

**EFFECTS OF POLITICAL LEADERSHIP ON HEALTH SERVICES
DELIVERY IN TANZANIA: A CASE OF UBUNGO MUNICIPAL**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT FOR THE
REQUIREMENTS OF THE DEGREE OF MASTER OF ARTS IN
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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation titled; “Effects Of Political Leadership On Health Services Delivery In Tanzania: A Case of Ubungo Municipal” in partial fulfilment for the requirements of the degree of Master of Arts in Governance and Leadership.

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DECLARATION

I, Omary J. Ngwinye, do hereby declare that this dissertation is my own original work and that it has not been and will not be presented to any other University for similar or any other degree award.

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ABSTRACT

The purpose of this study was to examine the effects of political leadership on health services delivery in Tanzania. In order to do so, the study employed a cross section study design for this study whereby Ubungo municipality was selected purposively as the study area. The specific objectives were to examine the role of political leadership in enhancing accountability of health budget expenditure, identify the strategies political leaders use to accelerate the provision of health services in Ubungo Municipal and investigate the perception of community members regarding the influence of political leadership on health service delivery in Ubungo Municipal. The study employed three different data collection tools for this study namely questionnaire, interview and the use of secondary data, whereby a total of 400 respondents were involved. The findings of this study revealed that political leaders do not hold community meeting frequently so as community member can get direct chance to express his/her view/opinion regarding the health sector. The study recommends that an integrated political leadership approach is required to enhance health care service delivery in municipal hospitals. It is particularly important that such leadership approaches will take into account the diversity of the workforce and should be flexible and adaptable to changing circumstances, thus contributing to effectiveness and efficiency in terms of health care service delivery.

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LIST OF ABBREVIATION AND ACRONYMS

DHS	Demographic Health Survey
EMIS	Education Management Information Systems
EU	European Union
MHM	Menstrual Hygiene Management
MPs	Members of Parliament
SDG	Sustainable Development Goals
UPE	Universal Primary Education Programme
USA	United State of America
WB	World Bank
DMO	District medical officer

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Leadership plays a very important role to cause meaningful change in the society. Leadership can enhance the acceleration and delivery of health services in an effective and efficient manner (Matshabaphala, 2009). In most of low and mid-income countries health service delivery is a tremendous challenge in the public service. Effective health services delivery can only be achieved if key resources for service provision, including human resources, finances and hardware as well process aspects of care delivery are brought together at the point of service delivery and are carefully synchronized while leadership is often expected to contribute in its realization (ESID 2013).

Politicians are incentivized to make investments in visible aspects of the health sector as well promoting quality health outcomes. The role of health ministers and other political leaders is to ensure that people receive better health care which is satisfactory and meet the needs of the people. Political Leadership is seen as the greatest influence on the way the public administration is shaped and transformed (Bell, 2006). Strong political leadership will enable delivery of the reformed public service.

Political Leaders have the ability to shape public administration and have influence on the culture of the public administration. To be able to do that there is a need to move away from the negative stereotypes of being reluctant to take risks to change the way they have been operating. This means that political leaders need to adapt,

innovate and carve out a new path through the bush to allow change that will improve service delivery. Leadership is about the functions of guidance, alignment of people, motivation and inspiration of teams. Leadership is the most elusive phenomenon found in organizational science; and it remains the most studied and least understood concept. It is argued that research on leadership shows that there are many views on what constitutes leadership (Covey, 1992).

Globally, in government departments, employees are charged with the responsibility of delivering services to the public. Service delivery depends on individuals in an organization as much as leadership support or non-support depending on the nature of individual leaders. For service delivery to improve, issues such as resource, incentives, staff development, job satisfaction, support and motivation by leaders need to be given (Matshabaphala, 2009). Some organizations have organizational culture or corporate culture that distinguishes them from other. For example, a particular leadership in certain department may have a system of service excellence awards in order to encourage employees who are working hard. Employees are expected to know that there are targets that need to be met and so works hard work to meet the targets.

Health services delivery entails meeting the needs of the patients/health care clients. Quality health services delivery can be achieved through human scale development framework, which suggests that there is a need to make sure that people's subsistence, protection, affection and other related needs are met. To meet the people's need, health service delivery systems needs to be developed and

strengthened. They key driver to successful provision of health service should be patients' financial capability (Goleman, 1998).

Improvements in health services delivery, there should be a focus on institutional performance, implementation of policies, efficient soft (procedures and processes for accountability) and hard (physical buildings of health facilities with equipment, presence of healthcare workers, and road networks for people to access health facilities) infrastructure, and ensured availability of human and financial resources. Another performance factor is the contribution of individual health workers to service delivery. There should be mechanisms for accountability linked to job descriptions and performance indicators (Denhardt, 2006),

In Tanzania, political leadership have oversight role and influence on the efficiency of health delivery system. Political leaders have influence on how state of affairs should in different levels of health service delivery including in health centers, village dispensaries, District, Regional and Referral hospitals. For instance, the health centers are found at ward level and the health center in charge is answerable to the ward leaders/councilors. Therefore, political leaders play a crucial roles in influencing the performance of health services delivery (Levy et al 2013).

Regardless that the government of Tanzania has several key plans and policies guiding healthcare provision and development for instance the Health Sector Strategic Plan III (2009–2015) which is guided by the Vision 2025 and guides planning for health facilities as well. The policies and guidelines generally articulate

the aim of improving the health system and health care provision in Tanzania. However, political leaders are the ones that lead most of the organizations in the state hence to ensure the implementation of the polices on behalf of the citizens.

Political Leadership is complex a concept which is relevant to many different parts of the health system, including the private and public sectors; health facilities, district health offices and central ministries, and support systems related to pharmaceutical, finances and information (Bell, 2006). Leadership is also human resource issue, specifically, the skilled and motivated managers and political leaders needed to work throughout a health system to accelerate delivery of services to the people. Political leaders are supposed to have a vision of what can be achieved and then communicate it to people responsible for making things happen (House, 2004). They motivate people and are able to negotiate for resources and other support to achieve the intended goals.

The aim of good leadership in the promotion of health services delivery is to accelerate and make sure that services are delivered to the community in an appropriate, efficient, equitable, and sustainable manner (Bradley et al, 2010). In Tanzania, all operational health system activities are organized under the Districts' leadership. Tasks include drugs and commodities procurement, health sector human resources staffing, infrastructure, and technical support (Bell, 2006). Good leaderships effective not only in empowering individuals and teams to overcome challenges and improve health outcomes but also in creating a sense of ownership among team members that leads to sustainability.

1.2 Problem Statement of the Study

In health services delivery context, political leaders are service consumers just like any other citizens. But in their advantaged position of power and influence, politicians can play greater roles than just services consumption. They can lead their streets/village, wards, and constituents to quality delivery of health services. Political leaders can use their positions to monitor and advocate for quality, accessible, affordable and reliable health services for their voters. Lack of political leadership/unaccountable political leaders or simply put the politicization of health service may disrupt efficiency of health systems management leading to poor delivery of the services (Leftwich et al, 2011).

The Department of Health and social welfare in Ubungo Municipal has been in temoulours to save community members . While political leadership at Municipal level was expected to play an important role in ensuring improvement in health services delivery, the multiplier effects of change in political leadership due to the frequent changes of leaders in the same part or different part and provision of health service cause delaying on health service delivery in Ubungo Municipal has not been studied.

Some studies have been conducted in SouthAfrica Sivanarain (December 2016) addressing sound of political management is key to enhance municipal service delivering and implementing the mandate of the political leadership ,wrote The politics of service delivery in South Africa for local Government sphere in context and Anyimandu (March 2016) in Tanzania dedicates the poor performance in delivering public services.

1.3 Research Objectives

1.3.1 General Research Objective

To assess the effects of political leadership on health services delivery in Ubungo Municipal.

1.3.2 Specific Research Objectives

- i. To examine the role of political leadership in enhancing accountability of health budget expenditure.
- ii. To identify the strategies political leaders use to accelerate the provision of health services in Ubungo Municipal.
- iii. To investigate the perception of community members regarding the influence of political leadership on health service delivery in Ubungo Municipal

1.4 Research Questions

1.4.1 General Research Question

What are the effects of political leadership on health services delivery?

1.4.2 Specific Research Questions

- i. What are the role of political leadership in enhancing accountability of health budget expenditure
- ii. What are the strategies political leaders use to accelerate the provision of health services in Ubungo Municipal.?
- iii. What are the perception of community members regarding the influence of political leadership on health service delivery in Ubungo Municipal

1.5 Organisation of the Work

This chapter presented the background and introduction of the study by exposing the research problem by contextualizing it the study area. Furthermore, the chapter covered statement of the problem, study objectives including to examine the role of opposition political leadership in enhancing accountability of health budget expenditure, to examine the outcome of opposition political leadership on provision of quality health services in Ubungo Municipal, to investigate the perception of community members regarding the influence of political leadership on health service delivery in Ubungo Municipal.

Chapter two; literature review containing both theoretical and empirical literature of the study, operational definition and conceptual framework. The theoretical literature dwells on theories underlying leadership whereby the empirical literature presents what other scholars found out when exploring on the subject of the study. Chapter three: this chapter focuses on Research Methodology that is, the research design that was used to conduct the study, the population and sampling, instrumentation and data analysis. Moreover, chapter four will present results of the research and its analysis/discussion whereby chapter five contains conclusion and recommendations based on findings as guided by objectives of the study.

1.6 Significance of the study

This study is significant it improve health service delivery in Ubungo Municipal .To date the health service has some challenges to meet community members health requirements, Political leaders have to realise the importance of delivering health

service to the community. Community members need service urgently and most of the members depend on the government for support. The study provide insight for the political leadership in the municipal to whether leaders is hindering or enhancing acceleration provision of health service delivery. The political leaders should know that they have a role to play in ensuring that health service delivery is accelerated. The knowledge and skill of doing something better political leaders have can influence positively in health service delivery if used in the appropriate manner.

The data collected will continue to the literature that help in improving political leadership through political leaders to accelerate the health service deliver in the Ubungo Municipal.

CHAPTER TWO

LITERATURE REVIEW, THEORETICAL AND CONCEPTUAL FRAMEWORK

2.1 Introduction

This chapter consists of relevant ideas from books, journals, articles, and reports in relation to the research question and objectives that underpin this study. This widens the understanding of the topic by reviewing what other scholars have done on the subject matter. Furthermore, this chapter covers definition of important terms, theoretical and conceptual framework.

2.2 Definition of Concepts

2.2.1 Leadership

Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent (Northouse, 2007). The definition implies that the leadership needs to have a range of competencies, personal qualities and attitude to be able to get people to perform certain duties

2.2.2 Service Delivery

According to new pocket dictionary define service as a system that provides something needed to the public. The Universal dictionary however defines delivery as an act of releasing or conveying something. In the context of these meanings, service delivery in the ministry of health and social welfare is therefore a system that conveys or releases health and social welfare imperatives to the Tanzania population

2.2.3 Health Services Delivery

Health services delivery refers to an act of conveying furnishing of medicine, medical or surgical treatment, nursing, hospital service, dental service, optometric service, complementary health services or any or all of the enumerated services or any other necessary services of like character, whether or not contingent upon sickness or personal injury, as well as the furnishing to any person of any and all other services and goods for the purpose of preventing, alleviating, curing or healing human illness, physical disability or injury. (Oregonlaws, 2015). According to WHO (2010), health services delivery is one of the six blocks (services delivery, human resource for health, medical products, health information system, health financial and leadership and governance) for a well-functioning health system. Health facilities exist for the sole purpose of providing health services to patients in communities

2.3 Overview on Political Leadership and Service Delivery

Political leadership is seen as having a role in facilitating the delivery of services such as water, housing, sanitation, sewerage and electricity, as the said leadership occupies strategic and powerful positions in government office through election. Many people may have been elected on the promise that they will deliver the aforesaid services to the people. The challenge is, when political leaders get elected into government positions, they often then ignore their promises they made to the people, however, some of the political leaders done they best to make sure that they deliver their promises to the people the owe after election. This has been said to be true that, political leaders have great influence in the acceleration of services due to

the position they held in a particular moment.

Politicians are influential in setting the development agenda and determining the priorities that get the 'lion's share' of public finance or even just get some desired attention by policy and decision makers. The study done in Uganda by Lydia (2017), argue that, technical officers at District and National level develop plans and budgets in line with the national development agenda. Through the budgeting process, political leaders can ensure that key sectors like health service sector have been prioritized. The budget allocations are then approved by the political arm of government. Politicians can therefore influence allocation of resources for health services. They can also participate in continuous monitoring and ensuring that health services reach the people and are sustainable.

For instance, the study done in Uganda by Lydia Mirembe in 2017, state that, though funds are yet to be allocated for Menstrual Hygiene Management (MHM) in schools, Members of Parliament (MPs) in Uganda's 9th Parliament, through their Parliamentarians WASH Forum moved a Motion on MHM which was passed in November 2014. The MPs boosted the advocacy campaign on MHM and enabled legislators to pay extra attention to MHM. They called for a comprehensive policy on MHM to enhance implementation of programmes related to the school going girl-children, and government to set aside funds within the Ministry of Education and Sports to support sustainable MHM programmes as part of the Universal Primary Education Programme (UPE). They were instrumental in guiding the Ministry of Education and Sports to incorporate MHM as one of the variables that is tracked by the Education Management Information Systems (EMIS) and is reported on under

the education sector review as well as monitored on by school inspectors on a termly basis.

In addition, the endorsement of the MHM Charter by Hon. Rebecca Kadaga, Speaker of the Parliament of Uganda, created more attention and visibility of MHM as a key issue. Hon. Kadaga confirmed that menstrual hygiene was crucial to the health, education and self-esteem of girls and women and that it was not right to place a price on dignity of girls and women. Her call to Government to invest in MHM saying failure to do so posed a great danger to the girl-child education and development was a strong political statement. Therefore, this shows how political leaders play a big role in promoting the delivery of services.

In Tanzania with a functional and streamlined sector performance monitoring framework, the political leadership in the Joint Sector Process has been very instrumental in ensuring that Government and Development Partners are coordinated and working together (Johnson, 1993). The participation of Ministers in key discussions including the government retreat that precedes the gathering itself is a clear reflection of good communication between technical staff and the politicians and ensures that the health services deliver is moving together with a common vision.

The electoral processes involved in getting one into political office prepare aspirants well to fit into the roles of amplifying the voice of citizens, rallying the citizens behind a common cause, setting the priorities for the development agenda (World Bank, 2001). An individual vying for political office without a clear 'promise' that

speaks to the citizens is not likely to succeed. Some messages are so 'piercing' that they polarize, incite communities and trigger action. At the height of political activity especially during campaign and election time, political leaders sometimes send mixed messages to their constituents. Populist political leaders will for example discourage people from paying for health service just to win a vote. Others make promises of projects which they never deliver once they win the election.

But on the other hand, political leaders can send messages that call for concrete actions about health service provision. Take for example, one of district political leader from one of the East African countries, who called for immediate action rather than wait for 2030 to achieve SDG 6. State that, "Why should some women and children have to wait another fourteen years before they have access to safe water within reach? Should we continue to compromise health outcomes of children?" that political leader asked during a water sanitation hygiene stakeholders meeting. He argued that the SDG target of 2030 was too far and that urgent actions were required to ensure that everyone in his district has access to water sanitation hygiene (WASH) services within reach. His urgent call for action greatly inspired WASH stakeholders in the district leading to the formation of a district task team that's going to lead action towards universal WASH coverage in his district (United Nation, 2004).

The other issue is that some political leaders tend to see things through the lenses of "five year political term limits". That short-termism prevents them from having a long-range view of things. Thus, while the rest of the actors are looking for example at 2030 or 2040, many politicians are looking at how they win votes come election year 2021. Whatever message they send; whatever interventions they undertake will

be defined in that short term framework.

Cognizant of the need to attain sustainable and universal access to health services, Tanzania has embarked on ways of harnessing the positive role of the political leaders whilst minimizing or eliminating the negative political influence. The aim is to ensure that the political leaders' space, position and role at the forefront of successful services delivery is respected, enhanced and elevated among all services delivery stakeholders.

2.4 Empirical Analysis of Relevance Studies

2.4.1 Role of Political Leadership and Services Delivery

Political leaders play a vital role on making sure that the people they serve obtain basic service that the government provides and what they promised to render to the people during the election time. Political leaders, however, some of them tend not to be accountable for what they promised they will do or hold the people who are responsible in the provision of service accountable whatsoever (Brandeis, 2014)

The study done in South Africa by Siphumeze, (2014) on political leaders and service delivery argue that, the need for improved service delivery, especially in the context of the most basic service delivery that is necessary for every individual should be well delivery at any cost in order to reduce the rate of poverty, hence, the delivery of health, water, electricity, education and sanitation has been identified with critical areas that need urgent attention by the South African government. These include informal settlements and rural areas in many municipalities such as the city of Johannesburg, Diespsloot and other cities located in South Africa.

According to the National demographic health survey of 2012 in South Africa, despite of the increase in the budget in service delivery, it was reported that, there were no improvement in services provision, that people were continued to live in poor condition with inadequate services delivery. Hence, this indicated that there was no accountable action taken to make sure that the allocated budget is well distributed according to the budget plan.

Furthermore, the government of South Africa developed and implemented the frameworks for service delivery. This includes, among others, the framework which is a housing and services orientated delivery framework for the funding of projects that intend to deliver housing and services. It aligns with the integrated development plan which aims to show how service delivery will be undertaken in an integrated manner. As pointed out earlier in the above paragraph by considering that political leadership has to respond to global problems and traditional governance issues, it can be said that such leadership is crucial for development.

Political leaders have always been among other , important stakeholder in delivering of the services to the people through developed and present budget to parliament, making follow up and hold other people accountable for the particular budget regarding the provision of services. However, despite that, citizens are normally promised better service delivery by political leaders during the elections which aim at electing political leaders to serve in the Municipal Councils in different part of the democratic countries, whereby different political parties compete for the particular position, as political leadership that supports the needs of the people in their communities. However, after the end of the election and few who will be selected

some of them fail to keep their promises, by doing other things that were not promised. This is seen in some of the African countries which were razed by fire started by the service delivery protesters.

Sinwell, *et al.* (2009) states that, “the communities involved in service delivery protests share many of the same problems and frustrations. Poverty and unemployment levels are high, compounded by a lack of basic services including water, sewerage systems, street lighting, paved roads as well as adequate and appropriate housing”. Moreover, Sinwell et al. (2009) noted that the communities tried to engage the political leadership or local authorities over issues of failed service delivery but the leadership did not respond to the service delivery complaints and concerns of the residents.

2.4.2 Strategies Used by Political Leaders in the Acceleration of Service Delivery

It is worth noting that political leadership is not solely responsible for service delivery but it plays a particular role in facilitating access to basic services. Thus, political leadership may not be seen as a universal panacea to service delivery challenges, since service delivery encompasses a variety of stakeholders in a society, administrators, professionals and other relevant staff members in government departments who are entrusted with decisions for service delivery.

Connect to the above paragraph as pointed out that political leaders are not the solely responsible for service delivery and there are other stakeholders as mentioned in the above, hence, political leaders are normally develop various strategies to ensure that

service delivery is attained as planned according to the budget and national plan to meet service recipients' needs. Political leaders must show accountability and responsiveness in order to make sure that the planned is succeed and service is delivery is improved. As identified above in political leaders and service delivery, strategies that have been employed by political leaders and government in general in augmenting their capacity to deliver services to the people have been explored and this was done by examining various governments (Grindle, 2004).

The study done in UK, Australia, U.S.A and Ireland states that, by focusing on client segment strategy the governments and political leaders embarked on an initiative that aimed at identifying diverse needs of the people and the leaders in the public service and the intended outcome was to devise service offerings that aim at responding to those needs (Rondinelli, McCullough & Johnson, 1989). Also they talked about service policies in relation to choice and access of services, in which this involved development of citizen-based approaches through the use of technology to improve delivery, access and reach of government services (Briceno &Estache et al, 2004). This initiative includes flexibility of choice in delivering services to the people.

Furthermore, the study done by Roy and Langford, (2007), argue that, the strategy that most of the leaders and government use to ensure service delivery is attained as planned is through standard of accessibility, which state that, the issues on standards of accessibility have to do with utilizing advanced technological instruments such as the Internet to facilitate access to service delivery within declared standards. Policies and standards have been developed by government to ensure that access is achieved by all eligible beneficiaries through use of electronic channels (Ghobadian, Speller,

Jones, 1994). For instance, the international WCAG which promotes usability by people with disabilities is increasingly being used world-wide. In Europe, the European Commission's "2010: A European Information Society for Growth and Employment" comprises strategies to enable citizens to benefit from the information society that is, eligible people are encouraged and capacitated to use online information to access services offered by the state.

The other strategy that was mentioned by Ford and Zussman in (1997) regarding service delivery were information sharing, in other word can be state as transparency in all matter, but this looks at sharing service delivery related information in the public sector so as to increase access to public sector services. Political leaders and the government in general have embarked on sharing information with the support of legislative frameworks and this is seen as vital for the development of responsible service delivery (Allen, Juillet, Paquet& Roy, 2001). Countries such as Belgium, the Netherlands and Australia have devised policies that encourage the provision of personal data. The aim is to promote sharing of information by different government departments and this has assisted in enhancing service delivery by reducing people's waiting and travel times.

Furthermore, being accountable is one of the strategy to ensure service delivery is improved by the government and political leaders in a particular, as explained by Ahmad (2005), his study was conducted in Australia and he state that, when speaking of accountability in service delivery, this part looks at accountability aspects put in place by governments to elevate service delivery to the cabinet or executive level. For instance, "Australia's DHS was created in 2004 to provide direct

ministerial oversight and greater accountability to the government's citizen-centered service delivery network. Having a minister directly responsible for service has helped ensure service delivery considerations are incorporated into policy development, and has enabled more effective relationships between service delivery organizations and client departments.

Taking into consideration the above information, it can be noted that progress in improving service delivery has been made by many government and political leaders in a particular. However, there is still room for improvement as some of the political leadership continue to lag behind in making the necessary improvements a reality. This is normally the case in many states which are afflicted by poverty and lack adequate service delivery related innovations and technologies.

2.4.3 Perception of Citizens and Political Leadership on Service Delivery

Community members are normally expect the elected political leaders to fulfill their promises promised during the campaign. However, Carr (2009) noted that the political leadership challenges in various countries manifest themselves in corruption and a lack of good governance. This is observed in countries such as Zimbabwe and Swaziland with poor governance and a high level of corruption, and in Madagascar with a leadership crisis (WFB, 2013). The leadership problems in the said countries have led to lack of access to service delivery and such problems have resulted in high numbers of people who live in poverty. Though good political leadership involves quality public service delivery, accountable-decision making, and civic engagement, also, good political leadership requires that institutions serve all stakeholders within a reasonable and acceptable time-frame but still this does not

seems to be on practices (IEA, 2010). Public services have a significant impact on both citizens' daily lives and on the competitiveness of economies.

For this reason, modern societies increasingly demand better efficiency and effectiveness from public agencies. New Public Management (NPM) defends a set of strategies to fulfil those objectives: cutting costs, disaggregating traditional bureaucratic organizations into smaller agencies, decentralizing management authority within each public agency, separating provision and purchase of public services, introducing market and quasi market-type mechanisms, requiring staff to work to performance targets, indicators and output objectives, establishing greater flexibility in public employment and, finally, increasing emphasis on service quality and customer responsiveness (Pollitt, 1995). In this sense, we can say that NPM aims to meet the needs of citizens and firms and not those of bureaucracy. In this context, public service quality has become a priority for most governments (Ling 2002; Roy and Seguin 2000), satisfying the needs of different publics, with a clear focus on favoring good governance and national economic competitiveness

Citizens after the election they expect to be consulted by the political leaders about what they value regarding public services, once political decide to delivery service that is less important to the community members may not reduce the burden of the citizen (MEPSI, 2010). Put simply, the prospective beneficiaries of public services have to be provided with the opportunity to articulate what they need and value. This is crucial in providing services that can meet the needs of the people. It has been noted that some governments along aside with political leaders have provided services that were not urgently needed by the people. For instance, in some rural

areas of African states, people needed access to basic services such as water (Ikejiaku, 2011). However, government embarked on the upgrading and development of roads. This was important but an urgent necessity for the people as water was seen by the people themselves as being more desperately needed.

The study done by Pretorius (2007), found that, when people are consulted regarding their priority on services delivery it lead to the stability political leadership, hence, its consistency are vital in service delivery matters. This is important since stability and consistency help leaders to focus on service delivery and deal with aspects that may become obstacles to the successful delivery of services. For instance, in municipalities or local government, some key developmental related decisions need leadership and leaders who take those decisions have to make up a quorum (Herbert, 2002). Instabilities and disagreements between leaders and community members or among leaders are divisive and serve only to delay many developmental decisions, leading to poor service delivery to communities.

2.5 Research Approach to Leadership

2.5.1 Situation Approach

This approach emphasizes the importance of situational factors such as leader's authority and discretion, the nature of the work performed by the leader's unit subordinates' ability and motivation, the nature of the external environment, and the role requirements imposed by subordinates, peers, superiors and outsiders. One line of research in this regard seeks to discover how the situation influences behavior and another attempts to identify aspects of the situation that moderate the relationship of leader traits of behavior to leadership effectiveness.

The assumption is that the same behavior pattern is not optimal in all situations. A situation, within this context, is a "set of values and attitudes with which the individual or group has to deal in a process of activity and with regard to which this activity is planned and its results appreciated. Every concrete activity is solution of a situation. Situations can be complicated affairs and generally have five elements, the structure of interpersonal relationships within the group ,the characteristics of the group as a whole, the characteristics of the group's environment from which members come ,physical constraints on the group.

Situational influences thus constrain the leader who must adapt his or her style of leadership to the situation at hand. Situational leadership, according to Northouse, has both a directive and a supportive dynamic. A situational motivated leader realizes that the skills and motivation of any group member are not static and the mix of the leader's supportive and directive activities must likewise change with the situation. The situational approach has been refined and revised several times since its inception and it has been used extensively in organizational leadership training and development (Northouse, 2007).

2.5.2 Trait Approach

This approach emphasizes the personal attributes of leaders. Research conducted in the first half of the previous century, revealed that leaders' success can be attributed to abilities such as energy, intuition, foresight and persuasive powers. This research effort, however failed to find traits that would guarantee leadership success. Recent research has focused on managerial motivation and special skills rather than on personal traits and general intelligence, and tends to relate traits to specific role

requirements for different positions. Therefore, leadership plays a crucial roles in influencing employees and motive the management team to delivery services to the people in effective and efficiency manner only when he/she possess certain skills regarding leadership traits.

2.6 Theoretical Analysis

In the following theoretical discourse, the theories of leadership and service delivery are analyzed. Theories are essential in the understanding of the development of leadership among other fields and areas of studies. It is expected that theories will inform the practice. However, in other circumstances, the practice informs the theories. The application of these guidelines is primarily determined through how leadership should be practiced in the workplace

2.6.1 Transformational Theory

This theory raises fundamental aspects that can assist in identifying the role of leadership in service delivery. The central notions that relate to the role of a leader with regard to service delivery, as raised in this theory, are worthwhile and relevant in guiding the analysis of data. The noted aspects indicate that a leader must be able to set direction, and pursue a collective purpose for mutual growth and development.

Other key concepts include satisfaction of people by leadership, a good sense of pride as they become part of the initiatives undertaken collectively with a leader, and a sense of accomplishment. These notions will be critical in establishing whether leaders are able to attain this in relation to the people they lead in Tanzania. This study adopted this theory of leadership because it emphasizes the motivation of

followers by the leader (Bono, 2004). The leader motivates followers to get some things done (Conger, 1999).

As the role of political leader to influence change in the society therefore in relation to this theory, a transformational leader is a leader that motivates followers to perform at their full potential over time (Judge et al, 2004), influences a change in perceptions and provides a sense of direction (Howell & Avolio, 1993). This type of leader utilizes, as described by the Transformational Theory of Leadership, charisma, individualized consideration and individual stimulation to produce greater effort, effectiveness and satisfaction in followers (Odom et al, 2003). Moreover, it is worth noting that Transformational Leadership occurs when an individual engages others to a high level of ethical decision-making. Instead of placing emphasis on differences between the leader and followers, Transformational Leadership focuses on collective purpose and mutual growth and development (Feinberg, 2005).

2.7 Research Gap Identified

There have been a number of valuable studies about the role of leadership on health service delivery in Tanzania. However little has been written on effect of political leadership on health service delivery in Tanzania. Studies made Roy and Langfrod (2007), Siphumeze (2014), Ikejiaku (2011) all of which evidence that institutional performance, implementation of policies, systems need to be efficient, infrastructure should improve and resources should be made available through the influence of leaders as few among their crucial role in service delivery which in turns can leads to acceleration of health service delivery Sivanarain(December 2016) addressing sound of political management is key to enhance municipal service delivering and

implementing the mandate of the political leader .

Although the three studies did not deal directly with political leaders, the other reviewed studies deal with the strategy of political leaders in the acceleration of services delivery. However, the research conducted in Australia and South Africa where geographical attributes, political and socio culture values differs from Tanzania. Therefore, their findings cannot be in favor of the Tanzania enviroment. Hence, this study focused on the effect of political leaders in the provision of health service in Tanzania, a case of Ubungo Municipality.

2.8 Conceptual Framework

The conceptual framework explains the relations between dependent variables and explanatory variables.

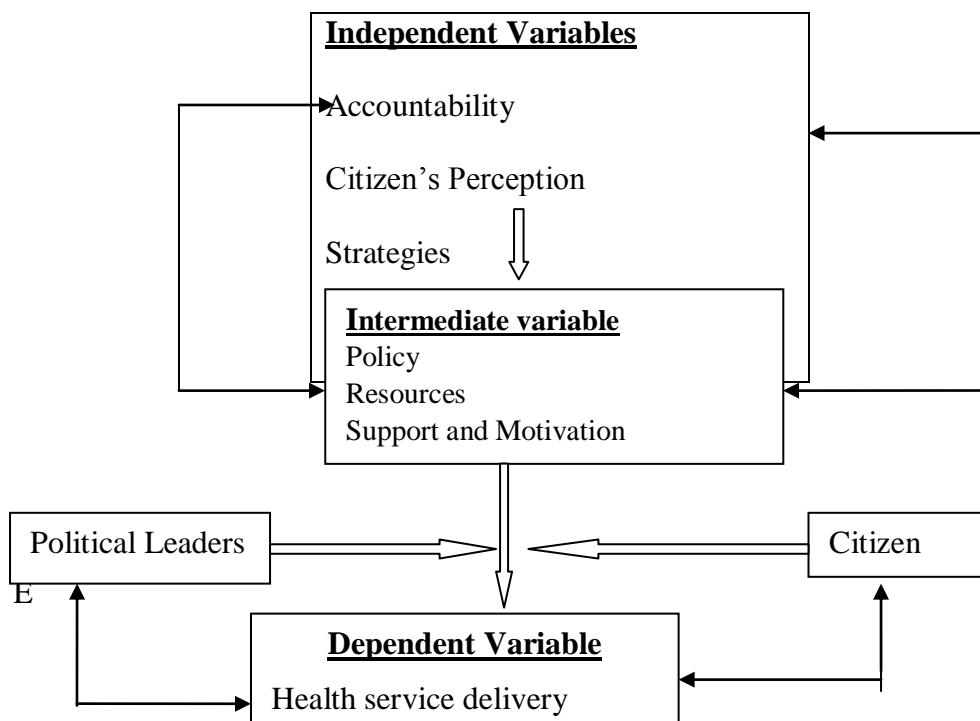


Figure 2.1: Conceptual Framework
Source: Researcher's own Construct, 2018

Leadership refers to the dependent variables while the key independent variable of interest in this study is health services delivery. Political leadership are the catalyst on health service delivery. Regardless of the availability of resource to accelerate health service delivery but without political leadership the available resources will not be used effectively, the figure below show hows the concept of leadership affect the promotion of health services delivery (see figure 2.1)

2.9 Chapter Summary

This chapter focused on different studies, which attempted to explain the relationship and effects of political leadership on health service delivery. It can be said that health services is a critical area where leadership plays a big role in making the service delivery to the patients/recipients more efficiency and in effective way. In addition, this chapter discussed the variable in conceptual framework, which used to examine the effects of political leadership in the acceleration of health services delivery; theory such as transformational theory and situation theory will used to support this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter presents the methodology used in undertaking the study. It contains explanations of the study area, research design, population of the study and sampling techniques, sources of information and research methods for data collection, data analysis, validity and reliability, and ethical considerations.

3.2. Research Design

A cross sectional research design was used in undertaking this study. Cross-sectional study is an observational study that collects data from whole study population at a single point in time (Lowe et al, 2014). Cross sectional research design is applicable when a researcher wants to find out about the phenomenon at the time of undertaking a study, it does not require sequential examining of a phenomenon over period of time, it does not project the future of a phenomenon (Burns et al, 2003).

Considering the subject of the study, a cross-sectional design is appropriate because it is important to find out about the influence of political leadership on health services delivery at the time when the study was being undertaken. This is due to bearing in mind that leadership is dynamic. There is change of people in positions from time to time, change in leadership style, and response to different policy/political contexts which takes place from time to time leading to dynamism.

3.3 Area of the Study

The study was conducted in Dar es Salaam and in Ubungo municipal in particular. Ubungo Municipality was selected purposively because it is a Municipal which has

unique/exceptional qualities. It is newly formed (below 5 years existence), it is under the leadership of opposition political leadership, it is situated in the major city of Tanzania (Dar es Salaam), well accessible to the researcher who had limited time and Budget when undertaking the study.

3.4 Study Population

Goddard and Melville (2001) define a population as “any group that is the subject of research interest”. With regard to the study, the population of the study included political leaders, health workers and patients from the public hospitals. The selection of the respondents was based on the consideration that those people have the knowledge on the topic and would be in the position to provide information based on the study objectives. They worked closely with the communities who are the recipients of the health service and the leadership who is expected to provide them with the support to enable them to deliver services.

3.4.1 Participants Inclusion Criteria

- i. Health workers in Ubungo Municipal
- ii. Politicians
- iii. Patients/ recipients of the health service that found in the study area

3.4.2 Participants Exclusion Criteria

- i. Patients who were too serious sick to be interviewed
- ii. Refusal to give consent
- iii. Those who were not mentioned in the inclusion criteria

3.5 Sampling Methods

A sample is a small representation of a whole. A sample should be similar to the population from which it is drawn, on the variables that are relevant to the study (Mark, 1996). One of the challenges in sampling is to reduce the sampling error that is, the error that may occur when the sample does not reflect the population from which it was drawn (Kothari, 2006). In the course of the study, the researcher used both purposive sampling and simple random sampling.

Purposive sampling (also known as judgment, selective or subjective sampling) was a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study (Kothari, 2006). This method was used in identifying and selecting political leaders and health workers by the virtue of their positions. On the other hand, simple random sampling was used during selection of patients. In this case, the researcher picked randomly one respondent after every 10th of the patients who were found lining up to wait for health service in visited health centers/hospitals.

3.5.1 Sample Size

In this study, the sample comprised of political leaders, health and social welfare practitioners employed by the department of health and Social welfare in Ubungo municipal who were responsible for delivering health service. According to Mark (1996) and Fortune & Reid (1999), it is not possible to interview the entire population without sampling. Furthermore due to the fact that, the targeted population was unknown, hence, where the population is unknown, the sample size can be derived by computing the minimum sample size required for accuracy in

estimating proportions by considering the standard normal deviation set at 95% confidence level (1.96), percentage picking a choice or response (50% = 0.5) and the confidence interval (0.05 = ± 5). The formula is:

$$n = z^2(p)(1-p)/ c^2$$

Where:

z = standard normal deviation set at 95% confidence level

p = percentage picking a choice or response

c = confidence interval

$$n = 4(0.5)(1-0.5)/0.05^2$$

$$n = 400$$

Therefore, the minimum sample size will be 400.

Based on the above calculations, a total of 400 health workers, politicians and patients from Ubungo Municipality were randomly selected for data collection which fulfills the requirement of efficient, representativeness, flexibility and reliability of the data

Table 3.1: Sample Size and Distribution

S/no	Municipal	No. of Health centers	No. of health workers	No. of Leaders	No. of health recipients/Patients	Grand Total
1	Ubungo	7	40	10	350	400

Source: Researcher's Field Data, 2018

3.6 Data Collection Methods

Data collection is the how or procedure to collect data. Data collected through three methods, namely, Interview, questionnaires and documentation. In this study, the following data collection techniques were used

3.6.1. Questionnaire

A questionnaire is a series of questions asked to individuals to obtain useful information about a given research topic Saounders (2000). During data collection for this study, self-administered questionnaires was used as stated above. The respondents were given questionnaires with a series of both closed and open ended questions. Through questionnaire, the first part of the questionnaire was dealt with demographical data, the role of political leadership in enhancing accountability of health budget expenditure, strategies political leaders use to accelerate the provision of health and perception of community members regarding the influence of political leadership on health service delivery.

3.6.2 Interview

In research context, interview means a conversation with a purpose of collecting mostly qualitative, more detailed information (Cohen, 1996). Interview can be structured or unstructured. Given the nature of study, the researcher used both structured and unstructured interviews for data collection. Interviews intend to get a deeper understanding of the respondents on the subject matter in a detailed and unlimited manner. The researcher used in-depth interview to collect data on the strategies used by the political leaders in the acceleration of health service delivery and their role on health services delivery. Interview data collection method was used

to collect data from politicians and management team from health workers.

3.6.3 Secondary Data Collection

Secondary data collection refers to a process by which the researcher reads and reviews the published literatures with the aim of extracting out the literatures relevant to the problem under study (Cooper, 2003). This method of data collection was used during data collection for this study. In reflection of the study, the purpose of using this method aimed at reading and analysing various publications, reports, papers, journals, dissertations, annual reports and policies based on literature on health service delivery and leadership were consulted as this give a broader understanding of the topic in discussion.

3.7 Data Analysis

3.7.1 Qualitative Data

The researcher used thematic analysis in analysing qualitative data. Thematic analysis is an approach whereby data are grouped under themes and sub-themes based on the objectives of the study (Saouders, 2002). Those themes included the role of political leaders in enhancing accountability of health budget expenditure, strategies used by political to accelerate health service delivery and the perception of community members regarding the influence of political leaders in health services delivery. Qualitative data analysis involves reading descriptive data, making notes on the trends found in the data and developing some descriptive categories (Roberts and Greene, 2002). Unlike quantitative data, there are no exact formulas for analysing qualitative data. There are some widely accepted procedures, but no exacting formulas into which one can enter data. Instead, analysing qualitative data

requires a lot of subjective judgment and interpretation (Neuman, 2003:154).

3.7.2 Quantitative Data Analysis

The quantitative data was collected through questionnaire data collection tool, respondents were given the questionnaire with series of both open and closed ended questions. Through questionnaire respondents were asked to provide information about their perception regarding the effect of political leaders in health service delivery. The researcher used Statistical Data Packages for Social Scientists (SPSS) for the analysis of Quantitative data. Data were sorted, coded and entered into the SPSS software. After data entry, the researcher was be able to present that in descriptive statistics including frequencies, mean, and percentages and making cross tabulations of variables to check the relationships. Quantitative data was presented in tables and graphs.

3.8 Ethical Considerations

Ethics in research is discussed here with the view to indicating the ethical context within which the study was conducted. Ethics refer to standards of conduct to ensure moral behaviour (Royse, 1999). A fundamental question here is whether the study itself is ethical. In social sciences, issues to consider in assessing whether a study is ethical include harmful labelling of people causing serious psychological distress or withholding needed treatment (Fortune 1999).

3.8.1 Informed Consent

Respondents were informed about the purpose of the investigation and the procedure that were followed. As pointed out by Barnett, Miller-Perrin and Perrin (1997)

respondents need to get adequate information and all the procedures to be followed during the investigation. The respondents were clarified that participation in the research was voluntary and they could not feel pressured to take part if they do not feel like.

3.8.2. Confidentiality

The researcher will not reveal the identity of participants as well as any confidential information obtained during the study without their permission. Participants will not be coerced to take part in the research but their participation will be discussed amicably with them.

3.8.3. Anonymity

Sieber (1982) indicates that the right to privacy is the individual's right, Disclosure of the findings and conclusions of the research will be done with caution. For instance, Terreblanche and Durkheim (1999) contend that results of studies should be published with careful attention to the rights of participants and protection of identities of individuals and groups, especially if anonymity was guaranteed in the consent agreement.

3.9 Limitations of the Study

Every study is subjected to limitations due to errors and bias. Firstly the area of study was just a single region (Dar es Salaam) in the country which exclude other region in the country where the possibility of variation in study population is likely inevitable. The sample size is small which does not represent population in the whole country. In future, larger sample may be opted. Secondly, some respondents,

health workers and political leaders in particular were reluctant to fill questionnaires they deemed unsafe when reporting exact answers. This posed a great challenge to the research as the researcher had to take a longer time to find respondents who were willing to provide adequate information.

3.10 Summary

This chapter has covered important elements of the study design and methodology. The quantitative approach will be used to obtain the data from the respondents for Ubungo municipality. The study used questionnaires as the major instruments of data collection. The study sample involved health workers and other community members from Ubungo Municipality and Purposive and random sampling procedure used to get samples for the study

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter provides interpretation of findings, data analysis and discussion of the findings based on the objectives of the study. It starts by interpreting the data collected from the field and afterwards provides analysis and then discusses the findings based on the findings of other scholars.

4.2 Social Demographic Information

4.2.1 Gender

After the data collection and analysis the study found out most of the respondents were female accounting for 60% (242) of the total number of the respondents while leave a small portion of 40% (158) male respondents who were involved in the study. (See figure 4.1). This indicated that majority of the people who were involved in this study were female during data collection. This included all the health workers, patients/recipients of the health service in Ubungo Municipality as well as the Political leaders.

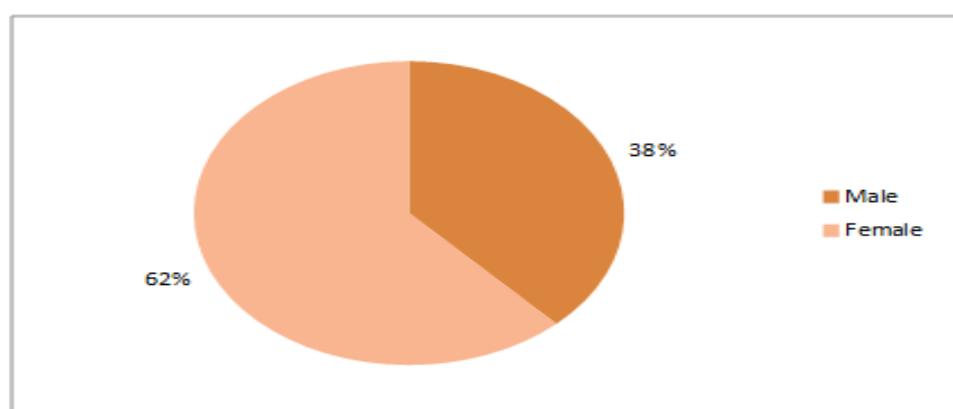


Figure 4.1: Gender

4.2.2 Level of Education

Level of education was one of the social demographic information of the respondents since the study involved Health workers, political leaders and health recipients from Ubungo Municipality, hence, the study found out that, majority of the respondents attended university level, this included certificate, diploma and degree and master level as well as vocation training level which accounting for 36% (144) of the total respondents, also 30% (120) reported to have attended secondary level, while 15% (60) attended primary level and 9% (36) reported to have attended advanced level as reported during data collection, Furthermore, 7% (28)reported to have attended advanced leave and 3% (12) attended postgraduate study. This indicate that majority of the respondents were educated as it shown on the figure three below (See Figure 4.2).

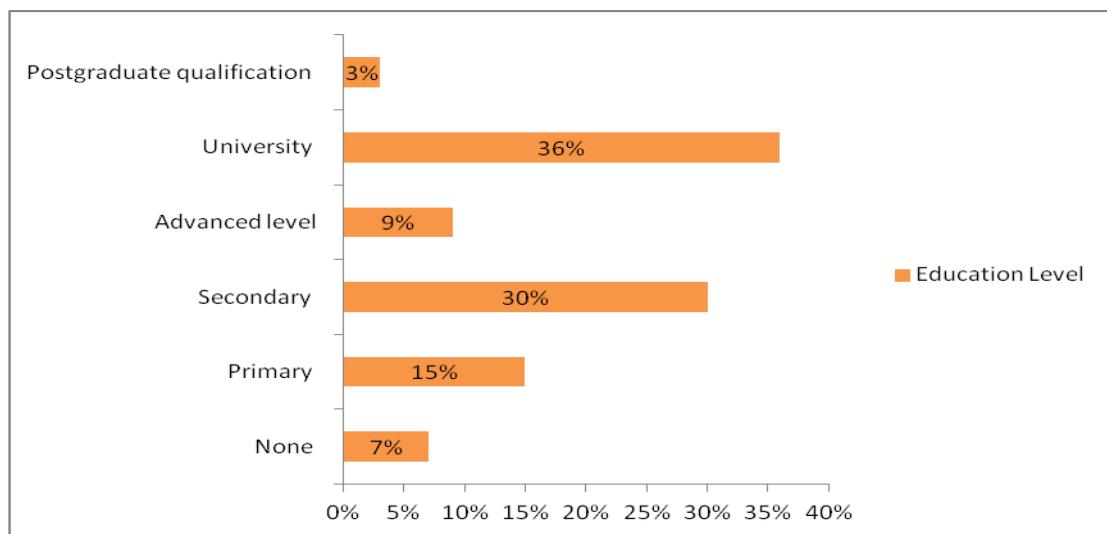


Figure 4.2: Level of Education

Source: Field Data, 2018

4.2.3 Age of the Respondents

The study found out that, out of 400 total respondents involved in this study, for those who were aged 15-25 years accounting of 22% (88) of the total population,

those aged between age group 26-36 consist of 58% (232), while those aged between 37-46 age group consist of 15% (60) and lastly those aged above 47 years old consist of 5% (20) of the total population.

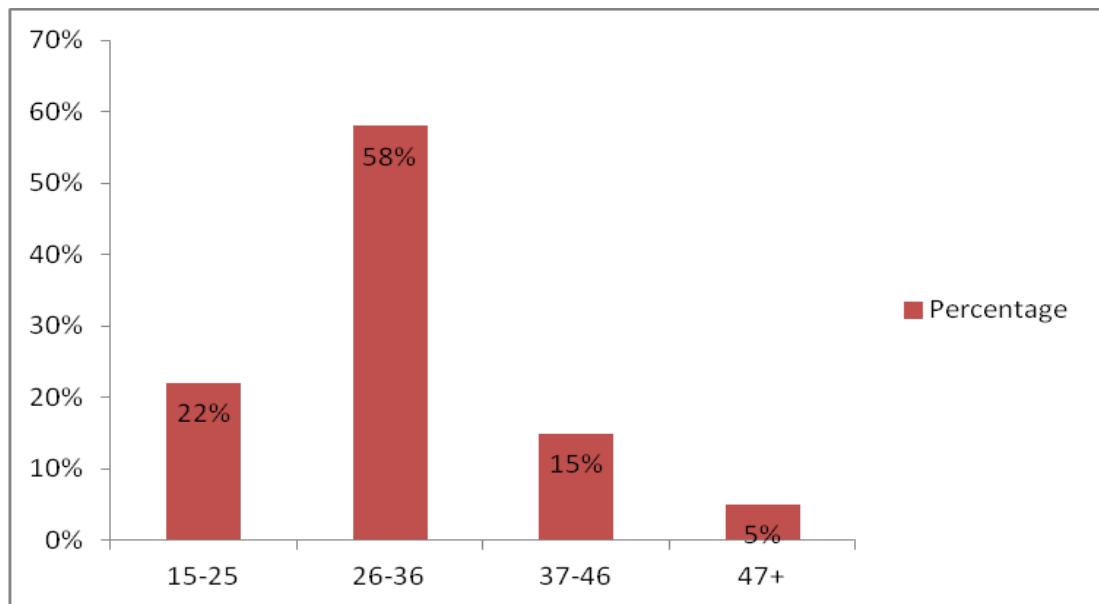


Figure 4.3: Age of the Respondents
Source: Field Data, 2018

4.3 Role of Political Leadership and Accountability on Health Budget Expenditure

4.3.1 Awareness of Health Budget Expenditure

The first objective of this study was to examine the role of political leadership in enhancing accountability of health budget expenditure, hence, the respondents were asked to range their answer based on the awareness that provided by the political leaders on health budget expenditure as among of their role. 40% (141 out of 350) of the total patients/ recipients of health services they strongly disagree that political leaders made community aware of the health budget expenditure, however, 19% (68 out of 350 patients/ recipients of health service) strongly agree that political leaders made community aware of the health budget expenditure. Furthermore, 16% (55 out

of 350) agree that community is made aware of the health budget expenditure and 15% (51 out of 350) agree that political leaders provide information to the community about health budget expenditure. Interesting part is that only 10% (35 out 350) they didn't agree or disagree that political leaders whether do made awareness to the community about health budget expenditure or not.

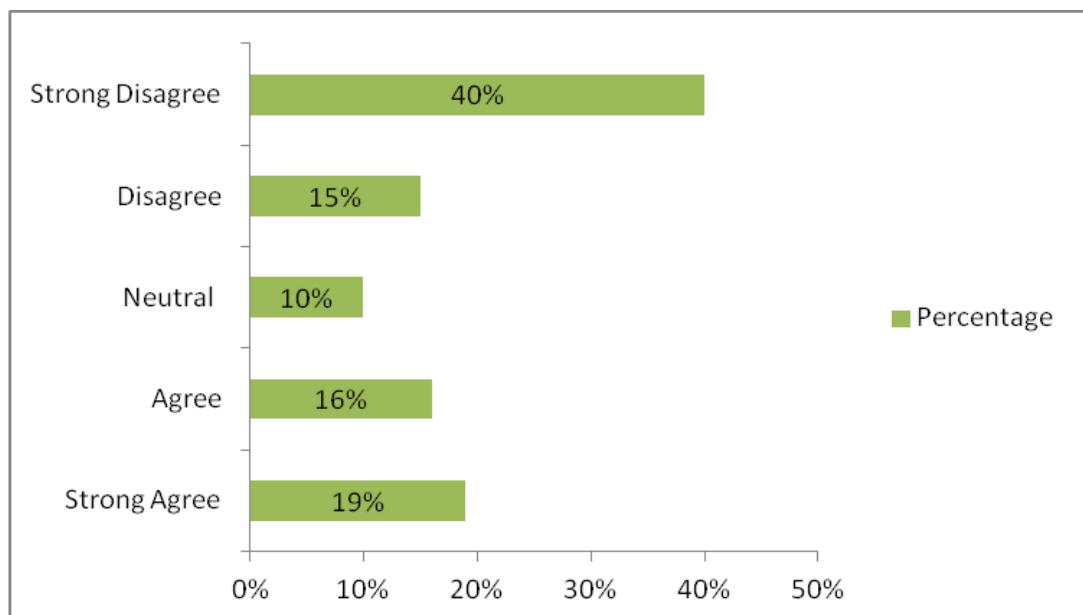


Figure 4.4: Awareness of Health Budget Expenditure

Source: Field Data, 2018

In line with study done by save the children (2012) who state that, every person in the world has basic human rights, including the right to access to information. It's the obligation of the state to provide for these rights, for which citizens may hold their government to account. Citizens also have a right to influence government decisions about how public resources are spent, both across sectors and within each sector. Children and young people, as vital members of their communities whose voices often go unheard, also have a key role to play in holding government to account for spending on the services that affect them and their families.

4.3.2 Provision of Information to the Community

Provide information to the community regarding the improvement on health service delivery was one among the questions on the role of political leadership in enhancing accountability of health budget expenditure, after the analysis the results indicated that, 75% (88 out of 350) of the respondents revealed that political leaders do not provided any information regarding the improvement on health service delivery point on other hand, 25% (262) of the respondents revealed that, political leaders do provide information to the community regarding the improvement on health service delivery points. (See figure 4.5).

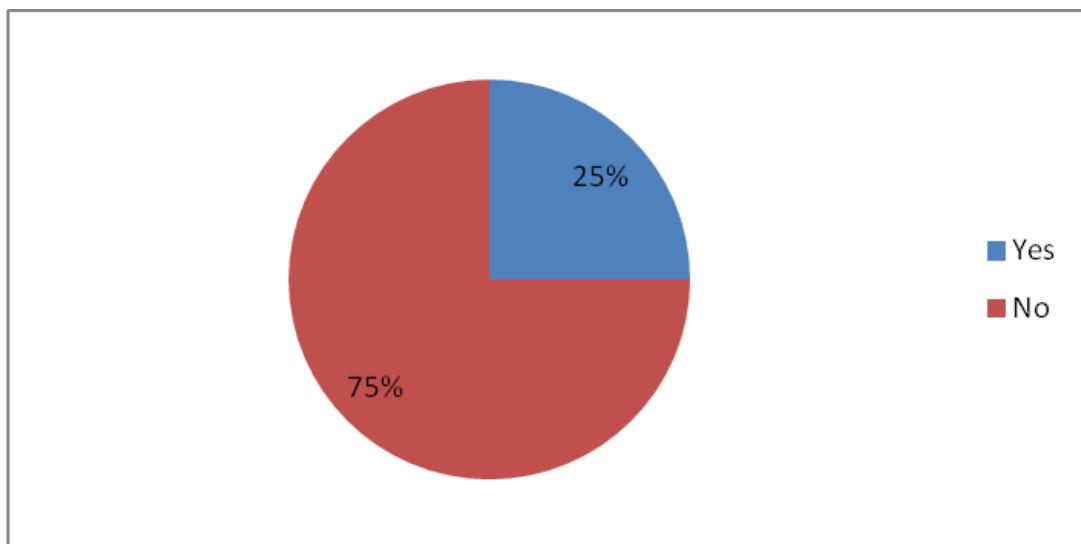


Figure 4.5: Provision of Information

Source: Field Data, 2018

The finding is supported by the study done by n Alban (2016) on the role of community leaders to provide information to the their community regarding the health issue so as to improve the sector, state that, in order to improve the quality of healthcare services, information is needed to identify any differences in health and health care among different populations and to provide better services. Therefore this

indicates that, provision of information serve as means to accelerate the provision of health sector.

4.3.3 Specific Role of the Political Leadership in Health Budget Expenditure

The researcher was keen to find out about the role of political leadership in health budget expenditure, Political leaders at local level were asked about their role in influencing accountability in health budget expenditure, hence, the study revealed that, 78% (7 out of 10 political leaders participated in the study) reported that, among the role played is to emphasis on tax payment among the community members, 57% (5 out of 10 political leaders) reported that, political leadership is responsible to emphasis on the accountability among health worker so as to make sure the health budget is effectively and efficiently spent, 47% (4 out of 10 political leaders participated in the study) reported that, political leaders increase number of health delivery points as part of their responsibilities in health budget expenditure.

In line with the study done by Lucy (2013), on political leaders accountability on social development sector and taxation argued that in political leaders and the government in general should be accountable and should provide information to citizens about the size of the government's health budget, and that citizens may be more likely to take costly actions to procure more information about government performance. This will help to accelerate the development of various development sectors in the country, health sector in particular and political leaders are more likely in position to emphasis on the same.

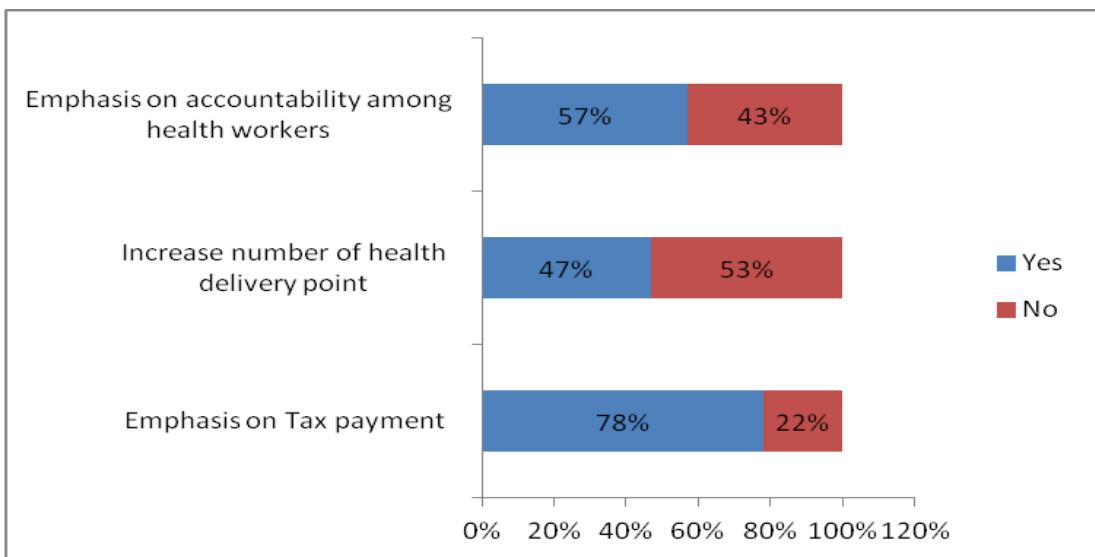


Figure 4.6: Role of the Political Leadership in Heath Budget Expenditure
Source: Field Data, 2018

4.4 Strategies Political Leaders Use to Accelerate the Provision of Health Services

4.4.1 Strategies Used by Political Leaders

Another objective of this study was to identify the strategies political leaders use to accelerate the provision of health services, hence, Political leaders were asked about the strategies and after the analysis the study revealed that, 67% reported to hold meeting with community and health workers, 64% revealed to mobilize people and resources to get things done, 46% revealed to emphasize careful planning and clear time line in health services delivery, 39% revealed to visit health service point regularly, and lastly 27% revealed to establish open and collaborative relationship with different stakeholders. (See figure 4.7).

This findings is corroborate with the study done by Seepersad, (2012) which state that an effective public leader needs to develop sophisticated leadership strategies that extend to focusing on social strategy, political will and interpersonal skills.

Furthermore he gave an explanation of an effective public leader that should expresses transformational leadership style which represents loyalty, influencing people and focusing on social strategy.

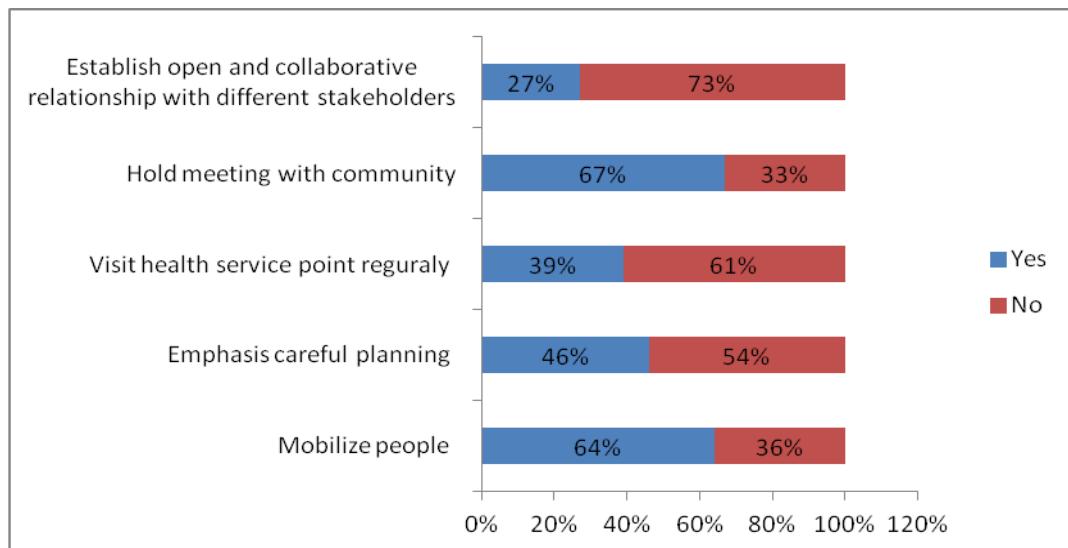


Figure 4.7: Strategies Used by Political Leaders

Source: Field Data, 2018

Moreover as discussed above on literature review under theoretical framework that transformational leader is a leader that motivates followers to perform at their full potential over time, influences a change in perceptions and provides a sense of direction. Hence, this finding identified a numbers of the strategies used by the political leaders in the provision of health service delivery such as hold meeting with the community, visit health service point regularly, establish open and collaborative relationship with different stakeholders these are few among the strategies used by the political leaders.

Connected to the above, community member were asked if the political leaders do mobilize people and resource as one of their strategies to accelerate health services provision in Ubungo Municipality, hence, the study revealed that, 35% (122 out of

350) respondents strongly agree that political leaders mobilize people and resource to in order to accelerate health services provision, 22% (77 out of 350) respondents strongly disagree, 21% (74 out of 350) agree while however, 11% did not agree nor disagree as they revealed neutral response and other disagree irrespectively. (See figure 4.8).

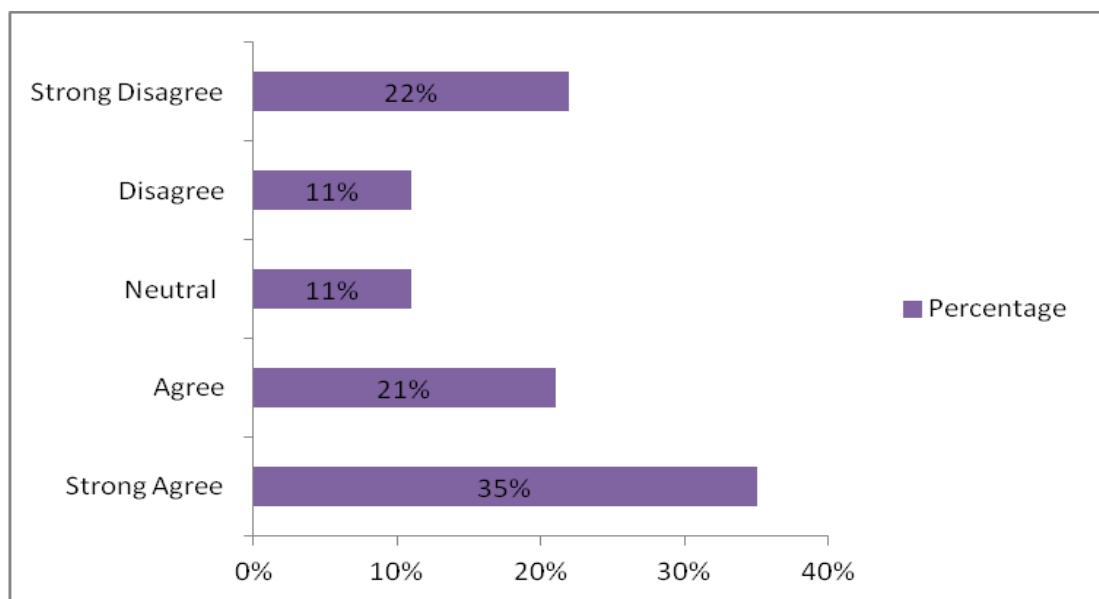


Figure 4.8: Mobilize People

Source: Field Data, 2018

With regards to the study done by Professor Dr. M. Shamsur (2013) on leadership role in resource mobilization at local level argued that leadership can also be assessed in resource mobilization, through building institutional capacities, participation, transparency and responsiveness to the people so as to contribute on the development of the community he/she serve and country in general. By resources this could be materials and non-materials wealth through pooling internal and external resources to attain the key objectives of serving the people at the doorstep and creating a sense of self confidence and consciousness of generating or creating new resources and their proper uses for the wellbeing of the people.

The researcher on other hand was keen to find out if community and health workers were regularly hold meeting with the political leaders as reported by the political leaders so as to get clear perspective on both side, hence, the study revealed that, majority community members and health workers 54% of the total respondents strongly disagree, 20% agree while 13% of the total respondents disagree, however, interesting part is that only 6% of the total respondents were strongly agree that political leader hold meeting regularly and 7% did not agree nor disagree to the fact that political hold meeting within the community (See figure 4.9).

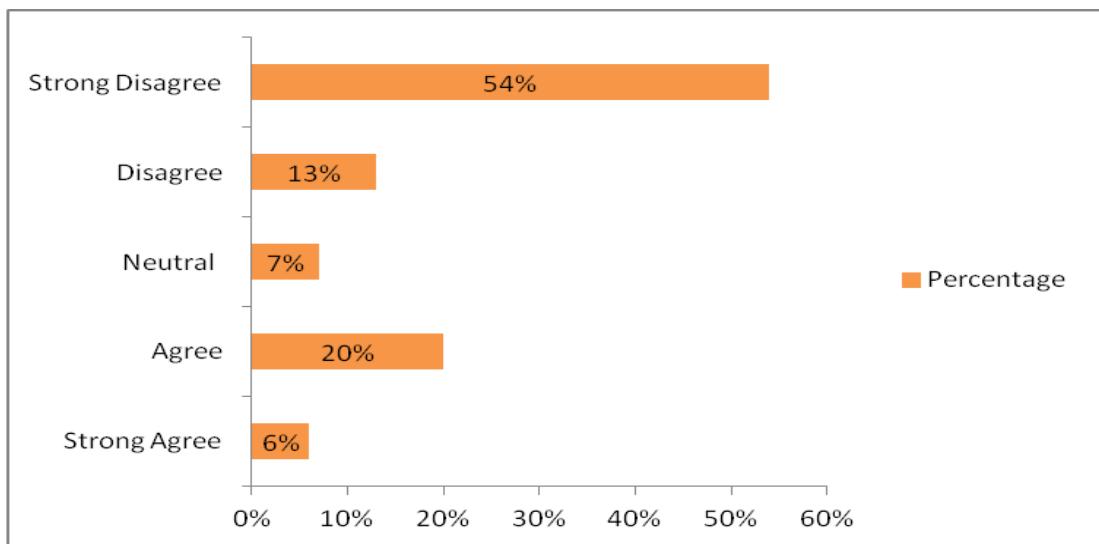


Figure 4.9: Hold Meeting

Source: Field Data, 2018

4.4.2 Establish Open and Collaborative Relationship

Connected to the second objective of this study and as discussed in the above (figure 4.9, and 4.10), Establish open and collaborative relationship with different stakeholders is one among the strategies on the health service improvement, the researcher was so keen to get both perspective regarding transparent, open and collaborative relation among political leaders, hence, community member and health

workers were asked to agree or disagree on that particular fact, and the study revealed that, majority of respondents 43% strongly disagree, while 18% of the total respondents strongly agree, 15% however, agree and disagree irrespectively and lastly 9% did not agree nor disagree. (See figure 4.10).

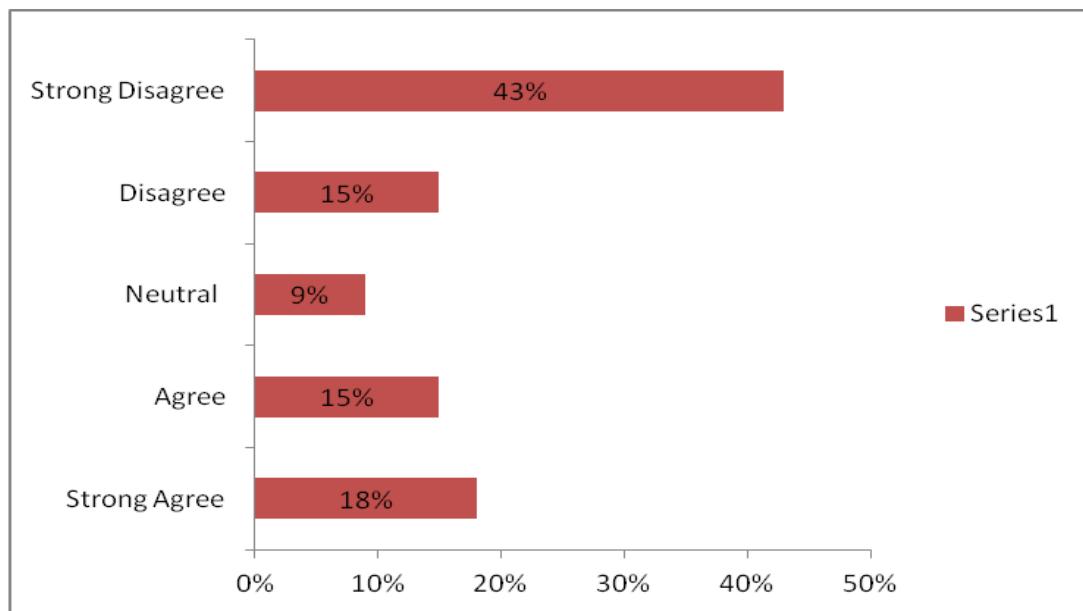


Figure 4.10: Open and Collaborative Relationship

Source: Field Data, 2018

In line with the study done by Shamsur (2013) in which state that, open and collaborative management of resources involves sharing responsibility, benefits and decision making powers among the key stake holders in particular area. This means that local resources should be empowered to take on a greater share management responsibility from the Government while at the same time benefitting from improved resource management. This should be at all level of the country start from local government, political leaders should lease with other stakeholders in the community to make better use of the resource available in the community.

4.5 The Perception of Community Members

4.5.1 Accountability of Political Leadership on Health Service Delivery

The last objective for this was to investigate the perception of community members regarding the influence of political leadership on health service delivery, respondents were asked determine whether the current political leadership is accountable or not with the regards to the improvement of health services, hence, the study revealed that, the current political leadership is no accountable with the regards to the improvement of health services as reported by 76% while only 23% of the total respondent revealed that political leadership to be accountable. (See figure 4.11).

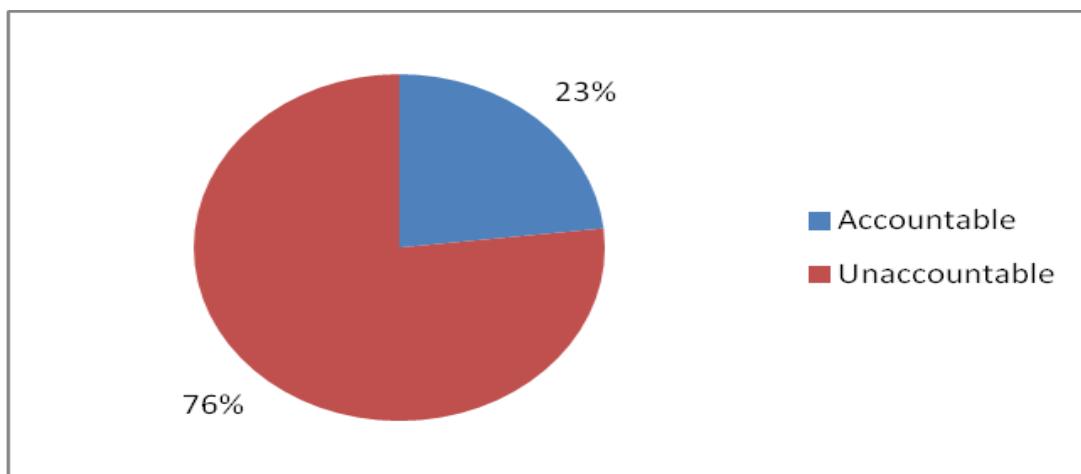


Figure 4.11: Accountability of Political Leadership

Source: Field Data, 2018

Schedler, (2010) his findings revealed that, the essence of accountability is answerability, being accountable means having the obligation to answer questions regarding decisions and/or actions. Furthermore, he discussed that political leaders should informed their citizen in all mater concern the development of the community; this can include budget information and/or narrative description of activities or outputs. By doing this it imply basic monitoring and implies a one way transmission of information from the accountable actor(s) to the overseeing actor(s).

4.5.2 Influence of Political Leadership on Effectiveness of Health Workers

Connected to the above perception of the community members regarding the influence of political leadership, the respondents were asked to rate the influence of political leadership on effectiveness of workers in the health sector, hence, 39% of the total respondents revealed that political leadership to have no influence at all, 32% revealed that political leadership to have low influence, while only 27% revealed moderate influence.

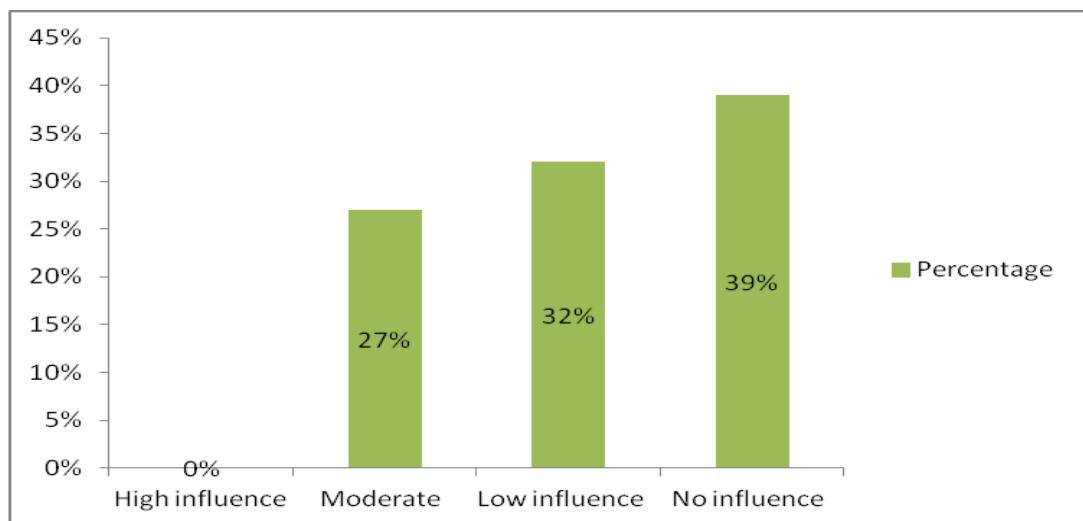


Figure 4.12: Influence of Political Leadership

Source: Field Data, 2018

Therefore, this indicated that majority of the respondents' revealed political leadership to be of no influence on the effectiveness of health workers in the acceleration of health services. This findings is corroborate with the study done by Bell (2015), which argue that political leadership is seen as the greatest influence on the way the community or public institution is shaped and transformed. Strong political leadership will enable delivery of the reformed public service. Moreover, he revealed that, leaders have the ability to shape organizations and have influence on the culture of the organization.

4.5.3 Community Members' Accountability Toward Political Leaders

The respondents were asked about their perception on how they hold political leaders accountable to satisfy their health service need, after the data collection and analysis the study revealed that, 88% of the total respondents who were involved in this study revealed that it is very difficult to hold them accountable so as they can satisfy people' health need, 78% revealed lack of support from local level (See Figure 4.13).

As discussed by Mainwaring (2013), that citizens/community members must have the ability to hold government officials and agents responsible for their actions in their official capacities. On the other side, successful institutions of governmental accountability should specify the official duties of government agents, establish a sense of obligation in government agents to fulfill their responsibilities, and create incentives that motivate government officials to act in the public interest, punishing them when they pursue their own private interests at the expense of the public interest and rewarding them to make pursuing the public interest in their own interests as well.

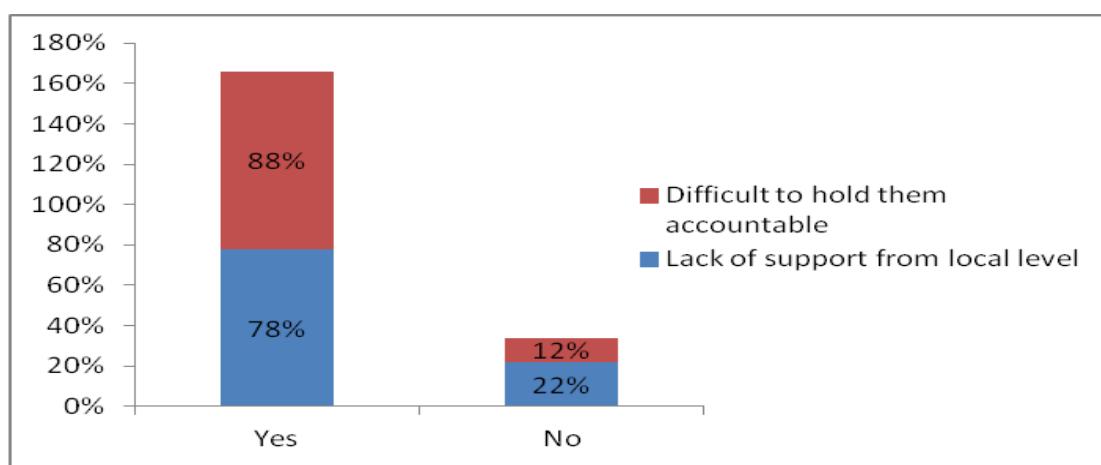


Figure 4.13: Community Members' Accountability
Source: Field Data, 2018

4.5.4 Community Member's Opinion on the Improvement of Health Service

Delivery

Connected to the above the researcher asked respondents their opinion on how to hold political leaders accountable and hence, the study found out that, 67% revealed that by voting for an accountable leadership leads to the improvement on health service delivery while 34% of the total respondents revealed that by making follow up on depending issue through meeting it contribute to the improvement on health service delivery. (See figure 4.14).

This finding corroborate with the study done by Thabetha (2011), which argue that, political leadership structure is seen to be adequate in majority of the communities but the management still lacks in skills such as planning, organizing, leading and implementation of plans. Furthermore, he discussed that the contribution of political leadership in the provision of health service in most cases seems to be inadequate. It is indicated by the community members that, the draft of policies, decisions is done in isolation without the other staff. Hence, this may affect their contribution due to lack of cooperation from the community members and other health workers.

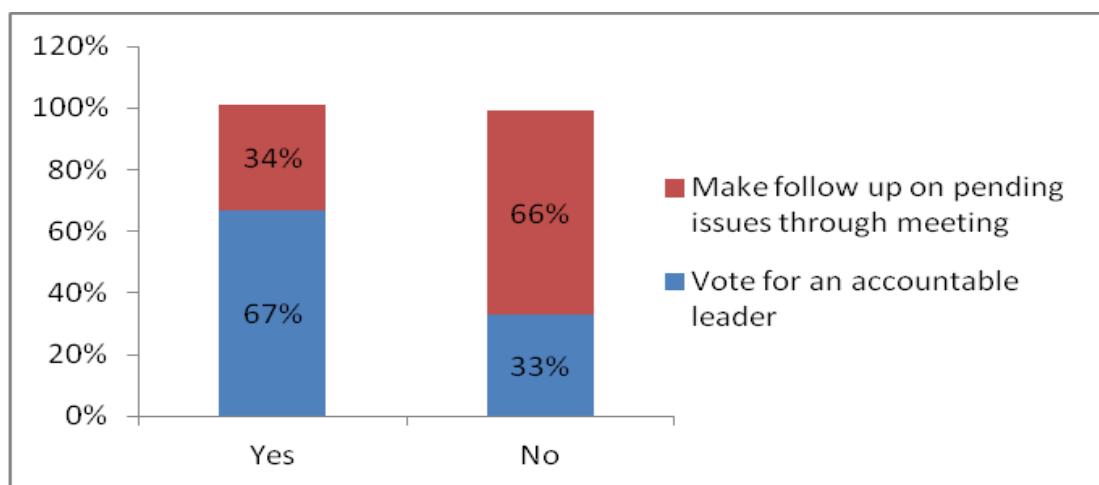


Figure 4.14: Community Members' Opinion

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Summaries of the Findings

Majority of the respondents involved in this study were female accounting for 60% (242) of the total population while male gender accounting 40% (158), this included health workers, recipients of health services who were found in the hospital and other near health delivery points as well as political leaders included. The researcher used simple randomly technique for the selection of the respondents.

In term of level of education, the study found out that majority of the respondents attended university level, this included certificate, diploma and degree and master level as well as vocation training level which accounting for 36% (144) of the total respondents, also 30% (120) reported to have attended secondary level which leaves very small portion of the respondents who were attended primary level and other education level. Therefore this indicated that majority of the respondents were educated and understood the health context in their community.

With the regards to the age of the respondents the study revealed that those who likely involved in this study were those who were aged between 26-36 which consist of 58% (232)of the total population, followed by those whose aged between 15-25 years accounting of 22% (88) and others like those who were aged between 37-46 years accounting for consist 15% (60) were much involved in this study. Therefore, this indicated that the researcher involved different age group in his study so as to get clear picture and different perspectives about the interest area of the study.

It was revealed that, political leaders do not provide information on health budget expenditure or make the community aware of the health budget expenditure this was revealed by 40% (141 out of 350) of the total patients/ recipients of health services of which they strongly disagree to the fact that political leaders provide information on health budget expenditure, however, 19% (68 out of 350 patients/ recipients of health service) strongly agree that political leaders made community aware of the health budget expenditure. Furthermore, 16% (55 out of 350) agree that community is made aware of the health budget expenditure and 15% (51 out of 350) agree that political leaders provide information to the community about health budget expenditure.

In term of improvement of the health services delivery points, the study revealed that there is no information provided to the community about the improvement of these health delivery points, as it was revealed by 75% (88 out of 350) of the respondents reported that, political leaders do not provided any information regarding the improvement on health service delivery point on other hand, 25% (262) of the respondents revealed that, political leaders do provide information to the community regarding the improvement on health service delivery points. Therefore this indicated that there is very little information regarding the improvement on health service delivery point among the community member as reported by almost 75% of the total population.

Moreover, the study revealed that political leaders play a crucial role on emphasizing the community members to pay tax and contribute to the improvement of the health delivery points and other development in the country. As revealed by 78% (7 out of

10 political leaders participated in the study) reported that, among the role played is to emphasize on tax payment among the community members, 57% (5 out of 10 political leaders) reported that, political leadership is responsible to emphasize on the accountability among health worker so as to make sure the health budget is effectively and efficiently spent, and lastly, 47% (4 out of 10 political leaders participated in the study) reported that, political leaders increase number of health delivery points as part of their responsibilities in health budget expenditure.

The study revealed the strategies used by the political leaders to accelerate the provision of health services, political leaders revealed to hold meeting with community and health workers and discuss various issues regarding the improvement of health sector this was reported by 67% of the total respondents, also political leaders do mobilize people and resources to get things done as one of their strategies to improve the health sector as revealed by 64% , however, other strategies revealed were emphasizing on careful planning and clear time line in health services delivery and visit health service point regularly, as well as to establish open and collaborative relationship with different stakeholders.

Moreover, was keen to understand about the influence of political leaders on effectiveness of workers in the health sector and improvement of the health services delivery, hence, the respondents were asked to rate the influence of political leadership, and concluded that political leadership have no influence at all this was revealed by 39%, while 32% revealed that political leadership have low influence, as well 2% of the total respondents revealed that political leaders have moderate influence on the effectiveness of health workers.

5.2 Conclusion

The study found out that, political leaders to have no direct influence on the effectiveness of the health workers as reveled by the majority of the respondents accounting of 39% while revealed a very small portion of the respondents who revealed that political leaders to have direct influence on the effectiveness of the health workers and improvement on health service delivery this was revealed by 32% which has slight difference from those who revealed no direct influence, however, 2% of the total respondents revealed that political leader have moderate influence on the effectiveness of the health workers.

The finding revealed the perception of the community regarding the influence of political leaders in the improvement of health service delivery, majority of respondents revealed that, it very difficult to hold political leaders accountable due to lack of support from the local level and most of the time political leaders do not hold community meeting frequently so as community member can get direct chance to express his/her view/opinion regarding the health sector, this was revealed by 88% of the total respondents who were involved in this study and 78% who revealed lack of support from local level.

Moreover, the study findings revealed that, community members can contribute to the improvement of the health service delivery and hold their leaders accountable through voting for the accountable leaders and make follow up on pending issues regarding the improvement of the health services delivery, this was revealed by 67% and 34% of the total respondents who were involved in this study irrespectively. Furthermore, with regards to the perception of community members regarding the

influence of political leadership on health service delivery, the study revealed that, the current political leadership is not accountable with the regards to the improvement of health services as reported by 76% while only 23% of the total respondent revealed that political leadership to be accountable.

5.3 Recommendations

The study recommends that an integrated political leadership approach is required to enhance health care service delivery in municipal hospitals. It is particularly important that such leadership approaches will take into account the diversity of the workforce and should be flexible and adaptable to changing circumstances, thus contributing to effectiveness and efficiency in terms of health care service delivery.

The current political leadership framework that dominates the respective health care facilities in Tanzania demands an integrated political leadership approach where the respective political leaders, health workers can use appropriate leadership styles in accordance with the situation.

The study recommends that political leaders to make follow up and have frequently meeting with their community members in order to ensure that health care service delivery goals are achieved. Further research could be extended to all public hospitals in the Tanzania regions, which could offer additional insights into the topic. Another interesting area for future research would be to analyze the impact of Political leadership in relation to health care service delivery at all rural regional hospitals in Tanzania. The study brought to the fore the importance of integrating political leadership in the health care context. For this reason, it is recommended that future research should focus on examining political leadership approaches and the

associated impact on public health care in the Tanzania context. This study highlighted the need for Political leadership influence at all levels of development involved in public health care organizations.

REFERENCES

- Bell, A. (2006). *Great Leadership. What it is and what it takes in a Complex World, Mountain View.* London: Davies- Black Publishing.
- Bradley, E., S. Pallas, C. Bashyal, P. Berman, & Curry, L. (2010). Developing Strategies, *Social and Behaviour Science*, 124, 432-441.
- Burns, N. & Grove, S. K. (2003). *Understanding nursing research, 3rd ed.* Philadelphia: Saunders Company.
- Covey, R. S. (1992). *Principle centered leadership*, Portland: Simon & Schuster Ltd.
- Crainer, S. (1998). *Key Management Ideas*, Great Britain: Pearson Education Limited.
- Denhardt. R. (2006). *The New Public Service: Serving, Not Steering*. New York: Armonk Publications,
- ESID Working Paper 18 (2013). 'Institutions, provision and service delivery: Bringing politics back in', by Brian Levy and Michael Walton.
- Gill, R. (2006). *Theory and Practice of Leadership*, London: Sage Publication.
- Haazen, D. (2012). Making Health Financing Work for Poor People in Tanzania". World Bank Group Open Knowledge Repository. World Bank Group. Retrieved 5 October, 2015.
- House, R. J. (2004). Culture, Leadership, and Organizations: The GLOBE Study of 2 Improving Health Care Delivery: Guide to Concepts, Determinants, Measurement, and Intervention Design." HNP Discussion Paper. World Bank, Washington, DC.
- Johnson, J., & Wasty, S. S. (1993). Borrower ownership of adjustment programs and the political economy of reform. World Bank, Washington DC, USA. World

- Bank Discussion Paper No. 199.
- Kaufmann D, Kraay A. Governance indicators: where are we, where should we be going? *The World Bank Research Observer*, 2008, 23, retrieved on 30th March, 2018 from: <http://www.msh.org/careers/consulting/index.cfm>.
- Kothari, C. R. (2006). *Research Methodology, Methods and Techniques*, New Delhi: New Age International (P) Limited, New Delhi.
- Kouzner J. M. & Posner B. Z. (2002). *The leadership Challenges: how to keep getting extraordinary things done in organizations*, (2nd ed.), San Francisco: Jossey – Bass.
- Leftwich, A., & Wheeler, C. (2011). ‘Politics, Leadership and Coalitions in Development: Findings, Insights and Guidance from the DLP’s First Research and Policy Workshop’. Frankfurt 10–11 March 2011, Developmental Leadership Programme.
- Lenton, P., and P. Mosley. 2011. ‘Incentivised Trust’. *Journal of Economic Psychology*, 32(5), 890–7.
- Lowe, V. J., Weigand, S. D., Senjem, M. L., Vemuri, P., Jordan, L., Kantarci, K., Boeve, B., Jack, C. R., Knopman, D., & Petersen, R. C. (2014). Association of hypo metabolism and amyloid levels in aging, normal subjects. *Neurology*, 82(22), 1959-67.
- Matshabaphala, M. D. J. (2008). Developing and maintaining a corporate culture through leadership for service delivery, *Journal of Public Administration*, 43(1), 1-8.
- Mouton, J. & Marais, H. C. (1994). Basic concepts in the methodology of the social sciences 4th impression. Pretoria: Human Sciences Research Council.

- Northouse, G. (2007). *Leadership theory and practice*. (3rd ed.), Thousand Oak, London, New Delhe: Sage Publications, Inc.
- United Nations, (2004). Searching for Innovations in Governance and Public Administration for Poverty Reduction
- World Bank PREM Notes, (June 2001, No.55), Decentralisation and Governance: Does Decentralisation Improve Public Service Delivery?
- World development report. 2004. Making services work for poor people. Washington, DC. The World Bank and Oxford University Press, 2004.
- World Health Organization. Countdown to 2015 decade report (2000–2010): taking stock of maternal, newborn and child survival. Geneva: WHO; 2010.

APPENDICES

APPENDIX 1: RESEARCH QUESTIONNAIRE

HEALTH WORKERS

About this research

This study is done by Omary J Ngwinye from the Open University of Tanzania which aims to investigate on the effect of political leadership on health service delivery in Ubungo municipality. All information gathered by this research will be held in the strictest confidence. Under no circumstances will researchers publish, release or disclose any information on, or identifiable with, individuals or organizations.

Section A; Social demographic background

1. Sex
 - a. Male
 - b. Female
2. Age ‘between’
 - a. 15-25
 - b. 26-36
 - c. 46-47
 - d. 47 and above
3. What is your highest level of education
 - a. None
 - b. Primary
 - c. Secondary

- d. Advanced level
 - e. University
 - f. Postgraduate qualification
4. What is your position
5. Does the current political leadership at Municipal level play a role in ensuring accountability in health services delivery?
- a. Yes
 - b. No
6. If the response of the above answer is YES, how would you compare the role played the current political regime with the former leadership?
.....
.....
- How does political leadership in your community make aware of the health budget expenditure?
- a. Through community meeting
 - b. Through parliament
 - c. Through media
7. How political leadership contribute to the enhancement of the accountability of health budget expenditure. Please tick all apply
- i. Political leaders hold meeting with community members regarding the progress of health service delivery points
 - ii. Political leaders visit health service points regularly
 - iii. Political leaders build trust through open and collaborative relationship with different stakeholders

iv. Political leaders strongly emphasizes careful planning and clear time line in health services delivery

v. Political leaders show exceptional ability to mobilize people and resources to get things done.

8. In which ways do you think the current political leadership promotes improvement in health services delivery compared with the former regimes?

.....
.....

9. Have there been regular meetings between health workers and political leaders to discuss the status of health services at the municipal level?

- a. Very likely
- b. Somewhat likely
- c. Very unlikely
- d. Never happens

10. What do you feel about the relationship between workers in the health sector and political leaders at Municipal level?

- a. Very good
- b. Good
- c. Weak
- d. Very weak

11. Please circle what you think is the most correct answer from this statement.
“Effective political leadership contributes to the improvement of health services delivery”.

- a) I Strongly agree

- b) I agree
- c) I disagree
- d) I strongly disagree

12. Political leaders in your municipality are very effective in getting support from people with influence and power for the improvement of health service delivery?
- a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Neutral

THANK you for your Cooperation

Appendix 2: Questionnaire for Community Members

RESEARCH QUESTIONNAIRE FOR CITIZENS IN UBUNGO MUNICIPAL

About this research

This study is done by Omari J. Ngwinyefrom the Open University of Tanzania which aims to investigate on the effect of political leadership on health service delivery in Ubungo municipality. All information gathered by this research will be held in the strictest confidence. Under no circumstances will researchers publish, release or disclose any information on, or identifiable with, individuals or organizations.

Section A: Social demographic background

13. Sex

c. Male

d. Female

14. Age ‘between’

e. 15-25

f. 26-36

g. 46-47

h. 47 and above

15. What is your highest level of education

g. None

h. Primary

i. Secondary

- j. Advanced level
- k. University
- l. Postgraduate qualification

16. Rank how the political leadership contribute to the enhancement of the accountability of health budget expenditure. (**circle the most correct one**)

1= strongly agree 2=Agree 3= Neutral 4=Disagree 5=strongly disagree

All

<i>S/N</i>	<i>Items</i>	<i>Ranking</i>
1	Community is made aware of the health budget expenditure through parliament, media, or community meeting	1 2 3 4 5
2	Political leaders hold meeting with community members regarding the progress of health service delivery points	1 2 3 4 5
3	Political leaders visit health service points regularly	1 2 3 4 5
4	Political leaders build trust through open and collaborative relationship	1 2 3 4 5
5	Political leaders strongly emphasizes careful planning and clear time line in health services delivery	1 2 3 4 5
6	Political leaders shows exceptional ability to mobilize people and resources to get things done.	1 2 3 4 5

17. How do you hold the political leadership accountable to satisfying your health service delivery needs?

.....

.....

18. Do your political leaders provide you with information regarding improvement in health services delivery?

c. Yes

d. No

19. How do you perceive the current political leadership in your municipality with regard to improvement in health services delivery?

a. Accountable

b. Unaccountable

20. How does political leadership in your municipality promote improvement health service delivery?

.....
.....

Do you usually have meeting with political leaders in your municipality and among other things discuss about health service delivery?

e. Very likely

f. Somewhat likely

g. Very unlikely

h. No happens

21. What do you think political leaders have influence on effectiveness of workers in the health sector in your municipality?

e. High influence

f. Moderate

g. Low influence

h. No influence

22. Please circle what you think is the most correct answer from this statement.

“Effective political leadership contributes towards improvement in health services delivery”.

- e) I Strongly agree
- f) I agree
- g) I disagree
- h) I strongly disagree

23. Political leaders in your municipality are very effective in getting support from people with influence and power to support improvement in the health sector?

- f. Strongly agree
- g. Agree
- h. Disagree
- i. Strongly disagree
- j. Neutral

THANK YOU FOR YOUR COOPERATION

INTERVIEW GUIDE FOR POLITICAL LEADERS

1. What is your understanding about change in political leadership and improvement of public services delivery?
2. Since coming into power of your currently political leaders (councilors and MP elected in 2015) at Municipal level, have there been any improvements in public services delivery?
3. Among other sectors that have shown improvement, is health sector among them?
4. What are the changes that you think citizens have so far experienced in terms of health services delivery after coming into power of the current political leadership at municipal level?
5. What are strategies that the current political leaders have come up with for ensuring improvement in health services delivery in Ubungo Municipal?
6. What are major challenges facing the current political leadership in Ubungo Municipal when influencing improvements in delivery of health services?
7. As a leader, who do you ensure accountability of budget expenditure of the health sector in your Municipal?
8. Do you think there is a way that community members can hold executives in the municipal accountable in case not satisfied with quality of health services?
9. Are there any means for raising awareness among community members on government policies and legislation for the implementation of the health project in Ubungo Municipal?

TIME OF ACTIVITIES

S/N	Activity description	Time frame				
		JAN	FEB	MARCH	APR	
1	Proposal Development					
2	Ethical Clearance review					
3	Recruitment of Training Assistants					
4	Piloting and Pre-testing data collection tools					
5	Revising Data collection tools					
6	Data collection					
7	Data entry, cleaning and coding					
8	Data Analysis and Report writing					
9	External Review					
10	Thesis submission					

BUDGET

The study is estimated to cost one four million and eighty thousands (1,480.000)

Tanzania shillings only. The breakdown of the budget is shown on the table below

Item	Description	Units	Days	Unit Cost	Total
Training of research assistant	Research assistant training	4	3	20,000	240,000
Study tool piloting	Pre-testing study tools for 2 days	2	2	25,000	100,000
Data Collection	Research assistant allowances	4	8	20,000	640,000
Data entry	Data cleaning, coding and transcribing using one research assistant and PI	4	5	20,000	400,000
Stationaries	Stationary (Printing, photo copying, binding)	1	1	100,000	100,000
Total					1,480,000

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UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR ES SALAAM
Date 23/07/2018

Afisa Mtendaji

KATA YA KIMARA



**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYEFANYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkuu wa Manispaa Ubungo

Inamtambulisha kwako mwanafunzi kutoka chuo cha **Open University of Tanzania**,

MR. OMARY J. NGWINYE Reg No:201702202 ambaye atafanya Utafiti katika

kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.

Mewaniye

Mratibu wa Mafunzo na Tafiti
Manispaa ya Ubungo

Zingatia: Kuleta Ripoti ya Tafiti Ofisi ya Mganga Mkuu wa Manispaa

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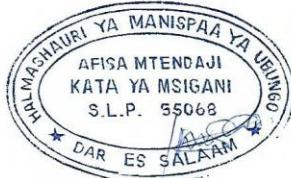


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DAR EA SALAAM
Date 23/07/2018

Afisa Mtendaji

KATA YA MSIGANI



**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYEFANYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkuu wa Manispaa Ubungo

Inamtambulisha kwako mwanafunzi kutoka chuo cha **Open University of Tanzania**,

MR. OMARY J. NGWINYE Reg No:201702202 ambaye atafanya Utafiti katika

kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.

Mwanzaje

Mratibu wa Mafunzo na Tafiti
Manispaa ya Ubungo

Zingatia: Kuleta Ripoti ya Tafiti Ofisi ya Mganga Mkuu wa Manispaa

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Date 23/07/2018

Afisa Mtendaji

KATA YA SARANGA



**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYETA NYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkuu wa Manisipaa Ubungo

Inamtambulisha kwako mwanafunzi kutoka chuo cha **Open University of Tanzania**,

MR. OMARY J. NGWINYE Reg No:201702202 ambaye atafanya Utafiti katika

kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.

Mwambye
Mratibu wa Mafunzo na Tafiti
Manisipaa ya Ubungo

Zingatia: Kuleta Ripoti ya Tafiti Ofisi ya Mganga Mkuu wa Manisipaa

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Date 23/07/2018

Afisa Mtendaji

KATA TA UBUNGO

Jnepita
Naoomba apane rechiniaro
ili auze kulema tafiti wa
mwezi kazi njema
03/08/2018

**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYEFANYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkoo wa Manispaa Ubungo

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kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.

JMwanje
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 Manispaa ya Ubungo

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P. O. BOX 55068
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Date 23/07/2018

Facility In Charge *MARYAM J. NGWINYE*
KAVUNUNZA-KIMATA DISPERENZIATI YA KAVUNUNZA
P. O. Box 61665
DAR ES SALAAM

RE: PERMIT TO CONDUCT RESEARCH

Refer to the above heading.

DMO's office is pleased to inform you that Omari J. Ngwinye from The Open University of Tanzania has given a permission to conduct Research on "**EFFECT OF POLITICAL LEADERSHIP ON HEALTH SERVICES DELIVERY IN TANZANIA: A CASE OF UBUNGO MUNICIPAL**"

Kindly receive and provide the necessary assistance in order to enable him to fulfill the activities comfortably.

Best Regards,

Mwanza
 Training/Research Coordinator,
 Ubungo Municipal Council

NB: Please share Research report with MMOH Office at the end of your study.



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P. O. BOX 55068
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Facility In Charge
SINZA HOSPITAL

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- Kindly receive and provide the necessary assistance in order to enable him to fulfill the activities comfortably.

Best Regards,

Mwanza
Training/Research Coordinator,
Ubungo Municipal Council

*Sign
Jmossell
CSL
28/7/18*

NB: Please share Research report with MMOH Office at the end of your study.

UBUNGO MUNICIPAL COUNCIL
ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 022296341

Fax

In reply please quote:

Ref. No. UBMC/MED/TRA/74



THE OFFICE OF MUNICIPAL MEDICAL OFFICE
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018

Afisa Mtendaji

KATA YA MBEZI

**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYEFANYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkuu wa Manispaa Ubungo

Inamtambulisha kwako mwanafunzi kutoka chuo cha Open University of Tanzania,

MR. OMARY J. NGWINYE Reg No:201702202 ambaye atafanya Utafiti katika

kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.



Mwanzaje
Mratibu wa Mafunzo na Tafiti
Manispaa ya Ubungo

Impitishwa
Ico tar
25/07/2018

Zingatia: Kuleta Ripoti ya Tafiti Ofisi ya Mganga Mkuu wa Manispaa

UBUNGO MUNICIPAL COUNCIL

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OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018

Facility In Charge
MBEZI HEALTH CENTER

RE: PERMIT TO CONDUCT RESEARCH

Refer to the above heading.

DMO's office is pleased to inform you that Omary J.Ngwinye from The Open University of Tanzania has given a permission to conduct Research on "**EFFECT OF POLITICAL LEADERSHIP ON HEALTH SERVICES DELIVERY IN TANZANIA: A CASE OF UBUNGO MUNICIPAL**"

Kindly receive and provide the necessary assistance in order to enable him to fulfill the activities comfortably.

Best Regards,



NB: Please share Research report with MMOH Office at the end of your study.

UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 022296341

Fax

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Ref. No. UBMC/MED/TRA/74



THE OFFICE OF MUNICIPAL MEDICAL OFFICER
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018



Facility In Charge
MATATAKA MIA..... H: CENTRE

Impishiru
apewe ushuruwa

B 3/8/2018

RE: PERMIT TO CONDUCT RESEARCH

Refer to the above heading.

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Kindly receive and provide the necessary assistance in order to enable him to fulfill the activities comfortably.

Best Regards,

Mwanibje
Training/Research Coordinator,
Ubungo Municipal Council

NB: Please share Research report with MMOH Office at the end of your study.

UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 022296341

Fax

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Ref. No. UBMC/MED/TRA/74



THE OFFICE OF MUNICIPAL MEDICAL OFFICE
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018

Facility In Charge
MAKUBURI DISPENSARY

MGANGA MFAWIDHI
ZAHANATHI YA MAKUBURI
HALMASHAURI YA MANISPAA YA UBUNGO

[Signature] 25/7/18

RE: PERMIT TO CONDUCT RESEARCH

Refer to the above heading.

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Mwanje
Training/Research Coordinator,
Ubungo Municipal Council

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UBUNGO MUNICIPAL COUNCIL

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Tel: 022296341

Fax

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Ref. No. UBMC/MED/TRA/74



THE OFFICE OF MUNICIPAL MEDICAL OFFICER
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018

Afisa Mtendaji

KATA YA MABIBO

Open
 HALMASHLURI YA MANISPAA YA UBUNGO
 AFISA MTENDAJI KATA YA MABIBO
 DAR ES SALAAM
Openitishw
Tardee 3/8/2018
Open *Ushirikiano*

**YAH: UTAMBULISHO WA MWANAFUNZI ATAKAYEFANYA UTAFITI
KATIKA KATA**

Husika na somo tajwa hapo juu, Ofisi ya Mganga Mkoo wa Manispaa Ubungo

Inamtambulisha kwako mwanafunzi kutoka chuo cha **Open University of Tanzania**,

MR. OMARY J. NGWINYE Reg No:201702202 ambaye atafanya Utafiti katika

kata yako kwa muda wa mwezi mmoja

Kwa barua hii unaombwa kumpokea na kumsaidia

Nakutakia kazi njema.

Muzambique

Mratibu wa Mafunzo na Tafiti
Manispaa ya Ubungo

Zingatia: Kuleta Ripoti ya Tafiti Ofisi ya Mganga Mkoo wa Manispaa

UBUNGO MUNICIPAL COUNCIL

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THE OFFICE OF MUNICIPAL MEDICAL OFFICER
OF HEALTH
UBUNGO MUNICIPAL COUNCIL

P. O. BOX 55068
DAR EA SALAAM
Date 23/07/2018

Facility In Charge
MIRABO DISPENSARY



RE: PERMIT TO CONDUCT RESEARCH

Refer to the above heading.

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Best Regards,

Mwambje

**Training/Research Coordinator,
Ubungo Municipal Council**

NB: Please share Research report with MMOH Office at the end of your study.

UBUNGO MUNICIPAL COUNCIL

ALL CORRESPONDENCES TO BE ADDRESSED TO THE MUNICIPAL DIRECTOR

Tel: 0222-926341
Fax: 0222-926342

In reply please quote:

Ref. AB.27/333/01



MUNICIPAL DIRECTOR UBUNGO
MUNICIPAL COUNCIL,
P. O. BOX 55068
DAR ES SALAAM.

DATE: 19/07/2018

Omary Ngwinye,
The Open University of Tanzania,
P.O. Box 23409,
DAR ES SALAAM.

Mao's. SAWA A, B, C, D,
E, mouseeni hufa
~~N. m. hufa~~

RE: RESEARCH ATTACHMENT

Refer to the above heading.

I am pleased to inform you that your above request has been considered by the Municipal Director, and has offered you a place to research attachment from 16 July, 2018 to 30 August, 2018.

Upon receipt of this letter, please report to the **Municipal Medical Officer of Health** for commencement of your research.

During the period of research you are required to obey the rules and regulations of the institution.

Yours Sincerely.

For: THE MUNICIPAL DIRECTOR
UBUNGO

Copy: Vice Chancellor,
The Open University of Tanzania,
P.O. Box 23409,
DAR ES SALAAM.

