# STREET LEVEL BUREAUCRACY AND PUBLIC SERVICE DELIVERY IN TANZANIA: THE CASE OF THE DELIVERY OF HEALTH SERVICES IN MOROGORO MUNICIPALITY

# STREET LEVEL BUREAUCRACY AND PUBLIC SERVICE DELIVERY IN TANZANIA: THE CASE OF THE DELIVERY OF HEALTH SERVICES IN MOROGORO MUNICIPALITY

**By**

**Chagulani Shabiru**

**A Dissertation Submitted in Partial Fulfillment of the Requirements for the Award Degree of Master of Research and Public Policy (MRPP) of Mzumbe University**

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## CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by The Mzumbe University, a dissertation entitled **The Street Level Bureaucracy and Public Service Delivery in Tanzania: The Case of the Delivery of Health Services in Morogoro Municipality,** in partial fulfillment of the requirements for award of degree Master of Research and Public Policy.

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Accepted for the Board of

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## DECLARATION AND COPYRIGHT

I, **Chagulani Shabiru**, declare that this dissertation is my own work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

**Signature** _____

**Date** _____

## ACKNOWLEGEMENT

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## DEDICATION

This work is dedicated to my dear mother; Winfrida Ndagile for her good care and influence on my education. Thank you.

## LIST OF ABBREVIATIONS AND ACRONYMS

| | | |
|---|---|---|
| **AIDS** | - | Acquired Immune Deficiency Syndrome |
| **CTC** | - | Care and Treatment Centre |
| **HIV** | - | Human Immune Deficiency Virus |
| **HRH** | - | Human Resource for Health |
| **OECD** | - | Organisation for Economic Cooperation and Development |
| **OPD** | - | Out Patient Department |
| **RCH** | - | Reproductive and Child Health |
| **SDGs** | - | Sustainable Development Goals |
| **SLB** | - | Street Level Bureaucrats |
| **SSA** | - | Sub Saharan Africa |
| **WHO** | - | World Health Organisation |

## ABSTRACT

The main objective of this study was to examine the coping strategies which are used by street bureaucrats in delivery of health services in Morogoro Municipality, Tanzania. Specifically, the objective of the study was to determine the level of understanding the roles of street level bureaucrats among the SLBs in delivery of health services, to identify challenges which they encounter and the coping strategies they apply in dealing with those challenges.

In gathering of information for this study, different interviews were conducted. In-depth interviews involved; Municipal health secretary, medical in charges of health centres, medical doctors and clinical officers. Focus group interviews involved nurses. All these interviews were carried out to four health centres in four wards of Morogoro Municipality.

The study revealed that the roles of SLBs are highly known by SLBs and the study revealed different roles of SLBs. Moreover, the roles differ in terms of cadre and departments.

Regarding to the challenges which are encountered by SLBs, the study found that there are different challenges which face them in fulfilling their duties and these challenges were identified as; shortage of buildings, high workloads, insufficient drugs and medical equipment, high number of clients, shortage of staff ,unconducive working environment and less public awareness to health- related issues.

Lastly, the study revealed that there are different coping strategies which are employed by SLBs in dealing with those challenges. These strategies are: sharing of office, redistribution of staff, improvising of resources, double shift and working in extra hours. These strategies were developed as an attempt to provide services in challenging environment.

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# CHAPTER ONE

# INTRODUCTION AND BACKGROUND OF THE STUDY

## 1.1 Introduction

Street level bureaucrats are frontline workers. These frontline workers are public employees who interact directly with citizens or recipients of government services and have power to exercise a degree of discretion over the services, benefits and sanctions received by those recipients. They work to implement policies in government agencies. In health context, street level bureaucrats are the health workers who basically work to deliver service to communities. These street level bureaucrats provide health services by promoting health services, preventing disease and curing as well. Also, this chapter includes: background of the problem, statement of the problem, objectives of the study, research questions, significance of the study, delimitation of the study and definition of key terms.

## 1.2 Background of the problem

Street level bureaucracy is an administrative concept developed by Lipsky in his book "Street level bureaucracy: Dilemma of the individuals in public services" describing the roles that are played by street level bureaucrats. Street level bureaucrats as frontline workers are assigned with different roles to perform depending on the field in which they work. The concept of street level bureaucrats is not common to many writers but it has existed since industrialization development where they were termed as lower workers. Lipsky (1980) views street level bureaucrats as functional engine in implementing a given public service delivery. The street level bureaucrats are identified as public service workers who interact with citizens or service recipients in the course of their job and have substantial discretion in the execution of their responsibilities. Examples of these street level bureaucrats, among public employees include teachers, police officers, judges, general practitioners and social workers and they are the ones who allocate public benefits to others.

Despite being the ones delivering the services to the public, street level bureaucrats work with relatively high degree of uncertainty. They have very large workloads and at the same time, in most cases, their working environment is never favourable to them. Thus, they actually cannot fulfill what they are obliged to perform unless they devise certain approaches to assist them to implement some of their responsibilities. They also encounter resource inadequacy. Resources are limited in relation to their duties. The issue of resource limitation at the street level is broader. It includes personal resource in terms of street level bureaucrats' individual capabilities in doing their job. What may happen is that at street level, individuals are undertrained or inexperienced in jobs they are hired to perform. This is likely to happen when unqualified individuals are engaged to assist in the provision of service when SLB tries to manage its resource inadequacy crisis. Moreover, SLBs experience their duties in relation to inadequate personal resource and this inadequacy is attributed to the nature of job rather than rooted in some personal failure (Lipsky, 1980:31). Further the tendency for the public service goals to have an idealized dimension makes them difficult to achieve, conflicting and complicating the approach (Lipsky, 1980:40).

These situations make them to perform their jobs with conflicting and ambiguous goals. Their work objectives become vague and contradictory, in spite of having discretion. Consequently, SLBs cannot claim that they are doing a perfect job or performing the way the job is required to be done. The only thing they normally do is to function effectively and properly under constraint they face. In fulfilling their duties SLB make necessary attempt to do a good job in some way on a given resource they have (Lipsky, 1980:82) where they develop strategies to cope with reality of work environment.

In this study, street level bureaucrats are referred to as health workers who basically deliver health service. These workers are fundamental labor force for ensuring equitable health services delivery which are universal. This is due to their significant roles that they play both at international and national level. At international level they improve access and quality health care services for population by providing essential services

which promote health, prevent diseases and delivering health care services to individuals, families and communities (WHO, 2016). At the national level they work to implement the national policies while at international level they work to meet global goals. In implementing their roles as SLBs, they encounter a number of challenges in delivery of health services. These challenges are experienced around the globe but the developing countries particularly African countries seem to be largely affected. For instance, in Ghana the health sector faces some challenges such as work environment. Work environment is not conducive as the result medical workers like doctors, nurses and other health workers emigrate and thus the health sector is grossly understaffed.

Government sources show that there are more Ghanaian doctors working abroad than in Ghana. The quality of those cadres combined with far higher salaries abroad provides unfair competition. Anecdotal evidence indicates that 40% of graduating medical students leave the country and in 1999 the number of nurses equivalent to the registered nurse output was lost from the register (Ghana Ministry of Health, 2011).

Apart from Ghana, in Uganda the SLBs encounter some challenges in delivery of health services. Despite the efforts made by the government towards the implementation of the national health policy to construct and upgrade health facilities, the basic infrastructures such as water, electricity, communication, means of referrals, adequate staff quarters and security (at night) have remained to be the main challenges to running 24 hours, quality emergence obstetric care services. Also, insufficient supplies and commodities including the availability of contraceptive prevent adequate delivery of healthcare services and often account for largest share of health care costs for service user. Supplies and commodities are needed under all priority interventions selected.

Medicine stock outs have all been a problem, as the percentages of health facilities registering stock outs in essential medicines have consistently been over 60% for the last 10 years. This implies that, although modern family planning services are available at 79% of health facilities, the service may not be comprehensive. The procurement of medicines is done at the national level. The distribution system is based on the pull from

lower levels of the government who are supposed to submit requisition through district health office to the national medical store (Uganda Ministry of Health, 2007). Moreover, the SLBs in Tanzania experience some challenges in provision of delivery of health services. Kwesigabo et al. (2014) identified; shortage of drugs and medical equipment and shortage of workforce. These challenges which are encountered by SLBs affect delivery of health services at street level in many developing countries particularly in most African countries. Thus, this situation leads SLBs to design different coping strategies which they use in dealing with those challenges.

### 1.3 Statement of the problem

Street level bureaucrats have been playing a great role around the world. Globally the SLBs play a central and crucial role in improving access and quality health care for the population by providing essential services which promote health, prevent disease and deliver health care services to different groups like individuals, families and communities (WHO, 2006). Furthermore, they expand coverage of health services in preventive, promotive and curative services to population (Global Health Alliance, 2018). In Tanzania also the SLBs play a significant role by promoting health services, curing and preventing disease (United Republic of Tanzania, 2017). Besides the significant role which SLBs have been playing, the SLBs are confronted with number of challenges.

These challenges are faced both in developed and developing countries. But in developing countries are largely experienced. In developing countries especially African countries, these challenges are highly experienced than other places. For instance, Uganda as one of African countries in Sub Saharan Africa, the SLBs are confronted with lack of basic infrastructures like; water, electricity, insufficient supplies and commodities including availability of contraceptive (Uganda Ministry of Health, 2007).

In Ghana also the Street level bureaucrats face challenges in delivery of health service. The working environment for SLB is not conducive as the result some of them like

doctors, nurses and other workers emigrate and thus the health sector glossily understaffed (Ghana Ministry of Health, 2011)

Tanzania like other countries in Africa, the SLBs face challenges in delivering of health services. The SLBs are confronted with shortage of drugs and medical equipment and shortage of workforce (Kwesigabo et al., 2014). These challenges affect the delivery of health services in Tanzania as other countries in developing countries.

This study finds that there have been some studies that have been carried out particularly on challenges faced by SLBs in delivering of health services in Tanzania. But within reviewed literature no any study that has identified challenges and how SLBs cope with existing challenges in Morogoro Municipality. Therefore, this study intends to identify coping strategies which are used by SLBs in delivery of health services in health centers, in Morogoro Municipality.

## 1.4 Objectives of the study

### 1.4.1 Main objective of the study

The main objective of the study was to examine the coping strategies which are used by street level bureaucrats in delivery of health services in health centers, Morogoro Municipality.

### 1.4.2 Specific objectives of the study

This study aimed to achieve the following objectives:

i. To determine the level of understanding the roles of street level bureaucrats amongst the SLBs in delivery of health services in Morogoro Municipality.
ii. To identify challenges which are encountered by the street level bureaucrats in Morogoro Municipality.
iii. To identify coping strategies which used by street level bureaucrats in delivery of health services.

## 1.5 Research questions

i. Are the SLBs aware of their roles while delivering health services in Morogoro Municipality?
ii. What are the challenges encountered by street level bureaucrats in delivery of health services in Morogoro Municipality?
iii. How do SLBs cope with challenges in delivery of health services in Morogoro Municipality?

## 1.6 Significance of the study

The research findings will be employed for different purposes.

Firstly, the findings will be employed to raise awareness to health stakeholders to keep putting into consideration the importance of investing more in health sector.

Secondly, the study will be a source of knowledge about the best approaches in addressing challenges that act as obstacles to health workers towards implementation of national health policy. Here it will be mostly used as evidence established to policy makers in addressing all challenges that obstruct policy from being effectively implemented.

And lastly, it will be a useful resource to add knowledge to researchers about health management and strategic plan in addressing all health- related challenges.

## 1.7 Delimitation of the study

The study mainly based on examining the coping strategies which are used by street level bureaucrats in delivery of health services in Morogoro Municipality, Tanzania. The study specifically based on determining the level of understanding of the roles of SLBs among SLBs in delivery of health services in Morogoro Municipality, challenges faced by them in delivery of health services and the coping strategies that are used by them in delivery of health services. The study was delimited to use street level bureaucracy theory, this is because the SLB theory gives clear understanding about the concept street

level bureaucracy and public services delivery. Moreover, the study was delimited to use qualitative approach. This approach was used since the study intended to gather opinions from the respondents.

### 1.8 Definition of key terms

This part provides definition of key terms employed in a study by a researcher because some terms could have been used in other fields and can lead to misinterpretation in this study when they are interpreted similar to other studies or disciplines. These terms include; Street level bureaucrats, health workers' policy, public policy, policy implementation.

#### 1.8.1 Street-level bureaucrats

Frontline operators are the individuals who experience how hard it is to implement the intended programme. Using Lipsky's (1980) perspectives, such individuals are referred to as 'street-level bureaucrats' who are identified as public service workers that interact with service recipients in the course of their jobs and have substantial discretion in the execution of their responsibilities. Examples of the street-level bureaucrats, among other public employees, include: teachers, police officers, judges, general practitioners and social workers who are the ones who allocate public benefits to others. In this study the health workers are referred to as SLBs.

#### 1.8.2 Health workers

Health workers are all people engaged in actions whose primary intent is to enhance health (WHO, 2006).

Health workers are all people engaged in the promotion, protection or improvement of the health of the population (Diallo et al., 2003). Health workers involve health service providers, health management and support workers. In this study, health workers (Municipal health secretary, medical in charges of health centres, medical doctors, clinical officers and nurses) are the ones who will be dealt with. In addition, the term

health workers will be used interchangeably with street level bureaucrats due to similarity in function as described by Lipsky, 1990).

### 1.8.3 Policy

According to Thomas Birkland (2005) policy is defined as a statement by government at whatever level, in whatever form, of what it intends to do about a public problem, such statement can be found in the constitution, status, regulation, case law (that is court decision) agency or leadership decisions, or even in changes in the behavior of government official at all level.

### 1.8.4 Public policy

Public policy is a set of interrelated decisions taken by political actors or group of actors concerning the selection of goals and means of achieving them within a specified situation where, those decisions should, in principle, be within the power of those actors to achieve (Jenkins, 1979).

### 1.8.5 Policy implementation

Policy implementation is the process by which policy adopted by the government are put into effects by the relevant agent (Birkland, 2016). Also, policy implementation is a process by putting policy into effect by public and private individuals. Implementation can be seen essentially in terms of nature and degree of control exercised over the operation of policy, programme and project.

## 1.9 Organisation of the dissertation

This dissertation includes six chapters as follows: Chapter one, chapter two, chapter three, chapter four, chapter five and chapter six. Chapter one includes; background of the study, statement of the problem, objective of the study, research questions, significance of the study, delimitation of the study, definition of key terms and organization of the study. Chapter two includes literature review. Chapter three includes research methodology. Chapter four includes presentation of the findings. Chapter five includes discussion of the findings. Chapter six includes; summary of the findings, conclusion, recommendations and policy implications.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1 Introduction

This chapter provides information from different literatures that have been reviewed with respect to street level bureaucrats and the delivery of health services. The reviewed literature includes: journals, dissertations and published reports. In this study, theoretical and literature review from earlier studies were employed where theory used to give clear understanding of street level bureaucrats and delivery of health services and literature review from earlier studies was also used to give clear understanding of street level bureaucrats and delivery of health services based on earlier studies and finally to establish a gap.

## 2.2 Theoretical literature review

### 2.2.1 The theory of Street level bureaucrats

Frontline operators are the individuals who experience how hard it is to implement the intended programme. Using Lipsky's (1980) perspectives, such individuals are referred to as 'street-level bureaucrats' who are identified as public service workers who interact with service recipients in the course of their jobs and have substantial discretion in the execution of their responsibilities. Examples of the street-level bureaucrats, among other public employees, include teachers, and they are the ones who allocate public benefits to others. Street-level bureaucrats have much in common because they are equally exposed and experience similar work conditions in relation to their specific responsibilities in the course of distributing public benefits.

### 2.2.2 Characteristics of street-level bureaucrats

The literature provides that street-level bureaucrats have relatively high degrees of discretion when performing their jobs. They work in the circumstance where they have regular interaction with the recipients of the services. Despite being the ones delivering

the services to the public at large, street-level bureaucrats work with a relatively high degree of uncertainty. They have very large workloads and at the same time, in most cases, their operational environment is never favorable to them. Thus, they actually cannot fulfill what they are obliged to perform unless they devise certain approaches to assist them implement some of their responsibilities.

Encountering resource inadequacy, for street-level bureaucrats, is not only a theoretical consideration but a highly practical one as well. Resources are severely limited in relation to their duties. The issue of resource limitation at the street-level is very broad. It covers personal resources in terms of the street-level bureaucrats' individual capabilities in performing their jobs. What can occur is that at the street-level, individuals are undertrained or inexperienced in the jobs they are hired to perform.

This is likely where unqualified individuals are engaged to assist in the provision of the services when the street-level bureaucracy tries to manage its resource (workforce) inadequacy crisis. The unqualified engaged personnel lack skills to interact with service recipients. Also, street-level bureaucrats often experience their duties in relation to inadequate personal resources, and this inadequacy is attributed to the nature of the job rather than rooted in some personal failure (Lipsky, 1980).

Another characteristic of street-level bureaucrats lies with the demand for their services which tends to increase to meet their supply. Virtually this is the factor which constraints the resources on their part in a way that they find themselves in the circumstance where they are overwhelmed by the demands for the services they provide. Thus, in case of any additional service, demand will increase; the same applies to the resources. More resource means pressure for additional services.

The result of this is the notion that street-level bureaucrats work in situations where the resource problem is solved. The reasons being that the service of the street-level bureaucrats tends to be limited to only a fraction of the number of people that could be served.

Moreover, the tendency for the public service goals to have an 'idealized dimension 'makes them difficult to achieve, confusing and complicating the approach (Lipsky, 1980: 40). These circumstances make street-level bureaucrats perform their jobs with conflicting and ambiguous goals. Their work objectives become vague and contradictory, despite having discretion. As a result, street-level bureaucrats cannot claim that they are doing a perfect job or performing the way the job is required to be performed. The only thing they normally do is what is referred to as to function effectively and properly under the constraints they encounter. Here street-level bureaucrats view themselves as fighters in the front line of the local conflict, however, with little support and less appreciation from the public whose dirty job they do.

### 2.2.3 Operations of street-level bureaucrats

In their operations, street-level bureaucrats make necessary attempts to do a good job in some way; given the resources they have (Lipsky, 1980: 82). To understand their operations, there is a need to study the routines and subjective responses they develop in their operations in order to cope with the reality of their work environment.

Lipsky points out that in dealing with the difficulties and ambiguities of their jobs, street-level bureaucrats respond to 'this indeterminacy' in the following ways. First, they come up with patterns of practice that tend to limit demand and maximize utilization of the available resources. In this way, they organise their operations within their resource constraints. Second, they modify their concept of their works in order to lower or otherwise restrict their objectives and thus reduce the gap between available resources and achieving objectives. Third, they modify their concept of their service recipients so as to make acceptable the gap between accomplishments and objectives (Lipsky, 1980:

82-83).

In so doing, the street-level bureaucrats just seek to simplify their responsibilities by imposing their own subjective orientations when undertaking their responsibilities. Hence, they create procedures to make their obligations manageable. That is to say,

street-level bureaucrats devise ways to deal with demands placed upon them and face the reality of inadequate resource at the street-level settings (Lipsky,1980). Weatherly and Lipsky summarize the ways street-level bureaucrats can pursue in their operations to include the following: making procedures routine, modifying goals, rationing services, asserting priorities and limiting or controlling the recipients of the services.

These options are referred to as 'the accommodations and coping mechanisms that the street-level bureaucrats are free to develop 'when serving their service recipients (Weatherly & Lipsky, 2002: 172). This means the street-level bureaucrats develop operational arrangements that assist them in some ways to fulfill their obligations. Although the coping mechanisms are used by the individuals in the street-level settings to manage the demands of their jobs, they can constrain and distort the implementation of the aimed programme (Weatherly and Lipsky, 2002: 171).

### 2.2.4 Coping mechanisms by street level bureaucrats

Due to the plenty of challenges in work setting that street level bureaucrats have been confronting with, they have developed strategies that enhance them to cope with different situations. These strategies are commonly known as coping mechanisms as they are given below;

#### 2.2.4.1 Routine and simplification

The developed routine, simplification and low-level decision making environment of the street-level bureaucrats constitutes the political street-level settings.

In such settings, the actions of the street-level bureaucrats are also political since they can potentially harm some service recipients while others benefit from the prevailing patterns of distributing and allocating services. Actually the routine and simplification adopted by the street-level bureaucrats in their operations become the policies to be delivered (Lipsky, 1980).

The rationale for the street-level bureaucrats to develop routines is to have control over their work environment. The essence of the prevailing routines as coping behavior in the street-level settings is to enable the street-level bureaucrats to confront the operational problems and deal with their work stresses. The routines can be structured to maximize either the achievement of the service objectives or the responsiveness to the service recipients. However, the extent to which routines are structured to maximize workers' control over the work indicates how difficult it is to achieve the (ideal) policy objectives.

#### 2.2.4.2 Rationing service at street-level setting

According to Lipsky (1980) to rationing services is to establish the level of their distribution and allocation to the targeted recipients. This is done through either fixing the level of the services distributed or allocating a fixed level of services among different classes of beneficiaries. In this way, street-level bureaucrats make some attempts to arrange their work so as to facilitate the accomplishment of their obligations or to rescue time for their own interests (Lipsky, 1980)

The objective of rationing the service is to try to reduce the demand of the service and it is done in three ways. The first way is setting procedures designed to ensure regularity, accountability and fairness as well as protecting workers from the recipients' demands for responsiveness. The second way is legitimizing an excuse for not dealing flexibly with the recipients. The third way is that street-level bureaucrats can formally or informally ration service by refusing to perform certain tasks which they are expected to handle and are within the scope of their responsibilities.

#### 2.2.4.3 Distributing public benefits at street-level

At street-level settings, services are distributed differently for at least four interrelated reasons. The first reason is to enable the street-level bureaucrats to respond flexibly to unique situations. The second reason is that street-level bureaucrats need to make some improvements in service delivery. The third reason is to fulfill the requirement for differentiation which provides that not everyone is equally entitled to public benefits.

And the fourth reason is to develop discriminatory practices at the street-level setting in order to enable street-level bureaucrats manage their workloads or just to help them cope with their work environment.

Based on the theory of street level bureaucrats there have been different studies which were conducted in different areas around the globe. In recent studies, the study which was carried out in South Africa pointed out the resource constraints as major limitation to delivering of quality services (Gaede, 2016). This as a major challenge in health sector in South Africa attributed to health servants from not providing quality services.

In Kenya also a study was conducted and identified that health policy was supportive because of its resonance with street level bureaucrats' commitments to their professional duties and communities. Nevertheless, factors such as workloads, resource constraints and limited managerial support underpinned a range of coping behavior that limited the achievement of policy objectives. (Walker and Gilson, 2004)

Besides challenges that face street level bureaucrats in delivery of health services. The street level bureaucrat's theory has remained as an important lens to view the work health care professionals in public sector. Moreover, the SLB theory has been identified as tool that can used to determine social-political factors, working environment and personal beliefs and values as challenges that affect SLBs. These as influencing factors can lead to SLB to take either supportive or unsupportive stance towards policy execution.

### 2.2.5 Relevance of the theory in the study

The street level bureaucrat theory was relevant to this study in exploring the coping strategies which are employed by street level bureaucrats in delivery of health services in Morogoro Municipality. The theory has helped to determine the level of understanding the roles of SLBs among the SLBs in delivery of health services. And it has also helped to identify challenges which are faced by SLBs in delivery of health services.

## 2.3 Literature review from earlier studies

This part describes street level bureaucrats and delivery of health services in different areas where other studies that have been carried out. Moreover, through these previous studies conducted, a researcher synthesizes and draws a conceptual framework to find out the relationship between variables.

### 2.3.1 The level of understanding the roles of street level bureaucrats among the SLBs in delivery of health services

The roles of health workers in delivery of health services seemed to be similar around the globe. WHO (2006) points out in a report that health workers play a central and crucial role in improving access and quality health care for the population by providing essential services which promote health, prevent diseases and deliver health care services to individuals, families and communities.

Global Health workforce Alliance (2018) identified health workers by playing a key role in delivering essential care services in community. In delivering of health services they contact with millions of people where they expand coverage of key preventive, promotive and curative services to the population.

Since Tanzania collaborates with WHO in health -related issues to achieve universal health coverage under SDGs, the roles articulated by WHO might not be different. However, in National Health Policy of 2018 in addressing policy issues that have been identified, the policy has articulated to promote health services, cure and prevent diseases. All these to be achieved, the roles have to be well known by SLBs.

### 2.3.2 Challenges that are encountered by street level bureaucrats in delivery of health services

The delivery of public health interventions, either in form of preventive or curative packages targeting individual or population; it needs skilled and adequately supported human resources. While the workforce goal as stated by WHO is to get the right workers

with right skills in the right place doing the right things. It is clearly understood that getting workable solutions to pursue this goal has not been easy in developing countries particularly Sub Saharan African countries.

Lowel and Frindly (2001) conducted a study on challenges facing health workers in Sub Saharan African countries; the study revealed the following as key the challenges; low wages, and poor working environments. These are factors that are said to attribute the emigration of health workers from developing to developed countries. In developed countries there have been a growing concern about the acute or future shortage of health workers thus they have initiated large scale recruitment of foreign health workers. For example, foreign trained health workers were estimated to represent more than a quarter of the medical and nursing workforce of Australia, Canada, United Kingdom and the United State of America (OECD, 2002).

Many sub Saharan countries are not able to pay competitive salaries and therefore are not able to attract health workers. The departure of health workers from Africa to developed countries led to loss of brain drain. This loss of brain drain is a particular problem in Africa where the challenge of developing and retaining human resources is extremely difficult and fundamental for economic development (Waada, 2002). Worsening economic conditions and severely declining or stagnant salaries contributed to the loss of health personnel. For instance, a study of migration issues in six African countries found that 68% of health workers in Zimbabwe intended to migrate, 49% in Cameroon, and about 60% in Ghana and South Africa (Awases, Gbary, and Chatora, 2003).

A report by the WHO (1996) found that, demotivating, presence of having too many patients has also been mentioned as one among challenges that face health workers and this situation has been increasing daily stress levels and led to poor quality of care. Poor working condition has been reported to severely undermining health systems performance by thwarting health workers' morale.

Sanders et al. (2002) conducted a study in Sub Saharan African on status in the heath sector in Africa which revealed that the deteriorating of economic environment and unstable organisational context have had significant negative impacts on the health workforce that led in turn to deterioration in the quality of healthcare. Apart from that, there are also other challenges which are reported to be increasing workloads of health workers attributed to fiscal constraints, low motivation of health workers due to the above factors.

Dovlo (2005) carried out a study in Kenya which revealed that in recent years the situation of human resource for health (HRH) in many SSA countries has been worse. Kenya as one of the sub Saharan African countries has been experiencing this crisis. A key contributor of the crisis is voluntary resignation by health workers who are said to have left the public sector to work in private sector for more attractive occupation in the home country or to migrate and work in health facilities in rich countries in search of better pay and working condition. In addition, poor remunerations and working conditions have been asserted as one of the challenges that had exacerbated Human Resource for Health effectiveness in health service delivery.

Department of health (2011) in South Africa carried out a study on challenges confronting health sector and a study found that health workers in South Africa are reported to be confronted with major challenges which are undesirable working conditions, workloads, work place security, relationship with management, morale in the working place. All these are challenges have had affected attrition of South Africa health workers. The undesirable working environments have been noted as the major impediments to the appropriate service delivery (Chen et al., 2004). Thus, working environment has largely attributed to health workers in South Africa to emigrate to other developed countries as an attempt to search green pastures.

VSO (2012) conducted a study in Uganda on the challenges facing health sector, and the study found that Uganda like other African countries, has been experiencing a number of challenges in the health sector. These challenges impact negatively health workers on

their ability to deliver high quality health care and their well-being as well in implementation of health policy. Although the initiative of the government on comprehensive Human Resource for Health (HRH) policy and strategy to address HRH constraints was on place and training of health workers has improved in recent years, the shortage of health workers and unequal distribution have remained a major challenge to access quality health care.

For the existing health workers, working conditions have been described as a challenge with high workloads, limited availability of equipment and essential medical supplies, lack of adequate continuing professional development and training opportunities and salaries that rank among the lowest in East Africa. Also, health workers seemed to be frustrated, distressed and demoralized by an often over whelming workloads, inadequate infrastructures and lack of medical equipment, supplies and medicines. In addition, they also felt unrewarded and undervalued for the work they have been doing.

Kwesigabo et al. (2014) carried out a study in Tanzania on challenges facing health sector. The study found that the health sector has experienced acute workforce shortage, the critical shortage of health workers as major challenge has been aggravated by low motivation of the few available workers, shortage of drugs and medical equipment. Sirili et al. (2014) argued that apart from these challenges, lack of attractive retention schemes, poor remunerations have also been identified as other challenges that have been demoralizing health workers in working setting and hence affect effectiveness in pursuing policy goal.

### 2.3.3 Coping strategies of street level bureaucrats

The street level bureaucrats always work to meet the need of the policy. In delivering of service they encounter number of challenges which lead them to develop strategies in order to cope with their working environment. This can be portrayed by different studied which carried out in Some of African countries;

Diara and Oussein (2014) conducted a study in Niger which based on coping strategies of health workers. The study revealed that due to the challenges in health sector, the frontline workers developed two types of coping strategies. The first dealt with shortcoming of the policy implementation related to management tools, drug stock, co-existence of the free exemption and cost recovering system and supply management system (ordering from private companies, issuing makeshift prescription). The second involved clientelism, circumvention of regulation and misappropriation of resources.

Gabrielle (2017) conducted a study in South Africa which based on legislating and implementing welfare policy reforms. In a study, coping strategies were mentioned as one of the ways developed by frontline work to simply their works in implementing the policy. The study found that given the high volume of patients, some doctors developed routines of assessment practice and standardized ways of communicating with their patients. Although doctors are guided by assessment forms, doctors used their discretion to structure interaction with their clients as they wished and generally developed their own scripts and assessment approaches based on what they thought was important to consider in making decision rather than what was indicated in the guidelines.

This led to shoddy practices in which doctors rushed through assessment of forms, crossing out any section that seemed to be not directly relevant to the patient, filling in bare amount of information in each section. Moreover, given the time constraint doctors tended to focus predominantly of the content of patient medical file instead of taking a patient history or physically examination of patient. Others overcome their uncertainty and lack of time to see patients and make some decisions by using their own common sense and pragmatic approaches to make clinical judgment. They did this by creating rules of thumb for making decisions on basis of their own experience and conceptual understanding of disability and in some cases used their own perceptions of the claimant's deservingness.

In some case, doctors bent rules to accommodate people that they felt deserved but did not qualify for a grant and others spent extra time on a case. All these were done as an attempt to cope with situations in work setting.

### 2.3.4 Research gap

In many literature which have been reviewed, the theory of street level bureaucracy has been used to identify challenges and coping strategies of street level bureaucrats in delivery of public services in both developed and developing countries. But in developing countries particularly Africa countries, this theory has been used in different studies to identify coping strategies in few countries like Niger by Diarra and Oussein (2014) and South Africa by Gabrielle (2017). Therefore, this research filled the gap by applying this theory in identifying of coping strategies which are used by SLBs in dealing with challenges in the delivery of health services in Morogoro, Tanzania. The rationale of applying this theory in this study is that, the theory was successful in identifying different coping strategies in Niger and South Africa.

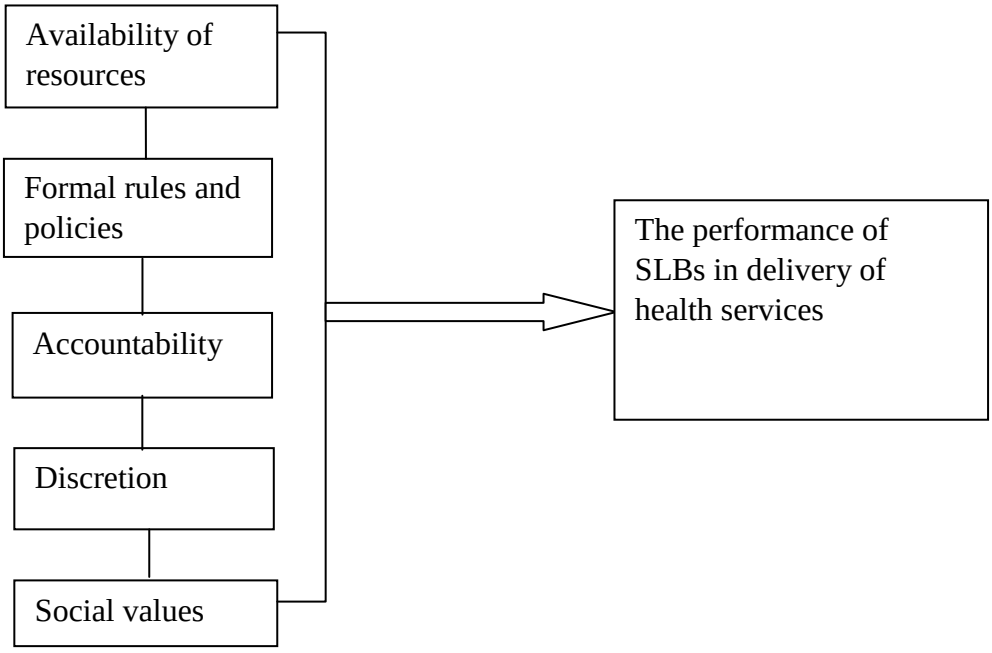
### 2.3.5 Conclusion of literature review

Based on different literatures that have been reviewed it seemed that the SLBs play a great role in delivery of health services. But, in playing their roles they face some challenges which affect them to work efficiently and effectively. Different literature reviews identified; shortage of staff, insufficient of drugs and medical equipment, high workloads and shortage and poor infrastructures as major challenges in most of African countries. However, the SLBs have been trying to develop some strategies which are commonly known as coping strategies as mechanism to deal with challenges they face. This attempt is deliberately done to ensure services are delivered to communities.

### 2.3.6 Conceptual framework

This part describes ideas that are generated logically to aid a researcher to study the phenomena and demonstrate how they relate to each other. These ideas present chain of concepts that are generated by a researcher to simplify the exercise of data collection.

**Figure 2.1 Conceptual framework for street level bureaucrats and delivery of health of health service**




Source: Field data 2019

Figure 2.1 illustrates the relationship between dependent and independent variables.
In this study the independent variables were; availability of resources, formal rules and policies, accountability, discretion and social values and dependent. So variable was the performance of street level bureaucrats in health service delivery.

Based on reviewed literature, resources include; shortage of staff, drugs, medical equipment, buildings and furniture that were identified as challenges in most health centres. In figure 2.1 it is shown that there is a relationship between the presence of

resources and performance of SLBs in health service delivery. Apart from resources, formal rules and policies have impacts in delivery of health services. The presence or absence of resources, formal rules and policies define how SLBs perform their tasks in provision of health services. Other factors that define performance of SLBs in delivery of health services are accountability (time management, financial management, and resource management), discretion (power to make decision) and social rules (interaction between SLBs and community). All these factors can influence service delivery to be either effective or ineffective. The information from these factors was collected through in-depth interviews and focus group interviews.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter intends to show different research methodologies that were used in conducting a study. This chapter includes: research approach, research design, and area of the study, population of the study, sampling techniques, data collection and analysis, data presentation and ethical consideration of the study.

## 3.2 Research approach

This refers to an approach that is used in carrying out a study. There are three major approaches as proposed by different research writers which are; qualitative, quantitative and mixed approach. This study employed qualitative approach. Qualitative approach is concerned with subjective assessment of attitudes, opinions and behaviour. (Kothari, 2009). The reason of using qualitative approach was that, the research aimed at gathering opinions from respondents on awareness of street level bureaucrats in delivery of health services, challenges which are encountered by SLBs in delivery of health services and the coping strategies used by SLBs in delivery of health services.

## 3.3 Research design

A research design was employed to structure the research, to show how all major parts worked together to respond to central research questions. This study applied case study design. A case study design is conceptualized as an empirical inquiry that investigates a contemporary phenomenon within its real -life context especially when the boundaries between phenomenon and context are not clear and evident (Yin, 2011).

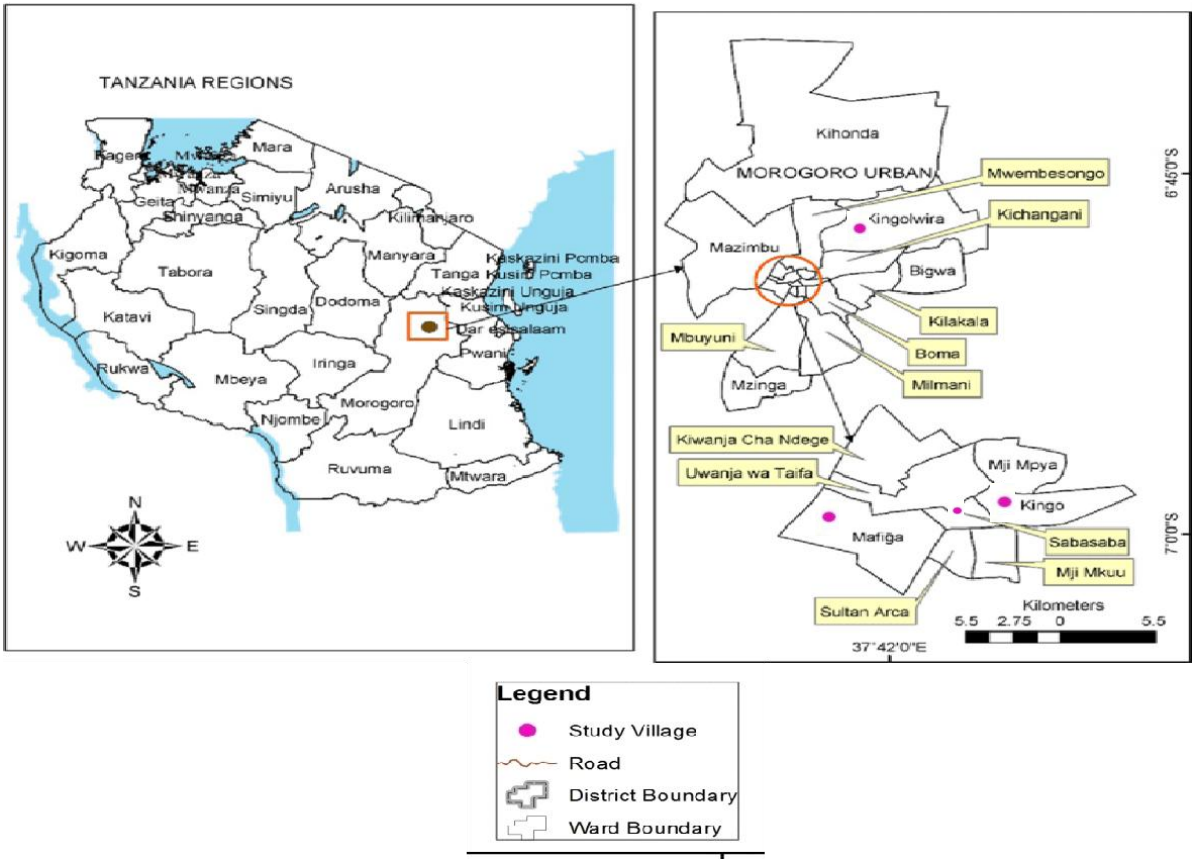
The rationale of using this design was to investigate a phenomenon with its real life context particularly awareness of SLBs in delivery of health services, challenges faced by them in delivery of health services and coping strategies used by them in delivery of health services.

### 3.4 Area of the study

The study was conducted in Morogoro Municipality, Morogoro region. It is located in the lower slopes of Uruguru Mountain. The municipality has a total area of 531 square Kilometers and divided nineteen wards. It is bordered to the east and south by Morogoro rural district to the north and west by Mvomero District (United Republic of Tanzania, 2012)

Morogoro is growing fast and experiencing high population which leads to high demand of social services that may attribute to some challenges when SLBs try to provide health services. Moreover, there is little information in this area following reviewed literature. Therefore, the researcher chose this place so as to examine the coping strategies which are applied by street level bureaucrats in delivery of health service. The study was specifically conducted in 4 Public health centres; Kingolwira Heath Centre in Kingolwira ward, Nunge Health Centre in Kingo ward, Mafiga Health Centre in Mafiga ward and Saba Saba Health Centre in Saba Saba ward.

**Figure 3.1 The Map of Morogoro Municipality**




Source: Google Map

### 3.5 Population of the study

In this study, the population included; Municipal health secretary, Medical in charge of health centres, medical doctors, clinical officers and nurses as illustrated below;

**Table 3.1 Population of the study**

| Area | Studied population | Unit from each population | Unity |
|---|---|---|---|
| **Four wards Kingolwira Kingo** | Municipal health secretary | 1 | 1 |
| | Medical in charges of Health centers | 1 | 4 |
| **Mafiga Sabasaba** | Medical doctors | 3 | 07 |
| | Clinical officers | 3 | 08 |
| | Nurses | 6 | 21 |
| **Total** | | | 41 |

Source: Field Data (2019)

### 3.5.1 Target Population

This part describes the target population where representative sample were drawn in order to enable a researcher to gather information because it is not possible to gather information from the entire society.

#### 3.5.1.1 The target Population

The target population in this study was; Municipal health secretary, medical in charges of health centres, medical doctors, clinical officers and nurses in Morogoro Municipality were studied to give in depth information.

### 3.5.2 Sample size and technique

#### 3.5.2.1 Sample size

This refers to the number of items to be selected from the universe to constitute a sample. The size of the sample should neither be excessively large, nor too small. It should be optimum; an optimum sample is the one which fulfills the requirements of efficiency, representativeness, reliability and flexibility (Kothari, 2009). Hence, in this study the sample size which drawn, was of 53 respondents who were expected to be selected based on their importance in responding to research questions. But 41

respondents were the only ones who were accessed during the study, the remaining ones did not get involved since they were busy attending clients. However, the accessed respondents are enough to represent others because in qualitative, the views or opinions of many are enough to draw conclusion.

### 3.5.3 Sampling technique

Sampling technique refers to the way a researcher makes a choice of part of population so as to use to test hypothesis about the whole population which will be used in the study. Moreover, this technique was used in this study to choose the number of participants to be involved in the assessment process.

#### 3.5.3.1 Purposive sampling

It is also known as judgment or selective sampling. It is a sampling technique in which a researcher relies on his or her own judgment when choosing the members of population to participate in the study. In other words, the chance that a particular sampling unit selected depend upon the subjective judgment of the researcher (Nachmias, 2008) Therefore, this study employed this technique which is a part of non-probability sampling to select the sample. Then, this technique was applied to select municipal health secretary and in charges of health centres.

The rationale of employing this technique was that it enables a researcher to decide who to be involved in sample so that to get rich information. Therefore, in this study it was used purposely to gather rich information from Municipal health secretary and medical in charges of health centres on awareness of the roles of street level bureaucrats in delivery of health services, challenges which are encountered by SLBs in delivery of health services and coping strategies used by SLBs in delivery of health services.

#### 3.5.3.2 Quota sampling

This is one of the sampling techniques in non-probability sampling. This study used quota sampling since the respondents have different characteristics as Thomas (2001)

argues that quota sampling involves dividing of a population into various categories and setting quotas on the number of elements to be selected from each category. Therefore, due to different characteristics of public health workers in terms of position and responsibilities, a researcher employed this technique to medical doctors, clinical officers and nurses to gather information from different categories of respondents.

### 3.6 Data collection methods

Data collection is a process of collecting information from all the relevant sources to find answers to the research problem, test the hypothesis and evaluate the outcomes. Data collection methods can be divided into two categories: secondary methods of data collection and primary methods of data collection.

#### 3.6.1 Primary sources

Are original sources from which the researcher directly collects data that have not been previously collected. Primary data are firsthand information that are collected through various methods such as observation, interview and mail (Krishnaswami,2013). In this study in-depth interview and focus group interviews were applied to gather information from respondents.

##### 3.6.1.1 In-depth interview

This is a qualitative research technique that involves conducting intensive individual interview with a small number of respondents to explore their perspectives on a particular idea, programme or situation (Boyce and Neale, 2006). This study applied in-depth interview method as one of the methods of data collection. This method was employed to gather in depth information from Municipal health officer, medical in charges of health centers, medical doctors and clinical officers. Therefore, 20 in depth interviews were conducted to 4 health centres and 1 to Municipal health secretary.1 in depth interview was conducted to Municipal health secretary office, 4 interviews were conducted at Kingolwira Health Centre, 5 interviews at Nunge Health Centre, 5

interviews at Mafiga Health Centre and 5 interviews at Saba Saba Health Centre. The reason of using this method was to gather in depth information from the respondents on awareness of their roles in delivery of health services, challenges in delivery and how they cope with challenges in delivery of health services.

**Table 3.2 In-depth interview**

| Area | Number of in depth interviews | Description of participants | Number of participants |
|---|---|---|---|
| Municipality | 1 | Health secretary | 1 |
| Kingolwira | | Medical in charge | 1 |
| | | Medical doctor | 1 |
| | 4 | Clinical officer | 1 |
| | | Clinical officer | 1 |
| Nunge | | Medical in charge | 1 |
| | | Medical doctor | 1 |
| | 5 | Medical doctor | 1 |
| | | Clinical officer | 1 |
| | | Clinical officer | 1 |
| Mafiga | | Medical in charge | 1 |
| | | Medical doctor | 1 |
| | 5 | Medical doctor | 1 |
| | | Clinical officer | 1 |
| | | Clinical officer | 1 |
| Sabasaba | | Medical in charge | 1 |
| | | Medical doctor | 1 |
| | 5 | Medical doctor | 1 |
| | | Clinical officer | 1 |
| | | Clinical officer | 1 |
| Total | 20 | | 20 |

Source: Field Data (2019)

### 3.6.1.2 Focus group discussion

This is one of the methods in data collection. It consists of group discussion of four to ten participants who share their thoughts and experience on a set of topics selected by a researcher (Morgan, 1984) in this study, focus group discussion was used to collect data. The focus group discussion involved 21 nurses from 4 health centres in 4 wards of Morogoro Munipality.1 focus group interview was conducted to Kingolwira, 1 interview conducted to Nunge,1 was conducted to Mafiga and the last interview was conducted to Sabasaba. Therefore, 4 Focus Group Interviews were conducted. The rationale of using

this method was to capture thoughts and experience from nurses on awareness of their roles in delivery of health services, their challenges in delivery of health services and how they cope with challenges in delivery of health services.

**Table 3.3 Focus group interview**

| Ward | Focus Group Interview | Description of participants | Number of participants |
|---|---|---|---|
| **Kingolwira** | 1 | Nurses | 5 |
| **Kingo** | 1 | Nurses | 6 |
| **Mafiga** | 1 | Nurses | 5 |
| **Sabasaba** | 1 | Nurses | 5 |
| **Total** | 04 | | 21 |

Source: Field Data (2019)

### 3.7 Data analysis

It involves the process of breaking down data which are gathered from the field into smaller units to identify their characteristics, elements and structures. In this study, qualitative methods were employed in data processing and analysis. Information was recorded by using tape recorder for both in depth and focus group interviews. Information gathered was carefully transcribed, and translated from Swahili to English language. Then, data coding was conducted for the aim of identifying themes related to roles of street level bureaucrats in delivery of health services, challenges faced by street level bureaucrats in delivery of health services and their coping strategies in delivery of health services.

### 3.8 Ethical consideration

Research ethics are norms or standards of behavior that guide individual moral choices while conducting research activities (Ndunguru, 2007). The issue of ethical consideration was observed in data collection process, data analysis, report writing and dissemination of results. Ethical consideration involved cultural sensitivity, gender sensitivity, confidentiality, privacy and informed consent. In cultural sensitivity a

researcher observed cultural value of a given place when collecting data, in gender sensitivity both males and females were given same opportunity when collecting data and in confidentiality and privacy the researcher did not reveal what was shared by respondents to anyone and it remained a secret between the researcher and respondents. In informed consent, researcher asked a permission to conduct a researcher from responsible authorities and organisation particularly from Mzumbe University. Lastly, a researcher adhered to both domestic and international principles in conducting a study.

### 3.9 Validity and reliability

According to Ndunguru (2007) validity is about a researcher measuring what he/she sets out to measure. Also, validity of data is the extent to which the study accurately reflects or assesses the specific concept one wishes to measure. During the data collection process, the researcher developed questions in English and translated in Swahili so as to make sure that respondents understood well what was asked during the study.

According to Ndunguru (2007) reliability refers to the question of whether a measuring instrument or process can produce the same results if successfully employed by different researchers. Also, reliability is the consistency with which repeated measures produces the same results across time and across observation. In this study, this was assured by using different data collection methods namely as in depth interview and focus group discussion.

The purpose of the study was explained to every respondent and was well understood before starting to respond to questions. This was done to every respondent who had the same characteristics. During focus group interviews all respondents were given equal chance to respond. The task of the researcher was to moderate the discussion and not to lead. Therefore, the data collection methods used in this study were reliable because they were appropriate for gathering data which would produce the same findings for repeated trials of the same methods.

### 3.10 Limitations of the study

The study encountered some limitations. One of the limitations was that the expected number of some respondents was not met at some of the health centers. This was due to the shortage of workers at health centers. For instance, the expected number of medical doctors to be interviewed was 3 doctors per health centre but to some centers the exact number was either 2 doctors or 1 doctor. Therefore, the researcher had to carry out interviews to those who were available.

Another limitation was that some interviews were not carried out for a long time since some respondents were so busy and they had clients to attend. This led a researcher to tolerate and make arrangement to interview them in other days.

# CHAPTER FOUR

# PRESENTATION OF THE FINDINGS

## 4.1 Introduction

This chapter includes presentation of the findings. In this study, it particularly analyses, present the findings on the street level bureaucrats and delivery of health services in Morogoro Municipality. It begins with short a description of the place where data were gathered, presentation of the demographic characteristics of the participants who were involved in study and then presentation of the findings.

The findings were gathered from Morogoro Municipality in Morogoro region. Morogoro Municipality is constituted with 13 departments and 5 units. The study involved one department particularly health department. The health department is composed of two main groups; co members and opted members which is commonly known as Committee for Health Management Team. This Committee for Health Management Team is led by the Municipal Medical Officer who supervises, monitors and coordinates all matter related to health in the municipality. This committee work in line with other health workers in ward health centres to ensure delivery of health services. These health workers as referred to as street level bureaucrats in this study, they work in collaboration with other stakeholders like Non-Government Organisation, Civil Society Organisation and citizens in delivery of health services.

Moreover, Morogoro Municipality is composed of 19 wards. The study involved 4 Health centres that are found in 4 wards which are; Kingolwira, Kingo, Mafiga and Saba Saba. But in 19 wards of Morogoro Municipality, there are only 4 wards with health centres. Therefore, data were collected from medical in charges, medical doctors, clinical officers and nurses from 4 health centres in 4 wards.

### 4.2 Demographic characteristics of participants

In this study, participants who involved were grouped into six categories. The first category includes: Municipal Health secretary, second category; medical in charges of health centers, third category; medical doctors, fourth category; clinical officers and fifth category are nurses.

#### 4.2.1 Street level bureaucrats (Health Workers)

In this study, 41 participants were involved where females were 32 and males were 9. These participants were from 4 Public health centers in 4 wards and 1 participant from Morogoro Municipality.9 participants were from Kingolwira Health Centre, in Kingolwira ward.10 participants from Nunge Health Centre, Kingo ward,10 participants from Mafiga Health Centre, Mafiga ward, 10 participants from Saba Saba Health Centre, Saba Saba ward and 1participant from Morogoro Municipality. Furthermore, the age of participants ranged between 25 to 50 and 33 participants hold diploma and 8 hold degree

**Table 4.1 Respondents' profile by sex and age**

| Item | Frequency | Percent |
|---|---|---|
| **Sex** | | |
| **Male** | 9 | 21.9 |
| **Female** | 32 | 78.0 |
| **Total** | 41 | 99.9 |
| **Age group** | | |
| **20-30** | 07 | 100 |
| **31-40** | 21 | 100 |
| **41-50** | 07 | 100 |
| **Above 50** | 00 | |

Source: Field Data (2019)

**Table 4.2 Respondents' profile by education**

| Item | Frequency | Percent |
|---|---|---|
| **Education level** | | |
| **Degree** | 08 | 19.5 |
| **Diploma** | 33 | 80.5 |
| **Total** | 41 | 100 |

Source: Field Data (2019)

**Table 4.3 Respondents' profile by position**

| Position | Frequency | percent |
|---|---|---|
| **Municipal health secretary** | 01 | 2.4 |
| **Medical in charges** | 04 | 9.75 |
| **Medical doctors** | 07 | 17.0 |
| **Clinical officers** | 08 | 19.5 |
| **Nurses** | 21 | 51.2 |
| **Total** | 41 | 99.85 |

Source: Field Data (2019)

## 4.3 The level of understanding the roles of street level bureaucrats among SLBs in delivery of health services

One of the objectives of the study was to determine the level of understanding the roles of street level bureaucrats among SLBs in delivery of health services. The study revealed that roles of SLBs are highly known by SLBs. This is evidenced by different roles pointed out by SLBs in interviews. These roles differ in terms of cadre and departments. The roles of medical officers in charge are different from roles of doctors, clinical officers and nurses. To doctors the roles seemed to be similar to those of clinical officers, and to nurses the roles are different from one department to another. In interviews which were conducted to visited health centers, medical officers in charge of health centres mentioned the following as their roles; ensuring quality health services are provided all the time at centres, ensuring availability of drugs and medical equipment (facilities) at centre all the time, managing all issues related to ethics particular to staff. Many respondents mentioned the above as their roles to ensure provision of health services.

To the roles of medical doctors, many respondents mentioned the following as their roles; attending of clients which involves diagnosis, prescription and treatment. One of the doctors who were interview said that; -

"*Once a client comes here, I diagnose, prescribe and then treating." (preventing or curing).*

Provision of health education to clients. Here clients or patients are informed about different issues related to health. In interviews one of the doctors commented that;-

*"I inform clients depending on a certain case, for instance on malaria case I inform about usage of nets."*

Consultations to other staff, this is among the roles where doctors provide technical advice to other staff to ensure provision of health services and also act as administrators where they take part in preparation of budget and managing of resources. During the interviews, one of the doctors commented that; -

"*I take part in preparation of budget and managing resources"* On the side of clinical officers, the study found their roles as; attending clients or patients where they diagnose prescribe and treat provision of health education where they inform clients about diseases and treatment. To nurses, the study found that their roles are not similar since they differ from one department to another. Many Participants who were interviewed in Care and Treatment Centre (CTC) mentioned their roles as; provision of health education where they sensitize clients about different issues related to health. For instance, the nurse said that; -

"*Here, I normally provide health education to clients about HIV/AIDS."*

Guiding and counseling where they guide clients with either HIV/AIDS positive or negative, to HIV/AIDS negative, they guide and to HIV/AIDS positive they counsel and the other role is taking of tests especially to children, women about HIV/AIDS status.

In department of Reproductive and Child Health (RCH), the study revealed the following as the roles of nurses; registering of clients, vaccinating of clients, injecting and provision of health education. These roles were mentioned my many respondents during the focus group interviews which carried out to different health centres. In registering of clients, they mainly take details of clients and the main clients are children and their mothers. Here some nurses from focused group interviews commented that; -

"*When clients come, we take their details."*

In vaccinating, they vaccinate children to prevent different disease. For instance, most of the nurses said that; -

"*We vaccinate children to prevent different disease."*

Moreover, they also provide health education where they create awareness to women about different issues like nutrition and family planning.

In maternity department, the study found that nurses are responsible for; helping in delivering where they support mothers in giving birth. Taking of HIV/AIDS test, where they take test for pregnant women before and after delivery. One of the nurses commented that; -

*"I usually ensure pregnant women are tested before and after delivery."*

And the other role; is provision of health education where they inform pregnant women on taking care of born children. These roles were identified by most of the nurses who were interviewed in focus group interview.

### 4.4. Identification of challenges which are faced by street level bureaucrats in delivery of health services

The second objective of the study was to identify the challenges which are faced by SLBs in delivery of health services in Morogoro Municipality. The study revealed that there are various challenges that are faced by SLBs in provision of health services in

public health centers. These challenges seemed to be similar to all cadres from visited health centers. From both in depth interviews and Focus group interviews which were conducted, all participant pointed out the following are the challenges; shortage of buildings, high workloads, insufficient drugs and medical equipment, shortage of staff, high number of clients or patients and less awareness of public in health related issues and unconducive working environment as well.

### 4.4.1 Shortage of buildings

The study found that shortage of buildings is one of the challenges to public health centers in Morogoro Municipality. In both focus group interviews and in depth interviews which were carried out, many participants responded that buildings are not enough and this situation in one way or another seemed to affect them in fulfilling of their duties. For instance, in Focus group interview, one of the nurses from Kingolwira Health Centre said that; -

*"Due to the shortage of buildings, rooms are shared and one room is used for more than one activity e.g. as store, consultation room and treatment room."*

In addition, in focus group interview which was conducted at Nunge Health Centre some nurses added that; -

*"We share rooms due to shortage of buildings and the same room is used as treating and dressing room."*

Furthermore, in describing the shortage of buildings in health centers, in one of the in depth interviews which was conducted, one of the doctors from Saba Saba Health Centre revealed that; -

*"A single room or office is shared and used for different activities such as; family planning, fast tracking and screening."*

### 4.4.2 Heavy workload

The study revealed that high workload is one of the challenges which are faced by SLBs in Morogoro Municipality. This challenge was pointed out by respondents through both in depth and focus interviews. Many respondents said that the population they serve is high and the number of staff is lower, something which lead to overworking. For instance, one of the nurses from Saba Saba Health Centre said; -

*"A single staff provides family planning education, dispensing and treating.*"

Also one of the doctors from Kingolwira Health Centre added that; -

**"***Sometimes a single person is supposed to diagnose, prescribe and treat."*

### 4.4.3 Insufficient drugs and medical equipment

This is one of the challenges which were revealed by the study. Many participants, who were interviewed, responded that drugs and medical equipment are among of the challenges that they face in delivery of health services in Morogoro Municipality. Many respondents mentioned shortage of drugs particularly non basic drugs and medical equipment like; blood pressure machines, surgical tools and test tools (thermometer). During the interviews, one of Clinical officers said; -

*"Despite the government efforts in supplying drugs in health centers but some drugs are out of stock.*"

Also one of the doctors from Mafiga Health Centre said that "Basic *drugs are available but non basic drugs like drugs for diabetes and pressure are not available."*

Besides drugs**,** medical equipment was mentioned as a challenge where one of the doctors through in depth interview said that *"We have shortage of blood pressure (BP) machine."*

### 4.4.4 High number of clients/Patients

The study found that the number of clients or patients is high. Many participants who were interviewed pointed out that the number of clients is high and they argued that it is among of the challenges in which SLBs face in delivery of health service in Morogoro Municipality. One of the respondents who were interviewed from Nunge Health Centre said that; -

"*The centre is getting overcrowded especially on Monday, Tuesday and Wednesday***"** also some nurses who were interviewed through focus group interview added that *"Once we get here from morning we work till noon without resting and getting home too tired."*

### 4.4.5 Shortage of staff

The study revealed that there is shortage of staff in Morogoro Municipality. High number of participants who were interviewed through in-depth and focus group interviews reacted by saying that they are few in number compared to the population they serve. This situation is claimed as one of the main challenges through which the few health workers are overworked and some staff, sometimes move from one department to another to support other staff in delivery of health services. Health Secretary from Morogoro Municipality, in in-depth interview said that; -

*"Due to shortage of staff, some staff move from one department to another. For instance, a nurse can move from ODP to RCH to support other staff in delivery of health services."*

Also one of the nurses through focus group interview said that *"Sometimes we move from, for instance OPD to Labour ward to assist our colleagues due to understaffed"* furthermore one of the doctors through in depth interviews added that" *since we are few several activities like filling and attending are performed by a single person."*

### 4.4.6 Unconducive working environment

The study found that the working environment is not conducive for SLBs in Morogoro Municipality. Many interviewees who were involved in study the responded that the working environment is not friendly for delivery of health services. Majority of respondents argued that office rooms are few and small with poor ventilation, water system and with shortage of furniture. One of doctors from Saba Saba Health Centre who were interviewed said that; -

"*In my office there is no tables therefore I use a non-official facility as a table"* another doctor added that *"As you can see, in my office there is no drainage system and air condition.*"

### 4.4.7 Less public awareness to health related issues

The study found that the public is less informed about health- related issues. The majority of respondents through both in depth and focus group interviews which were carried out reacted that the public is not much aware of different issues related to health. This is among the challenges which were pointed out by respondents and also faced by SLBs in delivery of health services in Morogoro. The study also found that the public is not much informed particularly about HIV/AIDS, Malaria, nutrition and family planning issues. For instance, one of the nurses who were interviewed said many women are not aware or do not believe that "*A mother with HIV/AIDS positive can deliver a child with HIV/AIDS negative.*". It also seemed that some people do not know the importance of undergoing test and knowing their health status as one of the nurses said that "*Men are not ready to take HIV/AIDS test and share the results with their wives."*

## 4.5 Identification of coping strategies applied by street level bureaucrats in delivery of health services

The third objective was to identify the coping strategies applied by SLBs in delivery of health services in Morogoro Municipality. The study found that there are a number of

different coping strategies which were devised and employed to cope with challenges. These coping strategies are employed by all SLBs in all health centers since all street level bureaucrats face the common challenges in provision of health services. Through interviews which were carried out many respondents mentioned the following are the coping strategies; sharing office, redistribution of staff, using of available resources (Improvising) double shifting and working in extra hours.

### 4.5.1 Sharing of offices

The study revealed that due to the shortage of buildings to health centers in Morogoro Municipality, the street level bureaucrats come up with their own strategy to adapt to the challenges in which they face. In interviews which were carried out to visited health centres, most of respondents said that they share rooms as offices in fulfilling their daily duties and one office can be used for several different activities. For instance, one of the nurses who were interviewed during focus group interviews said that *"Due to the shortage of buildings the single room is used for dressing and vaccinating"* also another nurse who was interviewed added that "*One room can be used for dressing, injection and admitting of clients".* Therefore, this is one of the coping strategies applied by SLBs in delivery of health services.

### 4.5.2 Redistribution of staff

The study found that there are number of coping strategies that have been developed by SLBs in delivery of health service in Morogoro health centres. One of the strategies is redistribution of the staff. During the interviews which were conducted, most of the respondents responded that they move from one department to another due to shortage of human resources to support their colleagues in delivery of health services. For example, one among doctors who were interviewed said that; -

"*I sometimes move from OPD to labour ward*." Also from focus group interviews which were carried out, some nurses added *that "Sometimes we move from, for instance OPD to Labor ward to assist our colleagues in delivery of health services.* This one of the

major coping strategies and is mostly practiced by SLBs in provision of health service to most of in Morogoro Municipality.

### 4.5.3 Using of available resources (Improvising)

The study revealed that the SLBs improvise the available resources due to scarcity of resources in delivery of health services. The participants who were interviewed, most of them responded that since resources are not sufficient they are supposed to use the available ones to fulfill their responsibilities. This strategy is mostly applied by street level bureaucrats to almost all departments in health centres. One of the doctors in in depth interviews said that; -

"*Since resources are not enough I use non official facility (machine) as a table in order to ensure services are provided"* also one the nurse who was interviewed in focus group interview added that "*Thermometers and blood pressure machines are not sufficient but we just try to use the available ones by sharing so that health services are provided*". And other doctor said that "*I use bucket instead of sink and use screen to make partition as a room for consultation with clients"* In addition, SLBs also apply this strategy to drugs where they use the available drugs to provide services to clients.

### 4.5.4 Double shifting and working for extra hours

This one of the strategies to cope with challenges in delivery of health services as revealed by a study. Though interviews which were conducted in health centres in Morogoro Municipality, the respondents who were involved in a study, most of them reacted that since they are under staffed and the population the serve is high compared to the number of staff. Therefore, they are forced with situation to work for more than one shift and more time set. They said that, this is deliberately done to ensure services are provided. Some nurses who were interviewed through focus group interviews said that "*Sometimes you can work from morning to evening"* and other doctor said that *"I sometimes work in extra hours` and delay to go back home to ensure all patients are attended."*

# CHAPTER FIVE

# DISCUSSION OF THE FINDINGS

## 5.1 Introduction

This chapter presents discussion of findings on the street level and delivery of health services in Morogoro Municipality, Tanzania. The discussion is based on determining the level of understanding the roles of street level bureaucrats among SLBs in delivery of health services, challenges which are encountered by them in delivery of health services and the coping strategies which are used by them in delivery of health services.

### 5.2.1 The level of understanding the roles of street level bureaucrats among SLBs in delivery of health services

The study revealed that roles of SLBs are highly known by them and the study revealed different roles of SLBs. These roles are different from one cadre to another and from one department to another. In depth interviews which were carried out, many respondents mentioned the following as the roles of medical officer in charge of health centres; to ensure quality health services are provided all the time at centres where they supervise and monitor all processes of services delivery, to ensure availability of drugs and medical equipment at the centre all the time where they plan, make budget for all requirements for the centres particularly drugs and medical equipment and then order and monitor them to ensure services are provided, to manage all issues related to ethics particularly to staff where they hold different meetings with staff and to ensure safety of all health centre assets where they monitor health centres properties.

Moreover, to medical doctors the study found the following as the roles of doctors; attending of clients where they diagnose, prescribe and treat. Provision of health education where they inform clients about different issues related. For instance, issues like family planning and nutrition. Consultation to other staff, here they provide technical advice to other staff and act as administrator whey they take part in preparing

budget and managing of resources. Also, the study revealed the roles of clinical officers as attending of clients in terms of doing diagnosis, prescribing and treatment. Provision of health education where they create awareness to clients to different matters related to health.

In addition, the study found that roles of nurses differ from one department to another. In Care and Treatment Centre Department, nurses are responsible for, guiding and counseling particularly HIV/AIDS clients, provision of health education to clients with HIV/AIDS positive or negative and taking tests. To Reproductive and Child Health Department, the study found that nurses are responsible for registering of clients where they take different particulars of clients, vaccinating of clients, injecting and provision of health education. To maternity department, they help in delivering particularly to pregnant women and provision of health education to maternal mothers. These are roles performed by SLBs in delivery of health services as implementation of the policy.

Based on reviewed literature the roles of health workers were identified as preventive, promotive and curative services to population (WHO, 2016). These roles are similar to roles mentioned out by SLBs in the study. Apart from roles pointed out by the SLBs during the interviews, the study has showed that the SLBs are highly aware of their roles. This means that they are well trained and can fulfill their duties as it is required. The high level of understanding duties can bring positive outcomes towards services delivery.

### 5.2.2 Identifying of challenges which are encountered by street level bureaucrats in delivery of health services

The study found the following as the challenges; shortage of buildings where SLBs find themselves sharing rooms or office. This is one of the challenges revealed by the respondents during interview. This is due to the fact that no budget allocated for building offices. This situation leads SLBs to share offices. For instance, a single room is used as store, consultation and treatment. High workloads. This is also among challenges

revealed by the study. A single member of staff is supposed to diagnose, prescribe and treat. Insufficient drugs and medical equipment. This was revealed by the study as a challenge. The respondents who were interviewed said that both drugs and medical equipment that are supplied are not sufficient compared to the needs of the centres. For instance, the respondents pointed out that thermometers, blood pressure machines and non- basic drugs are not sufficient.

Shortage of staff was identified as a challenge. This was revealed by the study. This is due to the fact that the number of workers who are recruited does not meet the needs. This situation makes SLB to move from one department to another to attend clients. High number of clients /patients. The study revealed that the number of clients is high to health centres. This is contributed by the number of SLBs to be fewer compared to the population they serve.

Unconducive working environment. The study showed that the working environment is not conducive. This is evidenced by rooms to be small, few with poor ventilation and drainage system, with shortage of furniture. Lastly, less public awareness to health-related issues was revealed by the study to be one of the challenges. This is attributed by the public to be not ready to visit health centres regularly. In interviews which were conducted some respondents said that the public is less informed to issues like Malaria, HIV/AIDS, family planning and nutrition.

These challenges revealed by this study are similar to study a which was conducted by VSO (2012) in Uganda where a study found that high workloads, poor working condition, limited availability of equipment and medical supply as challenges seemed to impact negatively health workers in their ability to deliver high quality health care and their well-being as well as implementation of health policy. Uganda as one of the developing countries like Tanzania is encountered with a number of challenges in health sector which affect the SLBs in implementation of health policy. Moreover, the study carried out in Tanzania by Kwesigabo (2014) also revealed the same that acute workforce shortage as major challenge which has been aggravated by shortage of drugs

and medical equipment which affect effectiveness in pursuing policy goals. In general, the challenges revealed by this study are highly similar to challenges in reviewed literatures. But other challenges revealed by this study emerged as new challenges. This means that despite the common challenges, the SLBs encounter other challenges in delivery of health services in Morogoro. These challenges include; less public awareness to public in health- related issues and shortage of buildings.

### 5.2.3 Identifying of coping strategies which are used by street level bureaucrats in delivery of health services

In this study, different coping strategies were found. These coping strategies were identified as follows: sharing of office, redistribution of staff, using of available resources and double shifting and working extra time. In sharing of offices, the single office is used for different activities. Many informants through both in-depth interviews and focus group interviews said that for instance a single room is used for dressing and vaccinating and sometimes for dressing, injection and admission of clients. This is done due to shortage of buildings in health centres.

In redistribution of staff, SLBs move from one department to another as to assist others in delivery of health services. For instance, some staff moves from OPD to maternity ward. They move from one department to another because they are understaffed and the number of clients is higher compared to them. Therefore, they are forced to situation which leads them to reallocate themselves to make sure that they provide service to the people. In using the available resources, the SLBs improvise the available resources to provide health services. Many respondents who were interviewed said that resources are few and thus, they use the available ones to ensure that services are provided. The study found that, they have shortage of drugs and medical equipment like: thermometer and blood pressure machine but they use available thermometers and blood pressure machines by sharing to ensure services are delivered. In addition, they use non official facility (machine) as a table, use buckets instead of sinks and use screening sheets to make partition as a room for doctor to make consultation. Therefore, the SLB have

developed this routine as an attempt to cope with shortage of resources in provision of services.

Moreover, to double shifting and working in extra hours, the SLBs work in more than one shift and extra hours. The informants from interviews which were conducted said due to the shortage of health workers, they are supposed to work in more than one shift and sometimes in extra hours since the number of population they serve is high compared to them. For instance, some respondents said that they can work from morning to evening and delay to go back to their home. This is done to ensure services are provided and ultimately the national health policy is implemented. In general, due to a number of challenges in which street level bureaucrats face in provision of health services, they develop different strategies which enable them to cope with challenges. Findings from the literature revealed that in operation of street level bureaucrats. The SLBs develop strategies as a mechanism to deal with difficulties and ambiguities of their jobs in work environment as described by Lipsky (1980) in responding to difficulties of the work environment, they come up with patterns of practices that tend to limit demand and maximize utilization of resources. These patterns of practices were identified as: routine and simplification, as well as rationing of services. In a study by Diara and Oussein (2014) conducted in Niger over coping strategies of health workers; the study found that due to challenges in the health sector, the street level bureaucrats developed two types of coping strategies. The first dealt with shortcoming of the policy implementation related to management tools, drug stock, co-existence of the free exemption and cost recovering system and supply management system (ordering from private companies, issuing makeshift prescription). The second involved clientelism, circumvention of regulation and misappropriation of resources. In a study of (Gabrielle, 2017) carried out in South Africa over coping strategies of health workers, the study revealed that given high volume of patients, some doctors developed routines of assessment practice and standard ways of communication with their patients. Although doctors are guided by assessment forms, doctors used their discretion to structure

interaction with their clients as they wished and generally developed their own scripts and assessment approaches based on what they thought was important to consider in making decision rather than what was indicated in the guidelines.

Moreover, given the time constraint doctors tended to focus predominantly on the content of patient medical file instead of taking a patient history or physically examine the patient. Others overcome their uncertainty and lack of time to see patients and make some decisions by using their own common sense and pragmatic approaches to make clinical judgment. They did this by creating rules of thumb for making decisions on basis of their own experience and conceptual understanding of disability and in some cases used their own perceptions of the claimant's deservingness.

Generally, the decision made to develop coping strategies in both Niger and South Africa by street level bureaucrats as pattern of practices in responding to challenging environment is what is being done by SLBs in Morogoro Municipality as revealed in this study. The study found that the SLBs in Morogoro have devised different patterns of practices as an attempt to adapt to a hard situation in delivery of health services. These practices were found to include: sharing of offices, re allocation of staff, use of available resources and working in double shift and extra hours. Sharing of office, use of available resources and working in double shift and extra time are coping strategies designed by street level bureaucrats in health centres in Morogoro Municipality.

Nevertheless, the coping strategies pointed out in reviewed literatures are quite different from what this study revealed. It seems that coping strategies differ from one country to another. This is attributed by the nature of the working environment of one place to be different from other places. The nature of working environment in a given country determines what kind of coping strategies to be adopted. Therefore, the working environment of Niger and South Africa seemed to be different and led to designing of different strategies to fit the environment. Similarly, the working environment of Tanzania is quite different and therefore the SLBs in Morogoro Municipality developed their own strategies based on the nature of their working environment.

# CHAPTER SIX

# SUMMARY, CONCLUSION, RECOMMENDATIONS AND POLICY IMPLICATIONS

## 6.1 Introduction

This chapter presents summary of findings, conclusion and recommendations on the street level and delivery of health services in Morogoro Municipality, Tanzania. This chapter includes three sections: summary of the findings, conclusion, recommendations and policy implications.

## 6.2 Summary of findings

The street level bureaucrats play a central role in delivery of health services around the world. Tanzania is among the countries in the world which depend on SLBs in delivery of health services. These SLBs are confronted with number of challenges in fulfilling their responsibilities. In attempt to adapt to their work setting they develop different strategies which are commonly referred to as coping strategies. This study therefore intended to look at the street level bureaucrats and the delivery of health services in Morogoro Municipality.

The main objective of the study was to identify coping strategies which are used by SLBs in delivery of health services in Morogoro Municipality. The specific objectives were: to determine the level of understanding the roles of street level bureaucrats among SLBs in delivery of health services, identifying of challenges which are faced by SLBs in delivery of health services and identifying of coping strategies which are applied by SLBs in delivery of health services.

In determining the level of understanding the roles of street level bureaucrats among SLBs in delivery of health services, the study found that the roles of SLBs are highly known by them. This is evidenced by different roles mentioned by SLBs during in interviews. These roles differ from one cadre to another and from one department to

another. To medical in charges, the study revealed that they are responsible to; ensure quality health services are provided all the time at centre, to ensure availability of drugs and medical equipment, to manage all issues related to ethics particularly to staff and to ensure safety of all health centre assets. To medical doctors, the study revealed that they are responsible for attending clients, provide health education to consult other staff, to administrate. Moreover, to clinical officers the study found that they are responsible for attending clients and provide health education. To nurses, the study revealed that the roles of nurses differ from one department to another.

In identification of challenges which are encountered by street level bureaucrats in delivery of health services. The study revealed the following as the challenges: shortage of buildings, high workloads, insufficient drugs and medical equipment, unconducive working environment and less public awareness to health-related issues.

Finally, in identification of coping strategies which are used by street level bureaucrats in delivery of health services. The study found a number of coping strategies as follows: sharing of office, redistribution of staff, using of available resources, double shift and working in extra hours.

### 6. 3 Conclusion

The study focused to determine the level of understanding the roles of street level bureaucrats among SLBs in delivery of health services, to identify the challenges that are encountered by street level bureaucrats in delivery of health services and to identify the coping strategies which are used by SLBs in delivery of health services.

Based on the level of understanding the roles of street level bureaucrats among SLBs in delivery of health service, the study revealed that the roles are highly known by SLBs. This is evidenced by different roles mentioned by SLBs. These roles differ from one cadre to another and from one department to another. To medical in charges of health centres, the study found the following as their roles; to ensure quality services are provided all the time at centres, to ensure availability of drugs and medical equipment at

centre all the time, to ensure safety health centre assets and to manage all issues related to ethics particularly staff.

To medical doctors, the study revealed that they are responsible for; attending of clients where they do diagnosis, prescription and treatment as well as provision of health education where they sensitize different issues related to health, consultation to their staff and act as administrators where they participate in preparing of budgets and managing of resources. Moreover, to clinical officers the study found that they are responsible for: attending of clients where they diagnose, prescribe and treat and providing of health education. To nurses, roles differ from one department to another. To Care and Treatment Centre (CTC) Department, they are responsible for: guiding and counseling, provision of health education and taking of tests. To Reproductive Child Health (RCH) Department, their roles are registering of clients. Vaccinating of clients, injecting and provision of health education. To Maternity Department, they are responsible for helping in delivering, taking of HIV/AIDS tests and providing of health education.

Regarding to challenges that are faced by street level bureaucrats in delivery of health services, the study revealed the following as challenges: shortage of buildings, high workloads, insufficient drugs and medical equipment, shortage of staff, high number of patients /clients, unconducive working environment and less public awareness to issues related to health. In shortage of buildings, the SLBs are forced to share rooms or offices and single room of office is used for several activities like storing, treating and consultations.

On high workload, SLBs are required to perform several activities due to shortage of staff and high population of the people they serve. For instance, a single staff may be required to diagnose, prescribe and treat. On insufficient drugs and medical equipment, it was revealed that there is shortage of non-basic drugs and medical equipment like surgical tools, thermometers and blood pressure machines and sometimes these medical tools are shared from one department to another. On shortage of staff, the SLBs are

supposed to move from one department to another. For example, a staff can move from OPD to RCH department. Besides shortage of staff, high number of clients is argued as one of the challenges where SLBs are required to work for more than one shift and time set to ensure services are provided to clients. On unconducive working environment, rooms are few, small with poor ventilation and drainage system with shortage of furniture. On less public awareness related to health issues, the respondents in the study said that the public is less informed about health issues concerning to Malaria, HIV/AIDS, family planning and nutrition as well.

In respect to coping strategies that used by street level bureaucrats in delivery of health services, the study found the following as the coping strategies: sharing of offices, redistribution of staff, using of the available resources, double shift and working in extra time. In sharing offices, the SLBs, use the single offices for several different activities. For instance, a single room is used for storing, consultations and treatments. In redistribution of staff, the staff is reallocated from one department another to fill the gap of understaffed.

For instance, one of the respondents through interviews said that a nurse can shift from OPD to Labour ward. In using the available resources, the SLBs improvise the available resources due to insufficient resources. For instance, one of the respondents who were interviewed commented that I use non official facility (machine) as a table to ensure services are provided.

Moreover, due to shortage of drugs and medical equipment they use the available resources to provide services. In double shift and working in extra time the SLBs are forced to work for more than one shift and more time set. This is influenced by the shortage of staff and high population in which they provide services. These strategies are deliberately developed by SLBs as an attempt adapt to unfriendly working settings.

Based on the findings revealed by this study, the study has shown that SLBs are highly aware of their roles in delivery of health services. This is evidenced by the different

roles mentioned out by SLBs from different cadres and departments during interviews. This is very important to know their responsibilities since it make them to do what they are supposed to do. But in delivering of services they encounter number of challenges as revealed by the study. These challenges create working environment to be unfriendly to them. This situation leads them to develop different coping strategies to deal with those challenges. These coping strategies seem as a short time solution. Therefore, the government with other stakeholders should work together so as to address the revealed challenges. This will create working environment to be conducive and the SLBs to deliver services effectively.

## 6.4 Recommendations

This section presents different recommendations. In order to improve the situation for street level bureaucrats and delivery of health services in Tanzania, the study recommends to government and other stakeholders the following:

### 6.4.1 Recommendations to the Government

- With regard to challenges which are faced by street level bureaucrats, the study recommends that the government should keep investing more in health sector in terms of funds, material and human resources, buildings and infrastructures. This should be done in collaboration with private sector and development partners.
- In respect to challenges which are encountered by street level bureaucrats, the study recommend that policy makers should keep considering the environment in which policy is implemented. This will enable the policy to be effective and implemented accordingly.
- The study recommends that policy evaluation should be progressive. This evaluation will enhance to discover areas which need intervention in order to address challenges which seem to be obstacles towards implementation of the policy.

### 6.4.2 Recommendations to Local Government Authorities

- Regarding to challenges that are encountered by street level bureaucrats in delivery of health services, the study revealed that the public is less informed about health- related issues. Therefore, local government authorities in collaboration with other stakeholders should keep creating awareness to public in issues related to health like Malaria, HIV/AIDS, nutrition and family planning.

### 6.4.3 Recommendations to the public

- In respect to challenges which are encountered by street level in bureaucrats in delivery of health services, the study revealed the less public awareness to issues related to health as one of the challenges. Thus, the study recommends that the public should be close to SLBs and visit health centres for seeking health education and taking tests to know their health status.

### 6.4.4 Recommendations to other researchers

- It seemed that there are few studies which have applied the theory of Street Level Bureaucracy in the field of health and other fields in Tanzania. Thus, it is recommended to other researchers to employ it in their studies to understand to identify challenges and coping strategies of SLBs in implementing policy or programme.

- Due to time limit and academic requirements, the study did not capture all issues. Therefore, this study calls for other researchers to investigate on other issues which have been left out due to the context and purposes of this study.

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## APPENDICES

Appendix I

## REQUEST FOR PERMISSION LETTER

**MZUMBE UNIVERSITY**
**(CHUO KIKUU MZUMBE)**

**OFFICE OF THE DEPUTY VICE CHANCELLOR (ACADEMICS)**

E-Mail: vc@mzumbe.ac.tz
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P.O. Box 1
Mzumbe
**TANZANIA**

Ref. No. MU/DPGS/INT/38/Vol. IV

Date: 11th March, 2019

**TO WHOM IT MAY CONCERN**

**RE: INTRODUCTION OF MR. SHABIRU CHAGULANI**

The bearer of this letter Mr. Shabiru Chagulani whose registration number is 14408070/T.17 is a postgraduate student at our University (Mzumbe University) pursuing **Masters of Research and Public Policy (MRPP).** As part of requirements for completion of his studies, he is collecting information on: **STREET LEVEL BUREAUCRATS AND THE DELIVERY OF HEALTH SERVICES IN MOROGORO MUNICIPALITY.**

This letter serves to achieve three purposes. Firstly, to introduce him to you, secondly, to request you to grant him permission to undertake the mentioned research at your organization, and thirdly to request you to facilitate any form of assistance he might need in order to successfully pursue this noble exercise at your organization. We can assure you that this activity is entirely for academic and will never be used for any other purposes.

We trust that you will accord our student with necessary assistance.

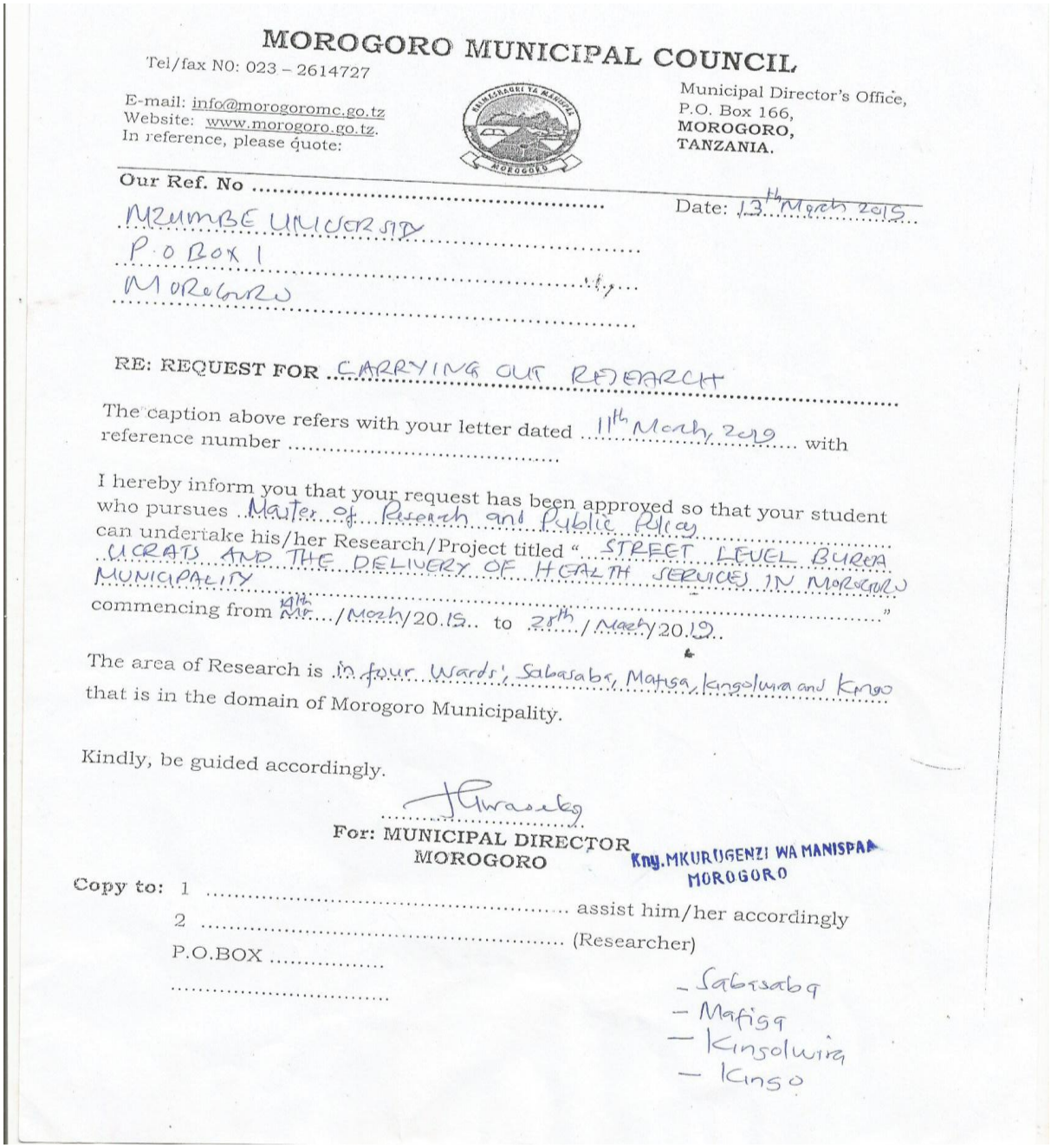
Sincerely yours,

Dr. Haruni Mapesa (PhD)
**For: DEPUTY VICE CHANCELLOR (ACADEMICS)**

QUOTATION OF REF. NO IS ESSENTIAL

**PERMISSSION LETTER**

Appendix II



MOROGORO MUNICIPAL COUNCIL

Tel/fax NO: 023 – 2614727

E-mail: info@morogoromc.go.tz
Website: www.morogoro.go.tz.
In reference, please quote:

Municipal Director's Office,
P.O. Box 166,
MOROGORO,
TANZANIA.

Our Ref. No .....

Date: 13th March 2015

MZUMBE UNIVERSITY
P.O BOX 1
MOROGORO

RE: REQUEST FOR CARRYING OUT RESEARCH

The caption above refers with your letter dated 11th March, 2019 with reference number .....

I hereby inform you that your request has been approved so that your student who pursues Master of Research and Public Policy can undertake his/her Research/Project titled "STREET LEVEL BUREAUCRATS AND THE DELIVERY OF HEALTH SERVICES IN MOROGORO MUNICIPALITY" commencing from 14th Mar.../March/20.19.. to 28th/March/20.19..

The area of Research is in four Wards', Sabasaba, Mafisa, Kingolwira and Kingo that is in the domain of Morogoro Municipality.

Kindly, be guided accordingly.

For: MUNICIPAL DIRECTOR
MOROGORO

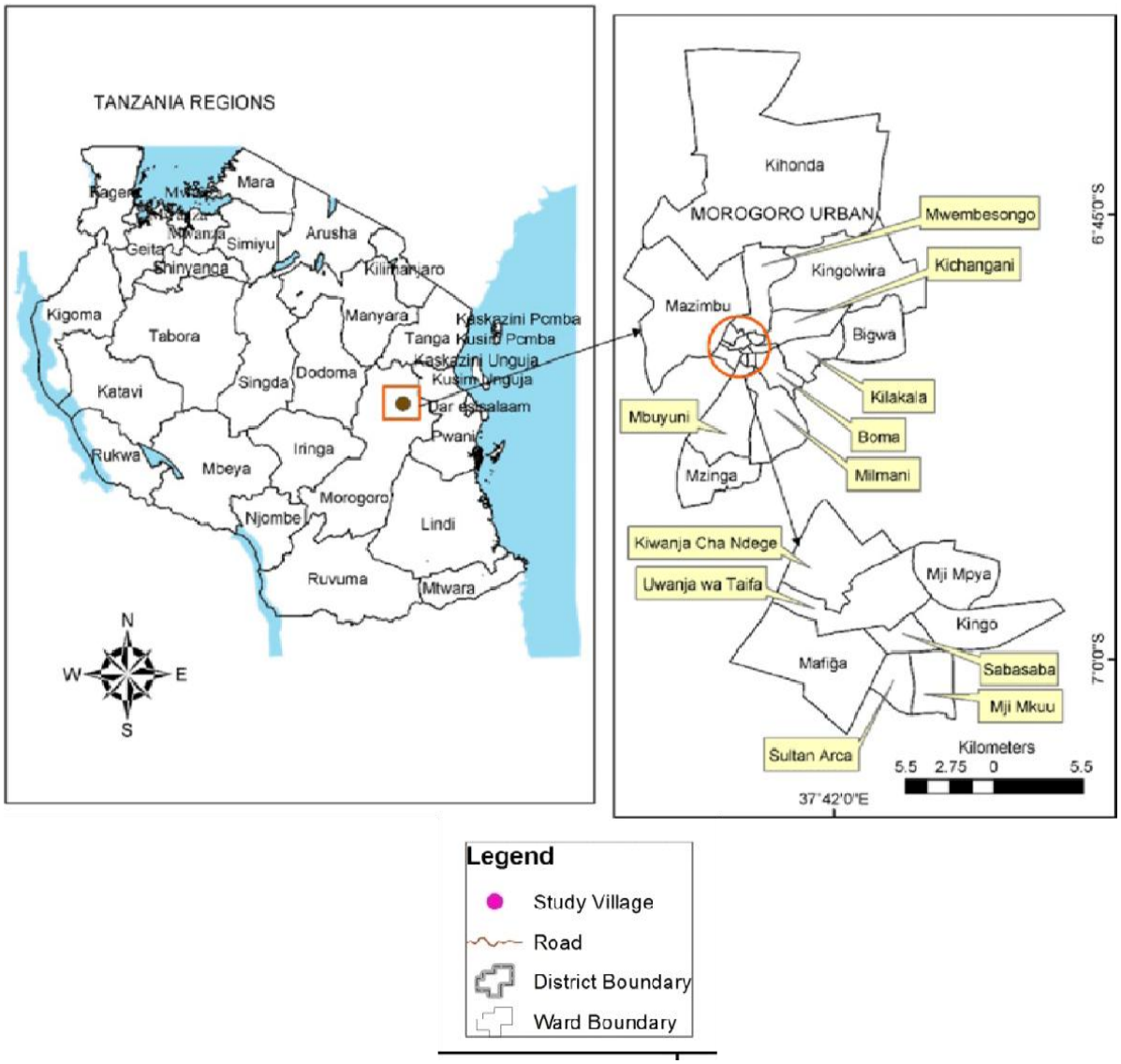
Kny. MKURUGENZI WA MANISPAA
MOROGORO

Copy to: 1 ..... assist him/her accordingly
2 ..... (Researcher)
P.O.BOX .....
.....

- Sabasaba
- Mafisa
- Kingolwira
- Kingo

## APPENDICES

MAP OF MOROGORO MUNICIPALITY Appendix III



**INTERVIEW GUIDE**

Appendix IV

This as an instrument will be used to gather information from selected respondents who are; Municipal Medical officer, Medical health in charge of health centers, medical doctors, clinical officers and nurses

**Part A**

**Personal Particulars**

Position……..

Education level…….

Experience……..

Age…….

Sex……..

**Part B**

1. What are your responsibilities in delivery of health service in work unit

   i. …….

   ii. ……..

   iii. ……

   iv. …….

2. In fulfilling your responsibilities what problems do you face?

   i. ……..

ii. …….

iii. ……..

iv. ……..

3. How do you solve them

   i. ……

   ii. ……..

   iii. …….

   iv. …….

**Part C**

4. What problems do you face during provision of health service?

   i. ……

   ii. ……

   iii. …….

   iv. ……

5. Can you rank them in priorities?

   i. ……..

   ii. ……..

   iii. ……..

   iv. …….

6. Are you only face them or are also faced by others?

7. How do you solve them?

    i. ……

    ii. ……

    iii. ……..

    iv. ……

**Part D**

8. With these problem you face, is there anything you do to fulfill your responsibilities.....

9. what do you do to fulfill your responsibilities

    i. ……..

    ii. ……..

    iii. …….

    iv. ……..

10. Can your rank them?

    i. …….

    ii. ……

    iii. …….

    iv. ……

11. Are you only practice these strategies or are practiced by others?

    i. ……..

    ii. ……

iii. …….

iv. …….

**Part E**

12 In respect to National Health Policy of 2017, what are the main challenges in delivery of health services?

i. …….

ii. ……..

iii. …….

iv. …….

13 What is a main coping strategy?

i. …….

ii. …….

iii. …….

iv. …….