ST. JOHN'S UNIVERSITY OF TANZANIA

FACTORS CONTRIBUTING TO CORRUPTION IN PUBLIC HEALTH FACILITIES IN TANZANIA: A CASE OF REGIONAL REFERRAL AND MAKOLE DISTRICT HOSPITALS IN DODOMA

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By
ESTHER BOBA KHUMBE

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE MASTER OF ARTS IN COMMUNITY DEVELOPMENT (MA. CD) OF ST. JOHN'S UNIVERSITY OF TANZANIA

MASTER OF ARTS IN COMMUNITY DEVELOPMENT (MA. CD)
ST. JOHN'S UNIVERSITY OF TANZANIA

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RESEARCH SUPERVISOR'S CERTIFICATION

I, ESTHER BOBA KHUMBE certify that I have read and hereby recommend for acceptance by St John's University of Tanzania this dissertation entitled ***"Factors Contributing to Corruption in Public Health Facilities in Tanzania: A Case of Regional Referral and Makole District Hospitals in Dodoma"*** in fulfillment of the requirements for the Master Arts in Community Development of the St John's University of Tanzania.

.....

CANON DR. ALFRED SEBAHENE

(SUPERVISOR)

.....

DATE

DECLARATION

I, declare that the dissertation hereby submitted at St John's University of Tanzania, for the degree of Master in Community Development. It has not previously been submitted by me for a degree at this or any other university; that it is my work in design and in execution and that all material contained herein has been duly acknowledged.

.....

ESTHER BOBA KHUMBE

(STUDENT'S)

……

DATE

DEDICATION

This study is dedicated to My husband Benard Situma, my beloved mother Mary Boba, my two beautiful daughters Miranda Situma and Leila Situma and my sister Rufina Khumbe. To you I say, I have made it, your inspirations live on. Love you all.

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LIST OF ABBREVIATIONS AND ACRONYMS

FGD	:	Focused Group Discussion
PCCB	:	Prevention and Combating of Corruption Bureau
TI	:	Transparency International
UNDP	:	United Nations Development Programs
URT	:	United Republic of Tanzania
WHO	:	World Health Organization

ABSTRACT

The overall objective of this study is to identify and examine factors contributing to corruption in public health facilities in Tanzania; A case of Regional Referral and Makole District Hospitals in Dodoma. Specific objectives are:-To find out the causes of corruption in public health facilities, to assess the effects of corruption on health service delivery in Dodoma public hospitals and to find out government efforts to combat corruption in health sector. Research Questions include; what causes corruption in public health facilities?, how does corruption affect health care provision in public hospitals in Dodoma Urban? What efforts is the government of Tanzania taking to address corruption in health service delivery? Methodology for the execution of the study included literature review, individual interviews, Key Informant Interviews, Focus Group Discussion and observation. Results for factors contributing to corruption in Dodoma Referral and Makole District Hospital arranged in descending order are low wages and lack of allowances, political interference, circumstances and personal status, lack of ethics and moral decay, patients influence, imbalance of information, poor service and harassment. Effects of corruption included, misuse of money, economic burden to poor, inequality on patient care, inefficient low quality services, underdevelopment, less and poorly functioning medical equipment and women get less attention during delivery. The government of Tanzania is addressing corruption in health service delivery though Improvement of hospital facilities and structures by upgrading of the hospital to a referral level, capacity building of the staff and provision of health insurance for maternity and antenatal customers and corruption free campaigns in collaboration PCCB. It is concluded from the study that the major causes are; low wages and lack of allowance, poor service, un-certain circumstances, personal status, harassment, and imbalance of information, minor causes include lack of values ethics and moral decay and patients influence. Although Makole District Hospital recorded political interference as cause number one. It is recommended that improvements be done in Salaries, wages and incentives, involve collective efforts from the community and the most importantly improve service delivery systems.

CHAPTER ONE
INTRODUCTION

1.1 Chapter Overview

This chapter describes Factors Contributing to Corruption in Public Health Facilities in Tanzania; A Case of Regional Referral and Makole District Hospitals in Dodoma. The chapter also provides background information on the topic, statement of the problem, objectives of the study, research questions and the significance of the study. Furthermore the chapter provides ethical considerations that were used while carrying out the sudy.

1.2 Background Information to the problem

Corruption exists everywhere in the world and it becomes the norm particularly if the chances of being caught and severely punished are low and if it is a generally accepted or tolerated mode of behavior (Global Corruption Report, 2006; Einterz , 2001; Ewins *et al.*, 2006). Corruption at global level is considered as hindrance to development efforts and is considered a serious threat to good governance affecting health care and other socio service sectors. Global Corruption Report (2006), states that corruption can undermine social service delivery and has especially detrimental effects on the poor.

At regional level, Transparency International has identified Africa as the most corrupt region in the world among many low-income nations; corruption exists at all levels and affects the entire society (Global Corruption Report, 2006). It is public knowledge that not only government, politics, courts, police, immigration, business, and universities, but also public hospitals have been affected. Corruption is a development and social issue which becomes an impediment to change and a serious constraint on economic growth and poverty reduction. Many African countries were found to be faced by corruption in almost all sectors such as Education, Health, Home affairs, Finance Judiciary, Office of the Attorney General, Ministry of Industries Works & Communication, employment, Lands & Honing, Natural resources, Tourism, Media, Energy minerals, water and local government.

Corruption is a serious problem in most governmental institutions in many African countries, especially in the healthcare department (Ewins *et al*., 2006). Corruption is observed in countries or societies with weak judicial and legislative bodies and political instability. Fraud and corruption are key factors that seriously compromise access to safe and affordable medicine in most developing countries.

Corruption in African countries has become a development imperative. Corruption makes it possible for many grossly inefficient public enterprises to remain in operation at the expense of public subsidy (Global Corruption Report, 2006).

In Tanzania corruption has its roots in almost all sectors of the economy and Public Services. The Warioba Report (URT, 1996), reports that corruption is so rampart that even the officers in state organs responsible for administration of justice such as the department national security, the police, Judiciary and Ant-Corruption Bureau are also immersed in corruption. Over the years the practices have become a normal behaviour as the giver and receiver have accepted and believe that there is no fair consideration without corruption. Due to its widespread acceptance people have diluted the sting of the term by using alternative terms that are politer in Swahili as; Chai (tea), kitu kidogo (something small) mshiko and (hand grip). Furthermore other terms evolved over time but with the same meaning and those include words which were fired and less used during the first decades post-independence have become normalized and these include words like “rushwa”, “hongo”, “mlungula” and others according to geographic areas the Warioba Report (URT, 1996).

Transparency International (TI), the world’s leading non-governmental anti-corruption organization blessed with extensive global expertise and understanding of corruption indicates that corruption exists within healthcare to the extent that it has become normalized all over the world (Transparency International, 2006). According to WHO (2008), report all around the world, people suffer and die due to corruption in the healthcare sector. It disproportionally affects vulnerable groups, who do not have the knowledge, money or connections to access the care or products they need. While corruption can occur in every area of a health system, corruption from the highest levels will trickle down to effect healthcare received by patients at local health care facilities (Kamuzora, 2005; Global Corruption Report, 2006; Transparency International 2006).

The existence and persistence of corruption in health sector undermines the objective 3 of the sustainable development goals in Tanzania. In order to meet sustainable development goals of objective 3, the government of any state has to be responsible for providing essential goods and services to its citizens. These essential services and goods includes but are not limited to; security, good healthcare, education, infrastructure, water, electricity and other rights.

The government departments are fundamentally established to provide these public goods and services efficiently and effectively. Cockcroft (2014), claims that an efficient and effective public service is vital to sustain economic growth and poverty reduction. It is a major contributor to poor infrastructure, inadequate health care facilities and drugs, run down public institutions and increased poverty incidences among others.

However, evidence shows that corruption affects the provision of essential goods hence undermining the development of a given country. Corruption is a key element in economic underperformance and a major obstacle to poverty alleviation and development (Transparency International, 2006). A study conducted by Transparency International (2015), indicates clear examination of how the corruption affects public health policies and spending priorities. In the health sector has adverse consequences on the country's development.

Recent scholarly attention has focused on the relationship between weak governance and corruption (Lewis, 2007; Holmberg and Rothstein 2011; Brinkerhoff and Bossert, 2014; Cockcroft, 2014). Corruption is defined by Transparency International as 'the abuse of entrusted power for private gain'. Although Chipkin, (2012) claims that the term has a more varied conceptual history.

Corruption can undermine service delivery, and has an especially detrimental impact on the poor. According to Mary Robinson, former UN High Commissioner for Human Rights and former president of Ireland states "corruption literally violates human rights, as people are denied the care that their governments are obligated to provide." The Global Corruption Report (2006). Corruption emanates from two basic conditions namely: erosion and distortion of values and existence of opportunities. In the last 10 years, efforts to combat corruption have gained the attention of national governments, development partners and civil society organizations (Transparency International, 2015).

Corruption is pervasive in some countries more than others and it was not until a few years ago that the international donor community recognized corruption as one of the main responsibilities for the failure of sectors development in Africa (UNDP, 2015, TI corruption perception indices, EACC corruption surveys, Gupta *et al.,* 2000; Canfield, 2011).

Despite of the literature review on corruption; however, none of them have attempted to assess the factors contributing to existence of corruption in health service delivery in Dodoma public hospitals. It is for this reason a need arises for a research to be conducted in Dodoma and suggest the new measurements to combat it especially now when the population is dramatically increasing due to the Government shift from Dar es Salaam

1.3 Statement of the Problem and Justification

The development of any country depends on the health status of its people. The economic development is a result of the good health; hence the health sector seems to have a crucial contribution to development however, Cockcroft (2014), on his study found that poor infrastructure, inadequate health care facilities and drugs, run down public institutions and increased poverty incidences, among others, are the result of corruption on public health sector.

In 2016, Transparency International corruption perception index gave Tanzania a score of 32: Placing it in 116th position out of 176 countries and a second corrupt country in East Africa, proves that Tanzania has failed to improve on corruption index (Transparency International, 2016). The health sector was mentioned number two corrupt sector in Tanzania where number one is police force according to US Department of State report (2013).

The health sector corruption has very pernicious effects on the urban poor who have very limited ability to pay bribes for treatment. A study by Tibandebage and Mackintosh (2005), showed that the urban poor were subject to abusive, exclusionary and untrustworthy services. These findings were supported by later findings by Amnesty International which indicated that the inability to pay bribes has actually lead to the deaths of pregnant women (during childbirth) infants and increased rate of child mortality. Further evidence from Amnesty International on maternal health in Burkina Faso found that one of the primary causes of the deaths of thousands of pregnant women annually (including during childbirth) is due to corruption by health professionals (Amnesty International, 2013).

Further studies by Lewis on health care delivery found that poor women may not get critical health care services simply because they are unable to pay informal fees. “Poor and marginalized individuals can be denied access to necessary care if payments are required for health care services” (Lewis, 2000).

The International Monetary Fund in its report concluded that corruption has a significant, negative effect on health indicators such as infant and child mortality, even after adjusting for income, female education, health spending, and level of urbanization International Monetary Fund, (2005). Corruption affects health service delivery, accessibility, affordability, efficiency and equity at the same time (Lewis, 2007; Cockcroft, 2014), identified corruption at the service delivery level, unofficial user fees discourage the poor from using services or lead them to sell assets driving them further into poverty. Evidence also shows that corruptive practices are regressive, constituting a major burden on poorer households. Furthermore, corruption erodes the legitimacy of, and public trust in government institutions. Corruption 'shocks' can lead to the freezing of donor funding to the sector and the interruption of life saving services (Vian *et al.,* 2010).

The government of Tanzania in combating corruption dates back to 1968 (Bertelsmann Foundation, 2014). Many seminars have been organized and conducted with a view of addressing evil of corruption (Powell-Jackson, *et al.,* 2007). In hospitals health workers wear budges to make their identities clear to reduce the corruption practice as one finds difficulty to hide his/her name. Furthermore, UNDP supports national partners in anti-corruption to help reduce corruption while achieving sustainable development goals by providing anti-corruption policy and programs advisory services including coordinating anti-corruption initiatives at national level (UNDP, 2015). The UNDP in health sector succeeded in establishing the Department of Procurement and Management and the Ministerial The anti-corruption programs also supported by World Bank, UNICEF, Economic Development Institutions and Bilateral Donors. The other actors in fight against corruption in Tanzania include civil society, multilateral initiatives, Commission for Human Right, Media and Open Government Partnership concerning all government sectors.

The most recent survey rounds, 2012 and 2014 shows that Tanzanians have given the government more negative rating on its performance in fighting corruption. People also express concern that the level of corruption increased between 2013 and 2014. Shortage of medicine, equipment and essential working gears. International assessment by Transparency International (2013b), indicates that the situation in Tanzania is deteriorating. In 2013 Global Corruption Index shows the 69 percent of respondents perceive the level of corruption in Tanzania to have increased. In 2013-2014 results shows that corruption becomes worse and policy making less transparent than the previous year (World Bank, 2014).

Despite the above mentioned initiatives, corruption seems to persist. It is for this reason that a need for research emanated to assess factors contributing to existence of corruption in health service delivery in Dodoma Urban public hospitals. The study will therefore assist both the government and the community to fight against, combat and prevent corruption.

1.4 Research objectives

1.4.1 Overall objective

The overall objective of this study is to identify and examine factors contributing to corruption in public health facilities in Tanzania: A case of Regional Referral and Makole District Hospitals in Dodoma.

1.4.2 Specific objectives

i. To find out the causes of corruption in public health facilities.
ii. To assess the effects of corruption on health service delivery in Dodoma public hospitals.
iii. To find out government efforts to combat corruption in health sector.

1.5 Research questions

i. What causes corruption in public health facilities
ii. How does corruption affect health care provision in public hospitals in Dodoma Urban?
iii. What efforts is the government of Tanzania taking to address corruption in health service delivery?

1.6 Significance of the study

This study will first of all add value to the knowledge on the current issues pertaining to corruption in health service delivery in Tanzania and beyond. It is envisaged that the study will encourage the government of Tanzania and public service providers to acknowledge the effects of corruption in the health sector and the ongoing need for all stakeholders to work diligently towards addressing the problem.

Secondly, the study will inspire the government of Tanzania, development partner, donor agencies, and researchers to a new level of awareness on ways, urgent needs and possible best frameworks to tackle corruption in the health sector. To a more specific focus, the study will enable these and other various stakeholders, at different levels, to give consideration to the problem by incorporating anti-corruption initiatives in their work. In so doing, we contend that;

To the government, this study will propose principles concerning proper management of public affairs and public property; issues of fairness, responsibility and equality before the law and the need to safeguard integrity and to foster a culture of rejection of corruption in health services provision in public hospitals in Dodoma and beyond.

To development partner and donor agencies, this study will highlight the importance of careful planning, corruption focused policy making and health sector delivery implementation process that will ensure corruption is given space as a crosscutting issue that needs clear strategies to tackle it.

To corruption researchers and students, this study will challenge them to understand how the discourse of, and the changing nature of corruption can best apply to the need for further research. The study will show that further research and study is not only a critical imperative, but also the prerequisite for addressing corruption in health service delivery in Tanzania and beyond.

1.7 Scope of the study

The scope of the study is Dodoma Urban public hospitals. The researcher chose to be based in this area because of the emerging challenges such as expected huge influx of populations following the government's decision to implement the shift to Dodoma. Demands for health services are expected to increase drastically while the capacity to provide remains constant. These factors will create room for corruptive practices in the sector.

1.8 Chapter summary

In this chapter the researcher has given explanation on the background information and the statement of the problem of the current study in the context of reviewing existing literatures relevant to corruption. The chapter has also described the objectives of the study, purpose of the study, significance of the study and definition of terms.

CHAPTER TWO
LITERATURE REVIEW

2.1 Chapter overview

This chapter provides definitions of key terms, concepts, main theories and empirical literature review on the subject matter. The chapter further reviews literature relevant to the research problem. A systematic review of literature on the existing research named; ‘’Factors contributing to corruption in public health facilities in Tanzania; A case of Regional Referral and Makole District Hospitals in Dodoma’’. The chapter review included books, journal articles, papers as well as media. The aim was to get an insight and highlight to the gaps in knowledge to be filled by the study. A good number of relevant research reports, both broad and specific concerning the study topic. It ends by providing a conceptual framework to guide the study.

2.2 Empirical literature review

Empirical literature review refers to the kind of knowledge derived from literature based on or characterized by observation and experiments instead of theories (Kumar, 2005). Generally Empirical literature review is concerned with what has been learned from literature review. This study examines factors contributing to corruption in health sector with a special focus to Dodoma public hospitals, effects or impacts on communities and measures to address the effects and impacts.

2.2.1 Corruption in health service delivery systems

Corruption in the health sector is a global issue. According to corruption perception surveys (U4 Anti-Corruption Report, 2016) over 50% of respondents in many countries perceived high levels of corruption in the health sector and the magnitude is significant in both rich and poor countries (Transparency International, 2016). Humanity has been plagued by corruption as long as it has been fighting diseases. Yet it is only in the recent years that the international community recognized the immerse costs and pervasiveness of corruption, including its devastating effects on human health. Health related corruption negatively affects society in areas of economic growth, development, and security and population health. Health sector corruption is accentuated by system complexity, large public spending, market uncertainty, information asymmetry and many actors all of which obstruct anti-corruption efforts. Although the true cost of corruption is difficult to measure but it is paced in billions of dollars. However, the true cost for the millions of people who suffer from compromised access to life serving health services is immeasurable (Vian *et al.,* 2017).

Health related corruption is diverse in its forms and broad in its scope. It can infiltrate various domestic and international health systems and stakeholders. Health related corruption is pervasive in low and high income countries alike. Corruption also impedes attainment of the" right to health "a fundamental human rights principal enshrined in the international law including the universal declaration of human rights and World Health Organization constitution (WHO, 2013).

Poor governance, marked by weak institutions, absence of rule of law, lax enforcement of health policy creates conditions for corruption. This then can contribute to health system failure and deprive citizens of access to even basic health services. SDG 3 focuses on "ensuring health lives and promoting well-being" with targets including quality and essential health services and medicines, increasing health financing, strengthening country capacity to deal with health emergencies. Yet achievement of SDG 3 and its targets is threatened by the presence of corruption. SDG16 focuses on promoting access to justice and accountable and inclusive institutions while; 16.5 specifically call for "substantially reducing corruption and bribery in all its forms (WHO, 2013).

Though several studies of corruption have shown several types of corruption, the most common are Grand corruption and Petty corruption. The Grand corruption has been defined by Transparency International (IT) as acts committed at a high level of government that distort policies or the central functioning of the state, enabling leaders to benefit at the expense of the public good while the petty is as everyday abuse of entrusted power by low- and mid-level public officials in their interactions with ordinary citizens (Transparency International, 2015).

According to Pellegrini & Gerlagh (2007), corruption is a predicament that has entrenched itself in all sectors, both in developed and developing countries. Corruption is found to be more prevalent in the developing countries manifesting itself in different forms under different environments and contexts and therefore rendering it impossible to have a universal definition that encompasses all. However, corruption has widely been defined as" abuse or misuse of public office and funds for personal gain." Due to its nature of secrecy corruption is sometimes referred to as "Quiet corruption" The idea of quite corruption is when public service that are due to poor people are not delivered to them even though somebody has paid for them (Pius, 2012).

According to Kivoi (2012), corruption is motivated by the spirit of private gain at the expense of public interest. However, Lawal (2007) asserts that where corrupt practices have become entrenched, large scale corruption co-exists with petty corruption by which officials at almost every level request payment to perform tasks or provide services.

Studies indicate that both private and government hospitals are facing corruption as a big issue which setback the objective of the ministry of health. In reality the ministry aims to provide health services equally to all individuals without any consideration of wealth, poverty or famousness of an individual, who is looking for health services. Contrary to the aim of the ministry patients are evidenced to be struggling to get health services in most Tanzanian hospitals.

2.2.2 The magnitude of corruption in Tanzania

Tanzania is one of the peaceful and resource rich countries in Africa. It has been experiencing a rapid expansion of extraction activities for minerals, oil, land for potential agriculture and gas (Bjerk, 2010). Since post-colonial in the 1990s the country had strong economic growth and is predicted to be one of the fastest growing countries in the world over the next decade (Cooksey, 2012). However According to the later analysis this growth does not change the status of the country as reducing the poverty and one of the obstacles is corruption.

According to TI (2013b) Tanzania is ranked number 33 corrupt country out of 100. Despite the government anti-corruption efforts, Tanzania continues to suffer from rampant corruption. However, when benchmarked against its neighbors Kenya, Uganda and Mozambique the country perceived to be better (World Bank, 2012).

In 2016 transparency International corruption perception index gives Tanzania a score of 32: Placing it in 116 places out of 176 countries in the report and become a second corrupt country in East Africa that proves that Tanzania fails to improve on corruption index (Transparency International, 2016).

A survey done in Tanzania by US department of state (2013) found that police forces were considered more corrupt followed by local health authorities then followed by Tanzania electric supply and the Tanzania Revenue Authority is the fourth. Therefore, the health sector is one of the areas that are seriously prone to corruption.

2.2.3 Corruption in health service delivery systems

Corruption in the health sector is a global issue. Corruption perception surveys by U4 Anti-Corruption, (2016) indicated over 50% of respondents in many countries perceived high levels of corruption in the health sector and the magnitude is significant in both rich and poor countries (Transparency International 2016) but it is in the developing world that its effects are most destructive.

Corruption in health service is a form of dishonest or unethical conducted by a person entrusted with a position of authority, often to acquire personal benefit in health services (Vian, 2017). Corruption may include many activities including bribery and embezzlement.

Grand corruption may be more universally considered criminal/unethical; the often blurred lines between gifts, socially accepted favors and bribes, and other historical and social factors make it hard to define other forms of corruption across nations (Repo, 2006). Even within a given country, not everyone will agree on the nature of corruption. The different types of corrupt practices can also be identified by reviewing the processes of the health care delivery system and examining the potential risks and abuses that could occur within them.

Petty corruption is associated with health providers includes absenteeism (not showing up for work yet claiming a salary), theft (of medical supplies or pharmaceuticals) and demand for informal payments for services that are supposed to be free. Petty corruption of this sort has a direct impact on the poor by denying them access to services and thereby jeopardizing their health (DFID, 2010). Both private and government hospitals are facing corruption as a big issue which setback the objectives of the ministry of health. It is true that the ministry aims to provide health services to all individual without any consideration of wealth, poverty or famousness of an individual, who is looking for health services. Contrary to the aim of the ministry patients are struggling to get health services in Tanzanian hospitals.

2.2.4 Perspectives on the Causes of corruption in the Health Sector in Tanzania

National health policy is aimed at providing direction towards improvement and sustainability of health status of all people by reducing disability, morbidity, mortality, improving nutritional status and raising life expectancy. The policy recognizes that good health is a major resource essential for poverty eradication and economic development (URT, 2003).

The health sector is one of the priority sectors of the Tanzania Government Development vision and the health policy is reflected in in the annual incremental increase in budgetary allocation which currently stands at 11% and which is set to rise to 14%. Tanzania Development vision 2025 also identifies health as one of the priority sectors. Among its main objective is realization of health service goals which are access to quality primary health care to all, access to quality reproductive care to all, reduction to infant and maternal death rate and universal access to life expectancy, gender equality in health. Mission 2.3.1 is focused to facilitate the provision of equitable, quality and affordable basic health services, which are gender sensitive and sustainable delivered for the achievement of improved health status especially for those at most risk. Yet the achievement of the mission and the goals is threatened by the presence of corruption.

In an effort to achieve National Development Goals the impediments brought about by health system challenges must be addressed and these include but not limited to; the shortage of health care workers, health commodity stock outs, Insufficient financing. Without significant improvements in health care the country faces the risk of overwhelmingly an already- fragile social service system and eroding future economic gains. Tanzania has therefore embarked in Collaboration with USAID on a program known as Health Systems Strengthening Strategy 2013-2918. The program focuses on improvements in health care systems in a sustainable way.

The global corruption report (2015) describes two major forms of corruptions. The drug companies and manufacturers of medical equipment's and the factor that make the health sector prove to corruption. In health service include (B)"bribery and regulations and medical professionals, manipulation of information on drug trials, the division of medicines and supplies and corruption in procurement "they further state that in countries like Tanzania, the main type of corruption in health system is informal or illegal payments for service, absenteeism and illicit use of public facilities for kickbacks and graft in the purchase of medical supplies, drugs and equipment prevalent abuses relate to counterfeited, drugs, selling faulty equipment's, miss-presenting the quality or necessity of medical supplies and conflict of interest between purchaser, provider and researcher. The drugs companies and manufacturers of medical equipment's and the factors that make the health sector prove to corruption.

Some of the common corrupt practices in the health sector identified include different acts as absenteeism, theft of medical supplies, informal payments, fraud, weak regulatory procedures, opaque and improperly designed procurement procedures, diversion of supplies in the distribution system for private gains and embezzlement of health care funds. (UNDP, 2011), each of these practices alone represents a major challenge in many developing countries. Those entrusted with health services provision engage in unethical behaviors such as corruption. Although not all of these servants are involved in corruption practice in hospital health services but those few who engage in this evil practice distort the image of heath profession.

The health care system is entrenched on transparency, accountability and integrity at all levels of service delivery and when weak creates a room for the attack of corruption due to ineffective and inefficient health care system (Bester, 2007). Among the other key reasons for corruption in the health sector are weak or non-existent rules and regulations, over-regulation, lack of accountability, low salaries and limited offer of services (i.e., more demand than supply) (Transparency International, 2006). Francis and Edmeston (2012), argue that although not all of these servants are involved in corruption practice in hospital health services but those few who engage in this evil practice distort the image of heath profession.

Poor pay is now a sufficient justification for demanding bribes by service providers making a habit of taking bribes: Muhondwa *et al.,* (2008) quoted from a respondent; (I)"i can't go home without anything. Therefore, I go back home with 10,000/= or 15,000/= with my salary untouched. This is a habit they have formed." *[Siwezi kurudi nyumbani bila kitu. Kwa hiyo natoka na shillingi 10,000/=, au 15,000/= na mshahara wangu uko pale pale. Kwa hiyo haya ni mazoea wamejiwekea wenyewe].*

The findings also indicate that some of the service providers involved in corruption during their pre-service training days, that they themselves paid bribes to senior officials in the health sector in order to influence outcomes of bureaucratic processes in their favor, and to pay bribes for services in other sectors (Muhondwa *et al.,* 2008).

There is uncertainty in health markets; this makes it difficult for policy makers to manage resources. In other words, adequate predictions about when individuals will fall sick and the exact nature this is compounded by emergence of humanitarian emergencies when medical care is needed urgently and oversight mechanisms have to be bypassed. The fact that the health care systems are complex and they involve a large number of parties makes it difficult to have transparency (Savedoff & Hussmann, 2007).

Further studies in health sector prevail on imbalances of information. Health professionals have more information about illness that patients and pharmaceutical and medical companies know more about their products than the public officials entrusted with procurements decisions. Information is not shared equally among the health sector actors that were identified above. Cockcroft (2014), argues that the healthcare providers know more about the medical services they deliver than their patients; pharmaceutical companies know more about their products than health care providers; health insurers may know more about the health status of their clients than health care providers and patients themselves; and finally, patients may have certain information about their health status that they may not share with health care providers and insurers. The high degree of discretion given to providers in choosing services for patients put patients in a vulnerable position. Gap in information regarding various types of services provided within the health sector create room for all sort of financial abuses and exploitation in which the health consumers are all.

Furthermore, there is uncertainty in health markets a phenomenon that makes it difficult for policy makes to manage resources. The study conducted by Vian *et al.,* (2010), concluded that this is compounded by humanitarian emergencies when medical care is needed urgently and over sight mechanisms have to be bypassed. The fact that the health care systems are complex and they involve a large number of parties makes transparency a difficult task.

Shortage of health workers is another factor facilitating to corruption in health service delivery (Muhondwa *et al.,* 2008), quoted from the unknown person (Y) “you have one doctor being shunted around to attend to patients in different sections. He knows that if you want his attention you have to wait because there is no alternative. You are therefore tempted to try and influence him by paying a bribe”.

2.2.5 Evidence on the effects of corruption

In developing countries such as Tanzania corruption in health service delivery become a matter of life or death. A recent study by Amnesty International on maternal health in Burkina Faso found that one of the primary causes of the deaths of thousands of pregnant women annually (including during childbirth) is due to corruption by health professionals (Amnesty, 2010). Poor women may not get critical health care services simple because they are unable to pay informal fees.
Further evidence comes from an International Monetary Fund (IMF) report. This report shows that corruption has a significant, negative effect on health indicators such as infant and child mortality, even after adjusting for income, female education, health spending, and level of urbanization (Gupta *et al.,* 2000).

A review of research on informal payments found evidence that informal payments for care reduce access to services by making care less affordable, especially for the poor. The evidence supported by the report of BBC news online magazine (2014) (B) "but in developing countries, corruption is a killer. When governments are deprived of their own resources to invest in health care, food security or essential infrastructure, it costs lives and the biggest toll is on children".

According to Lewis (2006), corruption affects health outcomes by reducing government funding available for health services. Private companies are reluctant to invest in countries with high levels of corruption, which lowers overall economic growth. This in turn means less revenue available to the health sector. Even within the health sector, resource allocation decisions may be distorted because it is easier to solicit a large kickback on a hospital construction contract or on the purchase of expensive, sophisticated medical equipment than on primary health care programs.

According to Lewis (2006), states that Corruption in the health sector has a negative effect on access and quality of patient care. As resources are drained through embezzlement and procurement fraud, less money is available to pay salaries and fund operations and maintenance. This can demoralize staff, lower the quality of care, and reduce the availability and utilization of services. Studies have shown that corruption has a negative effect on health indicators such as infant and child mortality and there is evidence that reducing corruption can improve health outcomes by increasing the effectiveness of public.

According to U4 Anti-Corruption Resource Centre (2015), bribes to avoid government regulation of drugs and medicines have serious negative effects on health. Allowing medicines of sub-therapeutic value to be sold can contribute to the development of drug-resistant organisms and increase the threat of untreatable pandemics. Corruption in the form of theft or diversion of drugs can lead to shortages of drugs in government facilities, which may discourage people from seeking medical care. Procurement corruption can lead to inferior public infrastructure as well as high prices that government pays for materials, leaving less money for service provision.

Through the above evidence it is clearly argued that corruption hurts health outcomes unreasonably and it is the poor who are affected the most and discouraging them to use the service. Vian *et al.*, (2010), elaborated that corruption lead poor into becoming more poor as it makes them sell their assets in order to get money which they use to bribe in getting service.

In the public health sector corruption is said to hamper efficient and effective service delivery (Lawal, 2007). Efficient and effective service delivery means that the citizens must be able to access the services physically and also be able to pay as required by the policy. Hence, any variable that interferes with the availability and affordability of the services will impact negatively on efficiency and effectiveness of health service delivery.

Corruption also affects health policy and spending priorities, and can be deadly in some instances. Likewise, the interesting study done by Transparency International (2006), states that where policies and priorities are ineffective will leads to bribes and therefore avoid government regulation of drugs and later will leads to increased disease resistance and death. Globally 10% of all drugs are believed to be fake, while in some African countries the figure can amount to 50%. An estimated 10-25% of public procurement costs for drugs are lost to corruption (TI, 2006).

2.2.6 Government efforts in fighting corruption in Tanzania

Efforts by the government of Tanzania's to combating corruption dates back to1968. According to research carried by Bertelsmann Foundation (2014) Tanzania begun this war with the creation of one of the oldest Anti-corruption commission in Africa called "Independent Anti-corruption commission". Later on Tanzania Government enacted the prevention of corruption Act no. 16 of 1971 which led to creation of Anti-Corruption Squad, a Law Enforcement based entity, the oldest in

Africa which commenced operations in 1975.The countries anti-corruption practices were strengthened in 1995 by the then new president Honorable Benjamin Mkapa who declared a “war” over corruption (Cooksey, 2011).

The battle included appointing a Presidential Commission Against Corruption in the country and formulate recommendations. In 2005 the president Jakaya Mrisho Kikwete who was the fourth president after Mkapa renewed the countries commitment to fight corruption and now the battle is still on with the 5th president John Pombe Magufuli.

The President wasted no time to put his intentions into actions, immediately after swearing in of the New Government, he started by taking administrative and Legislative actions to fight corruption. Likewise, Citizen Newspaper of February 16th 2016 report claims that Special Anti-Corruption Division has been established in the High Court on July, 2016. Regulations to control Court proceedings are underway. Many Tanzanians have high hopes in Honorable Magufuli. However, some fear their president is fighting corruption lone battle. A study done by Muyunyi (2006), supported the evidence from one of respondent (H)” he is really trying, and that is why those who are used to take bribes are opposing him. We must back him in this struggle”.

Members of the public have been encouraged by the President’s zeal and have been providing necessary information that has enabled the Government to discover massive tax evasion and other maladministration. Now major corruption scandals are being exposed on media by members of public who are confident now that action will be taken (Citizen Newspaper of February 16th 2016).

According to United Republic of Tanzania, Ministry of Health and Social Welfare Health Sector Strategic Plan IV (2015-2020), states that the government initiatives in health sector will implement the policy of cost sharing which is a strategy to generate revenue for health providers to supplement funds provided by government to facilitate provision of quality health care including an adequate supply of drugs .It includes receipts from user fee revenue from the community Heath Fund and matching grant fund and reimbursement from the National Health Insurance Fund. The aim of cost sharing is good but it seems to be not well understood by the Tanzanians, The patients were required to give bribe so as to qualify for the service.

Many seminars have been organized and conducted with a view of addressing evil of corruption. Powell-Jackson *et al*., (2007), underwrites that the "health sector improved in 2015 after the world Bank groups Board of Executive Directors approved an Us$ 200 million for the purpose of improving the quality of primary health care with the focus of maternal, neonatal and children health service and the salaries of health workers but still does not change the perspective of taking bribes. In hospitals the health workers conditioned to wear budges to make their identities clear to reduce the corruption practice as one finds difficulty to hide his/her name. Along that there are posters and bill boards urging people to hate bribes and not to pay bribes at hospitals. Suggestion box are provided at health centers for people to report the circumstances related to corruption. However, the practice persists.

Findings by Muhondwa *et al.,* (2008), shows that only a 30% agree to the fact that the government is effective in the fight against corruption in the health sector. In essence, the majority of respondents held the general position that the government is not effective in the fight against corruption. When asked to give reasons for their stance, they pointed out that corruption is rampant despite some efforts. They further concluded that the government is paying a leap service, not keen on implementation meaning ineffectiveness. The recent events on grand corruption scandals that implicated the top government figures including the boss of anti-corruption bureau are a testimony that very little is being done to fight corruption in the society in general and in the health sector in particular. These findings are opposite from those reported by Repoa (2006), which indicated that the government was doing fairly in handling corruption in the public sector.

2.2.7 Level of awareness on corruption at the public health facilities

The study done by Muhondwa *et al.,* (2008) indicated that a survey of health workers interviewed during the survey were aware that corruption was rampant in the health services, and about one-fifth of them admitted to having taken a bribe at one time or another. Likewise, service providers are aware of the negative impacts of bribes, but they seem to see it as a necessary evil. Consequently even those who do not engage in such corrupt practice do not appear to view it with moral indignation when they see colleagues involved in it, and 'looking the other way' in the face of corrupt practices by colleagues hence they do nothing about it Muhondwa *et al.,* (2008), found that it is this high level of tolerance for corrupt practice which is manifest in the experience of the young mystery client.

A doctor refers to a colleague as “pedeshee” (A rich man) who has no problem giving money to beautiful ladies in anticipation of getting sexual favors, as if it was an endearing adjective.

Despite of the literature on corruption; however none of them have attempted to assess the factors contributing to persistence of corruption in health service delivery in Dodoma Urban public hospitals. This unknown phenomenon has driven the desire for the research to identify and examine the factors contributing to corruption in health service delivery in Dodoma Urban Public Hospitals and suggest the new measurements to combat it.

2.3 Theoretical definition of key concepts

2.3.1 Health care and health facilities

WHO (2000) defines health care as the maintenance and improvement of health though diagnosis, treatment and prevention of diseases, illness, injury and other physical and mental disabilities in human beings. Health care facilities include structures, equipment tools and medications.

2.3.2 Health workers

According to WHO, 2000, health workers include health professionals both providers or practitioners and all allied professions such as dentists, pharmacy, psychologists optometry, medicine nursing and physicians.

2.3.3 Patient

A sick or ill person receiving or registered to receive medical treatment (WHO, 2000).

2.3.4 Corruption

Corruption is defined as “abuse of public or entrusted power for private gain”, corruption in the public sector occurs when a government agent who has been given authority to carry out public service goals instead uses his or her position to further personal interests (Coxson, 2009). Generally, Kamuroza (2005), indicated that corruption especially in public sector is a result of economic, social and cultural factors.

2.3.5 National health policy

National health policy is aimed at providing direction towards improvement and sustainability of health status of all people by reducing disability, morbidity, mortality,, improving nutritional status and raising life expectancy. The policy recognizes that good health is a major resource essential for poverty eradication and economic development (URT, 2003).

2.3.6 Health system

A health system consists of all organizations, people, and actions whose primary intent is to promote, restore, and or maintain health. It can be conceived of as having components namely, finance, human resources, governance, information, service delivery and supply chain (WHO, 2000).

2.4 Chapter summary and Research gap

Corruption is one of the greatest challenges of the contemporary world. Both private and government hospitals are facing corruption as a big issue which setbacks the objectives of the ministry of health and challenge the number 3 goal of the sustainable development goals. It is true that the ministry aims to provide health services to all individual without any consideration of wealth, poverty or famousness of an individual, who is looking for health services. Contrary to the aim of the ministry patients are struggling to get health services in public hospitals. Despite efforts by the Government to combat corruption, a study done by Transparency international shows that the government of Tanzania failed to combat corruption in all sectors (Transparency International, 2015).

Corruption is still a threat to the stability and security of societies, undermining the institutions and values of health services, ethical values and justice and jeopardizing sustainable development of health care. It has a wide range of corrosive effects on societies including effect on health services. It, leads to violations of human rights in getting health care, distorts markets on drugs and medicine, erodes the quality of life and causes other threats to human life which increases pregnant women death during delivery and children mortality. Combating corruption is an issue in health delivery. Women are a category most affected by corruption and their input as to how to combat corruption might be of help in trying to solve the problem associated.

Researchers' views on the strategies to be employed to tackle corruption might be of significant. With an increased awareness of the detrimental effects of corruption on health care development, strategies to fight it are now a top priority in policy circles. Yet, in countries ridden with systemic corruption, few successes have resulted from the investment in health services.

More specifically, the analysis reveals that while contemporary anticorruption reforms are based on a conceptualization of corruption as an obstacle in health service provision. Literature review indicate Inadequate studies have been carried that target existence of corruption at regional level in Dodoma. Taking into consideration the currently unexpected government shift to Dodoma, population is expected to increase drastically while health facilities remain static. Chances are that the demand for services will drastically increase while the capacity to provide service may not have improved that fast hence creating conducive environment for corruptive practices. It is for this reason that this research is necessary. This study therefore aims to identify and examine factors contributing to corruption in public health facilities in Tanzania; A case of Regional Referral and Makole District Hospitals in Dodoma

CHAPTER THREE
METHODOLOGY

3.1 Chapter overview

Research methodology details the methods that were employed in execution of the project. It provides information on collection of data both primary and secondary as well as the criteria for selection of the study area, sampling methods and sample size Important variables to be considered, data processing and presentation are also detailed (Kothari, 2004). Based on the above, the chapter describes the study area, demography, research design, sampling design, data collection methods, instruments and tools used to collect data, validation and data analysis procedures. The research was based on both primary and secondary data. Social economic survey adopted both structured and non-structured questionnaires; focus group discussions guides were prepared. Familiarization of the research area was done. Research logistics based on all the necessary requirements and all administrative were met together with ethical considerations and limitation employed in the gathering of information.

3.2 Research design

It is a plan that describes conditions and procedures of data collection. According to Babbie and Mouton (2009), a research design is defined as a plan or structured frame- work of how one intends to conduct the research process in order to solve the research problem. Furthermore it can also be defined as a program to guide the researcher in collecting data, analyzing and interpreting findings (Bless *et al*., 2006). A case study was used in this research because it entails the detailed and intensive analysis of a single case. The design is also flexible in terms of data collection, analysis as well as in-depth study of the variables.

In this study the researcher opted to use both quantitative and qualitative approaches. Quantitative approach because some data will be in terms of numbers, figures and percentages hence will need to be measured and explained. Qualitative approach will also be used because of its rich and fruitful descriptions which give the reader a feeling for social setting instead of formal neutral tone with statistics. The qualitative research emphasizes the importance of social context for understanding the social world and the present study involves a community in a social setting. (Neuman, 1994; Mugenda & Mugenda, 2003).

3.2.1 Materials and methodology

Material requirements in this research include: human resource both qualified and non-qualified, documents for literature review, writing materials, reliable transport and financial resources. Methodology for this research included mixed research methods in which both qualitative and quantitative techniques were employed. Data collection methods that were used include Individual interviews, Focus Group Interviews, Key Informants Interview and documentary review. According to Creswell et *al.,(*2004), such methods assist in adding richness of the research.

3.3 Study area

The study was carried in Dodoma Municipality. Administratively the Municipality is divided into four divisions and thirty four wards (DMC, 2013) and occupies the major part of urban area.

3.3.1 Geographic location

Dodoma municipality is located between 34^0-36^0 Longitude and 5^0-80 Latitude within the Dodoma region about 485 Kilometers from Dar es salaam along the Dar es Salaam–Mwanza trunk.

3.3.2 Land area and topography

The Dodoma Municipality covers an area of 276,600 square kilometers. With the exception of Isenberg's, most of the area is a flat land characterized by seasonal rivers and gullies.

3.3.3 Climate

Dodoma region has a dry savannah type of climate, which is characterized by a long dry season lasting between late April to early December and a short single wet season that starts in late December to early April. The region lies in a rain shadow behind the mountainous area of Dodoma in the eastern side.

3.3.4 Vegetation

Dodoma is comprised of sparse vegetation as a result of human influence and climatic factors. The common type of vegetation is the arid type characterized by the stunted thorny thickets and isolated *Accacia* species, *Cacti* and *Brachistegia* species.

3.3.5 Temperature

Temperature in the region varies according to altitude but generally the average maximum and minimum for October to December are 31^0C and 18^0C. June – August are 27^0C to 28^0C and 10^0C to 11^0C respectively.

3.3.6 Demography

The total population of Dodoma Municipality according to the National Bureau of Statistics (2012) is 410,956 although the figures are expected to be more taking into consideration the declared shift of the government to Dodoma.

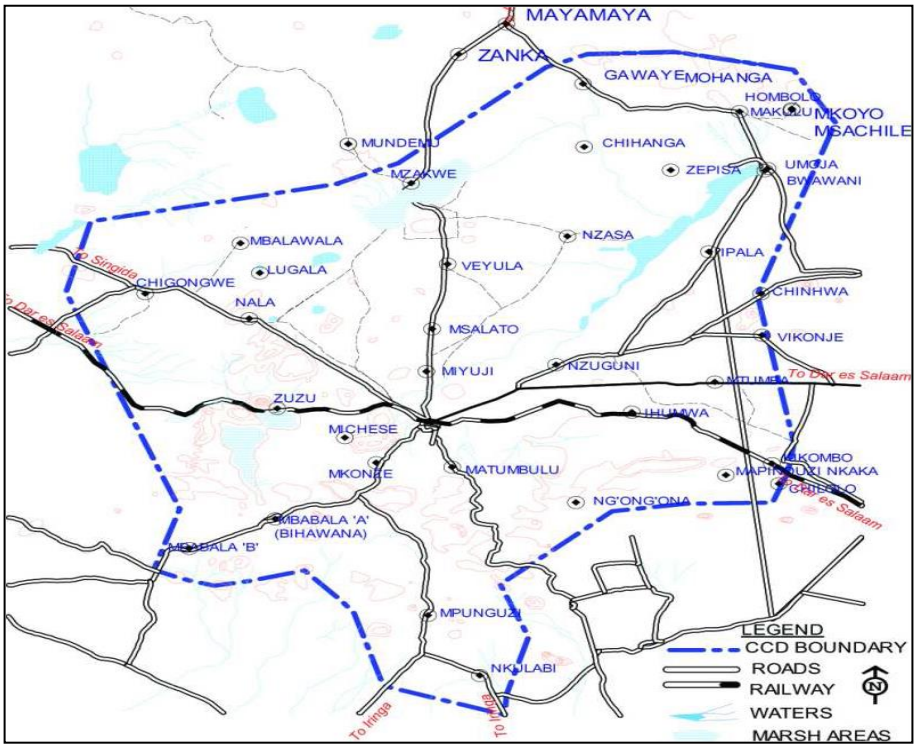
3.3.7 Major economic activities

The major economic activity within the urban core is employment, business ,petty trading and entrepreneurship. In the periphery, the major economic activities include farming, pastoralist and bee keeping (TBS, 2010).

3.3.8 Health facilities

Major health facilities in Dodoma Urban area include Dodoma region Referral, Benjamin Mkapa, Makole, ST. Gemma and Dodoma Christian Medical Center (DCMC).

Plate 3.1 : A map showing Dodoma Urban District



Source: National Capital Masterplan, (1976)

Plate 3.2: Photo of Dodoma Urban

Source: Internet on may 2rd at www.tanzaniatourism.go.tz

3.4 Sampling and Sampling procedure

Feasibility is the major reason for sampling (Sarantakos, 2000). A complete coverage of the total population is seldom possible, and all the members of a population of interest cannot possibly be reached (Yates, 2004). And in this case it was not possible to reach all people in Dodoma Urban who were considered the population of the study area. Therefore, in sampling and sampling design four main issues were abided to namely, sampling frame, sampling unit, sample size and sampling techniques. Both random and purposive/convenience sampling were adopted based on the research problem in order to increase sample efficiency and ensure key treatment and comparison. De Vos (2005), states that, in purposive sampling, a particular case is chosen because it illustrates some feature or process that is of interest for a particular study. It is further indicated that in purposive sampling the researcher searches for information-rich key informants, groups, places or events to study. Berg, (2001), noted that convenience sample is sometimes referred to as an accidental or availability sample. This category of sample relies on available subjects – those who are close at hand or easily accessible. For the purpose of the current study; simple random sampling for interview respondents, purposive sampling for professional and key informants, together with convenience sampling was employed for the hospitals under research.

3.4.1 Sample frame

According to Hesse-biber *et al.,* (2004), the sampling frame is defined as the targeted population from which the sample is drawn and to which the sample data is generalized. Population is defined as an entire group of individuals or objects having a common observable characteristic (Kothari, 2008). Population for this study in particular will be comprised of health workers, patients, and community members found within the vicinity of the Dodoma Referral and Makole District Hospitals.

3.4.2 Sampling unit

The sampling unit consists of the units into which an aggregate is divided for the purpose of sampling. Each unit being regarded as an individual and indivisible when the selection is made (Kothari, 2004). In this case the interview respondents include randomly selected patients and some health workers, Key informants and Focus Group Discussion included professional health workers purposively selected.

3.4.3 Sampling techniques

Sampling technique is a definite plan for obtaining a sample from a given population. According to Kothari (2004), a sampling technique is a procedure that was adopted by the researcher to select items for the sample. The technique is important in reducing biasness in the findings. Therefore in this study random, purposive and convenience sampling methods were used. Random and convenience sampling were used for interview respondents while purposive sampling was used for selection of the hospitals and key informants.

3.5 Sample size

According to Kumar (2005), the larger the sample the more representable it is likely to be and more generalized in the results of the study are likely to be. Both purposive and simple random sampling techniques were employed using the equation described by Kothari (2004).

The sample size (n) of this study is calculated using the formula;

$$n=N/1+N\ (e)^2$$

Where:

N = Population size

n = sample size

e = the margin of error at 10%

Hence;

$410,956/1 + 410,956 * (0.1)^2$

$= 410,956/ 1+410,956*0.01$

$= 410,956/ 1+ 4,109.56$

$= 99.97$ almost 100

The ideal sample size was **100** people however to facilitate even distribution a sample size of 180 respondents was adopted.

The sample of 180 respondents was drawn from convenience sampling technique in both two hospitals. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenience accessibility and proximity to the researcher.

The researcher managed to interview a total of 110 individual represented by outpatients, in patents, health worker and community members in which 70 were selected randomly from Dodoma Referral Hospital and 40 were selected from Makole hospital. Data were also collected from purposive selected 60 members of the Focus Group Discussions and 10 key informants. In total, data for this study were collected from a total sample size of 180 respondents. The researchers further used observation and documentary review techniques in order to supplement information collected from other data collection instruments

Table 3.1: Respondents that constituted the sample size

Category of the informants	N	Responded	Total
Randomly selected	110	110	110
Key informants	10	10	10
Focus Group Discussion	60	60	60
Total sample size	**180**	**180**	**180**

3.6 Data collection methods

Data collection is the process of obtaining proof in an efficient and logical way to establish answers to the research problem (Dawson, 2002). Data collection is important in research as it allows for dissemination of accurate information and development of meaningful program (Kothari, 2004). In the current study both primary and secondary data were collected to generate reliable and accurate information.

3.6.1 Primary data

Refers to data collected by the researcher directly from the field (Cohen et al, 2000; Kothari, 2004). In this research primary data involved socio economic data collected from the interview respondents, Key Informants and Focus Group Discussion for factors contributing to corruption in public hospitals in Tanzania; A case of Dodoma Referral and Makole District Hospitals.

3.6.2 Secondary data

Secondary data refers to the data collected from secondary sources such as reports, monographs and by reviewing a wide range of documents (Hesse-biber *et al.,* 2004). In this research secondary data contributed to supportive data for factors contributing to corruption in public hospitals in Tanzania; A case of Dodoma Referral and Makole District Hospitals. Other sources include publications, journals, research reports, official reports and newsletters. The obtained secondary data were used to supplement information from primary data.

According to Christmas (1997), data collection is the term used to describe a process of preparing and collecting data, keep on records, to make decisions about important issues and to pass information. In the current study various research methods were deployed to obtain the necessary information that was useful in addressing the intended research questions. Techniques and instruments used included in-depth interviews and observations, Key informants Interview and Focus Group Discussion.

3.6.3 In-depth individual interviews

The information from the respondents was collected through in-depth individual interviews. In depth interviews is a data collection technique that involves oral questioning to respondents. According to Dessler, (2015)" An interview is a procedure designed to obtain information from a person's oral response to oral inquiries" An interview involves direct face to face communication with the respondents who are asked to answer questions concerning the research problem. (Bless *et al.,* 2006 ; Dessler, 2015), defined an interview as a procedure designed to obtain information from a person's oral response to oral inquiries. The interviews were comprised of structured to unstructured questions which were designed on giving general answers and leading to more question on the other way. One instrument per interviewee was used in data collection. 110 respondents were involved from the two hospitals under the study.

The respondents included individual patients, health workers and community members whom were considered important for more reliable information and data collection.

3.6.4 Key informants interview

According to Kothari (2004), interviews are interpretive research methods aimed at understanding and interpreting subjective views. In the current study, interviews were conducted among the key informants using unstructured questionnaire as described by Dawson (2002). Respondents were purposively selected based on their knowledge of the subject matter and the relevant positions they hold. Ten (10) respondents were involved.

3.6.5 Focus Group Discussion (FGD)

Focus Group Discussion is a qualitative method used purposely to obtain an in depth analysis on the concept, perception and ideas of the group regarding data (Kothari, 2000) group conversations as a part of the study. Krueger (1994), defines a Focus Group Discussion as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment free from interruptions. It is conducted with between five and eight people led by the interviewee. The focus-group discussion was conducted with any group of people found in the hospital fields and community members who visited hospital during the data collection period.

In this study all participants were asked the same questions. The questions were directly posed to the participants and the answers recorded immediately to create field-notes. on factors contributing to corruption in public hospitals in Tanzania; A case of Dodoma Referral and Makole District Hospitals. Sixty (60) individuals were involved. Seven discussion groups of 6 - 8 people were used to make it manageable and reliable where; five were from Dodoma Referral Hospital and two from Makole District Hospital. The Focused Group Discussion involved community members found in the hospital grounds who grouped themselves. Focus group interviews were conducted during day time because the people meet outside the wards for resting during work time and also community members go to visit their patients during the day, they are not to sleep at the hospitals. Each of the participants was given a number to pin on themselves to avoid using names for the purpose of confidentiality.

For a better understanding Swahili language which was commonly used and understood by the majority was used. Information obtained from the FGD sessions was used to triangulate and validate information and responses obtained from other techniques.

3.6.6 Observation method

The observation method is a method which provides the study with the opportunity to accumulate rich data and develop an in-depth understanding of the subject under investigation (Kothari, 2004: Cohen & Manion, 2000). According to McLeod, 2015, Observation means (W) “watching what people do”; studies the natural and everyday set-up in a particular community or situation, (De Vos *et al.,* 2001). He elaborated that it would seem to be an obvious method of carrying out research in social science. Observation could be overt/ disclosed that the participants know that they are observed or covert/undisclosed that the researcher keeps their real identity as a secret from the research subject, acting as a genuine member of the group.

In this study observation is suited because the researcher used the covert method to observe the acts or service relating to corruption in natural setting hence obtaining reliable information. Brink (2012), describes observation as a technique for collecting descriptive data on behavior, events and situations. All observations must be checked and controlled. The researcher attempted to describe events or behaviors as they occurred, with no preconceived ideas of what will be seen.

Acts that indicate the existence of corruption were observed while staying on queues as an outpatient and visiting hospital wards and the daily services at hospitals. The standard patient’s outlooks were also observed how they dress and how they talk. The researcher aimed on observing to gain a direct experience of the situation in the public hospitals.

3.7 Validity and Reliability

Validity and reliability are the two components aimed at controlling the quality of research (Dawson, 2002). Validity and reliability are factors in which any quality researcher should consider during the designing of a study; analyzing data and judging the quality of study and were observed and abided to during the course of the study.

3.7.1 Validity

According to Ary and Sorensen (2006); Cohen and Manion, (2000), validity refers to the degree/ extent to which the study accurately reflects or assesses the concepts in the respective study. According to Christman (1997), validity is a measure of accuracy and whether the instruments of measurement are actually measuring what was intended to be measured. In this study validity was ensured through pretesting of the questionnaires before commencement of the field study as insisted by Hesse-Biber *et al.,* (2004). Standards were set on construction of the questionnaires and interview question to specifically reflect the research objectives.

3.7.2 Reliability

According to Fraenkel and Wallen (2006), reliability is the degree to which scores obtained with instruments are stable measures of what the instrument measures. The extent, to which an individual responds on a survey stayed the same overtime, was a sign of reliability.

3.8 Data processing and analysis

Data on factors contributing to corruption in public hospitals in Tanzania; A case of Dodoma Referral and Makole District Hospitals were first screened to detect errors and omissions and thereafter classified, coded and entered in the computer to enable computerized analysis. Data analysis is a systematic process that involves organization and contravention into manageable units, searching for patterns, discovering what is important and making a decision on how to inform others (Kothari, 2004).

Data analysis is the categorizing, manipulating and summarizing of results to obtain answers to asked research questions. It involves examining what has been collected and making deductions and inferences. The data given by interviews was analyzed with a qualitative content analysis. Content analysis is a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns (Hsieh & Shannon, 2005). Personal information was analyzed using descriptive Statistics. From this, measures of central tendencies like percentages, frequencies, mean, mode, median and standard deviation were generated.

In this case survey data on socio demographic characteristics such as perception and participation were analyzed by excel package of Microsoft 2010 according to Christman, (1997) & Kothari, (2004) who advocate analysis of socio-demographic data into simple descriptive statistics such as means, frequencies, average and percentages and presented in tables, figures as described by Dawson (2002) and Hesse-Biber *et al.,* (2004).

The data from discussions was analyzed by classifying the respondent in the provided group. The main themes were brought into light after analyzing data manually using personal insight. The content analysis was used to operationalize themes and make meaning and significance of the study. The basis of thematic approach emphasizes the clustering and presentation of material information was found across all responses. Necessary explanations were analyzed based on the findings followed by summation of conclusions and recommendations.

Codes were developed to create themes at several levels. The codes which identified covers the most explicitly ideas specifically associated with special words and phrases. The given ideas or phrases meaning which are well understood in a given society. When arguments on perception of concepts explored differ significantly the themes were created based on the different arguments including codes which differ or have no connections with the ideas or concepts identified at the first level of coding process. The last level of coding includes hidden ideas and perception of the argument. Other respondents hide arguments and their perception deliberately hence making it difficult for the researcher to understand perceptions. Such situation creates difficulty in creating objective codes and tend to interpret what she believes are possible.

3.9 Data presentation and interpretation

Tables and charts were used to present the data to enhance understanding and depiction of the breakdown of various aspects under the study. In the process of interpretation the findings obtained during the study were combined with the qualitative content about perceptions of different target groups. Collectively the entire data was transcribed and put into summary Based on major themes as described by Cohen and Manion, (2000), while refraining from using personal and general knowledge of corruption in the process of coding. Contextual understandings were used to construct the overall situation of corruption in public hospitals so that findings are placed in appropriate context.

3.10 Ethical consideration

According to Sulivan (2001) social researchers are bound to ethical considerations in their studies. Informed content is the major ethical issue in conducting research. It is insisted that a person gives consent for interview or discussion knowingly, voluntarily and in a clear mind. Informed consent seeks to incorporate the rights of the autonomous individuals through self-determination while preventing assaults on the integrity of the respondent. Respect of privacy and invasion of privacy happens when private information on beliefs, attitudes, opinions and records is shared among members without the knowledge and consent of the information provider

In this study ethical considerations were observed from the onset of the research. All the administrative organs and respondents were made aware of the intentions of the research and therefore had participated in the research being informed and knowingly. Confidentiality and privacy was adhered to. Sieber, (1982) defined privacy as “that which normally is not intended for others to observe or analyze” Each respondent was assured of being secure while participating in this study and that there shall be no serious risk. They were further guaranteed that their responses were going to be kept confidential. Research respondents participated voluntarily without being promised something or forced against their will.

3.11 Operational Definition of Terms

This is the definition of the terms that were used frequently in the study and are intended to provide a common basis for conveying meaning and how they would imply in the entire study. These include:

Corruption

In this study, researcher adopted and uses Transparency International (2015) definition of corruption which defines corruption as: “the abuse of entrusted power for private gain”. Corruption can be classified as grand, petty and political, depending on the amounts of money lost and the sector where it occurs. Globally, two types of corruption were identified as grand corruption and petty corruption.

Grand corruption consists of acts committed at a high level of government that distort policies or the central functioning of the state, enabling leaders to benefit at the expense of the public good. Petty corruption refers to everyday abuse of entrusted power by low- and mid-level public officials in their interactions with ordinary citizens, who often are trying to access basic goods or services in places like hospitals, schools, police departments and other agencies (UNDP, 2015).

Health Service Delivery

The World Health Organization (2008) defines Health Service Delivery as service provision or delivery. It is an immediate output of the inputs into the health system such as the health workforce, procurement and supplies and financing. Increased inputs should lead to improved service delivery and enhanced access to services. Ensuring availability of health services that meet a minimum quality standard and securing access to them are key functions of a health system.

Public Hospitals

Public hospitals are run and owned by the United Republic of Tanzania under the Ministry of Health and managed by District Health Boards. Public hospitals are set up to provide quality care, and to ensure that as many people as possible have access to elective services. Currently, hospitals provide a variety of publicly funded health and disability services such as medical, surgical, maternity, diagnostic and emergency services. The range of services offered by an individual hospital is affected both by the size of the local population and the services offered by other hospitals in the region (Hauora, 2013). Among these hospitals in Dodoma are Dodoma Referral Hospital and Makole District hospital. Other hospitals which we were not included in the study are Benjamin Mkapa, St GEMMA, Mirembe and DCMC.

Patients

The patient is in most cases ill or injured and in need of treatment by advanced practice registered nurse, physiotherapist, physician, physician assistant, psychologist, podiatrist, veterinarian, or other health care provider assistant, psychologist, podiatrist, veterinarian, or other health care provider (WHO, 2008) .

Health Workers

WHO (2008) defines health workers to be all people engaged in actions whose primary intent is to enhance health.

3.12 Limitations of the study

Corruption is a sensitive issue that creates fear of communicating to most people such that they refuse to speak anything about it. Long patient queues waiting for services limited the appointments for interviews with health workers. Other schedules of the respondents at work place were also a challenge and limiting factor for effective data collection. Lack of adequate funds due to economic constraints and limited time made me fail to reach other public hospitals.

The study was carried for nine month since the inception of the first research proposal. The study was limited to the Dodoma Referral Hospital and Makole District hospitals which were considered the most probable areas to get good results for corruption cases.

3.13 Chapter summary

The Chapter has presented the background of the study area the methodology used in the study, research design; sampling and sampling technics were considered. Though an ideal sample size of 100 was calculated, based on convenience and reliability a sample size of 180 was used. Data collection methods included individual interviews, Key Informants Interviews, FGD and observation methods were adopted. Data analysis was done through Microsoft Excel and presented in terms of charts and figures. Validity and reliability together with ethical considerations and limitations were adhered to.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1 Chapter overview

This chapter deals with the analysis and interpretation of the data collected in the field. The experiences of the respondents in terms of factors contributing to corruption in public hospitals in Tanzania; A case of Dodoma Referral and Makole District Hospital health service delivery in Dodoma Public Hospitals were considered. The interviews were administered to inpatients, outpatients, health workers and community members who visited hospitals during data collection period. Research question were used to meet the objectives of the study.

4.2 Results

The findings of the study were based on the research objectives. The researcher has therefore investigated, presented, analyzed and interpreted the findings from the interviews held with inpatients, outpatients, health workers and community members.

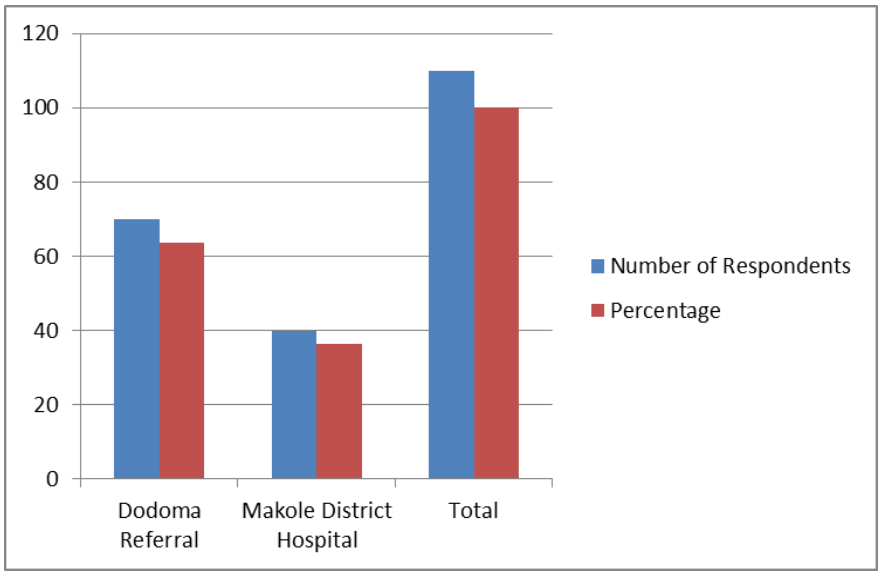
Two government hospitals were selected and surveyed. Respondents were selected randomly while key informants and FGD members were selected purposively and for convenience respectively.

In this study petty corruption was mentioned as the type of corruption in health service delivery. The actors of this type of corruption were categorized as a giver and receiver. A giver is found to be a patient and a receiver is a health worker. No common definition was provided by respondents on their understanding of the term corruption. Corruption was mentioned to be understood in different ways depending on the existing situation.

4.2.1 Distribution of respondents by hospitals

Distribution of respondents for interviews was as presented in Figure 4.1. Seventy respondents (70) equal to (63.63 %) were from Dodoma Referral Hospital and thirty respondents (30) equal to (36.36%) were from Makole District Hospital. All respondents were represented as health workers, inpatients, outpatients and community members.

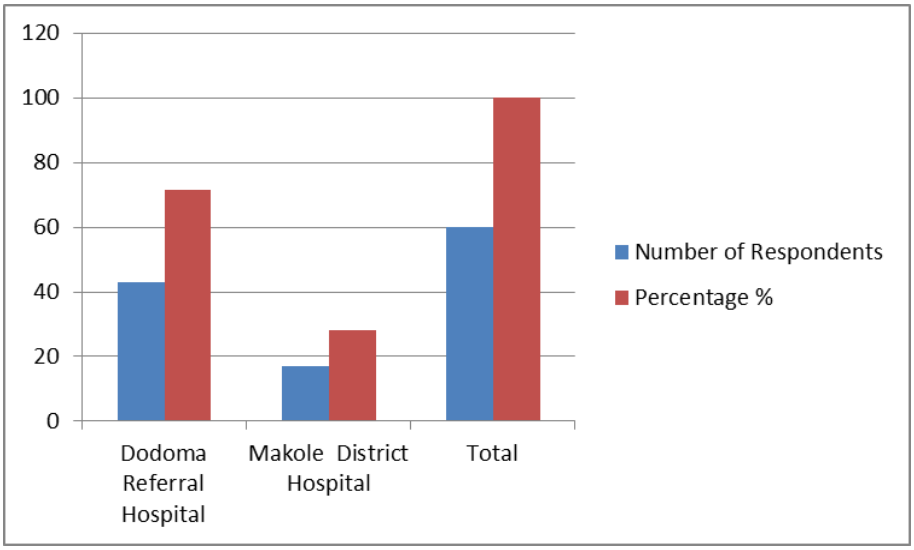
Figure 4.1: Distribution of Respondents by hospitals



4.2.2 Distribution of respondents for Focused Group Discussion

Focused Groups Discussions were represented by Forty three respondents (43) equal to (71.67%) from Dodoma Referral Hospital and seventeen respondents (17) equal to (28.33%) from Makole District Hospital making a total of sixty respondents. Analyzed data is presented in Figure 4.2.

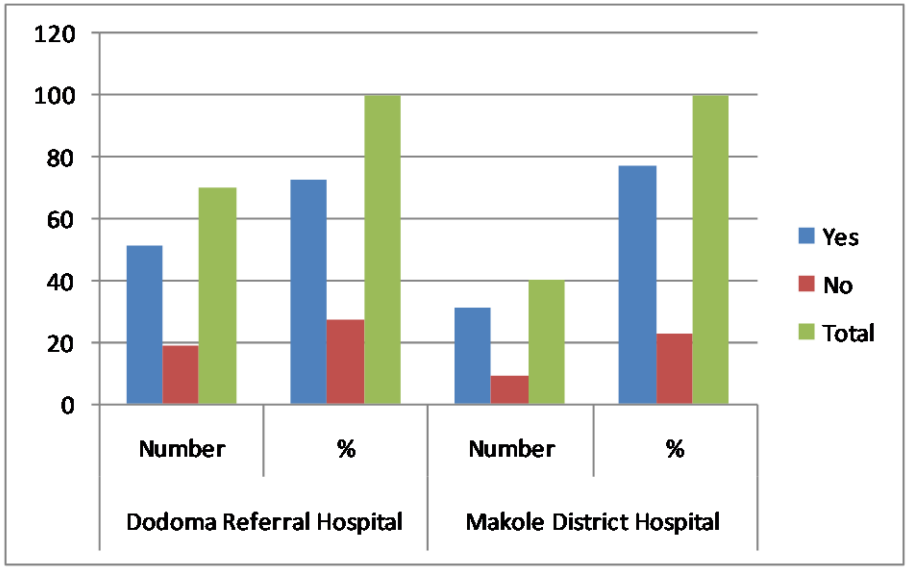
Figure 4.2: Distribution of respondents for focused group discussion by hospitals



4.2.3 Experience of corruption among respondents

Fifty one Respondents (50) equal to (72.8%) of total respondents from Dodoma Referral Hospital confirmed to have received or offered bribes as compared to thirty one respondents (31) equal to (77.5%) out of 40 respondents from Makole District hospital. A small number of nineteen respondents (19) equal to (27.14%) in Dodoma Referral Hospital and nine respondents (9) equal to 22.5% from Makole District hospital denied not have given or received bribes.

Figure 4.3: Distribution of respondents who experienced corruption in health service delivery



4.2.4 Factors contributing to corruption in health service delivery in Dodoma public hospitals

Results for factors contributing to corruption in Dodoma Referral Hospital presented in figure 4.4a indicate that low wages and lack of allowances ranked number 1 with (15%), both circumstances and personal status score (13%), poor service (12%) harassment and imbalance of information both scored (11%), lack of values, ethics and moral decay (10%), patients influence scored (9%) and political interference (6%). While results from Makole District Hospital presented in figure 4.4b, indicate that political interference ranked number 1 by (18%). Lack of ethics and moral decay together with patients influence both scored second at (14%), harassment scored (11%), imbalance of information (11%), poor service and personal status both scored (9%), circumstances (8%) and low wages/lack of allowances (6%).

Figure 4.4a: Factors contributing to corruption in Dodoma Referral Hospital

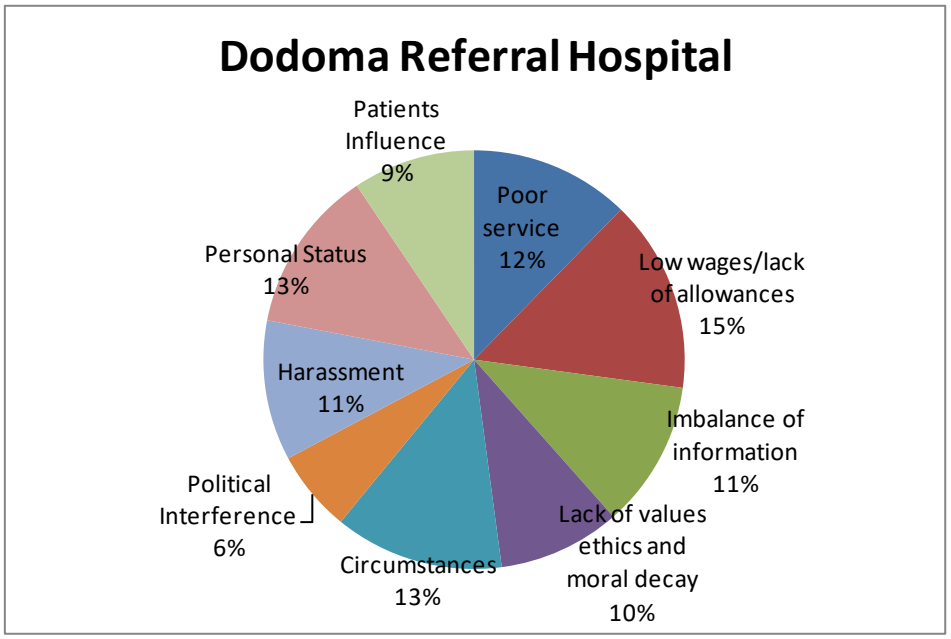
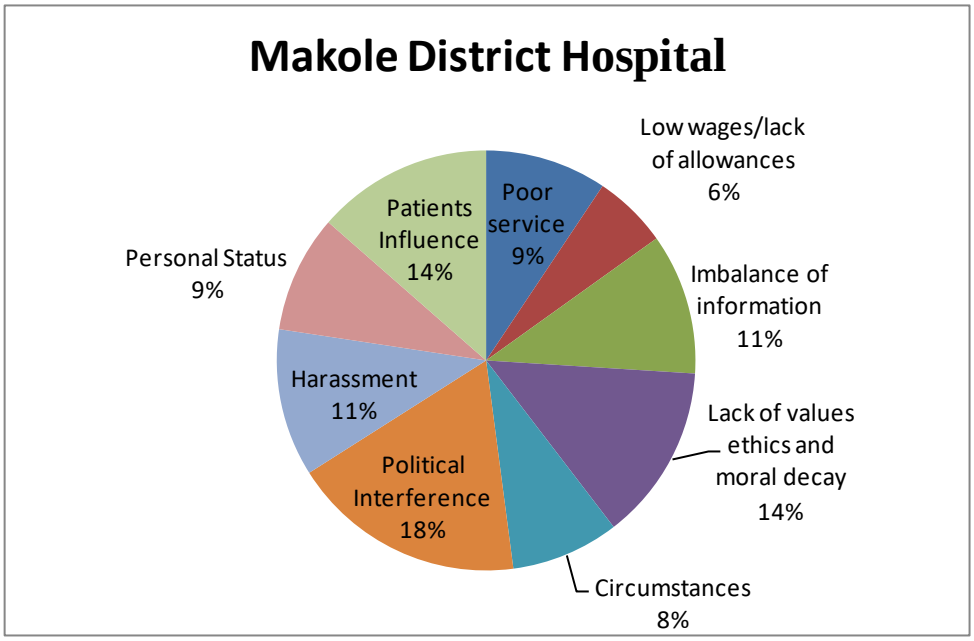


Figure 4.4b: Factors contributing to corruption in Makole District Hospital



4.2.5 Effects of corruption in service delivery

Data results from the two hospitals differed significantly. Respondents from Dodoma Referral Hospital indicated Misuse of money (18%) as factor number one, Inequality on patient care (17%), inefficient, low quality service (14%) Underdevelopment (14%), Less and poorly functioning medical equipment (14%), Women get Less attention during delivery (13%) and Burden to poor (10%). Respondents for Makole District Hospital ranked number one burden to poor at (22%), followed by Less and poorly functioning medical equipment (15%),Women get Less attention during delivery (16%), Underdevelopment (15%), Inefficient, low quality service (14%), Inequality on patient care (9%) and the least misuse of money at(9%).

Figure 4.5a: Effects of corruption in Dodoma Referral Hospital

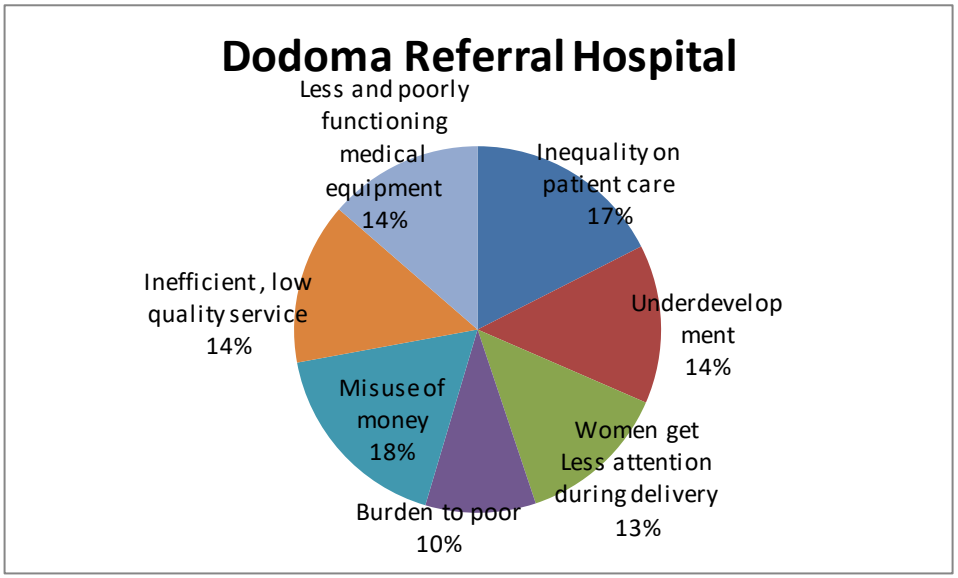
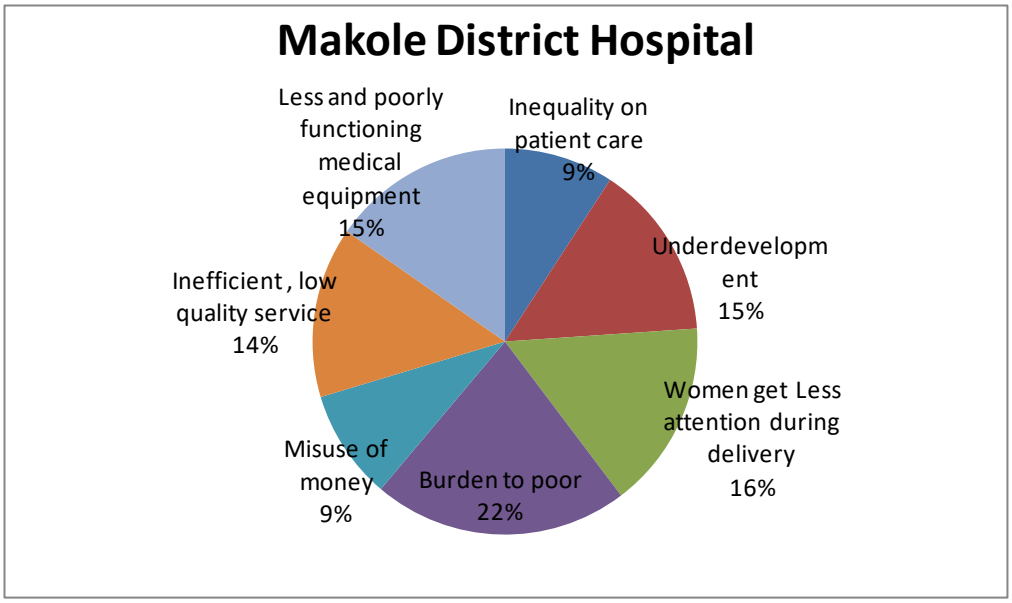


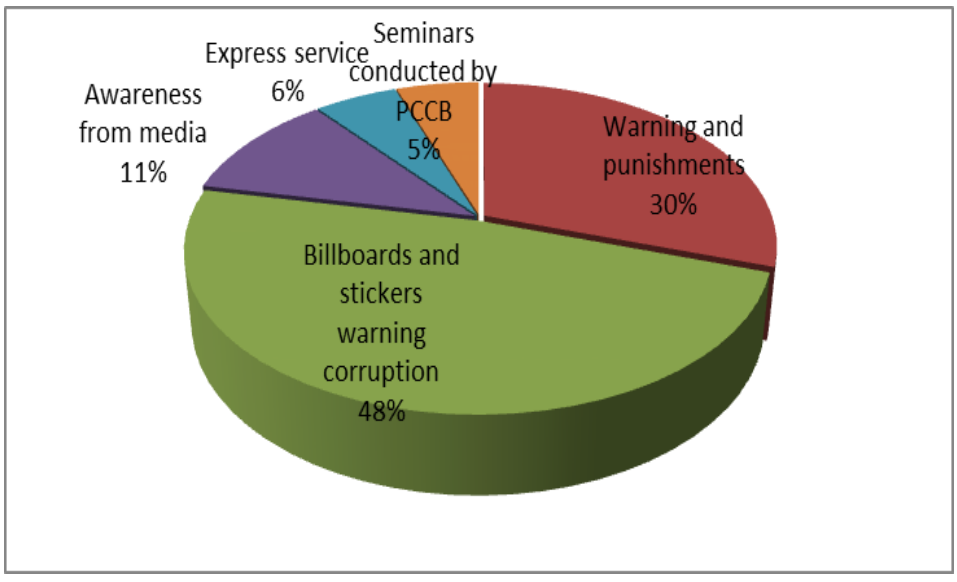
Figure 4.5b: Effects of corruption in Makole District Hospital



4.2.6 Government efforts to address corruption

The results of this study in are indicated in figure 4.6. It is found out that Warning and punishments are used by 30%, Billboards and stickers warning on corruption by 48.1%, Awareness from media by 10.9%, providing express service by 5.5% and seminars conducted by PCCB 5.5%.

Figure 4.6: Government efforts to address corruption



4.3 Discussion

4.3.1 Factors contributing to existence of corruption in health service delivery in Dodoma public hospitals

Findings from this research indicated the following factors to have contributed to the existence of corruption in Dodoma public hospitals. Presented factors, mentioned in Dodoma Referral Hospital were based on the frequency at which they were mentioned in figure 4.4a.These factors included; low wages and lack of allowances, poor service, circumstances, personal status, harassment, imbalance of information, lack of values ethics, moral decay and patients influence. While results from Makole District Hospital presented in figure 4.4b, indicate that political interference ranked number 1, lack of ethics and moral decay and patient's influence both scored the same with imbalance of information, poor service, harassment, personal status, circumstances, low wages and lack of allowances.

The differences in the order of the scores of the factors by respondents found in these two hospitals could be related to the difference in the level/category of the hospital and the services offered, funding, the level and the category of the professional health workers, attitudes and the culture of the clients and the service providers. While the Dodoma Referral Hospital provides more for referral cases and others who can afford the medical service charges, Makole District Hospital is more of a primary care center and therefore provides for the general public, maternal and antenatal and clinics for the chronic diseases. Clients in this category are normally poor due to long term illnesses and expectations of getting free medical care as stipulated in health policies.

Previous studies carried by Savedoff, (2006) and Maureen, (2000) on corruption in health service delivery revealed that health sector is prone to corruption due to uncertainties surrounding the demand for services as seen in many developing countries and particularly in former centrally-planned economies, where bribery in the form of informal payments from patients to healthcare providers is common and widespread. The results of this research concur with the later findings due to the fact that respondents in both hospitals mentioned that they were forced to pay bribes to get better attention and medication as they were not sure of getting the same without paying bribes. They mentioned uncertainties as caused by imbalance of information, poor service, personal status, circumstances and chances of harassment.

WHO (2006) indicated that poor remuneration to health personnel or non-payment of health workers, poor quality of care, and inequitable healthcare services in many low income and transition countries are the factors contributing to corruption in developing countries. In agreement of the factors mentioned by WHO this research is in concurrence as the results indicate poor wages, lack of allowances and inequality of patient care are found to be high ranking factors in Dodoma Referral Hospital and Makole District Hospital respectively. I, as the researcher ascertain that low wages, lack of allowances, and all the uncertainties put together contribute highly to existence of corruption.

However, for the purpose of fair discussion all the mentioned factors will equally be discussed in relation to the public comments compared to the results from the previous studies.

4.3.1.1 Low wages and lack of allowances

Low wages was mention by all groups of respondents as a significant factor contributing to existence of corruption in heath delivery system. Respondents, clients and service providers were of the opinion that; health workers, who have more needs than what their income can support, are always on the look for other means to find solutions for their economic draw-backs. Other respondents are of the opinion that some receive corruption out of greed and moral decay. Majority of health workers claim to be demoralized not valued by the government hence cannot deliver effectively and efficiently. In most cases situations were created to force the clients to hand over money to solicit fair service from the doctors and other health workers. One health provider lamented:

"We of the health sector are neglected by our government; our fellow government workers in the other sectors are given full allowances. I have a big family which depends on me for food and school fees and other basic needs and the salary alone cannot carter for all. Now that the schools are about to open and I am empty handed the only solution is to get funds by all means"

In support of the above, a respondent who is a health worker said:

"We spend the whole day serving people yet we get minimum salaries not enough to sustain our families. We get disappointed and embarrassed with the idea of not being able to provide good care to our families. We have lost morale and stopped believing in our professional ethics. Service consideration is given to those who offer something."

Other health worker complained about untimely payment of salaries

"I have been doing this service for five years yet no payment regardless of my requirements for basic needs as if the salary is not my right. In absence of it I opt to bribes to sustain my life and that of my family"

The findings were supported by the report of WHO (2006) which indicated that being poorly remunerated health personnel or non-payment of health workers, poor quality of care, and inequitable healthcare services in many low income and transition countries are the factors contributing to corruption in developing countries. With corruption as both a cause and effect, the result has been the deterioration of general health among individuals and degradation of the health system in developing countries (World Bank, 2004).

Based on my findings and those of the previous researchers I concur with the mentioned factors to have major effect on existence of corruption. However, in situations where human lives are concerned bad deeds cannot be encouraged in favor of the few making the ends meet. The end cannot justify the means. Health workers like any workers must endure and adhere to the ethics of their profession.

4.3.1.2 Personal status

Personal status is two faced; status of the client and the status of the service provider. Clients who are well off are willing to offer money to solicit attention of the service providers and in return get urgent, quality service and avoid queues. This privilege cannot be afforded by the poor who might end up on queues and not get the service for a day or days. One patient found at the outpatient department of Dodoma Referral Hospital has this to say:

"If they see you of high class they create situations for you to give them bribes. As for me I was asked to give money for mineral water by a doctor when writing my prescription, so what they ask depends on someone's status".

As for the health workers they ask "something" to maintain a personal status of well to do. This finding is in agreement to the findings by Muhondwa *et al.,* (2008) who ascertains that high level of tolerance for corrupt practice is manifested in the experience of the young mystery client. A doctor refers to a colleague as "pedeshee" (A rich man) who has no problem giving money to beautiful ladies in anticipation of getting sexual favors, and would like himself to do so as if it was an endearing adjective.

In my findings most givers of bribes are forced by situations while for the receivers it is more of greed. While the givers lament about the situation, the receivers are happy because they accumulate more wealth in the process. People, especially health workers should be motivated by life serving acts rather than wealth accumulation.

4.3.1.3 Lack of values ethics and moral decay

Profession ethics in public service and especially the health sectors insists professionals to deliver services based on moral values and professional ethics. However, this study has ascertained existence of moral decay, lack of values and ethics. Abuse of public or entrusted power for private gain", corruption in the public sector occurs when a government agent who has been given authority to carry out public service goals, instead, uses his or her position to further personal interests.

In this study finding, several health workers also described corruption as a virus that when it is within you, it never cures. In support of this, one respondent who is heath worker commented:

"*No one is getting enough of cash, if I think one can give money I can create situations to make the client do so but others offer money without being asked. As a human being how can you see money and refuse it?"*

Lack of values, ethics and moral decay contributed significantly to the existence of corruption in the public hospitals. This reason was cited by (10%) and (14%) of the respondents of the sampled respondents in Dodoma Referral Hospitals and Makole District Hospital respectively as indicated in (figure 4 and 5). Some health workers however believe that practicing corruption is one's personal behavior. On the other hand, some health workers believe they cannot survive without it even when they are being paid well with full allowances. It is a well cultivated behavior practiced by selfish workers without considering the situation of a patient. A health worker from one department commented that sometimes people volunteer to entertain corruption even though they are not supposed to or asked, the respondent believes that corruption is so deeply rooted in the society. One respondent hereby said:

"*Taking corruption is a moral decay; people learn from their background and develop the deadly behavior. They think corruption is a good act because either their parents or the society around them were corrupt and become a normal behavior to them*".

According to Coxson (2009), some of the common corrupt practices in the health sector include different factors as absenteeism, theft of medical supplies, informal payments, fraud, weak regulatory procedures, opaque and improperly designed procurement procedures, diversion of supplies in the distribution system for private gains and embezzlement of envisaged that corruption is an unethical behavior. Kinemo (2000), maintains that when unethical behavior becomes institutionalized it acquires a degree of acceptance, and becomes the standard of behavior for accomplishing any goal. Officials and clients operate within the same unethical process. When services are rendered there is an illegal standing fee, and these illegal takings are shared up and down the hierarchy.

Whatever the belief, free and fair health service is a constitutional right to every Tanzanian. Efficient and effective service delivery means that, the citizens must be able to access the services physically and also be able to pay as required by the policy. Hence, any variable that interferes with the availability and affordability of the services will impact negatively on efficiency and effectiveness of health service delivery (UNDP, 2011).

This study has revealed that lack of ethics and moral decay impacts the community negatively as the factor was ranked second at 14% by respondents from Makole District hospital and 4th at 10% by respondents at Dodoma Referral Hospital.

4.3.1.4 Harassment

Harassment was highly registered by the women in maternal and antenatal clinics at both hospitals with a score of 11% each. Patients in causality departments in Dodoma Referral Hospital also mentioned harassment as a major nuisance. Patients and community members claim that clients brought to hospital in critical condition as a result of accidents and need of delivery were normally ignored and harassed by heath workers. Therefore, they opt to draw attention and urgent medical service by offering money a practice which in most cases pays off. Oiling the hands creates friendlier environment especially in maternity wards and antenatal clinics. Clients insinuate that it is better to give money and serve life than keeping the money in the pocket and loose life. One female patient from Dodoma Referral Hospital has this to say;

"I stated bribing my nurses during clinic appointments, today when I got here for treatment they gave me reasonable attention, they come to check on me constantly, but had I not given them anything previously, at the moment I would be showed with insults and harassment"

Similar comments were obtained from a maternity ward at Makole District Hospital where majority of the clients were from rural areas and some from urban area. One of the respondents narrated:

"I feared to get insulted or harassed by nurses, so I gave them some money to take care of me and after then I was treated good till I delivered"

The findings in the maternal neonatal and children health service concur with the findings by Powel Jackson and Mills , (2007) who wrote;" although the health sector budget is said to improve in 2015, to health workers the later does not change the perspectives of bribing.

The study indicated that long queues and the critical conditions of the patients motivate bribing to get attention of the health workers. The study is in agreement by the findings of the study by Kamuzora (2004) who mentions other factors to be shortages of medicines and other medical supplies. Patients have to be put on waiting list for long periods before they are provided with some elective services like surgical operations.

4.3.1.5 Imbalance of information

Imbalance of information or lack of information in lieu of the issues pertaining to health service delivery has detrimental effects to the community but highly benefits the service providers. This factor was cited by the respondents by (11%) from Dodoma Referral Hospital and the same at Makole District Hospital. Most respondents at outpatient, ex-ray, surgical, and medical departments responded that they are not well informed about their rights, processes and procedures. So they do not know when to ask for service as a right and when to solicit. In such cases, they end up soliciting for every service even if it is their right. One patient from the surgical department complained:

"We came from the village and we are not familiar with the systems. We came here on Monday and today is Friday and we have not been attended. Each time we ask we are being told to be patient even though our patient is in critical condition. Other people who seem to be familiar with the systems and the services found us here and left us here"

The findings of this study are in concurrence with the findings by Muhondwa *et al.,* (2008), who insisted that corruption in the health sector exists and prevails because of imbalance of information. Health professional have more information about illness than patients, and pharmaceutical and medical device companies know more about their products than the public officials entrusted with procurement decisions.

Furthermore, the study established that, both urban and rural people lack information on a number of issues. Lack of proper information was cited by respondents from both Dodoma Referral Hospital and Makole District Hospital respectively. Most of the patient respondents have limited information about the issues of cost sharing. They do not know what to pay, when and where to pay the official fees. Other respondents agreed to have paid money in doctor's room. One respondent commented:

"If the government takes initiatives to educate its peoples on cost sharing, things would change for the better and peoples understanding of their rights will improve on where to pay and the amount of money supposed to be paid. People have no proper information on what medical equipment or drugs were supposed to buy. In some cases they provide it to you and ask for payments."

4.3.1.6 Patients influence

In the present study as shown in figure 4.4a and 4.4b patient's influence scored (9%) at Dodoma Referral Hospital and (14%) at Makole District Hospital. This factor was mentioned mostly by the health service providers in both hospitals. Most of them commented that it is the costumers who force money on them even when not asked. Patients feel insecure when seeking medical services. The insecurity comes from the inadequacy of the resources in the two hospitals. Patients do not believe they will get quality care freely in an urgent manner. They normally feel sympathetic to the doctors and other staff. They feel that the health workers are performing their duties in poor conditions with this and that equipment out of order, or less medical equipment and medication. They regard such conditions frustrating and non-motivating. Most respondents were of the opinion that they could not be attended fairly in absence of financial motivation. Some went as far as involving sex bribes in absence of money.

The following statements from respondents justify the above mentioned claims.

Respondent 1*."The doctors have many challenges and difficulties in their field I think it is acceptable to for them to ask for little money"*

Respondent 2*."Corruption is a very normal practice in our hospitals, without it you won't get help as doctors will give priorities to those who fund them"*

Most of the health workers defended themselves by arguing that they receive bribes as means to facilitate service in tackling situations and not letting patients suffer due to lack of funds for medical facilities.

The results were in support of the previous findings in the study by Kinemo, (2000), who ascertained that most of the sampled health workers held the view that in many instances patients influence health workers to take bribes even though they are not in such a position to take the bribes, they end up taking.

Similar observations were found in a study by Muhondwa *et al*., (2008), whereby he quoted from the unknown person (Y) "you have one doctor being shunted around to attend to patients in different sections. He knows that if you want his attention you have to wait because there is no alternative. You are therefore tempted to try and influence him by bribery".

4.3.1.7 Poor service

The findings from this research shown in figure 4.4a and 4.4b indicated that poor service is one of the factors that contributed to existence of corruption. Poor service was related to inadequate staffing, shortage of qualify and competent professional's, absenteeism, shortage of health equipment, budget constraints, personal behavior and moral decay of the health providers. One respondent narrated:

"There is poor service delivery in our hospitals because of inadequate health equipment or are out of order. All these people in a queue are waiting to be examined by one machine, services are poor, once you come to the hospital you are bound to spend the whole day here and sometimes get back home without any service. However, rich people came here and got service urgently"

In support of this a patient on a long queue complained: *"I am referred to this hospital but since then I have been paying frequent visits to a doctor who is always very busy. I give bribes to create an environment so that when I come again I get to the doctor directly without queuing because queues can last for the whole day or sometimes days."*

A lot of people reveled that it is a normal practice to get back home without medication. Public hospitals sometimes lack medications and few people who have money get treatment. The situation was evidenced by most participants as follows.

"There are so many people with different chronic ailment such as TB,HIV, cancer and diabetes who visit hospitals frequently to take their dosed .But sometimes, many return home without medication due to lack of medicines. I have brought a relative who frequently bribes a doctor to get her medication in favor"

Absenteeism was also observed among health workers. Observation undertaken during different times of the day indicated total absenteeism and some other health workers working for fewer hours than required. It was further observed that most health workers attend patients up to 12noonin some of the outpatient departments. Fewer people on the queue regardless of their condition and the distance they traveled were treated. It was further noted that 60 files went through the doors while more than seven files which were passed through the window have its patients treated urgently.

Observations from the two public hospitals in Dodoma urban indicated the existence of corruption. Most of the respondents who are poor complained that they have been on waiting list for a long time, while other files get into consultation rooms through windows and people who seem to be of high status were called in directly without queuing.

Similar scenarios were observed in the X-ray department and laboratory. Late arrivals of higher status were given urgent service as compared to the poor by making phone calls. It was observed that the poor can spend the whole day without being served.

Evidence obtained from casualties ward indicates very low response from health workers to attend a poor casualty. A poor man brought there in a very critical condition as a result of an accident and in need of urgent operation was not attended urgently. Contrary a well-of man brought in by his siblings was attended rather quickly and was operated in a priority manner before the poor man whose relatives have already affected the official payments for the operation.

At some stage, hospitals are forced to do away with elective surgery and perform emergency operations only, and this makes room for corruption. Some findings In this research concurs with the previous findings by DFID (2010), that indicate petty corruption of this sort had a direct impact on the poor by denying them access to services and thereby jeopardizing their health.

4.3.1.8 Uncertain circumstances

Some respondents believe that corruption is led by uncertain circumstances. The thirteen percent (13%) and eight percent (8%) of respondents claimed corruption to be a normal thing under uncertain circumstances as indicated in (figure 4.4a and 4.4b). Some interviewees from causalities and surgery responded that based on situations existing in the hospitals and the urgencies of the respective treatment

they can judge that money is needed to allow doctors to offer proper medical care. This shows that asking for money is not always perceived as being motivated by doctor's willingness to earn more, but by a genuine desire to help patients as perceived by patients. Almost all the respondents, no matter what their social status was, accepted that corruption is something common but bad. They all gave pessimistic answers and none of the respondents were happy about it. They agreed on the fact that in many cases situations forced them to do so. Two young men from the lower class described the situations by saying:

Respondent1. "Problems force us to give unplanned bribes. In most cases circumstances push us as to do so. You might be in need of a certain service but you might be told that there is no medicine on such service at the time so we are forced to solicit for favors by offering money. It is not something we wish to do".

Respondent 2. *"It all depends on the prevailing situation. I don't agree on giving money, but sometimes I find myself in a situation where my problem cannot be solved without money, and then, you cannot make the patient suffer because you are against the situation*"

These study findings agree with what previous studies indicated. That the health care system is entrenched on transparency, accountability and integrity at all levels of service delivery and when weaknesses create room the system gets attacked by corruption. Ineffective and inefficient health care systems when weak or are composed of non-existent rules and regulations, over-regulation, lack of accountability, low salaries and limited offer of services (i.e., more demand than supply) contribute to corruption in the health sector (Bester, 2007;Transparency International, 2006), Francis, (2012), argues that although not all of these servants are involved in corruption]; practice in hospital health services but those few who engage in this evil practice distort the image of heath profession.

4.3.1.9 Political interference

In this study political interference was ranked number one by respondents in Makole District Hospital. This health facility is mostly used by the majority of poor and medium earning citizens who expect to get free and fair services as promised by their political leaders and national policies. Failure to meet the expectations calls and forced the clients to solicit services at the expenses of their meager incomes. Respondents when answering to this subject said:

"There is poor service delivery in our hospitals because we don't have politicians visiting hospitals to observe and reverse the deteriorating situations in health delivery system. Politicians only consider their interests."

Similar results were established by studies conducted by Transparency International (2015), which indicated that corruption affects public health policies and spending priorities and has negative effects on the lives of the people and adverse consequences on the country's development. Cockcroft, (2014), found out that corruption is a major contributor to the decline in economic growth of the county, poor infrastructure, inadequate health care facilities and drugs, run down public institutions and increased poverty incidences among others.

Corruption also affects health policy and spending priorities, and can be deadly in some instances. Likewise, the interesting study done by Transparency International, (2006) states that where policies and priorities are ineffective will leads to bribes to avoid government regulation of drugs and later will leads to increased disease resistance and death.

4.3.2 Effects of corruption in health service delivery in Dodoma Public Hospitals

Data results from the two hospitals as indicated in figure 4.5a and 4.5b differed significantly. Respondents for Dodoma Referral Hospital indicated, misuse of money (18%) as factor number 1, Inequality on patient care (17%), inefficient, low quality service (14%), underdevelopment (14%), less and poorly functioning medical equipment (14%), Women get Less attention during delivery (13%) and Burden to poor 10%). Respondents for Makole District Hospital ranked number one burden to poor at (22%), followed by Less and poorly functioning medical equipment (15%), women get less attention during delivery (16%), Underdevelopment (15%), Inefficient, low quality service (14%), Inequality on patient care 9%) and the least misuse of money at (9%).

4.3.2.1 Inequality on patient care

According to results indicated in figure 4.5a and 4.5b the study revealed that, corruption in health service delivery indicates inequality on patient care. It has a direct negative effect on access and quality of patient care. As priority consideration is given to clients who offer bribes. Different respondents reveled that they do not get the same service as compared to those who give bribe.

Evidenced from the Focused Group Discussion was confirmed that patients who do not offer bribes have been waiting in queue for service for two days and their relatives to get an operation while they have already made their official payments. For respondents in the lower class, the situation is even worse. A woman around 50's complained to be asked for 5000 at the mortuary before the body of her late aunt is placed in a freezer.

Petty corruption is obviously not petty to the have not's. The 5000 asked for a bribe was meant to buy food for children. Contrary, for respondent in the upper and middle class it was more a shot cut. A woman is support of this was quoted saying: there are no effects in giving corruption. She was quoted saying:
"I do not think bribing is a very bad thing to do because it is an easy way out. For example if 10,000 Tanzanian shillings can get you better services you rather give out and solve problems fast".

These research findings on inequality of patients care are in agreement with the findings by IFM (2000), which elaborated that corruption drastically reduces the resources available for health, and lowers the quality, equity and effectiveness of healthcare services. It also decreases the volume and increases the cost of provision of health services. It further discourages people from the use and payment for health services and ultimately has a corrosive impact on the population's level of health. Furthermore, the findings from the study concur with the findings by Tibandebage and Mackintosh (2005), that Health sector is a victim to corruption; it is rampant and has very pernicious effects on the urban poor who have very limited ability to pay bribes for treatment. In this regard, the responses from respondents from the hospitals are important in informing government of the effects that need to be addressed in order to restore the service delivery status in public hospitals.

4.3.2.2 Inefficient, low quality service

According to results indicated in figure 4.5a and 4.5b study revealed that (14%) of total respondents from Dodoma referral Hospital and (14%) from Makole Health Centre answered in favor of health services having inefficient and low quality services. Most respondents claim that it is a common practice that to be told about the scarcity of medicine or non-functioning medical equipment. Some clients at chronic disease department complained:

“There are so many people with different chronic ailment such as TB, H.IV, cancer and diabetes who visits hospitals frequently to take their medicines. These patients have the right to free medication .But sometimes many returns home without medication due to lack of medicines. I have brought a relative who frequently bribes a doctor to get her medication in favor”

Other patients at Makole District Hospital had this to say:

”*Children under five years are supposed to get free medication but we are normally told that there are no medicines or immunization. A nurse will direct you to buy at the outside chemist but before you get out she will call you back and suggest giving her money for the same medicines which will be drawn from her* desk”

Another negative impact on health indicators such as infant and child mortality indicated by *Gupta et al.,* (2002) in his study. (Azfar & Gurgur 2005), conducted a study in the Philippines and found that corruption delays and reduces the vaccination of newborns, discourage the use of public health clinics, reduces satisfaction of households with public health services and increases waiting times at health facilities.

The health care system is entrenched on transparency, accountability and integrity at all levels of service delivery and when weak creates a room for the attack of corruption due to ineffective and inefficient health care system. (Bester, 2007), in his study claims that among the other key reasons for corruption in the health sector are weak or non-existent rules and regulations, over-regulation, lack of accountability, low salaries and limited offer of services (Transparency International, 2006).

4.3.2.3 Underdevelopment

Underdevelopment was mentioned by (14%) and from Dodoma referral Hospital and (15%) from Makole District Hospital as indicated in figure 4.5a and 4.5b. It was further reported that in some instances underdevelopment is the cause of increases in the level of poverty in the society. Respondents described corruption as killer of the nation for that situation encourages easy gain instead of hard work. The essence that development starts with the health of the people and considering injustice that is taking place. It is obvious majority of poor could never improve their health and get back to production and those who are serving do not commit themselves to change the status of the nation because what they get benefits them alone. Corruption destroys misuses the funds the government gets from law breakers and taxes by directing these funds into other pockets.

Respondents argued that petty corruption just involves small sums, while grand corruption involves millions of shillings. These findings concur with the findings by Kamuzora, (2005), who argues that underdevelopment and economic liberalization are the root cause of corruption. This argument however is not borne out by history, especially when he takes the emergence of the New Right in Britain and in the United States of America in the 1980s as the genesis of this economic liberalization which spurred corruption.

4.3.2.4 Less and poorly functioning medical equipment

Recent study indicated that there is less and poorly functioning medical equipment by (14%) from Dodoma Referral Hospital and (15%) from Makole Health Center. Respondents complained that they give money to get better service but they normally do not get the intended services. The doctors sometimes get busy and no longer consider them.

"The situation is worse in the ex-ray and the surgical departments where in many occasions the machines are out of order or some of the surgical tools and medical equipment have to be bought by the client. However, given "something" the service could be rendered urgently".

4.3.2.5 Women get less attention during delivery

Women get less attention during delivery was mentioned by 57.14% of all individual respondents as indicated in figure 4.5a and 4.5b. Conversations from different respondents with particular focus on seriously affected woman who lamented;

"I won't forget the day I delivered my child; the midwives were not there to attend me. They spoke to me in harsh language and insulted me without any reason, I was in so much pain and asked for help several times but they did not respond .Later, the baby was coming and I kept calling while pushing the baby. My fellow women in the ward noticed and shouted at the nurses to come and help me but then it was too late, I ended up diagnosed with a fistula"

Women clients reveled that they get less attention from midwives during child delivery. This contributes to loss of lives of mothers and babies in critical situations. All the mentioned effects imply that they could lead to detrimental impacts to the patients. The results of the study are in line with the previous reports by International Monetary Fund (IMF, 2005). This report shows that corruption has a significant, negative effect on health indicators such as infant and child mortality, even after adjusting for income, female education, health spending, and level of urbanization (Gupta *et al.,* 2000).

4.3.2.6 Economic Burden to the poor

Economic burden to the poor was indicated in figure 4.5a and 4.5b. Most respondents complained that they are passing through hard economic pathways and that paying for health services which were supposed to be free is increasing their burdens. However, they further explained that both private and government hospitals are facing corruption as a big issue which setbacks the objective of the ministry of health for free health services.

Objectively, the Ministry of Health aims to provide free health services to all individuals without any consideration of wealth, poverty or famousness of an individual. However, contrary to the aims of the ministry, patients are continuously on the struggle to get health services in Tanzanian hospitals. Corruption among health care providers such as physicians, nurses and pharmacists is rampant. Petty corruption associated with health providers includes absenteeism (not showing up for work yet claiming a salary), theft (of medical supplies or pharmaceuticals), and demand for informal payments for services that are supposed to be free.

Petty corruption of this sort has a direct impact on the poor by denying them access to services and thereby jeopardizing their health (DFDI, 2010).The Global Corruption Report, (2006) also indicates that in the health sector corruption can mean the difference between life and death. Poor people are worst affected. Medical staff can charge unofficial fees to attend to patients. They may demand bribes for medication which should be free. Or they may let patients who bribe them queue-jump. Corruption also costs lives when fake or adulterated medications are sold to health services.

4.3.3 Ways in which the government of Tanzania is addressing corruption in health service delivery?

4.3.3.1 Warning and punishment

From the results of this study as indicated in figure 4.6, which represents general results from both hospitals. It was found out that Warning and punishments are used by 30%, Billboards and stickers on corruption by 48.1%, Awareness from media by 10.9%, providing express service by 5.5% and seminars conducted by PCCB 5.5%.

4.3.3.2 Billboards and stickers

Although billboards and stickers on corruption are highly used they seem not to have much effect on corruption. Awareness from media is also not doing much good. The express service put in place through good intentions is considered as another factor for corruption. Seminars conducted by PCCB proved failure as they were considered to bear the least impact on corruption. The facts of the study are in agreement with other studies that the nation is taking some initiatives thou not effectively implemented. The reports indicate that corruption emanates from two basic conditions namely: erosion and distortion of values and existence of opportunities. In the last 10 years, efforts to combat corruption have gained the attention of national governments, development partners and civil society organizations (Global Corruption Report 2006; Transparency International, 2015).

The government of Tanzania is taking strategies in combating corruption through several reforms: measures aimed at removing corrupt leaders, strengthening and renaming the anti-corruption agency to the Prevention and Combat of Corruption Bureau (PCCB), appointing a minister of good governance and establishing the Commission of Ethics. In spite of these measures, 50% of Tanzanian respondents in the GCB 2013 think their government's efforts against corruption are ineffective (Transparency International, 2013).

The study established furthermore that respondents know the consequences of corruption including being sent to prison but they could not stop the practice. One young man declared,

"There is law against corruption, when you receive or give and being caught with the evidence you will end up in prison but we keep providing bribes and corruption to get attention of the service providers."

In regard to use of billboards the study came across several billboards that bear the message" *Acha rushwa ni kosa la jinai"(stop corruption is an illegal act)* Yet corruption occurs in the same rooms where the messages are pasted on the doors .respondents said:

"Look on that door, that paper has been there for many years, warning about corruption yet I see no improvements in the practice."

Plate 4.1: One of government stickers giving warning on corruption in Dodoma Referral Hospital

4.3.3.3 Media awareness campaign

The other respondents mentioned that they were aware of media as a government tool used to create awareness on anti-corruption campaigns but they agree that it is an ineffective tool due to some restrictions. In the results of his study Freedom House (2013), comments; while the media can play an important role in uncovering and fighting corruption, experts note that the Tanzanian media faces restrictions. The constitution provides for freedom of speech, but it does not guarantee freedom of the press although print and electronic media are active, they are hindered by a difficult registration process and are largely limited to major urban areas. The growth of broadcast media has been slowed by a lack of capital investment; however, the number of independent television and private FM radio stations has risen in recent years. One of respondent said:

"Yes, the government is on top in fighting corruption, there are anti- corruption campaigns programs in radio and televisions but these campaigns were accessed by the privileged minority"

4.3.3.4 Seminars conducted by PCCB

Effectiveness of seminars by PCCB ranked the least. However some respondents commented in favor of PCCB by saying:

"The government always conducts seminars through PCCB, they visit hospital frequently and conduct seminar to both health workers and patients against corruption act and some time they get here to investigate on the purported crimes"

PCCB goes further by providing phone numbers for reporting corruption cases. These findings contradict with the findings by Bertelsmann Foundation (2014), who claims that PCCB has not prevented many government officials becoming involved in wide reaching corruption scandals (Bertelsmann Foundation, 2014). While the PCCB is in a position to fight corruption, it is politically constrained.

4.3.3.5 Express service

Express service, was introduced as a new service for good intentions of improving service delivery and reduce corruption. The government implemented this service to carter for urgent needs and supplement for the single overused x-ray machine. Yet there is no difference in the amount paid or the service provided. One respondent had this to say encouragingly*:*

"*Our service is not friendly but people never understand, the X-ray machine has the capacity of serving certain number per day and when the number is exceeded it fails, those in a hurry need to pay the amount recommended by authority to avoid or reduce corruption'.*

4.3.3.6 Reporting the cases

It is important that the citizens feel motivated in the fight against corruption. The victims should report if they had been asked for bribes. The reasons why people do not report such incidences was the fact that they do not have trust for the government instruments, fear of being intimidated by the authorities and lack of knowledge where to report the case.

CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.1 Chapter overview

The aim of this study was to find out the factors that contributed to corruption in public health facilities; A case of Dodoma Referral Hospital and Makole District Hospital. The objectives of the study were to find out the causes of corruption in health service delivery at the public hospitals in Dodoma urban, to investigate how corruption affects heath service delivery in Dodoma public hospitals and to find out ways in which the government of Tanzania is addressing corruption in health service delivery. Several conclusions and recommendations were drawn from this study as follows;.

5.2 Conclusion

5.2.1 Causes of corruption

The following conclusions have been derived and are meant to represent accurately the analysis of the findings. It is concluded from the study that the major causes of corruption in Dodoma Urban Hospitals are low wages and lack of allowance, poor service, circumstances, and personal status, harassment, and imbalance of information, Minor causes include lack of values ethics and moral decay and patients influence. Although Makole District Hospital recorded political interference as cause number one.

It is concluded from the results of this study that low wages and lack of allowances play a major role as causes for the existence of corruption. Salaries for public employees are very low compared to current commodity price index as well as inflation. Presently, unless the government raises employee salaries to reasonable levels employee's temptations to look for alternative means to increase their inadequate salaries will not be avoided. The findings throughout this study indicated that corruption is between the social positions that lower class and higher class. The lower class involve in corruption out of survival the upper middle class was more of speeding up things and assurance of quality service. It is further concluded that the correlation between raised payment and reduced corruption is uncertain due to other factors mentioned like a way of life, political interference, value, ethics and moral decay, poor service and the influence from patients .The most concern here is to improve the economy of the country and reduce inflation that everyone could afford the living expenses. Corruption cannot therefore be combated through increased salaries, wages and or allowances. The permanent solution is improving the economy.

Furthermore, corruption practices are not only a crime but are both a cause and consequence of poor governance. Corruption thrives where transparency, accountability and participation are weak, where public sector and financial management capacity are low, and where public decision making has been compromised by conflicts of interest and political interference. Conversely good governance can discourage corruption. It is the act in both government and Non-governmental organization.

5.2.2 How corruption affects healthy service delivery in Dodoma urban public hospitals

It is concluded from the data results from the two hospitals on effect of corruption differed significantly. Respondents for Dodoma Referral Hospital indicated in order of priority major effects as misuse of money, inequality on patients care, inefficient or low quality service. Others include underdevelopment, less and poorly functioning medical equipment, women get less attention during delivery and burden to poor as the least. Contrary respondents for Makole District Hospital ranked number one burden to poor followed by Women get less attention during delivery, less and poorly functioning medical equipment, underdevelopment, inefficient or low quality service, misuse of money at and the least inequality on patient care. The study gives an insight that the two hospitals attend quite different categories of customers and therefore strategies meant to address the causes and effects should also differ significantly. It is further concluded that is the poor people that gets most affected by corruption in the heaths sector. The effect contributes big time and impacts all sectors of the economy.

5.2.3 Ways in which the government of Tanzania is addressing corruption in health service delivery

From the results it is concluded that the government through the Ministry of Health is making several efforts in combating corruption in the hospitals. The major efforts included Improvement of hospital facilities and structures by upgrading of the hospital to a referral level, capacity building of the staff, construction of new buildings, and provision of health insurance for maternity and antenatal customers. Further efforts include initiatives for use of media, posters and leaflets and seminars by PCCB to create awareness on the effects of corruption in health sector.

Despite the efforts being made to increase resources for health service delivery, health status indicators continue to show little in changes or no improvement. With the citizens being continuously exposed to ill health, the nation continues to be poor. Citizens are unhappy with the Government as they see no benefit for their efforts and the tax they pay.

Furthermore, corruption facilitates underdevelopment progress, because when there is corruption it means that services are not given effectively, efficiently. The United Republic of Tanzania is among the sixteen countries, which have volunteered to be part of the United Nations Convention against Corruption of the Prevention and Combating of corruption Act No. 11 of 2007. Tanzania had the privilege to review Finland and Norway in their efforts to implement selected Articles of the convention. At the outset Tanzania wishes to commend the voluntary review process as a positive and effective means of implementing the UNCAC. The areas in which the United Republic of Tanzania submitted itself for the voluntary review are; preventive anti-corruption policies and practices (The launching and implementation of the National Anti- Corruption Strategy and Action Plan which is now in its second phase, bribery of national public officials and bribery of foreign public officials and officials of public international organizations that more efforts are still on track.

5.3 Recommendations

5.3.1 Improve Salaries wages and incentives

The government should take serious initiatives to improve the salaries of the public employees to reflect to current commodity price index as well as inflation.

5.3.2 Involve collective efforts from community

The fight against corruption seems to be an exclusive monopoly by government officials. The vast majority of the citizens, especially those living in the rural areas, have yet to understand the nature of corruption in Tanzania future impacts. Corruption in public life undermines good governance and economic growth, distorts national development, and retards the general welfare of citizens, particularly the poor and the vulnerable in society. Corruption has to be wiped out in our society. Wiping corruption has to involve collective efforts from the society. The fight must involve culture tradition and norms apart from the existing laws. More efforts should be facilitated by the responsible government instruments, government and non-governmental institutions.

5.3.3 Improve service delivery systems

The government of URT had to ensure that all service delivery machinery have improved capacities in terms of structures to deliver effective and efficient service in a reasonable time and cost. Improving the availability of medical equipment and supplies in general, should be coupled by increasing the number and capacity building of healthcare providers and creating additional healthcare facilities.

5.4 Areas for further studies

A further study is recommended to be carried out to assess the effectiveness of the corruption measures that have been put in place to know if they are effective enough to stimulate better results.

APPENDICES

APPENDIX A: INFORMED CONSENT FORM

STUDY TITTLE: FACTORS CONTRIBUTING TO CORRUPTION IN PUBLIC HEALTH FACILITIES IN TANZANIA: A CASE OF REGIONAL REFERRAL AND MAKOLE DISTRICT HOSPITALS IN DODOMA

RESEARCHER: ESTHER BOBA KHUMBE

I confirmed that the researcher has explained the elements of informed concerts to the participants.Respect of privacy and invasion of privacy happens when private information on beliefs, attitudes, opinions and records shared among members. Each respondent was assured of being secure while participating in this study and that there shall be no serious risk. They were further guaranteed that their responses were going to be kept confidential. Research respondents participated voluntarily without being promised something or forced against their will.

PARTICIPANT NAME…….
PARTICIPANT SIGNATURE…….

WITNESS NAME…….
WITNESS SIGNATURE…….

APPENDIX B : DATA COLLECTION INSTRUMENT(S)

INDIVIDUAL INTERVIEW FORM

- Name of the region……...
- Name of district……
- Name of the hospital…….
- Age of respondents……

A. ***factors contributing to existence of corruption in Dodoma Public Hospitals***

1. What is your age?
2. Where are you from?
3. What do you understand by the term corruption?
4. Does corruption exist in health service delivery?
5 Have you ever experienced corruption practice by the means of giving/ being asked to give or asked to be given?
6 Which type of corruption is common in health service delivery?
7 Explain ways through which people ask for a bribe?
8 What are the causes of corruption in health service delivery?

B. **Effects of corruption in health service delivery**.

9. Are there any effects when someone gives or receives bribes in health service delivery?

10. What are the effects of corruption in health service delivery?

C. ***Government efforts in fighting and combating corruption in health service delivery.***

11 Are there any government efforts in fighting and combating corruption in health service delivery?

1.2 How does the government fight and combat corruption in health service delivery?

14. Are the ways effective?

15. What do you think should be done to tackle the problem?

FORM FOR THE KEY INFORMANTS

1. Name of Region……
2. Name of district……..
3. Name of hospital……
4. Position of respondent……
5. Does corruption exist in your hospital?
6. Which type of corruption exists in this hospital?
7. What are the causes of corruption in heath service delivery?
8. What are the effects of corruption in health service delivery?
9. Is the government taking any measures concerning the problem?
10. Which way the governments use in this hospital in fighting and combating corruption?
11. Are the ways effective?
12. What do you think should be done to tackle the problem?

FOCUSED GROUP DISCUSION GUIDE

- Name of the region…….....
- Name of district…….
- Name of the hospital……
- Age of respondents……

A. Factors contributing to existence of corruption in health service delivery.

1. What do you understand by the term corruption?
2. Does corruption exist in health service delivery?
3. Which type of corruption is common in health service delivery?
4. How many of you ever experienced corruption either by giving or being asked to give a bribe in health service delivery?
5. Explain ways used for asking or giving a bribe.
6. What are the causes of corruption in health service delivery?

B. Is there any effect of corruption you have experienced in health service delivery?

7. Are there any effects of corruption in health service delivery?
8. Explain the effects of giving or receiving bribes in health service delivery?

C. Government efforts in fighting and combating corruption in health service delivery.

9. Do you think the government is taking any measures to fight and combat corruption?
10. If yes, explain how the government fights and combat corruption in health service delivery?
11. Are the measures effective?
12. What do you think should be done to tackle the problem?

APPENDIX C : ETHICAL CLEARANCE FORM

APPENDIX D : PERMISSION LETTER TO THE RESEARCH SITE

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