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Women and Children in Mainland Tanzania 111

I taking action to improve the situation of women and children requires prior assessment of the problems and analysis of the causes. For this assessment and analysis information is needed

" :j- many actions to improve the situation of women and children can be taken within households and communities. Women have access to most of the information

' about their own conditions and about their children. Their scope for actions is constrained by lack of control over resources. Men have control over resources,

' but have limited access to information about the problems and potential solutions.

' In order to share in the actions, men must have improved access to information.

In order to improve the effectiveness of actions, women need more control over resources

Supporting structures, administrative and political, reach into community level in Tanzania 1_ '

- communities are expected to take more responsibility for the operation and

' - V management of social services. Communities are already contributing with cash, labour inputs and other in-kind payments for various services and activities.

Community-based monitoring systems are providing systematic information for decision making at community level for improvements in children's nutrition. They are supported by trained village health workers and extension staff. The use of these monitoring systems has helped significantly reduce the rate of child

malnutrition -

- : support from district level is constrained by their low levels of financing

' - i trust funds, cooperative groups and other forms of local associations are being established for economic ventures and for social development. Many district trusts

provide secondary schooling. Within a framework established by the Government, these local, non-governmental organizations can provide supportive services for women and children

nutrition monitoring systems provide information about faulty development

processes in general. They could be used at national level to direct resources to areas where women and children are most at risk

t- at international level, decisions to relieve debt burdens might provide additional resources for women and children

from 'a' all levels, stronger support is needed for local capacity building

149 Background papers for this analysis were written by J. M. Gamaah and P. G. Alla; S. S. Mush! and M. L. Baregu; P. Qorro, R. Jengo

and M. C. Sobay and the Government of Tanzania UNICEF Task Force for Community Development. Research was conducted by A.

Nkhoma-Wamunza, B. Koda, M. Ngalza and R. Besho. Additional material was provided by B. Lungum and V. Rwechungura.

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112

Women and Children in Tanzania

VOne thing is certain: Africa has no future - debts or no debts - if we do not take Care of our children. We must face up to that fact and . what it means-Ht

"It meanl that withOut any prevancation we in Africa - all of us -

' " __to fight for Our children, the mothers, and the poor

_ Most of them live in" rural areas. We '

Tmust then 6112' financial and other" priorities accordingiy, and shift

I the fOcus of our policy and our action to those priorities. ,. '

' "A;_dec15 ngfbr the lchi dren meahs that governments all0w.j

' encourage and help the peOple to act in support of the children, not"

that they try to do everything themselves. It means helping the pebple '_

I to understand the Causes of their problems, and what they can do"

t means providing them with the basic essentials which ..

they will heed ldr effective action And it means allowing the people to

_ centroluthe implementation of the local decisions they have made... 51.55; 7.

about them

frOm addreSS by Mwalimii Juiius K. Nyerere, Chairman of South Commission; to UNICEF

Pan-African Committee of Artists and Intellectuals for Children Bamako, 7 March 1989.

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Women and Children in Mainland Tanzania

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Analytic Framework

for Improved _

Decision Making for

Women and

Children

Earlier sections of this analysis have looked into important reasons for the high rates of maternal and child mortality and malnutrition. The analysis so far helps to clarify what important decisions and actions need to be taken to improve the situation of women and children. The people and institutions to take these actions are implicit. More explicitly, this section examines the operation of decision making processes of people and in those institutions who can support improvements in the situation of women and children; It identifies who can take action, to see to what extent their decision making processes may be strengthened or changed in order to improve their effectiveness in supporting the well-being of women and children.

figure 45

113

To facilitate the analysis, a framework is used which emphasises the cyclical nature of decision-action taking. A problem is identified, assessed, its causes analysed, and action is taken to solve the problem. This "triple-A" cycle is repeated as re-assessment and re-analysis are made after action has been taken, to see what the effect of the action has been and what additional actions may be needed. This analysis-action-reanalysis cycle is a function of any management process, whether by parents concerned about the health of their children, deciding whether to take them for treatment, or by national or international executives deciding whether to allocate funds for nutrition programmes. Decision makers, people taking action, need information in order to understand the extent of the problem they are trying to solve and its causes and to monitor, assess, the results of actions taken to solve the problem.

The analysis of the situation of women and children presented so far shows that some of the problems which cause their poor situation are

ASSESSMENT - ANALYSIS - ACTION

ASSESSMENT

of the Situation of

Children and Women

ACTION

based on the Analysis

and Available Resources

ANALYSIS

of the Cause of

the Problem

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amenable to effective actions at household and community levels. If decision making at these levels were more supportive, more women and children would survive and those surviving would be in better condition. Other problems can be solved only with support from outside the community, for example by medical services which in turn require supplies which may need to be procured outside the country with foreign exchange. International economic and political relations affect decision-making at these levels with implications for the strategies adopted at national level and the conditions under which households make their decisions. It is clearly important, therefore, that the critical actors and decision makers be identified and their decision-making processes understood. Processes supportive of women and children should be encouraged and those detrimental changed. Actions to improve the situation of women and children involve the reallocation of resources in favour of women and children. Within households this may mean more time of parents with children, more sharing of work among adults in the household, spending greater shares of income on goods and services of benefit to women and children. At national and international levels, planning priorities might be changed and budgets reallocated. In order to take decisions to reallocate resources, those controlling the resources need information to justify their decisions.

Women and Children in Tanzania

Decision making at all levels depends on an initial assessment which is undertaken if there is perception of a problem and commitment to do something about it. Perception and commitment are dependent on information available and ability to understand the information. Analysis of the problem may be a complex undertaking which may be facilitated by the collaborative efforts of people most affected and knowledgeable about the situation together with people technically trained to undertake analyses of similar problems. Actions taken to improve the situation after this assessment and analysis may not lead to solutions of all causes of the problems. These actions may, however, contribute to a new situation which may be more conducive to actions which may not have been feasible before.

After this cycle of assessment, analysis and action, the impact of actions is re-assessed and the situation re-analysed. For this process to take place there must be an information system in place. The information systems must include information not only about the end result of the situation, malnutrition for example, but also about its causes. In this way the process will lead to more effective, better focussed actions.

Information and education fuel the operation of the cycle and play a critical role in the quality of the assessment and analysis. The communication of information is important, the exchange of information and the role women

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play in communicating their assessment of problems and their causes. Actions to improve the situation of women and children take place largely at the underlying level of determinants - with respect to household income and food security, maternal and child care, delivery of health services. Which actions are taken at this level are influenced by what information is communicated.

Basic determinants of the situation of women and children limit the conditions under which decisions are made, the boundaries within which choices may be made and the possibilities of expanding the space which is bounded. m

Sustainable actions to improve the situation are unlikely unless actions taken to solve underlying problems are complemented by actions at the basic level.

Decision Making in Households and Families

It is within households and families where many important decisions are taken which affect the well-being of women and children. Care of children and support for meeting the basic needs of women and children require general understanding of what these needs are. The care of the child in almost all families in Tanzania is a responsibility given to the mother. Sometimes the responsibility is shared with other women, usually relatives, for short or longer periods of time.

Caring for a very young child means being with the child almost all the time. Thus women get a continuous flow of information about the conditions and the developments of their young children. Through experience, through advice from other women, sometimes through more formal education, women are able to detect signs of problems and interpret these signs. This proximity of young children to their mothers facilitates the operation of decision making processes with possibilities for immediate effective action.

With respect to the well-being of women, women themselves have the best information about their own conditions. This may be explained or reinforced through consultations with other women.

While women have information, however, they usually do not control essential resources which are needed for effective action. These resources include most importantly their own time, both for the care of children and for themselves, especially

115

time to rest when they are pregnant. Actions which need more of a woman's time are constrained by the demands for her time in production and domestic chores.

There is clearly a basic contradiction in gender relations 'and decision making for improving the situation of women and children. it is men who control most of the resources but they are not very much involved in the day-to-day activities which most immediately affect this situation.

Men have little information about what actions may be taken to improve the situation, have little understanding of the direct consequences to their wives and children of some of their actions.

Women, on the other hand, have day-to-day responsibility for the care of their children, as well as a range of other tasks in maintaining the well-being of the household. They are generally the targets of information about improvements in the health and nutrition of their families. However, women have little control over the basic resources which may need to be reallocated to effect these improvements. Women receive information, but are constrained in taking action; men can take action, but have limited information.

A study of the operation of how CSD programmes might have influenced decision-making processes in households in four villages in Iringa and Kagera concluded that women had understood the messages, information, provided through the programme, and that this was the major reason for the success of the programme. However, when women needed decisions to be taken by men, "things did not happen". 151

Improved decision making depends on changing this paradox. Men must have more information about the well-being of women and children, and the consequences of actions taken to improve their situation. Women must be empowered to have more control over resources and the decisions about allocation of these resources to improve their own situation and that of their children.

In places where CSD programmes have been most successful it seems that improved information, through child growth monitoring using children's growth cards, and understanding by both men and women have facilitated better 150 S. S. Mushl, "Integrated Social development ngramma - A Study 0/ UNICEF . Supported CSD Programmes in Tanzania." Report prepared for UNICEE Dar es Salaam, 1988.

151 A. Nkhoma-Wamunza, B. Koda, M. Ngalza, R. Besha, Triple-A Cycle Appmch at Household and Community Level: An Assessment of ks Applicability and Operation in some Villages in Iringa and Kagera regions, 'Report prepared /or UNICEE Dar es Salaam, 1989.

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Joint support from parents with consequent improvements in the nutrition status and survival of children.

Beyond the Family

Decisions taken within the family to improve the situation of women and children are conditioned by external events and decision making. Emergencies offer clear examples of how decisions may be taken quickly to reallocate and inject additional resources towards areas and people who have been most adversely affected. Where families' resource bases have been damaged, additional resources are provided. It is more difficult to see the effect of events which evolve more slowly, to see how decision making within families is changing according to the evolving conditions. One example about which there is inadequate information in Tanzania is the extent to which usual gender divisions of labour may be changing in response to additional incentives provided to farmers to increase crop production, and whether the increased income is being used to relieve critical labour bottlenecks within the family or in other ways to improve the situation of women and children. The response of families to changing external conditions clearly also depends on the actions taken by people outside the family. In this example, the availability of tools and technologies which families need in order to relieve their labour constraints is important.

Organisations, formal and non-formal institutions, beyond the family have been developed in Tanzania around a political and administrative network which reaches down to groups of households in villages and neighbourhoods in towns.

Community

In rural areas, households are organised in villages, and village governments are the official link between the members of the village community and the higher levels of the Party and the Government. The chair of the village is elected by all adult members of CCM in the village. S/he is the leader of the Village Government and of the Party at this level. Groups of households within a village are organised within a "ten-cell" structure, approximately ten households within each 'iten-cell.' A leader of the cell is elected to be the spokesperson of the households within the cell. The Village Government, Council, has a number of committees which execute the work of Women and Children in Tanzania the Government. Village health committees are responsible for primary health care at village level. With training and support from trained village health workers they can monitor the health of children and progress of pregnancies. In villages which have set up child monitoring systems, there have been substantial improvements in the nutrition status of children. The improvements have been generated largely by actions of the parents of the children, but supporting actions of the village health workers and committees have played an important part. Many villages have decided to operate organised child feeding posts to provide additional feedings for young children, a model of affordable village-based child care organisation. Special attention is

paid to those children who are malnourished. Villagers contribute food for the feeding post. In some cases compensation is provided to the child care takers, in other cases people take turns to take care of their own and their neighbours' children. Compensation is also provided by the villagers for village health workers. In the Iringa Programme's evaluation in 1988, the average value of villagers' contributions was T. Shs. 400 per month each for two health workers and for child care attendants. m

The Village Government organises uself-help" contributions for the construction of schools and other facilities, digging trenches for water pipes. Such contributions have tended to be for expansion of services, construction of new facilities. Contributions will be needed in the form of support for repairs and maintenance of existing facilities and in participation in provision of services themselves, such as village health committee members' following up parents of children who are malnourished, who have not been fully immunised or recently weighed. Contributions from villagers are also asked for Party activities: contributions for construction of Party headquarters in Dodoma and for local Party offices, for the 'annual country-wide run with the Uhuru torch, time in fund-raising walks. Villagers also contribute to feeding and entertaining official visitors. Resources are mobilised, villagers organise themselves for important activities. Additional contributions from villagers, in time and in other forms, to improve the well-being of women and children in the village are more likely to be made if there is visible improvement in the situation as a result of their contributions. Community-based monitoring systems can be put in place to quantify these improvements.

152 Iringa Nutrition Programme, "1983 - 1988 Evaluation Report, " United Republic of Tanzania, World Health Organisation and United Nations Children's Fund, Dar es Salaam, 1988.

Women and Children in Mainland Tanzania
Less formally organized groups, extended family structures, kinship groups, are still important in the lives of women and children. Groups of women join together for celebrations of births and marriages and assist each other at times of bereavement. Through their families and these groups women get advice and support for themselves and support for child care. It is also within these groups that women might form cooperative units for economic ventures. Cooperative groups operated formally within the structure of village-based "primary societies" for marketing of agricultural inputs and sales of crops. The law which reestablished cooperatives in 1982 restricted the formation of primary societies in rural areas to the village level. Changes to the law in 1989 permit the formation of cooperatives of smaller groups of people, as is now the case in urban areas. It is likely that women may take special advantage of this change. In organised cooperative groups of few members well known to each other and trusted, they may expect to be able to exercise more control over the proceeds of their cooperative ventures, with less likelihood of having them expropriated by leaders of the primary society or their own husbands. Easing the registration process and permitting access to credit for small cooperative groups will improve their chances of generating additional income.

Locally-based groups and organizations offer good possibilities for improved institutional support for women and children. In several areas, non-governmental organizations have formed to finance and manage local secondary schools. Enrolment of girls in these "private" schools is relatively high, over 40 per cent of form 1 enrollees are girls. However, the quality of education in non-government schools is not as high as in government schools, and girls are being relatively disadvantaged by their higher rates of enrolment there.

Nonetheless this experience and others in Tanzania of community mobilization around important social concerns offers good prospects for the further development of community-based organizations working to improve the situation of women and children. Organised groups may also be able to exercise more effective demand for services in support for their own efforts from 'higher levels of government than can individuals operating alone. Management support and training are likely to be needed. In poor communities, special attention will need to be paid to the generation of additional income, with access to productive inputs and credit.

117

The social impact of the operation of community groups and organizations should be monitored so that the well-being of women and children is improved by their activities. Social monitoring systems, such as those developed to monitor children's nutrition status within the community, can be adopted as part of groups' management.

In many groups and organizations of communities, men dominate the decision making. Greater opportunities are needed for fuller participation of women, not only in groups of their own, but also in the collaborative decision

making of community-wide organisations. Provision may be made, for example, in the establishment of village health committees for equal numbers of men and women members. In some cases where this has been done, however, it has also led to the delegation to the women members of actions on behalf of the Committee. The decision making may have been joint; the actions have remained "women's work." In urban areas, this formally organised structure is not so strong. People rely much more on mass media channels for information. Community-based groups tend to be organised around religious organisations. People rely on their family groups, though they may go to their ten-cell leader to resolve conflicts. Arrangements for child care frequently depend on young women who come from the extended family in the home village to live in the urban household. Informal groupings of women pool savings in "upatu" systems, informal savings clubs, and share the use of utensils for earning income, but for the most part urban women tend to work individually. There are possibilities for mobilising women in poor urban households around joint actions which might improve their access to water, child care arrangements, premises for work. m Effective community development workers and Party cadres can be provided more training in animation for community mobilization. Staff of mass media and theatre groups can assist in the development of local communications:

newsletters, wall papers, community theatre.
District and Region

At district and regional levels, the head of central Government is the District and Regional Commissioner, respectively, appointed by the President. The Party at each level is headed by the District or Regional Party Chair, elected by
153 Recommendation from IDS/UNICEF workshop to discuss
situation of women and children in poor urban households,
Dar es Salaam, January 1990

Party members in elections held every five years. At national level, the President heads the Government. He and Members of Parliament are elected every five years.

The Government structure is decentralised.

Local authorities - District Councils in rural areas, Urban Councils in towns - have responsibility for the delivery of basic services such as primary education and adult literacy classes, health services from dispensaries and health centres, water supplies, road maintenance and community development services. Higher levels of education and health services from hospitals are the responsibility of the Central Government.

Authority and staffing for some services have also been retained at central level, notably agricultural extension staff, and there is pressure from ministries with other cadres who are considered figure 46:

Women and Children in Tanzania

"technical," water and road engineers, in particular, to re-centralise their authority. Except for agricultural staff, in principle government staff operating within local authorities are responsible to a director: District Executive Director in the case of rural, district, councils; Town, Municipal or City Director in the case of urban councils. Technical support and supervision is provided from regional level by a team which reports administratively to the Regional Development Director, who is a central government employee. On technical matters, regional staff report to their parent ministries: the Regional Medical Officer to the Ministry of Health; the Regional Education Officer to the Ministry of Education, and so on. administrative structure Tanzania mainland

REGIONS 20

DISTRICTS 103

DIVISIONS 365

WARDS 2,149

VILLAGES 8,978

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.Review and Approv of District and Regional Development Plans 1 .

All development plans of the local authority are discu sed within subcommittees 'iii'of the Council and then by the full Council befoRe they can be approved and Iii'provided funds from the district. The District Development Committee (DDC) "?'considers all development plalls for the district, plans irivblving funds from distric t,

'C'central government and external sources The DDC promdes advice to the . Council arid to the Central Government about development programmes to be 'glfi'implemented in the district. The Committee is chaired. by the District nzCommissioner Members include Party Officials of the district as well as Members of the national Parliament and District Councillors. Technical functional officers bf government serve the Commdittee. ' 1' ' ' '-

.1 _ The Regional

Development Committee is chaired by the Regional Commissioner and its

A similar review and advisory process'occurs at regional level.

members include senior Party olfiCials in the region'and Methbefs COf Parliament.

in rural areas, as a link between the village and

the distn'ct, there are ward level operations. it is

at ward level where most extension staff are

posted. Dispensaries operate as ward level health

institutions; there are Ward Education

Coordinators; and Community Development

Assistants are posted at ward level to serve all the

villages in the ward. On average there are about

four villages in each ward. Ward Secretaries, staff

of the District Council, act as mobilizers for

development activities and for tax collection.

They are secretaries of the Ward Development

Committee, whose members include the Village

Chair and Secretary from each village in the ward

as well as the District Councillors from the area.

The Chair of the Ward Development Committee

is elected from among the Village Chairs and

Councillors.

Local governments started operating in this

form in 1984. They have relied for financing on

subventions from the central Government They

have legal powers to raise revenue but the

amount of funds generated from these local

revenue sources is only 27 per cent of

expenditures by local governments?"

Expenditures by local governments in total,

including funds subvened from central

Government and their own funds, amounted to

only 11 per cent of total government

apenditures in 1989.

The low level of subventions from central

Government was predicated partly on the

assumption that local governments would raise

funds themselves for their own operations. The

ability of councils to generate their own revenues

is constrained by poorly developed local

economies and by complex institutional

relationships. For rural councils a traditional

source of revenue would be a cess a tax on

crops sold. in some cases the official crop

marketing organisations, the cooperative unions

have failed to buy the crops from the village

primary societies and villagers have sold their

crops instead to private buyers. No cesses in

these cases are recovered. in other cases the

c00perative unions have bought the crops but

they have not returned to the councils the funds

raised from such taxes. There is confusion about

the legal responsibilities of different organisations

with respect to levying cesses and retaining

revenues from them. 55 Land taxes have not been

used historically, and their imposition is hindered

by the absence of plot surveys Over 50 per cent

of district councils' revenues come from development levies," a flat tax levied on even; able-bodied adult.

154 Data for 1989 on local governments' budgets and expenditures compiled by national accounts section 0/ Bureau of Statistics.

155 Background paper prepared by J. M. Gamaah and P. G. Alia; J. Semboja and O. Therkildsen, 'Options for Improvement: in District Council Financing,' Economic Research Bureau, University of Dar es Salaam, Centre for Development Research, Copenhagen. 1990

Members of cooperative societies have paid levies in the past to generate funds for social development. A common use of these funds was for scholarships for further education of children in the area. Some cooperatives are now raising revenues for education trust funds for secondary schools. In some areas, however, the cooperative unions have high overhead administrative costs, and have incurred large debts. Levies have been channelled to cover some of these costs. Given the long-standing underpayment of farmers for their production and the institutional problems of crop marketing agencies, marketing boards and cooperative unions, reliance on cess for additional revenue for services for women and children would need to be examined very carefully. The level at which community groups might organise themselves and trust funds be established for improved services for women and children also needs to be examined within specific contexts. Many trust funds which have been established for secondary schools are effectively extensions of district councils. Councillors and members of parliament are prominent founding members. They have established the trust funds because of the legal bar on district councils' themselves having responsibility for secondary schools. Based at district level, trust funds run the danger of being beyond community control. In some other areas trust funds for secondary schools have been established by the collaboration of a small number of primary cooperatives, villages. In other cases trust funds are managed by committees of parents and teachers, and the schools offer education to children in a specified catchment area which is smaller than a district.¹⁵⁶ If trust funds or revolving funds offer possibilities for further improvements in the situation of women and children, their specific contributions need to be assessed and the most effective level of operation and control. District Councils are underfunded and overloaded with responsibilities they inherited from earlier central Government operations. Forty per cent of local governments' own generated revenues go for salaries of an establishment of staff for 14 activities out of the 18 for which councils are responsible and for which they receive no subvention from central Government. Conditions of service for local government employees are established centrally by the Local Government Civil Service Commission. They are considered worse than those of their central government counterparts because of the distance of many district headquarters from main centres of activity, because of less access to possibilities for travel, training, attendance at seminars and workshops.

Women and Children in Tanzania

In general there is low level of morale among councils' staff. Constrained operations affect the ability of local governments to attract capable staff which further constrains the management of local governments. Management priorities are dominated by the day-to-day pressures of trying to balance the books and to increase the rate of payment of development levies. Some of the constraints would be relieved if councils were able to shed some of the staff of the previous central Government establishment who may not be

providing priority services in their districts. Within the constraints of councils' decision making, it is the time and skills of staff and the priorities for their use which offer most scope for support in improving the situation of women and children. There are teachers in every village, trained health staff at dispensan'es which cover on average three to four villages each, Ward Secretaries and extension staff at ward level, including community development workers. It is this cadre of staff which offers the best possibilities for support of village-based planning and actions. To do this, community-based information systems must be established and used in developing priorities for actions within the village and in backing up requests for support from other levels of government for those developments which cannot be undertaken without such assistance.

Ward and district staff of the Government and the Party are needed to support this planning-action process. They can offer technical support for village committees to establish and manage information systems about the situation of women and children, assistance in analysing, interpreting the data, technical support and referral if necessary for actions to be taken. With improved, systematic information from village-based monitoring systems. coordinated work of ward and district staff could focus more attention on those villages and groups of households with the greatest problems.

The cadre of community development staff, in particular, would be helpful. The Department of Community Development has undergone many institutional changes in the past years which have negatively affected the morale and effectiveness of the work of the field staff. The Department houses the focal point for women and children in the central Government and there are desk officers at regional level. Extension staff of the department have as their responsibility the development of villages' capacities to implement selfareliant development.

156 Background paper by P. Qarm, R. Jengo and M. C. Sobay

Women and Children in Mainland Tanzania

For effective mobilization of communities, extension staff of all sectors may need training in different approaches to their work, training in animation methodologies, training to train others in the management of village-based services and enterprises, training in the management and use of community-based information systems. Since a large proportion of ward-based extension staff tend to be young, they may also need training in effective communications with people in the villages who are older than they are. Age is respected in Tanzania, and it is not easy for young extension workers to be effective mobilisers, animators, or their elders. Extension staff also need equipment to enable them to work more effectively with communities, especially inexpensive forms of transportation, bicycles which could be bought by staff through revolving funds, and small fuel-efficient vehicles for those with longer distances to cover.

Similarly, the work of the district planning staff may need reorientation. Planning capacities of the communities need to be strengthened and district staff need to be able to spend more of their time working with communities in developing their plans rather than planning for communities, which tends to be the current process.

The time of district planning staff is now consumed by the day-to-day work of the councils and by the national planning process which demands detailed budgets for recurrent operations and development plans every year. Planners need relief from this grind to be able to organize more effective support for community-based development and spend more of their time with community planners. A revolving, multi-year national planning process would help to relieve them of some of their current day-to-day pressures.

District management information systems need to incorporate more systematic data about the conditions of women and children. Plans and progress reports on implementation of programmes in the district are provided to the Council and to the District Development Committee. With systematic data about the situation of women and children in the villages of the district, it is possible for these district bodies to focus their attention on ways in which they may support improvements in this situation. Similar information needs to be provided for decisions, recommendations, of the Regional Development Committee. There are substantial technical resources at regional level which can support districts' implementation of actions to

121

improve the situation of women and children. Regions also have influence in the national planning process over the amount of development funds allocated to support development activities in the districts of their regions. More effective allocation of regional technical resources and stronger claims against national development funds to support the well-being of women and children in their region would be facilitated with these information, management, systems.

National Institutions

Organised structures of the Party and

Government have been developed in Tanzania to reach people. However, these institutions also tend in practice to be directive: people are told ' what they should do for development; mass meetings are hortatory rather than fora for discussions of people's problems. National priorities and central direction towards their achievement tend to dominate.

The planning process within the decentralised system is intended to start with village plans which are inputs to districts' plans which constitute regional plans and are fed into the national plan. With insufficient resources to meet all the requirements, choices must be made.

These choices are made ultimately by the Treasury. in recent years, last minute across-the-board cuts have been made to accommodate devaluations and salary increases as well as to deal with submitted plans which far exceed budget guidelines. These cuts, affecting all programmes equally, are not conducive to decision making about priorities and to holding staff accountable for the successful implementation of planned programmes. Within development programmes, and with constrained local funds, maximising external financing has become a major objective. Again this is not necessarily the optimal planning process for actions which are to be taken by parents and communities to promote and sustain self-reliant actions for the well-being of women and children.

Effective decentralised operations need some financial and technical support from the national level. More resources from central and regional levels need to be allocated to support the operations and development of local governments. As national debts may be reduced and loss-making parastatal organisations are restructured, the freed resources may provide for further increases in incomes for smallholders in higher producer prices, for reallocations to

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Women and Children in Tanzania

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strengthen education, health and other social services in districts and communities.

Within the national budget, the balance of resources allocated to support regional and district operations may be reviewed. Existing allocations for regional staff and operations have been maintained at the level of the 1972-82 decentralisation, even though the responsibilities of the regions have been reduced with the establishment of district councils. Of the total central Government allocations to regions and districts, including subventions for education and health services, 40 per cent goes to regions and 60 per cent to districts.

Centralised operations of critical national institutions, such as banks and distribution systems, must provide more decision making authority to lower levels of their operations so that easier access is provided for rural people. Support for rural industrialisation, access to tools and technologies for village fundis, easier access to credit for poor women, all require deliberate decisions to shift the main locus of decision making to lower levels. Organisations which can support the pooling, bulk buying of inputs on behalf of many individuals and small groups will still be needed. They need to be responsive to the requirements of their individual and group clients.

There are nationally organised trust funds, such as the Community Development Trust Fund (CDTF), the Presidential Trust Fund for Self-Reliance (PTFSR) and the Prime Minister's Fund for Self-Reliance (PMFSR) which offer support for social development and for actions to improve the situation of women and children. CDTF, for example, has helped to provide maize mills in villages. These trust funds are centrally established. The processing of applications generally takes a long time and the follow up of activities can be expensive and time consuming. The PMFSR provides construction materials for facilities built or renovated with community self-help labour. All these funds operate within the Government structure which requires endorsement by district and regional authorities before support is given. '57 In 1990, the PTFSR started in Dar es Salaam a pilot programme of provision of credit of small amounts to groups of women, modelled on the experience of the Grameen Bank.

Most national ministries have focal points for concerns about women in development. Some of the staff in these positions, however, are relatively inexperienced and it is not easy for them to exercise real influence over the decision making of their more senior colleagues. Overall coordination of issues concerning women and children lies with the Ministry of Community Development, Women and Children. A committee chaired by the Planning Commission assists in the coordination of programmes for child survival and development. Strategies to improve the involvement of women in top level planning processes have been discussed. A paper proposing a national policy for women has been drafted and is under consideration by the Party. The national planning process needs to be streamlined so that it is not so time consuming for

critical planning staff. At all levels, district, regional, national, planners need more time for strategic planning and monitoring of real development, not only for accounting of funds.

Data for Planners

Planning and monitoring processes also need to be informed about the effect of actions taken at macro level on the well-being of women and children. In general, in the annual review of progress in the budget session of Parliament, social indicators are few, and those which are included tend to reflect physical structures, new schools built, additional school desks bought, new health facilities and the availability of drugs. The social impact of important economic measures is not well measured by these indicators.

An information system is needed which provides data for national decision makers on the impact on social conditions, especially on poor women and children, of actions which have been taken at the national level. This can be a complex undertaking and involves an amalgam of programmes of intensive research together with information from monitoring systems which can provide reliable indicators of critical variables.

Nutrition surveillance systems offer this possibility. The nutrition status of children is a sound indicator not only of their own health and development but also of development processes in general. If children are not growing, if their nutrition status is deteriorating, then processes of social development are malfunctioning.

Measures of children's nutrition status are easy to get and analyse. They are available from household surveys which can also provide data about possible causes of changes in nutrition status. They are also available from routine checks of young children in clinics. In Tanzania, systems to provide these data from surveys and

157 Background paper by P Qorro, R. Jengo and M. C. Sobay

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Women and Children in Mainland

Nutrition status is a key indicator of human development and the improvement of these information systems will permit national decision makers to take this into account in developing priorities for future planning, for targetting of resources to those areas with relatively poorer development, to those households with malnourished children. For example, the amount of subventions from central Government to local governments could be partly determined by the economic base of the district to generate resources of its own and by the level of malnutrition in the distn'ct.

International
Organisations

Many of the services needed for human development, to promote improvements in the situation of women and children, involve larger recurrent costs than capital investments of the usual kind. Funds are needed for travel allowances for extension staff working with

communities away from their home base; fuel for vehicles of supervisory and support staff; stationery for record keeping and reporting from community-based information systems; basic drugs for community health workers, for example. International agencies supporting human development should consider provisions to cover the costs of these services and supplies. Training is one of the most important forms of support for national capacity building. More training is needed on the job to provide technical, practical experience, in addition to the more academic education for which scholarships are

usually provided. Training of trainers is needed so that technicians, planners and community workers can build up their capabilities to assist in capacity building within communities.

In order to increase the possibilities for greater national allocations of resources for human development in poor countries, priority must be given to international debt relief. in cases such as Tanzania, this cannot be done only in bilateral agreements. Of Tanzania's long-term debt, 93 per cent is owed official creditors. Of this, 37.5 per cent is owed to multilateral organisations. Since this debt is presently non-negotiable, the efforts of many international agencies are needed to develop methods of relief, and to reconsider the framework within which multilateral funding organizations operate. Coordinated actions by debtors are needed to exert pressure for such reformulations of international agreements.

An Example of What Can Be Done

It has been possible to reallocate resources in favour of children in several programmes in Tanzania. The Iringa Nutrition Programme and programmes of child survival and development (CSD) in other regions have succeeded in reducing severe malnutrition rates in children. The Iringa programme has been in place for the longest period of time and the early success of the programme there are being sustained. Children who are now under five years have lower levels of severe malnutrition than children who were under five years in 1984 and 1985. Levels of severe malnutrition are still being reduced, though at a slower rate than in the early months of the programme. Compared with rates of around six per cent when the programme started, rates of severe malnutrition are now under two per cent. Reductions in rates of moderate malnutrition are also evident though at slower rates than among the severely malnourished.

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Women and Children in Mainland Tanzania

A similar pattern of reduction in severe malnutrition is evident from data in other programmes for child survival and development. These programmes have benefitted from the experience of the Iringa programme. The most effective elements of this programme are being adapted to suit the circumstances of other areas. In all areas, while external assistance is provided for essential supplies and equipment and for training, the programmes are managed by district staff and village committees with support from staff at regional level and from national and international institutions.

The key element of the programme approach is the provision of information about children's nutrition status to critical decision makers at all levels. A community-based child monitoring system is the central feature. It focuses attention on children with severe malnutrition or faltering growth. Child growth cards and village registers permit the follow-up of individual children who are malnourished or who have not recently been seen by the village committee in quarterly weighings of children. Parents can be provided advice and information about increasing feeding frequencies and other improved child feeding practices, provided support for increasing household food security or referred for other services which may be needed. District staff have an information base which permits them to target their extension services in villages which have poor nutrition or

figure 49:

125

do not report regularly, an indication that the village committee is not functioning well. Summary reports are provided to meetings of the District Development Committee and Regional Development Committee so that all the senior officials in the district and region can advise on further actions to improve the situation.

The evidence from the monitoring systems of these programmes indicates that the initial reductions in rates of malnutrition are the result of improved information and the use of the monitoring system itself.

nutrition occur before other elements of the programme. rehabilitation of health or water facilities, for example, have been put in place. The success can be attributed in great part to increased feeding frequency for children, partly as a result of the extra attention paid to feeding more often those children with very poor nutrition status, partly as a result of the establishment of child feeding posts and partly due to improved health care in families and communities.

It is largely the reallocation of resources within households, time and care of parents for their children, which has brought about these results. It is also likely that much of the additional time has been provided by women. With further developments of the programme approach, especially the introduction of community-based prevalence of severe malnutrition in new and old CSD areas at start of the programme in Mtwara

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figure 47: . . .
 severe malnutrition in children under five m CSD
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 Source: CSD Nutrition Slams Database
 Note: Severe Malnulin'on is mm?! 60 per can! of slanda/d weight (or age
 figure 48:
 prevalence of severe malnutrition in lringa
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 Source- The Joint WHO/UN/CEF Nulrilion Suoporl Programme in Irlnga, Tanzania, '1983 - 198
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pregnancy monitoring, more attention will be paid to the workload of women, its implications for their own health and the health of the baby. With experience over time, it has been possible to refine the programme approach to concentrate on those elements which are the most cost effective. The original nutrition programme in Iringa contained projects and funding for activities which proved not to be very effective in reducing child malnutrition rates. As the programmes have evolved, these have been dropped or modified. The experience of the expansion areas of Iringa point to the continued

map 12:

Women and Children in Tanzania
 success of the programme approach, with significantly reduced costs. The expansion took place in 1987. Figure 47 above shows that the rate of reduction in severe child malnutrition in the expansion programme (CSD) has been even sharper than in the original programme (JNSP). Financing of such a community-based programme is needed for the training of village health workers and committees, the establishment of the monitoring system, support and supervision from district staff and coordination from regional level. Essential supplies and equipment include scales and stationery for the Tanzania: districts implementing CSD programmes
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UNICEF Nutrition Support

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Women and Children in Mainland Tanzania
village committees, a minimal drug kit for village health workers, including chloroquine for first-line treatment of possible malaria cases, rehabilitation and supplies for dispensaries, bicycles for the village workers, motorbikes for ward level extension staff and coordinators, small four-wheel drive vehicles at district level with one vehicle for regional coordination. The annual cost of these inputs was the equivalent of \$2-3 per child in 1987 prices. Three-quarters of the costs are for imported items, drugs for village health workers and transportation. An estimate of the programmes' cost in 1990 would be about \$3 per child, about \$15 million for all children in mainland Tanzania, \$11 million for inputs requiring foreign exchange.

The time of extension staff and support and supervision from district and regional level are needed. Additional contributions, notably the time of parents and members of the village health committee, community contributions for compensation for the village health workers and child feeding post attendants and food for the feeding posts, are needed for effective implementation of the programme approach.

With these contributions and financing of \$3 per year per child it is possible to reduce significantly the rate of severe malnutrition and deaths of young children.

There is growing interest in the programme approach. The National Coordinating Committee for Child Survival and Development in the Planning Commission reviews plans and progress reports and coordinates support. All regions of the country have expressed interest in implementing the programme. The World Bank's supported programme for primary health care in 10 districts includes community-based child monitoring systems. The Treasury has agreed that counterpart funding generated from support by the European Economic Community's programme for agricultural development in the Southern Highlands may be used to support community-based programmes for improvements in child nutrition.

The World Summit for Children in September 1990, in which President Mwinyi participated, endorsed as a goal for the 1990s the reduction of the rate of severe malnutrition in children under five by half. The community-based approach offers promise that achieving this goal is feasible.

Conclusion

Child malnutrition and deaths are pervasive in Tanzania. Half of all children under five years are malnourished. Every year 200,000 children die under the age of five. The scale of this problem is massive, and requires mass mobilization, the harnessing of all available resources to overcome it. Women are dying during child birth at unacceptable rates. They are bearing an inordinate share of the work of maintaining their families, and their own health and survival is threatened.

To solve problems on such a large scale, people's own capacities must be strengthened. There are many actions which can be taken within households and communities which can significantly reduce the scale of the problems. People need support and an enabling environment to be able to organize and act

effectively.

People-centered development is being increasingly recognized as the strategy which offers promise of sustainable, equitable and effective development. Tanzania's policies favour this strategy. Infrastructures have been put in place which can support it.

With real confidence in people's capacities, working in partnership with democratic local organizations, Government staff can provide training and supportive services needed by communities to reduce rates of maternal and child mortality and malnutrition. Community-based monitoring systems provide information for communities' actions and for efficient targeting of supportive services for district and other levels. This community-based approach allows for communities' increased participation in the management and operation of services which is the Government's strategy.

Support from national levels and from international organizations needs to be supportive of community-based approaches which provide integrated services according to communities' priorities. National planning systems and international agencies should actively support them.

A monitoring system based on children's nutrition status helps actors at all levels see what impact they are making. Ensuring children's survival and physical development is the first priority of any society. Their physical development is reflected in their growth, their nutrition status. If children are not developing, not growing, this is a manifestation of faulty development processes. Children's nutrition status is an indicator of the real processes of development which everyone can understand.