that of their peers. Underperformance at schools has negative consequences including receiving a certificate of underperformance, constant surveillance by the education authorities, and negative press coverage. The practical norm the teachers have developed to deal with the challenge of slow learners is to offer remedial classes in addition to their regular teaching loads to ensure their students master the skills they are required. As one teacher stated,

*“We decided to increase number of hours to teach slow learners (remedial classes) without being paid overtime.”* [A teacher, rural area]

Others resort to teaching the fast learners first on their pace first then deal with the slow learners one by one which many mentioned is a challenge given the number of students in a classroom (often 100 pupils and more). In one rural school, the practical norm was for each teacher to “adopt a child” and ensure that the child is nurtured and supported to succeed as the account below exemplifies:

*“We are being assigned children, those with low performance and coming from very poor families. We are like their mothers and fathers. For instance a student who is my child is calling me mom, and I am responsible to know where he/she is living and is living with whom, if possible you get a phone number of his/her guardian/parent(s). To this child you are acting like a really mother/father that when you are drinking tea you call him/her and you provide. By doing these every teacher is responsible for that child to make sure that his/her academic performance improves.”* [Teacher, rural area]

Supporting students who face difficulties such as extreme poverty and poor learning skills can transform a student to grow academically. Teachers are encouraged to support the slow learners and the ministry offers awards to schools where students do well. Apart from receiving a plaque as a high performance school, teachers also receive monetary rewards. For each A scored by a student in the final exam a teacher is offered 5,000 TZS. This encourages teachers to work hard to ensure students do well. However, the pressures of a results-driven culture encourage some teachers to help students to cheat in exams to avoid being classified as poor performing schools. Recently, in Tanzania head teachers in various regions have been implicated in assisting students who cheated in exams by providing answers and asking teachers to solve exam questions in the bathrooms and give to students. The pressure to perform well has thus created a practical norm of assisting pupils to cheat during national exams. Schools will do what is necessary to avoid shame and get bonuses for high performing schools.

### **Fee Free Education Policy and its MisEducation**

In 2015, the government released the Government Circular 5 of 2015 on Fee Free Basic Education implementation of which commenced in January 2016. The Fee Free Basic education provides free education for primary and ordinary level secondary schools in Tanzania. The government needs to be commended for removing this barrier which negatively impacted many poor and rural families to access education. It has also reduced the burden for teachers on time spent following up on children who have not paid their fees. However, our study revealed considerable confusion regarding parents’ responsibility for providing school supplies for their children such as exercise books, food and uniform (see also Hakielimu 2017).

The education administrators and teachers interviewed by our researchers confirmed that the policy has improved access of learners from poor families. Teachers, however, pointed out that the new policy has resulted in increased workload, challenges to quality assurance, capacity problems, and a decrease in teachers’ motivation. The implementation of the new



policy was rushed and did not feature a public campaign to raise awareness. This is illustrated by the following statements:

*Due to free education now we have too many students. On average one class contains at least 100 students and they are taught by one teacher. This is a challenge because we have few classrooms. In this big group of students, there are pupils who are slow learners, these needs special attention when teaching but it is difficult due to the crowd of students in the class. If they could be few, it could be easy to identify those slow learners and help them out. [Teacher, urban]*

*This free education, it is a good policy as it enables children from poor families to access education but it has brought challenges to schools as now parents are not responsible for educational matters of their children. This policy could be specific either by specifying what should be contributed and what should not. Or they could do a research and start as a piloting for some classes or schools and then scale up. But now it is a challenge to schools and to students as they are suffering at school no food, no materials no enough money to operate schools. [Teacher rural area]*

The new capitation grant programme does not cover school feeding programmes, security staff and overtime for teachers. The lack of funding to pay for overtime has had considerable negative effects. According to one teacher, “we used to be paid for working overtime, eating at school in the afternoon, teachers were paid from Tshs.50,000/- to100,000/-shillings. That money used to help us pay our rents and transport. But now life is real hard teachers are demoralized.”In the past they could use the contributions paid by the parents to pay for overtime and provide extra support in preparation for the national exams: “...Previously they were contributing Tshs. 10,000/- that enabled us to give them weekly tests every Saturday.”

The Education Circular 5 of 2015 describes the responsibilities of MoEST, PO-RALG, RCs, DCs, DEDs, school board committees, Heads of schools, teachers, parents, and learners but the information about the new policy has not been disseminated widely. This has resulted in confusion as described above. For instance, the circular clearly states that parents and guardians are expected “to buy uniform, sports uniforms, and learning materials including exercise books and to incur costs for medical treatment of their children.” The parents are also supposed “to cooperate with school leaders to set procedures for providing food to schools. Agreements should be sent to Executive Director.” Surprisingly, there were many reports of parents sending their children to school without even a uniform arguing that with free education everything will be supplied at school. Further, there have been problems in providing food for pupils as parents failed to contribute. This happened both in urban and rural schools as highlighted in the statements below:

*Before the introduction of fee free education, pupils used to drink porridge at school because there was parental contribution of Tshs 200. Nowadays there is no porridge as parents no longer contribute the money. This has resulted to many cases of students fainting due to hunger. [Head teacher, urban school]*



*We have hostel which can accommodate 200+ students but currently we have only 19 students. There are no hostel charges but parents are not allowing the students to come and live in hostel. When they were asked to contribute for food at Hostel, they say it is free education and they do not have money to distribute for food at home and hostel at the same time. [Head teacher, rural school]*

In one urban school teachers discussed this with the parents and they were able to convince some parents while others refused to pay any contributions citing the fee free policy. Teachers also seek to avoid language that is associated with the payment of contributions. For instance, teachers ask students to bring school supplies but avoid using the word ‘buy’:

*“We always request their parents to buy the books, but we don’t use the term buy, we just tell them to find the books in the shop. Currently the term buy could have the big impact due to the current government policy of free education.” [A head teacher, rural area]*

It should be noted that at some schools parents did help in finding solutions. In one rural school, for example, parents were cooking for their standard seven children. If these practices would be universally adopted many of the problems of the new policy could be avoided. Another problem is teachers’ reluctance to challenge parents that refuse to contribute. Our research shows that there is widespread fear among head teachers and education administrators to be disciplined and criticised by their superiors and politicians if they raise questions about the new policy and the new Capitation Grant. Consequently, there was a palpable sense of feeling marginalized among the teachers we interviewed.

### **School Inspection/Quality Assurance**

The Education and Training Policy (ETP) of 2014 indicates that, at the LGA level (Districts), there should be inspection officers to inspect quality and standards of education and training. The main responsibility of these officers is to ensure standards and to identify any problems (United Republic of Tanzania (URT)-Ministry of Education, Science and Technology (MoEST) 2014). Further, school inspection is regulated by *Education Law no. 25 of 1978* which was revised by the *Education Law no.10 of 1995, section 31-32*. Respondents identified several problems with regard to school inspection illustrated by the following statement by an administrator in the Quality Assurance Department:

*There is a challenge related to rules of inspection...Whenever we identify flaws in inspected schools we report to the school owner for action. For public schools, the school owner is the DED who after getting the report is supposed to direct the DEO to take action. Quality Assurance Officers working in districts usually inspect primary schools, for secondary schools we mainly do unannounced (ambush) inspection. With the recent review of the education policy, we expect to be able to inspect secondary schools as it is done for primary schools. The challenge is that reports that we submit are never followed up by the DEO. The DED’s office is not being cooperative of the*

*work that we have done does not support us either. They are supposed to read the report and come up with recommendations and give us a report on its implementation. But this is never done. [Administrator, Quality Assurance Department]*

According to the official rules, every school should be inspected once in an academic year to ensure that school problems are identified and any external support needed is provided to ensure and improve quality education. As indicated by URT (2009a), the Head of School is expected to conduct internal inspections while the external supervision is provided by the Ward Education Coordinator. Our findings suggest that this is not happening. For example, in Bariadi district in Shinyanga, one school out four was inspected once in six years (Lupimo 2014).

Inspection usually requires the inspectors to travel outside the duty station but this does not always happen due limited funding for inspections. The limited funding and the low morale of the inspectors who feel their work is not appreciated shape the practical norms in this domain. In response to the lack of funding inspectors always seek to plan trips with staff from other departments to share transportation costs. They reduce the number of inspection visits and fewer days in the field. Especially remote schools are rarely visited by the inspectors. Another practical norm concerns Daily Subsistence Allowances for field trips. When there is not enough money to cover all staff travelling the inspectors split the DSA with the drivers to save money. The account below shows how staff used this practical norm to distribute the funds among all staff travelling:

*There are times when the per diem budget does not include money for the driver. So we divide the money to ensure that even the driver gets something. So for example instead of each inspection officer getting 100,000Tshs, they would get 80,000Tshs and the remaining goes to the driver. But when signing it appears that the inspectors got 100,000Tshs. [Education administrator, rural area]*

Leadership from managers and superior officers is key to an effective bureaucracy. Our research found that there has been a considerable lack of accountability for senior officials and no enforcement of sanctions. It remains to be seen whether the recent changes under President Magufuli will become well-established in the long term. President Magufuli personally has singled out managers for underperformance. However, at the time of research in 2016 and 2017 there were no changes with regard to school inspections.

### **3.2.2 Site/Location Specific Practical Norms**

#### **Relations with the Community**

The relationship between teachers and the surrounding community is not always harmonious. There are frequent reports by teachers being punished by traditional authorities in rural areas for the violation of social norms. It can happen that community leaders overrule the teachers. For instance, there have been cases in schools where witchcraft is suspected. In one of these

cases the parents demanded that a witchdoctor should be brought in to deal with demons [mapepo] affecting the children at the school:

*We did not have classes for one week and the school board and parents told the school management that they know their culture that, they will handle it... Parents had a meeting and decide to call a witch doctor, who was paid Tshs. 500,000/- which was contributed by all parents... on the same week the witch doctor and his people came and spent the whole day at school doing their magic “madunguli”. To us teachers, it was a shock to see the Government allows witchcraft practices in a Government school. And very surprisingly, parents managed to contribute Tshs. 500,000/- for witchdoctor, but they failed to pay for their children hostel. [Head teacher, rural area].*

Senior officials in the Ministry confirmed that these cases occasionally happen and usually affect girls. According to one official, these activities are aimed at scaring teachers who contradict local mores and custom. They are said to mainly occur in rural areas where there is less diversity in the community and less oversight from the Ministry.

It is important to recognize the importance of cultural differences and create an atmosphere of mutual respect. Teachers are often posted in different settings where they have to adapt to local customs without compromising their official duty and the official education policy.

## **Lack of school infrastructures, Teacher Housings and Security**

### **Teacher Offices**

Many practical norms highlighted in this report are the direct consequence of a lack of resources. Common challenges in the education sector are a lack of security, infrastructure and adequate housing for teachers. Many schools are also affected by a shortage of office space. As a practical norm, teachers share offices and convert class rooms into office space. The facilities are often in need of repair. During an interview it was raining and the researcher observed an office in one of the schools was leaking and teachers had to remove papers and books. One of the teachers stated :

*...No office for 3 years now, we share the single room with the head teacher, we use classes and trees as our office, and we cannot see the future that this office is going to be built tomorrow because the government is still promising and promising with no action until we saw roof dropping down and we decided to remove the iron sheets so that they do not fall on children and hurt them, and leave the building open waiting to see it dropping down at any time.[a teacher, rural area]*

*No teacher’s office we have turn two classes to be offices, this one which I am using is the office of Head Teacher and the second one is staff room. Alongside with that we lack tables and chairs, in the staff room there was only five tables and a number of desks which teachers are using. [A teacher, urban area]*

The shortage of school infrastructure which is also dilapidated affects other areas such as ruining school supplies and exercise books when it rains which were acquired by teachers' personal funds.

### Shortage of Classrooms

Turning classrooms into teachers' offices further exacerbates shortages of classrooms in both primary and secondary schools. In the primary schools one classroom was observed to have over one hundred students per class whereas officially number of students per classroom should not exceed 45 in a primary school. In secondary schools the number of pupils should not exceed 40. One head teacher in a primary school summed up the situation as follows:

*We lack adequate facilities like classrooms and desks. A school has 12 classrooms and each class contains not less than 120 students. So there is this crowd of students and we have few chairs for them to seat, it's a challenge to us...The school received 120 desks but there is no room to accommodate them the buildings are very old and small built since 1975 but to date no renovations have been made. [Head teacher, rural school]*

*Even the class of 100 students, we put them in one class "hivyo hivyo" in teaching them we are just using our all effort and experience making sure that we are helping these children. We put them in one class because we lack classrooms. If we could have enough we could split them into streams. [Teacher, urban school]*

*Shortage of classroom: For example, in our school we have 837 pupils with only six (6) classrooms which do not meet the standard required ration of number of pupils per class (40 to 45 pupils per class).[Teacher, rural school]*

### Security

Security was a concern mentioned by teachers to impact their work negatively. The practical norm related to security is that teachers are expected to contribute money from their salary to pay for a security officer to guard the school premises. Prior to the fee free education policy the head teacher drew on parental contributions to pay for security guards. Often the premises lack a fence or wall creating unsafe conditions for children and teachers as motorcycles pass through schools and even commercial sex workers are seen around schools. Further, schools are sometimes surrounded by bars and restaurants which are noisy and therefore creating unfavourable environment for learning. In rural schools, the lack of fences and walls has led to burglars invading schools and stealing and destroying school properties. The following comments illustrate this problem:

*Due to absence of a fence, you can find people driving motorcycles across the school making noise which destructs the school environment and confuses both students and teachers that they can't concentrate on their studies at that time. It is also unsafe for schools when children are playing outside during recess ...Also, the absence of fence*

*contributes to the challenge of having our classrooms and the school compound to be used by commercial sex workers. [Urban teacher]*

*The school has no fence, so people are just passing across school premises during class hours and thus disturbing concentration of teachers and students. The school is also surrounded by restaurants and bars. Due to the absence of wall, we are getting troubles with goats from our neighbors. We planted horticultural crops and banana trees but eaten and destroyed by goats and it has discouraged us to continue cultivating. [Urban teacher]*

It is key to make sure that students and teachers are provided with a secure environment. Putting structures in place to guarantee the safety of students will ensure effective teaching and learning. Specifically, the teachers we interviewed highlighted the need for adequate fences and walls to improve security.

### **Teachers' Housing**

Inadequate accommodation for teachers is a common problem. Teachers in both rural and urban schools highlighted the high rents close to the school that force them live at a considerable distance:

*No transport and no houses to stay, we rent very far from here because we look for places where we can afford. [Teacher in urban area]*

*School's buildings which were intended for teachers' residence have been used as offices by ward executive officer and ward councilor. [Teacher in rural area]*

*Another challenge is that the school has no teacher's houses. They live far from the working place and as you know the challenge of this city, you can find teachers come late and tired due to traffic jams... [Administrator, urban]*

In response, teachers tend to sub-divide staff houses in smaller spaces and sharing them with their colleagues. This however results in low satisfaction due to limited space and lack of privacy. The issue of housing is of paramount importance especially in rural areas where there are no rental properties or accessibility by public transport.

### **Complexity of School Transfers**

The cost of transferring pupils from one region to another is high, especially for poor pupils and families. The formal procedure for transferring a pupil from one region to another requires the head teacher of the school that the pupil is transferring from to fill in a special transfer form. The next step is for the pupil to take the form to the ward education coordinator (WEC) for endorsement and thereafter to the DEO and regional education officers (REO) for approval. At the regional level, the pupil is given a letter to be taken to the REO of the region where the

pupil is transferring to. After endorsement, the letter is to be endorsed by the DEO for the area where the school is located, then by the WEC and lastly the head teacher of the new school. The procedure is usually very time-consuming and in most cases relatively expensive for parents of guardians. It is especially challenging for poor parents who cannot afford to cover the costs associated with the transfer. Especially in rural areas the costs for this process are higher than in urban areas and grandparents or other elderly relatives who are often taking care of the children struggle to complete this complex official procedure.

The research team found a practical norm developed by head teachers in rural areas to help these guardians by enrolling grades 1-3 pupils as if they started Grade 1 in that particular school and had been enrolled there from the beginning. The complex procedure and travel costs of the transfer process were cited as the main reasons for adopting this practical norm. A head teacher in a rural school below explained what he does in these circumstances:

*In transfer of students, there are cases where parents cannot afford the costs to follow up on transfer procedures. What I do is that if the children are young, I record them as if they had been enrolled at this school since standard one while it is not so. [ Head teacher, rural school]*

Our researchers did not come across cases where bribes were paid by parents or grandparents to the school head teachers to facilitate transfer of children so that their children can attend school. This does not necessarily mean that bribes to some head teachers to facilitate transfers do not occur; we just did not find evidence. This suggests that it does not happen regularly and systematically. One factor explaining the low level of corruption in this domain is the poverty and the age of the guardians in these cases: They simply do not have the resources to pay bribes and often lack the confidence to suggest this to the teacher. A head teacher in a rural location described the following case:

*There was a student who was staying at an orphanage but was not getting adequate care so his guardian wanted to transfer him to this school. The guardian was too poor to afford transfer costs [from the region and the district where the orphanage is located to my region and district] so I asked the guardian to bring a letter from the orphanage centre to prove that the child was from there and when the letter was brought I accepted the child in my school and enrol him without following the proper procedure. Since he was in a lower grade it was easy. However, I have kept all communications/letters just in case something happens. [Teacher, rural school]*

What is interesting about this practical norm is that the teachers keep a record of the unofficial transfer in case “something happens” and they are asked about the pupil. It also helps them to keep track of pupils transferred employing this unofficial system. They create two parallel paper trails, one unofficial and one official, with faked progress reports of the pupil showing

enrolment from grade one. This process is only possible for students up to third grade before they sit for standard four national exams.

### 3.2.3 General Bureaucratic Culture

#### Interventionism and Political Activism

Within the civil service there is a discrepancy between the laws, regulations and rules governing the civil service that are rarely changed and adapted to changing circumstances, on the one hand, and a plethora of directives and circulars, especially when a new president takes office. Often these directives contradict each other and are at odds with the established rules and regulations. In response, civil servants resort to practical norms to resolve gaps and contradictions created by the flow of directives.

Political leaders and senior managers further complicate matters by resorting to spectacular interventionism and issuing ad hoc directives that are often at odds with official protocol. For example, since President Magufuli has assumed office and announced a campaign against corruption and low work ethics civil servants in general are afraid of being fired even though there are specific rules and regulations with regard to dismissing civil servants. Teachers we spoke to complained about politicians who override teachers' decisions. For instance, if a pupil is supposed to be suspended on disciplinary measures, pupils or parents contact local politicians who will contact the DEO demand for the decision to be overturned. Pupils who fail to reach pass mark are supposed to repeat the class but sometimes when politicians apply pressure they are allowed to continue to the next class. As a practical norm, teachers seek to transfer these pupils to other schools as the following statements illustrate:

*Top government officials are now coming with their own directives and forcing us to implement. There is no mutual participation in decisions made, we are just receiving orders and forced to implement within a limited time without taking into consideration the real situation in the field. One gives you an order, before you start to implement you receive another order from another person. And in all these there is pressure in the implementation. Failure to do so, you get fired or punished. – [Deputy Head Teacher]*

*... we expelled a student from school but the official using their powers returned the same student to my school. The District officers claim that schools have to follow laid down rules and regulations but the same authority demands a suspended student to be returned to school which is against the rules and regulations. [Disciplinary Master, rural area]*

*Students who fail to reach pass mark are supposed to repeat the class but when we take the issue to the top authority they sometimes allow them to continue with the next class thus contributing to poor performance in examinations and killing teachers' morale. [Teacher, urban area]*



With regard to teachers, the most common punishment for failure to follow directives is the transfer to other schools or demotion. Transfers are sometimes necessary to fill vacancies and address shortage of teachers especially in remote rural areas. The research revealed however that in most cases the transfer from an urban or easily accessible service station to remote rural areas are a punishment for teachers who are considered to be troublemakers who challenge political authorities. It can also happen that community leaders who dislike a certain teacher due to his or her stand on certain matters conflicting with their socio-cultural norms collude with local politicians to get the teacher transferred or even dismissed.

Officially, teachers have their own professional body dealing with all disciplinary matters, the Teachers Service Commission (TSC). Teachers can only be dismissed for significant violations of the official rules and regulations. According to the official procedure for disciplinary action, first there is a hearing with the TSC and the teacher has an opportunity for their case to be heard. If the teacher is found guilty he or she can be suspended or dismissed. Most teachers we interviewed felt that they can be transferred and sometimes fired because of external influence on the DEO. In general, in the education sector there is a culture of interventionism with politicians and other high level officials intervening and overruling schools' and teachers' decisions even though teachers followed proper procedures.

### **Payment of Teachers' Leave and Other Arrears**

To a large extent, teachers' low motivation results from inadequate funds for leave payments and payment of arrears (see also Hakielimu 2014). Teachers are often last in line due to the general attitude of management that "teachers are so many as such the government cannot handle all their demands". Findings from this study reveal that the government has not been able to pay teachers' arrears for a long time and this has demoralized teachers. When funds have been disbursed they have not been sufficient to cover all the teacher's arrears. In response, the resort to practical norms to handle teachers' payments. They pay teachers by percentage, giving priority to retired teachers and prioritizing high performing school as an incentive. The accounts below reveal some of the practical norms utilized by education administrators to address payment of teachers' arrears.

*Our budget is not enough to clear all arrears, so we may just clear only 50% of the arrears and what we do is we just pay them basing on their school performance. Schools with high performance status are the ones their teachers will be paid the arrears first. This way **isn't official** though we have realized it helps to improve performance in government schools. [Education Administrator, urban district]*

*To address the challenge of delayed payments to teachers we prioritise the retired teachers...we also divide the money in percentage 5-10%. [Education Administrator, rural district]*

Teachers are entitled to holiday payments every two years according to Standing Order H-5 (1) a-g. Basically, they are paid transportation fare (surface transport) to their place of domicile



with his/her family (spouse and up to four children). Officially, if the disbursed funds are not enough the payments are supposed to go by a roster with those who applied first to be paid first. Those who are not paid are supposed to write letters to the DED and then they will be entered into the government debt that is yearly presented to the government. They will then be paid when funds become available.

Another area where teachers' arrears have accumulated is in teacher transfers. Teachers have to use their personal funds to move to a new working station while waiting for their transfer payment from the government to arrive. The transfer of civil servants without payment has been stopped by the President who has directed that no teacher or civil servant should be transferred without transfer payment. Administrators' choice [practical norm] to pay for performing schools first is problematic as well since it leads to more job dissatisfaction and complaints in schools that do not perform well thus creating a vicious cycle with low-performing schools getting worse.

### **Multiple Agencies and Ministries Handling Teacher's Concerns**

Teachers participating in the study expressed unease about the complexity of administrative procedures. According to the teachers who participated in this study, their relationship with their immediate administrators, the DEOs, is generally good but problems often arise in the interaction with multiple agencies and departments. One administrator pointed out:

*It is known that the Municipal/District Executive Director is the superior officer of teachers in the area dealing with all claims or complaints addressed to his/her office. The teachers are implementing the education policies from the MoEST but they see the ministry as toothless, nothing to do with schools rather than policy. The policymaker is different from the policy implementer which is PO-RALG. In addition, the TSC is dealing with discipline issues to make sure that teachers are working according to rules and regulation, the Treasury is responsible for salaries payment and the President's Office Civil Service Commission for civil service management and supervision, code of conduct etc. However, the government should empower only one single organ and give it the exclusive mandate to work with teachers. [Administrator, District level]*

The streamlining of procedures could reduce bureaucratic hurdles that teachers have to deal with. The complexity with regard to multiple agencies that teachers have to interact with coupled with unnecessary bureaucracy is often frustrating for teachers and contributes to delays. Reducing complex procedures and unnecessary bureaucracy will decrease disputes between teachers and varied agencies which handle their affairs.

### 3.3 Practical Norms in the Health Sector

The study of civil servants' experiences in the government health service revealed numerous challenges facing employees both at front-line service points and Local Government Authority (LGA) level. Health professionals and administrators highlighted that effective service delivery is being constrained by inadequate salaries, shortage of medical equipment and supplies, inadequate physical infrastructure, lack of housing for health workers, delays in receiving payment arrears and holiday payments, complex procurement procedures, inadequate financial resources, acute shortage of front line health staff, and limited opportunities for staff career development. Concerns were also raised with regard to poor implementation of health policies such as the cost sharing policy, policy of exemptions and waivers, community health insurance policy and task-shifting policy. In response, public health sector employees have developed informal practices and practical norms that allow them to navigate the challenges and deliver at least a minimal level of services. This section examines the practical norms that underlie the work of health administrators at the LGA level and front line health staff. The practical norms are classified as profession-specific, location-specific and general norms of bureaucratic culture.

#### 3.3.1 Profession-Specific Practical Norms

This section looks at distinctive challenges that exist in the health line of work and ways in which health sector employees deviate from official government rules and adopt practical norms as a means to overcome the challenges and ensure the job gets done.

##### Lack of equipment

Health workers reported to work under poor conditions in terms of shortage of essential drugs, equipment, and supplies necessary for delivery of health services. Respondents reported that the lack of adequate equipment undermines their motivation, efficiency and the quality of service given to patients. Furthermore, the lack of appropriate gear such as protective gloves endangers health of those who attend patients. Consider the following quotes:

*It discourages me when I come to work and find patients to attend but then realize that there are no working equipment and drugs. Some of these patients would be in critical conditions and cannot afford to buy required medicine or even syringes. [A front line health worker]*

*There is a case where nurses had to let a HIV positive mother give birth on her own since they did not have protective gears. [A District Health Administrator]*

*Nurses have developed back aches due to the frequency with which they are required to manually move/lift patients. [A Senior Health Administrator, Ministry of Health]*

The finding on limited medicine and medical supply is supported by evidence from earlier studies (Afro-Barometer REPOA 2012; Sikika 2013b), which highlight the extent of the problem in the country's health facilities. The limited availability of medical supplies and equipment was also blamed for conflicts and misunderstandings between health workers and patients. The conflicts arise because patients accuse health staff of stealing medicines from government facilities and use them in their private owned pharmacies as the following quotes highlight:

*People come here to get tested and expect to get medicine, but with the absence of medicine we usually end up in friction with our patients. There was this time an elderly man wanted to get his teeth cleaned but we had no equipment so he yelled at us. It was terrible. [A frontline health worker]*

*One day an elderly patient (60+ years) came for treatment. He was then referred to the hospital pharmacy to purchase medicine, unfortunately, medicine was out of stock. When he returned to the nurse, he threw a lot of insults. [A frontline health worker]*

*Unavailability of demanded medicine causes conflicts between us and patients especially those who fall under the exempted category. Patients and their relatives use offensive and abusive phrases to the extent that some of us respond to them in the same way. [A frontline health worker]*

One practical norm with negative consequences was observed by our research team: Some health workers establish private pharmacies near government health facilities and leak public medical supplies to these private pharmacies thereby contributing to shortage in the government facilities. The patients were directed to purchase prescribed medicine and medical supplies from the private pharmacies. In an attempt to curb this conduct by health staff the Government ordered closure of private pharmacies located near government health facilities in 2016 and established government-run pharmacies within the premises of the health facilities.

Another practical norm health workers resort to is the use of alternative means and practices in the absence of appropriate medical supplies. For instance, after a tooth extraction procedure patients would be directed to wash their mouth with warm water mixed with salt as an alternative to antibiotics. Also, when finger pricks (special blood sample collection device) are not available, health officers would use normal syringes to collect blood samples from patients. Some health staff reported to use plastic water bottles for storing liquid drained from patients' lungs in the absence of special collection flasks. Sometimes nurses assist childbirth without protective gloves. *We would assist without gloves or grab their khanga wraps or bed sheets and catch the baby [A Nurse].*

The practical norm of using alternative means and practices might have both positive and negative impacts on the overall quality of health care provided. On the positive side, they are

invoked by workers to perform their jobs but on the negative side some of these practices may compromise health of both the patients and health staff. For instance, grabbing new-born babies with *khanga* (wrapping cloth worn by women in Tanzania) or assisting childbirth without protective gloves endangers the health of both the new-born babies and the caregivers.

According to some interviewees, they took advantage of patients who are well-off by manipulating them into buying more medical supplies than they actually needed. For example, they would ask for an extra pair of gloves from patients who seem to be wealthy (based on their appearance and personalities) and keep them to be used on poor patients who cannot afford them. The integrity of this practice is questionable given the possibility of some health staff to sell the extra medical supplies to other patients even though they claim that they are to be used on poor patients. In other instances, nurses would ask patients' relatives to cover their off duty allowances and transportation costs during the times when a patient has to be taken to a referral medical facility for more advanced treatment.

Despite the existence of such corrupt and health endangering practices, there are times when the facilities truly lack medicine and medical supplies. Thus, staff have developed the above discussed practical norms to address the manifold challenges they face and ensure that patients receive minimal medical care. Nevertheless, it cannot be ignored that some health staff abuse practical norms for their own advantage such as stealing medical supplies from the hospital and selling them at a higher prices in their private pharmacies.

### **Inadequate physical infrastructure**

Public health workers reported to have poor and limited physical infrastructure such as working space, facility buildings, toilets, consultation rooms, changing and observation rooms and laboratory space. Some buildings were very old and not maintained for many years while the number of people being attended had been rising. In some health facilities, there were not enough consultation rooms, and therefore the practical norm used was for more than one doctor to share the space during consultation and examination of patients. But this practical norm is problematic as patients are not afforded the privacy they require to comfortably express their health challenges.

Furthermore, some health facilities have limited space to serve the patients that have been admitted to the hospital. The practical norm used when faced with a challenge of too many patients was to assign more than one patient to a bed or provide patients with mattresses placed on the floor thereby diminishing the quality of health services provided. This practical norm led to health staff mixing up patients with different diseases in the same wards. Under such circumstances, the risk of cross infection among patients is very high. In response, some patients bribed staff to get their own bed. These findings are supported by the Warioba report:

*Patients admitted on the same ward instead of being separated according to their diseases, and infections. Surgical and general patients reside on the same ward. [A frontline health worker]*

Another practical norm employed to address the low inpatient capacity of government facilities is the early discharge of patients so that they may leave space for other patients. For example, women who have given birth are supposed to stay at the health facility for 24 to 48 hours for close observation but due to the limited space they usually only stay for 6 to 12 hours before they are discharged to free up beds for others.

However, in the midst of all these challenges we observed staff working hard to ensure that patients get the service and the government has continued to make initiatives to improve working conditions of public sector employees. Such initiatives include the expansion of budget allocation in the health sector with the public health expenditure per capita rising from USD 9.2 in 2012/13 to USD 14.7 in 2015/16 (URT and UNICEF, 2016). Also, between 2015/16 and 2016/17 the budget allocation for purchasing medicine and medical equipment was increased substantially from 31.0 billion to 251.1 billion (URT, 2016) showing government's commitment to improve health service delivery.

### **Skipping Official Procedures**

The skipping of formal procedures when attending patients is common during the times when health facilities receive patients who require urgent medical treatment. In such situations, the health workers' priority is saving the patient's life so they initiate treatment without official procedures such as patient registration. Consider the quote below:

*I remember a child came here with severe burns on her whole body, what I did is to take her straight to the doctor to initiate free treatment without any documentation to prove that she was exempted from paying user fees. Social welfare staff reprimanded me for what I did. In short I felt insulted but it was nothing compared to the pain that child was experiencing. What if she had died at the reception? [A front line health worker]*

According to official rules and regulations, assault victims seeking medical care at government health facilities must present a police medical examination report known as Police Form Number 3 (PF3) prior to receiving any kind of treatment. Health staff admitted to skip that procedure when patients' lives are at risk by treating them even when the patient has not presented the PF3. Sometimes the health staff would ask a police officer to come and interview the patient at the facility. In May 2017, the Tanzania Police Force gave out clarifications to the general public regarding the requirement to fill in PF3 forms. They stressed the necessity of assault victims to fill in the forms before seeking medical help in health facilities. The public was also informed that in cases where the victim is seriously injured, health workers are

allowed to provide first aid treatment but at the same time inform the police so that they can speed up the process of obtaining information for filling in the PF3.

### **Shortage of front line health staff**

There is a significant shortage of front line staff in the Tanzania government health services (Shemdoe et al 2016; Sirili 2014; Nkya 2012; Masesdad 2006). By 2014, estimates by the Ministry of Health show that the country had 48,232 frontline health staff while the required number was 108,859 (URT, 2014b). This study found that there is a severe shortage of workers at service points. This shortage creates huge pressures and overwhelms health staff who see no other way than resorting to the practical norm of working extra hours without extra pay to attend to the large number of patients seeking medical care. Working overtime without compensation and proper rests increases the risk of mistakes and contributes to low morale among staff.

To address staff shortages doctors attend to large number of patients, in some cases 70 to 80 patients a day. In other instances, doctors shorten the time spent with each patient in order to ensure that they are able to attend to all patients seeking medical care thereby compromising their ability to deliver quality service and increase the likelihood of misdiagnosis. In some dispensaries, there is only one health worker taking care of patients although the Ministry of Health recommends at least fifteen workers (URT 2014a). Consider the quotes below:

*This district hospital has very few health workers. We are supposed to have a total of 17 workers in each ward, but that is not the case. There are only 9 health workers to attend to patients in all wards. With such an acute shortage, some wards are usually left unattended or are rarely visited. [A Health Administrator, district hospital]*

*We are supposed to work only for five days in a week and have 2 days off, but due to shortage of staff we sometimes work for seven days consecutively. [A frontline health worker]*

*We work double shifts especially in labour wards. To tell you the truth, if we decide to work only a single shift there would come a time whereby wards will have no workers at all. [A frontline health worker]*

A health administrator interviewed highlighted that the official rule requires a medical examiner to take 30 - 40 minutes on each patient. But because of the severe shortage of health staff in comparison with the number of patients seeking medical care it happens that some doctors have only 10 minutes for each patient.

A common practical norm in facilities with acute shortage of health workers is skipping some patient-care processes when attending to patients as narrated by a front line health staff during interviews: *When children are brought in for wellness check there are three sessions: first,*

*educating mothers on family planning; second, is weighing the child and record on clinic cards; lastly, is to teach mothers on child nutrition... because of shortage of staff we only give vaccination and weigh them so that we can save time and manage to attend other patients.* Such practices compromise the quality of health service delivered but front-line health workers report to have no other way in dealing with the overwhelming demand for health services.

### **Task sharing**

Due to staff shortages the practice of task-shifting or task-sharing is widespread to ensure the provision of essential health services. The World Health Organisation (2007) describes task shifting as the rational redistribution of tasks among health workforce teams. Where feasible, tasks are reallocated from highly qualified health workers to those less qualified in order to maximise the use of available human resources. In the context of this research we distinguish officially regulated task shifting from informal task shifting. Informal task shifting as a coping mechanism to address staff shortages has been practised for many years in Tanzania (NIMR 2012 and Munga et al 2012). Various cadres of health workers such as medical officers, nurses, medical attendants, pharmacists take on tasks beyond their areas of specialization, with or without prior training. The practical norm of treating patients without any prior training is not without its risks and undermines the quality of health services. Health workers interviewed during the study mentioned that it was normal to address the challenge of staff shortages by applying informal task-shifting. For example, a nurse conducted laboratory tests for diseases such as malaria because the facility had no laboratory technician. A nurse who participated in the study revealed that he became the district dentist and anaesthesiologist with not more than basic on the job training. Consider the quote below:

*To address shortage of health workers, we apply task-shifting. If professional X is unavailable, professional Y is given on-job training and undertakes tasks that were to be done by professional X. For example, during the days when I was working as a nurse, I was given on-job training on anaesthesia and dentistry, circumcision, diagnosing diseases and laboratory. There is another nurse who worked as an optician. [Senior Health Administrator, Ministry of Health]*

There is also inter-cadre delegation of tasks in which different categories of health workers such as nurses, pharmacists, doctors and medical attendants undertake similar tasks.

*There are few health staff here so we share tasks among ourselves. We cooperate and help each other by performing all tasks interchangeably. [A frontline health staff]*

Task sharing was found to be more prevalent in rural areas compared to urban areas. It is very common in rural areas to find medical attendants to perform duties that are generally the work of physicians and nurses such as diagnosing patients, administering drips on patients, prescribing and dispensing medicine as a means to address the acute shortage of health workers. This staff shortage in rural health facilities arises from low retention rates of health staff due to



poor living and working conditions. According to official government statistics, 74 percent of medical doctors in Tanzania work in facilities located in urban areas (URT, 2014b). During discussions with regional health officers, it was highlighted that the prevalence of task shifting in rural areas is also a result of the health policy which aims at having at least one health centre per ward and one dispensary per village. With a limited number of health staff to cover all health facilities, government health workers feel compelled to resort to task sharing in order to ensure that basic health services are available for rural communities.

In recognition of the importance of task shifting employed to address the severe shortage of qualified health staff as well as the need to eliminate dangers posed by unofficial task sharing practices, the Government of Tanzania formally adopted the Task Sharing Policy Guidelines for Health Sector Services in 2016. By stating tasks permissible to specific cadres of health workers, the policy acts as a guiding tool to ensure that service delivered to patients via task sharing does not undermine the quality of health service delivery. The policy emphasises that before being legally allowed to practice task sharing, health staff will have to pass through induction training and acquire a certificate of induction issued by the health ministry. After the training, the staff will have to be regularly supervised and mentored so as improve performance of workers practising task sharing and avoid compromising quality of health care to patients. However during the interviews and FGDs, when researchers inquired as to whether there was a policy to guide and protect workers with regard to task sharing only some ministerial staff were aware but most staff at the district and village level who are the main implementers of the policy were unaware of existence of the policy and its provisions. This finding suggests that practical norms governing informal task-sharing continued to be of importance while the government has taken first steps to formalize the practical norms regarding task-sharing. There is a clear need for a coordinated communication strategy to bring the practical norms in line with the new policy recognizing the fact that task sharing is a reality in Tanzania's government health sector.

### **Volunteer health workers**

Sometimes health administrators at district level employ casual labour and volunteers to undertake temporary tasks during disease outbreak management and public health campaigns. The district office organizes the training of temporary workers and volunteers from communities and NGOs to deploy them on a recurring basis whenever the need arises. The Tanzania Government in collaboration with NGOs has developed Community Health Workers (CHWs) volunteer programs to improve the coverage of essential primary health care services. The Primary Health Services Development Plan 2007-2017 recognises the need to train and expand the CHW cadre.

*We have people whom we trained and we have been using them to undertake temporary tasks such as fumigation during diseases outbreaks, and during national*



*health campaigns. We cannot afford to train new people wherever there is need.  
[Health Administrator, district office]*

### **Relationships between doctors and nurses**

Nurses were concerned that there are few opportunities for them to be promoted to senior positions as compared to medical officers. Our informant mentioned other countries where a qualified nurse or a pharmacist could be appointed to the position of District Medical Officer and administrative positions at regional or provincial level. One administrator mentioned the following:

*When you look at the management positions at the Ministry of Health as well as regional and district offices, the way they have been stated shows clearly that they are targeting doctors. Management positions are not fairly distributed; doctors are the ones who are mostly dominating these positions. For example the position of a District Medical Officer already limits nurses and other health professionals from occupying it because it needs 'medical' doctors. [Senior Health Administrator, at Ministerial Level]*

Doctors and senior officers at PO-RALG opposed nurses' views arguing that administrative positions among medical and nursing staff are equally distributed. They gave examples that at regional level there is a Regional Medical Officer and Regional Nursing Officer and similar positions exist at district levels. An important point to note is that there is a severe shortage of physicians that is only exacerbated by physicians in administrative posts.

### **Staff career development**

In terms of career development, the staff shortage has been preventing workers from pursuing further education and training as they cannot take leave due to the large number of patients seeking medical care. This was more prominent in rural areas where numbers of health staff are very low and where only limited options for further training exist. By contrast, health staff at urban facilities have more opportunities for career development and further training. In urban areas, there are many health colleges and universities, some of which offer evening classes which staff can attend after normal working hours.

In the nursing profession, the health ministry has been facilitating regular trainings, workshops, and seminars for nurses, especially for female nurses and refresh their skills. During these gatherings, the nurses are encouraged to pursue higher education levels, conduct research, create a database for success stories documenting the extent of work that has been done by nurses so as to build case for claims on the importance of prioritisation of nurses. However, many nurses, especially in rural areas, who participated in our research complained that these training courses do not reach them. Our evidence suggests that many of these training workshops are only accessible to a minority of nurses in urban areas whilst there are very limited opportunities in rural areas.

## Procurement of pharmaceuticals and medical supplies

Health workers in charge of procuring pharmaceuticals, medical equipment and supplies from the Medical Stores Department (MSD) complained of long procurement procedures for obtaining the requested items. To be able to serve patients under such circumstances, some health workers would ask patients to buy their own medical supplies. Procurement at service points is done by supplies officer, nursing officer, or head of facility or pharmacist depending on the facility in question. The Act of Parliament No.13 of 1993 gives MSD the mandate to procure, store and distribute essential medicines, medical devices, and laboratory products to public health facilities. Consider quotes below:

*We are restricted to buy all medicines and medical equipment only from MSD, but the challenge is that there is much bureaucracy to get such items which has compromised our work efficiency. We should be allowed to buy even from other private pharmacies. [A frontline health worker]*

*We are not allowed to procure from any other source until MSD declares that they are out of stock and provide a permit to allow us to do so. The procedure is too long. That is why sometimes we tell patients to go and buy on their own. [A frontline health worker]*

It was reported that when facilities face delays in receiving medical equipment and supplies from MSD, the health staff in charge of procurement use the practical norm of buying the required items from other suppliers. This practice is against the official rule that public health facilities have to procure medical supplies only from MSD but it is put into use because of delays in receiving ordered items from MSD.

## Cost-Sharing Policy

Tanzania's cost sharing policy became operational in 1993 when the government introduced a system whereby community members make payments on a cash basis at the health care facilities whenever in need of receiving health care services. The main intent of introducing this policy was to expand domestic revenue sources for health services and minimizing government dependency on donors (URT 2011). This is based on the assumption that user fees collected from patients will reduce the financing gap and increase the supply of medical equipment and medicines within health facilities thereby facilitating better health service delivery. Prior to the introduction of the cost sharing policy, the government was struggling to provide health services due to limited financial resources. Consider the quote below from health officers we interviewed on the usefulness of funds from cost sharing:

*We mostly depend on cost sharing income as well as funds from the government. The challenge is that government funds are often not disbursed on time. What we do is to*

*use funds collected through cost sharing to buy medicines and medical supplies required in treating patients that we receive. [A Health Administrator]*

*The money that we receive from the government is very limited and does not meet funding needs of our health facilities. Therefore we mainly depend on money from service users who pay in cash. [A frontline health worker]*

The findings present strong evidence that cash payments by patients (cost sharing) have been useful in enabling health facilities to acquire the financial resources needed to get their work done during times when funds from the government are not disbursed on time. However, many patients in rural area are poor and cannot afford the user fees charged at the health facilities and pay for medicines they need. In these situations some health staff sometimes use their personal money to finance patients' medical costs like one employee stated, "*The financial status of the people is not good which forces us to pay for some of their medical treatment and medicine.*"

In addition to cost sharing, the government also introduced Community Health Funds (CHF) in 1995 to further expand financial resources for running health services and increase health service utilisation rates. According to the Community Health Fund Regulations of 2004, the money accrued to the fund shall be used for payment of health care services provided, procurements of drugs, medical supplies and equipments based on health plans, health promotion and preventive measures, minor rehabilitation works in pre-selected government health care facilities in accordance with the approved plan and any other essential health purposes or activities. Participation in the scheme is voluntary and requires that each household pay a fee of Tshs 10,000 annually and in return six household members get unlimited access to outpatient health services in health facilities. Findings for this study revealed that the workers had a negative attitude towards the CHF. They explained that the premium amount of Tshs 10,000 is too low thereby making it more challenging to generate enough income to run the health facilities. Financial position of facilities accepting community health insurance has shrunk compared to times when each patient had to pay for medical treatments in cash.

*The community health insurance scheme is more political than realistic. It leads to a lot of exemptions. For instance six people in a family contribute only TZS 10,000. People here frequently fall sick. So obviously the number of visits to the hospitals in a year is high hence their medical expenses exceed the amount that is being contributed through Community Health Insurance Fund (CHIF). The Government is supposed to contribute an amount equivalent to 50% of CHIF contributions in a year, but the funds are rarely brought to the hospitals. [A frontline health worker]*

Contrary to frontline health staff, senior health administrators at ministerial level were of the view that the amount of 10,000 Tshs per year is what the poor families can afford to contribute and that it is important to consider that the main objective of introducing CHF is to increase

health service utilization rate among poor communities. Challenges arising from implementation of CHF are that not all families have been enrolled in the scheme therefore the funds collected are usually inadequate to meet health care needs of the people. It was therefore suggested that there is a need to sensitise communities on the advantages of the CHF and later on make enrolment into CHF compulsory for each household.

### **Policy of Exemptions and Waivers**

The government of Tanzania recognises that some categories of patients should be exempt from paying user fees. According to the National Health Policy of 2007, pregnant mothers, children under the age of five years, and the elderly over 60 years are exempt from user fees for essential services. Further, according to the policy, treatment of specific diseases such as diabetes, HIV/AIDS, leprosy, tuberculosis, polio, and cancer is also free of charge. For poor people the health workers may grant waivers for user fees. The Ministry of Health has made it clear that these have to be granted based on the experience and discretion of health workers in consultation with local (community) leaders who may officially recommend people who are too poor to afford charges at health facilities.

The findings of this study suggest that the number of people who are exempt from user fees and have been granted waivers has been growing but the budget has not been revised accordingly:

*Our facilities serve a large number of people who are exempt from user-fees. The government is supposed to refund the facilities for costs incurred when treating exempted categories but the money comes very late and sometimes we do not get any funds at all. To cope with the challenge we normally use money from user fees paid by other patients to treat these patients. When facing severe funds shortage, all policies falling under government sponsorship are put on hold until the time when funds are brought. [Health Administrator]*

*A facility may receive 100 patients out of which 80 are in the exempted category, if not refunded on time the facility runs out of money to purchase new stock of medical supplies. [A frontline health staff]*

At times when facilities are faced with the shortage of financial resources for purchasing medical equipment and supplies, health staff invoke a practical norm and charge user fees from patients falling under exempted categories. Contrary to the exemptions and waivers policy, patients are asked to buy their own medical supplies to cater for their healthcare needs. For instance, expectant mothers are sometimes asked to bring their own gloves, cotton wool, syringes, and maternity pads to be used during and after childbirth. By imposing such financial costs on such groups, health staff are acting in contravention to government regulations and could face disciplinary action.

These findings indicate failure problems in the implementation of the exemptions policy. Similar results were found in a study by (Iddi, Yohana and Maluka (2013) on the reality of the implementation of the exemptions policy.

### **3.3.2 Location specific practical norms**

#### **Borrowing of medical supplies**

It is common for frontline health workers in urban areas to borrow medical supplies such as syringes, gloves from each other if these are in short supply. This is possible because in urban locations government health facilities are located in close vicinity to each other. In rural districts, health officials at district hospitals seize medical supplies that were meant to be delivered to dispensaries and health centres. When the MSD is in the process of supplying medicines and medical equipment to lower level health facilities in the villages, district hospital officials try to seize some of these medical supplies to cover for emergencies. They also stock medicine and simple medical equipment such as syringes, gloves, cotton wool and laboratory reagents to sell to patients during times of shortage. Consider the quote below:

*We might have been running out of laboratory reagents for about a month or so, “hicho ndio kipindi cha kupiga hela”. We would not stop conducting blood tests, staff have their own reagents and would attend patients and collect money. Patients would be told the truth like the facility is running out of reagents and are unsure of when they would be available. This is how we make our ends meet. [A frontline health worker]*

#### **Underdeveloped infrastructure in rural areas**

It was reported that in rural areas infrastructure such as housing, electricity and water is of a low standard. The lack of electricity makes the work of frontline health workers more challenging when attending to patients during the night. This problem is illustrated by a nurse in a rural health facility: *“It becomes even more challenging when we attend to patients at night or women in labour room as there is not enough light”. As a consequence, in many rural health facilities staff has to use torches or treat patients at private homes supplied with electricity. Consider the quotes below:*

*We normally use small torches and mobile phone torches when attending patients during the night. When visibility is poor, we are forced to transfer the patient to the district hospital. [An employee, rural health facility]*

*Some nurses keep some of medicine at home to treat patients who seek medical care at night. This is because during that time it is very difficult to administer treatment in the health facility because there is no electricity. [An employee, rural health facility]*

In facilities without running water health workers have developed the practical norm of asking patients to bring water to health facilities. This practice endangers the health of both patients and health staff because water from different sources poses a risk of cross contaminations.

Health staffs in rural areas also face severe shortage of housing. In many rural areas there are no rental properties. To address this problem the government has built houses in rural areas for health workers but there is not enough accommodation for health workers and the existing accommodation is often in very poor condition, without electricity and running water. Under such conditions, health officers prefer to work in urban areas where better housing facilities are available. Consider the following accounts:

*We have very few staff houses and they are in poor quality. The houses have large wall cracks because they have not been renovated in years. We would take you to see where we live and you would be surprised. There are no toilets we use patients' toilets. [An employee, rural health facility]*

*There are no enough houses for workers such that some of us have to stay far. When one is on duty, it is costly to come from home to here for a night call. [An Employee] Poor houses, unavailability of power and water supply demoralize people who work in our health facility. Poor housing facilities are among the reasons that we run out of staff because people decide shift to other duty stations. [An Employee]*

Lack of developed infrastructure such as water, electricity and housing facilities reduces workers' willingness to accept posts in rural areas. Health workers posted to rural health facilities usually stay only briefly seeking transfer to towns where living and working conditions are much better. The low retention rate of health workers in rural areas has resulted in a severe shortage of health workers. Those remaining in the rural areas are overworked and as a consequence have low morale.

### **3.3.3 General Norms of Bureaucratic Culture**

#### **Inadequate salaries and delays in receiving work incentives**

The vast majority of health workers interviewed for this study reported to have low work motivation due to insufficient salaries and delays in receiving work incentives such as overtime payments, leave allowances, salary increments and job promotions. Low motivation is likely to translate into lower productivity, poor quality of service delivered and low staff retention rates. These findings concur with what was found by Sikika (2013a) in a study that assessed clinical practice status as well as the extent of external migration of Tanzania's medical graduates between the years 2003 and 2012. The study revealed that 8.2 percent of the doctors migrated to work in countries where salaries and working conditions are better and about 40 percent of the doctors tracked in Sikika's study had abandoned practicing clinical medicine

and moved to other careers. The main reasons for career abandonment were low salaries and general poor working conditions.

To cope with the impact of low salaries and limited work incentives health staff have adopted practical norms such as collecting unethical informal payments from patients and their relatives and stealing medical supplies to supplement their income. During discussions with health staff, it was revealed that some nurses would collect bribes from patients' relatives for them to be allowed to visit their patients outside official visiting hours. In other instances, patients and their relatives would bribe health staff to obtain a favour of not waiting for long in the queue before receiving the service as reported by a certain frontline health worker *"Someone would call me while in a queue or greet me as if we have met before. I would know exactly what he or she wants and would definitely make sure the opportunity is not missed."* These informal norms violate official government rules as stated in section F.11 (1) of the Standing Orders for the Public Service of Tanzania which prohibits public servants from seeking or accepting gifts, favours or inducements, financial or otherwise, in the course of discharging their duties.

Another practical norm adopted by health workers as a coping strategy to make up for what are perceived to be inadequate salaries is to take up part-time employment in private hospitals and clinics outside and during official working hours. It is common for doctors and nurses, especially specialists working in urban areas, to have part-time employment in private hospitals and clinics to earn an additional income. This practice violates rules of conduct in the Standing Orders for the Public Service of Tanzania which specify that official work hours for the government are from 7.30 a.m. to 3.30 p.m. (section F.1) and that public servants are not allowed to leave their work stations before the official closing time (section F.2).

Working in private facilities during official work hours is not only a result of underpaid and unmotivated staff but also raises ethical problems. Government health facilities provide services at a lower cost compared to private ones and provide access to health care for poor people. Doctors and nurses who spend more time in private hospitals exacerbate staff shortages and in fact deprive those who rely on government health services of access to health care.

### **Diversion of funds**

Health officers in administrative positions usually divert funds to the activities that need immediate funding when they experience delays in receiving funds from the government for procuring medical equipment and supplies. These delays fuel the application of practical norms in financial management. Consider the quote below:

*There was a time when the government disbursed funds for HIV/AIDS projects, but at that same time the hospital was in need of money for petrol to support running of refrigerators for vaccine storage. There is no DMO who can relax while knowing that there is no petrol for the generators supplying the refrigerators. So in such a scenario, funds were diverted from the HIV/AIDS project and used for purchasing petrol, in the hope to be returned when money for petrol comes in. The problem*



*with such an act is that when the expected money is not brought in, all who were involved in funds diversion get into trouble. If smart enough, one can defend the act of funds diversion by documenting each process of the diversion and providing justification. [An Administrator]*

Health officers were aware that diversion of funds from their intended purpose is against the law and if caught then people involved might get fired and the District Council gets a poor audit report from the CAG. It was also reported that funds received from donors for specific medical problems cannot be diverted as expenditures must go along specified budget lines. In addition, it was reported that corrupt administrators and managers invoke a practical norm of reallocating money to other, more urgent budget lines whilst, in reality, they are stealing the supplies or the money hiding the theft behind a smokescreen of a series of informal reallocations that are difficult to trace.

### **Government Funds for Other Charges (OCs)**

Other Charges (OC) are part of the recurrent expenditure covering all administrative costs for government departments and agencies. It includes expenditure for goods and services as well as allowances for government employees. Basic salary and national debt service are excluded from OC. During validation at MoEST and PO-RALG, ministerial staff pointed out that there have been changes to OC. Under the new government led by President Magufuli, the percentage of OC has been reduced from 80% to 60% of the government budget. In addition, there is more oversight on how they are spent. These changes resulted in *de facto* reduction of OC available for government departments.

Some civil servants we interviewed believed that government funds for Other Charges (OCs) had been abolished but in fact it had merely become more difficult to access these funds. This affected the available funds to cover expenses such as overtime and leave allowances. They pointed out that OCs were crucial in covering for unforeseen charges and gave administrators flexibility in solving financial challenges. The accounts below are a result of such misunderstandings and it was surprising to learn that even some administrators thought that OC have been abolished.

*With abolition of OCs, we no longer obtain leave allowances and overtime payments. Life has become really tough because of this. [An Administrator at a health facility]*

Health sector employees at district offices reported that they rely on their personal money to cover some office-related expenditure when faced with financial challenges due to underfunding and delays in receiving OC funds from the government. Consider the following accounts:



*We no longer receive basket funds that were previously used for expenses such as facilitating our visits to different wards, especially in transportation. But currently the funds are not there so we have to use money from our own pockets. [An Administrator]*

*We sometimes incur cost to cover office expenditures e.g. buying ream papers and paying for internet because we no longer receive OCs from the government. [An Administrator, district office]*

According to the 2009 Standing Orders for the Public Service of Tanzania Section C.22, the supply of official stationery is the responsibility of the Government in accordance with the provisions of relevant laws governing procurement in the Government (URT 2009b). The funds to cover such expenses come from OCs but there is confusion among health workers on the availability of OCs (see above). When we discussed the findings with senior officials at the regional and ministerial level, they explained that OCs have not been abolished but that there is now more scrutiny of payments for overtime allowances to health staff and that there are delays in disbursing government funds because of incorrectly completed their funds request forms. It is clear that more information about changes to OC regulation is required (see above).

### **Political Interference**

District health officers reported frequent political interference when discharging their official duties. Political interference hampers the effective enforcement of public health management regulations. For example during the recent cholera outbreak, local politicians tried to stop attempts by district environmental health officers to ban food vendors violating official hygiene regulations. This mostly happens during election campaigns when politicians are keen to expand their appeal to voters, according to a health administrator interviewed for this study:

*During a cholera outbreak we were ordered to stop banning unhygienic food vendors until after elections. I think they did this in order to secure more votes. [An Administrator, district office]*

Only very few civil servants challenge politicians as a Health Environmental Officer who ordered the arrest of local politician who allowed street vendors to sell food during a cholera outbreak. In general, the health workers we interviewed for this study were much concerned about the interference of political leaders in technical decisions.

## CONCLUSIONS

---

The research presents ample evidence of the existence of practical norms in the government health and education services in Tanzania. Practical norms are a useful concept to analyse the experiences of staff in the government health and education services in Tanzania. Our study finds that shortages and the erratic supply of resources, low integrity of leaders and staff, and weak enforcement of formal regulations spawn practical norms. The research also showed civil servants are not informed about new policies such as the fee free education policy, Other Charges, task shifting and promotion fuel practical norms. Individually, the mentality of business as usual, the fear of superiors due to bullying and intimidation and overwhelmed staff also spawn practical norms on the frontline.

The new government has initiated some changes and improved budget allocation and formal accountability of civil servants it remains to be seen whether these reforms are more than interventions and become more deeply entrenched. The new government certainly has shaken the civil service but at the time of writing it was not clear whether increased oversight is sustainable. President Magufuli has promised to address the problems faced by civil servants in the education and health sector. He announced that the government will hire 52,000 new staff to address staff shortages and will pay all arrears. In addition, he promised to overhaul the promotion system.

The research findings suggest that practical norms informally regulate efforts to provide public services in the context of unpredictability, lack of resources, unclear official regulations and overwhelming demand. They are, however, ambiguous as they equally facilitate corrupt practices and risky or subpar (“palliative”) service delivery. This ambivalence of practical norms highlights the complexity of the challenges faced by administrators and frontline staff in government health and education services. There is indeed widespread corruption and low quality services but the majority of teachers, nurses, and doctors work very hard and use practical norms to provide essential public services. For example, teachers use their own funds to provide food and other support for their pupils. Many teachers also use personal funds to buy teaching materials and work extra time without overtime payment to ensure their pupils’ success. Health care professionals also often go beyond the call of duty to assist patients by using personal funds, working overtime or double duty, and see more patients than the maximum number. The research findings highlight the need to develop a more effective communication strategy with regard to the new policies such as the implementation of the fee free education, and Other Charges.

The interplay of formal and practical norms in Tanzania is complex and requires a sustained and multi-pronged approach to reform. The formalization of informal practical norms is not likely to improve the situation as any attempt at formalization will spawn new informal norms. The realities on the ground are characterised by volatility, the lack of resources and overwhelming demand that tend to undermine the uniform application of official rules and

regulations. A thorough and comprehensive review of official rules and regulations by a body with real authority would be useful to identify opportunities to streamline official rules and eliminate contradictions.

A practical approach is based on four steps: (1) to examine practical norms and critical nodes in the different administrations and public services, (2) to identify local innovations and ‘local reformers’ who try to modify practical norms or introduce new ones to get the job done, (3) to engage these local reformers, with some support from management to build a reformist alliance addressing critical nodes, based on experimentation and innovation from the inside addressing lived realities in frontline services and (4) to engage the ministry headquarters to encourage experimentation in front line services without compromising professional standards. To validate the findings and initiate a discussion the team held two interactive events to discuss preliminary findings and practical solutions with Pwani Regional Education and Health Officers in February and March 2017. In May 2017, a validation workshop was held at the President’s Office – Regional Administration and Local Government in Dodoma. Workshop participants were mainly administrators working at PO RALG Headquarters, particularly directors and heads of departments. A follow-up workshop to discuss the policy implications was held in October 2017. In November 2017, the project co-hosted a dissemination stakeholder workshop in Dar Es Salaam. These events were very successful in familiarizing policymakers with the phenomenon of practical norms and the research team hopes that the findings will inform civil service reform in Tanzania.

## REFERENCES

---

- AfroBarometer-REPOA (2012) *Progress on MKUKUTA*. Results from the AfroBarometer Round 5 Survey in Tanzania. Dar es Salaam.
- Anders, G. (2010) *In the shadow of good governance: An ethnography of civil reform in Africa*. Leiden, Brill.
- \_\_\_\_\_ (2009) 'Like chameleons: Civil servants and corruption in Malawi', in G. Blundo and P.-Y. Le Meur, eds., *The Governance of daily life in Africa: Ethnographic explorations of public and collective services*. Leiden: Brill.
- Betweli, O. (2013) 'The nature of teacher professional misconduct in Tanzanian public primary schools: The case of Sumbawanga Municipal and Rural Districts', *International Journal of Education* 5 (1).
- Blundo, G. (2015) The King is not a Kinsman: Multiple accountabilities and practical norms in West African Bureaucracies. In: de Herdt, T. and Olivier de Sardan, J.-P. (eds) *Real Governance and Practical Norms in Sub-Saharan Africa*. Abingdon: Routledge, pp. 142–159.
- Blundo, G. and Le Meur, P-Y. (eds) (2009) *The governance of daily life in Africa. Ethnographic explorations of public and collective services*. Leiden: Brill.
- De Herdt, T. and J.-P. Olivier de Sardan (eds.) (2015) *Real governance and practical norms in sub-Saharan Africa*. London: Routledge.
- Dobel, J. (2016) 'Integrity and Corruption', in A. Farazmand (ed.) *Global encyclopaedia of public administration, public policy, and governance*. Springer International Publishing.
- Hahonou, E. K. (2015) *Real governance and practical norms in Sub-Saharan Africa: The game of the rules*. De Herdt, T. and Olivier de Sardan, J-P. (eds.). Abingdon: Routledge, pp. 123-141.
- Hakielimu, (2010) *Restoring teacher dignity*. Hakielimu. Dar es Salaam.
- \_\_\_\_\_ (2014) *Teaching effectiveness in primary and secondary schools in Tanzania*. Dar es Salaam.
- \_\_\_\_\_ (2017) *The Impact of the implementation of fee-free education policy on basic Education in Tanzania: A qualitative study*. Dar es Salaam.
- Helmke, G. and S. Levitsky (2004) 'Informal institutions and comparative politics: A research agenda', *Perspective on Politics* 2 (4): 725–740.
- Iddi, A., O. Yohana, and S. Maluka (2013) 'Implementation of pro-poor exemption policy in Tanzania: Policy versus reality', *International Journal of Health Planning Management* 28(4): 298-309.
- Kamuzora, P., C. Ngindo and L. Mutasingwa (2009) *Ethical issues in urban land administration in Tanzania. A research report on strategic studies on corruption submitted to the Prevention and Combating Corruption Bureau (PCCB)*.
- Lipsky M. (1980) *Street-Level bureaucracy: Dilemmas of the individual in public services*. New York: Russell Sage Foundation.

- Lupimo, Frimatus M. (2014) *The role of school inspection in improving academic performance in Community Secondary Schools In Tanzania: A case study of Bariadi District*. A Dissertation Submitted to Mzumbe University, Dar es Salaam Campus College, in Partial Fulfillment of the Requirements for the Award of Master's Degree in Public Administration (MPA) of Mzumbe University.
- Maesdad O. (2006) *Human resources for health in Tanzania: Challenges, policy options and knowledge gaps*. Chr. Michelsen Institute. Oslo: Norway.
- Marcis F. and Grard J. (2015) 'Ethnography of everyday ethics in a South African Medical Ward', in de Herdt, Tom; Olivier de Sardan, Jean-Pierre (eds). *Real governance and practical norms in Sub-Saharan Africa*. Abingdon: Routledge, pp.160-185.
- Mgonja, M. G. (2017) 'Responding to workplace absenteeism in Tanzania: The case study of public and private Schools in Ilala Municipality and Mkuranga District', *International Journal of Educational Leadership and Management* 5(1): 85-108.
- Mliga, G.R, A.O. Mwakilasa, and E. Mwakalukwa (2005) *Human resources for health: Strategies to overcome the constraint, pre-review health SWAP committee (Joint GOVT/ Development Partners) Preparatory Meeting*.
- Ministry of Health (1994) 'Mwongozo wa Utekelezaji wa Sera ya Wananchi Kuchangia Gharama za Hudama ya Afya Nchini'. Ministry of Health Tanzania.
- \_\_\_\_\_ (2005a) *Health financing options in Tanzania: Attaining financial sustainability for an equitable access to essential health care*.
- \_\_\_\_\_ (2005b) *Tanzania joint health sector annual review, April 2005*.
- MOEST (2014) *Education and training policy*. Dar es Salaam.
- Munga, A. et al. (2012) 'Experiences, opportunities and challenges of implementing task shifting in underserved remote settings: The case of Kongwa District, central Tanzania', *BMC International Health and Human Rights* 12: 27.
- Mujinja P. and Kida T. (2014) *Implications of health sector reforms in Tanzania: Policies, indicators and accessibility to health services*. THDR 2014. ESRF Discussion Paper 62.
- NIMR. (2012) *Situational analysis of existing task shifting practices among health workers in the context of HIV/AIDS and reproductive and child health service delivery in Tanzania: Synopsis*. National Institute for Medical Research. Dar es Salaam: Tanzania
- Nkya, O. et al. (2012) *Tanzania Human Resource Capacity Project. Multisectoral Criteria For Defining Underserved Areas*. The United States Agency for International Development.
- Nyamubi, G. J. (2017) 'Determinants of secondary school teachers' job satisfaction in Tanzania', *Education Research International* 2017.
- Olivier de Sardan, J.P. (2013) 'The bureaucratic mode of governance and practical norms in West Africa and beyond', in M. Bouziane, C. Harders and A. Hoffman (eds.) *Local politics and contemporary transformations in the Arab world*. London: Palgrave Macmillan.

- Olivier de Sardan, J.P. (2015) ‘Practical norms: Informal regulations within public bureaucracies (in Africa and beyond)’, in T. de Herdt and J.-P. Olivier de Sardan (eds.) *Real governance and practical norms in sub-Saharan Africa*. Abingdon: Routledge.
- Shemdoe, A. et al. (2016) ‘Explaining retention of healthcare workers in Tanzania: moving on, coming to “look, see and go”, or stay?’, *Human Resources for Health* 14(2).
- Shole, R. N. (2015) ‘The impacts of cost sharing in health services in Geita District, Tanzania’, *Malaysian Journal of Medical and Biological Research* 2(3):182-190.
- Sikika (2013a) Where are the doctors – Tracking study of medical doctors. Dar es Salaam, Tanzania.
- Sikika (2013b) *Report on availability of essential medicines, medical supplies and bed capacity in hospitals in Tanzania Mainland*. Dar es Salaam, Tanzania.
- Sirili, N. et al. (2014) ‘Addressing the human resource for health crisis in Tanzania: The lost in transition syndrome’, *Tanzania Journal of Health Research* 16(2).
- Torrington, D., L. Hall, S. Taylor and C. Atkinson (2011) *Human resource management*. London: FT/Prentice Hall.
- United Republic of Tanzania (2005) *The state of the public service report 2004*. Dar es Salaam: PO-PSM.
- \_\_\_\_\_ (2009a). *Handbook for school inspection*. 3<sup>rd</sup> ed. Ministry of Education and Vocational Training. Dar es Salaam.
- \_\_\_\_\_ (2009b) *Standing order for the public service*. 3<sup>rd</sup> ed. Dar es Salaam: Government Printer.
- \_\_\_\_\_ (2011) *Community Health Fund (CHF) Design*. Ministry of Health, Dar es Salaam, Tanzania
- \_\_\_\_\_ (2014a) *Staffing levels for Ministry of Health and Social Welfare Departments, Health Service Facilities, Health Training Institutions and Agencies 2014-2019 revised*. Ministry of Health and Social Welfare. Dar es Salaam.
- \_\_\_\_\_ (2014b) *Human resource for health and social welfare country profile 2013/2014*. Ministry of Health and Social Welfare. Dar es Salaam.
- \_\_\_\_\_ (2016) *Government budget for the financial year 2016/17*. Citizens’ Budget Edition. Ministry of Finance and Planning. Dar es Salaam.
- URT and UNICEF (2016) *Health budget brief FY 2011/12-2015/16*. Dar es Salaam.
- Uwezo Tanzania. (2011) Are our students learning? Annual learning assessment report Tanzania. Uwezo: Tanzania.
- Wangwe S., H. Semboja and T. Tibandabage (eds.) (1998) *Transitional Economic and Policy Options in Tanzania*. Tanzania Political Economic Series, 1, Dar es Salaam: Mkuki na Nyota Publishers.
- WHO. (2007) “Task Shifting to Tackle Health Worker Shortages.” *HIV/AIDS Programme Strengthening Health Services to fight HIV/AIDS 1: Taking stock*. WHO/HSS/2007.03.