

**ASSESSMENT OF GOOD GOVERNANCE PRACTICE IN THE
MANAGEMENT OF PUBLIC HEALTH SERVICES:
THE CASE OF LUDEWA DISTRICT HOSPITAL**

**ASSESSMENT OF GOOD GOVERNANCE PRACTICE IN THE
MANAGEMENT OF PUBLIC HEALTH SERVICES:
THE CASE OF LUDEWA DISTRICT HOSPITAL**

By

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**A Dissertation Submitted to the School of Public Administration and
Management in Partial Fulfilment of the Requirements for the Award of the
Degree of Master of Public Administration (MPA) 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 *Assessment of Good Governance Practice in the management of public health services: the case of Ludewa district hospital* in partial fulfillment of the requirements for award of the degree of Masters of Public Administration of the Mzumbe University.

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DECLARATION AND COPYRIGHT

I, **Andrew Mlangwa**, declare that this dissertation is my own original 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

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DEDICATION

I would like to dedicate this work to my parents, my Partner Juliana Mwaipaja and my whole family. I am proud of them because they helped me much and inspired me to fulfill this dream. I am really proud of them.

LIST OF ABBREVIATIONS

ADC	Austrian Development Cooperation.
AIDS	Acquired Immunodeficiency Syndrome.
ANC	African National Congress.
CCHP	Comprehensive Council Health Plan
CHMT	Council Health Management Team
CMT	Council Management Team
DACC	District Aids Control Coordinator
DED	District Executive Director
DHO	District Health Officer
DHS	District Health Secretary
DMO	District Medical Officer
DSWO	District Social Welfare Officer
DIVO	District Immune and Vaccination Officer
HIV	Human Immunodeficiency Virus.
HMT	Health Management Team
IMF	International Monetary Fund.
LDC	Ludewa District Council
MDG	Millennium Development Goals.
NBS	National Bureau of Statistics
NHIF	National Health Insurance Fund.
OPRAS	Open Performance Review Appraisal System
SAP	Structural Adjustment Programme.
SPSS	Statistical Package for the Social Sciences.
WB	World Bank.

ABSTRACT

This study assessed the existence of good governance practice with respect to three elements namely, accountability, transparency, and participation in the management of health services in Ludewa district hospital. The study was premised on three specific objectives which were to Establish if Accountability is in place in Ludewa District Hospital, how managers perceived it and find the satisfaction level of the staffs on accountability, to establish if Transparency is in place in Ludewa District Hospital, how managers perceive it and find the Satisfaction level of the staffs on transparency and to establish if participation is in place in Ludewa District Hospital, how the managers perceive it and find the satisfaction level of the staffs on participation.

The sample consisted of 81 respondents who were selected using random and purposive sampling. Data were collected through interviews, questionnaires, and documentary review. The data were analyzed using SPSS program. The findings were presented in the form of detailed discussions and some tables.

The findings indicated that the three elements of good governance which were examined were present in the hospital although they differed slightly in the rate of their existence. Also on the management perception and understanding on good governance, the hospital management was very much aware of the governance issues of the hospital and they put much emphasis on good governance for the betterment of the hospital. The employees were largely satisfied with the level of accountability (90.7%), transparency (97.4) and participation (93.2) at the hospital.

In conclusion, the three elements of good governance were found to be in place at the hospital though there were some areas which would require increased efforts in order to improve governance and therefore promote development of the hospital.

Given the weaknesses revealed it is recommended that employees should be provided with the education related to good governance to enhance in hospital governance by the government or NGOs. Participation should be increased by management to increase inclusiveness. The management should further improve information flow by use of technology and traditional means.

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CHAPTER ONE

INTRODUCTION/ PROBLEM SETTING

1.1 Overview of the Chapter

This Chapter presents the background information of the study, the problem statement, research objectives, scope of the study and the significance of the study.

1.2 Health Service Situation of Ludewa District Council

Ludewa district council is one of the 6 Councils in Njombe Region. The council is located between latitude 9.'35'-10.'32'South and longitude 34.35'-35'10' East. The district shares borders with Lake Nyasa the West, with Makete district to the North – West, with Njombe district to the North and with Mbinga district to the South. Ludewa district has an area of 8,397 sq km, of which 2,072 are covered by water. The population in the district is estimated to be 133,218 with growth rate of 1.6%.

Administratively the district is divided into five divisions; Mlangali, Liganga, Mawengi, Masasi and Mwambao and has 26 Wards and 77 villages.

Ludewa district council has 62 health facilities, 3 hospitals:1 is owned by the Government, 2 are owned by faith based organizations. There are 6 health centers whereby 3 are owned by the Government and 3 are owned by faith based organizations. There are also, 53 dispensaries, 5 are owned by faith based organizations and 48 are owned by the Government.

The overall goal of the council with regards to health is to provide quality and equitable Health services with the aim of improving the health status of the entire population. Such a goal is intended to be achieved through improvement of services and reducing HIV /AIDS infection; enhancing, sustaining and effectively implementing the National anticorruption strategy; improving access, quality and equitable social service delivery; increasing quantity and quality of social services and infrastructure; improving social welfare, Gender and community empowerment; and improving emergency and disaster management measures.

In the aspect of strengthening Public Private Partnership, the council has already identified 10 health facilities from Faith Based Organizations with which to enter into service contractual agreements. At the moment up to four contracts have been signed. The council has already posted 25 health care workers to 7 Faith Based Organizations which include Milo and Lugarawa Hospitals, Madunda, Mavanga, Nindi Health Centre, Luilo and Ludewa (K) Dispensaries. The council has managed to construct 5 dispensaries through Health Sector Development Grant/ Primary health services development program (HSDG/MMAM). Figure 1 is a map of Ludewa District.

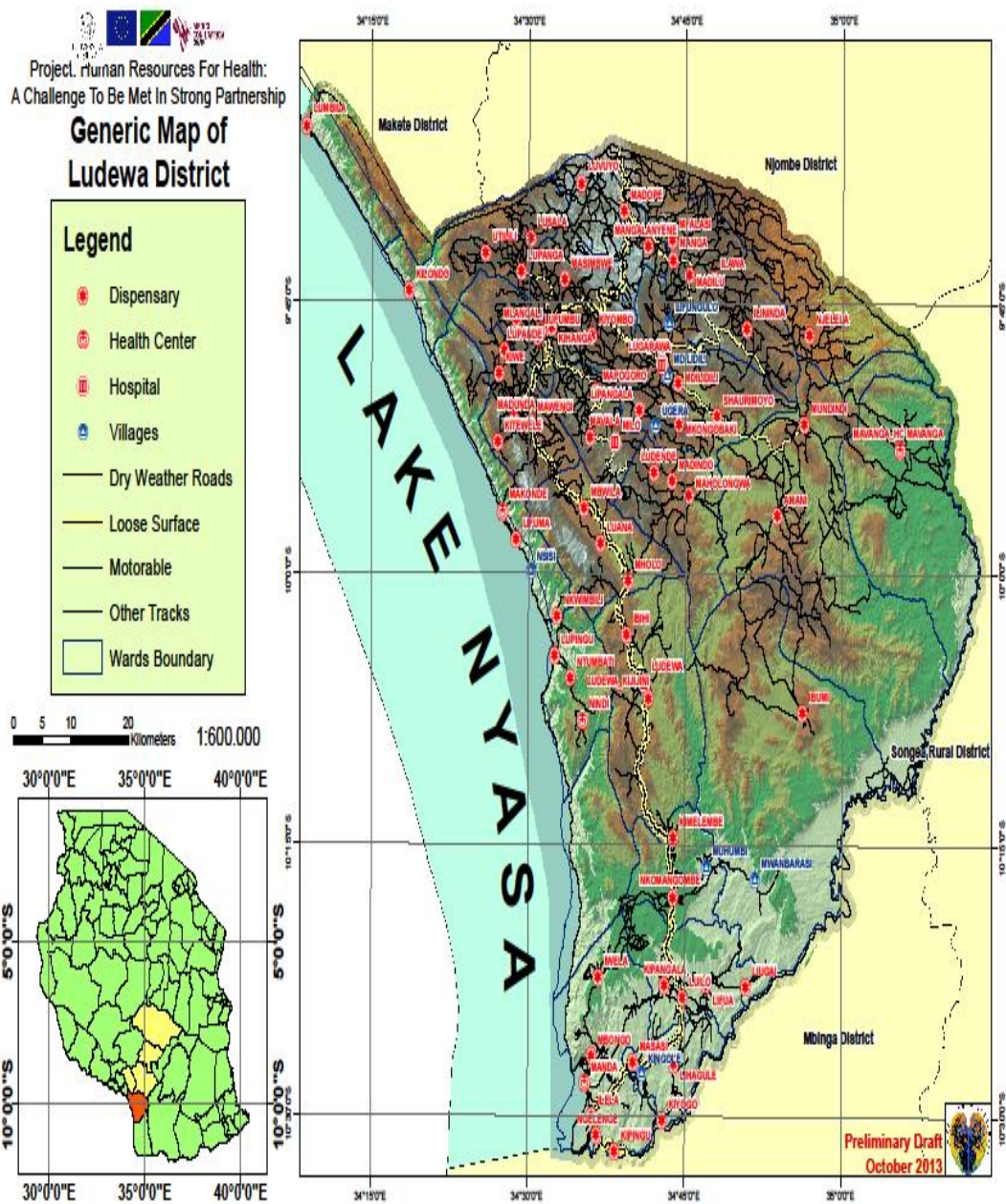


Figure 1.1; Ludewa District Map. Source; Comprehensive Council Health Plan (2015)

1.3 Background Information.

The concept of good governance emerged at the end of the 1980s, at a time of unprecedented political changes. The collapse of the Berlin wall on 9th November 1989 set off the disintegration of the Soviet Union which as a consequence thereof also led to the decay of the political and economic alliances of the Eastern bloc.

These political changes created the breeding ground and gave way for a serious discussion on how a state has to be designed in order to achieve (economic) development.

The World Bank looks at governance as epitomized by predictable, open, and enlightened policymaking (that is, transparent processes); a bureaucracy imbued with a professional ethos; an executive arm of government accountable for its actions; and a strong civil society participating in public affairs; and all behaving under the rule of law. (Frischtak, 1994)

In Tanzania good governance actually came into practice during the late 1980s and early 1990s as part of Structural Adjustment Programme as a strategy implemented in promoting development to the south Saharan nations by the World bank and IMF. Good governance is very useful in promoting development of any society. World Bank (1994).

Governance in health service delivery in Tanzania has a long history. In the early 1960's after independence, the government heavily focused on providing free healthcare to all. Efforts were made to establish basic infrastructures through the expansion of paramedical schools, village health centers, and dispensaries, with the aim that every citizen should be within a five (5) kilometer radius of healthcare provision (Maliyamkono & Mason, 2006, p.448).

In 1972, '*private for profit*' was abolished, thus abandoning private healthcare schemes. Health services were administered by the central government, while local authorities provided planning and implementation of local programmes, though voluntary agencies such as missionary hospitals which were allowed to continue (Maliyamkono & Mason, 2006). After a series of major economic and social changes, the government adopted a different approach towards accommodating the private sector into the health care system. New policies that looked favorably on the role of private sector were developed. The importance of the private sector in health care delivery was further recognized with the amendment of the Private Hospitals (Regulatory) Act of 1977, which resulted into the establishment of the Private Hospitals (Regulatory) Act of 1991. Following this Act, individuals, qualified medical practitioners and dentists could now run private hospitals, with the approval of the Ministry of Health (www.tanzania.go.tz/health).

1.4 Statement of the Problem

Health services are important in the wellbeing of people in any society. Health services in Tanzania are generally of poor quality. Government owned public hospitals including the Ludewa District Hospital are expected to provide quality health services to the whole Ludewa community. In this respect, good governance is a key component in achieving this goal(Lewis M, 2009).Both internal and external governance issues are important but emphasis here is on internal governance as this has a direct effect on hospital staff performance. Accountability, transparency, integrity, and equity are the key elements to be assessed when trying to describe governance in the public sector (Institute of Internal Auditors, 2012). Staff satisfaction is another key dimension of the quality of good services and therefore good governance. There is a need to know and understand the extent to which elements of good governance are practiced in the public hospitals such as the Ludewa district hospital as this may provide some insights of how to improve staff management and participation, and eventually service delivery. Unfortunately such data are so far not available for district hospitals in Tanzania. This is therefore the motivation behind this study.

1.5 Research Objectives

1.5.1 General Objective

The general objective of this study was to assess the extent to which good governance was practiced in the administration and management of Ludewa district hospital.

1.5.2 Specific Objectives

Specifically, this study intended to;

- i. Establish if accountability is in place in Ludewa District Hospital, how managers perceive it and the satisfaction level of the staffs on accountability.
- ii. Establish if transparency is in place in Ludewa District Hospital, how managers perceive it and the satisfaction level of the staffs on transparency
- iii. Establish if participation is in place in Ludewa District Hospital, how the managers perceive it and the satisfaction level of the staffs on participation

1.6 Research Questions

Kombo and Tromp (2006) define research question as a formal statement of the goal of a study, which states clearly what the study intends to investigate or attempts to prove. Research questions are the issues that the researcher seeks to answer related to specific research objectives; they guide the research process by addressing the variables of the study.

The research questions which guided this study were:

- i. Is accountability as an element of Good Governance in place in Ludewa District Hospital, how do managers perceive it and what are the satisfaction levels of the staffs on accountability?
- ii. Is transparency as an element of Good Governance in place in Ludewa District Hospital, how do managers perceive it and what are the satisfaction levels of the staffs on transparency?
- iii. Is participation as an element of Good Governance in place in Ludewa District Hospital, how do managers perceive it and what are the Satisfaction levels of the staffs on participation?

1.7 Scope of the Study

The study was conducted in Ludewa district hospital basically looking on how the components of good internal governance play a role in the management of the hospital. The specific elements of good governance to be covered are accountability, transparency and participation. The study was restricted to the hospital management, health facility workers without any reference to the community served by the Ludewa district hospital.

1.8 Significance of the Study

This study will provide information on the extent to which the selected elements of good governance are in existence and point out areas of weaknesses. It will describe possible measures to adopt in improving the situation in relation to good internal governance in the management of staff and delivery of health service in the case of Ludewa district hospital. The study was based on the premise that the principles of good governance

when implemented adequately would to a great extent help in improving the health service delivery in the government hospitals.

The study findings are expected to be instrumental to the management of Ludewa District hospital. Since the study focuses on internal governance at the hospital, the findings are expected to have positive impact on the quality of management and indirectly the services offered to the community by the Hospital. The results can also be used as a reference by other public hospitals in Tanzania in improving their service delivery.

Furthermore the study findings are expected to show the importance of having close relationship between the top management and the subordinates in the running of activities in the Ludewa District Hospital which will increase the service delivery to the community. Information delivery on timely basis helps to sharpen the performance of staffs and monitoring by the management.

The study will also provide other researchers with additional knowledge and help them in their investigations on good governance in hospitals and in particularly in government hospitals based on the identified elements which are transparency, participation and accountability.

1.9 Limitations of the Study

The study experienced the following limitations:

- (i) Some respondent were not willing to provide requested information for fear they would not have the time of doing so if the study turned out to be too involving. This factor led to a setback in the data collection. To overcome this limitation, the researcher encouraged the respondents to participate by ensuring them that their participation would not compromise the accomplishment of their other responsibilities.
- (ii) Some respondent were not willing to take part in the interview or fill the questionnaires for fear of having their identities exposed. Although some declined there were other workers who accepted to take part in the study after guaranteeing them that their identities would be kept confidential. Also others had wrong

understanding of good governance and thus chose to decline. To reduce this problem, apart from guaranteeing confidentiality, a large sample was picked so as to fill the gap of non-cooperating respondents in the study.

1.10 Summary of the Chapter

This chapter introduced the study which dealt with the assessment of accountability, transparency and participation in the management of public health services in the case of Ludewa district hospital. the Chapter is divided into the following parts, health service situation of Ludewa as a district, background information, statement of the problem, research questions which are used as guidelines towards the study , research objectives, scope of the study, significance of the study, limitations of the study and the organization of the dissertation were discussed.

1.11 Organization of the Dissertation

This dissertation is divided into five main chapters. The first chapter presents an introduction of the study, Health situation of Ludewa District Council, historical background of the problem, background information of the case study, statement of the problem, objectives of the study, research questions, significance of the study, limitations of the study, definitions of key terms, organization of the dissertation and summary of the chapter. The second chapter comprises an introduction, theoretical literature review, empirical literature review and a summary of the chapter. The third chapter discusses the methodology and procedures that were employed in conducting this study. It includes an introduction, research design, area of the study, target population, sample size and sampling design, methods of data collection, data analysis, validity and reliability of data, ethical issues and summary of the chapter. Chapter Four presents the study findings, analyses, and discussion of the findings. The last chapter presents the summary, conclusion and recommendations of the study so as to improve the performance of public health service delivery.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature review is an evaluative report of studies related to a selected area. Such report describes, summarizes, evaluates and clarifies the literature (Boote and Beile, 2005). Literature review in research is important because it demonstrates skills and the command of the subject area, and understanding of the problem, and which to justifies the research topic, research design and methodology (Hart, 1998)

This chapter covers literature from other works. In order make a meaningful and realistic conclusion on the data drawn from the study, it is important to take a closer look on similar works done on occupational health and which are pertinent to the study. . Accordingly, this chapter is meant to contain the review of various literatures considered to be relevant to the study.

2.2. Theoretical Literature Review

The theoretical part of literature review comprises the concept of governance, good governance and governance in health, benefits of good governance, historical background of good governance, elements of good governance and the theories of good governance (theoretical framework).

2.2.1 The Concept of Governance

Governance is the way formal institutions are managed. Formal institutions include the state, the private for- profit sector, and civil society (Policy Forum, 2011). Governance is the process and institutions through which decisions are made, and authority in a country is exercised. Therefore governance is both a process and an institution.

In the 1992 report entitled “Governance and Development”, the World Bank set out its definition of good governance. This term is defined as “the manner in which power is exercised in the management of a country’s economic and social resources for development”.

According to Mann (1984), governance is all about the ability of the government to make and enforce the rules and to deliver the services, regardless of whether or not that government is democratic. Basically, governance is all about the way things are handled in a particular institution and these institutions come from every sector and for the purpose of this study; the health sector was focused in the study the case of Ludewa district hospital.

Elements of Good Governance

Basically, governance has eight major features which signal its presence in any society (www.governancepro.com). These features include rule of law, transparency, participation, accountability, combating corruption, equity and inclusiveness, effectiveness and efficiency, and predictability. The following is a brief description of these elements of good governance.

i) Rule of Law

Good governance requires fair legal frameworks which are enforced by an impartial regulatory body, for the full protection of stakeholders. By the rule of law, nobody in the administration or in a particular society is permitted to operate beyond the laws. Everyone is required to be obedient to the law and their actions have to be performed within the boundaries of the law. The rule of law is very essential because it fundamentally leads to the promotion of human rights and durable peace in the aftermath of conflict (www.un.org). Basically, the rule of law ensures equal rights among citizens and it helps in ensuring peace and harmony in the community. Rule of law ensures that the society is free from corruption or has instruments to combat it. For the purpose of this study, rule of law, which applies from the top management to the grass root level, is very important in health service delivery.

ii) Accountability

Accountability is a key tenet of good governance. Who is accountable and for what should be documented in policy statements. In general, an organization is accountable to those whom are affected by its decisions or actions. Governments and their employees should be held responsible for their actions. Every action which is performed by these people in the public sector must be accounted for by the responsible authorities. According to Stapenhurst (2004), accountability is important for governance in

determining whether or not public officials or public bodies are performing to their full potential, providing value for money in the provision of public services, instilling confidence in the government and being responsive to the community they are meant to be serving.

iii) Participation

Participation by parties, either directly or through legitimate representatives, is a key cornerstone of good governance. Participation needs to be informed and organized, including freedom of expression and assiduous concern for the best interests of the organization and society in general. There must be participation in deciding on various matters regarding the health service management of Ludewa District Hospital. This will increase projects acceptability (Armstrong, 2013). Any project which involves participation of people at the grass root has a greater chance of being accepted and succeeds.

iv) Transparency and Information

Transparency means that information should be provided in easily understandable manner and media; that is, information as well as the outcomes resulting thereof should be freely available and directly accessible to those who will be affected by governance policies and practices; and that any decisions taken and their enforcement are in compliance with the established rules and regulations. The themes of transparency and information pervade good governance and reinforce accountability. Access to information by various players in the market is essential to a competitive market economy.

These are some of the main elements which can be considered when looking at good governance at various institutions and can be used as guidelines towards determining the extent of governance available in an institution. Good governance is among the major forces towards development of any institution. Most successful organizations and institutions adhere to the principles of good governance in delivering services which they are required to deliver to the citizens.

v) Predictability.

According to Brinkerhoff (2009) Laws and policies should exist that regulate society and that are applied fairly and consistently. Predictability requires the state and its

subsidiary agencies to be bound by and answerable to the legal system. Predictability helps in predicting the likely outcome of some actions and this will influence people perform their duties with much care to avoid doing things which are not required and knowing that it will lead to negative impacts on them collectively or individually. Therefore in ensuring Good Governance predictability is something important to take into consideration.

vi) Combating Corruption

Assistance should be provided to fight the abuse of public office for private gain. Combating corruption is very important in promoting good governance because a corrupt society will never be a participatory and transparent one (Armstrong, 2013). Fighting corruption at the highest level is always a need for good governance to prosper. Corruption is against all other elements of good governance as in a corrupt society no one will be accountable, transparent, allowing direct participation and equality is unlikely to be found in place because corruption hinders all those important aspects of good governance.

vii) Equity

Equity is among the important elements of good governance. Equity in good governance means that the organisation has to provide the opportunity for its stakeholders to maintain, enhance or generally improve the wellbeing providing the most compelling message regarding its reason for existence and value to the society.

viii) Effectiveness and Efficiency.

Effectiveness and efficiency includes the requirement that processes and institutions should produce results that meet needs while making the best use of resources available (IFAD, 1999). Resources which have to be used in the best practice includes human resources, technological resources, financial resources, natural and environmental resources at the disposal of communities.

Out of these eight major elements of good governance which are described, the study was based on only three key elements that is accountability, transparency and participation.

On Accountability the main issue was checking if the staffs starting from the management to the subordinates are held accountable for their action, The perception of the Management on Accountability and the satisfaction level of staffs with Accountability.

On Transparency the main issue was checking if information are delivered on timely basis and openness in performing some activities by the management, The perception of the Management on Transparency and the satisfaction level of staffs with Transparency.

On Participation the main issue was checking if the staffs starting from the management to the subordinates are participating in the decision making, The perception of the Management on Participation and the satisfaction level of staffs with Participation.

2.2.2 Good Governance and Governance in Health

2.2.2.1 Good Governance

Adetiba and Rahim (2007) see good governance as fair and equitable allocation of resources for the achievement of the end purpose of the state, which is the promotion of common good of the citizens. According to the Cotonou partnership agreement(2005) good governance is the transparent and accountable management of human, natural, economic and financial resources for the purpose of equitable and sustainable development. Good governance then is a positive way of managing these formal institutions. Good governance itself has some elements which are used to determine if there is good governance; and these include accountability, transparency, participation and rule of law (World Bank, 1994).

In terms of overall understanding and international consensus, good governance is an overriding concept from which a number of fundamental principles and intervention sectors suitable for helping to achieve the aims of Austrian Development Cooperation can be inferred. Experience of the last few decades in the partner countries in the South and South Eastern Europe has shown that bad governance and the abuse of

human rights severely jeopardise human development (ADC,2011). Basically, good governance acts as a prerequisite for human development economically, socially, and politically.

Good governance has a role through education, better business regulation and rational social policy, to contribute for sustainable economic growth and social welfare of the citizens. Also good governance is a key to the achievement of the Millennium Development Goals (MDGs), which present the world for the first time with a compact set of international goals by which to measure poverty reduction, human development, and environmental protection (ADC,2011).

The United Nations Millennium Development Goals are eight goals that all 191 UN Member States have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration was signed in September 2000. The millennium development goals includes eradication of extreme poverty and hunger; promotion of gender equality and women empowerment; reduction of child mortality; improvement of maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; and developing a global partnership for development (www.who.int). These goals cannot be attained without good governance; and this is why basically for development to happen in any society, good governance has to be observed.

2.2.2.2 Good Governance in Health

According to Milevska - Kostova *et al* (2010), good governance in health generally refers to the enhancement of leadership and stewardship functions and the improvement of management support systems of both the central and local governments in terms of their collective responsibility for the overall performance of the health system. It also entails setting up policies and the systems for transparency and accountability, mustering the political will to enforce the rules, and providing the right incentives to ensure positive behaviours of players in the health system.

2.2.3 Benefits of Good Governance

Good governance has many benefits when it is to be put into consideration by any institution be it either public or private. One of the main benefits of good governance is economic growth and development because good governance in practice ensures the following outcomes:

Good governance Reduces corruption. Whenever there is good governance corruption is unlikely to be in place because among the elements of good governance is combating corruption. Good governance is totally against corruption and this is why when the society/institution is practicing good governance corruption is likely to be reduced or eradicated totally.

Good governance also Influences accountability. Accountability includes people's taking responsibility for their actions and being responsible for what they have been doing. By people being accountable for their actions, it is easy for them to perform duties as expected and this will lead to performance improvement in the institutions and this will foster governance and will lead to the positive outcomes.

Good governance also ensures transparency, Whenever there is good governance, openness is inevitable and this helps much in performing duties. Also Good governance Ensures citizens participation in decision making and . Promotes equity within the society which will help the society as whole to view themselves as one. This will help to fasten development in the delivery of public health service.

In the of the listed outcomes governance is very essential for development; and for the purpose of this study for the public health sector to be in a better position, principles of good governance must be in place.

According to Gisselquist (2012) the proponents of good governance agenda see it as a worthy goal not only in and of itself, but also as a means through which to impact a variety of other outcomes, particularly economic growth and development. It is argued that in poorly governed countries, corrupt bureaucrats and politicians baldly hinder development efforts by stealing aid contributions or misdirecting them into unproductive activities. In a well-cited quote, former United Nations Secretary-General Kofi Annan notes that, 'good governance is perhaps the single most important factor in eradicating poverty and promoting development' (UN 1998).

2.2.4 Historical Background of Good Governance

as stated earlier, the concept of good governance emerged at the end of the 1980s, at a time of unprecedented political changes. The collapse of the Berlin wall on 9th November 1989 set off the disintegration of the Soviet Union which as a consequence thereof also led to the decay of the political and economic alliances of the Eastern block. These political changes created the breeding ground and gave way for a serious discussion on how a state has to be designed in order to achieve (economic) development, that is, a discussion on good governance.

The 1989 World Bank Study “Sub-Saharan Africa – from Crisis to Sustainable Growth” analyzed the development problems in Sub-Saharan Africa and found that the economic performance of the countries in the region had worsened despite the implementation of the Bank’s structural adjustment programs (SAP’s). The SAP’s introduced conditionality on a macroeconomic level into the Bank’s lending activities. At the same time, the Bank changed its lending policy from project financing to program financing.

This change was critical because the World Bank’s articles of agreement only provide for project financing, Art. III sec. 4 (vii) specifically states: Loans made or guaranteed by the Bank shall, except in special circumstances, be for the purpose of specific projects of reconstruction or development. The permissibility of program financing is explained by Shihata (1991).

In the 1989 the term “governance” was first used to describe the need for institutional reform and a better and more efficient public sector in Sub-Saharan countries. The former president of Senegal, Abdou Diouf summarizes these findings: “Africa requires not just less government but better government”. (World Bank, 1989, p. 55).

The Africa-study defines governance as “the exercise of political power to manage a nation’s affairs”. Further World Bank (1992) defines governance as “the manner in which power is exercised in the management of a country’s economic and social resources for development”, (p. 1).

Two years later, the Bank expanded this definition as:

"Governance is epitomized by predictable, open, and enlightened policymaking (that is, transparent processes); a bureaucracy imbued with a professional ethos; an executive arm of government accountable for its actions; and a strong civil society participating in public affairs; and all behaving under the rule of law" (World Bank 1994, p. vii).

More than 20 years later, these definitions still represent the Bank's perception of good governance. The 1989 study on Sub-Saharan Africa introduced governance without explicitly referring to the word "good". It was only in the foreword, that former World Bank president Conable used the term "good governance", referring to it as a "public service that is efficient, a judicial system that is reliable, and an administration that is accountable to its public"(Frischtak, 1994). In following publications, the Bank at first avoided the frequent use of the word "good" in connection with governance. According to Frischtak (1994) a reason for this reluctance could have been that the use of the adjective "good" refers to a subjective view on the performance of a state and that interpretation of the meaning of "good governance" could vary. Nevertheless, the Bank started using the term "good governance" more and more frequently.

2.2.5 Theories of Good Governance (Theoretical Framework)

The concept of governance captures "the manner in which power is exercised in the management of a country's economic and social resources for development" (World Bank 1992, p.1). There are various theories which are used to explain good governance in relation to development.

2.2.5.1 Cautionary School of Governance for Growth (Governance School of Growth)

This theory emerged from the research that showed a link between good governance and economic growth. According to this theory, countries with good governance have higher rates of economic growth in comparison to those with poor governance. Indeed for many economists and political economists, the main theories of governance and development are found in the interpretation of the dynamics of the relationship between governance

and economic growth (development). Governance is viewed to be at the heart of the development agenda.

Some economists even argue that good governance is development itself as they combine it with material-wellbeing, and that societies with good governance attain the Nirvana of advanced societies (Rodrick, 2008).

Governance school of growth theory believes that good governance is central to all development processes in the society. This theory has also a contribution to the current study which assesses the impact of good governance on the improvement of health service delivery in Ludewa district.

2.2.5.2 Successful Society Theory

Successful society theory is another theory which is applicable in explaining good governance. According to Bloom *et al.*'s (2004), this theory tries to shape the development agenda with a focus on key features and characteristics of a successful society.

A successful society possesses the following features, competitiveness, strong institutions and rules and social capital. There must be competitiveness in any successful society, and which is facilitated by the government. The competition has to be that of firms and industries.

Also any successful society must have strong institutions and rules based conducts. The rules, laws, and regulations ensure that a particular society behaves in good conduct which enables the society to act in peace and order.

Also a successful society is should have social capital which is very purposefully for actions to facilitate competitiveness and build strong institutions which occur within a social context.

2.2.5.3. Modernization Theory

Modernization theory is a description and explanation of the processes of transforming traditional or underdeveloped societies to modern or developed societies. In the words of one of the major proponents, "Historically, modernization is the process of change

towards those types of social, economic, and political systems that have developed in Western Europe and North America from the seventeenth century to the nineteenth and have then spread to other European countries and in the nineteenth and twentieth century's to the South American, Asian, and African continents" (Eisenstadt 1966:65). Modernization theory has been one of the major perspectives in the sociology of national development and underdevelopment since the 1950s. Primary attention has been focused on ways in which past and present pre-modern societies become modern (i.e., Westernized) through the processes of economic growth and change in social, political, and cultural structures.

In modernization theory, the emphasis is put much on the internal factors of development of a nation. Good governance on the other hand cannot be created from outside as its principles have to come from within by the society; that means the principles of good governance have to be tracked from the inside of the organization in order to influence the intended development of the organization.

2.3 Empirical Literature Review

This part reviews the selected research works related to this study. According to Tayie(2005) empirical literature review provides the information about what was done in the related field, how it was done and what the generated results were.

There have been various researches conducted on the similar topic, though such studies have not been similar in terms of contexts. The findings from such studies have been instrumental in guiding the current study on the importance of good governance in improving health service delivery.

A study by Uddin S.M.A (2010), under the Roskilde University in Denmark was carried out to explain the way good governance can promote economic development in Bangladesh, showing the major challenges facing the implementation of good governance in the public sector in Bangladesh. According to Uddingood governance can enhance development and can itself play a role in enhancing governance in developing countries. Also, donor assistance can support developing countries in improving economic and financial management, strengthening law and justice, increasing public

sector effectiveness, and developing civil society (The Australian Government's Overseas Aid Program, 2000).

These views have contributed much in the development of this research work because they provided the required framework and some important inputs which have helped in accomplishing the study.

In another work, Maserumule, (2011), of the University of South Africa looked at Good governance in the New Partnership For Africa's development (NEPAD); A Public Administration perspective, and discussed many matters including the way good governance can be a useful tool in promoting development in various sectors in Africa. This study helped in developing the conceptual framework of the current study by taking consideration health as one of the important sectors which has to be considered in promoting development because without strong healthcare development of any nation is unlikely to be achieved; and good governance is essential for this to happen.

The work by the Embassy of Finland (2001), emphasizes on the importance of enhancing accountability, transparency and participation in ensuring sustainable development basing on the use of funds and other resources. According to the article, equal allocation will ensure basic service delivery, which is critical in addressing inequality and improving the quality of education and health services.

The work puts much emphasis on ensuring Tanzania governance is strengthened in order to improve service delivery to the community.

In the Tanzania Governance Report 2006-07, it is stated that during 2006-07 significant progress was made in public access to information (Policy Forum, 2009). Transparency is viewed as the most important element of promoting good governance. In the report the example of transparency cited was the openness of parliamentary proceedings brought awareness to citizens on what went on in parliament and led to some ministers to be held accountable by the president. These elements of transparency and accountability depend on one another. Transparency in the parliament made it easy for ministers to be held accountable due to their poor performances in their ministries.

Also Lewis (2006), discussed corruption based on the flow of funds in health services in Tanzania, where 70% leakage of public funds made it much difficult to deliver the intended services. The budgeted fund are mostly used in other activities and leaves little for the planned activities. This factor has hindered the delivery of public health services in Tanzania and it can be associated with corruption and good governance is needed to find the solution to such problems.

The Tanzania development vision 2025 on good governance states that Tanzania cherishes good governance and the rule of law in the process of creating wealth and sharing benefits in society and seeks to ensure that its people are empowered with the capacity to make their leaders and public servants accountable. The development vision emphasizes on improving governance towards development in all sectors.

According to Tanzania development vision (2025) previously, governance failed basically due to the increase of corrupt tendencies which were fast-growing in the government. Rule of law and voice of the people on the other hand tended to be weak making governance and development increasingly problematic in Tanzania. Governance is something very important in enhancing development economically, politically, and socially because in good governance there is accountability, transparency, participation, rule of law, and human rights.

From these studies described the interest emerged on discussing the matter of good governance related to the management of public health systems because many studies discussed the perspective of development in general and the gap was discovered in the health service management and that is why this study was further conducted to fulfill one of the gaps

2.4 Chapter Summary

This chapter has explored the concept of governance, good governance, and the origin of good governance. The chapter has also discussed the benefits of good governance and elements of good governance. The literature has to a great extent shown the ways through which good governance can be a very useful tool for the promotion of development in any institution, basing on studies from international, regional level, and national levels which.

Also literature provided the theories which can be used to understand the concept of governance and through such theories governance can contribute much to the development of any institution as indicated.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the procedures, methods and techniques the researcher adopted in the research work. Research work most often than not is appraised based on the quality and accurateness of the analysis and information it provides at the end..

Kothari (2004) defines research methodology as a way to systematically solve the research problem using different methods, designs and techniques, and the reasons of using particular methods, designs.

Rajasekar (2013:5) defines research methodology as a systematic way on how research is to be carried out, essentially the procedures by which researchers go about their work of describing, explaining and predicting phenomena so as to solve a problem. It is necessary for the researcher to know not only the research methods but also the methodology so as to know what such methodology would mean and indicate.

The methodology comprises the tools or techniques for research design, data collection, the population and sampling techniques, and data sources, data collection instruments, and data analysis plan.

3.2 Research Design

Research design is the array of conditions for the collection and analysis of data in a manner that aims at combining relevance to the research purpose and the economy of the procedure. In fact, the research design is the conceptual structure within which the research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. As such, the design includes an outline of what the researcher will do from writing the hypothesis and its operational implications to the final analysis of data (Kothari, 2004). Research design is a systematic planning, organizing and executing a research within specified time and resource limits (Mbwambo *et al.*, 2011).

Different researchers came up with different categories of research design. According to Kombo and Trompt (2006), there are five types of research designs which are; descriptive design, experimental design, correlation design, case study design and cross cultural research design. Bryman, (2008), identifies five types of research designs which are: experimental design; cross-sectional design; longitudinal design; case study design and comparative design.

The function of the research design is to provide a paradigm where relevant evidence can be conducted with minimum expenditure of time.

This study adopted a case study research design. A case study is a small, inclusive and intensive study involving in depth investigation of an individual, group, institution or phenomenon within its real life context using multiple sources of evidence (Robson, 2000). A case study design was selected because it is the most flexible research design which can produce interesting and valuable results in its own right, and it requires a considerable amount of information, and therefore conclusions are based on a much more detailed and comprehensive set of information. According to Yin (1994) asserts that a case study design is a preferred as it involves investigating a contemporary phenomenon in its natural setting.

Yin (2011'03) categorizes case study into seven types which are: explanatory; exploratory; descriptive; multiple-case studies; intrinsic; instrumental and collective. This study applied descriptive case study design.

3.3 Area of Study

The study was carried out in Ludewa District Council at the District Hospital. The choice of the council was influenced by the following considerations: the place provides an enormous possibility for obtaining the required data given that this is one is a good representative of the marginal districts in Tanzania. Results here would be of interest to the many other marginal hospitals on which there are fewer studies compared to urban hospitals.

Also the District Hospital is a relatively big health facility which receives many complaints from the customers who are not satisfied by the service provided and this stimulated the researcher to conduct a study believing that it will lead to improvement in some areas of staff management which have some conflicts.

3.4 Study Population, Sample Size and Sampling Techniques

3.4.1 Study Population

Study population is an aggregation of elements from which a sample is actually selected (Adam & Kamuzora, 2008; Babbie, 1986; Krishnaswami, 2003). According to Yin (1994) a study population is a collection of element that share specific characteristics; it can be people or objects from which a sample is to be drawn. The population for this study was the staff members of Ludewa district hospital which comprised the management and the subordinates.

3.4.2 Study Sample

The study sample refers to an element or a set of elements considered for selection as a representative from a study population (Babbie, 1986). Also Eller *et al* (2013), considers a sample as simply a subset of a population. For the purpose of this study, there were two types of sample. The interview sample which consisted of six members of the management team of the hospital; and the questionnaire sample which consisted 75 staff members from different departments.

Therefore both samples comprised 81 respondents (Table 3.1).

Table 3.1 Study Population and Study Sample

Population category	Study sample	Data collection methods applied
Management team (DMO, DACC,SWO, DHS, CIVO &DHO)	6	Interview
Staffs from different units in the hospital	75	Questionnaires
Total study sample	81	

Source Author (2015)

3.4.3 Sampling Techniques

3.4.3.1 Sampling

Sampling is a process of drawing a study sample from a larger study population (Krishnaswami, 2003). Sampling is important because it reduces costs for the study and time since the researcher focuses only on few respondents out of the entire study population; also the results are quicker because the study does not have to cover the whole population. This study employed various sampling techniques to draw a study sample as described below.

3.4.3.2 Simple Random Sampling

The sample for the questionnaire was selected by simple random sampling. In simple random sampling takes place when the population is selected based entirely on random chance and each member in that population has exactly an equal chance of being selected for the sample (Eller *et al*, 2013). This strategy was applied in selecting the staff from different departments (units) in the hospital to get a representative sample.

The questionnaire sample was randomly selected from the sampling frame of hospital staff members with the random number generator found at www.randomization.com which generated numbers for eighty respondents (80) who were given the questionnaires to fill in but only seventy five (75) responded. The Hospital Management were not included because data was collected from them using in-depth interviews and they were purposively selected.

3.4.3.3 Purposive Sampling

Purposive sampling is a non-probability sample that is drawn specifically based on the knowledge of the population characteristics in order to serve a specific need of a study question (Eller *et al*, 2013). For the purpose of this study, Purposive sampling was applied to the interview sample which had six (6) respondents selected for interviews out of ten (10) members of the hospital management team. The interviewed respondents were selected purposively because they were thought to have information which was needed by the researchers. As Kothari (2004) suggests, in-depth interviews be conducted with a sample of few respondents because it is easy to get detailed

information which cannot be gathered from a large sample as the one which requires questionnaire. Hence for interview purpose the purposive sampling approach was adopted.

3.5 Types and Sources of Data

Generally, the nature of the problem under study and the nature of the respondents determine the methods of collecting data (Kothari, 2004). This study used both primary data and secondary data. Primary data and secondary types of data are as described briefly as follows.

3.5.1 Primary Data

Kothari (2004) describes primary data as those data which are collected afresh and for the first time, and thus happen to be original in character. For the case of this study, primary data were collected by using both interviews and questionnaires which were distributed to the respondents and questions asked to the management team through interviews. Observation was another method applied by the researcher in data collection from the field.

3.5.2 Secondary Data

Secondary data are the data which have been collected and compiled by others for another purpose (Saunders, 2000). Secondary data can be obtained through documentation method or reviewing of the existing documents and reports about the subject matter. And for this study different types of documents were consulted to help the researcher obtain much more information which became useful for the fulfillment of this work. Books, journals, articles and different internet materials were used as guidelines towards fulfilling the research objectives and needs.

3.6 Data Collection Methods

3.6.1 Questionnaire

A questionnaire refers to a series of written questions to be completed by the respondent (White, 2002). The researcher used a questionnaire to get information from respondents because it has no interviewer bias, stores information and participants feel free to

explain their opinions simply because the researcher does not have to be present (Adam, 2003). This method helped the researcher to obtain quantitative information which could not be obtained through interview.

For the purpose of this study, a structured questionnaire was used to Ludewa district hospital staff members. The questionnaire was prepared in English and then translated into Kiswahili for ease of understanding by the respondents. Closed questions were mostly used in the questionnaire. There was no need of translating the responses of the closed ended questions. The Kiswahili questionnaire was pilot tested on 10 respondents and the questions did not need further refinement. A copy of questionnaire that was applied is attached as Appendix i.

The questionnaire was self-administered by the respondents all of whom could read and write in Kiswahili. A close follow up was made to encourage the respondents to fill in the questionnaire.

The data collected through the structured questionnaires included the information regarding the existence of Accountability, transparency and participation in the management of public health services and the satisfaction levels of the staffs in Ludewa District Hospital regarding the three elements of Good governance which are Accountability, Transparency and Participation.

3.6.2 Documentary Review

This method was used to collect secondary data from both published and unpublished materials related to good governance generally. Through this method, various books, articles, and journals were consulted in order to gain the understanding of good governance and its relationship to development.

Documentary method was adopted because such a method enables the investigator to access data without assistance from the respondents; it also makes it easier for the researcher to revise the data wherever the investigator wishes to do so. Furthermore, the choice of secondary data is based on what Krishnaswami, (2003, p. 89) argues that “the secondary data may be used as a bench mark against which the findings from primary

sources may be tested, but also secondary data broaden the data base from which a scientific generalization can be made”.

Mostly the data collected using this method of Data Collection involved all the objectives and was used as the assistance towards fulfilling this work as Documentary Review covered many parts of the study and it was used in collecting most information which are not seen directly in this document. Documentary review was used in supporting the interviews and questionnaires.

3.6.3 Interviews

In depth interview technique was used in the collection of data for this study because it has high response rate (see Adam, 2007). Also, in depth interview was used so as to obtain accurate and qualitative information which would not have been easily collected through questionnaire. As Muganda (1999) points out, a researcher needs to get maximum cooperation from the respondents, and as Dominick and Wimmer (1991) observe further, rapport between respondents and the interviewer makes it easier to approach certain topics that might be taboo in other approaches. The researcher conducted interviews with the top management of the Ludewa district hospital which included the heads of department. These interviews were conducted in English. The interview guide used in this study is attached as Appendix ii. On the part of Interviews data which were collected by using this method mainly based on the managements perception on Good Governance basing on the three aspect discussed which are accountability, transparency and participation.

Also Observation as a method of data collection was used for this study whereby there were things which were observed from the Ludewa District Hospital like accountability of people towards their actions. People do participate in decision making and information are delivered on timely basis to ensure transparency is in place in delivery of Public Health Services in the Ludewa District Hospital. This method was used to some extent in obtaining such data.

3.7 Data Processing and Analysis

Data processing refers to the conversion of information into a form that can be understood by a computer, the process involves editing to remove possible errors, proofreading, cross checking, confirming, correcting and summarizing data (Kothari, 2004).

The analysis of the data collected was conducted at the end of the data collection. The questionnaire data for closed ended questions were coded and entered into the current version of SPSS. The responses were classified and summarized on the basis of the information provided by the respondents. These quantitative data were analyzed using quantitative tools of SPSS, and Microsoft excel to generate descriptive statistics such as percentages and cross-tabulations. Chi-square test was used to analyze the selected contingency tables; and statistical significance was declared if p was less than 0.05. For qualitative data; the analysis made use of descriptions, analysis of feedback from interviews and extraction and reporting of quotes from the respondents.

3.8 Summary of the Chapter

This chapter discussed the methods which were applied by the researcher in the study. The chapter describes the research design opted which was the case study research design, and the methods in sampling the respondents where by simple random sampling was applied for questionnaire and purposive sampling for the interviews. Also in collecting data the three methods used were questionnaire, interviews and observation method of data collection. Also types of data collected were discussed including the primary data and secondary data and how they were conducted by the researcher. Furthermore the data processing and analysis by using the Statistical Package for the Social Sciences was described and how the findings were computed to come out with the findings discovered.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF RESEARCH FINDINGS

4.1 Introduction

This chapter presents and discusses the findings of the study. The study was guided by three specific objectives which were to;

- i. Establish if Accountability is in place in Ludewa District Hospital, how managers perceived it and find the satisfaction level of the staffs on accountability,
- ii. Establish if Transparency is in place in Ludewa District Hospital, how managers perceive it and find the Satisfaction level of the staffs on transparency and
- iii. Establish if participation is in place in Ludewa District Hospital, how the managers perceive it and find the satisfaction level of the staffs on participation.

The chapter is organized into two parts: the first part presents the findings on social demographic characteristics of the respondents of the study; and the second part analyzes and discusses the study findings according to research objectives and their corresponding questions.

4.2 Socio-Demographic Characteristics of the Respondents

The characteristics of the respondents which were examined in this study were age, sex, and education level. These characteristics were important because they reflected the nature of the responses or probable reasons for the responses provided by the respondents. The following part presents the findings with regard to the characteristics described.

4.2.1 Respondents Distribution by Sex

In terms of sex, the data from the field indicated that, 44 (54%) of the informants were males, and 37 (46%) were female as indicated in Table 4.1. This implies that, there were more male than female respondents who took part in the study. Sex of the respondents was considered here so as to assess the understanding of both sexes on the matters relating to good governance also the amount of involvement of both sexes in good

governance. Sex was also considered for the purpose of gaining insights on gender balance issues so as the results not relying to one sex.

Table 4.1 Respondents Distribution by Sex

Sex	Frequency	Percent
Male	38	50.7
Female	37	49.3
Total	75	100.0

Source: Questionnaire data (2015)

4.2.2 Respondents Distribution by Age

The respondents were categorized into four age groups: below 25 years, 26-35 years, 36-45 years and above 45 years. The frequency of each age group and their respective percentages are indicated in Table 4.2.

Table 4.2 Respondents Distribution by Age

Sex	Frequency	Percent
Below 25 years	5	6
26 - 35 years	32	40
36 - 45 years	21	26
Above 45	23	28
Total	81	100.0

Source: Field Data (2015)

From the findings in Table 4.2, majority of the respondents lies between the age group of 26-35 years old and these are the ones considered to be much energetic and productive in any organization.

4.2.3 Respondents Distribution by Level of Education

The education level of the respondents was categorized into five categories, primary education, secondary education, certificate level, diploma level, and university degree level. The findings in Table 4.3 show that majority 28(35%) of the respondents had certificate level of education, also 11(14%) had completed primary education, while 15(20%) had completed secondary education, 18(22%) had diploma and 9(9%) had university degrees.

Table 4.3 Respondents Distribution by Level of Education

Education	Frequency	Percent
Primary education	11	14
Secondary education	15	20
Certificate	28	35
Diploma	18	22
Degree	9	9
Total	81	100.0

Source; Questionnaire data (2015)

The findings in Table 4.3 show that all of the respondents had completed primary education (they could read and write) and this justified the use of self-administered questionnaire in Kiswahili.

4.3 Results and Discussion

This part basically presents the collected data and discusses the findings as per the objectives presented in the introductory part of the first chapter of this study. Basically the analysis and discussion on the findings flow from the first objective to the third and final objective.

4.3.1 Accountability, Transparency and Participation Elements of Good Governance Practiced at Ludewa District Hospital and the Involvement of Staffs in Practicing.

The first research objective of this study was to *identify if accountability, transparency and participation as elements of good governance were in place in Ludewa District hospital and how are they were implemented based on the staff involvement*. This research objective was associated with the questions, *Are accountability, transparency and participation as elements of good governance in place? How are accountability, transparency and participation practiced/implemented in Ludewa district hospital?* Using in depth interviews with the management team and the questionnaires for the staffs in Ludewa District hospital the following are the findings on this aspect:

(i) Accountability

On accountability the basic issues discussed were the readiness to have one's actions judged by others because good governance can never exist in any place if there is no accountability among individuals. In accountability the study wanted to discover if staffs or members of the management team in the hospital were accountable for their respective actions. The findings from the questionnaire regarding accountability of employees in the Ludewa District hospital are presented in Table 4.4

Table 4.4 Employees Accountability for Their Actions

Are the workers in your section accountable for their actions?	Frequency	Percent
Yes	74	98.7
No	1	1.3
Total	75	100.0

Source; Questionnaire data (2015)

Findings in Table 4.4 show that 74 (98.7%) out of 75 respondents said that there were accountable for their actions and only one respondent answered negatively.

The interview conducted with the management team also supported this finding. The respondents from the management team reported that both the staff and management were held accountable (answerable) for their daily work related actions in the hospital.

The DMO explained some of the procedures followed when making someone accountable.

...These employees are having their specific units to hold them accountable but most notably are the head of units, DMO or DED are the ones responsible for holding the employees accountable in the hospital. Furthermore the management team is mostly accountable to the DMO and DED.

...On the methods used by the management to hold employees the hospital management usually gives two major types of warning firstly being an oral warning which is the first warning for someone who went against what he/she was supposed to do and the second type of warning is a

written warning and this goes together with being given chance of explaining (defending) their actions.

The questionnaire data confirmed the methods by which the employees were held accountable by the management. The three main methods include warnings by the management, given an opportunity for defending themselves and finally being demoted from their current positions. But most of them reported that given an opportunity to defend themselves and warning were the methods widely practiced by the management as shown in Tables 4.5 and 4.6 respectively.

Table 4.5 Employees Accountability: Opportunity for Defending their Actions

Are employees given a chance to defend their actions before judgement?	Frequency	Percent
Yes	46	62.2
No	28	37.8
Total	74	100.0

Source; Questionnaire data (2015)

Table 4.5, shows that 62% of the 74 respondents agreed with the statement that the management gave them the freedom of defending themselves before judgement. Warning was the second widely used method reported by 31.1% of the respondents (Table 4.6). Warning could either be a verbal or written form.

Table 4.6 Employees Accountability: Warning

Are the employees given warning for their actions?	Frequency	Percent
Yes	23	31.1
No	51	68.9
Total	74	100.0

Source; Questionnaire data (2015)

Through interviews, the management team confirmed the existence of the Hospital Management Board with roughly fifteen members, and which is used as the overall tool for holding employees accountable. Board membership include the management team members themselves, community representatives (hospital clients), members from Health centers committees and government dispensaries located near the hospital,

members from the private sector providing health services, and members from health institutes under Nongovernmental organizations and Family based Organizations..

Employees Involvement in Making the Management Accountable

Employees were asked if they were able to make their managers accountable Table 4.7 summarizes the responses from the questionnaire.

Table 4.7 Involvement of Employees in Making the Management Accountable

Are the employees given warning for their actions?	Frequency	Percent
Yes	23	31.1
No	51	68.9
Total	74	100.0

Source; Questionnaire data (2015)

From the findings in Table 4.7, 81% of the respondents admitted to have been involved in making the management accountable while 19% said that they were not involved in making the management accountable. Since majority of the respondents said they were involved in making their managers accountable for their actions; the study also intended to discover the ways through which these employees were able to do so the following two main methods were reported.

Informing the higher management; this is the first main method used by the employees to make their employers accountable. In other words, employees were allowed to report to the top manager anything to do with their bosses who are answerable to this top manager. About 48% of the respondents said they preferred using this method in making the employers accountable because they believed that it is the proper way of making the hospital management accountable.

Giving their views in the meetings, there are daily meetings in the hospital; and 52% of the respondents reported to have been using this method to make the management accountable for their actions. They said meetings gave them much freedom and room to express their thoughts because they believe by giving their views in the meetings is easy to settle down their conflicts.

Commenting on the accountability of the management team, the DMO said that everyone in the hospital regardless of their titles have someone who can hold them accountable. Emphasizing this point the DMO had the following to say

...as the hospital management team, there are various levels of accountability, every head of unit in the hospital is accountable to the DMO and the DMO himself is accountable to the DED and the RMO at the regional level. There is supervision for everyone and that is why accountability is inevitable although due to some poor environments it becomes difficult some times to facilitate accountability of the workers because of constraints which hinder the supervision which could make some people accountable for their actions.

The DACC, DHS, DHO, CIVO and SWO all shared the DMO views in that employees including the management team are accountable for their actions and they cited the same accountability structure as the one given by the DMO.

On the basis of these findings, it can be said that accountability is observed by both the employees and the management of Ludewa District hospital.

This study discovered that one of the main ways followed by the hospital management in holding employees accountable include oral or written warning. Fizzi (2013) mentioned three basic rules of holding employees accountable: one is the Expectation Rule, whereby what is expected of each employee in fulfilling the organisation goals and objectives is made clear. Secondly is the skill verification rule, where by the management ensures that each employee is trained and acquire the skills and knowledge to perform what he/she is expected to perform in order to realize organisational goal. The third rule is the accountability rule which enables the management to take action against those who are not doing what they are supposed to do. This study focussed on the third rule.

(ii) Transparency

Transparency was based on the delivery of the right information at the right time and being open in decision making processes.

Transparency as an element of good governance is very essential; transparency holds the key to both accountability and participation. Through questionnaire and the interview responses transparency was reported to be prevailing at Ludewa District Hospital.

(i) Manner of Delivering Information on Decision Made by the Management

When asked if the decisions which were made by the management reached employees in a timely manner, the respondents’ views are as summarized in Table 4.8

Table 4.8 Manner of Delivering Information on Decisions Made by the Management

Are the employees given warning for their actions?	Frequency	Percent
Yes	23	31.1
No	51	68.9
Total	74	100.0

Source; Questionnaire data (2015)

Findings in Table 4.8 show that minority (4%) of the respondents said that information on decisions made is delayed; however, majority (96%) of the respondents admitted that was delivered timely; out of these 17% indicated that information was delivered timely and 79% indicated that information was somehow delivered timely.

(ii) Transparency on Decision Making at the Unit Level and Hospital Level

From the questionnaire data, 96% of the respondents admitted that there was transparency in decision making at the unit level while 76% said that there was transparency on decision making at the hospital level. This indicates that in the hospital level there is less involvement of employees in decision making as opposed to the unit level, where employees enjoy much involvement in decision making as is illustrated in Tables 4.9 and 4.10 respectively. These findings are in contrast with those reported by Vian (2012) who compared transparency at the organizational level and that at the departmental level whose findings show that transparency at the organization level was highly rated by 80% of the respondents as opposed to 65% who admitted of there being transparency at the department level. The difference in these findings could be attributed to different management styles.

Table 4.9 Transparency at Unit Level

	Frequency	Percent
Yes	72	96.0
No	3	4.0
Total	75	100.0

Source; Questionnaire data (2015)

Table 4.10 Transparency at hospital level

	Frequency	Percent
Yes	72	96.0
No	3	4.0
Total	75	100.0

Source; Questionnaire data (2015)

(iii) Disadvantages of Transparency

Staff members were asked if there were any disadvantages associated with an organization being transparent. The likely disadvantages of working in an environment with high transparency were not found to be too many though few respondents disagreed with this, and these cannot be ignored. Accordingly, 32% of the respondents said that there is a risk of either *leaking important information* from the hospital if transparency is very high and also there is a big danger of *leading to poor decisions* by the management by believing that everything will be known by the subordinates. Therefore transparency has to be regulated to ensure effectiveness; undoubtedly, transparency is critical in reducing corruption, and is a pre-requisite for accountability and improves participation (reference)among other things Oliver (2004).

Through interview with the DMO, it was revealed that handling of information in the hospital is a key indicator of transparency in the hospital because information facilitates good communication and influences cooperation among the workers in the hospital. In the following extract, the DMO cited the channels which ensured that information was delivered timely

...In this hospital the main channel used to deliver right information at a right time is through daily meetings. The hospital management team has a habit of conducting daily meetings among the workers and if there is any information we usually address them in the meetings. Furthermore we use the notice boards and

mobile phones to spread such information timely. In addition the hospital has an internal radio system which is installed in all hospital buildings and when you need to spread such information you just broadcast it and the information will reach to all your targets.

Furthermore the DMO and DACC indicated that sometimes information was delayed to reach the intended targets mainly due to negligence and poor communication and this usually happened when the information brought to the hospital was in the form of a letter. Among the respondents, 94.6% (n=75) said that information was delivered in a timely manner, the rest 5.4% indicated that the right information delayed to reach them. The respondents identified channels through which they got information as departmental meetings, notice boards, mobile phones and through the process of filling OPRAS forms.

The main sources of information were reported as including the head of units in the hospital, the CHMT and the Health and safety committees and representatives.

Transparency also is seen important for the development of the health sector at the district level and this is consistent with Carrin's (2003) observation on the situation in Rwanda stating that, the Government in Rwanda has shown stewardship by stimulating improved democratic governance in the health sector; the CHIs are therefore invited to engage in transparent decision-making. Every scheme has now a general assembly, where members are able to communicate with the schemes' administrative council about needs, concerns, and suggestions for improvements. This interaction with the local communities through discussions and decisions also appeared to have a positive effect on the health status of the people at the district level. This was the case in Rwanda; and therefore providing further evidence on the importance of transparency (Carrin 2003).

The current study has established that high level of transparency in conducting the activities in an organization makes individuals perform their duties responsibly because they have a sense of responsibilities for their actions in the hospital. This information is consistent with Oliver's (2004) concept of deconstructing transparency into an "observer", something "observed", and a means to observe. The implication of transparency, in his view, is *active disclosure* which allows others to see the truth without trying to hide or shade meaning, or alter facts. Thus, transparency creates a

responsibility or obligation on the part of the observed. This indicates how people will be serious in fulfilling their duties and responsibilities as these promote accountability and participation.

(iii) Participation

Participation in decision making, which is a key element of good governance, is reported to be in practice at the Ludewa District hospital as they are clearly presented in Table 4.11.

Table 4.11 Employees Participation in Decision Making

Do employees participate in decision making?	Frequency	Percent
Yes	57	76
No	18	24
Total	75	100

Source; Questionnaire data (2015)

In a study in Kenya and Benin Mathuer and Imhoff, (2006) reported that respondents felt that they could not participate in decision making at their health facility; although 57% and 80% respectively considered participation as important. With increased emphasis on good governance over the years the situation could have changed.

Staff members were asked whether they had ever been given a platform to express their ideas, views and/e advice to the management on various matters in the hospital. The findings show that 72% admitted to have been given the opportunity while 28% reported that they had never used such a platform. Asked why they had never used the platform the following were the reasons;

Power Centralization

They indicated that centralization of power was the problem as this restricted the use of the platform by subordinates to air their views on how things were going on in the hospital. Much decision making powers were held by the management team and that is why they did not get such platforms because of power centralization. Power centralization hindered the subordinates from getting room to air their views hence to promote governance.

Gap Between the Management and Subordinates

There is a gap between some groups of employees and the management team making the use of the platform for them to be much more limited. Bureaucracy and education level were also be considered to the cause of the gap because some of the respondents mentioned bureaucracy and education level as hindrance to using the platform.

Presence of Representatives

The presence of representatives was another platform hindrance factor to the respondents, because they believe that having being represented reduces their chances of using such a platform and basically because they were not that close to their representatives (interview data). Some representatives were reported not to be in the same line of thinking and understanding in the sense that they had their own interests which do not align with the interests of the people they represent. Thus, it becomes difficult for the represented to give their views and opinions on various matters.

Table 4.12: Participation in Decision Making by Sex

Is there participation in decision making?	Males	Females
Participate	30(79%)	27(73%)
Do not participate	8(21%)	10(27%)
Total	38	37

Source; Questionnaire data (2015)

Table 4.13: Participation by Education Level

Is there participation in decision making?	Males	Females
Participate	30(79%)	27(73%)
Do not participate	8(21%)	10(27%)
Total	38	37

Source; Questionnaire data (2015)

Chi-square $p > 0.05$

Findings in Table 4.12 indicate that 76% of the respondents were participating in decision making and 24% were not participating. Table 4.12 shows respondents' participation in decision making by sex. whereby, 79% of males were involved in decision making and 73% of females; implying that males were much more involved in the decision making process than was the case with females but the difference was not statistically significant ($p > 0.05$).

Likewise, table 4.13 shows respondents' participation by education level; the findings in this table show that 40(82%) of those with higher than secondary education were involved in the decision making process whereas 17(65%) of those with primary and secondary education were involved in the decision making. Again the findings were not statistically significant ($p>0.05$)

Also the study investigated the rate of participation at different levels, namely, the hospital and the unit levels at the hospital.

Table 4.14: Participation by Levels of Organization

Do you participate at	Hospital level	Unit level	P value (2-tail)
Participate	57	72	0.0009865
Do not participate	18	3	
Total	75	75	

Source: Questionnaire data (2015)

Findings in Table 4.14 show that most of the respondents 72 who percentagewise are 96% participate in decision making at the unit level as opposed to those who participate in decision making at the hospital level. As to be expected there is a statistically significant difference ($p=0.001$) of participation between the unit and the hospital levels.

The respondents who did not participate in decision making reported there was disunity between the management and subordinates; and which they said resulted from the belief that the latter sometimes felt that they were not considered as important members by the former. Subordinates thought they were ignored by the management when it comes to decision making and this creates a gap between the top management and the subordinates, and this reduces efficiency and effectiveness of services delivered by the facility.

However, the interview with the management team revealed that employees participate in decision making in the hospital. The DMO said that participation occurs in the daily meetings which involve workers and the management team in the course of performing their daily duties.

Both the DHO and DHS indicated that participation took place at two levels directly and indirectly (representative participation). Emphasizing on this point the DHS had the following to say.

...we do give the subordinates the room to participate in the decision making and this is done in two main ways which are direct involvement and indirect involvement. Direct involvement is when themselves physically are approached to give out their views while indirect is through them selecting their representatives who are representing them in the meetings especially management meetings which they are usually not attending.

Basically, the study findings show that these three elements of good governance depend on one another in order to ensure effective and efficient achievement of organizational goals.

4.3.2 Health Managers Perception and Understanding of Good Governance in Ludewa District Hospital

The second objective of this study was to assess the hospital managers (DMO and the head of units' perception and understanding of good governance. This research objective was associated with the following research question, *what are the perceptions and understanding of health facility managers on good governance in Ludewa district hospital?* The assessment was conducted by using in depth interviews and the following is what they had to say about good governance based on the three guiding elements.

(i) Accountability

During the interview with the DMO, it was reported that accountability was in place and was understood as it was used as a tool of controlling workers behavior in the hospital; the same was true for transparency and participation. The DMO further reported the existence of the hospital governing body as being very useful in holding employees accountable for their actions. Therefore for him the existence of the board was indicative of the existence of accountability.

When asked about the possible benefits of accountability all members of the management individually indicated that accountability would promote effectiveness and efficiency of the workers and resulting in more outcomes in terms of services delivered by the hospital and greater satisfaction among the citizens with the quality of services offered. This observation on the possible benefits of accountability is consistent with the observation by Grinle (2010) who argues that accountability leads to organizational effectiveness and efficiency due to the competitive nature among service providers in trying to build more trust between service providers and the clients. Accountability is an important factor for an organization to have better performance

(ii) Transparency

The DMO reported that transparency was in place in the hospital and it is reflected by the presence of the Clients Charter and the government standing order which enable the hospital staff to know what they are supposed to do and what they are not supposed to do. In emphasizing on transparency at the hospital the DMO had the following to say

...The client charter and the standing order are very important on emphasizing good governance in the management of health services and for the case of transparency, they clearly indicate the boundaries of practicing transparency as an element of good governance as an instrument to promote it. This is because being too much transparent brings a lot of problems too in the hospital.

During interviews DHS and DHO reported the likelihood of disadvantages by b being too transparent in the hospital. The two officials said that being transparent in the management can have both, positive and the negative outcomes. Although the positive outcomes are the ones which are much needed for development but negative outcomes can be counterproductive in the hospital. To put more emphasis on this the DHS had the following to say

...Transparency when exceeded has its own problems to the organization and just to mention a few of them is that when transparency is of high level there is danger of reducing confidentiality of the documents. Documents which were not supposed to be exposed are likely to be exposed and this is not a good thing for

the organization. Also if transparency is of a high level it will affect the decision making process because many people will be aware of things going on.

This is the reason for the management team to restrict transparency to some extent. These findings are in contrast by those reported by Oliver (2004), who argues that transparency does not need to be restricted, it must have no limits but there must be more reinforcements on the rules and regulations. Everyone in an organization must be accountable for their actions. When everyone is accountable for their actions, no one can break the rules and make transparency a problem.

(iii) Participation

During the interview, participation in decision making emerged as the top element of good governance.

The advantages and disadvantages of participation in the decision making in the hospital were also discussed. On this point the DMO had this to say

...Participation is very essential for any organization to flourish but it has its own advantages and disadvantages, for the advantages participation improves confidence among the workers because when they are participating they feel that they are having a great value to the organization and this boosts their morale. Also participation promotes working relationships between employees and it bridges the gap between the top management and the subordinates and it is likely to develop efficiency of the workers. On the disadvantage side, participation leads to the delay of decision making because of the chain of people in decision making process.

According to the DHS employees are involved in making decisions because subordinates know more problems than is with the management. In addition, as the DMO reported as a hospital their role is to implement and promote good governance at all levels. Also, the DHS in said that decision making process is productive when subordinates are involved in the process. The findings are consistent with the observation by Gregor (1960) who argues that workers' participation basically involves creating opportunity and suitable conditions for people to influence decisions which

affect them. It is a special type of delegation in which the subordinates gain greater control, greater freedom of choice with respect to bridging the communication gap between themselves and the management. This serves to create a sense of belonging among the workers as well as a conducive environment in which both the workers would voluntarily contribute to healthy industrial relations. Workers always like to participate in the decisions which affect them.

4.3.3 Assessing the Satisfaction Level of the Staffs With Good Governance Practice at the Hospital.

This section discusses the third and final research objective which dealt with the assessment on the perception and satisfaction level of the staffs regarding health services management by the hospital; the associated research question *Are the staffs satisfied with good governance and their involvement in the management of Ludewa District Hospital?* This aspect will first begin with the assessment of the involvement of the subordinates in implementing accountability, transparency and participation in the hospital based on the structured questionnaire which was provided to the subordinates the second part will look at the perception will follow.

Satisfaction of the Staffs on Good Governance Practices

The following tables indicate the satisfaction of most employees with good governance practice at the hospital based on the three elements of good governance investigated in this study which were accountability, transparency, and participation.

(a) Accountability

Table 4.15 Staff Satisfaction with Accountability

	Frequency	Percent
Strongly satisfied	8	10.7
Satisfied	60	80.0
Not satisfied	6	8.0
Strongly dissatisfied	1	1.3
Total	75	100.0

Source Questionnaire data (2015)

Most (91%) of the staff were satisfied while the remaining 9% were not satisfied with the level of accountability at the hospital (Table 4.15).

(b) Transparency

Table 4.16 Staff satisfaction with transparency

	Frequency	Percent
Very satisfied	9	12.1
Satisfied	64	85.3
Dissatisfied	1	1.3
Very dissatisfied	1	1.3
Total	75	100.0

Source Questionnaire data (2015)

Staffs satisfaction with transparency was very high with 97.4% of the 75 respondents being satisfied or very satisfied and only two showed dissatisfaction (Table 4.16).

(c) Participation

Table 4.17 Staff satisfaction with participation

	Frequency	Percent
Very satisfied	9	12.1
Satisfied	64	85.3
Dissatisfied	1	1.3
Very dissatisfied	1	1.3
Total	75	100.0

Source Questionnaire data (2015)

Participation also is seen as an element which has satisfied many workers of the hospital and statistics shows clearly that over 93% of the respondents were satisfied with the level of participation in place (Table 4.17).

Those who were dissatisfied by the existence of these elements of good governance in the hospital cited the following reasons; the existing gap between the management team and the subordinates. These people do not believe if their views are clearly reaching the top management through their representatives and if they reach they do not believe that such views are given priority. Basically, according to the findings these elements are in place in Ludewa District hospital, and of the three elements discussed by the study, accountability exceeds all on the matter of existence where participation is good to some

extent especially for the subordinates because they feel their valued by the organization simply by involving them in the decision making process in the hospital. Also, the management seems to have high level understanding of good governance.

4.4 Summary of the Chapter

This chapter has focused on the findings of the whole study basing on the existence of accountability, transparency and participation at the Ludewa district hospital whereby all three elements were available in different ways as explained. The Chapter also looked at the management's perception, understanding and at various matters pertaining to good governance (Accountability, Transparency and Participation). in the management of health services Also it discussed the satisfaction level of the staffs towards good governance basing on the three elements which are Accountability, transparency and participation where by participation satisfied most of the employees by about 93% whereby the staffs were much satisfied with the participation in place . Also it was discovered that there are various bodies of holding the staffs and the management accountable for their actions.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary for the study on assessing accountability, transparency and participation in the management of staffs and delivery of health services at Ludewa district hospital. The Chapter also presents conclusion and recommendations based on the findings and discussion

5.2 Summary of the Study

As stated earlier, this study focused on assessing the existence of accountability, transparency, and participation in the management of health services in Ludewa district hospital. Specifically, the research was based on three specific objectives which were to

- i. Establish if Accountability is in place in Ludewa District Hospital, how managers perceived it and find the satisfaction level of the staffs on accountability,
- ii. Establish if Transparency is in place in Ludewa District Hospital, how managers perceive it and find the Satisfaction level of the staffs on transparency and
- iii. Establish if participation is in place in Ludewa District Hospital, how the managers perceive it and find the satisfaction level of the staffs on participation.

A case study research design was applied to the sample of 81 respondents who were selected using random sampling (75 staff members) and purposive sampling (6 respondents from the management team of the hospital). Data were collected by using both primary and secondary methods of collecting data.

Data were analyzed using descriptive and inferential statistics for contingency tables in SPSS and it was presented using tables. In depth interview data were analyzed thematically and direct quotations were used. The following were the findings of the study.

Firstly with regard to the presence of accountability, transparency and participation as elements of good governance in Ludewa district hospital, the findings revealed that all the three practices are present and they are implemented in various ways.

Accountability is present whereby seventy four (74) respondents to have been accountable for their actions and only one said that he was not accountable. The main method used to hold employees accountable included warnings and given opportunities to express themselves about their actions. Transparency on the other hand, was present as determined by the provision of the right information at the right time to the right individuals. The findings show that the hospital use the notice boards, mobile phones and daily meetings to deliver information. Most staffs participated either directly or indirect in decision making.

With respect to the second objective which aimed at understanding the health managers' perception and understanding of good governance, the management team was found to have several levels of accountability, others were accountable to the DMO and others were accountable to the DED. Transparency was in place and influenced by the clients charter and the standing order. Some disadvantages of transparency were revealed and the main one being the danger of reducing confidentiality. Participation was also in place as the subordinates were involved in the decision making process and this was effected mainly by involving them in meetings which were conducted on daily basis.

The third objective intended to assess the satisfaction level and involvement of staffs in matters regarding health services provided. Satisfaction levels were fairly high on all three elements of good governance

5.3 Conclusions

The study based on the assessment of accountability, transparency and participation in the management of health services delivery in Ludewa district hospital. The assessment described the presence of all the described elements of good governance. 93% of respondents said accountability was present, 95% said that transparency was present in the hospital and 89% of the respondents said that participation was in place. Although the elements of good governance are seen to be in place in the hospital, there are some

shortcomings due to some challenges like poor communication, power centralization, and bureaucracy.

Generally, good governance in health management system in Ludewa district hospital is good based on the three discussed elements which are accountability, transparency and participation.

5.4 Recommendations

(i) ***The government and other stakeholders should provide Governance education***

Education is very important to create awareness among employees on good governance and basically on the three elements discussed (accountability, transparency and participation). When employees are provided with the education related to good governance it will enable the subordinates to perform their duties and make the governance situation improve for the development of the hospital. This is because the study observed that most of subordinates were un-aware of their direct relationship between them and the management team and from this point general education on matters regarding governance comes in place due to its importance in making improvement to the service delivery.

(ii) ***The government and management should Improve working tools and the work environment***

Working environment and tools are very important in influencing the improvement of governance in the management of health services. The tools and environment includes network systems for providing information which at times has been reported to be delayed in reaching the subordinates from the management at the hospital. There is therefore a need to examine how information flow can be improved. This will improve transparency which is essential for both accountability and participation.

(iii) ***Participation level should be increased by the management***

Of all the elements considered for this study participation seems to be practiced not at the same level as those of other elements of good governance which are accountability and transparency. The extent of participation was low as 28% of the respondents said that they are not participating in the decision making in the hospital. The participation has to increase in order to improve efficiency and effectiveness of the organization is

based on the fact that if people are not participating they cannot be able to perform better because they do not feel involved and thus a sense of inclusiveness and ownership decreases due to lack of involvement in major decisions.

Towards improved governance

Good governance is an ideal which is difficult to achieve in its totality. Governance typically involves well-intentioned people who bring their ideas, experiences, preferences and other human strengths and shortcomings to the policy-making table. Good governance is achieved through an ongoing discourse that attempts to capture all of the considerations involved in assuring that stakeholder interests are addressed and reflected in policy initiatives.

5.5 Areas for Further Research

This study intended to investigate the existence of good governance based on three elements, other researchers can go beyond these elements, that is, accountability, transparency and participation and do further assessment on elements such as the rule of law, democratization and responsiveness in different sectors. Furthermore the study has focused on relations internal to the hospital management but to improve services to the hospital clients, studies should also cover governance issues pertaining to the health services to the communities.

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APPENDICES

APPENDIX I

SELF ADMINISTERED QUESTIONNAIRE FOR STAFFS



Assessment of Accountability, Transparency and Participation in the management of health services in Public hospitals; The case of Ludewa district hospital

Filling date:.....

1.General respondents information

Name of the respondent (optional).....

Please circle on the correct answer

[i] What is your working section(unit)?..

1. X-ray
2. Administration
3. Laboratory
4. Mortuary
5. Theatre
6. Pharmacy
7. Maternity ward
8. Medical Ward
9. Dental Unit

Others; Mention.....

[ii] What is your title in the hospital?

.....

[iii] Circle to indicate your age group?

1. Below 25 years
2. 26-35 years
3. 36-45 years
4. 46-55 years
5. above 56 years

[iv] Describe your sex?

1. Male
2. Female

[v] For how long have you been working in this hospital? circle the correct answer

1. below five years
2. five to ten years
3. eleven to fifteen years
4. sixteen to twenty years
5. more than twenty years

[vi] Circle to indicate your highest education level.

1. Primary education.
2. Secondary education
3. Certificate
4. Diploma
5. University degree

2. General questions on good governance

[vii] Does the hospital have any policy on good governance?

1. Yes ()
2. No ()
3. I dont know ()

[viii] If you answered yes how did you come to knowledge on the policy?

1. I saw the policy ()
2. I was told about the policy ()
3. Others ()

Justify:.....

[ix] Does your section have the policy on good governance?

1. Yes ()
2. No ()

[x] Which benefits do you get as an employee from good governance?

1. Reduces corruption ()
2. Emphasizes accountability ()
3. It enhances transparency ()
4. Improves participation in decision ()
5. Other ()

Justify

[xi] Which benefits do the hospital get from the good governance policy existence?

1. It will improve employees efficiency ()
2. It will emphasize accountability of the workers ()
3. It will strengthen communication ()
4. Others ()

Justify

3. Accountability

[xii] Are the workers in your section accountable for their actions?

1. Yes ()
2. No ()

[xiii] If you answered no in [xii] what causes them not to be accountable?

1. They are above the law ()
2. Poor leadership ()
3. Others

Mention

[xiv] If the answer is yes, how are they accountable?

1. termination ()
2. demotion ()
3. given chance to explain and defend their actions ()
4. warning
5. Others

Mention

[xv] Are the employees able to make their managers accountable?

1. Yes ()
2. No ()

[xvi] If you answered yes in (xviii) which ways are used to make them accountable?

1. Informing the higher management ()
2. Bringing complains into the meetings ()
3. Others

Mention

[xvii] What is your perception on how accountable is the management for their actions

1. Much accountable
2. Accountable
- 3 Not accountable

[xviii] How are you satisfied with the accountability in place?

1. Very satisfied ()
2. Satisfied ()
3. Dissatisfied ()
4. Very dissatisfied ()

4. Transparency

[xix] Are you given the right information regarding services provided by the hospital?

1. Yes ()
2. No ()

[xx] If the answer is yes in [x], which channels are mostly used to deliver such information?

1. Through notice boards ()
2. Through meetings ()
3. Through mobile phones ()
4. Others

mention

[xxi] . Is there transparency in the decision making process

1. At the unit level?
 1. yes ()
 2. no ()
2. At the hospital level
 1. yes ()
 2. no ()

[xxii] Who exactly provide information to you?

1. Head of unit ()
2. Health and security committee and representatives
3. Others

mention

[xxiii] Are the decisions made by the management reaching you in a timely manner?

1. very timely
2. timely
3. delayed

4. very delayed

[xxiv] what are the benefits to the employer and the hospital in general get due to working in transparent environment?

1. Reduces the gap for corruption ()
2. Emphasises accountability ()
3. there will be transparency ()
4. improves participation ()
5. others ()

others

[xxv] Are there any disadvantages of having much transparency in the management?

1. yes ()
2. no ()
3. I don't know ()

[xxvi] If the answer is no what are the likely disadvantages of transparency ?

1. Risk of leaking of confidential documents ()
2. Can lead to poor decisions ()
3. others ()

Mention.....

[xvii] How are you satisfied with the transparency in place?

- 1. Very satisfied ()
- 2. Satisfied ()
- 3. Dissatisfied ()
- 4. Very dissatisfied ()

5. PARTICIPATION

[xxviii] Have you ever participated in the decision making based on the services delivered by the hospital?

- 1. yes ()
- 2. no ()

[xxix] If no, what do you think are the likely problems (disadvantages) of not being involved in such matters?

- 1. disunity between the workers and management ()
- 2. poor service delivery ()
- 3. others ()

Mention.....

[xxx] Have you ever been given a platform to express your ideas, views and giving advice to the management on various matters in the hospital ?

- 1. yes ()
- 2. no ()

[xxxi] If the answer is no, what do you think hinders your chances of getting such a platform?

- 1. Power centralization by the management
- 2. the gap between the management and the subordinates
- 3. others ()

Mention.....

[xxxii] Do you have representatives in the decision making body of the hospital?

1. yes { }
2. no { }

[xxxiii] At which level have you participated in decision making?

1. Policy making level ()
2. Strategic level ()
3. Implementation level ()

[xxxiv] How have you participated in the decision making process?

1. consultancy ()
2. participating in the decision making ()
3. electing the representatives ()

[xxxv] How are you satisfied with participation in place?

1. Very satisfied ()
2. Satisfied ()
3. Dissatisfied ()
4. Very dissatisfied ()

THANK YOU FOR YOUR

CO-OPERATION

APPENDIX IV

INTERVIEW QUESTIONS FOR LUDEWA DISTRICT HOSPITAL ADMINISTRATORS.



1. Respondents name
2. Respondents age
3. Respondents title
4. Does the hospital have a policy on good governance?
 - (a) Does the hospital involve employees on policy formulation?
 - (b) Does the hospital's policy clearly stipulate the rights and responsibilities of the employer and employees?
 - (c) Is there an enforcement clause in the policy in case there is breach of the rules
5. If no written policy-which elements of good governance do you believe are in place in the hospital?
 - a) Accountability b) Transparency c) Participation d) Rule of law e) Others
6.
 - a) Does the hospital have a governing body?
 - b) If yes who are the members of the board?
 - c) How often does the board meet?
 - d) How many times did they meet in the last 12months?
 - e) When did they meet last?

7. What action can be taken against an employee who has refused to be answerable for his/her actions?
8. To whom are administrators accountable to? (Accountability management)
9. (a) How do you ensure that important information from the management is timely delivered to your subordinates?(Are important information delivered timely to your subordinates?)
 - (b) Which channel do you use in delivering such information
 - (c) Are there instances of important information to staffs from management being delivered late?
 - (d) If yes can you discuss what made the information delay to be delivered in time?
10. a) Are staff members who are not in management involved in deciding and giving out their views on various matters regarding their duties and responsibilities?
 - b) If yes in a), how are they involved?
 - c) If no, do you think governance can be promoted in that manner?
11. Can you give a description of how you practice the following dimensions of good governance and the problems you encounter in implementing them.
 - a) Accountability
 - b) Transparency
 - c) Participation
12. a) Are the needs of staffs of the hospital related to their work and working conditions responded to in time?
 - b) If no what are likely the causes of that delay?
13. Are there any plans for improving governance in the hospital? If the answer is yes –What are the plans- [If not What are the future plans for improving governance in the hospital]?

14. What are your recommendations towards improving good governance in the management of the hospital by considering the following elements

- (a) Accountability
- (b) Transparency
- (c) Participation