Social Policy and Research Practice in Tanzania

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ABSTRACT

Tanzania's social policy is characterised by three dominant regimes, although with some overlapping elements of selectivism and universalism. It is shown that the process of social policy formulation can be initiated by technocrats, or task forces at ministerial level. However, the process is long and cumbersome. The country lacks a comprehensive national social policy but has instead sectoral social policies. Implementing agents are communities, NGOs, and government institutions while the implementation process is top-down. The main funders of social policy include government, donors, NGOs, individuals and religious institutions. Tanzania's social policy research capacity is very weak. There is no institutionalised social policy research and consequently there is a need to strengthen social policy research capacity.

Introduction

In the last few years studies on social policy have been devoted to the examination of policy analysis (Ahmed, 1991; Getubic & Schimidt, 1992). Consequently basic social policy problems such as policy regimes, the nature and trend of social policy practice and research has not adequately been addressed. The situation has been exacerbated by the present economic crisis. Taube (1993) has observed that every sector started to crumble: hospitals were without medicine, schools without desks, there were ill-motivated workers, low production and poor social services. This triggered the need to re-examine the state and dynamics of social policy practice in Tanzania so as to identify the root cause of the problems confronting the majority of Tanzanians (Mchomvu, 1996). The study's objectives were to identify, describe and analyse what social policy research in Tanzania is and what it does; to gain an improved understanding of the conceptualisation, organisation, scope and practice of social policy in Tanzania as well as to examine the context for, and nature of, social policy funding and research, and the extent to which they address social problems; and identify future research priority and direction.

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Overview of Tanzanian Social Policy

Since 1961 Tanzania has experienced fundamental shifts in social policy. The 1961-67 period was one which focused on correcting problems created by colonial social policy practice. The Arusha Declaration of 1967, marked the establishment of the general parameters of social policy as well as the machinery for social policy making (Hardiman & Midgley, 1982). *Ujamaa* and Self-Reliance formed the ideological framework for all social policy decisions. The government introduced national development plans which enumerated priority areas the government intended to take on (Hyden, 1980). Gibbons (1995) indicates that these plans never went beyond the conception of providing basic social services like health, education, and welfare to the people. They never even reached Gunner Myrdal's view that social planning and social policy should not be regarded as an activity separated from economic planning (Hardiman & Midgley, 1982). The social policy concerned itself with social service delivery and not the attainment of social objectives compatible with the ideal of a just, equal and prosperous society (Rudengreen,1981; Hyden; 1980.

In 1977 the supremacy of the CCM party was announced which thereby assumed the primary role of social policy making (Citinka, 1996). Social policy issues were presented to the NEC by the Party Secretariat (Citinka, 1996); and the government was left with role of implementing Party-sanctioned policies.

In the mid 1980s and 1990s the country was faced with severe economic shocks, and political changes (Gibbons, 1995). The process of change disrupted the production process and weakened the Party. Contrary to the previous situation, government professionals and technocrats were increasingly becoming predominant in the social policy-making process (Mchomvu, 1996). However, social policy formulation became a field where *"anybody can hover in"* (Gibbons, 1995:15).

Methodology

The data was collected between November 1995 and March 1996 and covered four regions. The data collection employed qualitative methods. The study team consisted of five researchers. The population contacted included: policy makers and practitioners at ministerial, regional, and district levels. The data collection techniques included focus group discussions; interviews, questionnaires and documentary reviews. The data were analysed by using a thematic approach.

The Concept of Social Policy

Confusion surrounds the definition of what social policy is (Torrens, 1993) and Higgin, (1981). Most policy makers interviewed vaguely understood the concept of social policy. The same poor conception is shared by the public. At high level decision-making organs, social policy is perceived synonymously with social welfare policy. (Mesaki, 1996). For many social policy makers and practitioners, the conception of social policy excludes economic development and economic growth (Gil, 1973). Such thinking tends to influence different social policies formulated in the country.

Social Policy Regimes in Tanzania

In Tanzania three dominant social policy regimes can be identified. From 1961 to 1967 the regimes were urban-based and oriented to influence economic growth. From 1967 to 1986 social policy focused on the broader population. Since 1986 the regime is characterised by succumbing to IMF/World Bank conditionalities. Tanzania used three approaches to administer social services, namely residual (Holman, 1975); institutional, which recognises provision of social service as a function of modern society (Butterworth & Holman, 1975; Mishra, 1975). This approach looks at society not only at aggregate growth *per se* but with regard to attainment of minimum standards of living. The third approach, the basic human needs approach, was adopted in 1972 as a strategy for improving the living standards of the people, through its broad provision base of social service. The approach went hand-in-hand with other social changes; such as villagisation, and decentralisation.

Decision-makers revealed that social policies were developed in response to the concern of the Party regarding increasing social differentiation, inequality, and disparities in national development (TDHS, 1992; Wagao, 1990). However, other unforeseen problems emerged and frustrated the efforts. These included recurrent cost problems (World Bank, 1994). There were also supply-side problems which affected the quality of service rendered to the people. The challenge led to a many problems remaining unattended. With this situation, NGOs emerged to bridge the gap, as complementary agencies to replace the state as the main provider of social service (Kiondo, 1993; Sivalon, 1995). The NGOs dealt with health, education, the disadvantaged and the promotion of income-generating activities. There was also the emergence of non-state financing of education. These led to the establishment of 200 district development trust funds. Individual patronage also emerged as an alternative in funding education, especially at primary and secondary school levels.

The Process of Social Policy Formulation in Tanzania

Tanzania does not have a comprehensive national social policy (Gil, 1973). No effort has been made to formulate one; instead the focus is on sectoral social policies. The social policy-making process since independence focused on tackling poverty, disease and ignorance (URT, 1993). However, these were not addressed by consciously formulated policy statements.

Prior to the Arusha Declaration social policy formulation was entrusted to government technocrats. Subject to the powers of the President, the Cabinet shall be the principal instrument of policy and shall advise the President on such matters Tordoff (1967). After promulgation of the Arusha Declaration there was only general social policy-making. (Mukyanuzi, 1995; Citinka 1996).

With the declaration of the Party Supremacy principle in 1977, the ruling party assumed the primary role of social policy-making. This transformed the government into an implementing agent of social policies (Citinka, 1996). The key social policy issues were decided at the NEC. Though some started with sectoral ministries as draft policies, they then had to be approved by the NEC. However, more and more decisions were being taken by the President, with the Cabinet taking a secondary position (Mcauslan & Ghai, 1972). The Cabinet as a machinery for social policy-making was weakened by the inordinate powers given to the President. Consequently social policy goals were highly influenced by the ideology of the ruling party.

Moreover, because of the monolithic politics, from 1992, government professionals and technocrats were increasingly becoming predominant. During this period most social policies were formulated by the task force or technocrats with five stages: setting of priorities and writing the policy draft; giving recommendations; scrutinising and recommending at the inter-ministerial technical committee (IMTC); the fourth stage is the Cabinet where they assess the political implications of the policy and give their recommendations. Finally is the legitimisation of the policy by President or Minister, depending on whether or not it is a basic or support policy.

When formulating social policy, the decision-makers do not have enough time to conceive the objectives of policy, and rarely do they develop alternative courses of action and estimate consequences of alternative actions. There is no feedback in the formulation process. At times social policies formulated are characterised by inconsistencies between economic policy and social policy. Most policy makers interviewed suggested that most social policies are fragmented and uncoordinated. They are devoid of both social justice and economic efficiency. The degree of community participation in social policy formulation is very limited. The masses are not empowered, politically and economically to take an effective role in formulating and implementing social policy.

The Legal Framework of Social Policy Practice

The legal framework of Tanzanian social policy is entrenched in the Tanzanian Constitution. The major legal developments in social policy include the adoption of the Bill of Rights in the constitution in 1977. This went together with the enactment of various laws enacted to put the policy into effect, eg the Land Acquisition Act which was passed to repeal the Colonial Land Acquisition Ordinance. Similarly, the National Bank of Commerce Act, was enacted to nationalise all private banks. In the education sector where the majority were deprived of that service the government was compelled to repeal the Education Ordinance in 1969 by enacting the Education Act. The repeal guaranteed the development of an education system which is in conformity with the political, social and cultural ideals of the United Republic of Tanzania. The Education Act was also passed to legalise education changes that were introduced between 1967 and 1978.

In the health sector, a number of Acts were amended, eg the Medical Practitioners and Dentists Ordinance (in 1968), the Pharmacy and Poisons Ordinance and the Food and Drugs Ordinance were repealed by the Pharmaceutical and Poisons Act. In 1977 the Private Hospital Regulation Act was enacted to expand provision of service to the people. Realising the importance of peasants the government passed the National Co-operative and Development Bank Act as away of supporting the indigenous people to improve production. This was followed by the Ujamaa and Villages Registration, Designation and Administration Act. This was repealed in 1982 by the Local Government Authority Act.

Social Policy Practice and Funding in Tanzania

Social policy practice is a process in which inputs are "transformed" into implementation outputs (William, 1975). The expected quality of social policy outcome would depend, on the "visions" contained in the policy (Donnar Kerr, 1976). The social policy practice is always directed towards specific target groups other than the implementing agents (Jenkins, 1978).

There is no effective social policy implementation process in Tanzania. Ademolekuu (1983) suggests that new policies are made on the spur of the moment or in public meetings. The government drew sophisticated and ambitious plans as if the process consisted of institutions with infinite capacity and flexibility. The implementors do not have full knowledge and understanding of the exact demand of various policies. The implementation process does not have standards for measuring success (Mayaya, 1981). Apparently most policies are vague and do not show means or how they can be executed (Hyden, 1974; Mayaya, 1981).

The major problems of social policy practice include conflicting roles of different actors, and poor translation of social policy objectives. Correspondingly control mechanism of social policy practice indicates that power-sharing between different actors brings problems. Also there are macro problems related to national decision-making bodies which monitor and execute the policies. These reflect contradictions between community needs and national priorities. There is a serious gap which exist between implementors and formulators (Mayaya, 1981; Sokoine, 1984). Sometimes what is formulated is not what is sent to the implementors (Turuka,1980).

Implementors of social policy are local government structures, from grassroots to District levels. However, from District to Region levels there is a serious problem of role duplication and lack of well-articulated structures. In implementation there is no smooth feedback between different actors; the approach used is top-down and there is no clear line of action or who should do what, and how (Makyunuzi, 1996).

The main funders of social policy in Tanzania include: individual households, communities and the central government as key players. NGOs are also increasingly becoming important actors. The role of donors is increasing too. These include multilateral and bilateral agencies. Donors financing of social policy was distributed as follows: technical cooperation, 25%; investment assistance, 45%; programme assistance, 30%; and food, 2% (UNDP, 1992). Meanwhile the Nordic countries contributed 30%; Germany and Netherlands, 8% each; Canada, USA, UK, 6% each. The most-funded sectors by donors include water, education and health. In the 1993/94 development budget, 12.2 billion out of 13.2 billion came from donors (World Bank, 1994).

The State and Dynamics of Social Policy Research

In Tanzania, there is very scanty record of social policy research done from 1960s to 1980s. The existing researches are characterised by a very narrow database. Observations are reproduced from the same database. Collaboration among researchers is lacking while most of these researches are diffuse and descriptive. There is no nationally initiated social policy research. The research input in social policy making has been ephemeral (Maghimbi, 1996). The major policies like "Universal Primary Education," "Health for All" and "Man is Health" were formulated without research. From the 1970s social policy research went hand-in-hand with tight political control. However, it expanded its scope and covered more areas, namely, housing, human settlements, education, health, employment and labour market policy. But all this was done without any institutional framework.

Research done is limited, most of which constitutes small-scale surveys. For example, the Ministry of Health (MoH) generates ideas for research from workshops and the national conferences of medical officers. In the MoH there is also the Medical Research Institute.

The Ministry of Education (MoE) does not have a research institution. However, district education officers, and regional education officers are collecting data which is compiled into national data as for example the Basic Education Statistics for Tanzania (BEST).

Social policy research capacity seems to be very weak indeed. None of the ministries have inventories for research. There is no national social policy research. Overall social policy research in Tanzania is not sound, realistic, well-directed, properly-funded, nor staffed (Maghimbi,1996). There is no specific institution which trains social policy research experts. Institutions dealing with research are very limited. Funding of social policy research heavily relies on foreign donors such as: ODA, WHO, AMREF, DANIDA UNICEF, UNESCO, UNFPA, GTZ, FES and IDRC. At times research findings can influence policy formulation. For example, a study funded by WHO in MoH on "Cost-Sharing" has greatly influenced the adoption of a cost-sharing policy in Tanzania. Similarly, the study funded by DANIDA, and the World Bank in 1993 at the Ministry of Education has led to the production of the document known as "Education System Towards 21st Century". This has greatly influenced Tanzania's education policies.

As already noted most social policy research in Tanzania is under the dominance of foreigners, and indigenous people are not valued. However, some of the researches done are too academic and cannot easily be used for policy purposes. In addition sources of funding for social policy research is scarce and this frustrates researchers. The capacity for social policy research in Tanzania needs to be strengthened because it is currently very weak.

Recommendations

The study recommends that:

- There is a need to do more research on social policy reform and determine its impact on the people's well being.

- There is a need to do an in-depth study on social security and establish its relationship with poverty alleviation.

- There is a need to train and strengthen social policy research capacity in Tanzania; especially at the level of institutions of higher learning.

- There is a need to study how we can improve opportunity for community and stakeholder participation in social policy-making which addresses their pressing problems.

- There is a need to pressurise the government to formulate a comprehensive national social policy rather than sectoral policies.

- There is a need to establish a database for social policy practice and research in Tanzania, preferably by utilising the comparative advantage which the National Social Welfare Training Institute enjoys over other institutions.

Conclusion

The concept of social policy is not clear to decision-makers, implementors, and the public. The social policy formulation is the preserve of the government while community participation is very minimal. The process of formulation has been characterised by two structures; party structures and government structures. With multi-partyism the structures are bound to change and the party's role has been reduced.

Most social policy tends to be fragmented, disjointed and uncoordinated. The process of formulation does not address all the social problems. There are other forces which influence what should be addressed, eg, personalities, funds and interest of donors. Some of the policies do not focus on the cause of the problem but the symptom. Funding of social policy is mainly by government, donors, and of late NGOs. Social policy research in Tanzania is very weak; most of the researches conducted are survey or social science research. Similarly the capacity for social policy research is negligible. Moreover, social policy research is a monopoly of foreigners who are more valued than indigenous people. As a result most social policy is not informed by research inputs; a serious situation which hampers the development of social policy research in Tanzania.

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