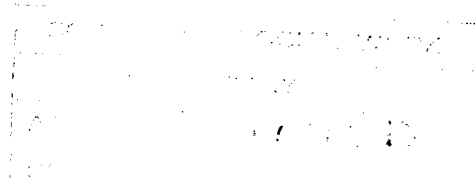


**Seeking Partnership:**  
**The State, Community Participation and the Provision of Social Services**  
*Analysis of Experiences from Tanzania and Zimbabwe*

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## **I. COMMUNITY PARTICIPATION**

### **1.1 Participation: the Idea and the Distortions in Practice**

Modern jargon, writes Rahnema, use stereotype words like children use Lego toy pieces. Most of those words have no content, but do serve a function, and precisely because they are separate from any context, they are ideal for manipulative purposes. Participation, as an act of partaking of an activity could be transitive or intransitive, amoral or immoral, forced or free, manipulative or spontaneous. However, while transitive forms of participation are directed towards *goals*, intransitive forms present the participant as partaking a process without any defined purpose/goal. Participation should have a positive goal and should be a free exercise. As practised however, people are either asked, or effectively *dragged* into partaking in operations of no interest to them, all in the name of *participation* (Rahnema 1992).

As a notion, the words 'participation' and 'participatory' entered the development jargon during the late 1950s. The realization that the oppressed had not only failed to 'unfold like a flower from a bud', but also that populations were kept out of all the processes related to the design, formulation and implementation of development programmes and projects led to the advocacy for the end of 'top-down' strategies and the inclusion of participation and participatory methods as an essential dimension of development. As the 'Development Establishment' also began to realize the fact that billions spent on development was not producing the expected results, a new consensus was forged among planners, NGOs and field workers that a change in the relationships between the different parties to the development activities was imperative.

*...A word which had been systematically discarded by earlier economists, planners and politicians suddenly lost its earlier subversive connotation. ECOSOC itself recommended to member states 'to adopt participation as a basic policy measure in national development strategies'...As it stands now, participation is almost accepted concept which even very repressive regimes in the 'Third World', such as the ones led by Pinochet and Mobutu, have tried to promote as one of their objectives...(Rahnema ibid:117).*

Participation is most fervently heard of in one or a combination of the following contexts:

1. When governments and institutions want greater productivity at lower cost, they seek the participation of others, but usually *for their own purposes*. Thus, in the case of donor governments for example, the bulk of development assistance is, in the main, allocated to the *strengthening and modernization of the national 'needs'* in the national systems of the recipient countries. A lot of the development policies also rarely look at the type of self-discipline that exists in rural communities, and aim instead at creating induced or addictive needs, many of which condition the minds of their 'target populations'. Once the addictive sequence is established, it is then quoted as a justification for the further support to the project/programme.
2. Once governments have learned to control and contain Participation, important political advantages are obtained through ostentatious display of participatory intentions, usually by inviting their constituencies to be '*enlightened*' on their '*needs*' and '*aspirations*'.
3. As the cost of austerity gets heavier and more brutal, Participation becomes an economically appealing proposition, *sweetly passing on the costs to the poor*, and calling such initiatives 'self-help'.
4. As a new source of investment, grassroots organizations have become the infrastructure through which investments are made including the poverty oriented investments, making the grassroots organizations become the '*human software*' that makes other forms of investments work.
5. Participation is also not just a good fundraiser, but also a good windfall already especially for the NGOs who gained positions of favour with bilateral and multilateral donors by the same ascription process through which the state got its condemnation as being inefficient, corrupt, and largely 'beside the point' as a key actor. Rahnema states how in 1983 alone, the Development Assistance Committee (DAC) of the OECD gave US\$3.6 billion in NGO support from the European countries, a sum *three times larger than the total funds allocated to the developing countries through UNDP*.
6. Finally, Participation is also a 'shot in the arms' for private corporations and consultancy agencies who can now partake with a straight face what should be state responsibility. For the modern construct of participation, a person should be part of a pre-defined project, in order to qualify as a participant (Rahnema *ibid*) .

In a development context that is swarmed by actomaniacs, missionaries, the obsessional intervenor and the mentally programmed do-gooders who think that they alone know or care about the situation, the understanding and practice of participation is a far cry indeed from what development activists see as the aim of participation, which is to achieve power:

*...(Participation engenders) .... a special kind of power - people's power - which belongs to the oppressed, and the exploited classes and groups and their organizations; and the defence of their just interests to enable them to advance towards shared goals of social change within a participatory system (Orlando Fals Borda 1988:2).*

A humanistic view of development cooperation adds to the activists' position by positing participation in the context of democracy. It states that a democratic society needs the active participation of as many people as possible in a great variety of small and large groupings, for, it is important that people, with their ideas, wishes, physical and mental capabilities, ideals and preferences join forces to shape their way of living together and give meaning to this. By definition, this perspective recognizes that a uniform society is incompatible with the presence of unique people, while a plural society is the only one that can, to a reasonable extent, do justice to all, by providing scope for people's social inclinations (HIVOS 1988).

Genuine processes of dialogue and interaction should therefore, replace the present subject-object relationships between intervenors and the intervened, thereby making the oppressed act as free subjects of their own destiny:

*...In that sense, to participate means to live and to relate differently. It implies above all, the recovery of one's inner freedom, that is, to learn to listen and to share, free from any fear or pre-defined conclusion, belief or judgement..As inner freedom is not necessarily dependent on outer freedom, its recovery is an essentially personal matter, and can be done even in a jail, or under the most repressive conditions. Yet, it enables one not only to acquire a tremendous life power for the flowering of one's own life, but also to contribute in a meaningful way, to everyone else's struggle for a better life (Rahnema 1992:127-8).*

## **1.2 Seeking Partnership with the 'Community' in the 1990s**

For the developing countries of Africa, Latin America and Asia, the fourth development decade is bringing in its wake new challenges. As debt grows and austerity sinks its claws in the development process and plans, the state is left with little to go by except reach out to new 'partners' that can help it attain the visions it once announced to its citizenry. This search for new partners goes hand in hand with the search for structural mechanisms to effectuate such partnerships. Apart from the hand

stretched outwards to donors, one of the internal constituencies most easily targetted as a sources of relief, or for more effective ways of development delivery is the entity commonly referred to as the '*community*'. From a typical central government point of view and in the context of policy conditionalities and the pressure to '*privatize*', '*decentralize*', and '*share burdens*', *community participation* emerges as the happy and miraculous way out of the financial and moral dilemma surrounding the visions as earlier announced, and the contemporary crises endangering the chances of their delivery. One such contemporary crisis is that brought in through the neo-liberal paradigm effectuated via the structural adjustment programmes.

Inherent to that framework is a kind of impatience. "Why can't the '*community*' (however defined), not shoulder more of the financial responsibility for social services provisions"? "Isn't it the '*community*' that has after all been the one reaping for free offerings without sowing"? "Isn't it this very '*reaping*' that is at the root of government overspending in the first place"? ...The people have become "lazy" and need to be jolted into '*active participation*' (however defined). These kinds of questions, posited at a critical point in time when debtor countries and governments are held captive by and to their creditors, can explain the resonance surrounding the idea of community participation.

The case of Mozambique is a good illustration of how, in a context of poverty and policy conditionalities, a well meaning government can be compelled to renege on its commitment to its citizenry and adopt the reprimanding arrogant attitude as a new norm.

After being set upon by various pressure mechanisms unique to the international financial institutions (the IMF and the World Bank), Mozambique, a country that had for so long struggled against many odds to maintain control of its economy, a country that had battled to find a middle way between a socialist path, correct and genuine economic path, and a formula that could satisfy donors, finally caved in. In 1983, former President Samora Machel was told in no uncertain terms during his tour of Europe that money for his war-torn country could only be forthcoming when Mozambique had an agreement with the IMF. Most other bilateral donors followed suit and closed their doors, giving the same conditions.

Frelimo tried to go it alone, but on 30th January 1984, burdened by the cost and impact of the war, Mozambique declared bankruptcy. It asked creditors to reschedule its debts, but the creditors turned up their noses and pointed to the IMF. In March that year Frelimo was forced to sign the Nkomati Accord, and in the half year following that, Mozambique, against its own principles and original wisdom, formally joined the IMF and the World Bank. Within one month, the Paris Club of the OECD had reached a rescheduling agreement. OPEC debts were renegotiated in early 1985.

But what is relevant is *how* the attitude of the government of Mozambique to the issue of social provisions **had to change** given the framework it had been compelled to adopt by circumstances. By the time the Finance Minister was presenting the IMF approved plan to the People's Assembly, the statement he made was not only about how 'it is in our own interest...as well

as that of our creditors, to clean up our economic situation and make our economy more viable..', but also (and more significantly), that it was necessary to '*end the persistent spirit of getting things for nothing*'. In the context of the World Bank-IMF adjustment conditionalities, the all-too-familiar charges were now to be levied for health and education, including prescription charges. Even Frelimo's fundamental principle of expanding health and education including basic social services notably literacy and primary health care was re-worded to omit the critical point of principle of equity:

*...Services should be genuinely available to everyone, but Frelimo never said they should be free...* (Finance Minister Rui Baltazar, in Hanlon J. 1991:113-114).

### 1.3 The Problem with 'Searching for the Community'

Typically, the search for the community as the new 'partner' and the setting up of the mechanism (also typically, of decentralization) is hardly ever preceded by a study that clearly establishes the differential resource base for the different 'communities'. Neither is there a mechanism envisaged to gauge community preparedness and willingness to accept such responsibility and abide by it. A 'community approach' is usually established by proclamation from some board or conference room, and hardly by a careful consideration including historical factors that in the first place, disempowered the same entity now called the 'community'.

Just like the term 'poverty' that is now in unrestrained vogue, there is no critical understanding as to what poverty actually means in different contexts, how it is manifested, AND how people deal with their understandings of poverty. Instead, planners take on the econometric understanding of that word and proceed to prescribe institutional mechanisms to cure it. The profound symbolic distance between the center (the city) and the countryside, including the distance of cultures manifested in conceptual and methodological frameworks, perceptions and bureaucratic procedures that informs the "we-know-it-all" relationship between the two domains is not problematized prior to or even after announcing the discovery of the 'new partner', the 'community'.

In fact, what is meant by a community based approach, or even community participation is never absolutely clear or universal, and it varies from one circumstance to another, and from one sector to the other. If it is not emanating from some international conference, the move community-wards is often mentioned in connection with decentralization, strengthening of the local government, and, as in the case of education, greater parental (material/financial) contribution. In short, it has something to do with some degree of the state relinquishing/abdicating financial burden to local levels. Many experiences of community approaches reveal an underlying assumption that whatever the system there is found lower down, it is either more efficient, better equipped financially, better laid out institutionally, or is even better prepared by way of attitude towards the new responsibility

to be ascribed to them. At other times, there is a further assumption that relinquishing financial burden on to local levels is *equal to empowering of local authorities and villages*.

Such assumptions ignore the fact that local government structures which are the closest semi-autonomous administrative structure in the context of service delivery, are often beset by financial and administrative difficulties not much helped by the complicated bureaucratic and legal process by which it links with the central government administration. It also ignores the fact that any form of decentralization entails a substantial weakening of the original state structure. It is also often forgotten that empowering local communities in practice requires a particular strength and commitment on the part of government or central authority. In fact it can be said that to the extent that a community-based approach to social service delivery relies on government's ability to coordinate and monitor the process in a comprehensive way, a community based approach actually means *more responsibility*, qualitatively speaking, to government. How then, can the anticipated relinquished burden convert into *power* at the local levels? (Odora, Katunzi & Semboja 1994).

In the context of Tanzania for example, the national level structural, administrative and financial framework for the encouragement of a community based approach is derived only in part from the national provisions embedded in the decentralization and the strengthening of local government policy (Semboja & Therkildsen 1990). A good bit of the pressure arises from international policy (via declarations such as Jomtien), and/or aid 'tying' or conditionality (Biervliet, Carr-Hill & King 1992). All of these pressure types have different implications and consequences for the relationship and attitude that the state ultimately assumes towards the local community. It also has consequences for the justifications given for the forging of the new partnership.

Thus what is generally lurking behind the rush to seek out the community and install 'participation' as a methodology is neither community empowerment in the sense of genuine two way dialogue, nor indeed is it the beginning of a process whereby the state apparatus formalizes its knowledge base and general comprehension of the communities and their diversities; but an effort to institute 'cost deflection' on the part of the state. The problem with this tendency is that it is oblivious of the fact that the mass of the citizenry already pay quite substantially for the cost of education and health through direct and indirectly taxes on various incomes. Samoff states that from this point of view, the social services have never really been free, and imposing more fees is therefore neither 'cost sharing' nor 'cost-recovery', but *cost deflection* (Samoff 1992).

#### **1.4 'Community Participation' and the Ebb and Tide of the Decentralization Debate**

The politics of centralization and decentralization in the context of which one frequently hears the word 'community' being uttered washes over the social system delivery without having any discernible effect on what actual conditions of the people have been elaborated. At any given point

in the debate, the 'correct' or enlightened position is usually the opposite of whatever was previously correct. The triumphant doctrine is developed and faithfully recited by both reformers and practitioners.

Thus those who subscribe to the 'incorrect' doctrine are consigned to the periphery of the play where they remain keeping their doctrine warm for the tide to ebb. And because the process of centralization and decentralization is cyclical, and because each cycle leaves behind some vestiges of its reforms, the cumulative effect of several cycles is to make the social system delivery more complex, less accessible to its clients, less comprehensible to those who work in it, and therefore less manageable. This happens despite the fact that taken by itself, each reform is predicated on the assumption that it alone will make the system simpler, more comprehensible, and more manageable (Cohen 1990).

Periodically reformers act on the democratic wish to return power to the 'people' through reforms that push decision making into smaller, simpler and more directly accountable institutions. But these new reforms almost never displace existing institutions which are the products of earlier similar reforms. In time, the new institutional forms emerge and are routinized only to face another wave of opposition claiming a new form of legitimacy this time 'truly serving the people' (Elmore 1993). Whatever the governing rationale is however, the search is for a form of arrangement that may either yield *considerable efficiency* (as in the World Bank discourse for example), or one from which can be hauled an *hitherto untapped private resources*. The involvement of a broader range of actors would imply the greater possibility of tapping those 'hidden' resources assumed to exist somewhere in the 'local communities' (Cheema & Rondinelli 1983). What is not clear however, is whether or not local communities are likely to make resources available to a system over which they have just as little influence as they had before, as Bray and Lillis write:

*...Decentralization and community participation are frequently just a model to which it is fashionable to pay lip service. Governments are pleased to accept resources and grassroots initiatives which coincide with their (the government's) own concepts; but are rarely willing to relinquish control and place themselves in a position where their policies can be undermined (Bray & Lillis 1988:12).*

### **1.5 'Going Local', Decentralization and Deinstitutionalization**

For those whose intention it is to de-institutionalize the state, decentralization is introduced with the service ideology linked to the debate. There is almost a moral imperative about this type of advocacy in which evolution away from the state is fueled by a persistent and often zealous critique of the bureaucratic institutions in such a way that legitimizes the privatization of health care, education and other social services (Lewis 1993). The result is an emphasis on decentralization and choice as ways



to 'improve' social services. According to Ekstein, these forces of reform are driven by an ideology that rationalizes the privatization of human services in the name of 'freedom' and even 'equality' (Ekstein 1984).

Ultimately the emergent special interest groups are incorporated into state mechanisms to regulate and legitimate the new arrangements; and their new forms of participation and special interest representation protect and legitimate the new private sector who then naturalize the privatization of schooling, the health and other social services. The line between the policy talk between 'parents' for the *choice* advocates, and about 'community' for the *decentralization* advocates is blurred as the critique of the bureaucracy squeezes out other possible explanations of the failure of the public social service delivery system. In the final analysis, public authority and responsibility for education and health is undermined while the control of the same by private agencies and interests are enhanced (Lewis *ibid.*)

In the deinstitutionalization model, parents and the local communities are assumed to have political power which they can convert into more commitment and readiness to render the necessary sacrifices to the new decentralized arrangements. Parents and local communities are enthusiastic (or can be made) agents of change with common interests and motivation to change the way schools or other social service provisions are operating. The *victims* of bureaucratization become its *master*.

But the market variant of this model proposes the elimination of both *bureaucratic*, and *political* control over the social services delivery, and espouses instead indirect control through the combination of *market forces* and *parental choice*. In the market variant, state run institutions cannot (can never) do a good job. Something else, definitely not the public institution would be better. Services will be delivered by 'non-institutional' actors. Positing the market as the antidote to institution, 'community' turns out to mean privately controlled services delivered by people who *did not* work for the state, but who in fact *depended* on government for support (Chubb & Moe 1990). What this conservative ideology espouses is a theory and practice ideology that undermines the legitimacy of the state and privatizes its functions; a move that brings the benefit of enhanced resources to the middle classes, but ignores the devastation that this can cause to the poor.

#### **1.6 When is "Participation" Real Community Participation? General Experiences from Projects**

Quite apart from the structural issues around policy options, there is the critical factor of *how to mobilize the will of the people*. Achieving full and active participation in any development activity is a difficult job and much depends on the way members are approached by the field staff (in case of specific projects), and extension workers (in public sector programs such as agriculture, and water and sanitation). In any sector where the focus is on achieving large scale physical targets within a set

time frame, there usually exists a tendency to treat attitudinal constraints lightly. Community resistance or attitudes that run counter to the project/program objectives are shoved under the carpet, hoping that as and when the installations or services are put in place, the attitudes will automatically change. Shortcuts are devised to induce behavioral change such as:

- pressure from prestigious leaders,
- pep talks to motivate the community,
- large community meetings to enforce those obligations.

Women especially may be reluctant to take part or speak up in large meetings, though they may be the ones later expected to take up most of the responsibilities. In exchange for a gift of a pump which would reduce their water hauling load, women are expected to give free labor for construction, and to perform routine tasks on a voluntary basis such as attending to the cleanliness of the pump apron and its surroundings. The critical importance of women's involvement in decision making was for several decades, missed by programme managers.

There have been many efforts at community participation: some work, some don't. Experiences from the Water Supply and Sanitation projects undertaken by UNICEF illustrate some operational concepts that guide most community participation oriented projects/programmes.

**a.     *the 'cheap labor' concept***

In this conception, the community is considered to have participated when it provides free, unskilled labor for construction and donates raw materials 'in the spirit of self-help'. The role assigned to villagers is to carry pipes, dig trenches and perform other unskilled construction tasks. The thinking part (surveying, designing, e.t.c) is done entirely by engineers and other technically trained or oriented personnel. This arrangement is favored because it is 'cost-effective' and 'efficient' from the point of view of division of labor. The belief is that labor contributions increase people's identification with the system being built. On the other hand however, if the project is not a priority for the average community member, labor may be contributed under *duress*.

**b.     *the 'cost-sharing' concept***

For the project/programme managers to whom the issue is not just cost reduction but also cost recovery, people's willingness to invest at least part of their meager resources in maintaining a system is taken as an indication that they value the service and are therefore committed to keeping it in good working order. The counterpoint to this stance is the argument that agreements to maintain a system may not in themselves be a reliable indicator of local commitment. For example, if average community members, and in particular, women have not been involved in decisions concerning the system, they may revert to their old water sources rather than contribute towards the cost of repair.

c. *the 'contractual obligation' concept*

This approach leaves aside the cost problematic and concentrates on establishing minimal human and legal infrastructure to manage or maintain the system. This focus on infrastructure considers the elements of local leadership, local committees and local maintenance volunteers. The assumption is that:

- winning over local leaders will help legitimize the project.
- established committees will be able to promote, manage and monitor local contributions.
- training of volunteers and local aides can enable the smooth transfer of technology to the community.

To make these requirements more formal and binding, a contract is usually drawn up. The contract spells out in detail what roles and responsibilities apply to each partner in the project. The question to this approach concerns just who are involved in drawing up and discussing such a contract. Experience shows that contracts often negotiated and drawn up by the village leadership and presented at large village meetings, may not be fully understood by the mass community. Persons that fit the criteria for technical leadership in this model of community participation *may not* be the most representative or the most motivated in the community for the purposes of sustaining the project/programme.

In the main however, methodology for community participation generally falls under two broad categories: *mobilization* and *animation* (UNICEF: Community Participation. undated).

<i>Mobilization</i>	<i>Animation</i>
* strong leaders whip up popular support for projects whose goals are already set by the leaders or bureaucratic superiors.	* in animation, the starting point is that people, i.e. the "beneficiaries" know more about their reality, their environment and their problems that you i.e. the agent.
* it is a short-term undertaking in which recipients do not have time to think (or if they do, they must do it quick and fast.	* it is long term and open-ended.
* the mobilizer assumes that he/she knows everything.	* people have space and time to change or alter the agenda.
* the methodology also endows the mobilizer with the power to solve problems, or assumes that the mobilizer already has the solutions.	* for an animator who comes from outside the particular locality, liaising with local animators and people is a vital prerequisite.
* no space is allocated for mutual identification of problems, or collective reflection on the possible solutions.	* knowledge is shared mutually and is a strategic component of the communication.
* instead, threats, both latent and overt "...If you don't..." are accompanied by hints to possible penalties.	* the recipients (or beneficiaries) feel and know that they are also educating you (i.e. the agent).
* embedded cohesion for both the mobilizing agents and the recipients is imminent.	* the people see an animator as a normal human being, not a superman.
* it is time specific and follows datelines.	
* it is melodramatic and the sequence of movement is from the top coming downwards, with a linear reporting process	

*Adapted from Odora, Katunzi and Semboja (1994)*

## II. DECENTRALIZATION AND COMMUNITY PARTICIPATION

### 2.1 Experiments with decentralization in Tanzania

In Tanzania, during the colonial period, autonomous local government had roots in trading towns dotted along the coastline. These townships were managed by a board of officers chaired by a District Commissioner, and with representation from the medical, public works and land departments. The local government's main duties were to manage public buildings and oversee municipal sanitation; while the board's main function was advisory. During the colonial period, these boards generated no revenues of their own. Later, the municipalities act of 1946 gave local authorities corporate status and power to levy property taxes and the right to receive grants from the central government. Their functions in the meantime extended to providing roads, water supplies, drainage and sanitation, refuse disposal, fire-fighting, building maintenance, trade and public health services. By 1961, 12 fully elected councils were *framing* their budgets, assessing property taxes, effecting minor fees for services, and adopting bye-laws.

The post-colonial phase I (1964-1972) experiments with decentralization saw the replacement of colonial administration by party control at all levels (as party and government were assumed to be one). It also saw modern elected district councils throughout the country in place of the native authority councils, and the annulment of the executive powers of traditional chiefs. Career administrative officers at district and provincial levels were replaced by political appointees called regional and district commissioners respectively. The overall objective was to enhance the council's autonomy and expand opportunities for local participation in a formal sense. The loss of legitimacy of chiefs however went hand in hand with a decline in social control, and councils found it difficult to enforce rules, impose work requirements, and collect taxes. Moreover, local government authorities also found themselves having to compete for people's attention with:

- a. TANU - whose network extended down to village and neighborhood levels.
- b. Development Committees established nationwide to carry out local government projects at regional, district, and village levels.
- c. The Cooperative Movement, then newly deployed as a government marketing monopoly replacing buyers.

The council was therefore not the sole link between the tiers, nor between the people and the government. Meanwhile the demand on councils from the central government increased *without a corresponding increase in resources* at precisely the same time as the government was also restricting the council's authority to assess and collect taxes. The council found itself starved of essential and much needed revenue. Thus in the provision of primary schooling for example, even the initial

partnership arrangement with the central government that obliged the councils to pay a gradually increasing proportion of the costs of this increasingly popular programme was very difficult to comply with. The same went for rural health centers and road maintenance. As deterioration became quite routine, local government reaped the blame, but eventually one by one, local district councils fell into bankruptcy.

Phase II of decentralization was carried out between 1972-82. This period was marked by the posting of centrally based senior officials out to the regions to ensure that government is brought closer to 'action' and to ensure better planned development to improve efficiency and order. Regions became the new primary planning units for development efforts in education, health, agriculture, public works and cooperatives; as well as becoming primary centers for government administration. Development initiatives were then to be generated from the grassroots and vetted upwards. Regional and district development committees ceased to be primary operating agencies and were instead assigned advisory roles in support of the councils.

1982-84 saw yet another reform that can be called phase III. This time, the turnabout was nearly 360 degrees, with local government councils beginning to resemble those of the first decade after independence. This time, they could elect their own council chairman, organize their own standing committees, and oversee a battery of technical and functional departments. They levy taxes and enact bylaws (subject to ministerial endorsement); formulate their own development plans, and operating programs; and manage the important public services (education, health roads and water supply) as well as a host of other activities that touch directly on most people's livelihood.

A Ministry of Regional Administration and Local Government was placed in charge of council affairs nation wide, but in 1991, this was dissolved and its functions were appended to the Prime Minister's office. This swing did not however, resolve the endemic problems of:

- reconciling the rising demands for public services with a revenue base that is not rising,
- duplication and overlap occurring between central government authorities and those carried out at the local level,
- the challenge of winning citizens into cooperation with the central governments to effectuate development at the lower levels (for detailed analyses of the evolution of decentralization in Tanzania, see Kitula A.J; Mogella C.A; Mrina B.E; & Senge F.K. 1990. Towards Achieving the Objectives of Local Government System in Tanzania. Ministry of Local Government, Community Development, Cooperatives and Marketing. Dar es Salaam).

## 2.2 Donors Experiments with Community Participation for Educational Development in Tanzania

This example is chosen in this paper because of its uniqueness. As most can recall, for more than two decades, the leadership of Tanzania had created a vision for the future of that country that generated trust and confidence with all the internal, regional, and international partners Tanzania had to deal with. By the middle of the 1980s and beginning of the 1990s, this was beginning to change, and in the context of education as a social service provision, the change in direction and strategy for donor support to education was incubated with the Jomtien conference on Education For All held in Thailand in 1990. In the period thereafter, one could see a marked enthusiasm for educational development. In no time at all, several donors began to experiment with a “community-based approach” to service delivery.

In the case of Tanzania, current donors in the education sector are the Aga Khan Education service (AKEST), the British Council (BC), the Canadian organization for Development through Education (CODE), the Danish International Development Agency (DANIDA), the Danish Volunteer Service (DVS), the German GTZ, Irish Development Cooperation (IDC), the Norwegian Development Cooperation (NORAD), the Swedish International Development Authority (SIDA), the World Bank, the Netherlands Government, and UNICEF.

Of these, four of the most prominent in their choice of local level intervention or a ‘community based approach’, the Dutch, Danida, UNICEF, Irish Development Cooperation were examined in a study sponsored by the Swedish International development authority (SIDA) in 1993 entitled **A Study of Strategies and Implementation Procedures for Community Based Education Projects in Tanzania** in which the author was the Team Leader. The study found that in their effort to improve the quality of education lower down, the different donors were using very different strategies varying from:

- *sector support* aimed at strengthening the existing structures and provisions within the entire primary educational system (DANIDA),
- *programmatic approach* or activity oriented approach in which the target group sets its own priority activities based on its capacity to implement them. Community interest, commitment and capacity to implement determine the set of activities to be included in the programme (the Dutch).
- *holistic/cross sectoral approach* aimed at improving direct and indirect influences on teaching and learning of the child. The activities include mobilization and sensitization of the community.
- *comprehensive ‘bottom up’ strategy* based on the objective of improving information systems at the local level, strengthening community capability to use this information, and improving

their capability to plan and mobilize resources to implement effective action. The UNICEF-the Triple-A cycle comprises Assessment-Analysis-Action to achieve this objective.

'Community' in the Tanzanian context is defined as a cluster of people with common socio-economic and cultural characteristics or interests. Sometimes, it is legally constituted to designate a village, a ward, division, region and even nation in a continuum. In a rural setting, such a cluster is the village, to which the school, as the unit of focus for the intervention activity would be located. However, in the context of the 1978 Education Act, districts are responsible for the management and administration of primary education in their areas. The term 'community' then became extended to the district level.

Ideally, a community based education should be one that evolves from the community, and out of their perceived needs and problems, and the community should be in position to determine among other things, the learning activities. In practice however, this is hardly ever seen. Some historic attempts made in Tanzania have been to include some of the basic fundamentals to this idea such as: a greater degree of autonomy, shared decision making machinery, decentralization of finances, reciprocal use of school-community facilities and a deliberative and problematic approach to the curriculum. In the course of time, various factors, inherent and external to these attempts impacted in combination to severely undermine these efforts.

As it stood at the time of the 1993 study, 'community participation' was very limited to material and financial contributions. Neither did any of the projects reviewed originate from the grassroots. Crucial decisions were predetermined before communities were mobilized/sensitized to then accept them as 'their own' projects. Even those projects which had elements of community participation in decision making (e.g. the Dutch and UNICEF projects) showed distinct traces of guided/directed community involvement. Decision making thus remained essentially a top-down exercise.

*...At the district level, community participation and decision making is assumed to have taken place during the project formulation which is undertaken by consultants working under the guidance of government and donor policies and specifications...The chances for flexibility or adaptation are limited by the inbuilt monitoring and evaluation mechanisms established by the donor (Odora, Katunzi & Semboja 1994:ii-iii).*

Community contribution continues to concentrate on construction and rehabilitation of school structures through the provision of labor and locally obtainable building materials. District contribution consists of coordination and supervision of project activities such as organizing and conducting in-service training. The district also pays salaries to staff seconded to projects. Certification of completed structures is also a district responsibility.



### 2.3 Community Participation in the Health Sector

It has been stated that development as a concept has gained in richness and depth as the ugliness and brutality of the actual process of conventional economic growth are revealed (Hettne 1990). When The Basic Needs Concept (BNA) was conceived by Loui Emmerij as an *overall social and economic development strategy* and not as a series of ad hoc projects for the poor in order to bridge temporary difficulties during a transitional period, BNA, like the New International Economic Order (NIEO) was meant to provide fundamental frames of reference that would, among other things also contribute to reducing the dependence of the South on the North.

The notion of community participation in health introduces the idea of participation as *equity*. In the broader sense, participation touches on the critical issue of resource allocation, which is often concentrated in the hands of medically trained people. Participation in the area of health is a reaction, among other things, to the quantitative approaches of input-output. Rifkin (et. al. 1988) state that a framework called the 'proximate determinants' framework was developed that combined the social science analysis with the bio-medical model. The result of this was that new variables such as maternal health factors, environmental factors, nutritional factors, injury and personal illness control as factors in identifying children at risk was introduced into analysis. Still, the determinants remained static as they could not assess changes over time, and still viewed health improvements in terms of defined causal relationships.

It was the World Health Organization in its publication 'Health for All by the year 2000' that the term *community involvement* was chosen over 'community participation' because it implied active rather than passive engagement in health activities. This enabled 'community involvement' to be assessed in terms of the level of involvement in and the degree of decentralization in decision making as well as the development of effective mechanisms for expression of people's needs and demands (Development of Indicators for Monitoring Progress Towards Health For All by the Year 2000. WHO, Geneva 1981).

Since then, new conceptual and evaluative tools for assessing community involvement have been tried out. Rifkin (et. al) cite analyses of studies carried out in Latin America in which a distinction was made between those who have *full access* to the benefits of society including health services, and those who fully participate in decision making. In this context, the provision of services to, and increasing participation in national decision-making of those who had no access to services or to power or control is referred to as *social participation*. In the development of health care programmes, a more targetted form of participation is present which relates to involvement in the health care programmes. This is referred to as *direct participation*. By exploring the linkage between these two concepts, these studies were able to some extent, to study comparisons in community participation. Other studies assigned numbers to rank participation in a specific range of activities in

the areas of:

- management,
- the range or completeness of participation in terms of the number of community 'agents' present and operating, and
- level and extent of community support and financing (Rifkin et. al. 1988).

## **2.4 Community Participation in Health Services Provision in Zimbabwe**

In the context of Zimbabwe, community involvement and ownership in health care and health services provision was best experienced under the traditional health system which was organized in, of and within the actual communities. The traditional health system was organized around traditional healers that were *known to the people*, and operated within a culture that people understood. In that system, individuals had access to a traditional healer at any time except where long distances separated the patient from specialist. Individuals could pay in kind, making health services affordable. Moreover, a sick person was treated within the community, in a fully integrated milieu within the family and kinship networks (Gumbo 1995).

The colonial system not only denigrated but also succeeded in undoing this cohesive system, and replaced it, in a context of subjugation, with a highly segregated system that can be said to have implanted fundamental maldevelopment in the African population. In line with the needs of capitalism, land laws ensured that persons of white descent were per force of the new colonial laws, given the best arable lands. Not only was the production of food among the African population grossly affected, but in also came the new diseases associated with malnutrition and air-borne diseases such as tuberculosis.

*...While it cannot be questioned that the introduction of modern health services did improve the health of the few who had access to them, it also dislocated and undermined the role of traditional healers whose services were still being utilized by the majority of people. (The traditional healers) were discouraged by the missionaries on the pretext that their activities were unChristian..The fact that missionaries discouraged the practice of traditional healing, and yet the government failed to provide adequate modern health services has been a major contradiction which the government at that time failed to address.(Gumbo P. 1995:128).*

In the post independence period, the national health policy document 'Equity in Health' adopted the Primary Health Care' approach whose tenets included the ideas that:

1. The promotion of health depends fundamentally on improving socio-economic conditions and elimination of poverty and underdevelopment;
2. In the process, the majority of the people should be major activists and beneficiaries; and

3. The entire health care system should be structured to support health activities at the primary level (Gumbo ibid).

The restructuring of the Ministry of Health included a strengthening of the structure at headquarters, but at the same time, the establishment of a structure to cater for rural medical services. The policy enabled a significant shift in resources from urban to rural health centres, and from curative to preventive care. It also provided for the integration of traditional healers into the health services, and the setting up of the village health worker programme.

Gumbo states that after the first five years of independence, challenges to the new arrangement became more visible among which were attitudinal ones of resistance from the previously privileged, largely white (but also some blacks) that led to voluntary privatization of medical services, a move that put medical services well beyond the resources of the average Zimbabwean. Then came another component of the difficulties: finance. By 1984 for instance, 44 per cent of the national budget devoted to publicly-funded services were going to the high-technology hospitals that were serving barely 15 per cent of the population. By contrast, 24 per cent went to primary and secondary rural health services. By 1991, this was admitted by government, and in its Second National Development Plan, conceded that it was *'...facing financial constraints that it may not meet fully its commitment on health care provision'* (in Gumbo ibid:143).

The next step in the search for a way round became the missionary hospitals, local authorities and non-governmental organizations, and ~~the~~<sup>to</sup> encourage or implore them to assume greater responsibility in providing greater health care services. The Ministry of Health policy document notes:

*... 'Planning for Equity in Health' has provided a foundation for health planning up to the end of the current Five Year Development Plan in 1990/91. And whilst the basic principles of the document remain relevant, the Ministry of Health recognized that, in advance of the preparation of the Second Five Year Development Plan, it was both timely and necessary to review and update its basic policies* (MoH 1992:1).

'Timely', it states, since it is essential that the next Five Year Plan is based on updated policies, and 'necessary', because of the changes that have occurred since the beginning of the decade:

*...and very recently in the new imperatives resulting from the Economic Structural Adjustment Programme (ESAP)...Of all recent changes, the Economic Structural Adjustment Programme will (the document admits) have a major influence on Health Policy formulation...Levels of financing are likely to decline...There is therefore an urgent need for the Ministry of Health to institute measures for increasing efficiency and improving value for money in the provision of services* (emphases mine: MoH ibid:1).

Apart from Primary Health Care Approach, an integrated approach combining the concepts of Health and Development in the context of the government policy statement of 'Growth with Equity';

was spelled out. It is precisely within this frame that the social base of health activities would be broadened **through community involvement**, to mean, among other things, restructuring the health service from the base upwards and the re-orientation of the health workers. The Traditional Health Care System would continue to function parallel to the other sub-sectors. The primary level has its operational unit in the Rural Health Centre, while the secondary level is located at the district level although '...in general, districts have not been well supported to carry out all their functions' (MoH *ibid*:7). The new partners are the community (local authorities), missions, the private sector and the Traditional Medical Practitioners, and in the area of 'cost recovery', communities in particular are to be encouraged to 'participate fully in the financing of health development in their own areas particularly infrastructural development'.

## **2.5 Community Participation in the Housing Sector in Zimbabwe**

Community participation in housing as a sector in Zimbabwe is located within the government policy framework for Rural Housing. The policy document states that the strategies are community based and include the use of brigades, aided self-help and cooperatives. Under the Rural Housing Programmes, houses are provided at Growth Points, District Service Centres, Planned Communal Villages and Resettlement areas, Commercial Farming areas and all Rural Council areas.

Housing is seen as more than physical dwelling. It is seen as part of a broader environment in which the family develops, and as a process within the socio-economic fabric of society. The development of housing is a dynamic and on-going process of improving quantitatively and qualitatively, the actual housing stocks as well as the social and economic and environmental conditions of the occupiers of that stock.

Lack of documentation on the state of homelessness in the rural areas, lack of planned settlements and 'chaotic' village settlement patterns is recognized as posing particular problems for housing policy. Accordingly, all District Councils and concerned Government agencies were invited to initiate the development of planned villages in the communal areas. The operational strategies in support of the objective of providing decent affordable and durable housing as well as other related infrastructure that are relevant for this analysis are:

- the mobilization of community resources in kind and cash from beneficiary savings for the development and general improvement of their own housing.
- the mobilization of rural communities into accepting the concept of the group as a developmental factor.
- the improvement of building skills among beneficiary groups by transfer of skills from the technical supervisory manpower to act as a permanent skill pool for future community needs.

Accordingly, the government adopted three modes of house construction: Aided Self-Help, Housing

Cooperatives, and Building Brigades. The Aided Self-help is undertaken by the prospective homeowners themselves through housing loans obtained from the National Housing Fund, and artisans provided to supervise the housing construction. This approach is envisaged as having cost-reduction benefits. The Housing Cooperatives are groups of people organized or formed for the purpose of constructing their own dwellings. They are expected to disband at the completion of the last house for its members, but the cooperative spirit could be extended to other activities. Building Brigades are direct labour building workers employed by housing development agencies such as local authorities. The responsibility for providing houses for rural people at Growth Points, District Service Centres and Planned Communal Villages lies with District Councils (MoPCNH 1987).

However, in its report to UN-HABITAT in April 1995, the government reported a lack of capacity on the part of some local authorities to implement housing projects. The government strategy of advancing loans to local authorities for the purpose of servicing stands and constructing houses for low-income people the document states, was ineffective as:

1. Some local authorities failed to utilize the funds allocated to them.
2. Some construction activities took far too long to complete.
3. Others misused the funds provided for housing construction.

The report does not state how these problems are to be addressed, but indicates that further partnership with external parties has been established. The Government of Zimbabwe and the World Bank partnership is channelling funds through the National Housing Fund for the servicing of high and medium density stands. Loans are given to local authorities at interest rate of 12 per cent with a grace period of three (3) years before payment recommences. Another partner in housing is USAID through its Housing Loan Guarantee Programme channelled through the Building Societies who in turn lend this money at 'low interest rates'. Part of this Housing Fund is set aside for the related infrastructure development. The Civil Service Housing Programme is financed by the Public Sector Investment Programme, while the Rural Housing Programme remains as before, financed by the National Housing Fund.

### **Some Concluding Remarks**

The relationship between the state and the community varies in time and according to a prevailing circumstance. These circumstances can be listed as:

- *austerity* such as in the context of the Economic Structural Adjustment Programmes (ESAP), or the debt crisis leading to calls for cost and burden sharing, or
- *the development era* such as the remedial attempts in the 1950s when it was realized that the billions being spent on 'development' was not producing results, and that the underdeveloped had not 'unfolded like a flower from a bud', or

- following *pronouncements* from international conferences such as the Alma Ata, the Jomtien conferences in the areas of health and education respectively.

The advantages of forging partnership with communities are many and varied, but most of these benefit the initiators, often located outside the community. The community is also seen as fulfilling several functions in the process of policy implementation, but is never considered in systemic terms e.g. as a representation of perhaps a different cosmology and thus a different way of organizing and approaching 'development'. The symbolic distance between the city and the countryside that many Africans at least ought to take seriously is instead construed in socio-Darwinist terms by planners. Thus the community is to be 'developed' in the similar way the Third World is to be developed...citywards and by the same token, Westwards along the all-too-familiar linear continuum.

Sometimes even a well-meaning government can also be forced to renege on its commitment to the provision of social services to the grassroots through strategic geo-political interests such as is the case in Mozambique. But at a different plane, those involved in the centralization-decentralization debate have also used the notion of community participation rather like a bait or stake in their own oscillating ancestral war between the centralization goats and the decentralization sheep. In the meantime, the advocates of the market play referee and take their pick with whichever camp wins; usually with a strong inclination to de-institutionalize, and weaken the state viz-a-viz the market.

The Tanzanian case of donors experimenting with 'going local' illustrates the case of guided and directed participation, while in Zimbabwe, the 'Equity and Health' policy document builds on the improved operational definition stated in the World Health Organization document 'Health for All by the Year 2000'. Zimbabwe's policy of first centralization as a means of consolidation of power following independence, was followed by decentralization which enabled a devolution of responsibility and finance lower down. It also aimed at raising the level of community involvement by conceptualizing their (community) participation as that of 'activists', and by integrating the traditional healers into the official system. In the area of housing in Zimbabwe, community participation is aimed at planned rural settlements with an underlying methodology being participation but with a strong leaning towards transfer of building and construction skills to the community. The policy does not comment on the issue of indigenous building talents and skills in housing construction, and what, if anything, is wrong with it!

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