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REPORT OF WAJIBIKA INTRODUCTORY VISITS TO DODOMA, MOROGORO AND PWANI REGION

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REPORT OF WAJIBIKA INTRODUCTORY VISITS TO DODOMA, MOROGORO AND PWANI REGION

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ACRONYMS

CHF	Community Health Funds
CHMT	Council Health Management Team
DC	District Council
LGA	Local Government Authority
MC	Municipal Council
NHIF	National Health Insurance Fund
OVCs	Orphans and Vulnerable Children
PMU	Procurement Management Unit
TC	Town Council
TIKA	Tiba Kwa Kadi

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The Wajibika team would like thank USAID for the support provided to make this undertaking possible, and Abt Associates staff for continued technical support. We also appreciate the continued collaboration we have enjoyed from the Regional Secretariats, in particular the Assistant Administrative Secretaries-Local Government of all three regions, and the Council Directors.

I. INTRODUCTION AND BACKGROUND

Wajibika is a USAID-funded project contracted to Abt Associates that began in February 2010 with the goal of improving accountability in 25 Local Government Authorities (LGAs) in Tanzania over three years. In Iringa Region the project is currently operating in eight LGAs; after working in Iringa Region for about a year, Wajibika also embarked on plans to expand to other regions.

Immediately the Wajibika project started it conducted a rapid needs assessment whose data were later analyzed and disseminated to stakeholders at various levels. The results of this assessment were used to design interventions to improve financial and programmatic accountability. As the project planned to scale-up to additional regions and councils, it was important to check whether the interventions designed for the pilot phase councils would also be relevant to the new ones.

The project uses the following five key approaches to guide its work:

1. Conduct strategic advocacy to promote country ownership and buy-in by all key stakeholders.
2. Strengthen partnerships among all sectors.
3. Provide technical support to partners involved in piloting performance-based incentives.
4. Spur competition among LGAs to encourage better performance.
5. Transfer skills to Government of Tanzania staff through mentoring and coaching on the job.

The five approaches above target three key objectives as follows:

Objective 1: To improve governance through strengthened programmatic and fiscal accountability in the target districts.

Objective 2: To strengthen support for decentralized management by the Prime Minister's Office, Regional Administration and Local Government and Ministry of Health and Social Welfare. This is intended to result in effective optimizing of resources from various sources; improved programmatic and fiscal accountability at the district level; and implementation of performance-based financing or other incentive/disincentive approaches.

Objective 3: To support the Prime Minister's Office, Regional Administration and Local Government in developing an effective expansion plan of the Wajibika interventions for the Government of Tanzania. Under this plan, the government will undertake the interventions and improve performance and accountability in all districts, based on the lessons learned from the project districts.

The methods used during the visits included presenting an overview of the Wajibika project, followed by discussion; observations; and key informant interviews.

2. WAJIBIKA SCALE-UP PLAN

Through discussions with partners and in particular the Ministry of Health and Social Welfare (MoHSW) and the Prime Minister's Office Regional Administration and Local Government (PMO-RALG) it was decided that a regional, holistic approach would be adopted to select the regions where Wajibika would operate. This regional approach was preferred because it takes into account a systemic approach which is more suitable for sustainability purposes using all the levels within the region to support the councils. Following this approach Iringa (with 8 councils) was selected as the start-up region. Many factors were considered in selecting the start-up region but two of the important ones were: high HIV /AIDS prevalence; and presence of multiple partners supporting the region (more resources needing coordination).

The Wajibika Project planned to scale-up from the 8 start-up councils in Iringa region in year one to 25 in the second year. Following the regional approach this was only possible if three regions are included in the scale up (no two regions which are contiguous to Iringa would make up a total of 17 councils. It was therefore decided to take up three new regions which meet the criteria and which have approximately the required number of districts. In the end, the project decided to support 27 councils. The criteria for scale-up included, but not limited to the following:

- Ability to scale up contiguously
- Regions where there is support by other actors (need to coordinate resources from the many partners - one of the priorities for Wajibika project).
- Regions that are accessible to the project (in terms of time, cost and other resources).

Based on these criteria, the following regions qualified for the scale up: (as mentioned above), Dodoma, Morogoro and Coast (Pwani).

During the introductory visits, the Wajibika team introduced the project to the Regional and Council authorities of the three new regions. Also, the team administered a short questionnaire or checklist to the Councils to find out the existing situation regarding financial and programmatic accountability in those councils; and shared the findings of the rapid assessment that had been conducted in Iringa in February 2010.

This report describes in brief the findings of the introductory visit conducted by the Wajibika team in the three new regions from October 18 through October 30, 2010..

3. SUMMARY OF FINDINGS

The data collected via the short questionnaire or checklist showed that most councils' are still using manual accounting systems: 13 out of 19, or 68%. Eight of the 19 councils (42%) have the Epicor automated system, but not all of them use it.. Two of the 19 councils (11%) use a mixture of manual systems and Epicor. This is important because councils are supposed to use the Epicor financial package. Manual systems allow for more errors or changes, which affects accountability within the council. The data also showed that 17 out of 19 councils (89%) conducted stakeholders' meetings in the previous financial year. Insurance coverage is an important source of financing for the councils. When asked about prepaid insurance schemes, 17 out of 19 councils (84%) said they operate Community Health Funds (CHF), while all councils (100%) operate the National Health Insurance Fund (NHIF). Tiba Kwa Kadi (TIKA) is operational only in the two municipal councils of Dodoma and Morogoro. These findings are summarized in Table 1 below.

TABLE 1: SUMMARY OF THE FINDINGS ACCORDING TO THE SHORT QUESTIONNAIRE CHECKLIST

S/N	Council	Issues						
		Accounting System in Use		Stakeholders' Meeting		Prepaid Schemes		
		Manual	Epicor	Conducted	Not conducted	CHF	NHIF	TIKA
Dodoma Region								
1	Dodoma Municipal Council (MC)		✓	✓			✓	✓
2	Bahi District Council (DC)	✓		✓		✓	✓	
3	Chamwino DC		✓	✓		✓	✓	
4	Kongwa DC	✓		✓		✓	✓	
5	Mpwapwa DC	✓		✓		✓	✓	
6	Kondoa DC	✓	✓	✓		✓	✓	
Morogoro Region								
7	Morogoro MC		✓	✓			✓	✓
8	Morogoro DC	✓	✓	✓		✓	✓	
9	Mvomero DC	✓		✓		✓	✓	
10	Kilosa DC		✓	✓		✓	✓	
11	Kilombero DC		✓	✓		✓	✓	
12	Ulanga DC		✓		✓	✓	✓	

S/N	Council	Issues						
		Accounting System in Use		Stakeholders' Meeting		Prepaid Schemes		
		Manual	Epicor	Conducted	Not conducted	CHF	NHIF	TIKA
Pwani Region								
13	Kibaha Town Council (TC)	✓		✓		✓	✓	
14	Kibaha DC	✓		✓		✓	✓	
15	Kisarawe DC	✓			✓	✓	✓	
16	Bagamoyo DC	✓				✓	✓	
17	Mkuranga DC	✓		✓		✓	✓	
18	Rufiji DC	✓		✓		✓	✓	
19	Mafia DC	✓		✓			✓	

Challenges in Financial Management

From the findings above, it is clear that the situation in the councils is still challenging in terms of use of accounting packages and also various types of insurance schemes still have challenges in membership recruitment. The checklist required councils to identify challenges they are facing. The many challenges mentioned included the following.

- Manual preparation of reports delays their production.
- EPICOR does not accommodate IPSAS (International Public Sector Accounting Standards).
- Accountants are inadequately trained in EPICOR.
- EPICOR is a standalone program.
- EPICOR has no linkage with PlanRep2 (a software package used for planning and reporting and endorsed by MOHSW) and salaries, so salary information has to be entered manually into EPICOR.
- Inadequate working tools and office space.
- Inadequate budget.
- Inadequate human resources (not enough accountants).
- Inappropriate internal auditing reporting framework.
- The Procurement Management Units (PMUs) established in councils are not in accordance with the Public Procurement Act 2004.
- EPICOR systems had never produced any checks to use for payments, even though printers were available.
- No antivirus software to protect the EPICOR system.
- The new circular stipulating the rules for procurement agencies jeopardizes the existence of the current PMUs, because they do not meet its requirements.
- No guiding circular directs the establishment of PMUs.
- Rufiji is not connected to the national electricity grid, and there is no standby generator.

Health and Community Development Sectors

- Staff in these sectors are inadequately trained on prepaid schemes such as CHF, NHIF, TIKa and cost-sharing.
- Enrollment in the CHF is low due to inadequate advocacy; the only advocacy comes from the health sector.
- Inadequate human resources for health.
- Inadequate capacity in report writing, filing MTUHA, and planning.
- Inadequate equipment, drugs and medical supplies in the facilities.
- Inadequate funding to Orphans and Vulnerable Children (OVCs).

- CHF forms have many fields to fill.
- Payment of CHF is centralized in Dar es Salaam.
- The fact that there is only one membership card for the family causes inconvenience in treatment.
- The problem with OVCs is not perceived as a council problem, but as a problem with the Development Partners and NGOs. NGOs are not transparent in their activities and funding.
- Council Health Services Boards are not operational (for example, in Mvomero).
- Mvomero does not have a social welfare officer to deal with OVCs.
- Inadequate incentives for health workers.
- Most Council Health Management Team (CHMT) and hospital staff in Kisarawe council are new.

4. LIST OF INTERVIEWED OFFICIALS

The interviewees included: Council Directors, Planners, Treasurers, Community Development Officers, Medical Officers, Social Welfare staff, procurement officers, Health Secretaries and Internal Auditors. Details appear in Appendix 2.

4.1 PARTNERS OPERATING IN VISITED COUNCILS

During the visit some of the partners operating in the visited councils were inventoried. These people will be invited to the stakeholders' meetings convened by CHMTs. Table 2 below identifies them.

TABLE 2: PARTNERS OPERATING IN THE VISITED COUNCILS

S/N	Council	Partners									
		FHI Tunajali	ICAP	World Vision	JHPIEGO	Africare	MEDA	Engender Health	Water Aid	PSI	Others
Dodoma Region											
1	Dodoma MC	✓									
2	Bahi DC	✓		✓	✓	✓	✓	✓	✓	✓	BSF,GF
3	Chamwin o DC	✓				✓	✓	✓	✓	✓	CMSR,CBHI
4	Kongwa DC	✓				✓	✓			✓	LVIA,KTP, CBHI, AFNET
5	Mpwapwa DC	✓		✓			✓	✓		✓	CMSR, PATUU
6	Kondoa DC	✓									CBHI,IHA
Morogoro Region											
7	Morogoro MC	✓		✓	✓		✓	✓		✓	UMATI, MAISHA, HABOKA
8	Morogoro DC	✓		✓	✓		✓	✓		✓	FARAJA, MOROTEAS, SS I, Lions Clubs
9	Mvomero DC	✓			✓			✓		✓	Catholic Mission, HAKOKA
10	Kilosa DC	✓		✓	✓	✓	✓				AFNET, Marie Stopes

S/N	Council	Partners									
		FHI Tunajali	ICAP	World Vision	JHPIEGO	Africare	MEDA	Engender Health	Water Aid	PSI	Others
11	Kilombero DC	✓			✓			✓			IHI,TTCHIS,HA KOKA, ITECH, ILOVO, Marie Stopes ,Blue Cloth
12	Ulanga DC	✓						✓		✓	KVTC,WLF,IHI
Pwani Region											
13	Kibaha TC	✓	✓								Marie Stopes ,PI,UNICEF
14	Kibaha DC	✓	✓				✓	✓			WHO, Marie Stopes , UNICEF,PI, Pathfinder,KI CODET
15	Kisarawe DC		✓				✓	✓		✓	PI
16	Bagamoyo DC		✓				✓	✓		✓	CVM, UNICEF,UKUN
17	Mkuranga DC		✓					✓		✓	PASADA,PI, ACTIONAID,BILAL MUSLIM, AMREF, JIMWACO
18	Rufiji DC	✓	✓	✓			✓	✓		✓	SWAT, KLCCDA, PATH,RCL, Maria Consolata
19	Mafia DC	✓	✓								

5. CONCLUSION

All councils expressed their willingness to work with the Wajibika project. The interventions agreed on for the Iringa councils were found to be relevant to Dodoma, Morogoro and Pwani, and authorities there agreed to start implementing such interventions immediately. To start with, CCHP preparation training will be provided to CHMT, facility in-charges, and internal auditors. Wajibika will be invited to attend the stakeholders' meetings.

Even though 42% of councils have Epicor, the system is only partially used in report production, and the accounting staff are only half-trained. They need retraining, new servers, computers, webmail, and continuous capacity-building.

ANNEX 1. WAJIBIKA TEAM

1. Dr. Peter Kilima (Chief of Party)
2. Dr. Conrad Mbuya (Scale-up Advisor)
3. Abdul Kitula (Chief Technical Advisor – Finance)
4. Mary P. Kasonka (Associate Director – Technical Strategic Planning)

NB: The team was divided into three groups.

ANNEX2. LIST OF STAFF INTERVIEWED IN INTRODUCTORY VISIT

No.	Name	Designation	Contact
1.	Dr. Mohamed Kombo	Ag.DMO	
2.	Innocent Msofu	TA	0784- 232353
3.	Abas Mwangusi	CT	0754-026076
4.	Ndina Katambala	PMU	0654-293232
5.	Ramadhan Mbuguyu	DT	
6.	Jaina Said Msangi		0767-558520
7.	Teddy Kalolo	IA	
8.	Dr. James	IA	
9.	Hassan Kindamba	IA	
10.	Amina Mahamood	IA	
11.	Verian Mgya		0754- 475546
12.	Raha MKate		0753- 011443
13.	Kalagila Lweyimamu		0755- 977811
14.	Dr. John Ruanda	DMO	
15.	Lilian Kibaida	HS	0717- 534473
16.	Joyce Mgeza	DNO	
17.	Isdori Mwalongo		
18.	Karume Maisalla	Ag.DMO	0713- 703884
19.	Isaack Ashali		0713- 443332
20.	Justine Selebewa	SO	0717- 037836
21.	Neema Michael	IT	0718- 838376
22.	Dr. Abraham Mahozo	DMO	0786- 477007
23.	Zakaria Sekimwali	DT	0718- 199901
24.	Mramba Anisetus	Ag DPLO	0715- 377713
25.	Anande Mwandole	Ag:PMU	0784- 296047
26.	Dr. Debora Kabudi	DMO	0715- 351200
27.	Stima Kabikile	DT	0713- 520350
28.	Nicolas Chiduo	DMO	0715,0784- 548070
29.	Fauzia Hamidu	Ag. CT	0658- 646584
30.	Sadikiel Rajabu Mzava	IA	0714- 955044
31.	Mahiwa Rajabu	PMU	0784-449408

No.	Name	Designation	Contact
32.	Dr. Akim Msoyobe	Ag. DMO	0784- 365881
33.	Mbwana Msangi	Ag. DT	0784- 262501
34.	Dr. Awami Magwira	DMO	0682- 690952
35.	Alfred Ruauda	CD	
36.	Dr. Bakari Salum		0783- 211768
37.	Dr. Raphael Kaseka	Ag. DMO	0784-348254
38.	Magreth Nyalile	DED	0784- 294177
39.	Marko J. Mangu	IA	0713- 024655
40.	Irira J. Michael	Ag. DT	0715-819152
41.	Dr. Kaniki Issa	DMO	0713- 504355
42.	Azimina Mbilinya	DED	0786- 09
43.	Doris Hugo	IA	0713-210241
44.	Leti Shuma	Planning	0754- 270169
45.	Esta Rweyemamu	Procurement	0785- 783641
46.	Elisia Abutolile	Ag. DT	0754-436523
47.	Grace Boniface		0754-380432
48.	Witness Mulegi		0784- 588057
49.	Royce Mwadebe		0754- 993735
50.	Edmund Maganga		0714- 882818
51.	Jofrey Mjema		0754- 755061
52.	William Mwaga		0654- 299988
53.	Dr. Rahim Hangai		
54.	Mkana Mohamedi	DHO	0767705958
55.	Yessaya Mosses	CD	
56.	Samwel Satianga	DED	
57.	Nenetwa Fedelis		0717- 159004
58.	Dr. Msandi Mwendo		0763- 242199
59.	Charles Lawiso	Ag. DED	
60.	Patience Andrew	IA	0754- 303820
61.	PrayGod J. Munisi	Ag. PMU	0688- 231307
62.	Sospeter Samwel	Ag. CT	0784- 495373
63.	Mhina	DMO	0784- 832275
64.	Bujiku James	HS	0784- 417323
65.	Buka Joseph		0784- 656585

