

Public Sector Reform in Tanzania: Implementation of the National Five-Year Development Plan Towards Social Service Provision

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Abstract

Since independence, Tanzania has had a tradition of formulating and implementing long-term and medium-term development plans including the Five-Year Development Plan II (FYDP II) of 2016/17-2020/21. This article aims to assess the implementation of the FYDP II in relation to the provision of social services such as water, health, and education. The empirical question however is whether or not, and to what extent this plan has been implemented. The study thematically analysed secondary data to assess the implementation process. The results show that, to some extent, the implementation was affected by the continued financial dependence on foreign aid and loans, limited awareness of taxpayers on tax education, poor use of Electrical Fiscal Devices (EFDs), and corruption. This article suggests that the government should strengthen and create a better business environment and improve tax education while enhancing the use of EFDs to increase tax collection so that it depends less on foreign aid and concessional loans. The public sector should also be transformed and strengthened to curb all forms of corruption. The desire to see public sectors transformed into a modern administrative panache will undoubtedly lead to significant development and poverty alleviation.

Keywords: governance, FYDP II, public sector, social services, Tanzania

Introduction

The public sector is the machinery of government operations (Andrews, 2015). It includes institutions such as the civil service, particularly ministries and departments of the Central Government, the legislature and the judiciary, local governments, and public or state enterprises like boards and co-operations. These enterprises operate and can provide services such as water, health, education, electricity, security, and professional regulatory authorities (Haque, 2007).

In recent decades, the need to stabilize service provision has become of paramount importance in many countries. Shortly after their independence, many developing countries adopted state-led social-economic system frameworks in favour of development-oriented public administration. In Tanzania, in particular, since independence, there have been several public sector reforms as the government's response to the increasing needs of citizens in specific time zones (Hope, 2001). The purpose of such reforms was to ensure better services. For instance, between 1961 and 1966, the provision of public services in education, health and sanitation, water, roads, safety, and security was vested in government institutions. Through the Arusha Declaration of 1967, the newly elected government decided to nationalize all private economic enterprises, sparing only a few organizations, such as religious ones, operating health centres, hospitals and schools (de Waal, 2007). State-owned enterprises were forced to work and create job opportunities for the expanded civil service. Until the early 1970s, Tanzania's public service was still small but efficient, effective, and less vulnerable. However, at the beginning of the 1980s, the government experienced an upshot of the 1967 Declaration, which was linked to a state-controlled economy that expanded civil service as the government became the sole provider of public services (Sulle, 2011).

Moreover, the institutional environment of public service eventually deteriorated due to poor governance, political interference, patronage, nepotism, and corruption. These were the only reliable sources of employment for graduates (Lufunyo, 2013). This situation arose because jobs in the public sector were driven solely by the ideology of socialism and political bias rather than by explicit management rationality (Sulle, 2011).

In light of this fact, the public sector reform aimed at adjusting the size of the civil service, organizational structure, and the culture of traditional public administration (Mutahaba & Kiragu, 2002). Thus civil service reform was necessary to maintain economic liberalization and good governance. By December 1997, the civil service had been reduced by 30%; and such labour force mainly comprised auxiliary workers such as messengers, guards, cleaners, and gardeners (de Waal, 2007). In doing so, Tanzania created a friendly environment for developing the private sector, decentralizing functions to sub-national governments, and privatization to realize cost reduction in running its public sector (Mutahaba & Kiragu, 2002; Sulle, 2011).

The second strategy in the reform process was capacity development. The process involved adopting effective measures to enhance public administration performance. Such efforts included improving the work system and employee management, emphasizing greater autonomy for managers, a method of payroll performance, and long-term skills development and upgrading (Mutahaba & Kiragu, 2002).

Generally, the purpose of reforming the public sector was to facilitate public service delivery by implementing long-term and medium-term development plans (Foley, 2008). National development planning aims at changing the social and economic structures of a country in order

to accelerate and rationalize the development process (Mickey, 2010). This is in line with the viewpoint that planning is an instrument for promoting human growth of the citizens of a nation (Philip, 2014). The thrust of Tanzania's development agenda since independence has been on economic growth and poverty reduction; the main goal being to ensure that the majority of Tanzanians enjoy the benefits of development, i.e. social services. It should be noted that, the National Five-Year Development Plan for 2016/2017- 2020/2021 (FYDP II) was the final Plan in the implementation of the Tanzania Development Vision 2025 as the National Overall Development Framework (URT, 2016).

This article therefore, assesses the implementation of the FYDP II in relation to the provision of social services particularly water, health, and education. The main research question however, is whether or not and to what extent this plan has been implemented in relation to the sectors in question. Apart from the introduction, the remaining sections include the theory guiding the study, the research methodology, followed by results and discussion. The last section provides the conclusion and recommendations.

1. Theory of Change

The Theory of Change is a process of documenting how a programme or intervention is supposed to work, why it will work, who will benefit (and how) and the conditions needed for success. One of the key elements of this theory is the outcome framework, which helps in explaining the sequence of intermediate outcomes that lead to long-term final goals. (Weiss, 1995). This theory is most important for justifying government or charitable spending and communicating intentions to a respective community (Jones & Rosenberg, 2018). Similarly, developing the theory could be an opportunity to engage with programme staff and intended beneficiaries to formalize tacit knowledge and experiences, establish a shared vision of the programme, and identify key enablers and barriers to success (Aromatario et al., 2019).

The Theory of Change therefore, is regarded as the guiding theory of this study. As noted earlier, it is basically a detailed description and illustration of how and why the desired changes are expected; thus, it becomes a good outlet of setting a framework for understanding how various plans or initiatives can be implemented. The FYDP II like many other programmes, is subject to implementation before it brings about positive changes for the intended society. According to the theory of change, this is only possible if the resources, particularly financial resource are guaranteed; but also if there is room for stakeholders to give opinions and share experiences and knowledge for effective implementation.

2. Methodology

This article is based on desk research and content analysis. In this study, traditional and secondary data was reviewed and analysed to assess the implementation of the FYDP II in relation to social services provision. The FYDP II of 2016/17-2020/21 was a key document during the analysis as it also designated the intended indicators and targets for each sector covered by this study (water, health and education). Other documents included a national policy of each sector, economic survey reports, and budgetary reports.

4. Results and Discussion

4.1 Social Service Provision

This section reviews the implementation of FYDP II in providing social services, particularly water, health, and education. FYDP II addresses several challenges in human development indicator dimensions. In education, for example, there are school dropouts, mismatches between the quality of graduates and the demands of the labour market, quantity and quality of

teachers, and the low appreciation of the value of education in some segments of society. In health, disparities and limited access across regions and socio-economic groups, poor quality of medical services, inadequate numbers of qualified workers, and weak rural health systems are primary impediments to better health outcomes.

There have been a lot of discussions and ideas about the implementation of the FYDP II, pointing to insufficient budget as a major setback (Kessy, 2020). As introduced in the Theory of Change (Weiss, 1995) and by other scholars, sufficient budget is necessary for any government to provide quality social services to its citizens. The budget can be mobilized through strong production and stable revenue collection methods (Nuhu et al., 2020). With that view, the Government of Tanzania introduced Electrical Fiscal Devices (EFDs) for revenue collection. As a result, between July 2017 and March 2018, the total domestic revenue, including Local Government Authorities' (LGAs) own sources, amounted to TZS 13,535.7 billion compared to TZS 12,469.9 billion collected in 2016/17, equivalent to an increase of 9% (URT, 2019a).

Moreover, the amount collected by the Tanzania Revenue Authority amounted to TZS 11,546.9 billion, equivalent to a rise of 9% compared to TZS 10,626.3 billion collected in the same period in 2016/17 (URT, 2019a). Besides, from July 2018 to March 2019, the total domestic revenue, including LGAs' own source, amounted to TZS 14,064.9 billion compared to TZS 13,479.5 billion collected in 2017/18, equivalent to an increase of 4.3%. The revenues collected by the Tanzania Revenue Authority amounted to TZS 11,722.1 billion, equal to 88% of the target and an increase of 2% compared to TZS 11,546.9 billion collected in the same period in 2017/18 (URT, 2019a). However, it was reported that, in most cases, budgets could not be fully implemented due to low tax awareness, poor use of EFDs, and delays in obtaining conditional and foreign aid (URT, 2019a). It was also revealed elsewhere (Goddard et al., 2015; Kajimbwa, 2018) that some government activities failed due to corruption and rent seeking tendencies. The following sections provide details on how the FYDP II was implemented in the water, health and education sectors.

4.1.1 Water

Apart from agricultural and domestic use, water is used for industrial activities, mineral extraction, electricity generation, and construction (Masanyiwa et al., 2015). Likewise, the national water policy identifies water as one of the most important agents enabling Tanzania achieve sustainable development goals such as poverty eradication, clean water availability, food security access, and sustenance of biodiversity and sensitive ecosystems (Hyvärinen et al., 2016). With that view, the national water policy emphasizes effective water resources management, effective rural and urban water supply, and sewerage management. The water resource management component provides a comprehensive framework for promoting efficient, sustainable, and equitable development and utilization of water resources. As a result of public sector reform, the then water departments under the Ministry of Water turned to be Executive Agencies and Authorities such as the Rural Water Supply and Sanitation Agency (RUWASA) and Dar es Salaam Water and Sewage Supply Authority (DAWASA) serving in Dar es Salaam and Coast Regions. The role of the rural water supply agency is to improve the health of the rural population and reduce poverty through improved access to adequate and safe water, while the role of the urban water supply and sewerage department is to ensure effective and efficient management of urban water supply and services (URT, 2002a).

FYDP II, however, targeted to improve access to clean and safe water from the 72% recorded during 2014/15 to 85% in rural areas, and 90% in urban areas by 2020/21 (Table 1). It was

further reported that inadequate access to safe water sources and improved sanitation continued due to dilapidated infrastructure, weak policy and institutional arrangements for sanitation, limited coordination between different entities, and climate change impacts (URT, 2016).

Table 1: Indicators and Targets for Water and Sanitation

Indicator/Target	2014/15	2020/21	2025/26
Water and Sanitation			
Rural population with access to piped or protected water as the primary source (%)	72	85	90
The proportion of households with improved sanitation facilities in rural areas (%)	25	75	85
Population with access to piped or protected water as the primary source in regional centres (%)	86	95	100
Access to safe water and sanitation in urban areas (% of total)	74	-	-
Access to safe water and sanitation in rural areas (% of total)	47	-	-
Households connected to conventional public sewer systems in regional centres (%)	20	50	70
Non-revenue water (NRW) for regional centres (%)	37	25	20

Source: FYDP II, 2016.

Following the identified challenges, in 2018/2019, the Ministry of Water was allocated a total budget of TZS 697,577,902,677 from which TZS 24,363,869,000 was for recurrent expenditure, and TZS 673,214,033,677 was for capital development. As of April 2019, TZS 16,653,542,964.15, equivalent to 68% of the recurrent expenditure, was received from which TZS 2,905,702,353.15 was for other expenditures and TZS 13,747,840,611 for salaries. Likewise, TZS 343,486,935,592.46, equivalent to 51% of development funds, was received. In the 2019/2020 financial year, the Parliament approved a total budget of TZS 634,196,197,530, from which TZS 23,726,309,000 was for average expenditure and TZS 610,469,888,530 was for development projects. As of March 2020, the Ministry of Water had received TZS 470,374,480,186.31, equivalent to 74% of the budget for capital development. Regarding recurrent expenditure, TZS 16,667,223,314.90 was received, which was 70% of the recurrent expenditure budget (URT, 2020a).

In 2018, the government continued implementing various water programmes and projects to improve rural water services. As of December 2018, 1,659 rural water projects had been completed in all Councils, and 482 projects were at various stages towards completion compared to the 1,493 projects that had been completed in the same period in 2017 (URT, 2019a). In addition, the water infrastructure had 131,370 water points, serving 32,842,500 people, equivalent to 83.9% of the rural population. Among these water points, 86,780 were operating and served 25,659,290 people, equivalent to 64.8%, compared to the 85,286 water points in 2017 that had been serving 21,321,500 people, which was equivalent to 58.7%. The existence of non-operational water points was due to the community's limited capacity to manage and run water projects. To address this challenge, the government collaborated with stakeholders, as pointed out in Hyvärinen et al. (2016) to replace diesel water pumps with solar

water pumps to reduce operational and maintenance costs incurred at the community level (URT, 2019a).

Furthermore, it has been reported elsewhere (URT, 2020a), that in 2018, the government continued to construct, rehabilitate and expand water projects through urban water supply and sewerage authorities. Consequently, water services in regional headquarters increased from 78% in 2017 to 80% in 2018. In the same period, water production in the regional office rose from 148.82 million cubic meters in 2017 to 149.35 million cubic meters. Likewise, the number of customers served increased from 462,790 in 2017 to 513,050, equivalent to 11%. Availability of water services in district headquarters, small towns and areas served by national projects increased from an average of 60% in 2017 to 64% in 2018. As of April 2019, access to water services in the areas served by the Water and Sanitation Authorities in Regional Cities was 80%, and for District Cities, Small Cities, and National Projects, 64%. Access to safe water and sanitation in rural areas increased from 47% in 2015 to 70.1% in 2020. Likewise, in urban areas, it increased from 74% in 2015 to 84% in 2020.

Similarly, 173,360 customers had access to water services in 2018 compared to 161,925 customers in 2017, an increase of 7.1%. On average, access to clean and safe water in Dar es Salaam, parts of Kibaha, and Bagamoyo towns increased from 75% in 2017 to 85% in 2018. Water production in these areas was 504,000 cubic meters per day compared with the demand of 544,000 cubic meters. Customers of DAWASA increased from 207,477 in 2017 to 230,715 in 2018 (URT, 2019a). Regarding sewage disposal services in urban areas, as of April 2019, the service had averaged about 20% in cities with sewage. These cities were Dar es Salaam, Arusha, Dodoma, Mbeya, Morogoro, Mwanza, Tabora, Moshi, Tanga, Songea, and Iringa. In areas not covered by the network, sewage service was provided by special sewage vehicles and transported to the sewage dams indicating a ‘demand-responsive’ approach to water provision, as suggested in Carlitz (2017). The system could entrench regressive patterns of distribution to meet the target. Table 2 shows the target indicators and the extent of reached targets for the water sector in rural and urban areas.

Table 2: Extent of Attaining Targets for the Water Sector

Indicator/Target	2014/15	2020/21
Water and Sanitation		
Rural population with access to piped or protected water as the primary source (%)	72	83.9
The proportion of households with improved sanitation facilities in rural areas (%)	25	32
Population with access to piped or protected water as the primary source in regional centres (%)	86	97
Access to safe water and sanitation in urban areas (% of total)	74	84
Access to safe water and sanitation in rural areas (% of total)	47	70.1
Households connected to convention public sewer systems in regional centres (%)	20	20
Non-revenue water (NRW) for regional centres (%)	37	29

Source: Ministry of Water, 2020

4.1.2 Health

The health sector is one of the focus areas in the FYDP II (URT, 2016). It has been emphasized elsewhere (Kilewo & Frumence, 2015) that good health includes mental and social well-being, and scholars further argue that, good health is a significant resource for economic development (Shayo et al., 2016). The overall goal of the National Health Policy in Tanzania is to improve the health and well-being of all Tanzanians, focusing on the most vulnerable, and encouraging the health system to be more responsive to people's needs. Specific goals include reducing childhood and maternal morbidity and mortality, and increasing life expectancy through maternal and child health care, promoting adequate nutrition, managing communicable diseases, and getting regular treatment (URT, 2002b). Table 3 presents the indicators and targets of FYDP II for the health sector.

Table 3: Indicators and Targets for the Health Sector

Indicator/Target	2014/15	2020/21	2025/26
Health			
Infant mortality rate per 1,000 births	43	42	40
Under-five mortality rate per 1,000 births	67	45	40
Births attended by a skilled health worker (%)	51	75	90
Maternal mortality rate per 100,000	432	250	220
Life expectancy (Years)	61 (2012)	66	70
National HIV prevalence rate (%)	5.1	3	1.5
Access to safe water and sanitation in urban areas (% of total)	86	90	95
Access to safe water and sanitation in rural areas (% of total)	25	75	85
Share of government expenditure (%)	8.1	15	15
People reported travelling a long distance to health Services facilities (%)	36	25	15

Source: FYDP II, 2016.

Apart from access to safe water and sanitation in urban areas, by 2014 the rest of the set targets in this sector were not promising (Table 3). In response to this challenge, in the 2017/18 financial year, the Parliament approved a budget of TZS 1,077,701,892,000.00 to implement various activities. This budget allocated TZS 291,895,940,000.00, equivalent to 27% of the total budget, for recurrent expenditure, whereas TZS 785,805,952,000.00 was allocated for development expenditure. In 2017/18, TZS 37,909,880,000 was approved by the Ministry (Vote 53). Of this amount, TZS 19,142,252,240 was for personnel emolument (PE); TZS 16,161,349,760 was for other charges (OC); and TZS 2,606,278,000 was for development budget. By March 31, 2018, TZS 18,352,527,400, equivalent to 48% of the budget was released and spent. Of this amount, TZS 8,848,331,727, equivalent to 55% was for OC; TZS 8,470,927,127, equivalent to 44% was for personnel emolument (PE) for the Ministry and institutions under the Ministry; and TZS 1,033,268,546, equivalent to 40% was for development projects (URT, 2019a).

In 2019/20, the Ministry and its Institutions planned to collect about TZS 368,536,195,026, of which TZS 21,354,361,184 was expected to come from internal sources at the Ministry's

Headquarters and TZS 54,567,570,602 from Regional Referral Hospitals. In addition, Institutions under the Ministry aimed to collect TZS 292,614,263,240. By February 2020, a total of TZS 262,476,691,602.13 had been collected, which was equivalent to 71.2% of the target from local sources, regional referral hospitals, and institutions under the Ministry (URT, 2020d).

Similarly, Kapologwe et al. (2018) reported that the government continued to improve people's health by bringing healthcare closer to the community. For instance, it increased the 1,769 healthcare facilities, including 1,198 dispensaries, 487 health centres, 71 district hospitals, ten regional hospitals, and three regional referral hospitals. It also increased the number of healthcare facilities from 7,014 in 2015 to 8,783 by 2020 (URT, 2020b). In addition, by 2020, the government had recruited about 14,479 new health workers. This recruitment increased the number of health workers in the country from 86,152 in 2015 to 100,631 in 2020. It also increased access to medicines and medical supplies, for which the budget was increased from TZS 31 billion in 2015 to TZS 270 billion. To reduce the cost of purchasing drugs and medical equipment and ensure their availability, the government, through the Medical Stores Department (MSD), signed Framework Agreements with 110 pharmaceutical companies, 10 of which were local factories.

Furthermore, the government purchased and distributed 117 ambulances. It also successfully trained 301 physicians specializing in heart, ears, kidneys, bones, brain, and cancer (URT, 2020b). As a result, the percentage of women delivering at healthcare facilities increased from 64% in 2015 to 83%. On average, infant mortality decreased from 25 deaths to 7 deaths per 1000 live births, and overseas appeals decreased by 95%. In addition, following improved health services in the country, some patients from neighbouring countries have recently been treated, especially for heart diseases (URT, 2020b).

Concerning the National Health Insurance Fund (NHIF), the government continued to provide services to its members, most of whom were employed in the formal sector. On the one hand, by April 2020, the NHIF had registered 364,007 new members, enabling the Fund to have 4,858,022 beneficiaries, equivalent to 9% of all Tanzanians, compared to 3,377,023 beneficiaries in 2015/16. Conversely, 384 new healthcare facilities in the country were registered, and they started providing services. The total number of registered centres thus reached 7,940 compared to 6,439 that had been recorded in 2015/16. By recognizing the challenges facing the health insurance system, the Fifth Phase Government intended to enact a health insurance law for all, to enable citizens, especially the poor, to afford medical care (URT, 2020d).

In addition, in 2018, the government continued its efforts to fight HIV/AIDS through the Fourth Sector HIV/AIDS Strategic Plan 2018/19-2022/23, which outlined the goals and objectives of preventing new infections and AIDS-related deaths in the country. To eradicate AIDS-related deaths, the government continued providing care and treatment for people with HIV/AIDS (PLWHA). By December 2018, 1,103,016 PLWHA people were taking antiretroviral (ARV) drugs compared to 740,745 people in 2015. These efforts suppressed the viral load by 87% for those on treatment and care (URT, 2019a).

In early 2020, the country experienced the first case of COVID-19. Following the outbreak, the government closed schools and colleges, sports programmes, and international trips and discouraged unnecessary domestic trips. This disease affected many economies worldwide through deaths and increased healthcare delivery costs. It also affected businesses and

production activities, especially in the tourism-dependent sectors. For example, a decrease in the number of tourists in Tanzania affected hotel activities; most of the tourist hotels in Zanzibar were closed, and there was also a decline in other economic activities. The situation further affected internal and regional transport businesses such as charter flights. Food and beverage industries suffered equally, as well as culture and art. The economic gloom harmed job security, government tax revenues, and household food security, which in turn affected the implementation of the FYDP II as COVID 19 caused reallocation of finances.

The government took several steps to combat the disease, including releasing TZS 15.49 billion to purchase preventive devices, testing kits, and treatment. Other measures included granting tax exemption to 15 types of medical equipment, for fighting COVID-19; educating citizens on self-protection from infection; preparing special self-isolation centres for all travellers arriving from abroad; diagnosing people with COVID-19, and providing a toll-free number for emergency health response (URT, 2020c). Table 4 indicates the extent of the attained targets for the health sector.

Table 4: Reached Targets for the Health Sector

Indicator/Target	2014/15	2020/21
Health		
Infant mortality rate per 1,000 births	43	39.4
Under-five mortality rate per 1,000 births	67	54
Births attended by a skilled health worker (%)	51	83
Maternal mortality rate per 100,000	432	250
Life expectancy (Years)	61 (2012)	64
National HIV prevalence rate (%)	5.1	4.7
Access to safe water and sanitation in urban areas (% of total)	86	97
Access to safe water and sanitation in rural areas (% of total)	25	32
Share of government expenditure (%)	8.1	-
People reported traveling long-distance to health services facilities (%)	36	-

Source: Ministry of Health, Community Development, Gender, Elderly and Children, 2020

4.1.3 Education

Based on the National Development Vision, the education and training sector is expected to bring about rapid human resource development by preparing an adequate number of educated Tanzanians that will enable the nation to reach a middle and competitive economy by 2025. Similarly, the system is responsible for providing quality education and training that is recognized nationally, regionally, and internationally. To achieve this, the Fifth Phase Government continued implementing various education-related policies, namely the Education and Training Policy (1995) and the Vocational Education and Training Policy.

However, during the same period, various challenges arose, including weaknesses in the education and training system, shortages of teachers, scarcity of resources, materials, and teaching and learning infrastructure, as well as challenges in the quality and control of schools

and colleges. In this situation, the Education Policy identifies issues the government should emphasize in collaboration with stakeholders in education and training. These issues include improving the quality of the education and training system for effectiveness and efficiency, providing equitable education and training opportunities, and improving the quality of education and training curricula to meet national development needs (URT, 2014).

FYDP II addresses the quality of education through measures that ensure its provision is designed to meet and align with the needs of the local society and competition in the domestic, regional and global economies. The quality of education also depends on the teaching and learning environment; at the same time, the teaching and learning environment must be friendly and exciting to include appropriate teaching materials. The role of educators in improving the quality of education is essential; therefore, improving teachers' professional competence and raising their morale by enhancing their teaching environment is crucial (URT, 2016). Table 3 presents the overall performance indicators and targets of FYDP II for education and capacity development.

Table 5: Overall Performance and Targets for Education and Capacity Development

Indicator/Target	2014/15	2020/21	2025/26
Early Learning			
Gross Enrolment Ratio (%)	36.9	95	100
Net Enrolment Ratio (% of eligible)	33.4	50	95
Pupil/qualified teacher ratio (PRT)	77:1	50:1	25:1
Number of qualified teachers	13,600	15,400	17,200
Primary Education			
Gross School Enrolment Ratio	93.3	100	100
Net Enrolment Ratio (% of eligible)	84.4	100	100
Percentage of cohort passing PSLE	57	75	90
Pupils/Teacher Ratio	43:1	40:1	40:1
Pupils/Text Book ratio	3:1	1:1	1:1
Pupils/Classroom Ratio	75:1	50:1	40:1
Pupils/Latrine Ratio (Boys)	56:1	25:1	25:1
Pupils/Latrine Ratio (Girls)	58:1	20:1	20:1
Pupils/desk Ratio	4:1	1:1	1:1
% of Schools with clean water		40	60
% of Schools with electricity	18.3	30	50
Transition rate from Std Seven to Form One	55.5	80	100
Adult literacy rate	77.9	85	93
Secondary Education			
Gross enrolment ratio in lower secondary schools (%)	41.7	43	48
Net enrolment ratio (% of eligible)	32.9	50	90
Pupils/teacher ratio in lower secondary schools by subject	24:1	20:1	20:1
Pupils/classroom ratio in lower secondary schools	43:1	43:1	43:1
Pupils/latrine ratio in lower secondary schools	29:1	20:1	20:1
The proportion of schools with electricity (%)	77.3	85	90

Students passing Form IV examination (%)	69.8	80	90
Transition rate from Form Four to Form Five (%)	10.5	20	20
Higher Secondary Education			
Gross Enrolment Ratio (%)	5.7	6.9	10
Net Enrolment Ratio (% of eligible)	2.0	4.2	8
Of which male (%)	1.1	2.2	4
Of which female (%)	0.9	2.0	4
Percentage of students passing Form VI examinations	98.3	100	100
Higher Education			
Higher education enrolment rate (%)	3.3	6.9	10
Of which male (%)	2.1	3.6	5
Of which female (%)	1.2	3.3	5
Loan/Grant to science subjects (%)	30	50	70
Increase high skills	3	5	12
Increase high skills	13	20	34
Low skills	84%	60%	54%

Source: FDYP II, 2016 and the Ministry of Education, Science, and Technology, 2020

In response to the challenges pertaining the education sector (Table 5), Languille reports that, the government implemented the FYDP II, first by setting the budget to address the challenges originated from the expansion of secondary education programme since 2004 (Languille, 2019). In the 2019/20 financial year, the Parliament approved TZS 1,386,508,723,272.00 for Section 46 – the Ministry of Education, Science, and Technology, from which TZS 523,788,923,012.00 was for average expenditure, and TZS 862,719,800,260.00 was for the implementation of development projects. In addition, through UNESCO’s National Commission, Section 18, the Parliament approved TZS 2,156,017,000.00, from which TZS 1,532,293,000.00 was for average expenditure and TZS 623,724,000.00 for salaries of Commission staff (URT, 2020e).

During the 2019/20 financial year, the Ministry, through Section 46, expected to collect revenue worth TZS 553,739,899,119.13, of which TZS 13,942,894,000.00 was intended to be collected by the Departments and Units, and TZS 539,797,005,119.13 was intended to be collected by Institutions under the Ministry. As of March 30, 2020, the Ministry had collected TZS 335,148,981,970.31, equivalent to 60.5% of the estimates (URT, 2020e). Through Section 18 of UNESCO's National Commission, the Ministry planned to collect revenue worth TZS 27,000,000.00 from the publication of the Commission’s Journal. As of March 2020, 8.5 million TSs, equivalent to 31.48% of the target had been collected (URT, 2020e).

Furthermore, the government continued to improve access to education by providing free education from primary to secondary school. By February 2020, the government had spent TZS 1.01 trillion to fund the free education programme (URT, 2020b). In addition, it increased the number of primary schools from 16,899 in 2015 to 17,804 in 2020, and it increased secondary schools from 4,708 in 2015 to 5,330 in 2020. The government also renovated 73 of 89 old secondary schools and built 253 dormitories and 227 laboratory rooms. It also provided equipment to about 2,956 laboratories and significantly reduced the shortage of desks. The number of desks increased from 3,024,311 in 2015 to 8,095,207 in 2020, an increase of more than 200% (URT, 2020b).

The government renovated 18 colleges, rebuilt Murutungulu and Kabanga colleges, and supplied 1,550 computers to all 35 teaching colleges. As for different levels of education, the government increased the number of Vocational Training Colleges from 672 in 2015 to 712 in 2020. It also renovated, improved, and provided 54 Community Development Colleges' (FDCs) teaching materials and improved infrastructure. It also built hostels, lecture halls, food courts, and university libraries. The budget for higher education was increased from TZS 348.7 billion in 2014/2015 to TZS 450 billion in 2019/2020 (URT, 2020b).

Standard One enrolment doubled from an average of 1,000,000 pupils in 2015 to 1,600,000 pupils in 2020. Form I-IV students increased from 1,648,359 in 2015 to 2,185,037 in 2020. The number of VETA students increased from 117,067 in 2015 to 226,767 in 2020, and the number of FDC students increased from 6,693 in 2016/2017 to 9,736 in 2018/2019. University enrolment also rose from 65,064 in 2015 to 87,813 in 2020; likewise, higher education loan recipients increased from 98,300 in 2014/2015 to 130,883 in 2019/2020 (URT, 2020b). Furthermore, during implementation of the FYDP II, the government, as reported by Proveni (2018), not only made significant investment but also continued to engage its citizens in implementing projects such as constructing schools, dispensaries, and health centres. In this partnership, the workforce had also been contributing financially. This inclusion made citizens feel that they were part of the project; therefore, they took care of it for sustainability.

5. Conclusion and Recommendations

This study investigated the implementation of the FYDP II in relation to social service provision. The article concludes that although Tanzania has been setting long-term and medium-term development plans, the implementation has been difficult. Some challenges revealed in this article include low tax payers' awareness, poor use of EFDs, and delays in securing foreign aid, and corruption. As a result, the targets set in the FYDP II including those in water, health and education sectors have not been fully attained. Based on the challenges, this article proposes that the government should create a better business environment and enhance awareness of EFDs to increase tax collection and depend less on foreign aid. This strategy will enable the government to sustainably increase efficiency in providing social services, including water, health and education. It should also continue encouraging the private sector to deliver these services as suggested in Nuhu et al. (2020). This step will lead to such services reaching more people than if the government was the only provider. In addition, solid and lasting systems to control corruption should remain firm throughout all levels of government, to effectively implement the NFYDP.

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