

The Tanzania Housing and Population Census 2022: A Panacea for Local Service Delivery and Development Drawbacks

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Abstract

Tanzania will undertake a population and housing census in 2022 to determine the nature, type, number, and other related characteristics of its population and housing. But what this process implies to Local Government Authorities (LGAs) on service delivery and local development? Using the secondary sources approach this paper answers this question by disclosing the drawbacks confronting LGAs on service delivery and local development, which probably result from a lack of data on population and housing or poor integration of previous census data that require the 2022 census a remedy. The drawbacks are focused on LGAs' failures in education health services, 10 percent of LGAs budget as loans for women, youth, and people with disabilities, and revenue collection failures. Such failures hinder LGAs toward full-service delivery and local development. The studied view is that the 2022 census can be a panacea for such failures if LGAs are ready to integrate the 2022 census data in their plans as a foundation for service delivery and local development. The paper recommends LGAs to participate fully in the process and be ready to use the census results to plan, implement and monitor the development process and in delivering services.

Keywords

Census, local service delivery, local development, Panacea

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Introduction

Census in Tanzania is not a new terminology or practice. It can be dated back to 1910, though the first scientific census took place by then Tanganyika in 1958. Since then, five censuses have been conducted in 1961, 1978, 1988, 2002, and 2012 (National Bureau of Statistics, 2014). The country expects to conduct another census in 2022 on population and housing. Expectedly, the 2022 census will be the sixth in the history of the United Republic of Tanzania. Thus, the census is something that the country is gaining experience with. However, what does population census and housing census entails?

United Nations Economic Commission for Europe (2020, p. 4) defines the population census as “the operation that produces at regular intervals the official counting (benchmark) of the population in the territory of a country and in its smallest geographical sub-territories together with information on a selected number of demographic and social characteristics of the total population” This operation includes the process of collecting (through a field enumeration or the use of registered based information), processing and aggregating individual information, and the evaluation, dissemination, measuring the precision, and analysis of demographic, economic and social data (United Nations, 2017).

On the other hand, the housing census is similarly defined as the operation that produces at regular intervals the official counting (or benchmark) of all housing stock in the territory of a country and in its smallest geographical sub-territories together with information on a selected number of characteristics of housing. This operation includes similar data collection, processing, and aggregating information related to housing and the evaluation, dissemination, and analysis of data associated with the living quarters. The census should provide information on the stock of housing units and the structural characteristics and facilities that bear the development of everyday family living conditions (United Nations Economic Commission for Europe, 2020, 6). But what does census mean, and what has it been its focus in Tanzania?

For Tanzania, the census is the overall process of collecting, processing, tabulating, analysing, and publishing the population’s demographic, economic, and social data and housing units or part of it. It is carried out per the Statistics Act No. 1, 2002 Rev. 2019. The Act, among other things, mandates the National Bureau of Statistics (NBS) to conduct a population and housing census within the United Republic of Tanzania.

Generally, a population and housing census is thus the process that produces, at the same time, inter-related information on the population and housing stock as described above. This is what Tanzania has been doing since independence. The primary aim of conducting a population and housing census is to provide statistics on the population, family, household, and housing situation uniformly for small areas or population sub-groups. The

characteristics of the population include geographic, demographic, social, economic, household, and family characteristics. The information generated informs government decisions on development policies and plans for development attainment and effective service delivery (United Nations, 2021).

The last census, which was carried out in 2012, showed that the country had a population of 44,928, 923. In 2012, 44% of the population was aged below 15 years and 4% aged 65 years and above (NBS, 2013). The housing data showed that Tanzania Mainland had 9,026,785 private households, of which 6,054,641 (67%) were in rural areas and 2,972,144 (33%) were in urban areas. Males headed two-thirds of households in both urban and rural areas. Again, about disability status, the 2012 census also showed that 2% of the population had visual impairments, walking 1.2%, hearing 1%, remembering 0.9%, self-care 0.7%, and albinism 0.04% (NBS, 2014).

Turning a discussion to the coming 2022 census, the country is expecting to conduct the national census on population and housing in 2022 by the date to be announced by the president. The question to ask ourselves is, “What does the 2022 census mean to Tanzania?” First, it will help inform and help the government implement the National Development Vision 2025, National Five-Year Development Plan 2021/22-2025/26, and Sustainable Development Goals (SDG). Second, it will provide LGAs with data that will help them plan and implement development plans reflecting the peoples’ needs at a specific level and equality in distributing resources (the focus of the study). Three, the 2022 census is expected to ensure the internalisation of good governance, participatory democracy, constituency’s demarcation, and proper dividing of LGAs boundaries (NBS, 2021).

Specifically, the second and third items mentioned above make LGAs important stakeholders and beneficiaries of the 2022 census. More than 90% of housing and population dwell within LGAs. Hence, the 2022 census is significant towards LGAs implementation of its functions, including ensuring local governance, service delivery, and people’s development. The questions to ask ourselves in this scenario are; one, what approach the 2022 census will adopt, its difference from the previous census, and how will it relate to service delivery and development? Two, how will LGAs participate? Three, what are the drawbacks of LGAs requiring the 2022 census as a remedy? Four, will the 2022 census be a panacea for LGAs’ service delivery and development drawbacks?

This paper aims to answer the above questions by examining the 2022 census process, the involvement of LGAs, LGAs weaknesses, and the anticipated implications to local service delivery and development.

Methodological Issues

This paper used secondary sources to enrich its findings. It involved the review of national reports, journals, research, articles, laws, essays, and books. The secondary sources are equally significant as primary sources because it provides the foundation for a researcher to construct arguments potential to the solution of the problem studied. Secondary data let a researcher build on existing research, which leads to better results and new insights (Moore, 2006).

Also, this method was used because since independence, studies have been conducted, and information has been gathered and documented on local service delivery and development on one side and census on the other. Hence, the data and results from the used documents were significant in catching what the 2022 census might mean to local service delivery and development.

2022 Census Approach Choice: Strength and Weakness

There are several approaches applied globally in accomplishing the census process. Historically, Tanzania has been using a traditional approach to conduct its census. The 2022 census will most likely use the same. What is the traditional approach to the census? This approach entails canvassing the entire country, reaching every household, and collecting information on all individuals within a brief stipulated period (United Nations, 2007, p.1). It is cross-sectional in nature, whereby data are collected at one point in time (Tanzania's case is one in ten years as recommended in its population and housing census principles) (United Nations, 2021).

This approach is among of the complex systems that a country could undertake. Tanzania has experience because it has historically conducted its census using this approach. The process requires mapping the entire state, mobilising and training enumerators, running a massive public campaign (raising awareness and removing untrue thoughts, as needed), canvassing all households, and developing interviews/questionnaires analysing and disseminating data. The approach is high in cost compared to another method of collecting data from administrative records used in some countries like Bangladesh.

Even though the approach is of high cost, it is said to be effective in informing the government on “How many by number?” and “Who we are?” in terms of age, sex, education, occupation, economic activity, and other crucial characteristics, as well as to “Where do we live?” in terms of housing, access to water, availability of essential facilities, and now days access to the internet. To answer these questions, smart and careful planning is required. By smartness and carefulness, the NBS (2022) tells that the 2022 census will be unique compared to that 2012 on the aspect that; the process will involve permanent demarcation

of geographical areas to village/Mtaa (neighbourhood) for house and population counting/census so that it will be easier for the following census tasks. Also, it will use mobile devices at all stages of the process for cost-effectiveness. Moreover, additional questions will be asked which aim at getting data on demography (age during first marriage), disability status (e.g., epilepsy, and autism), migration-related questions, national identification ownership (National Identity Card, small business cards, passport, and/or driving license), land ownership, housing statistics (list, house status, and type) and questions on farming and animal keeping.

This approach to service delivery implies that results will inform the government to plan and prioritise based on the type of people it has. For instance, how many hospitals and health personnel must deliver health service to people efficiently, how many schools, electrical supplies, and safe and clean water? Probably, the census will come up with the projection of the trend of population increase for the next 10 years, which will serve as a basis for government decisions on service delivery. For national development, the approach will assist the government in realising the National Development Vision 2025, the Five-Year Development Plan, by determining the status of revenue collection and where to collect the revenue, how to improve people's economic situation, and where investment should be encouraged.

Position of LGAs in 2022 Census

The study opines that LGAs, as one of the census stakeholders, have two significant roles: legitimating the process and collaborating with NBS and National Census Committee to accomplish the activity.

Concerning the legitimacy of the 2022 census, LGAs are expected to make people aware of the process within their jurisdictions. More than 90% of people in the country are under the jurisdiction of LGAs. The LGAs know where households are located and people dwell. Also, they are the most closely level to the people. Expectedly, people will listen to local leaders such as village/mtaa chairpersons, Village Executive officers (VEO)/Mtaa Executive Officers (MEO), and 10 cell chairpersons. Hence, it will be easier for people to internalise and accept the process using local leaders. This implies that the process will be legitimate, and people will be ready to participate in the census process. LGAs have to own the process, get ready to participate, and ensure that their people are aware and untrue beliefs about census are corrected.

Coming to collaboration, LGAs are expected to work closely with NBS and National Census Committee (NCC) to smoothen the process. In this role, leaders at the local level should be ready to provide information about the nature of the population and households

and where they can be reached. They should also work hand in hand with enumerators to identify people and give information wherever required to simplify the data collection process. For this role to work out, the government, through NBS and the NCC, should ensure that LGAs leaders are trained about the process.

Failures of LGAs Requiring 2022 Census Interpose

Several LGA failures in service delivery and local development have been caused by a lack of precise data and status of its population and households. Also, there have been difficulties accessing the available data or integrating the data into LGAs' plans. This section documents such failures.

Education failures: Education is a key to success for every person and country to attain development. It is equally essential for local governance. In Tanzania, almost 80% of primary and secondary education is administered by LGAs. LGAs are responsible for ensuring enrolment, facilities, discipline, and teachers supply. However, there have been challenges related to the registration of students and facilities availability. Facilities like classes, laboratories, libraries, chairs, tables, and adequate sanitation, especially those with disabilities, are not enough to accommodate students in primary and secondary schools (Haki Elimu, 2014; Human Rights Watch, 2017). There are not enough schools to accommodate students at primary and secondary education levels (Human Rights Watch, 2017). The teacher-student ratio is a challenge, as well. This probably happens due to LGAs' lack of precise and reliable data on children joining education on such levels (Arun & Gaddis, 2015; Human Rights Watch, 2016).

It is estimated that 5.1 million children aged 7 to 17 years do not attend school. This is due to parents or guardians' failure to pay transport to school, uniforms, and additional school materials such as books, failing primary school leaving exam which cannot be re-taken. Since 2012 more than 1.6 children have been barred from joining secondary education, and those with disabilities fails to attend school (Haki Elimu, 2008; Sumra & Katabaro, 2014). Despite free primary and secondary education programmes, instead of enrolling in schools, many children end up in child labour (4.2 million equivalents to 29% of children aged 7-17 years), often in exploitative, abusive, or hazardous conditions in gold mines, fisheries, tobacco farms, or in domestic work to supplement their family's income (Human Rights Watch, 2013; ILO & TBS, 2014; USDL, 2015). Even though the 2012 census gave data on the children in terms of number and characteristics, including school enrolment, it looks like LGAs have not been using such data effectively to plan for education.

Moreover, access to census data on children by LGAs might be another challenge. Arguably, underutilisation is due to LGAs not considering significant or difficulties in

accessing data. Also, those using data fail to integrate them into their education development plans. This causes difficulties for LGAs to ensure adequate delivery of education service. 2022 might offer a solution to the education challenges if LGAs use the collected data to inform education plans.

Health System Failures: the roles and responsibilities of LGAs on health service delivery are clarified under the (District Authorities and Urban Authorities, 7 and 8) Acts of 1982 (as amended). Both Acts require LGAs to promote the social welfare and economic well-being of all persons within their areas of jurisdiction and need LGAs to take all measures to further enhance the health, education, and social, cultural, and recreational life of the people. In this regard, they have to build, equip and maintain, or grant money to establish, equip, and maintain hospitals, health centres, maternity clinics, and dispensaries (Kapologwe et al., 2020). In Tanzania, district hospitals, health centres, dispensaries, and community health services are under LGAs' jurisdiction, supervised by the District Medical Officer (DMO). While LGAs in collaboration with the central government are striving to improve health systems at the local level, challenges have been constraining the achievements (Boex et al., 2015).

Even though these health facilities are under LGAs administration, they still depend on intergovernmental transfers to fund the local health systems under decentralised health systems programme. This has made Tanzania not reach its primary health care requirements. For instance, as of 2015, there were 12,545 villages that required 12,545 dispensaries, but the country had 6640 (53%) out of which 4554 (36%) were owned by the government. At the ward level, the country had 4420 wards requiring 4420 health centres. However, the country had 701 (15.8%), out of which 518 (12%) were government-owned (Kapologwe et al., 2020). In 2019 dispensaries increased to 4922 (74%) and health centres to 716 (16.1%).

While there is an increase in the number of dispensaries, health centres are still behind in construction and the construction is confronted with challenges for human resources and facilities. For instance, Kapologwe et al. (2020, p. 10) show that only 1673 (33%) had running water, and 5.1% had telecommunication systems. Again, people living in urban areas can access health services within five kilometres, while this is not the case in rural areas. Moreover, there has been unequal distribution of resources among LGAs receiving financial help from the central government. The health facilities are not obtaining sufficient funding (Boex et al., 2015, p. 21). In this regard, unequal distribution of resources and demand for health facilities is still high. The fact that citizens in the rural areas are still not able to access health services compared to urban areas shows the underutilisation of the 2012 census data. The 2012 census data showed that most of the population was rural compared to urban areas. It looks like the efforts have been put on urban areas compared to

rural. Debatably, the population in rural areas has increased, but the 2022 census will show the exact number. However, a challenge still is the readiness of LGAs to integrate the data with health plans. It requires necessary interventions for LGAs to realise the idea of effective service health delivery for both rural and urban areas.

10% of LGA budget for women, youth and people with disabilities failures; LGAs are mandated to set aside 10% of its annual revenue collection to fund registered groups of women, youth and people with disabilities without interest so that they can use such monies for economic empowerment and living standards improve. The distribution is four percent (4%) for women, 4% for youth, and 2% for people with disabilities (Local Government Finance Act 1982, Rev. 2019. S.37A). However, there have been failures of LGAs in implementing this legal requirement. For instance, a study by Agricultural Non-State Actors Forum (2019) shows that, in the studied 25 LGAs, the average of setting aside 10% was 5%. Impliedly, some LGAs were not setting aside such monies for targeted groups. It was also shown that the largest number of beneficiaries were women (49%) as compared to youth at 41% and people with disabilities at 10% (ANSAF, 2019). Again, ANSAF (vii) indicated that 3 out of 10 groups (29%) received loans in FY2017/18, where the interest rate ranged from 2 to 10% annually. The most interesting occurrences were noted in Kilwa, Mtwara, Tandahimba, Newala, Kagera and Korogwe LGAs, which conflicts with S.37 of the Local Government Finance Act. The 2012 census revealed the number of women (51.3%), youth (34.7%) and people with disabilities (2%), which probably could be used as a basis for distributing such monies for the groups mentioned above. However, the 2012 census did not show the number of women eligible for receiving funds from the LGAs' budget because there is a percentage of women youth which is also counted in the women category in its entirety. Probably, this explains why women seem to be receiving the lion's share. Additionally, the number has changed from the last census, causing LGAs to lack current data on women, youth and people with disabilities, requiring the 2022 census data.

Again, LGAs face the challenge of failure to recover loans from the targeted groups (Rugeiyamu et al., 2021). This is also evidenced by Controller and Auditor General (CAG) on the audit of LGAs for the financial year 2019/2020, which revealed that loans of TZS 27,790,189,049 were not yet recovered from 130 audited LGAs. The CAG report (p. 72) shows no close follow-up to collect outstanding loans according to an agreement. Other groups are failing to pay a given amount after the time limit. This might be attributed to the fact that groups lack entrepreneurial and financial management skills, which is why they are failing to return the money. Also, perhaps LGAs are giving money to groups with no detailed data on their background, which is why they are not repaying the loans (Rugeiyamu et al., 2021). This is a failure facing LGAs that the 2022 census can remedy.

Revenue Collection Failures; LGAs in Tanzania, like other countries, support public services in different areas like clean water, health, road, and secondary education. They are also expected to decrease dependence on intergovernmental transfers. To attain this, effective revenue collection is essential to ensure the sustainability of services provided by LGAs (United Nations- Habitat, 2015). The revenue collection in Tanzania by LGAs is mandated by the Local Government Finance Act, 1982.

LGAs in Tanzania still face a serious challenge in revenue collection to fund their budgets. This is due to the widening gap between the availability of financial resources and LGAs spending needs to be attributed to underperformance in revenue collection (Mzenzi, 2013; Fjeldstad et al., 2014). For instance, CAG (2020) noted that for the four financial years of 2015/16 to 2018/19, almost 70% of Local Government Authorities did not achieve their targets for revenue collection. The audit report also showed that from 2015/16 to 2018/19, the contribution of own-source revenues decreased from 28% to 11%. Indicatively, LGAs dependency on Central Government increased tremendously because of an increased gap of funds needed in the LGAs against revenue collections from their own sources.

Among the reasons for such failures are unrealistic projections, inadequate supervision, failure to collect revenue to full potentials of available sources, and lack of effective strategies for expanding the tax base. LGAs lack staffing, with levels at 23% to 70% of the required staff, and the available staff lack skills, leading to failures to project revenue and assessing tax for some revenue sources such as hotels levy and service levy (CAG, 2020). Debatably, this might be attributed to a lack of precise data and underestimating sources like hotels and guest houses if they can be a good source of revenue generation, which probably requires housing census intervention to help LGAs perform well in hotels levy collection.

2022 Census Implications: A Panacea?

This part answers the question “whether 2022 housing and population census will be a solution to challenges confronting LGAs to attain fully service delivery and development?” As evidenced above, LGAs still face several failures in ensuring service delivery and development. One of the reasons is the lack of precise data on the population of LGAs, leading to the inability to plan and implement development plans based on the number of people available. Also, they are failing in revenue collection due to underestimation or precise data on some sources, such as hotels and other housing requiring remittance. It is the opinion of this paper that, through the 2022 census, LGAs have a chance to do the following.

Informed decision making on education plans; the decision to be made here relates to planning and implementing development plans. Expectedly, the 2022 census will provide data to LGAs on the number and type of people available within their jurisdictions. Also, results will anticipate the increase in number for some years to come. This will help LGAs plan and implement development plans based on available data. The 2022 census will provide information on the number of children attending school. It will also provide information on why students fail to attend school. Again, data on children with disabilities will be provided, including their school attendance status. The LGAs should be ready to use such data to decide on plans/strategies for increasing enrolment and dealing with the challenge of children failures to attend school. Also, they will be able to accommodate children with disabilities to enjoy equal rights as the abled children. The LGAs will be able to construct inclusive schools and learning facilities that will accommodate the number of children needing them. However, to implement this, LGAs should be ready to use and able to access the 2022 data to realise the expected decisions on education.

Strengthening Revenue generation strategies; the 2022 census results will help LGAs know where to impose revenue and how to collect from the population based on their economic status and activities they are engaged in. Likely, the number of people and the number of buildings that can be levied have both increased. 2022 census should include collecting data on hotels, guest houses and entertainment and recreational areas to help LGAs know where and how to impose revenue on such facilities, which will increase the revenue base. This will help LGAs be realistic in their budgets and avoid unrealistic expectations. Its effect will raise revenue collection to fund the services. Also, the revenue generated will help LGAs to support revenue strategic revenue-generating projects like hotels, markets, and bus stands. Such strategies will hasten development and improve service delivery.

Development must be inclusive. All groups should participate in attaining the development goals of a particular local area. Groups including the disadvantaged, such as people with disabilities, older citizens, youth, adolescents, and women, should meaningfully participate in development realisation. However, LGAs cannot attain that without knowing the number and finding such groups for development participation. Presumably, the 2022 census will collect data on the mentioned groups in terms of number, capacity, and education level. This requires LGAs to participate in development perspectives. LGAs currently implementing Improved Opportunities and Obstacles to Development (O&OD) methodology effectively are in a good position of realising inclusive development. Improved O&OD is a methodology to strengthen LGAs' capacity to grasp the reality in the communities, villages/Mitaa and groups and establish community development projects reflecting the

reality of the people. Improved O&OD aims to allow communities to implement self-help efforts, nurture them and develop collaborative relationships with the government to realise better service delivery and local economic and social development (Presidents Office Regional Administration and Local Government, 2019). LGAs are expected to use data generated on such groups to ensure that people of all groups identify with community needs and problems and participate in planning and implementing development plans. This will allow people to own the development agenda and participate fully in realising it.

Equal distribution of resources for health services; despite decentralisation of the health sector in the country, LGAs still depend on intergovernmental transfer to fund the provision of health services. As revealed in the drawbacks section, unequal distribution of resources (intergovernmental transfers) between urban and rural areas affects health service provision. At this juncture, the 2022 census will inform the government on equally distributing funds for mainly dispensary and health services construction which it is focusing on right now. Also, the government will be able to equally allocate personnel and other facilities to strengthen the health system in the LGAs.

Strengthening the distribution of 10% of LGAs budget for Women, Youth and People with disabilities; Distribution of 10% of LGAs own source revenue budget as a loan to women, youth and people with disabilities is still a challenge. As seen in the failures of LGAs, women are receiving the lion's share of the allocated money for the various groups. Thus, women are likely to attain more rapid development than youth and people with disabilities. The 2022 census will inform LGAs to ensure that the funds for such groups are equally distributed as data on such groups will be available. Encouragement should be made to people with disabilities, a group seen to be lagging. However, LGAs should be aggressive to use the collected data to strengthen this critical practice. Such aggressiveness will ensure all groups benefit and can use such money as a tool of economic empowerment. Also, LGAs ensure that before giving loans, they should train and equip groups with soft entrepreneurial skills, essential to the proper use of loans.

Conclusion and Recommendations

The 2022 census can be a panacea if LGAs and other LGA stakeholders build the habit of integrating the housing and population data in their plans for development and service delivery. Also, LGAs will be successful if they know where and how to access the data.

To realise that, it is recommended that local administration use the 2022 census results to identify potential sources of revenue and use it to set realistic collection targets to increase its power to fund budget and improve service delivery. Also, encourage and practice participatory development so that each identified individual and group participates in the

entire development process. Moreover, it is recommended that LGAs integrate the census data with their plans for distribution of the 10% of their budgets for women, youth, and people with disabilities to eliminate any weaknesses. Additionally, LGAs should be instructed on integrating the data with their plans for effective service delivery and development.

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