ESRF POLICY BRIEF

Accountability through Practical Norms: Civil Service Reform in Africa from Below.

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Key Policy Messages:

- Carry out trainings for policies to ensure they are well understood and followed by all stakeholders.
- Allow flexibility of Standing Orders during critical situations.
- Depoliticise technical decisions.
- Create incentive systems to address imbalances in the distribution of workers: soft loans to improve rural infrastructures, housing, electricity, etc.
- Introduce Special Programs to expand rural workers by putting in place a compulsory system that requires fresh graduates in the medical and teaching profession to be directly posted in rural facilities with staff shortage to work for at least three years before they could be transferred.

Executive Summary

Health and education are key public services with particular importance for national development. The research findings show that civil servants in the education and health sectors in Tanzania have developed a range of practical norms to get their job done, especially due to overwhelming demands from poorer sections of the population, complicated bureaucratic procedures and interference of political leaders. However, practical norms are ambivalent. They are often employed to get the job done but they also lend themselves to corrupt practices. In this project, therefore, using a case study approach we examine the everyday experiences of Tanzanian civil servants in health and education and the importance of practical norms. The impact of practical norms on service delivery in these two public service sectors in the context of resource scarcity and the organisational environment is the focus of this study.

Introduction

It is a common practice across Africa for government employees to deviate from official legislation, regulations, and procedures that govern the provision of public services. Often, the practices that do not comply with official rules and regulations are governed by informal socio-cultural norms sometimes referred to as practical norms to differentiate them from the official rules and regulations, on the one hand, and actual practices, on the other hand (Anders 2009, 2010; de Herdt and Olivier de Sardan 2015; Olivier de Sardan 2013). Drawing on the research by Anders and Olivier de Sardan, this study examines practical norms in the government health and education sectors in Tanzania. This country study is part of a comparative study covering three Anglophone countries in West Africa (Sierra Leone) and Eastern Africa (Tanzania and Malawi).

The research in Tanzania has examined the extent to which official rules are being applied and to what degree everyday practices in hospitals, schools, district offices and ministerial headquarters are governed by practical norms. The two main objectives of this study are:

(i) to produce empirical evidence on practical norms and everyday experiences in government focusing on the health and education sectors; and

(ii) to build capacity and engage policy makers and donor agencies to advise on civil service reform and governance of public services in health and education.

Specifically, the study has employed a case study approach to track decision-making from ministerial headquarters to schools, hospitals, health posts and other extension services and focusing on frontline services where government employees (teachers, health workers and extension workers) engage the public.

This study was conducted during September and October 2016 in two regions of Tanzania Mainland, namely Dar es Salaam and Pwani. One district was selected from each region, an urban district in Dar es Salaam and a rural district in Pwani. The reason for choosing an urban and a rural district was to understand the nature of practical norms in a location specific context. Key informant interviews and Focus Group Discussions (FGDs) were conducted with government employees in the two sectors covering diverse issues such as work challenges and coping mechanisms, management of resources, interactions between officials at front line service points, local governments and ministries, official rules and regulations and recent changes imposed by the government in the two sectors. A total sample of 233 participants were selected for the study, 100 in health and 133 in education. Units under study in the health sector included doctors, nurses, clinical officers, laboratory technicians, pharmacists and health officers working at local government offices and ministry of health. Participants in the education sector included head teachers, academic teachers, discipline teachers and education officers working at local government offices.

Practical Norms in Education and Health Sectors

Findings on challenges faced by public sector employees in the two sectors and relevant practical norms to address these challenges were grouped in three themes: condition of work and service delivery, management of financial and human resources and policy implementation. The findings reveal that practical norms co-exist with formal norms and practices to address challenges faced by government employees in Tanzania. Practical norms are institutionalised through implicit normative arrangements that are often intertwined with official rules and protocols in service delivery. The lived reality on the ground spawns practical norms as education officials like teachers and administrators and health officials: doctors, clinical officers, nurses, pharmacists, medical attendants and lab technicians at the district and regional level have to negotiate challenges that impede delivery of education in order to get their work done.

The study analysed a range of practical norms in both education and health sectors. While the enforcement of official rules and regulations in Tanzania was weak in some areas, in other areas the lack of oversight has led to the development of practical norms which are stronger and in some instances overrule the official rules. In both, the education and health sectors the practical norms include:

- Use of personal funds to finance office expenses such as teaching and medical supplies, computers, scanners and setting exams;
- Collection of bribes especially in hospitals to get favours include visiting inpatients after hours, avoid queue while waiting for the doctors, and getting an extra care from the hospital staff;
- Medical staff borrowing work supplies from nearby health facilities but at the same time urban staff hijack medical supplies to be sent to the rural areas to keep them for use during times of shortage;
- Due to the scarcity of infrastructure teachers share offices with the head teacher, turning a classroom into an office or use outside space under trees for office. In the health sector, some doctors share consultation rooms to ensure as many patients as possible are seen at the expense of patient's privacy. Teachers crowd students up to over 100 into a single classroom contrary to the official standards;
- Head Teachers helping poor parents to costs associated with students transfer by recording transferring students in grades 1-3 as if they commenced grade 1 in that particular school and formalize their registration that way;
- In urban areas where there are many private hospital and clinics and private schools, government staff skip work in public facilities and work in private entities while others skip work and or pretend to be sick and engage themselves in entrepreneur activities to supplement income;

- To address staff shortage, teachers encourage absenteeism among students to attend private tuition. Further, teachers merge streams or work double shifts without extra pay;
- Medical staff work seven consecutive days; work double shifts; minimize time spent on each patient; attend to large number of patients in some cases 70-80 a day and skip procedures in order to see more patients;
- Teachers who want to be transferred for personal reasons are told to bring another teacher for exchange;
- To cope with limited financial resources, administrators pay arrears based on school performance, others prioritize retired teachers in paying arrears while some divide received funds into percentages;
- Teachers adopt struggling children like their own and their role is to ensure they succeed in mastery of the required skills before national exams;
- Teachers offer remedial classes after official hours for free to ensure slow learners master the required skills, i.e. Reading, Writing and Arithmetic-3R or in Swahili KKK;
- Teachers enrol poor students in orphan groups to ensure they receive uniforms and school supplies which are supplied to only orphan children;
- Various cadres of health workers such as medical officers, nurses, medical attendants, pharmacists take on tasks beyond their areas of specialization, with or without prior training on how the tasks are to be performed. Further, students doing practical training (interns) attend patients, sometimes without supervision;
- Teachers are allowed to go for further studies as long as they have scholarships even though they were not included in the study leave/training plan for the year or have not fulfilled the required time at work before they can go for further training/studies as stipulated in the policies;
- Administrators and other budget managers divert funds and use it for an emergency need. For in-stance, a District Medical Officer will divert funds from the donor projects to buy gas to power refrigerators that store vaccines and other medical supplies;
- Funds from capitation grants are diverted to cover other needs but it is reported in the books that it has been used for its original allocation;
- Due to teacher shortage especially in science and commercial classes teachers concentrate on students who are sitting for national exams at the expense of other grades, other teachers work over time and offer remedial classes and some teachers merge classes;
- Supervision staff spend one day rather two to three days and inspection is not conducted regularly. To ensure that inspection is done, school supervision staff contribute DSA to the driver but sign the whole amount;
- School committee and parents agreed to bring a witchdoctor to deal with superstition powers while the government is secular.

The study also found variations with regard to ways in which public servants negotiate their roles in delivering services in an environment characterized by scarce resources to get their work done. The reported practical norms varied at the district level, service point level (school level or health facilities); and geographical location (rural and urban areas). Whereas some of the practical norms can also be positive such as sharing of office vehicles among district officials which enable better use of the limited resources available for public service delivery, other practices such as funds diversion and collection of bribes have corruption elements embedded within and thereby diminishing integrity among public sector employees.

Why do Practical Norms Arise?

- Inadequate financial resources coupled with unpredictability of supply of resources.
- Demand on government health and education facilities/services compared to available service.
- The negative attitude to the public goods which translate into low levels of individual and collective ethics of professionals.
- Lack of oversight from supervisors.
- Little recognition of and support for overworked and committed teachers and medical practitioners.
- Informal norms seen as crucial to get the job done

but also norms of the surrounding communities interfere with the official operations despite havi ng a secular government.

- Political interference coupled with complexity and long legal procedures .
- Poor planning and distribution of health facilities and personnel especially in the rural areas.
- Limited understanding of policy provisions among implementers at frontline service points.
- Low and delayed remuneration and delayed payment of other arrears resulting into engaging in unethical behaviours to make ends meet.

Conclusion

In conclusion, our research shows that the concept of practical norms is very useful to analyse experiences of staff in health and education sectors in Tanzania. These informal (practical) norms are common in government health and education services to get job done as sticking to official norms will result into the services not being provided to the citizens. However, practical norms tend to be ambivalent as on one hand they are solutions to get the job done but also could lead to misallocation of public funds and corruption. Formalization of practical norms is not likely to improve the situation—public service delivery—

as it could lead to new practical norms. Therefore, strong leadership coupled with observance of the rule of law in implementation of formal rules is very significant especially in addressing personal and collective conscience of civil servants. Leadership is also important in ensuring policy engagement and awareness among relevant stakeholders as this study found con-fusion and misinterpretation of policies among stake-holders resulting in practical norms.

Policy Recommendations

- Revise capitation grant to reflect the current exchange rates and not the 2001 rate and allow flexibility of the grant to cover expenses that are

not stipulated in the capitation grant such as security guard.
- Institute an E-transfer system at Ward/District level and allow new students to attend school until their transfer is formalized.
- Devise means to formalize teacher transfer where teachers find their own replacement to curb teacher shortage in rural areas.
- Formalize hiring of part time teachers to cover those classes without teachers especially business/commercial and science classes.

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