

The parents, the patients and the privileged

Accountability and elite capture in schools
and clinics in Uganda and Tanzania

Gerard Prinsen Massey University New Zealand



Netherlands

Development

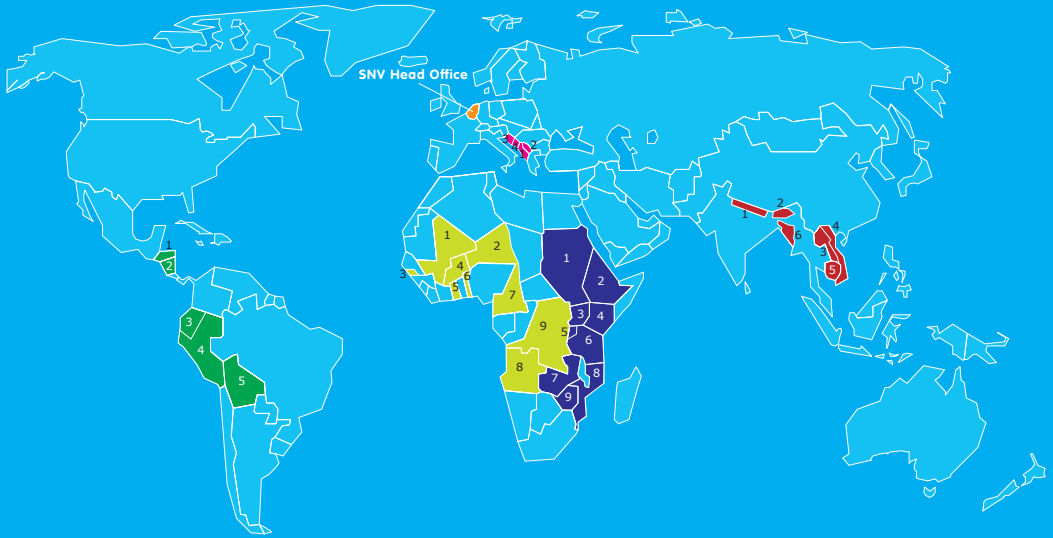
Organisation

SNV

Connecting People's Capacities

SNV Netherlands Development Organisation

We help people overcome poverty in developing countries worldwide. With a global presence of 1,600 professionals in 33 countries, we build local capacity to generate employment and income opportunities for people, and improve access to basic services.



Latin America

- 1 Honduras
- 2 Nicaragua
- 3 Ecuador
- 4 Peru
- 5 Bolivia

West and Central Africa

- 1 Mali
- 2 Niger
- 3 Guinea Bissau
- 4 Burkina Faso
- 5 Ghana
- 6 Benin
- 7 Cameroon
- 8 Angola
- 9 DR Congo

East and Southern Africa

- 1 Sudan
- 2 Ethiopia
- 3 Uganda
- 4 Kenya
- 5 Rwanda
- 6 Tanzania
- 7 Zambia
- 8 Mozambique
- 9 Zimbabwe

Balkans

- 1 Albania
- 2 FYR Macedonia
- 3 Bosnia Herzegovina
- 4 Montenegro

Asia

- 1 Nepal
- 2 Bhutan
- 3 Lao PDR
- 4 Vietnam
- 5 Cambodia
- 6 Bangladesh

Table of contents

Abstract 2

1 Introduction 2

2 Research questions methodology and study area 6

3 Findings 9

- 3.1 The origins of management committees 9
- 3.2 The regulatory framework for elections or selection and candidates 10
- 3.3 The practices of election and selection of committee members 12
- 3.4 Formal accountability 16
- 3.5 Informal accountability 18
- 3.6 Actual profiles of members of management committees 21
- 3.7 Elite capture? 24

4 General conclusions 31

References 34

Annex 1: Format for group interview 38

Annex 2: Individual questionnaire 40

Abstract

Decentralised public services like primary schools and clinics are increasingly (co-) managed by committees of parents and villagers. This paper analyses membership and operation of 64 committees in Uganda and Tanzania and discusses why, although committees and their resources may come under the control of a local elite, some acquire distinct dynamics of their own.

1 Introduction

Saturday morning in a village in Uganda. Five men and two women gather in a classroom and sniff up approvingly the freshly cemented floor. The school management committee has come to discuss precocious pregnancies, porridge and policy with the head teacher. In this meeting, two major trends in development policies in Africa converge; a drive to decentralise the management of public services to the lowest possible tiers and a focus on how public services can help to redress poverty.

This paper investigates school and clinic committees in Uganda and Tanzania. The general question is whether these management committees are accountable for their decisions, and if so, to whom. At the root of this question about public administration lies the political question of elite capture: are the decentralised resources for health and education services nominally under the responsibility of management committees being controlled by a local elite?

Decentralisation, loosely defined as a transfer of public functions from higher to lower tiers of government, has been central to policy reform in African countries for two decades. More recently – after more than twenty years of structural downsizing expenditure – there has been an increase in budgets for education and health, due to donor contributions to public budgets in Sector-Wide Approaches (SWAs). The justification lies in the UN's eight Millennium Development Goals. Five of these eight materialise, or not, through the activities

emanating from the classroom or clinic in the village above. Tanzania's Primary Education Development Plan (PEDP) illustrates the point succinctly: School Committees are now responsible for \$5000 classroom grants, as well as how to spend \$6 per enrolled child (GoT, 2001:7, 11).

There is little disagreement within the international community about the fact that public services are stepping stones for the poor out of poverty. The World Bank and IMF agree with the UN and expect poverty reduction strategies to be the "operational framework for designing and implementing policies for accelerating growth and progress towards the MDGs" (World Bank 2005:3). There is, however, more debate on decentralisation. Analysts agree basically on existing forms and degrees of decentralisation. But when digging a bit deeper, a range of diverging motives to undertake or support decentralisation policies appear. (Manor, 1999; Ribot, 2001; Smoke, 2003; Oxhorn et al, 2004; OECD, 2005.) In a nutshell, there are three groups of motives underpinning the drive for towards decentralisation policies.

First, there is a public management motive, or a taxpayer's perspective. Decentralisation aims to increase efficiency and the effectiveness of public administration and service delivery by tailoring policy and implementation to local conditions and priorities. A second motive revolves around citizens' rights. Here, decentralisation is to bring government agencies closer to citizens and make agencies responsive and accountable. A third motive for decentralisation derives from the analysis that the African state is neo-patrimonial and that dwindling state resources make it ever more difficult for the national elites to fulfil obligations towards their clients. Decentralisation is then driven by national elites to diffuse their clients' demand, deflect local elites' aspirations towards the central government, or is simply the next phase in ever evolving informal and personal networks that underpin public administration.

However, one aspect connects all three and that is the issue of legitimacy. All underscore that the legitimacy of state actors in the eyes of taxpayers, citizens or clients is the foundation for effective continued functioning of the state. Likewise, there is an agreement that legitimacy is built upon accountability towards constituencies. Yet, the consensus on the importance of legitimacy disappears when

analysts consider the different possible forms of accountability. The taxpayers' and citizens' perspectives focus on formal and institutional arrangements (e.g. World Bank, 2003), whereas the clients' perspective stresses the legitimising effect of informal and extra-institutional accountability in the form of redistribution of resources to clients (Daloz and Chabal, 1999:37).

Though differences of opinion exist about effective forms of accountability, a shared conclusion seems to be that the absence or weakness of accountability undermines a state's legitimacy and this may ultimately lead to the collapse of the state. The appearance of a vast literature on failed, collapsed, or criminalised states is testimony to that (e.g. Reno, 1998; Bayart, Ellis and Hibou, 1999; Schwab, 2001). Reasoning in an optimistic direction, but from the same principle of legitimacy, others suggests that economic development in Africa is positively influenced by a state's legitimacy (Englebert, 2002). Perhaps heeding these calls, major bilateral aid agencies have recently started to address the implications of their operations in and with "fragile states" where state actors' accountability and legitimacy is weak or missing (DFID, 2005).

A World Bank research in 23 developing countries observed that: "State institutions ... delivering services in health, education ... are either not accountable or only accountable to the rich." (Narayan et al, 2000:203) The last part of the statement refers to what has been labelled "elite capture". It does not refer to the fact that in local - or global for that matter - politics, the-better-off are more likely to have a commanding voice than the poor. As long as accountability mechanisms are working, a discontented constituency has the means to censure or remove office-holders. In this respect it does not matter whether the constituency is discontented because its taxes are wasted, or because its entitlements become elusive or because their patron's spoils are not redistributed. Elite capture thus only becomes detrimental to the state's legitimacy if accountability mechanisms - either formal or informal - cease to work. In this light, one of the causes of state weakness is the failure of accountability mechanisms that keep an elite in check.

If the taxpayers' or the citizens' perspective drives decentralisation policies, then these policies are underpinned by detailed institutional

arrangements for formal accountability. Often it is hoped that the closer proximity between the rulers and the ruled strengthens these accountability mechanisms. And yet, recent research seems to show that local elites flout formal accountability mechanisms in the same way as the national elites. “Newly created local autonomy can be abused by local elites seeking personal benefit at the cost of the general population” (Saito, 2003:61; Oluwu, 2003; OECD, 2004). As a consequence, the state’s legitimacy may ultimately be undermined.

Some research supports the neo-patrimonial perspective: “Elite capture of local power structures has been facilitated by the desire of ruling elites to create and sustain power bases in the countryside” (Crook, 2003:86). Others, nevertheless, contest this. Kelsall does not find evidence in Tanzania that ‘big men’ at local level have amassed control over key resources and preside over vertical patronage networks. If villagers do not hold a corrupt or ineffective official to account, it is likely to be motivated by a fear to offend somebody in the official’s network who is also in the villager’s own network – not by a fear of the official’s power per se (Kelsall, 2004:9,65).

The concerns about a lack of accountability and elite capture at local level are mostly based on studies of elected (district) councils that have been created or reinvigorated under the decentralisation policies that started in the 1980s. However, there appears to be a growing acknowledgement that resources allocated to district councils do not sufficiently reach the levels where actual service delivery takes place – as is confirmed by detailed tracking of public expenditure (e.g. GoT, 2005). This explains experiments since the late 1990s, alluded to earlier, where resources and authority are now delegated to the absolutely lowest level of public management: user or school and clinic management committees. These management committees, it is hoped, will be better able to hold civil servants to account by giving the “demand-side” a voice or presence in the management of services, now undertaken jointly with teachers and nurses (Goetz and Gaventa, 2001; DFID, 2004).

And, yet again, the first research on these committees does not suggest that formal accountability mechanisms are a check against elite capture. Golooba-Muteti’s (2005) research on clinic committees in Uganda concludes also that extra-local oversight mechanisms

remain required. Manor states that these committees may constitute a damaging second wave of decentralisation. Taking a global view, he is concerned that the selection of members is not democratic, that the local civil servants of line ministries control the operations of these committees, that the African governments merely succumbed to donor pressure when establishing these committees, and that these committees are insufficiently integrated into and even usurp roles and revenues from district councils.¹ Yet Manor concedes that his concerns are: "... limited by the shortage of solid empirical evidence on user committees ... an invitation to others to undertake research" (Manor, 2004:193) – which is the object of this paper.²

2 Research questions, methodology and study area

As outlined above, some of the disagreements in the overall debate revolve around the matter of who drives the development of these committees and the democratic credentials of the selection process of committee members. Furthermore, there are concerns that these committees are not accountable or that they are actually controlled by a local elite, possibly as agents of elites at higher levels. This paper addresses these concerns by seeking to answer the following four questions:

- What are the origins and regulatory frameworks that establish management committees for schools and clinics in Uganda and Tanzania? (3.1 and 3.2)
- How are the members of these management committees selected in practice? (3.3)
- How do formal accountability mechanisms pan out in practice and what can be said about the more elusive informal accountability? (3.4 and 3.5)
- What are the actual profiles of committee members? Are they the local elite? Are local committees integrated in a clientelist network by higher level elites? (3.6 and 3.7)

-
- 1 As indeed happens when Tanzania's school committees now receive funds and responsibilities that used to be in the hands of the district councils.
 - 2 This research is part of the work for a PhD in Development Studies at Massey University New Zealand. The research concentrates on local governance in Uganda and Tanzania, with special attention for the provision of public health and education services.

A reflection on “accountability” is appropriate here because there is quite some differentiation in its definition. Within a formal public administration approach, civil servants should be accountable to elected representatives and responsive to citizens (Blair, 2000:27). However, as we shall see, management committees are a hybrid form of a public body for two reasons. First, they consist of persons who are (s)elected as citizens’ representatives as well as of civil servants. Second, they carry responsibilities that include oversight as well as executive powers. Alternatively, instead of a public body, management committees can also be seen as a mere framework within which citizens and the state interact.³ To account for both the hybrid character as well as the framework approach, this paper’s working definition of accountability is: all actions by management committees with which they inform, consult or seek to establish other stakeholders’ influence with regard to the tasks they have been delegated to carry out on behalf of those they represent.⁴

As research methodology, I used semi-structured group interviews with management committees of schools and clinics in three districts in Uganda and two in Tanzania in 2004.⁵ Individual committee members contributed further information via a semi-closed questionnaire. Additional information was generated through individual interviews with 28 local resource persons and officials and a range of documents in local archives and cupboards that they opened for me. I selected the school and clinic committees in collaboration with local authorities. The selection process ensured that authorities could not “hand-pick” schools or clinics for the research. During the interviews, there was no health or education official present.

3 In such a framework, or arena, it is the type of interaction that matters. This can range from presence to consultation to influence (Goetz and Gaventa, 2001:8).

4 Adapted from Jones and Gaventa (2002:25).

5 I carried out the fieldwork with logistical support from SNV Netherlands Development Organisation. SNV’s 700 advisors offer advisory services to organisations at meso level in 26 developing countries. As my former employer SNV offered support for my research in ten districts. I selected five districts that shared a maximum of social, political and geographical features in an effort to make findings not too obviously attributable to diverging social, economic, political or geographical features. The selected districts were: Moyo, Arua and Kabarole in Uganda and Arusha and Hai in Tanzania. To check for biases introduced via SNV, I also interviewed one to four management committees in each country independent from SNV’s network. I found no bias.

The group interviews addressed three topics and used varied research tools: [i] the committees' relations with other players in their environment (Venn diagrams with bi-directional arrows outlining the contents of each relation); [ii] the committees' agenda items and successes and problems (brainstorming preceding a pairwise ranking); and [iii] the committees' self-assessment of their performance with regard to the expectations of the users of the health and education facilities (anonymous individual self-assessments were re-assessed by other members). The 13-item questionnaire investigated individual members' profiles and opinions.⁶ (See annexes 1 and 2.)

Taking the statutory number of members in the committees as the point of departure, the average number of respondents generally exceeded three quarters of the committees' members. Comparing the total number of committees in each district with the number of group interviews, the sample ensured a coverage range between 1% and 19%. Altogether, I would argue that the research included a reasonable sample of the committees in the selected districts and that the research involved a large majority of the members from the selected committees. (Table 1.)

Table 1: Sample

	Committees in Uganda		Committees in Tanzania	
	In Schools	In Clinics	In Schools	In Clinics
Group Interview (Total=64)	17	11	27	9
Individual Questionnaire (Total=420)	127	60	180	53
Statutory Total of members ^a	10	5 to 7 ^b	9 to 11 ^c	8
Average in sample	7.5	5.5	8.5	5.9
Mode in sample	6	7	6	4, 5, 6, 7
Ratio of schools/clinics <i>n</i> Sample : <i>n</i> district (%)	Moyo= 9:73 (12%) Arua= 4:416 (1%) Kaba.=4:112 (4%)	Moyo=4:33 (12%) Arua=4:57 (7%) Kaba.=3:28 (11%)	Hai=13:152 (9%) Same=14:176 (8%)	Hai=5:27 (19%) Same=4:26 (15%)

^a Includes ex-officio secretary (head teacher or nurse in-charge, who may or may not have formal right to vote).

^b Ranges from 5 to 7, depending on number of administrative units in the area covered and on type of regulations used

^c Ranges from 9 to 11, depending on choice to have representatives for the foundation body (church) and a patron

6 In the analysis of the questionnaires I decided to include the head teachers and nurse-in-charge as members of the management committees. Though, strictly speaking, they are a member by virtue of their office (ex officio) and not as a result of a (s)election process, they act as the committees' Secretaries and are thus important members. Any bias thus introduced is going to be identical in school and clinics and in both countries.

3 Findings

3.1 The origins of management committees

Parental involvement in the management of schools in both countries has a long history. In Tanzania, the Tangajika Parents' Association (TAPA) set up their own "bush schools" in the 1950s. Missionary schools also involved parents, but rather as outreaching arm into communities. Racially segregated government schools had no parental involvement. As TAPA was linked up with the Tanzania's dominant political party TANU, the TAPA approach to parental involvement in schools was cast in law in 1978⁷ (Pamoja, 2002:1; GoT, 2002a).

In Uganda, school committees were first given a regulatory framework in 1964, and the amended rules of 1969 are valid till today (GoU, 1996:83, 115). Parental involvement, via PTAs, was the cork that kept schools afloat during the periods of civil war in the 1970s and 1980s. Inevitably, this generated tensions in the 1990s when the government decreed that School Management Committees – over which it has more and formal control, as we shall see – should take over from PTAs (Saito, 2003:171).

The long-standing practice of user involvement in education contrasts starkly with the health sector. Uganda's Health Unit Management Committees (HUMCs) were created on an experimental basis in the late 1980s. Members were appointed – as today – by local authorities. HUMCs acquired a regulatory framework in 1997 (GoU, 1998b:1). By 2003 the Ministry of Health issued new guidelines with different selection criteria, totals for members, and processes for vetting and appointing candidates (GoU, 2003).

Tanzania's Ministry of Health introduced Health Facility Committees in 1994, when a review "with the assistance of collaborating partners (...) revealed inefficiencies, lack of accountability, poor quality of services ..." (GoT, 2000:v). However, operational guidelines were only produced in 2000 and regulatory details drawn up by individual districts – slightly different from the 2000 guidelines⁸ – first appeared

7 Interview #21 (17 Nov 2004)

8 For example, the 2002 composition of committee members includes representatives from local private and for profit health services, and decreases the number of representatives of lower tier public health services.

in 2002 (GoT, 2002b:1472). District health authorities in Hai and Same district – as in several other districts in the country – initiated in 2001 and 2003 the establishment of Health Facility Committees. Membership is based on an individual's application to, or appointment process by, local government bodies.

3.2 The regulatory framework for elections or selection and candidates

The different origins between education and health management committees may also be reflected in an analysis of the regulatory requirements for the composition of their members.⁹ Two points emerge. First, school management committees are elected in both countries. Local government bodies, on the other hand, select the members for management committees in clinics. Second, anybody qualifies as a candidate for school committees, whereas governments have profiled candidates for clinic committees by stipulating a list of personal requirements for candidates. Each of these two points merits a closer look.

Election or selection

In Tanzania, the regulations stipulate that a school committee has seven elected members (five from parents, two from teaching staff) plus two to four ex officio or co-opted members. Authorities do not formally approve the members (GoT, 2002a:1369). In Uganda, parents only elect two of the nine committee members among themselves. However, in practice the head teacher and the sitting committee propose to the district authorities a list of the other seven candidates for appointment to represent the Ministry of Education (three) and the district Council's Education Committee (four). The Ministry's training manual for head teachers advises to follow this practice (GoU, 1996:85).

The regulatory frameworks for clinic management committees in both countries do not allow the users of health services (patients or villagers at large) to have a direct vote in the composition of these committees. Members in these committees hold their position either by virtue of another formal position (ex officio) or are appointed after a selection process by local government bodies such as a village or

9 Obviously, differences are also reflected in the details of the committees' responsibilities in both sectors and countries. For reasons of space, however, this not addressed in this paper.

sub-district council (through hand-picking, or via an application process by prospective candidates to a council).

Profiling of candidates

Candidates for management committees in the health sector in both countries must meet the following requirements: a minimum level of education (completed primary school or being literate),¹⁰ a prohibition of candidates that hold simultaneous elective political posts, no criminal record, no mental illness, and ensure that at least one third of the members are women (GoT, 2000:17; GoT, 2002b:1472; GoU, 1998:7). Tanzania further adds simple criteria for age, citizenship, and residency. None of the regulatory requirements for school committees screens individual candidates on these, or any other, grounds.¹¹

I did not find documents in Tanzania or Uganda that explain these differences between the education and health sector in terms of the selection process and requirements for committee members.

Other research found a host of explanations why ordinary service users find it more difficult to get a hold on the management of health services, as compared to schools.¹² However, I do not know how to explain the law-maker's desire to maximise its control over management committees in health services and leave more room for parents in the school management committees.

Knowledge of regulations in practice

I found knowledge of these regulations at district and local level diverging. In the education sector in both countries, all five DEOs interviewed¹³ and most head teachers and school committees had the relevant documents. Documentation on the regulations in the health sector in both countries was scarcer or contradicting. In Uganda two

-
- 10 Though candidates for committees for the lowest level of health units in Uganda are exempted from the education requirement.
 - 11 Though Tanzania's Ministry of Education plans to provide management training to all stakeholders to: 'strengthen management skills ... school development planning skills ... and to ensure that school committees are gender-balanced [emphasis added], democratically constituted and inclusive' (GoT, 2001:13)
 - 12 Education and health are considered different types of service, i.e. services can be high or low in complexity, high or low in costs for users, characterised as personal or generic services, and have or lack alternative suppliers. (World Bank, 2003). Or maybe because, as one of my interviewees said: "People are more afraid to oppose a nurse than a teacher because one day the nurse may hold your life in her hands." (Interview #13, 4 Oct 2004)
 - 13 Interviews #10 (28 Sep 2004), #13 (4 Oct 2004), #18 (9 Oct 2004), #19 (13 Oct 2004), #25 (8 Dec 2004)

of three District Directors of Health Services worked with 1998 guidelines, and had no knowledge of 2003 guidelines that had replaced the older ones. (GoU, 1998b, GoU, 2003). The third Director knew that new guidelines were introduced in 2003, but had not bothered the management committees with this.¹⁴ In Tanzania, the District Medical Officers (DMOs) possessed the relevant documentation, but I did not find any of the relevant documents at the health facilities.

3.3 The practices of election and selection of committee members

Selections in the health sector

In Tanzania's health sector, the health authorities in both researched districts set up different selection processes. Furthermore, at a lower level in each of these districts, the lower tiers of government applied the instructions differently.¹⁵ Hai district distributed in 2001 application forms for membership of management committees.¹⁶ For some health facilities, the ward (sub-district) authorities pre-selected candidates and submitted these names to the DMO, in other cases applicants submitted themselves individually to the ward government and were vetted there, and yet other candidates were proposed and thus elected in public meetings organised by village governments. Most candidates received confirmation, either verbally or in writing, that the DMO had appointed them.¹⁷

Tanzania's Same district instructed ward authorities in 2003 to set up management committees for health facilities in collaboration with village governments. Again, a variety of processes unfolded. The village governments met, publicly or behind closed doors, and determined the candidates for the management committees. Rather than considering persons as candidates to be approved at district level, they were appointed by the ward or village authorities. What is more remarkable is that more than a handful members of the management

14 "It doesn't matter, as long as they supervise the staff", Interview #20 (13 Oct 2004)

15 Also see paper in this AEGIS conference by Suzan Boon, with whom this part of the research was carried out.

16 Hai District Council Form, 2001, datable via the deadline of 27 December 2001.

17 Group interview #29 (22 Nov 2004), #31 (23 Nov 2004), #33 (24 Nov 2004), #43 (2 Dec 2004)

committees said they received a letter of appointment as member of the management committee without knowing they had been proposed – let alone having applied for the position.¹⁸

In Uganda, health authorities in one district claimed to have instructed and supervised on-site the sub-district authorities in organising public elections in 1999 for management committees in clinics.¹⁹ This was not confirmed by interviews in clinics, where committee members said they were “hand-picked” by sub-district authorities. An interview with four members of that district’s council health committee revealed that it did not know or could not agree on what had happened.²⁰ In the two other districts, health authorities confirmed that sub-district authorities were basically left to decide how to select members for the management committees in 1998.²¹ According to the interviewees, selection by chairpersons of sub-district councils, rather than elections, was the way in which committees were composed.

The interviews with committees in Uganda confirmed that “hand-picking” of candidates for management committees in clinics had been the practice. Variety existed only in two aspects. First, in the degree to which the chairperson of the sub-district council had involved the councillors in the selection process. Second, in whether committee members represented geographic areas or villages, or whether they were selected only on the basis of their personal qualities. Strikingly, in five of the group interviews members merely received information, often in writing, by the sub-district council that they had been appointed to the management committee of a clinic without having been consulted or volunteered for the position.²²

18 Group interviews #49 (7 Dec 2004), #53 (10 Dec 2004)

19 Interview #12 (2 Oct 2004)

20 Interview #11 (2 Oct 2004)

21 Interview #14 and #15 (both 5 Oct 2004), and interview 20 (13 Oct 2004)

22 Group interviews #13 (1 Oct 2004), #17, (6 Oct 2004), #19 (7 Oct 2004), #21 (8 Oct 2004), #27 (18 Oct 2004)

Elections in the education sector

In Uganda four District Education Officers (DEOs) confirmed a practice in which “schools” propose the candidates who would – formally – represent the DEO and the District Council.²³ This “delegation” of the pre-selection to school level is motivated by pragmatism: the district governments lack the capacity to identify hundreds of people to fill positions in committees.²⁴ The DEO then approves the proposals. Two DEOs, though, said that they vetted candidates to ensure they completed at least primary school and are not also members of (sub) district councils. (This “vetting” is not something that is required in the regulations, it appears rather as a private initiative of the DEOs involved.)

The group interviews with school committees confirmed the DEOs’ information. However, schools had an array of ways to arrive at the list. Processes mix selection and election, all determined by stakeholders in the school: parents, head teacher, PTA, Foundation Body (churches that founded the school), teachers, current management committee, sub-district chairperson and councillors, and village leaders. Interestingly, most committees were aware when they deviated clearly from the regulations (e.g. by having the PTA select all candidates, or reserving seats for the church), but simply stuck to what they believed best.

Unlike the Ministry of Education’s training manual for head teachers and some of the DEOs, only a handful of the committees suggested that head teacher had a leading role in the pre-selection of candidates. A clear majority of the committees favoured laid the primacy in one form or another with a general meeting of parents. Candidates were present in the meeting, proposed by one person, seconded by another and then voted for in plenary meetings. None of the schools said they held (secret) ballots to elect a candidate, the “proposed-seconded-voted” process usually continued until the list of required committee members was filled. Occasional further questioning did not reveal that aspiring candidates lobbied to be proposed in the general meeting. One chairman observed: “This

23 Interviews #10 (28 Sep 2004), #13 (4 Oct 2004), #18 (12 Oct 2004), and #19 (13 Oct).

24 This “lack of capacity” sometimes includes: “... the capacity for district councils to pay the allowance that ensures that council’s health and education committee members actually meet”. Interview #1 (8 Sep 2004)

chairmanship is quite time-consuming. I can afford it, but I can imagine that others think about refusing the honour".²⁵

In Tanzania education officials confirmed that the election process for school committees is left to the schools and the (elected) village government.²⁶ They also confirmed that the formal framework for school committees is due to the new PEDP policy. This broadens tasks for committees and makes them (also) accountable to village governments. One person pointed out that in the 1970s school committees were sub-committees of the village government, which suggests the new policy re-establishes a previous practice.²⁷ In general, the PEDP is affecting school committees, if it were only for the fact that it led to a large scale one-week training programme in 2003 for all school committees, covering 1826 members in Same district alone (Same District Council, 2003:3).

The 27 school committees confirmed that DEOs did not play a role in the election process of committee members. Neither was the Ward (sub-district) Education Coordinator identified as an important player in the election process. The group interviews revealed a variety in ways in which elections for school committees are organised – as for school committees in Uganda. Most striking is the clear divide when it comes to the role of village governments. Seventeen committees attributed a leading role to the village government in organising the election of school committees or even preparing a list of candidates from which parents could elect. The remaining ten committees hardly mentioned the village government and described the election process as being in the hands of general parents meetings.

The sheer variety in election processes suggests that local actors and factors primarily determine the process. Candidates may be pre-selected by the village government, register individually, or are proposed-and-seconded in the election meeting. The election may be by hand-raising or by secret ballot. There may, or may not, be a call to have female candidates. There may, or there may not be one or more representatives or "reserved seats" for religious bodies. Or, there may be a competitive election among Lutherans, Catholics and

25 Group interviews #16 (5 Oct 2004)

26 Interviews # 21 (17 Nov 2004) and #25 (8 Dec 2004)

27 Interview #24 (5 Dec 2004)

Muslims to nominate a "religious group representative". Seldom do candidates campaign, and then for the post of chairperson.²⁸ As in Uganda, members stress that "...this is a job without rewards, it's an honour to be proposed and elected, and one you can hardly refuse."²⁹

3.4 Formal accountability

School committees in Tanzania are legally required to "keep minutes ... and send these to DEO" (GoT, 2002a:1370). The 2001 policy adds that school committees are also accountable to the village government. Clinic Committees in Tanzania are also "responsible and accountable" to the district council authorities (GoT, 2002b:1474). Uganda's clinic committees act "on behalf" of the district council and ministry of Health (GoU, 2003:1) and send progress reports to the district council health board. The 1969 regulations for school committees in Uganda are not explicit on the issue of accountability, they simply require the committee to send copies of its minutes to the DEO. More recent policy documents add that school committees must be "reporting regularly the financial and operational status of the school programme to parents and community leaders" (GoU, 1998:18)

This overview of regulatory requirements shows that all committees are formally accountable to the district education or health authorities and the primary way to do that is via sending copies of the minutes of their meetings. However, in the practices I researched, little and then only erratic proof of this line of accountability could be found.

Most management committees were not able to show me a record of their minutes. Only five secretaries of the 20 clinic committees in both countries could show a written record, none was complete. Generally, the 44 school committees were better in keeping records, but many dodged my request to have a look at the records, and few of the 20 odd files I did manage to peruse left the impression of a complete record. Nevertheless, 31 of the 44 schools committees in both countries insisted they "regularly" sent copies of their minutes to

28 This does happen when there is a contentious issue (group interview #55 of 11 Dec 2004) or when a school serves more than one village and candidates tend to represent a village (group interview #58 of 13 Dec 2004).

29 Group interview #44 (2 Dec 2004)

the DEO or a ward level education official. A frequently given explanation for not sending minutes was that it was cumbersome or costly to copy minutes (minutes are often hand written).

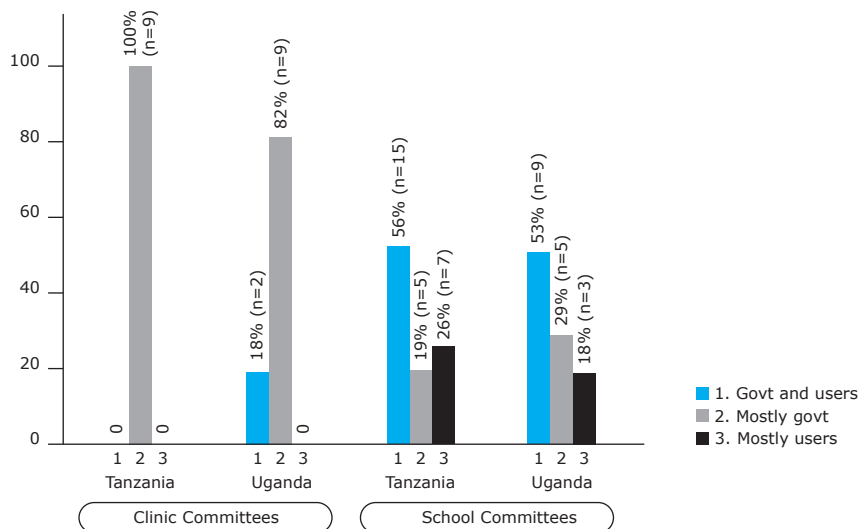
The latter suggests that the district education or health authorities do not demand or expect these minutes. Which is probably correct, because in all five district health authorities where I requested to have a look at their record of committees' minutes, the officials either dodged my request, or said they did not keep records. Again, matters were somewhat better in the education sector. All the DEOs kept files with minutes and correspondence of school committees.³⁰ I managed to peruse three archives, but none seemed to be systematised, complete – documents were simply piled up when they arrived.³¹

However, this does not mean that school and clinic committees do not feel or behave accountable, there are other forms of formal accountability than copied minutes. In the Venn diagrams of the group interviews, committees showed all the players with whom they interacted and detailed what was sent and received. A closer look at these findings shows to whom the committees direct their acts of accountability. These acts include, for example, placing sheets with income and expenditure figures in public places, sending these figures in reports to others, organising public meetings to discuss plans and progress reports, or discussing choices with others. The resulting graph reveals two patterns.

First, clinic committees almost exclusively report to government bodies; the health authorities at (sub-) district level and/or the village councils. This seems in line with the selection process of these committee members. School committees, on the other hand, show a much more diverse pattern of accountability. About half the school committees in both countries showed acts of accountability to both government bodies *and* parents.

-
- 30 Sending minutes to the DEOs in Uganda is required for schools to get the next financial tranche, according to two DEOs. However, this is apparently not adhered to, because no DEO showed me a complete record of minutes, most school committees openly said they complied irregularly or not at all, and yet none said that financial tranches had been withheld for not sending minutes to the DEO.
- 31 The best archive I perused was set up by a novice DEO who had taken up the job half a year earlier. He had organised all the available documentation, but only found minutes of less than one third of the existing schools, and then ranging between one and seven minutes.

Figure 1: Acts of Accountability
 Management Committees' Acts of Accountability Geared Towards... (n=64)



Percent within School or Clinic Committees per Country

A second pattern is that school committees not only show diversity, but almost diverging trends. In both countries there are a few school committees that focus their formal accountability activities predominantly on government, whereas other have decided to gear their accountability almost fully towards the parents. I have the impression that the decision in which direction to be accountable is predominantly determined by specific local contexts and experiences at school level. I found no indication that district authorities have clearly intervened to turn around accountability practices that school committees had decided upon, this is underpinned by the fact that variety exists among schools within the same district.

3.5 Informal accountability

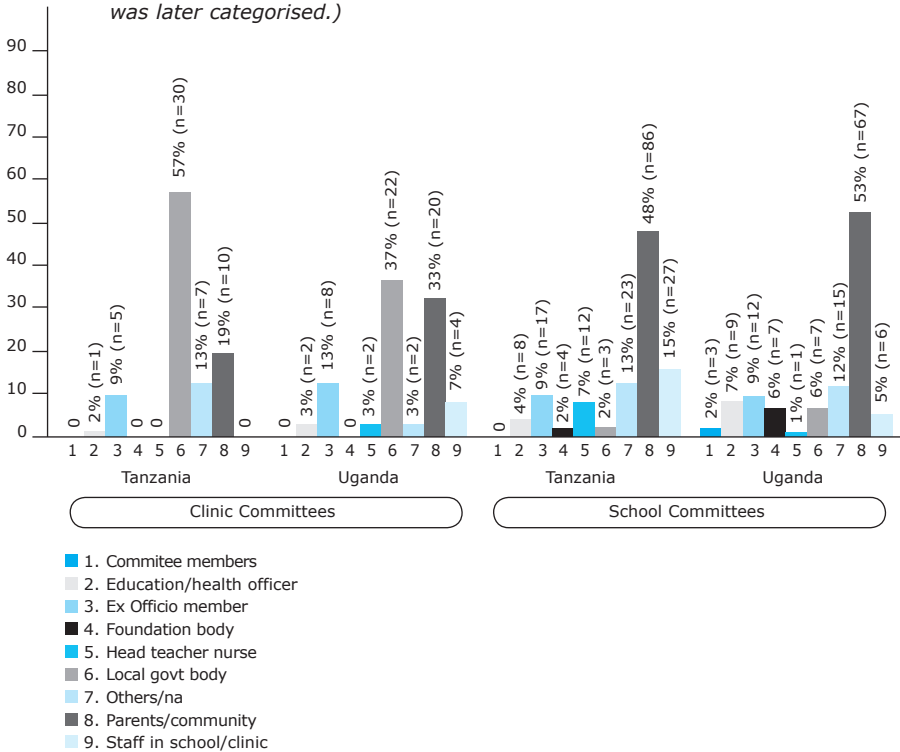
Formal accountability mechanisms may underpin a committee's legality, but do not necessarily (fully) build a committee's legitimacy. As considered in this paper's introduction, legitimacy is built up by being accountable to a committee's constituency and meeting these

constituencies' expectations. This may be partly via the formal accountability mechanisms, but it also has informal ways; an 'informal accountability'. This paper's findings glean at least some ideas for the constituencies of management committees.

The questionnaire had the open question "Who proposed you as a member of this committee?". This question is predicated on the assumption that a member of a committee feels (at least also) accountable to the people who put her there in the first place.

Figure 2: Constituencies

*Constituencies of Members of Management Committees (n=420)
(open question: "Who proposed you as a candidate for this committee?"
was later categorised.)*



Percent within School or Clinic Committees per Country

The answers were later categorised into nine categories. The graph reveals a few insights in what members consider their constituencies.

First, school committees in both countries share a pattern and are different from clinic committees. Most members of school committees indicate that parents have placed them in their position. Clinic committees first say that a local government body has put them in the committee, the community rates as the second constituency. This not only confirms earlier finding that members for clinic committees are hand-picked by government authorities, but this finding may also well be the motive that directs the act of accountability discussed earlier.

Second, the graph is interesting for matters that do *not* feature on it. Co-optation, i.e. members being drawn into a committee by the current or previous committee, does not seem to happen. Likewise, district authorities do not appear to play a role in appointing members, nor do foundation bodies feature visibly. Additionally, Uganda's practice to allow schools to draw up the list of candidates for the district council and the Ministry of Education does not seem to induce members to feel they are representing these bodies.

Group interviews with school committees addressed 'informal accountability' when discussing the annual or half-yearly general meeting of parents. (No such events were mentioned in any of the group interviews with clinic committees.) School committees in Uganda underscored that meetings of parents remove "lazy" committee members or requested the DEO to transfer staff.³² Parents' meetings in Tanzania called school committees to task because financial records did not match the national promises of a grant of 10 U\$ per child.³³ Committee members and head teachers showed distress when talking about these meetings, as they claimed not to have received all the money that was allegedly disbursed from central level.³⁴

32 Group interviews #16 (5 Oct 2004), #18 (7 Oct 2004) #20 (8 Oct 2004). Further proof of committees acting to transfer staff was documented in correspondence between school committees and DEOs in Uganda.

33 Group interviews #44 (2 Dec 2004), #45 (3 Dec 2004), #59 (14 Dec 2004), #63 (16 Dec 2004)

34 Existence of "leakages" between 16-46% between central level disbursement and local level receipts is confirmed by Tanzania's Ministry of Finance (GoT, 2005: iii)

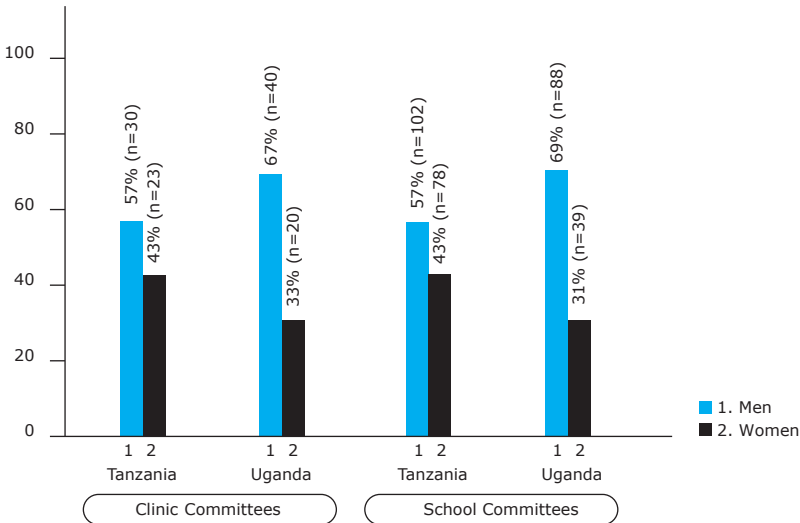
3.6 Actual profiles of members of management committees

Before approaching the matter of elite capture, the groundwork needs to be laid with an analysis of the more visible and measurable characteristics of committee members (gender, age, education). Candidates for management committees in the health sector must meet some of these characteristics to qualify. An analysis of actual profiles thus also provides an insight in compliance with regulations.³⁵

Gender representation

A look at the graphic of gender representation reveals two interesting phenomena. First, women do make up between one third to about 40% of management committees in clinics *and* schools. Elections for a school committee are free of a gender quota, yet they ensure a women’s representation just as well as the government controlled appointment process in clinic committees that is guided by a gender quatum.

Figure 3: Gender
Gender Representation in Management Committees (n=420)

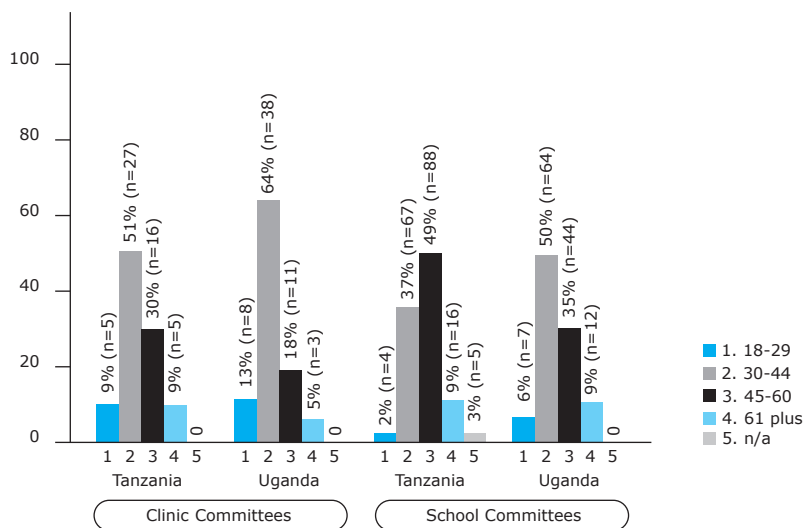


Percent within School or Clinic Committees per Country

35 Research findings on the criterion of “not-holding political office” are omitted in this paper.

Second, when absolute numbers are turned into percentages, the management committees within both countries produce virtually *identical* gender representations. It is hard to find an explanation for this.³⁶ A first thought could be that election for school committees in both – in spite of appearing open and free of gender quota – are in fact fully controlled by government bodies. While it is true that some DEOs in Uganda vet candidates against the education criterion, they did not do so against gender. Furthermore, the 44 group interviews with school committees not only revealed that electoral processes varied widely per school, but also that government bodies played a minimal role.

Figure 4: Age Groups
Age Groups Representation in Management Committees (n=420)



Percent within School or Clinic Committees per Country

36 My first reaction to these findings was to check, and check again, my statistical software. However, by also providing the absolute numbers, the reader can share in my amazement.

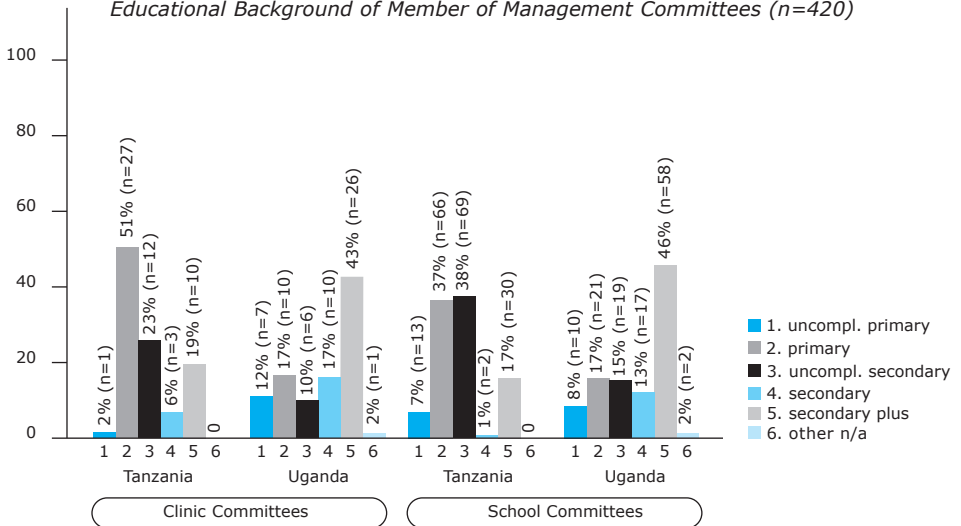
Age group representation

A study of age group representation may provide a background to understanding the behaviour or decisions in committees.³⁷ E.g. a research in Tanzania from the region where my research also takes place, suggests that persons over 50 years are more likely to have a sense of ownership, accountability and respect, but that most school committees members are younger than 45 years because they have children in the school (TEN, 2002:7).

From the graphic of age group representation it is, first, clear that the younger (under 30 years) and the older (above 61) are hardly involved in management committees. Second, persons in the middle age bracket between 30-60 years dominate the management committees. In this group, the younger segment (30-44 years) generally holds about half the positions. The only exception is to be found in Tanzanian school committees, where the older age bracket of 45-60 composes half the committee. (Thus precisely refuting the above quoted research.)

Figure 5: Education Background

Educational Background of Member of Management Committees (n=420)



Percent within School or Clinic Committees per Country

37 Note that only Tanzania has regulated that candidates for clinic committees need to be at least 21 or 25 years (2000 or 2002 regulations respectively.)

Educational background

District authorities generally vet management committee candidates against their educational background (except the education authorities in Tanzania). Being literate or having completed primary school is considered a prerequisite, with the reasonable argument that the managerial or supervisory responsibilities require literacy. The graphic with the educational background of committee members reveals two issues.

First, similar profiles emerge within countries, not within sectors. Uganda's school and clinic committee members are on average far better educated than their Tanzanian counterparts. Almost half of the members in Uganda have completed secondary school plus a further training, as compared to 17% and 19% in Tanzania. Tanzanian committees are in large majority (74% and 75%) composed of members with a primary or uncompleted secondary education.³⁸ Second, in spite of vetting by district authorities, there is a visible proportion of committee members that have not completed primary education. This suggests that local authorities do not vet candidates stringently.

3.7 Elite capture?

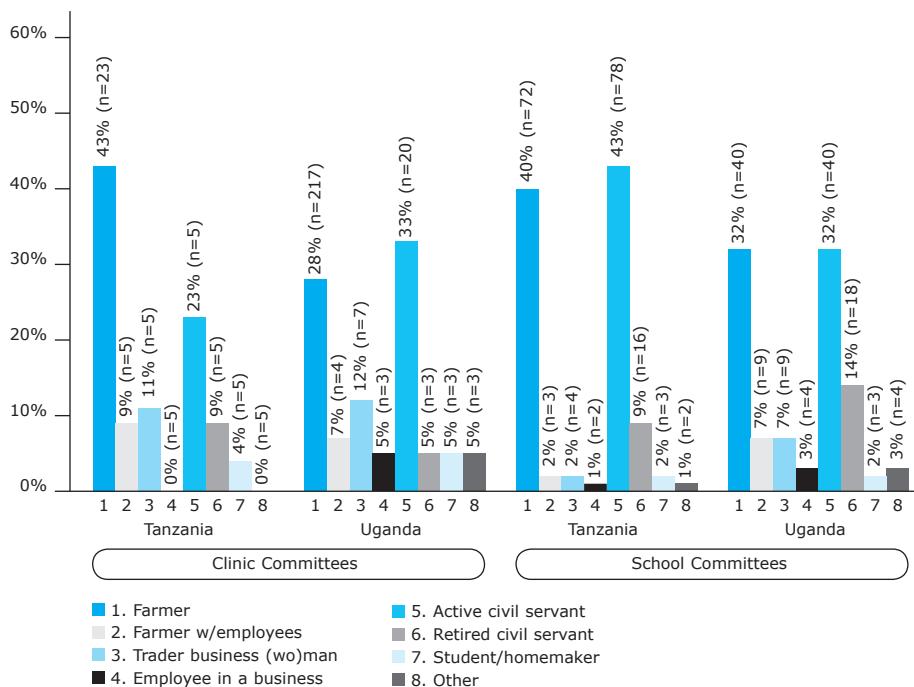
To study elite capture, I designed a few indicators for "eliteness" and for "capture".³⁹ For this paper's purpose, I measure eliteness in members' occupation and in their holding of positions in other public organisations. Capture is measured in the number of other public positions held and the duration of office tenure. Finally, the research glimpses at vertical elite capture – the ways in which regional or national elites reach downward to underpin positions of power and patronage – by looking at the phenomenon of school patrons in Tanzania.

-
- 38 For Tanzanian school committees these figures are somewhat distorted as the average is boosted by the fact that these committees include, besides the head teacher, also two teachers representing the staff.
- 39 Both, but particularly the first, are obviously fiendishly hard to operationalise in direct indicators. In the research for my thesis I use a wider set of proxy and composite indicators.

Elite presence: Committee members' occupations

In both countries and both sectors, two of the eight occupational categories for committee members stand out; farmers and civil servants. Both categories are equally represented in committees and together make up clear majorities. However, the proportion of members with a clear link to the public sector becomes dominant if “retired civil servants” are added. Added up, present and retired civil servants make up half the membership in school committees, and become the largest subgroup in clinic committees in Tanzania. If we consider (retired) civil servants in rural villages an elite, then this elite has a domineering presence in three of the four management committee types and a clear presence in the fourth.⁴⁰

Figure 6: Professional background
Professional Background of Members of Management Committees (n=420)

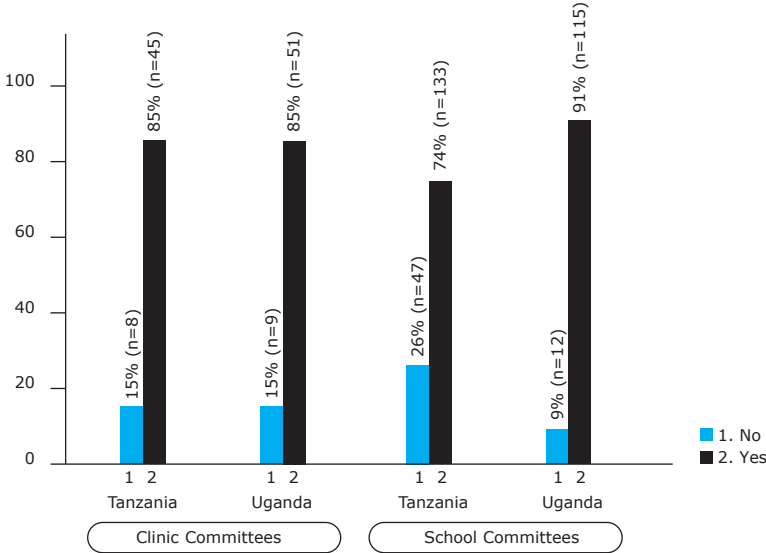


40 Though there is no hard definition of elite, civil servants with their regular and monetary income and inside access to crucial persons, information and public resources surely qualify in the eyes of the rural population.

However, the domineering presence of civil servants in management committees is not necessarily strategic manoeuvring by the local elite. The high proportion is partially explained by the existing regulations. Head teachers and nurses in-charge are automatic committee members and secretaries. The numbers are further expanded in Tanzania's school committees because regulations require two staff representatives on the committee, and in Uganda a teacher from the nearest school in the larger clinic committees. Furthermore, it may be argued that "being knowledgeable about education or how government works" is a criterion for parents to elect (former) civil servants into school committees.⁴¹

What is clear from these findings is that the local economic elite without a civil servant background – big farmers and traders – have an almost negligible presence in management committees. Likewise,

*Figure 7: Do you hold other Positions?
Do You Hold a position in Other Committees or Boards (n=420)*



Percent within School or Clinic Committees per Country

41 I also addressed the question "Why were you (s)elected?" in my research and a noticeable number of respondents replied in the sphere of "Because I know the education system".

those that depend on others for their economic upkeep – students and non-working spouses – also lack a visible presence in committees.

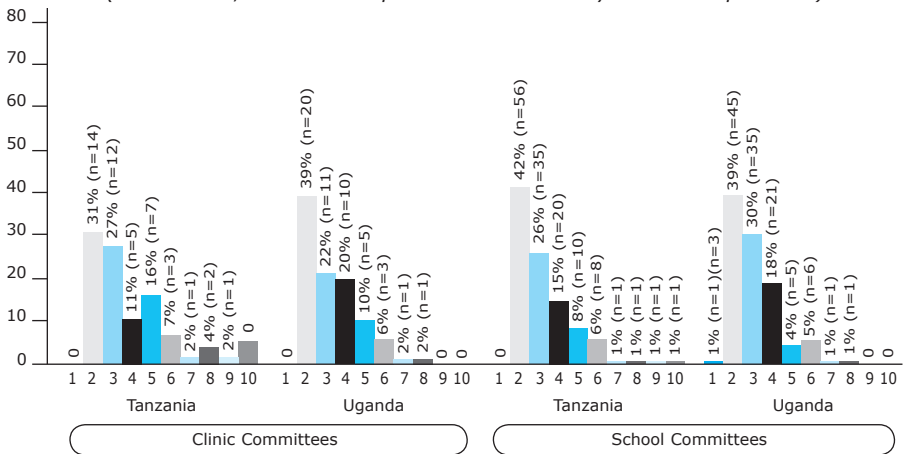
Elite presence: Holding other public positions

Eliteness may also be indicated in the fact that people hold more than one public position. Respondents were therefore asked whether they held positions in other committees or boards. In both sectors and both countries, three quarters or more of the committee members indicated they held other public positions. If eliteness is expressed in holding more than one public position, then these figures suggest that a local elite has indeed established itself in management committees.

Elite capture: Accumulation of positions

If it is true that an elite, typified by civil servants, largely dominates the numbers in management committees, then the question arises “Do these elite actually capture, control, these committees?” Holding not just one, but many public positions would suggest so. A graph of the number of positions held by respondents shows two clear facts.

*Figure 8: Number of other positions held
Number of Other Positions Held in Other Committees or Boards (n=344)
(note n=344, i.e. those respondents that actually hold more positions)*



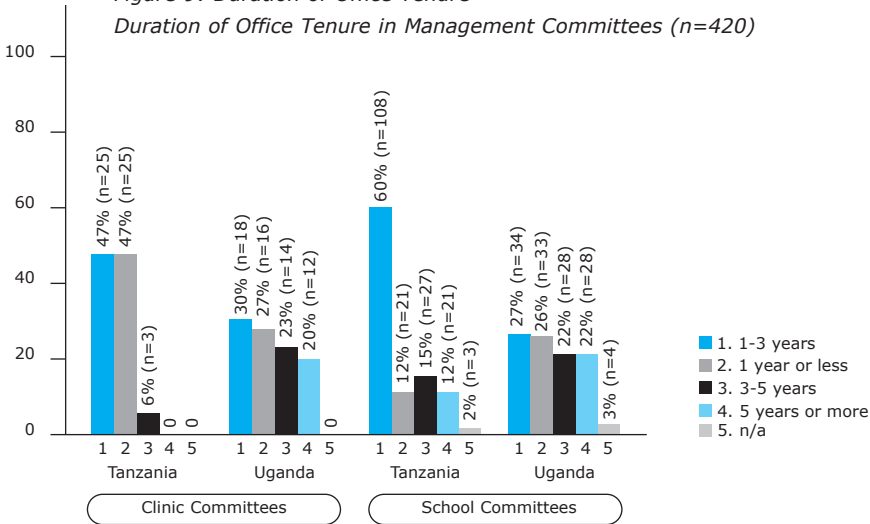
Percent within School or Clinic Committees per Country

First, majorities between 58% and 69% accumulate three or four public functions, including the school or clinic committees in which they were interviewed.⁴² Second, it is rather surprising to see that only 1 of the 344 persons who hold other public positions, limits herself to one other position. This almost begs the proposition that once a person assumes one public function; at least another two almost automatically follow. In any case, assuming a limited amount of public positions in a village, a few persons seem to monopolise these positions.

Elite capture: Office tenure

Regulations for all committees provide details on the duration of the membership; it varies from two years (school committee in Uganda), to three years (clinic committees in Uganda and Tanzania) and four years (school committees in Tanzania). Members are re-eligible only once in all committees. The graph reveals that committee members

Figure 9: Duration of Office Tenure
Duration of Office Tenure in Management Committees (n=420)



Percent within School or Clinic Committees per Country

42 A caveat is in place. An amazing 167 of the 344 respondents, who said to hold other positions in committees or boards, said to do so in the category “church or mosque”. I suspect a number of these and maybe other replies have mistaken membership of an organisation, like the church, with holding a position in a committee or board of that organisation – which was the question. This may be a methodological flaw in the questionnaire design.

do not turn their seats into their personal life-time fiefdoms. As such, it suggests that frequent (democratic) rotation of the individual committee members takes place.⁴³

The 92% of clinic committees in Tanzania that held office for less than three years is explained by the fact that the oldest of these committees is about three years. The rather equal spread over the categories in Uganda's school and clinic committees suggest that the regulation to rotate half the membership every two or three year is followed in practice. Most revealing is Tanzania's school committees' graph; it suggests that very few people are, or stand to be, re-elected after one term. This further proves the remarks about membership being honour that cannot be refused but that is hard work. The average meeting frequency of a school committee in Tanzania bears testimony to that: almost 8 meetings a year.⁴⁴

School patrons: Are school committees linked with higher elites?

Tanzania's regulations on school committees explicitly allow for the discretionary appointment of patrons in the committee, without further details. Twenty-two of the 27 Tanzanian school committees had a patron, something schools actively pursue. Most schools have parents draft a list of potential patrons. Principal selection criterion is "a link" with the village. That link usually meant being born, or having a house or business in the village. Being wealthy to support the school materially was important, though six of the 22 (e.g. a priest) were clearly not in that position and were selected for their advisory skills. Then the school committee contacted the prospective patron with a request. For some schools this was a lengthy process because candidates refused or simply did not reply.

Of those that became patrons, half were local residents and the other half lived in regional or national centres. In the end, however, only six of the 22 committees with patrons said the patrons had contributed something material to the school and very few took an actual interest.⁴⁵

-
- 43 The figures for the few people holding positions for more than five years are partially distorted by the ex officio members who did not get transferred in five years.
 - 44 The average meeting frequency of School Committees in Uganda is 4.8 times a year, and in Tanzania 7.8 times. Clinic committees in Uganda meet on average 2.8 times a year, in Tanzania 2.0 times.
 - 45 Group interviews #32 (23 Nov 2004), #34 (24 Nov 2004), #35 (25 Nov 2004), #37 (26 Nov 2004), #38 (26 Nov 2004), #46 (3 Dec 2004)

Though schools dedicate quite some time looking for a patron, they subsequently find it does not bring them as much as they had hoped. This is also reflected in the fact that the patron features only in half of the committees' list of "our stakeholders" and those that do feature are assessed as small players (not medium or big sized players in the Venn diagram.)

The overall impression is that patrons are sought after by schools, but the position is not one aspired to by prospective candidates. It does not appear to be an instrument for higher level elites to build a local powerbase as some analysts claim (Oluwa, 2003:86). The actual transfer of anything, either way, is minimal and from the perspective of schools disappointing. Further research into the motives for patrons to accept or dodge an offer for patronage by school committees is needed. It is puzzling why a regional elite does not accept a client that has an increasing access to resources and almost daily contact with potential voters?

4. General conclusions

This paper's findings qualify for Uganda and Tanzania some of the general concerns that have surfaced in the debate about management or user committees. First, some types of committees have indeed proliferated primarily because of pressure from donor agencies since the mid 1990s – as is illustrated by the finding that district health authorities lack interest in clinic committees. But some of the most widespread committees – such as school committees – have had an active existence for decades. Second, concerns that these management committees operate without being integrated in local government structures seem overdone. Local government's education and health department have at least a clear influence over the establishment of the management committees.

Third, concerns that the election of management committees' members is not democratic are, according to the findings in this paper, mostly applicable to clinic committees. Members of clinic committees, are exclusively appointed by government officials – thus further refuting the claimed lack of committee integration into local government structures, even if the selection is sometimes an extremely opaque process. School committee members, however, are elected in a reasonably democratic process and do represent parents. This supports Kelsall's claim that these local institutions in Tanzania operate according to (quasi) democratic principles (Kelsall, 2004:10).

The two general questions of this research were whether management committees were accountable and whether local elites had captured control of these committees. This research suggests that accountability in management committees in schools and clinics in Uganda and Tanzania is mainly influenced by two factors. First, committees tend to be accountable more directly to the persons that have *de facto* placed them in the position. Formal approval of a candidate by authorities does not lead committee members to reciprocate in acts of accountability. Second, limited resources and/or capacities at local and district level, make formal paper-based upward accountability unrealistic.

This does not mean that decentralisation policies to channel resources directly to schools or clinics operate in an accountability vacuum.

If committee members are selected (“as an honour”) by the service users (i.e. parents) then specific local dynamics seem to create their own, unique and diverging, accountability mechanisms. Committees may develop to be principally accountable to government, or to the parents, or decide to do both. These mechanisms largely develop outside, or against, the regulations. If clinic committees do not develop their own practices of accountability, many school committees do.

With respect to the wider debate, these findings undermine the idea that accountability at a local level can be regulated and maintained by a central or district government. However, the findings do not support the proposition that *offering suggestions* for formal accountability practices to management committees and service users is pointless. If (school) committees are largely elected by users, recognised and mandated by government, and have a longer living history, they are quite likely to take up such suggestions and turn these into an accountability practice that suits them and their constituencies.

With regard to the matter of elite capture, the results of the research are twofold. First, the research does confirm concerns that a very specific group, namely civil servants, numerically dominates management committees. Not only do civil servants act as the *ex officio* secretaries to committees, their ranks are expanded by the election or appointment of other active or retired civil servants. Furthermore, this research also finds that these civil servants probably dominate most other public bodies at local level. Almost two thirds of these persons hold simultaneously three or four public positions. In this respect, the findings not only confirm Manor’s concern that local civil servants from line ministries control management committees in their ministries’ sector. The findings also suggest that local civil servants fill most of the committees and boards at village level, ranging from the football team to the church.

One could argue these civil servants represent a, or the, local elite. However, we should be cautious. The research also finds that committee membership is not dominated by those in the 45-60 age bracket, the group most likely to constitute the elite. Even more surprisingly, women end up in management committees in both countries in equal proportion – irrespective of whether there is a quota for women.

Second, the research findings are ambiguous with regard to elite *capture* because findings do not suggest that these civil servants actually capture these management committees. Not only do committee members define their selection as “an honour costly in time” but they do not jostle or campaign to be elected, nor do they stand for re-election. Likewise, the research does not find evidence to support the hypothesis that a national elite reaches down to local levels in search of a clientelistic powerbase. If anything, the reverse seems to happen. School committees in Tanzania *try* to capture persons from the higher elite into their committee, but most fail to succeed.

References

Bayart, J., Ellis, S., Hibou, B. (1999) *The Criminalization of the State in Africa*, Oxford, James Currey.

Blair, H. (2000) 'Participation and accountability at the periphery: democratic local governance in six countries'. *World Development* 28(1): 21-39.

Chabal, P., Daloz, J. (1999) *Africa Works. Disorder as a Political Instrument*. Oxford, James Currey.

Crook, R. (2003) 'Decentralisation and poverty reduction in Africa: the politics of local-central relations' *Public Administration and Development* 23(1): 77-88.

DFID (2004) Standing, H., 'Understanding the 'Demand Side' in Service Delivery, Definitions, Frameworks and Tools From the Health Sector' *Issue Papers*, London, DFID.

DFID (2005) *Why We Need to Work More effectively in Fragile States*, London, DFID.

Goetz, A. and Gaventa, J. (2001) 'Bringing Citizen Voice and Client Focus Into Service Delivery' *IDS Working Paper 138*, Sussex, IDS

Englebert, P. (2002) *State Legitimacy and Development in Africa*. London, Lynne Rienner.

Goetz, A. and Gaventa., J. (2001) 'Bringing Citizen Voice and Client Focus Into Service Delivery' *IDS Working Paper 138*. Sussex, IDS Sussex.

Golooba-Muteti, F. (2005) 'When Popular Participation Won't Improve Service Provision' *Development Policy Review*. 23(2):165-182

GoT (2000) Government of Tanzania Guidelines for the *Establishment and Operations of Council Health Boards and Health Facility Committees*, Ministry of Health/Ministry of Regional Administration and Local Government

GoT (2001) Government of Tanzania *Education Sector Development Programme, Primary Education Development plan (2002-2006)*, Basic Education Development Committee (BEDC), July 2001

GoT (2002a) Government of Tanzania *Subsidiary Supplement No 25 to the Gazette of the United Republic of Tanzania No. 26, Vol. 83, 28 June 2002*, Dar Es Salaam, Government Printer

GoT (2005) Government of Tanzania *Tanzania Public Expenditure Tracking Study, Study of the Financial and Non-financial PEDP Flows From Central Government to School in 2002 and 2003*, Dar es Salaam, Ministry of Finance

GoT (2002b) Government of Tanzania *Subsidiary Legislation No 26 to the Gazette of the United Republic of Tanzania No. 27, Vol. 83, 5 July 2002*, Dar Es Salaam, Government Printer

GoU (1996) Government of Uganda *Headteacher Training Series Module 4: School Governance*, Kampala, Ministry of Education

GoU (1998a) Government of Uganda *Guidelines on Policy, Roles and Responsibilities of Stakeholders in the Implementation of Universal Primary Education*, Kampala, Ministry of Education

GoU (1998b) Government of Uganda *Training Module for Sub County Health Committees and Health Unit Management Committees*, Kampala, Ministry of Health/UNICEF

GoU (2003) Government of Uganda *Guidelines on Health Unit Management Committees for Health Centre II*, (Ibid for Health Centre III] Kampala, Ministry of Health/Dept of Quality Assurance

Jones, E. and Gaventa, J. (2002) 'Concepts of Citizenship: A Review' *IDS Development Bibliography 19*, Sussex, IDS

Kelsall, T. (2004) 'Contentious Politics, Local Governance and the Self: A Tanzanian Case Study' *Research Report 129*. Uppsala, Nordiska Afriainstitutet

Manor, J. (1999) *The Political Economy of Democratic Decentralisation*, Washington DC, World Bank.

Manor, J. (2004) 'User Committees: A Potentially Damaging Second Wave of Decentralization', *European Journal of Development Research*, Vol. 16, Nr 1.

Narayan, D. et al. (2000) *Voices of the poor - Crying out for change*. Washington DC, World Bank/Oxford University Press.

OECD (2004) Jutting, J. et al, 'Decentralisation and Poverty in Developing Countries: Exploring the Impact' *OECD Working Paper 236* Paris, OECD DAC.

OECD (2005) Jutting, J., Corsi, E., Stockmayer, A. *Decentralisation and Poverty Reduction, Policy Insights No. 5*, OECD January 2005.

Olowu, D. (2003) 'Local institutional and political structures and processes: recent experiences in Africa' *Public Administration and Development* 23(1): 41-52.

Oxhorn, P., Tulchin, J.S., Selee, A.D. (eds) (2004) *Decentralization, Democratic Governance, and Civil Society in Comparative Perspective - Africa, Asia, Latin America*. Baltimore, Johns Hopkins University Press.

PAMOJA Joint Action Project, *School Committees Capacity Needs Assessment for Capacity Building, Final Report February 2002*, Moshi Tanzania, Pamoja

Reno, W. (2000) *Warlord Politics and African States*, Boulder CO, Lynne Rienner.

Ribot, J. (2001) *Local Actors, Powers and Accountability in African Decentralizations: a Review of Issues*, New York, United Nations

Research Institute for Social Development (UNRISD).

Saito, F. (2003) *Decentralization and Development Partnerships - Lessons from Uganda*. Tokyo, Springer.

Same District Council (2003) *Taarifa Ya Utekelezaji Wa Mafunzo Ya Uimarishaji Wa Uwezo Kamati Za Shule Za Msingi* (report on training programme for school committees) Same 7 November 2003, Same, District Education Department

Schwab, P. (2001) *Africa: A Continent Self-Destructs*, New York, Palgrave.

Smoke, P. (2003) 'Decentralisation in Africa: Goals, Dimensions, Myths and Challenges' *Public Administration and Development* 23(1): 7-16.

TEN (2002) Tanzania Education Network, *School Committee Capacity Development: Lessons from Civil Society Organisations*, Dar Es Salaam, TEN/Oxfam Ireland

World Bank (2003) *World development report 2004, Making Services work for Poor People*, Washington DC, World Bank

World Bank (2005) *Joint World Bank and IMF Report on Poverty Reduction Strategy Papers: Progress in Implementation*, 2005 PRS Review February 2, 2005.

Annex 1: Format for group interview

School / Healthpost Committee (SC/HC) - Focus Group Interview	Date/Place

C Joint Management Bodies: SMC/HUMC

Issue: Internal Dynamics		
	Plenary Question	Output
1	A few fact-finding questions, to open conversation:	
i.	How often did you meet last year?	(i): Meetings last 12 months:
ii.	When was this SC/HC first started, how were elections done?	(ii): When started:
iii.	Do you have constitution, minutes, leaflets, workplans? What do you do with minutes or workplans? (How do you use 'm?')	(iii): Docs:

Issue: System & Network		
	Plenary Group Dynamic	Output
2	With which other groups, organisations or committees does the SC/HC relate, work - directly or indirectly? (E.g. Village Assembly, DEO/DMO, etc.) Technique: Venn Diagram	
1st.	Listing: List on flip chart the 'persons, groups, organisations, etc' with which the Committee relates.	
2nd.	Weighing: Three differently sized round cartons on stock. Take off the flip chart one-by-one and put on round card indicating: 'The bigger round card, the more important to the SC/DC.'	
3rd.	Positioning: A card with 'our committee' in the centre of the table. The round card are now placed around the centre. It touches the centre if there is a direct contact. It touches another round card or nothing if there is no direct contact.	
4th.	Relations: Then, cut-out paper arrows are placed to-from 'our committee' and the surrounding round cards that touch it. On yellow post-its it is noted what goes from one to the other – and vice versa; the content of the relationships (eg: ideas, money, labour, authorisation, etc.)	

Issue: Effectiveness / Institutional Responsiveness		
	Plenary Group Dynamic	Output
3	<p>What are the issues you usually consider, discuss, decide during your meetings and activities?</p> <p>Technique: Pairwise Ranking</p>	
	<p><i>Methodological note: no need to dwell here, this listing aims to facilitate thinking on the next issue.</i></p>	
1st.	<p>Brainstorming: In plenary session, ask for - and list on flip chart - the issues that the Committee has been addressing in its meetings of the last year. [Note: No need to dwell.]</p>	
2nd.	<p>List successes: In plenary session, list the biggest successes of this committee, what makes you proud? Note each on a separate green card. [Allow maximum of 6.]</p>	
3rd.	<p>List problems: In plenary session, list the biggest problems, what are obstacles to realising your ambitions? Note each on a separate red card. [Allow max of 6]</p>	
4th.	<p>Prioritise/rank: Facilitate a pairwise ranking exercise to determine the biggest success and the biggest problem.</p>	
	<p><i>If time/atmosphere allows: in Plenary Debate</i> 1st: Why or how have they achieved successes? 2nd: How could problems be overcome?</p>	

Issue: Legitimacy		
		Output
4	<p>What are the community members' expectations of SC/HC?</p> <p>Technique: Peer Review of Committee Performance</p>	
1st.	<p>Make individual notes: Imagine you are a parent/patient in this community - what do you expect from this committee? Note one idea on a card from a stock.</p>	
2nd.	<p>Assess your neighbour's cards: Give yours and receive other's cards. Assess whether the committee has met the expectation by marking "yes = 😊" "no = 😞" or "half or dunno = +/-".</p>	
	<p><i>If time/atmosphere allows: in Plenary Debate</i> Have the public's views of Committee changed in time? If so, how? Likewise, committee members' views on the public? If so, how?</p>	

Annex 2: Individual questionnaire

For individual members of School Management Committees

Thank you for taking time to answer these questions. Your answers are anonymous and confidential. Please mark with a tick the box with your answer.

For example, if you are a man, you mark as follows:

<input checked="" type="checkbox"/> Man	<input type="checkbox"/> Woman
---	--------------------------------

Questions

1 What is your age group?				
<input type="checkbox"/> 18-29 years	<input type="checkbox"/> 30-44 years	<input type="checkbox"/> 45-60 years	<input type="checkbox"/> 61 years or more	
2 What is your sex?				
<input type="checkbox"/> Man	<input type="checkbox"/> Woman			
3 How long have you been a member of this Committee?				
<input type="checkbox"/> less than 1 year	<input type="checkbox"/> more than 1 year less than 3 years	<input type="checkbox"/> more than 3 years less than 5 years	<input type="checkbox"/> more than 5 years	
4 What is your education?				
<input type="checkbox"/> none	<input type="checkbox"/> uncompleted primary	<input type="checkbox"/> completed primary	<input type="checkbox"/> uncompleted secondary	
<input type="checkbox"/> completed secondary	<input type="checkbox"/> secondary plus other	<input type="checkbox"/> other:		
5 What is your occupation?				
<input type="checkbox"/> farmer	<input type="checkbox"/> farmer with employees	<input type="checkbox"/> trader/business(wo)man	<input type="checkbox"/> employee of trade/business(wo)man	
<input type="checkbox"/> active civil servant	<input type="checkbox"/> retired civil servant	<input type="checkbox"/> Student /home- maker/unemployed	<input type="checkbox"/> other:	
6 Are you also a member of a Committee or Board in other organisations?				
<input type="checkbox"/> No	<input type="checkbox"/> Yes			
If "YES", in which organisation are you a member of a Committee or Board? (You may mark more than once.)				
<input type="checkbox"/> village council	<input type="checkbox"/> ward development com.	<input type="checkbox"/> district council	<input type="checkbox"/> saving and credit society	
<input type="checkbox"/> dispensary/health com.	<input type="checkbox"/> political party	<input type="checkbox"/> youth organisation	<input type="checkbox"/> women organisation	
<input type="checkbox"/> church/mosque	<input type="checkbox"/> professional group	<input type="checkbox"/> sport organisation	<input type="checkbox"/> water committee	
<input type="checkbox"/> farmers organisation	<input type="checkbox"/> NGO or CBO	<input type="checkbox"/> Other:		
7 Comparing yourself economically with other members of your village, how would you describe yourself?				
<input type="checkbox"/> clearly above the average	<input type="checkbox"/> a bit above the average	<input type="checkbox"/> about the average	<input type="checkbox"/> a bit below the average	<input type="checkbox"/> clearly below the average

8 How often have you travelled to Arusha in the last two years?

<input type="checkbox"/> never	<input type="checkbox"/> 1 or 2 times	<input type="checkbox"/> 3 or 4 times	<input type="checkbox"/> more than 4 times
--------------------------------	---------------------------------------	---------------------------------------	--

9 How would you describe your household's situation, as compared to two years ago?

<input type="checkbox"/> a lot better	<input type="checkbox"/> a bit better	<input type="checkbox"/> The same	<input type="checkbox"/> a bit worse	<input type="checkbox"/> a lot worse
---------------------------------------	---------------------------------------	-----------------------------------	--------------------------------------	--------------------------------------

10 As a member of this Committee, how many meetings have you been able to attend since you joined?

<input type="checkbox"/> I could attend all meetings	<input type="checkbox"/> I could attend most meetings	<input type="checkbox"/> I could attend half of the meetings	<input type="checkbox"/> I could only attend a few meetings
--	---	--	---

11 Who proposed you as a member of this School Committee? And do you know why?

--	--

12 Why have you accepted to become a member of this School Committee?

--	--

13 Please indicate your opinion: "Since I am a member of this School Committee..."

I *trust* the teachers of the school:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

I *understand* the teachers of the school:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

I *trust* the government workers of the District:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

I *understand* the government workers of the District:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

I *trust* the government workers of the central government in Dar Es Salaam:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

I *understand* the government workers of the central government in Dar Es Salaam:

<input type="checkbox"/> a lot more	<input type="checkbox"/> a bit more	<input type="checkbox"/> the same	<input type="checkbox"/> a bit less	<input type="checkbox"/> a lot less
-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	-------------------------------------

Thank you very much for your cooperation!

Papers in the series

- SNV H0702-00 **Klinken, R., G. Prinsen and S. Slootweg**, 2007. *Introduction: Practitioner-led research in Africa*
- SNV H0702-01 **Chabal, P.**, 2007. *State and governance*. The limits of decentralisation.
- SNV H0702-02 **B-Dido, S.**, 2007. *When does the 'shoulder' pass the 'head'*. A case of pastoralist political aspirant women in northern Kenya.
- SNV H0702-03 **Francis, A.**, 2007. *Why women succeed in local politics*. The role of the informal to access leadership positions in Tanzania.
- SNV H0702-04 **Tegels, J.**, 2007. *Women as political actors*. Formal criteria and informal dynamics in electing women councillors in Niger.
- SNV H0702-05 **Magala, C. and A. Rubagumya**, 2007. *Why pay?* Motivators for payments of local market dues in Rwanda and Uganda.
- SNV H0702-06 **Boko, J.**, 2007. *Leadership makes a difference!* Comparing local revenues collection in two Benin municipalities.
- SNV H0702-07 **Graaf, K. de**, 2007. *Public expenditure tracking in Tanzania at district-level*. Effects on local accountability.
- SNV H0702-08 **Boon, S.**, 2007. *How not to decentralise*. Accountability and representation in health boards in Tanzania.
- SNV H0702-09 **Prinsen, G.**, 2007. *The parents, the patients and the privileged*. Accountability and elite capture in schools and clinics in Uganda and Tanzania.
- SNV H0702-10 **Wal, B. van der, J.M. Sika, A. Congo and K. Zone**, 2007. *Will patients be better off with a decentralised basic health service?* Effectiveness of a decentralizing basic health service in Burkina Faso.
- SNV H0702-11 **Wandera, J.**, 2007. *How to become partners?* The case of Awassa City Development Alliance in Southern Ethiopia.
- SNV H0702-12 **Slootweg, S., J. Groen and X. Llopert**, 2007. *What makes local government work?* Social capital, leadership, participation and ownership in Benin.

Colofon

First publication in 2007 by SNV Netherlands Development Organisation

Prinsen, G., 2007. *The parents, the patients and the privileged. Accountability and elite capture in schools and clinics in Uganda and Tanzania*. SNV publications H0702-09

© SNV Netherlands Development Organisation

To order this publication: www.snvworld.org or e-mail info@snvworld.org

Design: Haagsblauw, The Hague

Print: Onkenhout Groep, Almere

Paper presented at Conference of Africa-Europe Group for
Interdisciplinary Studies (AEGIS)

29 June – 2 July 2005 in London, UK

Gerard Prinsen
Massey University New Zealand
G.Prinsen@Massey.ac.nz

SNV Netherlands Development Organisation

Dr. Kuyperstraat 5
2514 BA The Hague
The Netherlands
T +31 70 344 02 44
F +31 70 385 55 31
www.snvworld.org