REPOA

Citizens and Evidence Informed Policy Making in Tanzania: Focus on Service Delivery in the Health and Education Sectors

Location: Tanzania

Year formed: 1994

Who we are
REPOA is an independent research institution which generates knowledge through research to inform policy development and design of interventions to accelerate socio-economic transformation for inclusive development and the well-being of the people of Tanzania.

What we do
REPOA produces robust and relevant evidence-based knowledge to inform national policies and development programmes through strategic and collaborative research, strategic communication and policy dialogue, and capacity building for researchers and research users.

Key areas of focus
- Natural resources as a foundation for socio-economic transformation.
- Industrial development and structural change as a pillar for transformation.
- Governance and social policy as key reinforcements for inclusive development.

CONTEXT

Over the past years, there were complaints from citizens and other development stakeholders that the quality of health and education was not improving despite huge spending in the two sectors. However, the outcomes of health and learning did not reflect the levels of government expenditure in the two sectors. It is from this assertion that the World Bank in collaboration with REPOA started a pilot survey on service delivery indicators, in Tanzania and Senegal in 2010, to find out possible causes that account for poor learning and health outcomes. The approach looked into inputs, commitment of the service providers and competencies of service providers in the two sectors. The survey was repeated in more countries in 2014, with a larger sample, and again in 2017. The findings suggested that the budget allocation is one thing that can impact outcomes of learning and health. However, competencies and commitments are equally important in determining health and learning outcomes.

WHAT WE DID

The research team worked on designing the methodology for capturing key data for assessing allocation of public spending, competency of service providers, inputs, and commitment of service providers in the two sectors. To be able to capture all these, the research team developed questionnaires administered to the sample of different actors in the health and education facilities. For the government expenditure there was a questionnaire for the head of the facility and for the person keeping the stock like books, medical supplies, etc. This captured how much the government had delivered within a specified time period. For the commitment of staff, the research team made unannounced visits to see whether staff were outside the facility without information from their heads. But also, the research team was spending time in the classrooms observing teaching behaviour and to see whether pupils are fully taught in all 30 minutes. Both absenteeism from school and absenteeism from classroom and wastage of time during teaching were calculated to determine levels of commitment. For competencies, teachers were tested on understanding curricular and pedagogy. For health providers a vignette test was conducted. This captured the level of competency of the service providers in providing basic diagnostics.

CHALLENGE

The main challenge occurred mainly in the school survey. This is because they only operate 5 days a week. To have a comprehensive coverage we needed 400 schools. It was very difficult to complete all the schools before the examination commenced. In this case, the test for pupils was challenging because all pupils of standard four took the same test but at different timings of the year.

OUTCOME

The outcome of our survey received very positive attention by the key stakeholders. It has stimulated policy debates regarding the learning and health outcomes. More importantly, it has resulted in the strengthening of inspection, both at the schools and at the health facilities, including strengthening of a system to ensure enhanced availability of drugs at health facilities.