



# The Role of Education for Rural Development

The Case of Selected Haydom Lutheran Hospital's Educational  
Activities in Mbulu District, Tanzania

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*This Master's Thesis is carried out as a part of the education at the  
University of Agder and is therefore approved as a part of this  
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## **Abstract**

This study explores the role that education and training programs initiated and/supported by Haydom Lutheran Hospital play to the development of the rural community. The study have identified some education and training programs by Haydom Lutheran Hospital and explored the motives behind the establishment of those programs as well as the perceptions of the local community towards education in general and established programs in specific. The challenges associated with the establishment of education and training programs have also been explored. The experiences learned from the case study as a development project have been highlighted as lesson and example for the expected project at Kabanga Nickel in implementing the Corporate Social Responsibility mission.

The findings indicate that various education programs, formal and non-formal have played a great role in the improvement of the living standard of the people around the hospital. On the other hand the contribution of education has been evidenced in the capacity building to the majority of the population that have been possible through education programs. This was highlighted by the number of people that have passed though Haydom Primary School, Dr. Olsen Secondary School, Nursing school, The vocational/trade School, Ngwandaq Primary School as well as by the working population that have been going through in-service training for various professions in the hospital. The life standard of the educated working population is used as a role model to the rest of the illiterate community and continues to build the positive attitude towards education.

The main recommendation for the Kabanga Project is that they should aim to build the capacity of the local community through quality education programs that fit the local community around the project. The educated population will be the foundation of the socio-economic success of the community and they will not solely depend on the project because of the skills and knowledge through education. The establishment of the programs should be in a participatory way so that the community also contribute to the development of education programs using the available resources. The implication here is that they will feel that they own the programs and they are responsible for future improvement of the programs.

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## **Declaration by candidate**

I hereby declare that the thesis:

*The Role of Education for Rural Development: the case of Selected Haydom Lutheran Hospital's educational activities in Mbulu District, Tanzania* has not been submitted to any other universities than the University of Agder for any type of academic degree.

**27th May 2011**

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**Perpetua Kalimasi Kilasi**

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## **Abbreviations**

**ADEA**- Association for the Development of Education in Africa

**AIDS**-Acquired Immunodeficiency Virus

**AMO**-Assistant Medical Officer

**ARV**- Antiretroviral

**CSR**-Corporate Social Responsibility

**HIV** –Human Immunodeficiency Virus

**HLH**-Haydom Lutheran Hospital

**KCMC**-Kilimanjaro Christian Medical Centre

**NACTE**-National Council for Technical Education

**SUA**-Sokoine University of Agriculture

**SPSS**-Statistical Package for Social Sciences

**TASAF**-Tanzania Social Action Fund

**TSHS**-Tanzanian Shillings

**UK**-United Kingdom

**UPE**-Universal Primary Education

**USD**-United States Dollar

**VETA**-Vocational Education and Training Authority



# 1. Chapter one

## 1.2. Statement of the problem/ Introduction

Tanzania is one of the three East African countries, with a population of about 41 million people. Its economy has shown a growth pattern for a couple of years, but the country is still poor and is heavily dependent on foreign aid (BTI, 2010). According to SARUA (2009), education in Tanzania is treated as a strategic agent for equipping people with the knowledge needed to solve development challenges.

Human development can be measured by many things. Among them includes education which has been evidenced to be very important for the real development of local communities (<http://home.hiroshima-u.ac.jp/cice/sawyerr2-2.pdf>) According to Olaniyan and Okemakinde (2008:158) education can bring socio-economic development in terms of producing human resources that can manage to pay for their socio services and hence the standard of living can be improved.

A good number of literature and research that has been done at Haydom town is related to health/medical issues ([http://www.haydom.no/student\\_theses.aspx](http://www.haydom.no/student_theses.aspx)). Therefore less has been done in relation to the impact of education programs initiated by Haydom to the development of the local community. In this fact, this study intended to assess the fourth objective of Haydom Hospital Project that is capacity building of the local community.

In many instances education affects the general life of human beings and the way they way they participate in economic activities. This implies that illiteracy can be accepted as one of the major causes of poor standard of living (Michaelowa, 2000:1). However literature on education and development has been researched using different perspectives which have created controversial ideas on return to education such as economic approaches by Michaelowa (2000).

In addition, the contribution of education and training to development of the local communities has been raising controversial ideas among different scholars (Welch, 1975, Psachalopolous, 1988). Therefore there is a need of more research in different contexts, level of socio-economic, culture and political differences like the northern pastoral and agricultural communities in Tanzania.

Some scholars also argue that the positive association between education and improvement in income is well known but the underlying mechanisms are still a debatable topic (Welch,1975).This study focuses on a multidimensional approach of education to development, as it includes formal and non-formal education and training to the social and economic development.

The formal education programs included different levels of education institutions in a formal arrangement like primary school, secondary school and the nursing school. The non formal education programs include the in-service programs that have been developed by the hospital for the capacity building of the workers. It also includes the entrepreneurship skills programs developed to enable the community employ themselves in various income generating activities. Perceptions and socio-economic fit settings of education programs initiated by Haydom Lutheran Hospital are also some of the issues that were explored.

## **1.2. Background of the study**

Haydom Lutheran Hospital (HLH) Project was initiated in 1955 situated in the corner of Manyara Region and Mbulu District. It was built by the Norwegian Lutheran Mission in 1953 started with 50 beds. In 1963 the management of the hospital was handed over to the evangelical church of Tanzania in Mbulu Synod.<sup>1</sup> Various agencies have been supporting the hospital in terms of expanding it in various ways. The project has been serving as a referral Hospital to more than seven districts in Tanzania which are near by the area. For many years Haydom has been funded by Norwegian Government through

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<sup>1</sup> Haydom Lutheran Hospital Project Outline, 1997

the Ministry of Foreign affairs and NORAD. The funds were channelled through Royal Norwegian Embassy in Dar es Salaam (Maestad and Mwisongo, 2009:8).

The vision of the Project is to cater for the needs of the whole human being in different development aspects. Therefore the objectives include; reducing the burden of diseases, reducing poverty, increasing community capacity as well as improving collaboration with like minded Institutions (Maestad and Brehony, 2007:6).

Apart from HLH to work as a hospital, it is also working as development agent through initiation of other subprojects like food security and clean water, transport and infrastructures as well as capacity building. In general all categories of projects that have been initiated since the establishment of the Hospital have been evidenced to enhance human development (Maestad and Mwisongo, 2009:13).

This study aimed to deal with capacity building exploring the reason behind the establishment of education programs and the impacts of these programs for development of local community. These include the construction of a primary school which aimed to improve public education and facilitating empowerment among the community (Haydom Lutheran Hospital 5 year Strategic Plan, 2002-2006). There was also a secondary school, a nursing school as well as a trade/vocational school which is still in construction (Maestad and Mwisongo, 2009).

The vocational school is expected to be of great importance to the local community because the outcome is expected to have multiple benefits, to the hospital as well as the development of the community. It is expected that some of the youth may get employment in the formal sector and others may be self employed (Haydom Lutheran Hospital 5 year Strategic Plan, 2002-2006) The extent to which the local community participated in the planning of curriculum and structure of the programs of the vocational centre was another question in the study.

The HLH project initiated the upgrading of the secondary school in 1971 to prepare secondary school leavers to further studies including the Nursing school at Haydom. Therefore various personnel have been trained with an emphasis of self reliance for the project. Among the trained personnel included rural medical aids, laboratory assistants as well as other support staff (Haydom Lutheran Hospital Project Outline, 1997).

According to the 1988 annual report, the hospital started a Pre-nursing school for a one year course, as well as a nurses and midwives training school. The training started in 1982 but the midwife training started in 1988 in which the first batch was started. The presence of the training school in the hospital has been of much help in terms of provision of health related teaching around Haydom.

In the context of this study, the assumption was that education programs are essential for the development of the community. This is due to the fact that some community members who got a chance to attend the school have been working as health workers in the hospital; others have been using the qualifications they got at Haydom school to apply for their further studies in other training institutions in the country.<sup>2</sup>

Haydom Hospital, with the help from local community and Stromme Memorial Foundation in Norway has been supporting construction of a secondary school which has been found to be of much importance to the local community. One of the conditions from the donor was that the school should serve the local community, not people outside the community<sup>3</sup>. Therefore the concern of this study is to what extent the local community has benefited from this school and how they use the knowledge that they received for their own development and their associates?

On the other hand education programs also include the informal training that the hospital has been providing to the staff and the local community. Different kinds of health education around villages have been very much accepted by the community. Statistics as

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<sup>2</sup> Haydom Lutheran Hospital Annual Report of 1988, pp 3.

<sup>3</sup> Haydom Lutheran Hospital Annual Report of 1997, pp2

in 2006 show that, Haydom Lutheran Hospital has a total workforce of 700 people and it is the largest employer in Manyara region (Mshashi, 2006).

The above statistics can be said to be the result of the presence of the hospital as a development project. However, 85% of the nurses finishing their two year bond opt to leave and seek employment in other urban areas. Some of reasons have been the rural working environment as well as unequal payment between expatriates and local people doing the same work (Mshashi, 2006). It is possible that there may be differences in competence and technical know-how among the two groups.

Therefore Haydom Lutheran Hospital has been growing with the community and it has been operated not only as a hospital, but also a development project and thus it has been one of the forces to community development around the hospital (Mshashi, 2006:10)

### **1.3. Research Objectives**

The main objective of this study is to explore the role of education programs initiated by Haydom to development of local community around Haydom project.

#### **1.3.1. Research questions**

The study will be guided by the following research questions

- Which educational programs have been initiated?
- Why were these educational programs initiated?
- What is the perception of local community towards education programs initiated by Haydom?
- What role does education play in improving livelihood of the local people?
- Do education services fit the socio-economic settings of the local area?



#### **1.4. Rationale of the study**

Several studies have been done at Haydom Lutheran Hospital as a health organization. Some are medical or health related studies, some are related to sustainability as hospital as well as cultural issues. Fewer studies are evident in relation to Haydom Lutheran Hospital as development project fulfilling the goal of capacity building of the local community through education and training.

This study is also part of the collaborative program between Hydom Lutheran Hospital, Mbulu District Tanzania as the first part, Friends of Haydom, Mandal, as the second part, Xstrata Nickelvert AS, Kristiansand as the third part and the University of Agder, Kristiansand, Norway as the fourth part. The agreement is to enhance Haydom Lutheran Hospital's activities in Tanzania with respect to health, culture, engineering, finance and education issues. This study has been specifically focused on education and training programs that have been initiated or they have been supported by various friends through Haydom Lutheran Hospital. The field work therefore was supported by Nikkelverk (Memorandum of Understanding, 2010).

Therefore the experiences gained from this study will help the design of community relations to the coming projects like Kabanga Nickel in Ngara, as part of corporate social responsibility of the expected project to the local community around Kabanga area. The idea behind the CSR is that business undertakings should not be only for profit, but rather, they should also have a concern about the socio-economic problems in the community (Idemudia, 2011). The coming Kabanga project in this case will be obliged in improving the welfare of the local community around the project, which consequently may have socio-economic impacts to the entire society.

## 2. Chapter two: Contextual overview of Tanzania

Tanzania is one among the East African countries and Haydom Lutheran Hospital project is located in Manyara region, formerly Arusha region. It is situated in Mbulu district. It is surrounded by different districts in other neighboring regions (See figure 1-5 below).

### 2.1. Locating Tanzania in Africa

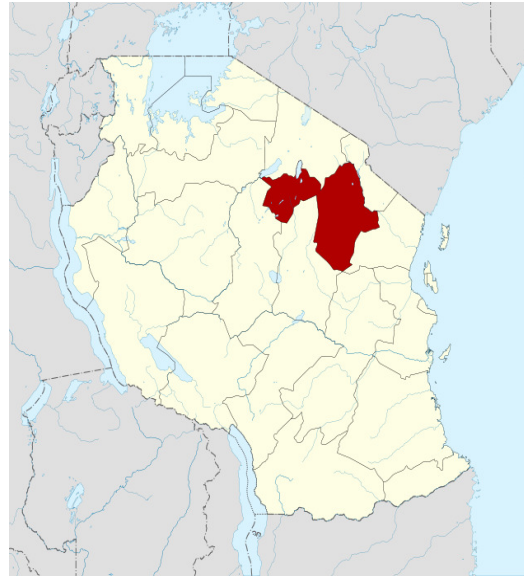


Figure 1 (Top Left): Map of Africa showing Tanzania

Source: 1. <http://www.pickatrail.com/jupiter/location/africa/map/tanzania.gif>

Figure 2 (Top Right): Map of Tanzania showing Manyara region

Source: [File:Tanzania location map.svg](#) by [Sémhur](#) under licence GFDL or CC-BY-SA

Figure 3(Bottom Left): Haydom Lutheran hospital in Mbulu district.

Source: <http://en.wikipedia.org/wiki/File:Manyara.gif>

## 2.2. Haydom Lutheran Hospital



Figure 4: Haydom Lutheran Hospital viewed from the north

Source: <http://www.haydom.no/galleryhospital.aspx>



**Figure 5: Haydom Lutheran Hospital reception**

**Source: Documentary data**

Haydom Lutheran Hospital is situated in the corners of Manyara Region and Mbulu District as it is shown in Figure 3. The area in which the hospital was built was just a bush 56 years ago; it was full of tsetse flies. To combat tsetse flies the colonial government was told to build a hospital at this area under the leadership of the then local chief Getagano Fala at Dongobesh.

The hospital is serving more than seven districts of Mbulu, Hanang, Meatu, Singida urban, Singida rural, Shinyanga and Arusha (Annual Report, 2009). In its daily operations this hospital has been supported by various organizations as partners. Some of the organizations include the Ministry of Health, Friends of Haydom, the Royal Norwegian Embassy, Sorlandet Hospital, the Norwegian Church Aid, University of Agder as well as seven schools of nursing in Norway (Annual Report, 2009).

Apart from the fact that Haydom Lutheran Hospital has been helping the poor communities around with medical services, it also acts as a development agent. This can be evidenced with various development projects that Hydrom Lutheran Hospital. Mbulu

district and other neighbours have been enjoying the presence of the hospital and its associated support in education, infrastructures like roads, clean water, agriculture activities, and cultural activities of the language groups as well as employment of people (Brehony and Maestad, 2007).

## **3. Chapter three: Literature Review**

### **3.1 Conceptualization of terms**

#### **3.1.1. Development**

Various scholars have defined the term development and come up with varied perspectives. In her lecture Prof Pat Caplan of Goldsmiths College, University of London, explained development or real progress to mean the following:

“• Health and well being of all

• Education for all

• Fair rewards for labour

• Improvement not only of the standard of living but the quality of life”

(<http://mafia-island-tanzania.gold.ac.uk/economy/the-meaning-of-development.pdf>)

The concept of development has also been defined in terms of community development, referring to measures that enable people to recognize their own ability to identify their problems and to be able to use their own resources to solve those problems and build a better life (URT, 1996). In terms of resources Tanzania have, abundant people, land, water, minerals, natural resources to mention a few, but the current economic growth is considered insufficient to fulfil basic needs (Dagne, 2010).

Literature indicates that although community development is a product of different factors like changes in attitudes to cultural beliefs and traditions and changes in thinking, there are some indicators that can be used to show the levels of community welfare development such as the following;

- Increase of social services like good housing, education, health nutrition, clean environment as well as sufficient and safe water
- Increase in income for families to meet their needs and set aside savings
- Demand for modern technology
- Decrease in infant and maternal mortality
- Sustainable use of environment and;

- Reduction and eventual eradication of poverty (URT, 1996:5).

The concept of development implies that there is a combination of processes that may transform the society from low to a better standard of living, and that education can play a crucial crosscutting role for such a transformation to take place. URT (1996:4) also argues that lack of adequate capacity in terms of knowledge; skills and insufficient science and technology in most of Tanzanian communities have led to ineffectiveness in utilization of most of the available resources in bringing meaningful development.

An example can be cited in many places in Tanzania where one can find families with a lot of livestock and big plots for farming but their standard of living is still very low because some do not know how to invest the money they get, but rather end up in drunkenness. Some do not know the best investment for their children (URT, 1996). It is on these bases that this study wanted to assess the role that education programs initiated by Haydom Lutheran Hospital project to the livelihood of Haydom community.

Rural development on the other hand entails the improvement of the livelihoods in a sustainable way. Therefore it includes social and environmental sustainability which can be attained by people through access to natural, physical and technological assets as well as important services in their lives ((Atchoarena and Gasperini, 2003).

In this study development is conceptualized as an increase of the capacity building of the community in terms of knowledge and skills that can be effective for enabling the community and its members to improve their living standard and thus be able to better solve problems around them in a way that can enhance the sustainability of future generations. The hypothesis of this study is that such development can be made possible through the establishment and implementation of formal and non-formal education programs relevant to the community socio-economic settings.

### **3.1.2. Perceptions**

In the context of this study perception means the attitudes of the local community towards education in general and to the formal and informal education and training that have been provided and supported by the Haydom Hospital project. What role do they think that education has played to development? The perception will be explored at different levels of education as well as kinds of education programs related to Haydom Hospital project.

Literature explains perceptions referring to the immediate value those families see in their children. Some households perceive education as just having reading, writing and other skills that are of no value from the household to the society. This perception is mostly contributed by the poor quality of schools especially in the rural area (Moulton, 2001). There are claims in literature that apart from the fact that some education policies in Tanzania do not reflect the real social life of pastoral communities, their response to schooling is still questionable (Mensah, 2003). It is on these facts that the study raised the concern to explore the perception of the local community towards education because traditionally the pastoral communities have been reluctant for their children's education development. However the return of few educated family members have been playing great role in changing the attitudes towards education (Mlekwa, 1996).

The same situation can be experienced around Hydom area, in which some family members that have passed through education system can play exemplary role to the rest of the community.

### **3.1.3. Socio-economic fit settings**

In the context of study, the socio-economic fit settings imply the match between the nature of education and training programs that have been provided with the needs of the community around. In spite of the reviews that have been made in Education Acts in Tanzania, the education system is still controlled by the central government (Therkildsen, 2000). In practice, the local government has little influence on substantive education issues; curriculum, examination; relative weight given to academic and practical



activities in schools (Therkildsen, 2000: 412). This tendency has been explained by studies which school leavers have been arguing that their degree courses are ‘too theoretical’ and that they therefore do not have the relevant practical skills (Al-Samarai & Paul, 2003).

Therefore among other countries like Uganda, Tanzania has been stipulating decentralization in education, but in practice the local government authorities have not been given efficient accountability to schools. Instead the country has been suffering from poor coordination of important stakeholders in education. On the other hand decision making power is practiced centrally due to political influences (Gershberg and Winker, 2004).

The lack of clarity on the role of local government is historical because since the Arusha Declaration in 1967, it was stipulated that the role of the parents and communities should only be advisory in relation of the school and the community, not interfering with the curriculum. Therefore the general control of primary education by Tanzanian local government institutions and parents has been ambiguous and diminished between 1970 and 2000 years (Therkildsen, 2000:416).

Some have been arguing the importance to provide the same education for all; some emphasize the need to adjust primary education to variation in local conditions (Therkildsen, 2000). The thinking of education for all was associated with ‘Mwalimu Nyerere’s *ujamaa*’ and ‘education for self reliance’ philosophy which emphasize increasing in enrolment, marking the first phase of socio-economic transformation (1967-1980). Unfortunately, the increasing enrolment went along with poor quality of education resulting from the unfavourable teaching and learning conditions (Galabawa, 2001).

In the context of this study, one of the objectives was to explore various formal and non-formal education and training programs initiated by Haydom Lutheran hospital project, to see if they fit the needs of the community around the project. This objective was also

meant to elicit if the local community participate in planning of various education programs around them.

#### **3.1.4. Formal training/education versus Non-formal education/training**

Education refers to the process of imparting and acquiring knowledge and skills about ideas, values and concepts, born out of learning, practice and experience. This knowledge can be shared or imparted to others through informal or formal institutional arrangements like schools (Dauda, 2010:160). There are various definitions of non-formal education but they show specific characteristics like set of targeted clients, provision of specific learning and it is no intended for learners officially registered in a school system (Mfum-Mensah, 2003).

In the context of this study, formal education refers to the education programs that have been initiated by Haydom Hospital project like nursing school and trade school.

On the other hand this category includes those education programs that have been established and handed over to the government, but continued to be supported by the project like Dr. Olsen Secondary school, trade school and a primary school. Non-formal education includes various training programs that have been associated with the hospital, providing to the staff and the society in general. These include carpentry, sewing, technicians and in-service training of support attendants (Haydom Strategic Plan 2002-2006).

### **3.2. Role of education to development**

Education can play a very significant role in improving the wellbeing of the community in developing countries and it is regarded as the only instrument through which society can be transformed (Dauda, 2010:158). According to UNDP (2009:68) education has both intrinsic value and it has been evidenced to improve income and the way people can participate in development activities. This implies the capacity building process which has the ultimate objective to attain economic and social change. Education may help to

equips human resources with needed knowledge and skills that may be necessary to their own development and the development of the whole nation (Dauda, 2010).

Different sectors of the economy, from agriculture, industries and trade depend on the capacity of human beings. Therefore growth in human capital is a very important feature of the economic system (Schultz, 1965). Through participating in various economic activities, the learned population may contribute to the national economy through paying taxes. Despite the fact that taxation in Tanzania is not very effective, the working population have no choice for taxes because the salary is automatically deducted with the relevant tax amount.

In the context of this study, the intention was to assess if education programs initiated, related or supported by Haydom Hospital has any impact to the improving livelihood of the local community. In one of his writings about education for self reliance, the first president of Tanzania, Julius Nyerere highlighted that;

*“...Education whether formal or informal has a purpose. That purpose is to transmit knowledge of society and to prepare the young people for their future membership of the society and their active participation in its maintenance or development...”* (Nyerere, 1967:382).

Some scholars have also highlighted that education has been playing roles that go beyond the individual benefits of schooling. This is the reason why many countries in the world have been promoting education as priority strategy to fight poverty (Tarabini, 2010:204). In spite of the fact that there are many factors to improve economies of developing countries, Tarabini (2010:210) stipulated that;

*“Poor people would be in a worse position, if they had no access to education, similarly developing countries would be in worse conditions, if they have no investment in human capital”*

The above argument is based on the fact that a community cannot attain development without an educated population. Therefore education and training are critical elements to reduce poverty (Atchoarena and Gasperini, 2003). The link between education and poverty reduction can be explained form multidimensional practices that are taking place in the schooling system like sanitation, self reliance activities, health issues and environmental protection (Mensah, 2003). These skills may be acquired in a quality school system to a population who then disseminate to the entire community. On the other hand from the non formal education programs may enable the society to adopt and design new technology and products and hence increase production with improved services. However the call is still to the quality of those programs. Luhanga, (2009:43) also argues that the development of any country is dependent on the availability and utilization of skilled human capital and professionals who passed through the quality system of education. In the context of this study, the hypothesis is that for Haydom Lutheran Hospital to contribute to sustainable development, the community and its members around it must command skills and knowledge to improve their lives.

According to the 5 year strategic plan of 2002-2006, Haydom Hospital has been focusing on capacity building of the people in it's than 46 years of existence. A good number of personnel has been trained and continue to be exposed to various training programs. There has also been support to secondary, primary and vocational education. The aim of all these strategies was to create sustainable development in the community. However development around Haydom project can also be a result of other factors, other than education. Therefore the study intended to assess the contribution that education has played in the development of Haydom town.

### **3.3. Factors that may hinder education development**

Literature indicates that education is a very important tool for human development if it is of high quality (Olaniyan and Okemakinde, 2008:161). On the other hand education can be hindered by other factors like social norms and low government expenditure to the

sector (Fadiya, 2010). In this study the social norms may be associated with the traditions and customs of the tribal groups around Haydom area. Therefore the study explored various issues that may hinder the development of education.

In Tanzania there are programs at various levels of education that have been geared to improve the knowledge base among communities especially in rural areas. But in many instances the efforts have been facing some challenges that impeded the contribution of education to development of the communities. At the primary level, its expansion has led to increase in enrolment and hence created high demand of teachers and important resources. Due to the limited number of teachers, the quality of primary education has been falling and inequality has increased because some parents may decide to send their children to schools that are considered to be of good quality (Wedgewood, 2007).

On the other hand, the link between the expansion of primary education and the poverty reduction has not been automatic especially in rural areas because of the external obstacles to reduce poverty (Wedgewood, 2007). In the context of the Haydom areas, these obstacles may include traditions, customs infrastructures and nature of the economic activities of the four language groups around Haydom town. These obstacles imply that getting children to schools is not sufficient for improving the livelihood of the rural societies and to reap the potential benefits of education (Wedgewood, 2007).

In spite of all the consequences of the poor quality of education for the rural communities, benefits of education cannot be ignored such as improvement of individual workforce outcomes, improvement of health and sanitation, access to information, participation to economic processes as well as reduced fertility rates (UNESCO, 2002).

### **3.4. Theoretical Framework**

The theoretical framework aims to explain what Haydom as a development project has done with reference to education and development of the local community. There are some theories that have explained the association between education and development.

This study has extracted various concepts from different theories and arguments from scholars who have written about education and development, to explain the role of Haydom Lutheran Hospital's education activities for the development of the communities around the project.

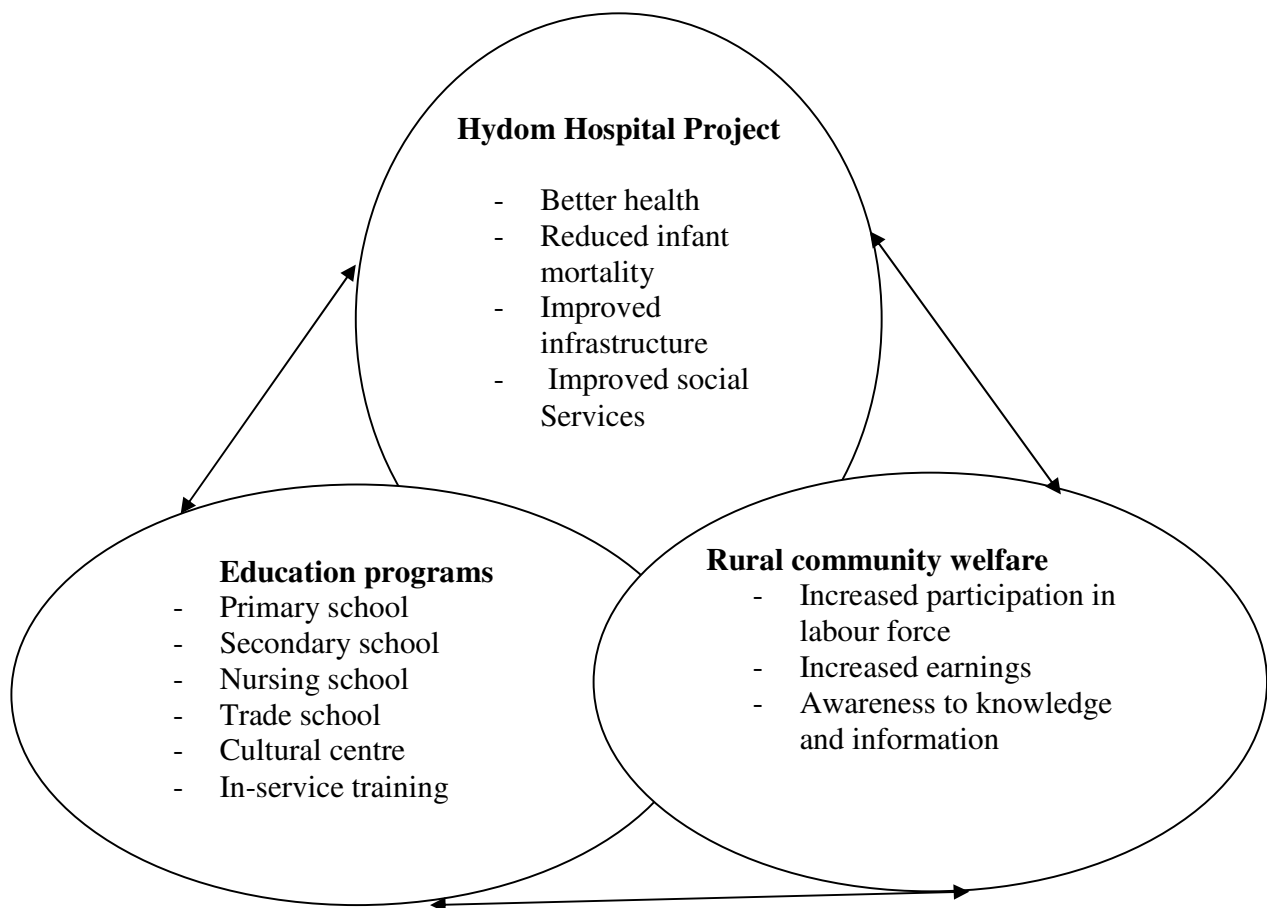
Psacharopolous (1988) argued that it is not easy to establish a direct effect of education to development, but some reviews have provided grounds to state that investment in education may be termed as a major contributor to development especially if there is a quality provision. The implication here is that there are many factors that may contribute to development and they also change over time, but still the contribution of education is substantial in terms of the skills and capacities that people gain and employing them in managing better resources around them.

Explanation of the contribution of education to development of the rural community can also be explained by the human capital theory, which argues that giving people education is investing in human capital. Adam Smith argued that, all of the acquired skills and abilities of all the population in a country is part of capital which can be utilized to improve the socio-economic conditions of nations (Schultz, 1961). Investment in human capital is worth more than investing in physical capital (Olaniyan and Okemakide, 2008:158). In the context of this study, Haydom has been investing in various education programs through various supporting systems like buildings, books and other school infrastructures around Haydom town. What have been the implications to the development of the local community was among the concern of the study.

The link between education and development has also been explained by some economic models like Michaelowa's model of economic returns to education. This model explains the expected effects concerning economic returns to education, the indirect effects, externalities and the impact of education on labour market participation (Michaelowa, 2000). The model suggests that the impact of education on micro-economic growth is empirically difficult to explain and interpret. Therefore it is also difficult to provide the evidence of the benefits of education especially in developing countries (Michaelowa,

2000). Different arguments that have explained the relationship between education and rural development have raised controversial ideas about the role of education for rural development. The following conceptual framework has drawn some concepts from models, arguments and theories of different scholars in order to illustrate a framework of the socio-economic welfare of the rural community through Haydom Lutheran Hospital's education activities as follows;

**Figure 6: The conceptual framework for analysis of the interconnections between socio-economic welfare of the rural community and Haydom Lutheran Hospital's education activities and other education programs around the project.**



**Figure 6: Conceptual Framework**

The above framework shows elements of the capacity building that the Haydom Lutheran Hospital has been going through connected with the enhancement of various education activities around the nearby community. The focus of the framework is the relationship between Hydom Hospital Project as a development project and the community around with emphasis on education and training activities. The framework explains the fact that availability of education programs enables the community around to get access to formal and non-formal education and training. Therefore the community may acquire skills and knowledge for their own benefit and the for the benefit of the society as a whole.

On the other hand the framework assumes that the nature of HLH as a health project also have contributions in improving the welfare of the local community in terms of improved health services as addiction treatment, child care unit and some clinics. Some other infrastructures like food security, clean water boreholes and airstrips are also part of the efforts made by HLH in improving the wellbeing of the community. A healthy community, with improved other social services is likely to be able to participate in various socio-economic activities including working for the hospital itself.

Consequently though education, populations are likely to be more careful with attracting diseases to themselves and to their children and there are greater possibilities that they will value education by sending their children to school. Therefore the education population keeps on increasing. Therefore there is interconnectedness between HLH a health project, the impacts of education and training activities in the community and the welfare of the entire local community.

Different elements in the interconnected have been complementing each other in different ways. An example can be cited on the way the community has been engaged in other income generating activities like business. Majority of business centres, shops, restaurants, hair dressing shops, medical stores are owned by HLH officials. Improvement of income generating activities is also a result of awareness through education exposure and the improved technology comes out of HLH project. In essence more employment opportunities are created to the entire community and the nearby areas.



As a result, there is a peer learning through experience on how better life can be improved from the individual level to the community level. Therefore to conclude the section, education and training activities may play a great role in improving the welfare of the local community. However, there is a complementary role played by HLH as a development project. The ultimate effects of the improved welfare also have an impact to a better health and education status of the community in general.

## **4. Chapter three: Methodology**

### **4.1. Research design**

The study employed a case study design, in which Haydom Hospital's selected education and training programs was the case to be studied. The objective was to explore the role that Haydom Lutheran Hospital's education and training activities has played to the development of the local community in terms of identifying education programs and training that have been established and/or supported by the hospital, the rationale for their establishment, perception of the local community towards those programs as well as the local community participation to the establishment of those programs.

Therefore the study was qualitative in nature using the intrinsic case study strategy as it has been highlighted in Punch (2009:119) that if a researcher is about to conduct a case study, the main objective is to develop a full understanding of the specific case as possible. Stake (1988:258) in Punch (2009:120) gave the definition of case study as "the study of bounded system, emphasizing the unity and wholeness of that system, but confining the attention to those aspects that are relevant to the research problem".

### **4.2. Study population**

The study included the selection of various stakeholders like HLH management team, households, local government officials, heads and responsible people for various education institutions. The purpose of including the Haydom Lutheran Hospital management team was to explore kinds of education and training activities that have been established and supported by the hospital and the modality of support that have been giving to the local community over time.

Again the Haydom hospital Management were also asked to provide information on the participation of the local community in the design and implementation of various education activities, challenges that they have been encountered during the establishment

and support of various education and training activities. Their ideas on the contribution of education activities to the local community development were also explored. The study also aimed to elicit the perceptions of the local community towards education and training programs that have been supported by the hospital. These officials were asked about the feedback from the community if any.

The study also included selected households purposefully to explain their perceptions and participation on various education activities that have been initiated or supported by Haydom Lutheran Hospital. The selected households were also asked about the role that education has for improving the welfare of their own life and the community as a whole, their demographic characteristics and their general comments on the support that Hydom Lutheran Hospital has been providing to the education and training activities.

Government officials dealing with education including selected teachers, heads of institution, education officers also comprised the sampling population. The criteria of selecting these officials was based on the posts that they held and some were selected because of the experience that they have gained at Haydom and in their institutions. The purpose was to elicit the trend of education and training activities over time and to explore the relationship that exist between Haydom Lutheran Hospital and the government in terms of planning and implementing various education and training programs at Haydom town.

Selected local community leaders were also part of the sample to elicit their perceptions, understanding and contribution of education to the welfare of the local community. The studying population also included various employees of Haydom Lutheran Hospital. The purpose was to understand their demographic characteristics, education background and experience that they gained from Haydom Lutheran Hospital. This information enabled the study to understand the nature of the working population because they all constitute the human capital.

### **4.3. Sampling**

The study employed deliberate sampling because respondents were chosen purposefully to suit the objective and settings of the study. A sample size included 10 households who were interviewed. Another category of sample was 5 Haydom management members, 15 Government and other officials related to education around the area and local community leaders. These included the selected teachers, education officers, heads/ in-charge of education and training activities supported by Haydom Lutheran Hospital.

The selected sample also included 105 Hydom Lutheran Hospital employees in different sections. They were selected based on their availability and willingness to respond to the questionnaire, because most of them were busy with the daily Hospital activities, which some of them was very sensitive for the community. Therefore the total sample of interviewed population was 30 and for the questionnaire were 105. This made up the grand total of 135 people participating in the study.

The choice of sampling for interview was based on the link of elements from the conceptual framework. Some members from HLH were selected to draw ideas with regard to health and other improved infrastructures that have been possible via the existence of HLH project. On the side of the community, some households and the general local community leaders as well as those related to education were selected. The aim was to get their perceptions on education and training issues and the role that education has played in their life. Information from various education institutions were drawn from the responsible personnel and selected instructors within institutions and schools. The following is the summary of the way the sampling population was coded and distributed;

**Table 1: Sampling distribution**

Method	Participants	Codes	No of interviews/Questionnaires
Semi-structured interviews	-Individual households	I-1	10
	-Haydom Lutheran Hospital management	I-3	5
	-Nursing school management	I-4-1	3
	- Ngwandaq primary school management	I-4-2	2
	- Haydom primary school management	I-4-3	3
	-Dr Olsen's secondary school management	I-4-4	2
	-Local government	I-5	3
	-Local government education officers	I-5-1	1
	-Representative vocational centre	I-6	1
Questionnaire	Haydom Hospital employees		105
<b>TOTAL SAMPLE</b>			<b>135</b>

#### **4.4. Data Collection Methods**

Data were collected using semi structured interviews, observation and questionnaires. Some secondary data was collected through reviewing some reports and documents of the Project since the initiation of the education programs and the Haydom Lutheran Hospital (HLH) project as a whole. Sample of interview questions to different groups of respondents included the background of education and training programs supported or initiated by the Haydom Lutheran hospital. These questions were geared to identify the nature of education programs initiated, the reason for their establishment and the contribution of the programs to the livelihood of the local community.

#### **4.5. Data Analysis**

Data have been analyzed through reviewing relevant documents, reports and the responses of the interviews and questionnaires. The analysis was based on the processes of data reduction; these entail coding and summarizing the interview field notes into meaningful and logical concepts and themes according the research questions and theoretical framework (Miles & Huberman, 1994). The analysis included data display; this involves the organization of data into different types of tables and charts so that the qualitative data can be clearly summarized. This process was followed by the drawing of conclusions, which entailed merging the various themes and concepts (Punch, 2009). Quantitative data were summarized using the SPSS (Statistical Package for Social Sciences).

The schedule for questionnaire analysis has been attached to the appendices. The key concepts in the questionnaire included nationality, working experience, language group, gender, age, position in the family, marital status, level of education, religious affiliation and names of education institutions that they have passed through including primary, secondary, and college. The label 'other' in college represented the in-service training like driving, dressing and other further studies for staff.

#### **4.6. Ethical consideration**

Ethical consideration includes the consent of the people taking part in a study (Thomas, 2009). This study employed informed consent through letting the respondents know the topic, the purpose of research, the context and the benefits it may bring to the improvement of education programs around Haydom and the experiences that can be learned from Haydom and applied in other coming projects (Thomas, 2009). The information about the topic was given in different forums including the '*sala*' time. This is the Morning Prayer that Haydom Lutheran Hospital used to have every day in which all staff used to meet for prayers and other important announcements.

The information about our field work was also disseminated prior to the actual field work in a top management meeting so that the management team and other respondents are made aware of the context of the study. Participants were also informed that their participation is voluntary (Thomas, 2009). They were also informed that they have the right to participate or withdraw from the study at any time (Kvale & Brinkmann, 2009). All the information collected have been kept with high confidentiality and no name attached to the information have been disclosed (Kvale & Brinkmann, 2009). Dissemination of information collected adhered to the ethical guidelines of the University of Agder and conditions in the memorandum of understanding between all stakeholders.

#### **4.7. Limitations of the study**

There are few studies that have been done with relation to education and training programs at HLH. Thus the nature of the Haydom Lutheran Hospital project has nurtured the people to health/ medical related research studies. During interviews or questionnaire it was sometimes hard for respondents to understand my role as a researcher. Some thought that I am investigating their educational background and that they may be fired afterwards. However I encountered this limitation to few employees with less exposure to research process. Some thought that I am trying to ask about their tribal group so that I was discover that there are so many more Iraqis and Datooga employed than of the other tribal groups of the area like the Hadzabe.

But as a researcher, I tried to explain to the respondents about the nature and context of my study and that their ideas may be very important for improving the education and training programs. They were also informed that to participate in the interview was voluntary. It was also made clear that they may end the interview at any time and no names will be revealed after the interview, therefore all the information collected will be kept with high confidentiality and it is used for academic purposes and as a lesson to the coming development projects in other places such as Kabanga.





## **5. Chapter five: Findings and analysis**

### **5.1. Introduction**

This chapter presents the findings of the study and discusses them with reference to the literature as well as the conceptual framework. The chapter is divided into five parts. Part one will present types of education programs that have been initiated and/or have been supported by Hydom Lutheran Hospital through various friends. Part two will explain the rationale for the establishment of various education and training programs around Haydom community. Part three will discuss the findings with respect to perceptions of the local community towards various education and training programs initiated by Hydom Lutheran Hospital. Part four will present the concept of education and rural development which will comprise role of education to the improvement of the rural community welfare, challenges that are facing the efforts towards education development. Part five will present the socio-economic settings of education programs initiated by Haydom Lutheran Hospital to the welfare of the local area around the project.

### **5.2. Education and Training programs initiated and supported by Haydom Lutheran Hospital Project**

Since its establishment 1955, Haydom Lutheran Hospital has been initiating and supports various education and training programs. These programs comprised of formal and non-formal education programs. The purpose was to improve the capacity of hospital workers as well as to improve the literacy levels to the entire population. This is from the fact that economic success of individuals depends on the scale and effectiveness of people investing in them, thus the human capital is certainly the fuel of social and economic activities (Becker, 2006:289). Therefore HLH has been playing the great role in providing education and training to the majority in the community through various education and training programs as it has been illustrated in the conceptual framework.

There are many education programs that have been supported by the hospital in various ways, but there are some programs that have been supported to a great extent by Hydom Lutheran Hospital. These includes; -Haydom Primary school in 1956, Ngwandaq Primary School, Pre-nursing school in 1971, Nursing school in 1984, Dr Olsen secondary school in 1997 and Vocational Training school which is about to start (I-3, I-5-1, interviews). These comprised the formal education programs. The training programs also include the in-service training of staff of almost all fields to formal schooling systems inside the hospital and outside the hospital. Some employees have been sent to Muhimbili National Hospital in Dar es Salaam for further medical studies. One doctor was sent to UK for paediatric specialization. Some workers have been sent to various institutions like Bugando Mwanza, KCMC Moshi, Kilimanjaro, Kariuki University College of Medicine and other medical training institutes in Tanzania (I-3, Interviews).

The responses of the interview with regard to sending HLH staff for further training may be supplemented by the findings in the questionnaire which shows that the most of the more experienced staff did not managed to go for advanced studies like up to college or university. This can be a result of less qualification caused by the absence of a secondary school and nursing school during the establishment of the hospital. This reveals that most of the old staff were employed by the hospital and started learning various skills while at work (See Table 2).

The implication here is that the less experienced HLH staff have been more exposed to higher education like colleges and university since most of them have been born in the ages in which there were number of institutions and schools. On the other hand they are the generation of the parents that have seen the importance of education and they started sending their children to school and other colleges. This was the ultimate effect of HLH staff that was absorbed for clerical, mechanical and pre-nursing in-service training.

On the other hand there is a challenge to the most experienced staff with regard to the status and positions of the young educated ones. The most experienced ones may also wish to go for further studies to retain their positions and to cope with requirements of the

organization. As a result the larger population will go through more education and training and possibly be exposed to high technology. The skills and knowledge from education system are very important for improvement of services at HLH for the community improved health.

**Table 2: Cross Tabulation between experience and level of education**

**Working experience \* Level of education Cross tabulation**

Count

Working experience	Level of education						Total
	Primary	Secondary	College	University	Other	No response	
0-5	7	1	35	6	0	3	52
6-10	4	2	5	1	0	2	14
11-15	0	1	8	1	1	0	11
16-20	1	0	4	0	0	0	5
Over 20	4	0	6	2	0	3	15
No response	0	0	2	0	0	1	3
Total	16	4	60	10	1	9	100

The non-formal education programs include in-service training within the hospital to staff like dressing, driving and laboratory. This type of training took place mainly during the early phases of the project to enhance the capacity of hospital workers. The non-formal education programs also includes the activities of the cultural centre which is working under several pillars includes; Good governance, Health, Education, Economic, Culture and Environment. The centre is working with the four language groups; Khoisan, Basutu, Kushitic and Nilotics. The program has been started by the elders of the four groups based on elder's workshops. The theme is collection of culture and getting indigenous knowledge like artefacts/cultural identity, educational fables, medicinal plants as well as music and dances. A vision for the cultural centre is for Haydom to become a dynamic and a progressive area with its people having a strong sense of identity, self esteem and

self confidence and its heritage and cultural uniqueness preserved and made useful for community development (Documentary data).

In general, the aim is to improve community development and co-existence through deeper knowledge and engagement in the six pillars. They usually have one workshop and several outreach programs. Therefore the community is getting education and training based on the cultural base they have. This helps to improve their wellbeing in the same environment that they are living. This education is given by facilitators.

### **5.2.1. Haydom School of Nursing**

This school started as one of the in service training to serve the patients inside the hospital. In 1955 the first staffs were taught for 6 months, the clinical course. These staffs were recognized as dressers. The local staffs were then sent to various colleges like Bumbuli Lutheran Hospital, Tanga, Rural medical aid training school, Mvumi nurses and midwifery training school, Ilembula nurses training school and Ndolage nursing training school (I-3 interviews).

From 1971 the school continued with pre nursing and midwifery training. In 1983 it could not continue because the nurses' training school needed the buildings. When this school got its own buildings, the pre-nursing school started again in 1985. The nursing school was started in 1982 with certificate level aim to produce trained nurses. It was a three year course. The president of Tanzania opened officially the Haydom nursing training school in 15<sup>th</sup> September 1984. This implies that there were two different groups of students in different buildings, midwifery and pre-nursing students (Documents).

The school has produced diploma level nurses since 1994, the year of the first diploma intake. From September 1994 the program was changed to be an integrated nursing program which leads to an award of a diploma. The curriculum instruction for the integrated nursing school is established by the ministry of health in Tanzania, guiding both theory and practical. This integrated nursing program comprises two programs, in-

service 1 year and pre-service 2 years. The tuition fees are amounting to Tsh 1,000,000 per year. This amount is equivalent to 665.953 USD. Some are paying themselves; some are using revolving fund, a loan given to needy students to be repaid after being employed. Before starting studies, students are given English courses to make them grasp English clinical concepts. Sometimes expatriate have been used to teach English. According to the strategic plan of 2010-2014, the goal is for Haydom to be a training hospital with interns, AMO, Laboratory technology, expand nursing school as well as improve in research and administration.

Figure 7: Haydom school of nursing



### **5.2.2. Haydom Primary school**

Haydom primary school started in 1957 initiated by visitors from Oslo who gave money and Dr. Olsen supervised the maps and the construction. Since then it has been supported through friends of Haydom foundation and especially a group of women from Oslo, called women commonwealth club. Through Haydom Lutheran Hospital the school has been supported with books, teaching aids, pens, furniture, window glasses. (See the

Figure 9). It has a total number of 1100 students with 24 toilet holes. In 2009, 111 among 115 joined secondary education. In 2010, 94 among 95 joined secondary education. In the year 2011, the school has a total number of 150 standard seven students (I-5, I-4-3, Interviews). For the future the school management has planned to improve staff houses, water, classrooms and toilets for students and teachers (I -4-3 interviews).

Figure 8: Haydom Primary school (Front view)





Figure 9: Haydom Primary School (View from behind the school with window glasses supported by friends of Haydom through HLH)



### 5.2.3 Ngwandaq Primary School

#### Overview of the school

The school was started in 1989 as an extension of Haydom Primary School. It has 1032 students and 20 teachers. The shortage of teachers is about 6. The school has been faced with various problems but it has been receiving support from Haydom Lutheran Hospital through Mama Kari who is the guardian of the school. The friends from Norway support 25 desks and help in the finishing of one classroom, 4Cupboards, and 8 tables.

Disadvantaged children were given uniforms. The average number of students in one stream is 103 as seen in Figure 10. There is also shortage of 32 toilets. The toilets available are extremely dirty, thus undermining hygiene (I-4-2, Interviews).



Figure 10: Ngwandaq Primary School (Students in one stream)



#### **5.2.4. Dr Olsen Secondary School**

The school was started in 1997. It is a community based school with about 1265 students from form one to form 6. The teacher student ratio is 1:110, while required is 1:40. Book ratio is 1:8. This implies that one book is shared by 8 students, while required is 1:2.

They have about 35 laptops and 15 desktops, but laptops are not used because there is no computer room to keep them (I-4-4, Interviews). Dr Olsen secondary school was initially supported by group of teachers from outside Kristiansand in southern Norway and other friends who returned to Norway and took a loan to support the construction of the secondary school. The dining hall was supported by other friends from Kristiansand. Friends of Haydom also supported the school in different teaching and learning facilities (I-2, I-4-4, Interview, Documents).

According to the annual report of 1998 HLH continues to build the school with the help of friends from Norway, Mandal and Sogne regions. According to 1997 annual report the school got the technical support from the HLH workshop and from Stromme foundation which contributed 45% of the costs equivalent to 17 million. The community contributed

Tshs 18.9 millions an advice was given by the donors that they have to make sure that students from Haydom ward are given first priority (Documentary data). From 2006 they seek permission from the ministry for the school to be called Dr. Olsen rather than Haydom sec school. The HLH through other friends has been supporting the school from construction to furniture. There have been some exchange program involving teachers and students with OYA secondary school at Amsterdam. There are also other collaborative programs. In general Dr.Olsen secondary school is far better off than many other schools in terms of teaching and learning facilities .Graduates students from Dr. Olsen secondary school have joined various institutions in Tanzania like Muhimbili University of health sciences, KCMC, Bugando, SUA, St Augustine and St John to mention a few (I-4-4, Interviews).

Figure 11: Dr Olsen Secondary School (Front View)



### **5.2.5. Vocational/Trade/Entrepreneurship School**

The development that HLH has created around Haydom includes the expansion of primary education through Haydom primary school. Expansion of primary education have produced many youths that need to have meaningful skills to employ themselves and some of them to be employed in various sectors as professional and technicians. It is on these bases that the vocational/ trade school was planned. Therefore the purpose is to improve the wellbeing of the local people and community as a whole.

([http://www.haydom.no/trade\\_school.aspx](http://www.haydom.no/trade_school.aspx)).

The Vocational Training school has been supported by Haydom Lutheran Hospital through friends in many aspects such as provision of the plot for construction, the design based on which the school has been built as well as the construction materials. The Rotary Mandal Norway has raised 100,000 NOK for the establishment of this school (I-2, Interviews). Currently the school is still in construction including the staff houses and other finishing materials for the workshops (Observation). After its completion the school will be running the training with respect to the standards of Tanzania Vocational Education Authority standards and all the operation will be under the same authority (I-3, Interviews).

Currently, the building of the vocational school is conducting entrepreneurship and small business training to various interested community members around Haydom. Among the skills that are taught are; starting the business, business growth, innovation and creativity in business, book-keeping and teamwork (I-6 Interviews). The only qualification to join the current training is to know how to read and write. The first program started with four groups with 21, 23, 26 and 29 students with for a one week program. The good students were then selected to join the second program which has included 29 graduates of the first program (see figure 12). From this program, the best students were selected to become facilitators for outreach activities (I-6, Interviews).

The purpose is to train as many people as possible so that they can engage themselves in various economic activities for the well-being of themselves and the entire community.



The main instructor of the current training was recruited from Kenya and she is paid by Friends of Haydom. The future plans of the school is to teach different vocational skills in phases like Mechanics (agro-mechanics, motor vehicle mechanics, welding and fabrication) as phase one; Electronics (Hospital equipment maintenance, information technology and electronics) as phase two, and Building and Construction (Carpentry, plumbing, masonry and bricklaying) as phase three (I-6, Interviews).

Figure 12: Haydom Vocational/Trade/Entrepreneurship School (Different views and a class)



The above mentioned education and training programs have been initiated and Hydom Lutheran Hospital have been providing support to them in terms of labour power, materials and technical support through the workshop department to relevant educational

activities, around Haydom area and the nearby Tanzanian administrative division, Dongobesh. Examples of support include cultivating the school's 60 acres farm, for the Dongobesh Secondary School. The HLH agreed to support 40 acres. Dr Olsen's Secondary School was supported through the construction of a dining hall, its furniture, the construction of class rooms and desks. The nursing school was supported in terms of construction and even now the maintenance and rehabilitation by HLH through interdepartmental funds allocation. Haydom Lutheran Hospital has been helping even other schools that have not been mentioned in this report such as Maghang Secondary School in which the hospital through the workshop has made chairs and tables at a fair price.

### **5.3. Reasons for the establishment of educational programs**

The establishment and support to various education and training programs was due to various objectives, but mainly to fulfil the objectives of the church missionaries which were religion, health and education. Through education the objective was on capacity building of the population around Haydom hospital and the surrounding villages (Documentary data). That is why there has been much support for various education activities. It was also for the purpose of reducing the gap existing between the locals and the hospital personnel (I-3, Interviews).

According to the 2009 annual report, HLH has focused on the educational programs for the purpose of targeting the wellbeing of the whole person through capacity building and poverty reduction strategies. The capacity building programs range from Haydom School of nursing, staff upgrading, continuous education, various supports to secondary school and ongoing building of the vocational and entrepreneurship centre.

To begin with the nursing school, the needs of the hospital enforced various courses and training to be given to staff around the community. The early training was an injection course for people to work for patients. This was followed by the pre-nursing school and later the nursing school (I -3, Interviews). In 1989, midwifery training enabled staff that

passed the nursing training got a chance to go for midwifery training. From 1997 the school was upgraded to a diploma level to meet the demands of the community and the hospital. It was also a way to attain enough fully qualified midwifery. Students on the other hand helped a lot in terms of practical in the wards. Students also gave much health teaching to the patients. Therefore the presence of a nursing school was gave a chance for the community to get a higher level of education in the field of nursing because those who completed certificate level had no chance to go for midwifery near Haydom and improve their capacity. During the interviews, one top management official highlighted that;

*“We are trying our level best to make sure that the labour power that we have should have the capacity to run the hospital in technical and administrative issues”.*

Among their plans are for Haydom Lutheran Hospital to become the teaching hospital the nursing school, AMO and teaching of interns by the specialists from different departments (I-4-1, Interview, I-3, Interviews).

The rationale for the establishment and support of primary and secondary education was that the presence of the hospital brings about manpower/staff that with children who are required to go to school. Dr, Olsen decided to build a primary school and the first teacher was brought from Tabora region in Tanzania. Later on they decided to build a secondary school to give a chance for primary school leavers to continue to secondary education (I-3, Interviews).

The vocational/trade centre was established to provide technical skills especially to youth who have completed secondary education as well as primary. This college will enable the acquire important skills which can enable them to be employed by HLH , other employers as it may deem appropriate and become self employed for those who will wish to. This may reduce unemployment problem which may be caused by the increasing population around HLH project.

In general, the support of HLH to various educational activities made education available to the community members that led to their continued trust HLH. On the other hand, it became easier to recruit staff to work at the HLH in various positions. Therefore the capacity building of local community is enhanced.

#### **5.4. Challenges associated with various education and training programs**

Different education programs that have been supported by various friends of Haydom through HLH have been faced with some challenges that are different according to the nature of the program initiated. In many instances the demand for various educational programs has gone beyond the educational support that is given (I-5-1 Interviews). This section will present various challenges that have been facing different levels of education and training programs.

##### **5.4.1. Primary education**

The common challenges for primary education in the selected programs include the shortage of teachers (I-5 Interviews). Other common challenges are associated with curriculum changes that bring some problems in terms of resources like books reflecting the changes as well as lack of training for teachers to orient them to the new curriculum (I-5-2 Interviews). It happened that books were provided to Haydom primary school by some friends of Haydom to the point of one book to be shared by two students. Then, the curriculum changed, so that very few books are available only for teachers (I-5-2 Interviews). This is the problem for those that have been supporting the education, because regardless of support to these schools, still the government may decide to change aspects without their consultation. Hence the support may become wasted.

Cultural practices like genital mutilation is another common issue for tribal groups. Some people do not like to share a single toilet to a father and kids/women. To some groups such as the Hadzabe, girls are getting lower priority in education, with exception

of few emancipated families around Haydom town. Some educated men can be neglected during decision making among elders since their ideas may be taken as Western and hence at times considered nonsensical. This may be a discouragement to some youth to seek education (I-3 Interviews).

The growth of the hospital and the town brings about more people around Haydom who come with their children who have to enrol at Haydom primary School. Therefore the number of students outstrips the class rooms available. This creates problems the quality of the education. There is also some drop out from school due to the growth of Haydom town which provides opportunities for some students to engage in petty businesses. There are other causes of dropouts related to economic activities of some tribal groups. For example in Haydom Primary School there is a dropout rate of about 4% especially for the Datooga who are pastoralists. They cannot attend all the days in schools because of herding. Some parents do not value the importance of education especially those who have not been exposed to it. The school lacks classrooms and has 223 desks while the required number is 500 desks. The school also has few books because of changes in the curriculum; the book ratio is 1:6, meaning that one book is shared by six students. There are some rumours that some government leaders are misusing the money aimed for development of some important school facilities (I-4-3, Interviews).

#### **5.4.2. Secondary education**

The current school is independent in terms of its operations and it follows each and every procedure of other government/community schools. The government forces each community school to enrol students above its capacity. It brings some problems in teaching, books, facilities and other essential infrastructure. In general, the quality of teaching and learning has been poor because of the increasing number of students. There is only one mathematics and physics teacher. This represents a threat to the quality of science education. The education system is also more theoretical than practical. The quality of education system is a result of the holistic effect from the universities that operates on the dominant model of more academic education than practical and



entrepreneurial based higher education system. As a result schools received incompetent instructors/ teachers because of the expansion of universities accompanied with insufficient funding. Sometimes the support can be misused by HLH or comes so late to meet the objectives of the support (I-4-4, Interviews).

#### **5.4.3. Nursing school**

The main challenge facing the nursing school is the organization structure with reference to decisions that can be made by the HLH to the school. Some academic decisions depend on the HLH management. Sometimes they may even ignore important decisions for the school. There is no autonomy of the school which is contrary to National Council for Technical Education (NACTE) regulations. All nursing and technical colleges in Tanzania are operating according rules and regulations of NACTE. Therefore partly, in terms of curriculum, teaching and learning, Haydom nursing school is operating under NACTE. On the other hand, there is an organizational structure problem. Sometimes even politics intervene into the top decisions of school and which may obstruct future plans of the school. Another challenge is related to hydom area being situated to the periphery area in which most graduates do not like to stay after the completion of their training, they rather would like to stay near bid cities. In addition, the private nature of HLH discourages some of graduates who like to be employed by the government. Formerly there was a two year contract for students with lower fees used to sign thus borrowing for the school fees with the promise of working for the hospital for two years to repay the loan. But sometimes this contract is difficult to implement because it is confronted by family issues like marriage (I-4-1 Interviews).

#### **5.3.4. Vocational/Trade school**

With the current entrepreneurship programs that are conducted at the vocational school the instructors have been faced with the following challenges; some students do not know how to read and write properly so it becomes difficult for them to grasp technical concepts; differences in age of the students create unnecessary contradictions and useless arguments in the class (I-6, Interviews). In addition shortage of instructors creates some

problems especially when there is a need of making a follow-up of the practical application of the knowledge and theories that they are taught in class (I-6, Interviews).

The common challenges associated with the support to various education and training programs include; corruption, governance of the education activities, government support is limited therefore it becomes difficult to ensure the quality of education. Consequently the poor quality of education also leads to the poor results which make youths to end up roaming in the streets without any economic activities (I-3, Interview).

This is therefore a call to the coming Kabanga project, that for the corporate social responsibility to engage in meaningful poverty reduction the priorities of the local community should be clearly defined and they should not be driven with the business actors (Idemudia, 2011). The implication here is that, there should be good collaboration with all important stakeholders like government and the local authority actors. On the other hand the concerns to local priorities should be taken more contextual than general. This means there is a need of some research to know the priorities of the specified community at Kabanga.

### **5.5. Role of education programs initiated by or supported by HLH for the well-being of the local community.**

Findings indicated various arguments in relation to the question about the role of education for the welfare of the local community. The common argument was that education helps people to be aware of their life and some of them get employed and some get self employed. (I-5, Interviews). From documented data, education and training programs are shown to help enhancing the capacity building of the local community. In the context of this study the capacity building can be seen for a number of students who have passed through various education programs initiated by the hospital.

To start with Hydom primary school, from the year 1957 to the year 2010 the school has produced a total number of 5369 students. The registration book indicates that approximately 80% of the students' parents or guardians are peasants and the rest are nurses, doctors, teachers and drivers of HLH. After the completion of primary education, the graduates become self understanding which helps them to solve their normal daily problems. Some may get a chance to go for further education to other places like Arusha and Moshi regions in Tanzania. Therefore Haydom primary school has been a foundation for their further education. Some of the graduates may opt for self employment after graduation, like small business. Thus they contribute to income generation. Some of them got employment at the hospital holding various posts like clerks and attendants, therefore they get income which enables them to meet their daily needs and improve their well being (I-3, Interviews).

The same applies for the secondary education. Through Dr. Olsen's Secondary School, some graduates get employment and some become self employed, some get a chance to go for further education up to universities. Dr Olsen secondary school has produced a total number of 1485 ordinary level secondary school graduates since it started. This is a substantial number of students who might otherwise have been left without secondary education (Documentary data).

On the side of the nursing school, a total number of 297 nurses have been graduated from 1982-1996. 156 midwives completed their education in 1988-1997 and 359 registered nurses have graduated between the years 1994-2010. This makes a total number of 812 graduated nurses. From the nursing school, the hospital gets enough staff from graduates who then get chances to be employed by the HLH and thus improve their well being. This may enable them to pay taxes from their salaries; hence their families in turn get good education and health. Therefore this is development on different levels of individual, societal and Tanzania in general. Again, through the nursing school the community gets education because it is part of their program to find a topic of research, conduct data collection in households and then present the results. Most of the topics are concerning ways that the community may use to prevent themselves from diseases. This

is done once a year. Therefore the community becomes aware of dangerous practices in their environment, which helps to improve their well being (Documentary data, I-3, Interviews).

In addition through nursing school students the community is getting much knowledge through outreach clinics. There are 21 outreach driver clinics and 6 flights from Monday to Friday, educating more than 200 people in villages. The male mobile AIDS clinic has been very helpful in providing training, after people have been diagnosed and sometimes they are given funds for food improvement and ARV. Palliative care training helps people to improve their wellbeing for diseases like diabetes, epilepsy, HIV. The training is in the form of counselling using some established religious organizations. Among them is The Continuum Care for People living with HIV in Tanzania (CHAT) project from America through Lutheran church.

To conclude this section, education and training programs that have been supported by Haydom Lutheran Hospital have played a great role in the improvement of the welfare of the local community around Haydom town and the surrounding communities. This is because many people have attained a better life after having completed different educational programs. From my observations, they live in better furnished houses and they own properties like shops, hotels and improved crop cultivation and animal keeping. On the other hand the educated population has become a role model to the rest of the community who are still not aware of the importance of education. They have seen the outcome of education to the educated population with improved life style. So they have now started sending their kids to school. In the interviews of one of the households, the old woman said;

*“In our days, we did not send our girls to school because of the culture that, girls are just for marriage, so no need for them to go to school. But nowadays, I have seen educated girls are working for the hospital as nurses and doctors, they are treating us. I want my granddaughters to go to school and become employed in the hospital.”(I-1, Interviews)*

These observations were proved during interviews in which one of the respondents also mentioned that in terms of general education; most educated people have better income, housing, clothing, health as well as small size of the family. The educated population helps to motivate the rest of the community in terms of educating their families and to promote other economic activities (I-3, Interviews, I-4, Interviews). Educated people were found to have nice gardens. The community is getting some staff to work in various sectors at Haydom. The head teacher of one among the primary schools completed his primary education in the same school in 1996. There is another Medical doctor at HLH who graduated from the same school primary school. During one of the household interviews, the head of the household was a primary school teacher with 37 years of teaching experience said that;

*“Education is very important for community development in terms of getting employees to work on our sectors like my students; one is now my head teacher and Dr. Mnyau who is now a medical doctor. Even businesses that you see at Haydom town have been possible because of education.”* (I-1, Interviews, I-4, Interviews).

The role of education and training programs have been doing to the community around HLH can be explained by the population that is working at HLH. Analysis of the questionnaires of some HLH employees indicated that most of them comprised of the language groups available in the local area, with the number of Iraqis leading, with 67%. On the other hand, it can also be seen that most of HLH employees are born within Haydom ward, nearby areas and nearby districts. This group comprised 80% of the sampled employees (See table 2 and 3 and figure 12 and 13 respectively)

These observations indicate that the purpose of building capacity of the local community in terms of enhancement of education has been met. However the challenge is the variation among the different language groups in terms of their number at HLH working population. Findings indicated that, there is a need of more sensitization to the language group like Hadzabe who seems not to form part of the

working population with reference to the sampled employees. The dominance of one language group may also be a source of other problems in terms of service delivery in important issues of health and other infrastructures.

However the culture and exposure of the hadzabe is also another challenge. They may feel to be marginalized and yet they can be more resistant in adapting to practices contrary to their traditions and customs. From the interview of some hadzabe patients they said;

*“This hospital is not for the hadzabe, but for the Iraqis and if you fall sick, you may simply die because you do not belong to Iraqis....we have been here since day before yesterday and nothing is going on....”*

More interview to a brother of the hadzabe patient continued with regard to education issues. He was asked about the level of education that he attained. The response was that he completed his primary education and he got donor to support for her secondary education. Unfortunately the donor’s contract was over in Tanzania while this student was in form three. He was told to find other means to finance his education. After the end of this contract he decided to leave the school and go back to the forest to continue with hunting and gathering. When interviewed more on why he decided to leave the school, he proudly said;

*“...I am the hadzabe, a bush man, depends on nature, the donors have been paying for my education and now they are not around, so what do I do?...The hospital has abandoned me since the donor have left....”*

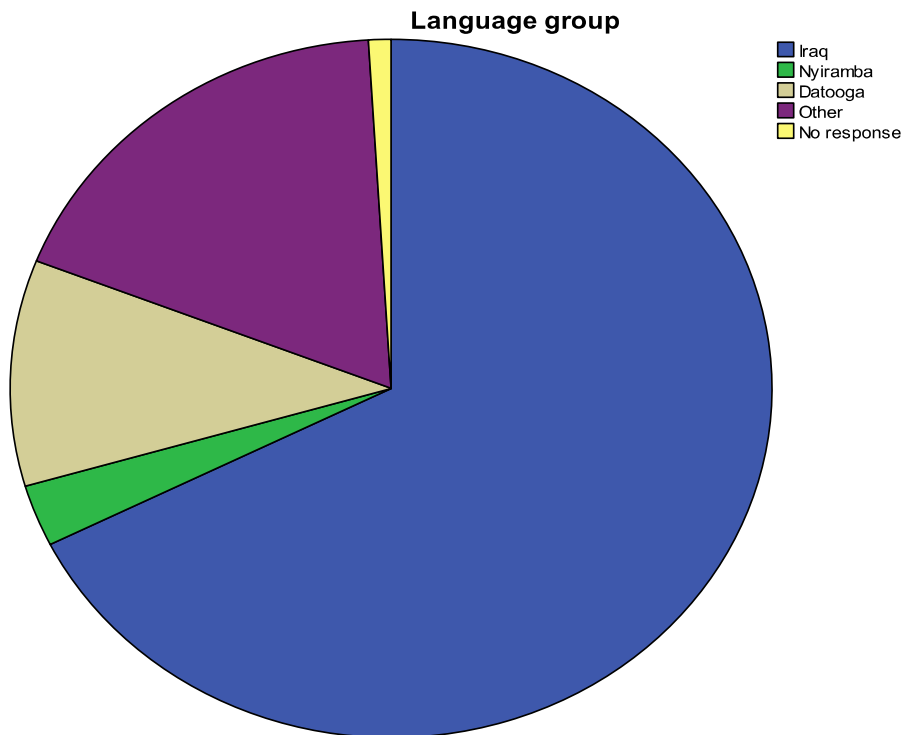
These expressions, shows that establishment of education programs and training, should do hand in hand with sensitization especially to people with strong cultural practices. On the other hand the local community should be encouraged to participate in the planning and implementation of various education programs so that they can learn to contribute in education programs. In this way they may value education and own the programs.

Mlekwa (1996) also highlighted that Tanzania has been undergoing education policies which are incompatible with the pastoral communities. Many of them are still excluded in the formal education, but the issue of how the mobile pastoralist can see the value of education is still questionable, although there are signs of changing in attitudes.

**Table 3: Language group of HLH employees**

		Language group			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Iraq	71	67.6	67.6	67.6
	Nyiramba	3	2.9	2.9	70.5
	Datooga	11	10.5	10.5	81.0
	Other	19	18.1	18.1	99.0
	No response	1	1.0	1.0	100.0
	Total	105	100.0	100.0	

**Figure 13: A pie chart showing the distribution of the language groups**

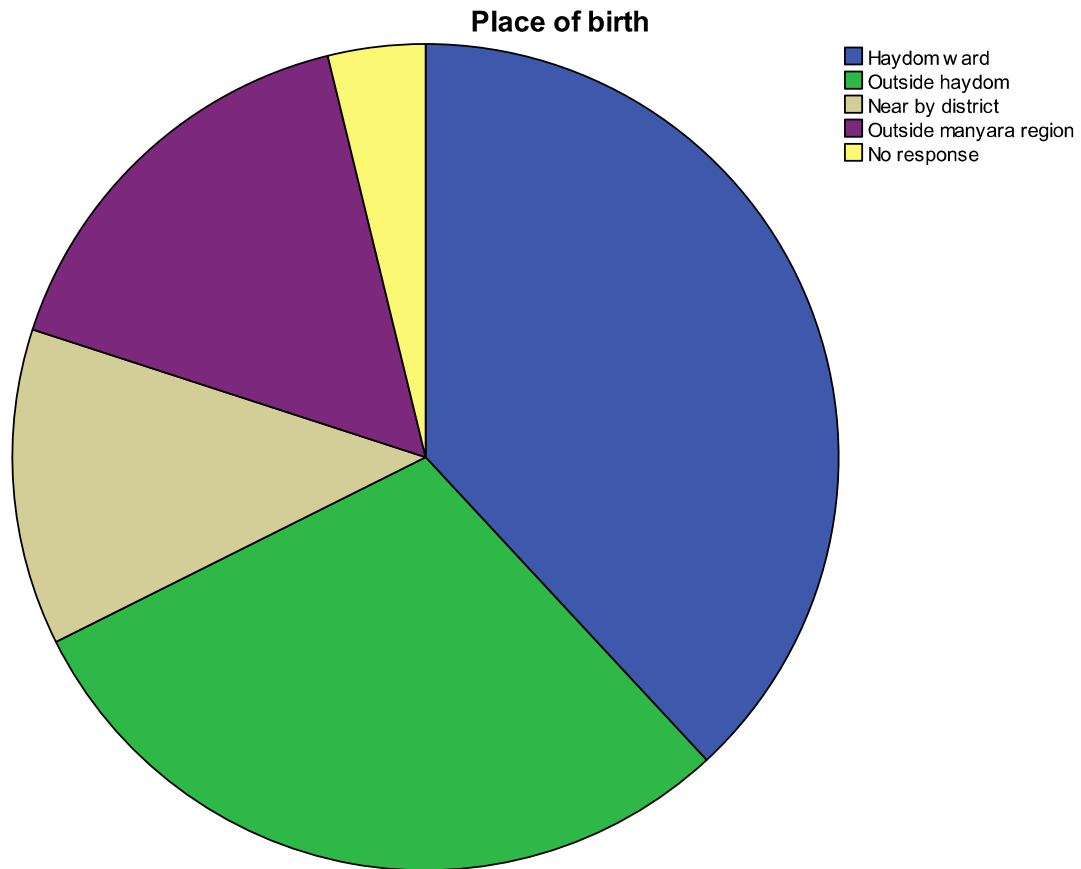


**Table 4: Frequency table showing places of birth for HLH employees**

		<b>Place of birth</b>			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Haydom ward	40	38.1	38.1	38.1
	Outside haydom	31	29.5	29.5	67.6
	Nearby district	13	12.4	12.4	80.0
	Outside manyara region	17	16.2	16.2	96.2
	No response	4	3.8	3.8	100.0
	Total	105	100.0	100.0	



**Figure 14: A pie chart showing the distribution of places of birth for HLH employees**



The facts remain the same that most of Iraqis have been employed at HLH due to skills and knowledge acquired in the education system. Findings indicated 71% of Iraqis have passed through various education institutions to universities (See table 4 below).

**Table 5: Cross tabulations between language group and level of education**

**Language group \* Level of education Cross tabulation**

Count

Language group	Level of education						Total
	Prim ary	Seco ndary	Colle ge	Universi ty	Other	No response	
Iraq	15	2	43	5	2	4	71
Nyiramba	0	1	1	1	0	0	3
Datooga	2	1	5	0	0	3	11
Other	0	0	14	3	0	2	19
No response	0	0	0	1	0	0	1
Total	17	4	63	10	2	9	105

**5.6. Perceptions of the local community towards education programs initiated by Haydom Lutheran Hospital**

People in the community accept the support as the help from HLH because they know that the government is also responsible for ensuring that education is carried out well. HLH has been supporting Dr. Olsen secondary school, Haydom primary school as well as other schools around Haydom. Tanzania Social Action Fund (TASAF) has also been helping the construction of teacher's houses (I-5-1, Interviews). The community is very positive to the expansion of education activities because they have seen the importance of education to their children. Therefore even the response of sending the kids to primary education is increasing. If one compares 10 years ago and today it is quite different. The oldest teacher on one of the primary school said;

*“In early days people were very reluctant to education issues. We had only 2 classrooms with standard 1-5, only one house for the teacher, we had no office for teachers, and we used to stay under the tree as the office” (I-4-2, Interviews).*

Parents contribute to the development of the school. An example can be cited from the last year when they helped to build one classroom at Ngwandaq Primary School. This implies that the attitude of parents has changed compared to the past years. Therefore the perception of education in general is very positive and it can be seen in the response of people towards education. Nowadays there are lots of evening private classes for people to re-sit for the exams that they failed in various stages of education. There are also centres around Haydom town where youth can get secondary education without being enrolled at formal secondary schools. Some classes at Haydom nursing school, primary school are used after normal class hours (I-4-1, Interviews).

### **5.7. Socio-economic settings of the education activities to the local area**

Operations of all current education programs are according to relevant authorities and ministries. Therefore, HLH is not the owner of any education programs. The nursing school is under Haydom Lutheran Hospital but all the curriculum is according to the National Commission for Technical Education (NACTE). The Secondary and primary education also is managed by the Ministry of Education and Vocational Training. The coming vocational school will also be operated under the guidelines, entry point and regulations of Vocational Education Training Authority of Tanzania (VETA) (I-5-1, Interviews).

However, all education and training programs that have been supported by Haydom Lutheran hospital have been reflecting the needs of the local community as well as the manpower needed by Haydom Lutheran Hospital (I-5, Interviews). For example the findings indicated that vocational education is very important to be supplemented by primary and secondary education, because it will give a chance to students who will be interested with the technical skills for employment. It is also important to have other training colleges like, teachers college, to train medical assistant, lab technicians, assistant medical officers and clinical officers so as to provide staff for the education activities around Haydom and for the hospital. This will enable many people in the

community to get professional education for their own development and for the whole community.

In addition, the activities of some programs like the cultural centre are vividly reflecting the socio-cultural educational activities of the four languages groups that exist around Haydom . This program creates the unity and solidarity among all the people in the community. All future planned education activities reflect the needs of the Hospital itself as well as the entire community. Colleges like medical assistant, the advance level secondary school, the expected vocational education courses and the improved in-service training are the very important programs to be implemented around Haydom town and they will definitely improve the capacity building that have been made before.



## **6. Chapter five: Conclusion and Recommendations**

### **6.1. Conclusion**

Education and training programs that have been initiated and/or supported by Haydom Lutheran Hospital through various friends of Haydom have been playing a great role to the welfare of the local community around the hospital and the nearby areas. The contribution can be traced from the time the hospital started when various training programs were gradually started to build the capacity of the local people to work for the hospital. It is the same population that through observation and interviews have improved their standard of living through better houses, diversifying their incomes with shops and glossaries around Haydom. They also have smaller family sizes and they have become aware of the information technology through the Hospital. The part of the community who ignored education and training programs because of their cultural practices are regretting and now acknowledge the value of education to their generation.

However, the efforts to improve the capacity building of the local community have been weakened by the quality of the programs, the cultural practices of the local area, mismanagement of resources as well as little support from the government. Sustainability of education and training programs is also questionable due to the fact that the community has been nurtured in a more religious way. They perceive Haydom Lutheran Hospital as provider of aid and support throughout its existence. According to its nature, this is not a bad idea, but in real sense the faith based attitude inculcates the total dependency of the local community to the Haydom Hospital as a development project. It is from this dependency that in its more than 55 years of existence, Haydom cannot stand on its own financially without partners. Therefore the capacity building in terms of education and training programs may not guarantee sustainability of the educational programs in spite of the investments that have been made over such a long period.

However, the sustainability of education and training programs to the context of Haydom community is difficult to explain because of the complexity of the community itself.

Among the elements of complexity is the existence of multiple language groups which have different status in terms of education attainment and cultural practices which have impacts to the education and development in general. An example can be taken to the Hadzabe who needs kind of tailored attention as compared to the Iraqis. Therefore the concept of sustainability and its relation to aid dependency should be considered with caution as *Mama Kari* said in her interview that;

*“I am glad to help these people, because some of them are really poor and have nothing to make a living, they have to be taken from where they are to somewhere else through education; they will be exposed and aware of the realities of life....”*

The implication here is that there should be effective organization within education institutions and collaboration with the government in terms of policy environment and rational allocation of resources available to the needy groups. This includes accountability and trustfulness of responsible stakeholders in the local government authorities as well as for the HLH officials who are coordinating various grants from partners and friends.

## **6.2. Lessons and general comments for the Kabanga project**

The experiences from the fieldwork around Haydom and in the context of this study show that the community should see the project as the best friend just like Haydom Lutheran Project have been doing. Projects should identify the real needs of the community around it. The most important things to prioritize should include a reliable health centre for workers and the surrounding community, as well as a model school. The school should have modern facilities and efficient teachers. This is based on the challenges that Haydom educational activities have been facing in terms of challenges of improving the quality of education. On the other hand, for the Corporate Social Responsibility to be effective there is a need for the project to cooperate with the government so as to reflect the political influence in any kind of supports that the project will provide. This may reduce unnecessary misuse or wrong timing of provision of materials like books which may be used just for a while as curriculum changes.

On the other hand, the future projects should build the capacity of the local people and make them aware of sustainability issues. This means to build the spirit of self sustenance of the local community and that they should not depend solely on the support that are getting. They should know that, the support is just a backup of their own efforts to improve their lives because they have all the necessary resources with exception of funds to facilitate their welfare.

The nature of education programs should also reflects the contextual challenges of the specific area of the project. Haydom may have quite different cultural and contextual challenges with Kabanga. Therefore more research is needed on how education and training programs can be planned and organized at Kabanga. Perceptions and value that the local community put in education may be also be different. The actual education and training needs of the Kabanga people may also be different to Haydom. Climatic factors may have some influences on the nature of economic activities and cultural practices which in many instances may have impact on the responses to education and training programs. Due to some reasons there may not be a reason to start primary school but rather a technical college.

Reflecting the common challenges in most formal education programs like secondary school or a primary school, there may be a need to design the vocational type of secondary school with necessary infrastructures to enable graduates to fit easily in the world of work (Psacharopolous, 2000).

### **6.3. Significance of the study**

This study indicated the contribution of the education programs initiated by Haydom to development of the Haydom Town and the surrounding communities. Therefore Haydom Management and other donors who have been supporting the project have to be aware of what has been done so far in relation to education programs. They will also get to know the design of the educational programs as well as their nature.



This issues under study, ranged from the perception of local community and if at all education programs have played any role in improving the lives of the community. The study may also be important for future researchers and projects related to development in developing countries like Tanzania as they will get to know how to better design education programs as part of the CSR (Corporate Social Responsibility). An example is Kabanga Nickel Mining Company in Ngara district in Tanzania, which is an expected project to be established soon. Kabanga Nickel will be able to learn from Haydom as a result of this thesis.

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## APPENDICES

### **APPENDIX A: QUESTIONNAIRE TO HLH STAFF**

**PLEASE FILL THE FOLLOWING QUESTIONNAIRE ACCORDINGLY**

1. Nationality-
2. Working experience-
3. Language group-
4. Place of birth-
5. Gender-
6. Age-
7. Position in the family
8. Marital Position
9. Religious Affiliation
10. Name of school/college of your education (If you had a transfer, write the names of all the schools you studied)  
No education-  
Primary education-  
Secondary education-  
Technical education-  
College education-  
University education-

### **SWAHILI VERSION**

#### **HOSPITALI YA KILUTHERI HAYDOM**

**DODOSO KWA WAFANYAKAZI WOTE WA HOSPITALI**

1. Uraia-
2. Tafadhali taja idadi ya miaka ya uzoefu wa kazi uliofanya hospitali ya haydom
3. Kabila-
4. Mahali ulipozaliwa-
5. Jinsia-
6. Umri-

7. Nafasi katika familia
8. Hali ya ndoa
9. Tafadhali orodhesha majina ya shule au vyuo ambavyo umewahi kusoma yafuatayo;
  - Elimu ya msingi-
  - Elimu ya sekondari-
  - Elimu ya ufundi-
  - Elimu ya chuo cha kati-
  - Elimu ya chuo kikuu-

## **APPENDIX B**

### **Questionnaire Analysis Schedule (Questionnaire to HLH staff)**

#### **1. Nationality**

Tanzanian-1

Norwegian-2

Kenyan-3

Other-4

No response-5

#### **2. Working experience**

0-5-1

6-10-2

11-15-3

16-20-4

21-above-5

No response-6

#### **3. Tribe**

Iraq-1

Nyiramba-2

Datooga-3

Hadzabe-4

Other-5

No response-6

#### **4. Gender**

Male-1

Female-2



**5. Age**

0-18-1

19-35-2

36-55-3

56 - above-4

No response-5

**6. Position**

Father-1

Mother-1

Child-3

Other-4

No response-5

**7. Marital position**

Married-1

Single-2

Divorced-3

Separated-4

No response-5

**8. Education**

Primary-1

Secondary-2

College-3

University-4

Other-5

No response-6

**9. Religious affiliation**

Christian-1

Muslim-2

Other-3

No response-4

**10. Primary**

Haydom Primary school-1

Ngwandaq Primary school-2

Other-3

No response-4

**11. Secondary**

Dr.Olsen Secondary school-1

Maghang Secondary school-2

Other-3

Non-Secondary-4

**12. College**

Haydom nursing school-1

Other-2

Non-College-3

**13. Place of birth**

Haydom ward-1

Outside Haydom-2

Nearby District-3

Outside Manyara Region-4

No response -5

## **APPENDIX C**

### **INTERVIEW SCHEDULE TO DIFFERENT STAKEHOLDERS AROUND HLH PROJECT**

**Student: Perpetua Kalimasi Kilasi**

**Supervisor: Prof Kjell Havnevik**

**Sampling Population**

**Haydom officials**

1. Which educational programs have been initiated or supported by Haydom Hospital project?
2. What were the motives behind the establishment of these education programs?
3. What is the contribution of educational programs initiated or supported by Haydom Hospital to the development of the local community around Haydom town? Can you mention the indicators of development around Haydom town as a result of educational activities?
4. What are the challenges associated with establishment/support of educational activities?
5. Suggestions for future improvement of the educational activities related to the hospital?

**Local government authorities as follows;**

Local community leaders such as Ward Executive secretary, Village chairman, Counsellor, any other two leaders

1. How do they perceive educational programs supported/initiated by Haydom Hospital Project?
2. Do educational programs initiated and supported by Haydom meet the needs of the current Haydom town?
3. Do they participate in planning various education programs supported by Haydom Hospital?
4. If yes to what extent do they participate?
5. Does the project address the needs of the community?

6. What benefits have they gained out of educational programs initiated or supported by Haydom Hospital?
7. What are the problems/challenges related to education programs in this area?

### **Selected households**

8. How do they perceive educational programs supported/initiated by Haydom Hospital Project?
9. Do educational programs initiated and supported by Haydom meet the needs of the current Haydom town?
10. Do they participate in planning various education programs supported by Haydom Hospital?
11. If yes to what extent do they participate?
12. Is there any effect of culture to the development of education in general?
13. Does the project address the needs of the community or the hospital?
14. What benefits have they gained out of educational programs initiated or supported by Haydom Hospital as well as other education activities around the area?
15. Do they have any suggestions for future improvement of various education activities in the area?

### **Heads/Old teachers of educational activities**

Formal education (Dr. Olsen secondary school, Primary school, Nursing school, Vocational centre, cultural centre)

### **Dr. Olsen secondary school (Head, academic, oldest/experienced teacher)**

1. Historical background of the school
2. Motives behind the establishment of the school
3. Does the content/methodology meet the needs of the local environment?
4. As teachers, do you participate in planning of education activities in your school?

5. What is the contribution of the school to development of haydom town, individually, societal? What are the indicators of development as a result of the school?
6. What are challenges are facing the running of the school?
7. Does the challenges mentioned above associated with Haydom Hospital?
8. What is the trend of performance of the school
9. What are your general comments with regard to the support of Haydom hospital to this school? (In terms of planning etc)
10. What are your suggestions for future improvement of the school and haydom town?
11. What role are education programs playing to development of the local community?

**Primary school (Head, academic, oldest teacher)**

12. Historical background of the school
13. Motives behind the establishment of the school
14. Does the content/methodology meet the needs of the local environment?
15. As Teachers, do you participate in planning of education activities in your school?
16. What is the contribution of the school to development of haydom town, individually, societal? What are the indicators of development as a result of the school?
17. What are challenges are facing the running of the school?
18. Does the challenges mentioned above associated with Haydom Hospital?
19. What is the trend of performance of the school
20. What are your general comments with regard to the support of Haydom hospital to this school? (In terms of planning etc)
21. What are your suggestions for future improvement of the school and haydom town?

**Nursing school (Head, Academic, Oldest tutor)**

22. Historical background of the school

23. Motives behind the establishment of the school
24. Does the content/methodology meet the needs of the local environment?
25. As tutors, do you participate in planning of education activities in your school?
26. What is the contribution of the school to development of haydom town, individually, societal? What are the indicators of development as a result of the school?
27. What are challenges are facing the running of the school?
28. Does the challenges mentioned above associated with Haydom Hospital?
29. What is the trend of performance of the school
30. What are your general comments with regard to the support of Haydom hospital to this school? (In terms of planning etc)
31. What are your suggestions for future improvement of the school and haydom town?

**Vocational Training school (tutor)**

32. Historical background of the school
33. Motives behind the establishment of the school
34. Does the content/methodology meet the needs of the local environment?
35. As instructors, do you participate in planning of education activities in your school?
36. What is the contribution of the school to development of haydom town, individually, societal? What are the indicators of development as a result of the school?
37. What are challenges are facing the running of the school?
38. Does the challenges mentioned above associated with Haydom Hospital?
39. What is the trend of performance of the school
40. What are your general comments with regard to the support of Haydom hospital to this school? (In terms of planning etc)
41. What are your suggestions for future improvement of the school and haydom town?

**Informal education (Cultural Centre, coordinator, elders from 4 tribal groups)**

1. What kind of activities that are conducted by the cultural centre?
2. Is there any kind of education/skills/knowledge that is provided by the centre?
3. What is the contribution of the knowledge and skills to development of the local community? Can you mention any indicators of that development?
4. What are challenges encountered in running the centre?
5. Do you receive any kind of support from the hospital?
6. Suggestion for future improvement of the centre