THE ROLE OF ACCOUNTABILITY MECHANISMS IN ZANZIBAR PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF MPENDAE HOSPITAL

MOHD SALUM FASIHI

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CERTIFICATION

The undersigned certifies that he has read and recommends for acceptance by the Open University of Tanzania a dissertation titled: "**The Role ofAccountability Mechanisms in Zanzibar Public Health Service Delivery: The Case Study of Mpendae Hospital.**"In partial fulfillment for requirement for the degree of Master In Governance and Leadership (MAGL) of the Open University of Tanzania.

Signature ………………………………….

Dr. Emanuel Mallya

(Supervisor)

Date………………………………

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DECLARATION

I, **Mohd Salum Fasihi**, do declare that, this dissertation is my original work and that; it has not been presented and will not be presented to any other university for a similar or any other master degree award.

Signature ……………………………….

Mohd Salum Fasihi,

(Student)

Date ……………………………

DEDICATION

This dissertation dedicated to my family. They gave up a lot and worked hard to help me further my education and profession, and my dissertation is the result of that.

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ABSTRACT

It was the goal of this investigation to ascertain how accountability mechanisms work in the delivery of healthcare services to the general public in Zanzibar, in particular with regard to Mpendae Hospital. The sample of 132 participants underwent a cross-sectional research design where a doctor in charge was purposefully selected and 27 staff were randomly selected from several units as well as clients. The respondents' raw data was gathered through surveys and interviews. Additional information was used. Before being presented in tables, charts, and direct quotations, the data was evaluated using the Statistical Package for Social Science (SPSS). The study found that workers were held accountable for their actions in several ways, like termination and demotion, as well as given a chance to explain and defend their actions, and a warning was given before the action. Also, the study found that professional accountability, political accountability, and legal accountability are the chief accountability mechanisms for health service provision, and the most preferable accountability mechanism is professional accountability. Additionally, the study found that nepotism and poor management are the chief challenges facing accountability at Mpendae Hospital. The study further concluded that sticking with political accountability, contending with professional accountability, and combining with legal accountability always bring better health services to the public. The study recommended that the government and other stakeholders should provide accountability education, emphasizing an anti-nepotism campaign as well as special training to equip public hospital administrators in matters of accountability.

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LIST OF ABBREVIATIONS

LGA   Local Government Authority

MMH   MnaziMmoja Hospital

MoHZ   Ministry of Health Zanzibar

PHC   Primary Health Care

PHCU   Primary Health Care Unit

RGZ   Revolutionary Government of Zanzibar

SGRP   Strategy for Growth and Reduction of Poverty

SPSS   Statistical Package for the Social Science

VCT   Voluntary Counselling Test

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter contains the study's background information, a description of the problem, research objectives, a research question, research justification, a limitation of the study summary of the chapter.

1.2 Background of the Study

Accountability in the health sector is very critical since every human being must access health services and, in turn, pay taxes, which implies that health care managers must demonstrate a strong sense of accountability (Nurunnabi and Islam, 2012). According to Bakalikwira (2017), accountability has become an essential aspect of the health sector globally, and a variety of procedures have been implemented to ensure accountability in the public sector, including but not limited to the health sector. Salminen and Lehto (2012) remark on those accountability mechanisms imposed by some principles, such as hierarchical, professional, legal, and political. These principles help the public manage public funds and guarantee the realization of human rights in a way that is fundamentally free from abuse and corruption, as well as obeying the rule of law (United Nations Human Rights, 2012).

Despite its importance to the effective delivery of health services, accountability is rare in most public health systems worldwide (Brinkerhoff 2004). In Costa Rica, 32% of users indicated that they had prior knowledge of theft in government pharmacies (Cohen 2002). Additionally, public officials in Costa Rica typically have significant discretion over the decisions made across the supply chain, and if incentives, oversight,

and accountability mechanisms either do not exist or are dysfunctional, mismanagement and theft can become rampant (Lewis, 2006). Also, Cohen (2002) added that the greatest weaknesses of public hospitals were in procurement, specifically a lack of performance monitoring, quality control, audits, and uncontrolled political interference.

Accountability of the health care systems has been questionable in developing countries, especially in Africa (Bakalikwira, 2017). According to the Federal Ministry of Health (2015), financing lies at the core of Nigeria's primary health care (PHC) delivery challenges. The PHC budget at the Federal level has been decreasing over the past four years. It decreased from 8.4% of total spending in the health sector in 2012 to 4.7% in 2015. At the LGA levels, the financial allocations do not extend beyond the payment of salaries, and budgets are not earmarked, leading to delays in the release (or at times non-release) of primary health care (PHC) funds. Accountability and transparency are some of the weakest areas of the public finance system in Nigeria, particularly at this level.

In Zanzibar accountability in public health sector is also a great challenges like in other countries, the health sector is experiencing high staff turnover with great loss of capable skilled staff to offer quality services to all those in need, the current health procurement system in Zanzibar is being challenged by limited qualified human resource, there is no Ministerial procurement plan hence ad hoc procurement practices which at times results in having frequent stock outs, inadequate adherence to procurement practices, absence of competition and at times questionable value added absence of forecasted needs accompanied by unreliable quantification of drug and supplies (Ministry of Health and Social Welfare, 2013).

Moreover, maternal deaths occurring with recurrent causes in public hospitals remain a big challenge, and by mid-2016, the hospital had reported 64 maternal mortality cases out of 10,172 live births at MnaziMmoja Hospital (MMH, 2016). Hence, the specific institution MMR 629/100,000 shows an increase in mortality cases compared to the previous report. In 2014, the hospital registered 37 maternal deaths out of 14,497 live births (MoHZ, 2014). And most of the maternal deaths in Zanzibar occur after the mothers have arrived at health care facilities (Mussa, 2017).

Those problems are the result of a lack of accountability in the public health sector in Zanzibar, and this poses a challenge to the effective implementation of quality primary health services. This study therefore intends to assess the role of accountability mechanisms in Zanzibar's public health service delivery.

1.2 Statement of the Problem

Improved accountability is often called for as an element in improving health system performance (Derick, 2003). To improve public accountability in the Zanzibar health sector, numerous efforts have been launched, like implementing Sustainable Development Goal Number Three (Good Health and Well-Being), which targets that by 2030 the Global maternal mortality ratio should be reduced to less than 70 per 100,000 live births, with no single country having an MMR greater than 140 per 100,000, which can never be achieved without health attendants being accountable (Mussa, 2017). Also, the government takes action against unaccountable health service providers, like the Zanzibar Ministry of Health, which has revoked the licenses of registered nurses and doctors convicted of negligence and unprofessional conduct that led to the deaths of a pregnant woman and her newborn in May 2023 (Issa, 2023).

Additionally, for the sake of harmonizing accountability in the health sector, the Revolutionary Government of Zanzibar has been sticking with International Policies and goals like the African Health Strategy 2007–2015, the Paris Declaration, the Accra Accord, and the Abuja Declaration, as well as national policies like Vision 2020, the Zanzibar Strategy for Growth and Reduction of Poverty (SGRP), insisting on accountability for better health services in Health sector policy, and so forth (Mansour, 2020).

Despite the mandated actions, it is nevertheless clear that many challenges remain, like limited skilled human resources to offer quality health care services, poor health care attitudes, and the inadequacy of governing ethical bodies to respond to high-quality service provision in line with good clinical practices. There is also insufficient infrastructure and old and outdated equipment at various levels of service delivery (RGZ, 2013), as well as time-to-time complaints from treatment seekers, which are the results of a lack of accountability in several areas like hierarchical, legal, professional, and political accountability. Most maternal deaths in Zanzibar occur after the mothers have arrived in health care facilities.

This means that these mothers are more likely to survive if appropriate and adequate interventions could have been provided in the facilities, and the audit finds that these deaths took place due to a lack of professional practices at the health care facilities (Mussa, 2017).In addition, studies have been done in relation to accountability (Han, 2016 et al.; Bakalikwira, 2017; Mahmood et al., 2012; Karumba, 2013; Said et al., 2015), but most of the studies have been undertaken outside of Zanzibar and have not clearly discussed the roles of accountability mechanisms in public health service

delivery. Based on this, this descriptive study seeks to close this gap by assessing the role of accountability mechanisms in public health service delivery in Zanzibar.

1.4 Research Objectives

The following general and detailed objectives served as the study's direction:

This 1.4.1 General Research Objective

Research's overarching goal was to assess the roles of accountability mechanisms in the provision of public health services in Zanzibar.

1.4.2 Specific Objective

i. To identify accountability mechanisms in the provision of health service at Mpendae Hospital

ii. To assess the extent to which accountability mechanisms are implemented at Mpendae Hospital

iii. To analyze challenges facing accountability at Mpendae Hospital

1.5Research Question

i. What are the accountability mechanisms in the provision of health service at Mpendae Hospital?

ii. To what extent are accountability mechanisms implemented at Mpendae Hospital?

iii. What are the challenges facing accountability at Mpendae Hospital?

1.6 Research Justification

The findings will be useful for the Zanzibar public and private hospitals as well as those beyond Zanzibar who adhere to the accountability mechanisms to ensure they offer brilliant services. Also, the results of the study will provide the opportunity for

Zanzibar Hospital administration to denote the areas that need higher consideration for accountability to ensure community satisfaction.

Additionally, the findings are also expected to provide insights for evidence-based health policies and programs aiming to reduce complaints and speed up accountability for health service provision in Zanzibar. Furthermore, the study will also benefit different researchers and scholars who will use the findings as a reference in the matter of accountability.

1.7 Limitation of the Study

The following restrictions applied to the study:

i. Some respondents balked at giving the information required out of concern that, if the study proved to be too time-consuming, they wouldn't have the time to do so. The data gathering suffered as a result of this aspect. In order to get around this restriction, the researcher convinced the respondents that taking part wouldn't interfere with their ability to complete their other duties.

ii. Some respondents refused to participate in the interview or complete the questionnaire out of concern that their individualities would be revealed. While some employees declined, others agreed to participate in the study after being assured that their individualities would be kept private. Others declined because they misunderstood what accountability meant. In addition to ensuring secrecy, a large sample was chosen to make up for the non-cooperating respondents in the study in order to lessen this issue.

1.8 Summary of the Chapter

This chapter provided an overview of the study that examined how Mpendae Hospital's accountability procedures affected the delivery of public health services in Zanzibar. The background information, problem description, research questions that serve as guides for the investigation, research objectives, study justification, and study constraints make up the chapter. The following chapter discusses a review of the topic's theory and research findings.

CHAPTER TWO

LITERETURE REVIEW

2.1 Introduction

This segment includes definitions of essential words that will be utilized in the study, reviews of relevant theoretical literature, empirical studies, and research gaps identified by the researcher as well as chapter summary.

2.2 Definition of Key Concepts

2.2.1 Accountability

According to Brinkerhoff (2003), accountability refers to demonstrating and accounting for performance in light of agreed-upon performance targets. But Rutkowski and Steelman (2005) define accountability as being compliant and meeting personal responsibilities, feeling obligated to another individual, and having to justify an action to others. In this study, accountability implied that public hospital servants take on their obligations as instructed by the Government to satiate public wellbeing.

2.2.2 Accountability Mechanisms

Jabbra and Dwivedi (1988) have defined accountability mechanisms as the methods by which a public agency or a public official fulfills its duties and obligations and the process by which that agency or the public official is required to account for such actions. Rehman and Batool (2013), on the other hand, defined accountability mechanisms as the institutionalized processes of holding public authorities to account.

In this report, accountability mechanisms were termed the official Government set of rules that guide a public hospital official to operate the assigned duties accordingly for the betterment of society.

To ensure public accountability in the public sector, several procedures have been used. These include hierarchical accountability, professional accountability, legal accountability, and political accountability (Dowdle, 2006). Others are elections, legislative scrutiny, courts, and government audits (Rehman and Batool, 2013). There is also financial, public, professional, legal, and political accountability (Suter and Mallinson 2015). For the purpose of enlightening accountability to improve health service provision at Mpendae Hospital, this study dealt with professional accountability, legal accountability, and political accountability.

2.2.2.1 Professional accountability

In order to promote ethical behavior among public managers, professional accountability is exercised through the creation of codes of conduct and professional bodies (Cendón, 1999). But NMC (2009a) stated that professional accountability is integral to professional practice and is fundamentally concerned with weighing up the interests of patients in several situations wisely. Under this paper, professional accountability meant that hospital administrators would be held regularly accountable for actions taken in accordance with professional judgment, ethics, and codes of behavior as outlined by professional guidelines.

2.2.2.2 Legal Accountability

Legal accountability relates actions in the public domain to the established legislative and judicial processes. This is achieved by judicial action (Dwivedi, 1988). Johnston and Romzek (1999) defined legal accountability as the performance of governmental obligations as prescribed by laws, rules, judgments, court orders, conventions, and contracts. So in this study, legal accountability was viewed as the situation where public hospital administrators are accountable for tasks associated with compliance

with legal obligations so as to secure the individual and corrective rights of citizens and institutions and to guarantee compliance with contractual, legislative, and constitutional mandates.

2.2.2.3 Political Accountability

Political accountability entails public officials being under the watchful eye of elected officials, the public, the media, or the international community for their behavior in public offices and the caliber of services provided by their institutions (Boven, 2007). Moncrieffe (1998) refers to political accountability as the method that ensures those who govern have to answer for their actions to a wider public either directly, when politically elected or appointed, or indirectly, as subordinates of politically elected bodies.

Under this study, political accountability referred to answerability to the hospital administrators as well as those who have been elected to hold political positions during national elections as well as those who have been selected to hold higher positions in the public hospital to fulfill public wellbeing.

2.3 Theoretical Literature Review

There are many approaches to the study of accountability, each addressing different facets of intentional accountable activity. The theories that supported this study include;

Principal-Agent Theory

The principal agent theory is the theoretical underpinning of this investigation. This theory emerged in political science in 1973 by Barry Mitnick and was developed within the framework of the new institutional economics (Williamson, 1975; Moe, 1984; Miller, 1992). According to Braun and Guston (2003), the analysis and evaluation of public accountability require a specification of who is (or is supposed to be)

accountable to whom. This is a core ingredient of principal-agent theory. In principal-agent models, some actors (or groups of actors) called agents undertake an action on behalf of another actor (or group of actors) called a principal. The principal, for its part, can make decisions that affect the incentives of the agent to take any of its various possible actions.

This process of structuring incentives for the agent is the central focus of principal agent theory. The decisions made by the principal that structure the agent's incentives to take various actions constitute a contract. In the language of principal-agent theory, it is often taken as a specific area of contract theory more generally (Bolton et al. 2004).

Therefore, the principal must create a contract that is appealing to agents while maximizing his own advantages. Practically speaking, the agreement is an employment contract in which administrators are paid for their jobs but are also required to abide by accountability measures that protect the interests of agents. Dubnick and Yang (2009) asserted that in order to reduce agency self-interest and achieve the best outcomes for the delivery of public services, it was further explained that principals in the public sector had established accountability. This was done by guaranteeing them control, ethical behavior, performance, integrity, justice, and legitimacy.

Principal-agent theory was better suited and has gained popularity as a framework for examining public accountability (Gailmard 2012). Meanwhile, it fits this study to insist on accountability in health care provision as follows:

This theory fits the study of the health care field since the principal's dependency on the agent arises from conditions. For instance, one of the many principal-agent relationships in health care delivery involves the physician-patient relationship. Here,

enormous information inequality or asymmetry prevails between a physician and a patient. A patient relies on a physician to diagnose his or her health problems. The physician, unlike the patient, has the expertise to determine what is wrong with the patient and the information to discern what is needed to treat the ailment.

Also, the theory emphasized contractual agreements. The contractual agreements governing relationships between the principal and the agent are typically designed to ensure that the contract is efficient enough to advance and protect the principal's interests. In other words, the goal of the principal in an agency relationship is to reach contractual arrangements that produce optimal outcomes in the health sector. And at the same time, the health officials are protected, like given their rights, protected against unexpected occasions, and so forth.

Furthermore, the theory fits the study because it suggests the principal should select qualified agents who do not misrepresent their abilities. In addition, agency theory asserts that the principal should identify efficient ways and means that enhance satisfactory agent performance in several health care sectors. By doing that in the health care field, the principal can reduce problems caused by adverse selection by insisting on hiring or contracting with providers who produce evidence about their competence or have certain credentials, such as medical degrees, and who are certified by state boards or professional associations as well as other credentialing bodies.

Finally, the theory trembles with the study because the principal needs to ascertain that the agent makes a complete effort to accomplish the assigned tasks or goals by monitoring his or her activities. In health care, provisions to terminate existing contracts, transfer, revoke a provider's license, and threaten malpractice litigation tend

to deter the agent from serving his interests at the expense of the principal (better health services).

Democratic Theory

Also, democratic theory was used to evaluate accountability. The representational and participatory democratic approaches to holding public officials responsible are the foundation of the Robert Dahl theory. According to this view, citizens are the source of public administrators' authority, and the former are in charge of acting on their behalf. According to Dunn and Legge (2000), democratic theory is fundamentally dependent on the broad ideas and approaches that explain accountability and responsibility because they govern how public policy and administration are responsive to the importance of citizens' rights.

The connection between rights claims and the role of health systems as democratic social institutions has implications for how laws structure health systems, priority-setting processes, and health service organization and delivery. It also makes apparent the need for judicial oversight to catalyze and reinforce democratic commitments to equal moral consideration in health systems.

In order to meet democratic standards, health system standards and procedures require not just technical oversight but also regulatory and judicial oversight to ensure health workers are accountable consistently with normative commitments set out in legal frameworks for the purpose of providing better health services to the public. In all cases, like corruption, nepotism, unprofessional workers, and poor management, courts can play important roles in subjecting health decisions to scrutiny in line with constitutional or international human rights commitments.

2.4 Empirical Review

This section of the literature review presents the empirical studies which will eventually identify the research gap.

2.4.1 Accountability Mechanisms

Strengthened accountability has been recommended as a remedy for strengthening health system weaknesses around the world (Brinkerhoff, 2003), and this can be achieved by insisting on several mechanisms like Brinkerhoff (2001) traced that there are three categories of accountability: financial, performance, and political/democratic accountability. Financial accountability concerns tracking and reporting on the allocation, disbursement, and utilization of financial resources using the tools of auditing, budgeting, and accounting and focuses on the control of the misuse and abuse of public resources and/or authority. Performance accountability deals with supporting improved service delivery and management through feedback and learning and focuses primarily on services, outputs, and results, while political or democratic accountability has to do with the institutions, procedures, and mechanisms that ensure that government delivers on electoral promises.

But Sinclair (1995), in his study, insisted that there are five forms of accountability in the public sector organizations that were found in Australia, namely political, public, managerial, professional, and personal, together with two discourses, which are structural and personal. Karumba (2018), in his study, agreed with Munishi (1989), who identified four mechanisms, namely hierarchical, legal, professional, and political accountability, to guarantee public accountability in public service delivery.

2.4.2 The Extent to Which Accountability Mechanisms are Implemented

Public officials frequently prioritize one or two accountability methods over others (Kim 2014). According to Friedrich (1940), the professionalism of bureaucrats is the key to their accountability, whereas Karumba (2020) in his study showed that legal, professional, and political accountability are not preferred by public administrators in the health industry. Instead, hierarchical accountability is preferred. But Byrkjeflot (2013), in his study, traced that, over political responsibility, professional accountability is the most important one.

Schwartz and Sulitzeanu-Kena1n (2004) found in recent studies that in Kenya's health sector, public managers intend to change from hierarchical to judicial accountability as a mechanism that is given greater emphasis than the other mechanisms of accountability in times of crisis, as well as legal accountability as a mechanism prioritized by administrators during crises. Contrary to this assertion, study results showed that hospital administrators favored hierarchical accountability. Also, several other studies support the conclusion on the preference for professional accountability in other jurisdictions, like Byrkjeflot (2013), who remarked that professional accountability is the dominant accountability over political accountability.

2.4.3 Challenges Facing Accountability

Corruption in the health sector has made various health institutions ineffective, while scarce resources invested in the sector are wasted. Health system corruption prevails in Nigeria among different actors, including senior and junior administrative officers in health ministries, parastatals, and agencies, health officials, and political officeholders. This is because there is no adherence to the rule of law, coupled with a lack of transparency and trust. In addition, the public sector in Nigeria is ruled by ineffective

civil service codes and weak accountability mechanisms, among others (Abdulraheem et al., 2012). Also, the Federal Ministry of Health (2015) added that accountability for financing lies at the core of Nigeria's primary health care (PHC) delivery challenges. The PHC budget at the Federal level has been decreasing over the past four years. It decreased from 8.4% of total spending in the health sector in 2012 to 4.7% in 2015.

TI (2018) found that transparency and accountability, especially on resources for the Health sector, have also been lacking. In 2017, for instance, the Health Sector witnessed major challenges flowing from industrial unrest by health practitioners, corruption, and poor service delivery leading to the wastage of public funds. And the Uganda AG's report (2013) showed that the relationship between managerial competencies and accountability is significant, unlike the relationship between hospital board governance and accountability. The significant relationship between managerial competencies and accountability implies that in the health sector, there is a need to step up professionalism, knowledge of the subject matter, ability to perform the assigned duties and responsibilities, and personal traits of the hospital managers.

2.5 Research Gaps

A review of the literature reveals that there are limited explanations of the functions of accountability in the provision of public health services (Bakalikwira, 2017; Nurunnabiet el, 2012; Karumba, 2013), as well as a lot has been done about accountability in private hospitals. However, the context in which the roles of accountability mechanisms in public health provision embedded people in modern society needs to be better understood. Once again, not much has been widely spoken about or known about accountability in the public health provision in Zanzibar.

Therefore, there is currently no proof that a thorough investigation has been done to understand how accountability mechanisms affect public health services in the Zanzibar context. As a result, this study aims to close these knowledge gaps and advance the body of knowledge on accountability.

2.6 Chapter Summary

This chapter highlighted the important phrase meanings that were employed in the study, theoretical reviews relating to the study, empirical studies, research gap found by the researcher, and the next chapter consists general introduction, research design, study area, population, sample size, sampling technique, data collection tools, description and statistical analysis of the research data, issues of validity and reliability and conclude it with the chapter summary.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this part, the study methodology is discussed; it describes the study's methodology field of investigation, population under examination, sample size, sampling strategies, data collection tools description and statistical analysis of the research data and validity and reliability concerns before concluding with a chapter summary.

3.2 Research Design

Diyamett (2012) define a research design as a plan and strategy for gathering, processing and analyzing data on problem. This research work used a cross-sectional research design. A cross-sectional study involves asking a representative sample of the population questions at one specific moment using tools like a questionnaire and interview schedule, among others (Gaski, 2013). Also cross-sectional research design has the advantage of saving time and collecting data at a single point in time (Bailey, 1994). The design provides useful information for simple statistical description and interpretation (Babbie, 1995).

3.3 Research Approach

The research adopted both qualitative and quantitative approach; A qualitative approach used to describe a unit in detail (when, how, altitude, feeling, and why questions. This approach as Kahn (2001) and Kothari (2009) argue it is flexible and can be used at different levels, qualitative data obtained from Doctor in charge through interview and he has been purposively selected.On the other hand, the quantitative approach used in this study because of its flexibility that engenders meaningful comparisons of responses across respondents in the study area (Denzin, 2000). This approach enabled the researcher to predict causal relationship and capable of describing

characteristics of respondents, these data have been obtained from customers and they were randomly selected.

3.4 Area of Study

The target area of this research work is Primary Health Care Unit (PHCU) found in Urban District of Unguja, those PHCU found in Urban District are Rahaleo, MuembeLadu, Kwamtipura, Sebleni, Chumbuni, Mpendae, Ottu, Kidutani, Kidongochekundu, Jang'ombe, and Shaurimoyo (RGZ, 2017).

The study was undertaken at Mpendae hospital since it provides additional service of PHCU+ such as delivery, inpatient, eye clinic, RCH, laboratory and pharmacy (Fakih et al, 2016). Also it receives higher numbers of patients with different problems, given that this was a good example of a marginal hospital in Zanzibar, it offered a huge opportunity for acquiring the necessary data. All of these issues encouraged the researcher to conduct a study in the hope that it would increase hospital staff responsibility.

3.5 Study Population, Sampling Size and Sampling Techniques

The population for this study comprised the management and the staffs of the Mpendae hospital as well as citizen served by Mpendae hospital. Currently Mpendae Hospital has 58 staffs, and it gives services to 200 customers per day (Mpendae Hospital, 2022). In order to get proper sample size Solvin (1960) formula has been utilized as shown below, and this is chosen because the population is known and finite.

Where n=number of sample size, N=Number of population, e^2=Precision rate at 0.05

$$n = \frac{N}{1 + N(e^2)} \quad n = \frac{258}{1 + 258(0.05^2)} = \frac{258}{1.645} = 156$$

The following Table shows the illustration.

Table 3.1: Sample Population Category

Category	Population	Percentage	Sample
Management and Staffs from different units in the hospital	58	22%	34
Customers	200	78%	122
Total sample	**258**	**100**	**156**

Researcher (2022)

Sampling Techniques: This study adopted various sampling techniques so as to reduce costs, reduces time, and getting quick results (Krishnaswami, 2003).

Simple random sampling was used to choose the workers from various healthcare departments, and customers who came at the hospital to seek for services. And **purposive sampling** was applied to select a doctor in charge. This respondent was selected purposively because of having depth information.

3.6 Methods of Data Collection

According to Van-(2005) Zyl's research, the data collecting method is defined as the particular strategy utilized to obtain information, and the choice of methods depends on, the goals and open-ended questions of the study. Both primary and secondary data were used to create the study's data.

3.6.1 Primary Data

Questionnaire: A structured questionnaire was used to hospital staffs, and customers to get quantitative information which cannot be obtained through interview. Closed ended questions will be mostly used in the questionnaire.

Interviews: In depth interview was used to top management of the Mpendae hospital in order to obtain precise qualitative data that was difficult to gather through questionnaires.

3.6.2 Secondary Data

The interview and questionnaires were supported by a review of the supporting documentation through both published and unpublished materials related to accountability, some documents have been used were Han, 2016 et al., Bakalikwira, 2017,Karumba, 2013, Said et al. 2015, Mussa, 2017 and so forth.

3.7 Data Processing and Analysis

Closed-ended questionnaire data was processed by the Statistical Paackege for the Social Science (SPSS) and was then presented in helpful outputs, like tables, for simple conclusion-making. On the other hand qualitative data was analyzed using descriptions, organized in themes, subthemes and reporting of quotes from the respondents.

3.8 Validity and Reliability

Validity concerns whether the results actually relate to what they seem to be(Saunders et al, 2000). So the study ensured those valid questions only were askedto respondents. Researcher reviewed the questionnaires based on the nature of the respondents and their availability for the study to insure truthfulness of the results.

Merriam (1998) emphasizes that in qualitative research, dependability is concerned with the degree of consistency between the study's findings. Therefore, reliability was attained by the use of tactics like the deployment of several data gathering techniques, including the questionnaire, in-depth interviews, and documentary review. The researcher used the comparability of the data across the methodologies to help confirm the accuracy of the data collected during the examination.

3.9 Ethical Considerations

The study's questions were thoughtfully crafted to guarantee that it was conducted ethically. The respondents were given the assurance that the data would be treated in confidence and that their answers would only be utilized for academic research. Additionally, the researcher adhered to all legal requirements for doing study, such as obtaining approval from the Open University of Tanzania the Open University of Tanzania, the office of the second Vice President in Zanzibar, and the license from the office of the Chief Government Statistician in Zanzibar.

3.10 Chapter Summary

The general introduction, research design, study area, population, sample size, sampling method, data collection tools, description and statistical analysis of the research data, validity and reliability, and data analysis and interpretation were all included in this chapter. The following chapter consists data analysis and interpretation.

CHAPTER FOUR

RESEARCH FINDINGS, PRESENTATION AND DISCUSIONS

4.1 Introduction

The findings of the investigation are examined and reported in this chapter. The study considered the responses from customers and staff at Mpendae Hospital. The study targeted to reach 156 respondents: 122 customers and 34 staff; unfortunately, 6 respondents from staff and 18 from customers were missed, making the total sample obtained 132. This is due to some not sending back the questionnaire and some of the workers not being on shift. In this chapter, those three objectives have been well examined and discussed as follows:

4.2 Accountability Mechanisms in the Provision of Health Service

This section addresses the study's primary goal, in which the researcher evaluated accountability mechanisms in the provision of health services to the public. To fulfill the demand of this objective, several questions were set out to get health information from the study area. So the results of each question will be clearly shown.

4.2.1 Awareness on Accountability Mechanisms

The study sought to ascertain staff members' awareness of accountability measures. The results are shortened in Figure 4.1.

Figure 4.1: Awareness on Accountability Mechanisms

Source: Research (2022)

According to figure 4.1, 13 respondents (46%) were aware of accountability methods, 8 respondents (29%) were just somewhat knowledgeable, and 7 respondents (25%) were fully informed. These results demonstrate that the majority of respondents were either fully or partially aware of accountability methods, which allowed us to get accurate information on the problem at hand.

Also, this implies that when accountability is done well, the goal is often to improve performance and the patient experience by ensuring efficient use of resources and enormous services. However, when it is implemented poorly, it will be calculated as an intentional wasting of valuable resources, but it can also create perverse incentives and produce gaming in the health service provision system. These results resemble those of Deber at el (2017), who found that Canada's health service provision is done well since hospital attendants are well aware of accountability methods (mechanisms) and fully implement them.

4.2.2 Hospital Policy or Guideline on Accountability

The study aimed at discovering that if the hospital is having policy or guideline on accountability. Figure below shows the illustrations.

Figure 4.2: Hospital Policy or Guideline on Accountability
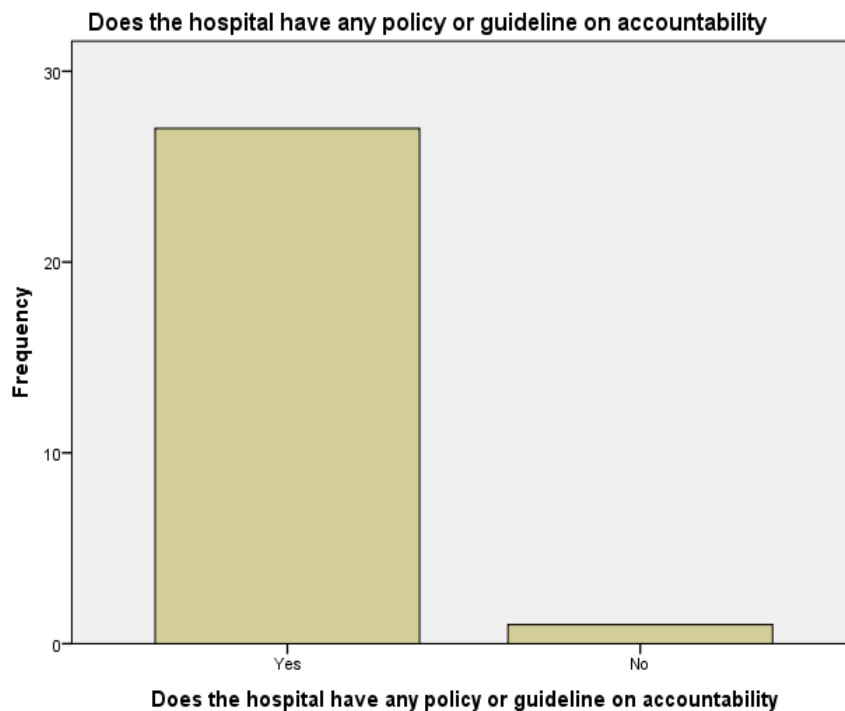
Source: Researcher (2022)

The results in figure 4.2 indicated that 27 (96.4%) of the respondents from Mpendae hospital rated yes, while 1 (3.6%) of the respondents from Mpendae hospital rated no. This shows that Mpendae Hospital operates under special guidelines that emphasize accountability so as to offer brilliant services, and the hospital in charge insisted on this by saying:

> *Mpendae Hospital does not have specific guidelines, but because Mpendae is one of the public hospitals, we also strictly follow the policies and guidelines enacted by the government to ensure we serve the public accordingly.*

This indicates that Zanzibar public hospitals serve according to health policy that always reinforces resource allocation, service planning, and delivery and their relationship to the performance and accountability of health care professionals and the health care system. Policy can be reformed to match world changes. These results match those of Deber at el (2017), who noted that health service policy reforms were made across multiple jurisdictions and subsectors across the country to emphasize accountability in health care in Canada.

4.2.3Workers Accountability for their Actions

The study investigated respondents' input regarding their perceptions of the workers' accountability for their actions. And the feedback was totally documented as yes from the total respondents (staff). And Table 4.4 below shows the different ways of accountability at Mpendae Hospital.

Table 4.2: Ways of Accountability at Working Place

Response	Frequency	Percent
Termination	16	57.1
Demotion	11	39.3
Given chance to explain and defend their action	1	3.6
TOTAL	**28**	**100.0**

Source: Researcher (2022)

The findings show that 16 (57.1%) of respondents reported that workers were terminating, 11 (39.3%) respondents reported that workers were demoting, and 1 (3.6%) respondents reported that workers were given a chance to explain and defend their action.Also, the doctor in charge from Mpendae Hospital added:

Termination, demotion, and similar sanctions are there for indecent workers, but Mpendae hospital workers always try harder to stick with their job description as well as direction from top-level management so as to avoid shameful sanctions like written warnings, termination, and demotion.

But normally, when there is a mischievous incident, an employee is given a warning by the management, given the chance to respond, and ultimately demoted from their existing positions.

This gives the impression that Mpendae hospital workers are accountable for their daily work-related actions, and they abide by the guiding rules and regulations since they have analyzed themselves as an important pillar of public health delivery. Similarly, the accountable measures are there as the public institution for the indecent workers as well as maintaining discipline at the working place; these results resemble those of Mlangwa (2016).

4.2.4 Nurses Qualification and their Care

Data was analyzed to determine whether nurses and general hospital workers are well qualified and customers can rely on their care at Mpendae Hospital. The following table lists the comments received from respondents.

Table 4.3: Nurses Qualification and their Care

Response	Frequency	Percent
Yes	83	79.8
No	21	20.2
Total	**104**	**100**

Source: Researcher (2022)

According to Table 4.5, 83 (79.8%) of respondents agreed that nurses and other hospital staff are well competent and that patients can depend on their care, whereas 21 (20.2%) disagreed that nurses and general hospital workers are well qualified and

customers can rely on their care. Also, the doctor in charge added that Mpendae Hospital encompasses workers with specialized degrees in their respective fields, but workers update their professionals from time to time through seminars, short courses, and long c courses

This denotes that the government will accommodate the proper human resources as well as give them learning opportunities so as to get competent workers who can deliver proper services to the respective society. This resembles Both et al. (2014), who concluded that the nursing professionals should have knowledge and skills typical of their training and have access to constant updates and trainings in order to meet the demand formed by elderly patients.

4.2.5Checking Medical History before Prescribing Anything

The study analyzed data on whether practitioners checked patients medical histories before prescribing anything. The table below displays the responses' comments.

Table 4.4: Checking Medical History before Prescribing Anything

Response	Frequency	Percent
Yes	69	66.3
No	35	33.7
Total	104	100

Source: Researcher (2022)

According to Table 4.6, 69 (66.3%) of the respondents believed that doctors should review patients' medical histories before prescribing any medications, while 35 (33.7%) of the respondents disagreed that practitioners should check patients medical histories before prescribing anything. Additionally, most staff agreed that practitioners should check patients medical histories before prescribing anything, and the doctor in charge

insisted that practitioners use their profession in proper ways, so they do nothing without a clear diagnosis and a careful medical history checkup.

These results imply that Mpendae hospital doctors and nurses are professionally observing the patient's history for the purpose of serving them according to the problem and denoting which medicines have been used and their impacts before proceeding with further treatment. This result differs from Jishnu et al. (2016), who showed that public hospitals are likely to offer the wrong diagnosis.

4.2.6 Nurses and Doctors Communicate Well With Their Patients When Discussing Health-Related Issues

Table 4.7 presents the results on whether nurses and doctors communicate well with their patients when discussing health-related issues. The questions were prepared in the form of Likert scales with YES and NO, and the table below shows the results.

Table 4.5: Nurses and Doctors Communicate Well With Their Patients When Discussing Health-Related Issues

Response	Frequency	Percent
Yes	70	67.3
No	34	32
Total	**104**	**100.0**

Source: Researcher (2022)

The finding shows that70 (67.3%) of the total respondents commented YES and 34 (32.7%) of the total respondents commented no. Additionally, most of the staff from Mpendae Hospital commented YES that nurses and doctors communicate well with their patients when discussing health-related issues. This implies that a blameless health service must be given with proper communication so as to familiarize the patient with

the intention of giving him or her enough room to analyze his or her problem(s) widely. This result differs from the Jishnu et al. (2016) report, which revealed that nurses and doctors from public hospitals do not communicate well with their patients when discussing health-related matters and finally bring about the wrong diagnosis.

4.2.7 Practitioners Sincere Interest in Solving Problems

Under this question the researcher tended to be interested in what respondents thought (customers) on practitioners sincere interest in solving their problems. The table below shows the illustration.

Table 4.6: Practitioners Sincere Interest in Solving Problems

Response	Frequency	Percent
Yes	54	51.9
No	50	48.1
Total	104	100.0

Source: Researcher (2022)

The results indicated that 54 (51.9%) agreed that practitioners show sincere interest in solving customers' problems, while 50 (48.1%) disagreed that practitioners show sincere interest in solving customers' problems. This implies that Mpedae hospital workers committed themselves to serving the public with inner interest, even though there are some complaints from the customers that the practitioners give services late and some play with their phones during working time.

This result is consistent with Jishnu et al.'s (2016) study about private providers who show sincere interest in solving problems by spending more time with patients, asking more questions, and being more likely to conduct a physical exam. They also give out more medicines on average.

4.2.8 Patients Comfortability about Taking Legal Action if Anything Goes Wrong

Table 4.9 presents the results on patient's comfortability about taking legal action if anything goes wrong. The question was prepared in the form of Likert scales with YES and NO to both customers and staff from Mpendae Hospital.

Table 4.7: Patients Comfortability about Taking Legal Action if Anything Goes Wrong

Category	Response	Frequency	Percent	Total
Customers	Yes	56	53.8	**104 (79%)**
	No	48	46.2	
Staffs	Yes	12	42.9	**28 (21%)**
	No	16	57.1	
TOTAL	**Yes**	**68**	**51.5**	**132 (100%)**
	No	**64**	**48.5**	

Source: Researcher (2022)

According to the data in Table 4.9 above, 56 (53.8%) of all the customers remarked "YES," and 48 (46.2%) of all the customers remarked "NO". While 12 (42.9%) of the total staff commented YES and 16 (57.1%) of the total staff commented NO.

The results denote that customers are total fans of taking legal action against those who are not accountable in their working positions with the intention of boosting accountability in public institutions. But due to the zeal of health service providers for positive results, they are accountable for the individual quality of their work and the adherence to professional codes and standards. Even their working environment is always challenging, so it will be inhuman to take legal action when some accidental matter happens. This match with BIT (2018), which shows the interest of patients to take legal action when things went wrong, but explanations and apologies would have

prevented the need for a claim going forward since hospital attendants are humans as well.

4.2.9 Government Plays a Major Role Overseeing Mpendae Healthcare Activities

Table 4.10 presents the results on the government's role in overseeing Mpendae Health Care Center. A question was prepared in the form of Likert scales with YES and NO to both customers and staff from Mpendae Hospital.

Table 4.8: Government Plays a Major Role Overseeing Mpendae Healthcare Activities

Category	Response	Frequency	Percent	Total
Customers	Yes	60	57.7	**104 (79%)**
	No	44	42.3	
Staffs	Yes	17	60.7	**28 (21%)**
	No	11	39.3	
TOTAL	**Yes**	**77**	**58.3**	**132 (100%)**
	No	**55**	**41.7**	

Source: Researcher (2022)

According to the data in table 4.10 above, 60 (57.7%) of all customers remarked "YES," whereas 44 (42.3%) of all customers remarked "NO.". While 17 (60.7%) of the total staff commented YES and 11 (39.3%) of the total staff commented NO, Overall, 77 (58.3%) commented yes and 55 (41.7%) commented NO." On supporting these data, the Mpendae doctor in charge insisted on this by saying:

> *The government plays a greater role in overseeing Mpendae health care center since Mpendae is the biggest center in the level of the district, so we receive medicine timely, even if some orders are delayed. There is a satisfactory allocation of workers and a commitment to continuous professional education for the workers. Also, members of the House of Representatives and legislature play*

a role in helping Mpendae Hospital whenever we follow them with certain needs; meanwhile, they are familiar with this center and know the value of better health to the public and the worth of this center.

This entails that the government plays a greater role in overseeing Mpendae Health Care Center together with the members of the House of Representatives and legislature who represent Mpendae constituency. This result resembles that of Benjamin et al. (2016), who denoted that the government and candidates show interests in interfering with primary health care resource allocation and distribution in terms of health distribution.

4.2.10 Customers Satisfaction with the Accountability in Place to Provide Health Services at Mpendae Hospital

The researcher was interested in denoting the customer's satisfaction pertaining to the accountability of the health service providers from Mpendae Hospital. A question was prepared in the form of Likert scales with very satisfied, satisfied, very dissatisfied, and dissatisfied. The figure below shows the results.

Figure 4.3: Customers Satisfaction with the Accountability in Place to Provide Health Services at Mpendae Hospital

Customers satisfaction with the accountability in place to provide health services at Mpendae Hospital

Source: Researcher (2022)

The results revealed that 50 (48.1%) were satisfied with the accountability of the health service providers from Mpendae hospital, 27 (26.0%) were very satisfied with the accountability of the health service providers from Mpendae hospital, 24 (23.1%) were dissatisfied with the accountability of the health service providers from Mpendae hospital, and 3 (2.9%) were not attempting the question. This result was also supported by the doctor in charge from Mpendae during the interview, when he asserted that:

> *People are satisfied since the attendance is always high, we receive more than 150 patients daily; patients' claims become fewer in the suggestion box now and then.*

This indicated that customers are satisfied with the service provision at Mpendae due to the staff's focus efforts on the wider range of roles and responsibilities in relation to health and care planning in society. This results differ from Sinyiza et al. (2022), who found very low levels of patient satisfaction in Malawi due to health workers reporting

late to work, doctors not listening to patients concerns and neither examining them properly nor explaining the diagnosis, shortage of medicines, diagnostics, and medical equipment, unprofessional conduct of health workers, poor sanitation and cleanliness, and health worker behavior of favoring relatives and friends over other patients.

4.3 The Extent to Which Accountability Mechanisms are Implemented at Mpendae Hospital

In this section, which addresses the study's second purpose, the researcher assessed the extent to which accountability mechanisms (Legal accountability, Professional accountability, and Political accountability) are implemented at Mpendae hospital. Customers (Co) and employees (St) are illustrated in the table below.

Table 4.9: Costumers and Staffs Views on the Extent of Accountability Mechanisms that are implemented at Mpendae Hospital

S/N	Accountability Mechanisms	Rate								TOTAL
		Maximum		Average		Minimum		None		
		Co	St	Co	St	Co	St	Co	St	
i	Legal accountability	0	2	3	1	0	4	0	0	10 (8%)
ii	Professional accountability	25	5	37	11	23	5	0	0	106 (80%)
iii	Political accountability	0	0	3	0	13	0	0	0	16 (12%)
	TOTAL	25	7	43	12	36	9	0	0	132 (100%)
		32 (24%)		55 (42%)		45 (34%)		0 (0%)		

Source: Researcher (2022)

In light of the complete results in Table 4.11, 106 (80%) of the total respondents said Mpendae Hospital had a system in place for professional responsibility. Additionally,

16 (12%) of the total respondents indicated that Mpendae Hospital has a political accountability mechanism in place, and 10 (8%) of the total respondents indicated that Mpendae Hospital has a legal accountability mechanism in place.

And the extent of implementation is: 55 (42%) rated into average level, 45 (34%) rated into minimum level, 32 (24%) rated into maximum level, and no one rated into none. This indicates that professional accountability is the more widely implemented accountability mechanism in health service provision than legal and political accountability. This is due to the fact that professional accountability requires workers to adhere to ethical, professional standards, and codes of conduct with little direct monitoring. Also, primary care centers always fight harder to ensure that service providers practice in a sound manner, maintain accountability, and take responsibility for their practices to avoid unnecessary queries from customers. These results resemble those of Karumba (2020), where professional accountability is accorded more priority than other mechanisms.

4.3 Challenges Facing Accountability

The study evaluated the third study goal under this area, and it was particularly interested in evaluating the difficulties Mpendae hospital has with accountability.

4.4.1 Challenges Facing Accountability at Mpendae Hospital

The study was interested to assess the challenges facing accountability at Mpendae hospital, and the results have been shown in the following table.

Table 4.10: Challenges Facing Accountability at Mpendae Hospital

S/N	Challenge	Rate				TOTAL
		Strongly Disagree	**Disagree**	**Strongly Agree**	**Agree**	
i.	Corruption	0	0	0	0	**0**
ii.	Nepotism	0	0	31	46	**77 (74%)**
iii.	Unprofessional workers	0	0	0	0	**0**
iv.	Poor management	0	0	11	16	**27 (26%)**
	TOTAL	**0**	**0**	**42 (40%)**	**62 (60%)**	**104 (100%)**

Source: Researcher (2022)

According to table 4.12's data, nepotism is the main obstacle to accountability at Mpendae Hospital for 77 respondents (74%); 46 respondents agreed with this statement, and 31 respondents strongly agreed. Whereas 27 (26%) indicated that inadequate management is an additional obstacle to accountability at the Mpendae hospital, 16 respondents agreed and 11 strongly agreed.

Generally, 62 (60%) of the total respondents agreed that nepotism and poor management are chief challenges facing accountability at Mpendae Hospital, and 42 (40%) of the total respondents strongly agreed that nepotism and poor management are chief challenges facing accountability at Mpendae Hospital.

This denotes that Mpendae health service provision is rendered with the big challenge of nepotism; if you have relatives at the center, you will be served as soon as possible; if you do not have any relatives around, you will get service late. This resembles Sinyiza et al.'s (2022) study, which found that one of the biggest challenges in health service provision in Malawi is health worker behavior of favoring relatives and friends over other patients.

But most of the staff disagreed on the challenges facing accountability at Mpendae Hospital, and the doctor in charge during the interview asserted:

> *Mpendae hospital is free from bigger challenges that can rotten a wider image of center accountability, but the biggest challenge facing us is the delay of some needs, like drugs and some equipment, from the district authority.*

4.4.2 Improving Accountability at Mpendae Hospital

Furthermore, the study was interested in determining Mpendae Hospital's plans for improving accountability, and a doctor in charge asserted:

> *Mpendae hospital has several plans for accountability improvement, like insisting on Mpendae staffs on further studies with the intention of continuously improving quality; creating an environment of clinical excellence and standards of care; continuing to follow up on the requested orders at the District authority; motivating collaboration with constituency leaders; t creating inter-professional teams w that collaboratively plan, deliver, and manage the services provided to t individuals; and as well as call upon service providers to review the contribution they make to delivering services and consider how they may need to develop their roles to meet patients' needs.*

This suggests that Mpendae hospital administrators have a sincere desire to leave their compliance-based accountability mindset and adopt innovations and an entrepreneurial spirit that focus on performance-based accountability in service delivery. This suggests that action is required across the entire system by collaborating with political accountability, challenging professional accountability, and combining with legal accountability.

4.5 Summary of the Chapter

This chapter reported the study findings based on how accountability mechanisms were used to offer public health services in Zanzibar. In accordance with the study's objectives, the study's findings were also examined and debated, and the next chapter contains a summary of those findings as well as a conclusion and recommendations.

CHAPTER FIVE

SUMMARY, CONLUSION AND RECOMMENDATION

5.1 Introduction

The Mpendae hospital study on the use of accountability mechanisms in the delivery of public health services in Zanzibar is summarized in this chapter. On the basis of the research and debate, the chapter also includes a conclusion and recommendations. Furthermore, the chapter suggests areas for further research by future researchers since it is not possible for this study to have complete coverage of every aspect of the role of accountability mechanisms in Zanzibar public health service delivery.

5.2 Summary of the Study

The sample of 132 participants underwent cross-sectional research design; this comprised 104 customers who were randomly selected, and 27 staff were selected randomly from several units, except for the doctor in charge, who was purposefully selected. The Statistical Package for Social Science (SPSS) was used to evaluate the data gathered in the study area. The results were presented in tables and graphs, with direct quotations and in-depth interview data being studied thematically.

According to the study's findings, 7 (25%) of respondents (staff) were completely aware of accountability methods, compared to 8 (29%) who were only partially knowledgeable. The hospital employees were also held accountable in accordance with the current government-enacted guidelines.

The findings found that workers were accountable for their actions in several ways, like when 16 (57.1%) of respondents reported that workers were terminating, 11 (39.3%) respondents reported that workers were demoting, and 1 (3.6%) respondents reported

that workers were given a chance to explain and defend their actions. When there is a mischievous incident, an employee is given a warning by the management, given the chance to respond, and ultimately demoted from their current positions.

Also, the study found that Mpendae employees are professionally accountable since 83 (79.8%) of respondents agreed that nurses and general hospital workers are well qualified and customers can rely on their care, and this was supported by 69 (66.3%) of the respondents agreeing that practitioners check patients medical histories before prescribing anything, 70 (67.3%) of the total respondents agreeing that nurses and doctors communicate well with their patients when discussing health-related issues, and 54 (51.9%) agreeing that practitioners show sincere interest in solving customers' problems.

Additionally, the study found that on ensuring legal accountability at Mpendae Hospital, 56 (53.8%) of the total customers fanatically took legal action against those who were not accountable in their working positions with the intention of boosting accountability in public institutions. Politically, the study found that 77 (58.3%) agreed that the government plays a greater role in overseeing Mpendae health care center together with the members of the house of representatives and legislature who represent Mpendae constituency.

Furthermore, the study found that 50 (48.1%) were satisfied with the accountability of the health service providers from Mpendae hospital, 27 (26.0%) were very satisfied with the accountability of the health service providers from Mpendae hospital, 24 (23.1%) were dissatisfied with the accountability of the health service providers from Mpendae hospital, and 3 (2.9%) were not attempting the question.

With regard to the second goal, which sought to determine the extent to which accountability mechanisms (legal accountability, professional accountability, and political accountability) are implemented at Mpendae hospital, the study found that 106 (80%) of the total respondents rated that a professional accountability mechanism is implemented at Mpendae hospital, 16 (12%) of the total respondents rated that a political accountability mechanism is implemented at Mpendae hospital, and 10 (8%) of the total respondents rated that a legal accountability mechanism is implemented at Mpendae hospital.

The survey also discovered that bad management and nepotism were the two biggest obstacles to accountability at Mpendae Hospital, since 62 (60%) of the total respondents agreed that nepotism and poor management are chief challenges facing accountability at Mpendae Hospital, and 42 (40%) of the total respondents strongly agreed that nepotism and poor management are chief challenges facing accountability at Mpendae Hospital.

Similarly the study found that Mpendae hospital having several plans for the accountability improvement like insisting Mpendae staffs on further studies for the intention of continuous improving quality; creating an environment of clinical excellence and standards of care; continues follow up the requested orders at the District authority as well as motivating collaboration with constituency leaders; to create an inter-professional teams which collaboratively plan, deliver and manage the services provided to the individual as well as call upon service providers to review the contribution they make to delivering services and consider how they may need to develop their roles to meet patients' needs.

5.3 Conclusion

The study focuses on the assessment of the roles of accountability mechanisms in the provision of public health services in Zanzibar at the Mpendae hospital. The assessment concluded that Mpendae hospital workers are accountable for their actions through termination and demotion, but they are also given a chance to explain and defend their actions before a server punishment takes place.

The conclusion was also reached that professional accountability, political accountability, and legal accountability are the chief accountability mechanisms for health service provision, the community is satisfied with the service provision at Mpendae, and the most preferable accountability mechanism is professional accountability. It was also concluded that nepotism and poor management are the chief challenges facing accountability at Mpendae Hospital.

The study lastly concluded that Mpendae Hospital has several plans for accountability improvement. Strengthening accountability demands action across the system as a whole through working with political accountability, contending with professional accountability, and combining with legal accountability.

5.4 Recommendations

Education on accountability ought to be offered by the government and other interested parties.

Employee education is crucial for raising understanding of the three accountability methods that have been addressed as well as accountability at the workplace (legal accountability, professional accountability and political accountability). Employee

education on responsibility will help coworkers fulfill their responsibilities and increase public hospitals' ability to deliver decent services to the public.

The Government and other stakeholder should oversee the solution of challenges toward accountability at the working place

Since the effectiveness of accountability in the public health sector is impaired by nepotism as well as poor management, the Government should emphasize an anti-nepotism campaign in the public health sector as well as special training to equip the public hospital administrators in matters of accountability.

5.5 Areas for Further Research

The goal of this study was to examine the role of accountability mechanisms in the delivery of public health services in Zanzibar at Mpendae Hospital. Other academics can conduct additional analysis on components like the rule of law, democratization, and responsiveness in various sectors in addition to this facet of good governance, namely transparency and participation.

Furthermore, the study has focused on only one hospital, but to improve services to hospital clients, studies should also cover more public hospitals for the purpose of making comparisons on the issues related to the health services provision at the different public hospitals in Zanzibar. Finally, other researchers can make a comparison between public and private hospital accountability mechanisms for service delivery.

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APPENDICES

APPENDICE 1: Questionnaire for Mpendae Hospital Customers

This survey is designed to collect data for the topic "**THE ROLEOF ACCOUNTABILITY MECHANISMS IN ZANZIBAR PUBLIC HEALTH SERVICE DELIVERY**; *The Case of Mpendae Hospital Zanzibar.* The information provided is purely for academic purpose and will not be published in any form without your consent.

SECTION A: First Objective: Accountability mechanisms in the provision of health service

1. Do practitioners show sincere interest in solving your problem?

   Yes ( )   No ( )

2. Did they check your medical history before prescribing anything?

   Yes   ( )   No   ( )

3. Do nurses are well-qualified and you can rely on their care?

   Yes   ( )   No   ( )

4. Do they communicate well with their patients when discussing health-related issues?

   Yes   ( )   No ( )

5. Do you feel comfortable about taking legal action if anything goes wrong (e.g., doctor is negligent, wrong treatment/prescription, etc.)?

   Yes   ( )   No ( )

6. Do you think that the government plays a major role overseeing Mpendae healthcare activities?

   Yes   ( )   No ( )

SECTION B: Second Objective: The Extent to which Accountability Mechanisms are Implemented

7. To what extent the following accountability mechanisms are implemented at Mpendae Hospital?

S/N	Accountability mechanisms	Rate			
		Maximum	**Average**	**Minimum**	**None**
i.	Legal accountability				
ii.	Professional accountability				
iii.	Political accountability				

8. How are you satisfied with the accountability in place to provide health services at Mpendae Hospital?

i. Very satisfied ( ) ii. Satisfied ( ) iii. Dissatisfied ( ) iv. Very dissatisfied ( )

SECTION C: Third Objective: Challenges Facing Accountability

Which of the following challenges hinder the accountability at Mpendae Hospital?

S/N	Item	Strongly Disagree	Disagree	Agree	Strongly Agree
i.	Corruption				
ii.	Nepotism				
iii.	Unprofessional workers				
iv.	Poor management				

APPENDICE 2: Questionnaire for Mpendae Hospital Staff

This survey is purposely designed to collect data for the topic "**THE ROLE OF ACCOUNTABILITY MECHANISMS IN ZANZIBAR PUBLIC HEALTH SERVICE DELIVERY;** *The Case of Mpendae Hospital Zanzibar.* The information provided is purely for academic purposes and will not be published in any form without your consent.

General Respondents Information

Please circle on the correct answer

SECTION A: First Objective: Accountability mechanisms in the provision of health service

1. What is your awareness on accountability practices?

Totally aware	Aware	Partially aware	Not aware

2. Does the hospital have any policy or guideline on accountability?

    i)   Yes ( )   ii) No ( )   iii) I don't know ( )

3. Are the workers in your section accountable for their actions?

    i.   Yes ( )   ii. No ( )

4. If you answered no in [6] what causes them not be accountable?

    i)   They are above the law ( ) ii) Poor leadership ( )   iii) Others ( )

Mention ....

5. If the answer is yes, how are they accountable?

    i.   Termination ( )   ii. Demotion ( )   iii. Warning

    ii.   Given chance to explain and defend their actions ( ) iv) Others

    Mention ....

Answer 'YES' to agree or 'NO' to disagree in front of the statement

Professional Accountability		
6.	Do they check patient medical history before prescribing anything?	
7.	Do they communicate well with their patients when discussing health-related issues?	
Legal Accountability		
8.	Do you feel comfortable about patient taking legal action if anything goes wrong (e.g., doctor is negligent, wrong treatment/prescription, etc.)?	
Political Accountability		
9.	Do you think that the government plays a major role overseeing Mpendae healthcare activities?	

SECTION B: Second Objective: The Extent to which Accountability Mechanisms are Implemented

10. To what extent is the following accountability mechanisms are implemented at Mpendae Hospital?

S/N	Accountability mechanisms	Rate			
		Maximum	Average	Minimum	None
iv.	Legal accountability				
v.	Professional accountability				
vi.	Political accountability				

SECTION C: Third Objective: Challenges Facing Accountability

11. Which of the following challenges hinder the accountability at Mpendae Hospital?

S/N	Item	Strongly Disagree	Disagree	Agree	Strongly Agree
v.	Corruption				
vi.	Nepotism				
vii.	Unprofessional workers				
viii.	Poor management				

APPENDICE 3: Interview Questions for MpendaeHospital Administrators

1. Respondent's Name ……………………………………
2. Respondent's Title …………………………………………..
3. Does the hospital have any policy or guideline on accountability?

4. Are the workers in your hospital accountable for their actions? (If the answer is yes how they are accountable? If the answered no what causes them not to be accountable?)

4. Do doctors have specialized degree(s) in their respective field?
5. Do they use their professional in a proper ways?
6. Do you think that the government plays a major role overseeing Mpendae healthcare activities? How?
7. Do members of house of representative and legislature play role in helping Mpendae hospital? How?
8. Which one among the legal accountability, professional accountability and political accountability is more implemented at Mpendae Hospital? How?
9. To what extent do you feel that community members satisfied with the accountability in place to provide health services in this hospital?
10. What are the chief challenges hinder the accountability at Mpendae Hospital?
11. Are there any plans for improving accountability in the hospital? If the aswer is "YES" what are the plans? If not what are the future plans for improving accountability in the hospital?

APPENDICE 4: RESEARCH PERMIT

REVOLUTIONARY GOVERNMENT OF ZANZIBAR

SECRETARY
ZANZIBAR RESEARCH COMMITEE
P.O Box 2321, Mazizini, Zanzibar
Tel: 024 2231869
Fax: 024 2231742

RESEARCH/FILMING PERMIT
(This Permit is only Applicable in Zanzibar for duration specified)

SECTION   Reference No#: 63280F7F9E8DB

Name	MOH'D SALUM FASIHI
Gender	M
Date and Place of Birth	1989-10-28, JUMBI ZANZIBAR
Nationality	Tanzanian
Data Collection Duration	3 Month(s)
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Signature and seal

Institution   Office of the Chief Goverment Statistician

Address   P.O Box 2321, ZANZIBAR

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