

Participation of Village Council and Street Committee Members in Local Government Health and Education Service Delivery: Evidence from Selected Councils in Dodoma Region, Tanzania

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Abstract

Village council and street committee members have diverse interests in service delivery in Lower Level Local Government Authorities' (LLLGA). This paper aims at assessing their participation in local government authorities' service delivery. Specifically, the study assessed the extent to which members consider stakeholder contribution, gender participation, integrated voice of marginalized, and use of forums in health and education service delivery. The study employed a cross-sectional research design, and the respondents were 399 village council and street members. Interviews were conducted with 15 key informants who were sampled purposively. The study employed both primary data and Secondary data. The quantitative data was analyzed using the stereotype logistic regression model, while the qualitative data was analyzed by content analysis. Overall findings revealed that each aspect was indicated by the observed negative significance of village council and street members' participation in relation to the LGA service delivery. However, gender had an insignificant relationship with services delivery as the study discovered that, in Tanzania, women are unequally provided opportunities in land, agriculture, and public leadership participation, and some of the street committees do not have

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any women. This results in the fact that women's needs being denied in education and health services provision. The authors conclude that there is a negative relationship between village council and street members' participation and services delivery. The authors recommend that, in order village council and street committee members to enhance their participation, the engagement plans should be designed to ensure sustainable service delivery in the LGA, unlike the traditional approaches used in LGA, e.g., mainly village and street assemblies. The preponderant fact is village council and street committee members' participation strengthens and improves service delivery through acquisition of diverse ideas and resources.

Keywords

participation, stakeholders, service delivery, local government authorities, Tanzania

Introduction

Participation as a pillar of good governance is among the factors that bring together the state, citizens, and other parties. Such involvement facilitates the flow of resources required to deliver public services (Chigova, 2020). It can encourage local stakeholders to attach a high degree of responsibility to their welfare to local government authorities (LGA) service delivery (Erian et al. 2019). Village council and committee members are required to seek stakeholder interest in the success of the LGA in service provision and development. They can seek such interests through forums whereby the voices of marginalised groups and gender interests can be heard. Thus, stakeholders are crucial for local governance because they help citizens to make LGA raise awareness about the effectiveness and efficiency of service delivery (Lucungu et al., 2022).

Local government is a sub-national, semi-autonomous regime that performs its functions in a specific area of a country. It implies a regime that is close to the public and, as a result, employs participatory methods of addressing the partisan and physical needs of people in a specific local area. Such areas could be a town, a hamlet, a conurbation in a city, or a metropolitan contingent of any size. LGA have dual responsibilities, namely political and economic (Morgan, 2019). The core objective of participatory programmes in LGA is to improve public service delivery by bringing services in efficiency and effective ways, and ensuring people's participation and democratic control in political decision-making (Maganga, 2021). This effort is often underpinned and reinforced by attempts to establish and empower local citizens and institutions to enlist the participation of local communities in matters that concern and affect them (Christens et al., 2021). As such, participation is seen as a key driver in efforts to reduce poverty at local level. Participation is a fundamental human right, not merely a discretionary policy option that policymakers can choose whether or not to implement. It is an affirmation of the right of every individual and group to engage in public affairs, and also a part of the solution to poverty and social exclusion (Cox and Haruna, 2018).

Worldwide, education and health services delivery systems in LGA has been observed to have numerous deficiencies, resulting in major beneficiaries and stakeholders in LGA obtaining insufficient service answers from public officers despite the fact that attempts to improve education and health services delivery are in place and have been executed (Aklilu and Makalela, 2020). Non-governmental organizations (NGO) are regarded as active but not necessarily working with the government in industrialized countries such as Georgia, Hungary, Lebanon, and Switzerland. According to a study by Siaroff (2020) in Cana, Slovenia, society remains in the background of decision-making rather than as a partner, i.e., they are engaged as passive recipient and not as key stakeholders of public properties. Working conditions for NGO in the country are apparently restricted by the government, and they are barred from engaging in various service delivery businesses (Nguyahambi, 2021). Development stakeholders and beneficiary groups are passively participating in local level service delivery in many low- and middle-income countries. For instance, Article 38 of Uganda's Constitution protects public involvement by stating that every Ugandan has the right to engage in government affairs and influence government policies towards education and health service delivery (Dupuy et al., 2022). Despite the presence of a legal framework for citizens' groups to participate in Ugandan LGA education and health services delivery, citizens are claiming that they are not fully engaged by the government on the delivery progress (Sseremba, 2020).

Education and health service delivery in Tanzania has been identified as one of the critical areas in implementing good governance in response to the Sustainable Development Goals (SDG) and as a strategy for achieving the Tanzania Development Vision (TDV) 2025 and National Five-Year Development Plans (FYDP) (Osawe, 2017). Tanzania's government has enacted several initiatives, including the National Strategy for Good Governance, Local Government Reform Programmes (Phase I and II), the Public Services Reform Programme (PSRP), and decentralisation projects such as decentralisation via devolution (also known as D by D). D-by-D refers to the transfer of power, authority, and resources from the central administration to LGA, among other things, with the goal of improving provision of education, health, laws, and culture, while adhering to good governance practices and delivering services in an efficient and effective manner (Likwelile and Assey, 2018)

Nonetheless, despite the aforementioned reforms, concerns have emerged regarding the role of stakeholder participation, the voice of marginalized groups, gender participation, and the use of forums to coordinate stakeholders for sharing material and non-material resources in LGA education and health services delivery (Kavina, 2018). In general, public services in LGA are characterized by a lack of capacity and institutional weakness, widespread corruption and unsustainable education and health services delivery infrastructure. The magnitude, size, and solution regarding these challenges remain an empirical question. Scholars hold opposing views on stakeholder participation as a key component of service delivery towards achieving the

international SDG. De Luca *et al.*, (2021) suggested that village council and street committees have high influences to stakeholder participation in LGA improves the long-term viability of public service delivery. Thus, citizen participation in education and health services delivery creates effective sustainability due to the participants' sense of ownership. In contrast, (König *et al.*, 2021) suggest that the influence of village and street council committees on stakeholder participation leads to conflicts of interest and lowering service quality. Those opposing viewpoints are primarily due to the inherent difficulties in evaluating village and street council members' influences to stakeholder participation and determining which variables are more important than others in impacting education and health service delivery. These outcomes are important to inform strategies to achieve Tanzania's Development Vision (TDV) 2025, Goal No. 3.1 in respect of attaining a high quality of life for all Tanzanians, as well as SDG No. 3 and 4.

Literature Review

Social Network Theory

This study was guided by Dunn's (1983) Social Network Theory. That theory is relevant because it points out that improved service delivery requires strengthening relationships between LGA and their stakeholders, including civil society, the private sector, and members of the public, by soliciting and accepting their contributions and taking into account their interests.

Dunn (1983) defines 'networks' as "clusters of relationships that span unlimited ranges of space and time." He also said that networks emerge to seek "common aims". A network is a collection of cooperative ties between an organization and others in its internal environment (Dunn, 1983). LGA ties with their stakeholders are likely to be considered network-type partnerships (Rowley, 1997) to the extent that these relationships suggest coalitions with people, groups, or other organizations seeking common aims and enjoying compatible advantages. According to Valeri and Baggio (2021), "network analysis provides a technique of investigating how the pattern of relationships in a stakeholder environment affects organizational behavior." Network analysis also aids in explaining the effects of environmental influences on decision making. Similarly, LGA need to include other stakeholder perspectives, seek physical resources from stakeholders, listen to and consider the interests of both genders and marginalized groups and use forums to analyze all stakeholder problems and interests for effective performance.

For effective organizational behavior (LGA service delivery), village and street council members must use forums to gather the opinions of all groups in society, including women and other marginalized groups, as well as entice development partners to give their input in the service delivery process. As a result, this study employed social network theory to stimulate low

LGA service delivery, and considered council members as internal LGA stakeholders who can influence health and education service delivery.

Empirical Studies and Hypothesis Development

Stakeholder contribution

When essential stakeholders are not identified by village and street council members and included in the LGA education and health services delivery arena, the relevance and anticipated advantages of the education and health service offered are limited. Stakeholder involvement is an important aspect of the LGA education and health service delivery process because it ensures broad support for the LGA policies and activities, avoids conflicts, and helps the plan succeed over time.

Globally, Yukalang et al., (2018) showed that village and street council members' seeking stakeholders support generates high-quality creative input, resulting in better decision-making and environmental management in the USA. Legislation in Germany is derived from a variety of sources (government programmes, the administration, court rulings, associations of trade and industry, interest groups, LGA, etc.), but stakeholders are not sharing inputs in public discussion, particularly through the mass media. Local residents and other local development stakeholders are scarcely involved in African countries, particularly in Ghana, as required in Article 240 (2) (e) of the 1992 Ghana Constitution which states that "local people are allowed the possibility to effectively engage in the governance of low local government." Despite the existence of acts directing LGA to create a space for involvement, certain critical concerns have been voiced that stakeholder participation does not always result in favorable outcomes. According to the findings of a cross-sectional research of emerging nations, decentralization does not increase stakeholder participation in public service provisions (Liu, 2021).

In Tanzania, literature on participation indicates that village and street council members do not hold an important stakeholder position in LGA education and health services delivery. For example, a study by Ngonyani (2019) revealed that weak stakeholder participation in public affairs as well as inadequate consideration of community-centered forums have reduced service delivery efficacy (Mwankupili and Msilu, 2020). Tanzania's constitution and laws, as stipulated in the Public Service Act, No. 8 of 2002 and Public Service Regulations (2003), emphasize effective service delivery through stakeholder engagement, but have less contribution

towards service delivery (Maganga, 2021). Therefore, participation in local service delivery is not attainable in Tanzania. Meanwhile, it has been hypothesized that

H₀: There is no significant relationship between stakeholder contribution and services delivery in Tanzania LGA.

Gender participation

Gender-responsive service delivery is a tool for realizing gender equality as well as being a key requirement for good governance (Rubin and Bartle, 2021). Village and street council members need to contribute to women's economic empowerment by addressing the issue of control and sharing of resources by women and men. In addition, gender-responsive service delivery contributes to decisions about the allocation of resources are made explicit, thereby promoting equal service delivery (Koda and Mtasingwa, 2021).

Regarding gender participation in India, the emphasis is not given to ensuring equity and equality of public service outcomes. Instead, consideration is given to the different needs, interests and priorities of women and men, girls and boys, as well as differential impacts of financial expenditure on the lives of women, men, girls and boys rather than their contribution to health delivery provision (Kale *et al.*, 2021). A study by Cunningham *et al.* (2019) revealed that, in Indonesia, at the local level, initiatives to implement gender participation in health services planning process started in 2003. In accordance with the Ministry of Home Affairs' Decree 132, low LGA council members were required to allocate five per cent of their budgets to schemes that specifically addressed the needs of women but were not given an opportunity to share their views on the service planning and its implementation.

In east Africa, particularly in Tanzania, women suffer from unequal opportunities for land, agriculture and public leadership participation. According to a study conducted by Japhet (2020), it was discovered that there was only one woman for every five village and street council committee members in procurement and tender committees. Furthermore, the study by Matto (2021) revealed that LGA did not have procurement/tender committees, and eight LGA did not have any women on the committee at all which resulted in women's needs being denied in education and health services provision. This implies that there is no significant relationship between gender participation and services delivery in Tanzania LGA.

Voice of the marginalised group

For efficient service delivery in low LGA, the village and street council members must reinforce citizen values and concerns. This can be achieved through designing the work programmes and funding of the citizens' fundamental rights agency, e.g., the Commission for Human Rights and Good Governance, as well as oversee the roles of national-level freedom of

expression for their complaints concerning service delivery (Kuteesa et al., 2021). In the USA, the Social Planning Network of Ontario funded the Engaging Marginalized Communities Project, which worked with four local social planning and community development councils in four districts across the provinces, but the number of physical disabilities was limited with supportive infrastructure for participation in public platforms. Also, the same constraint was observed in Ghana; the dearth of participation of people with disabilities concurred with country registration but the low LGA have limited access to supportive infrastructure (Gill, 2021).

In Tanzania, people with disabilities are among the poorest; most marginalized, and most socially excluded populations. They are more likely to participate in low LGA education and health service delivery, to be illiterate, to have less formal education, and to have less access to developed support networks and social capital than their non-disabled counterparts (Sabates *et al.*, 2021). Village and council members are not supporting people with disabilities, through their representative associations, are not able to share their thoughts on education and health service delivery processes through LGA assembly meetings and other LGA agreed platforms since they are unable to afford to buy the supportive devices (Madaha, 2021). From the above argument it implies that, there is no significant association between voice of marginalised people and LGA services delivery in Tanzania.

Forums

Community forums are seen as the major LGA supportive engine for consensual economic growth, while community groups give their supportive contributions through sharing similar interests for improved public service delivery (Onwujekwe et al., 2021). Experiments in rural areas have failed to yield community participation in the planning and monitoring of projects due to a lack of access to ICT-integrated media in Canada. Combining ICT with community development projects could be used to leverage ICT to fulfill human development goals (Badar and Mason, 2020). LGA are the service delivery groups in African countries that are supposed to interact with their governments on a variety of issues, both individually and collectively, to register grievances, express displeasure, demand services, and influence policy, but limited private forums are allowed to collect public views on LGA service delivery in Zimbabwe (Loewe et al., 2021). In Senegal, governance units have attempted to share information in order to engage citizens in the past, but most trials have failed due to low ICT usage since village and street assemblies mostly used forums (Bourgoin et al., 2019)

Tanzania's Local Government Legislation (Acts Nos. 7 and 8 of 1982) provides a safeguard through the composition of LGA and the transparency of council proceedings (Ntwenya, 2020). The makeup of the council ensures that policymakers are drawn from the community through a representative democracy process. Aside from the composition of the councils, meetings of the councils are normally open to the public and the press, but there are

stereotypes in listening to and taking into account the stakeholder views on education and health services (Obwana, 2019). In addition to the limited transparency of these sessions, the village and street council members of an LGA can invite anyone to come and speak on any issue, or participate in any other way, at any council meeting, while legislation also limits LGA ability to make any bylaw without seeking public consultation and opinion from all interested groups. Thus, the legislation implies that there is no significant relationship between forum and LGA services delivery in Tanzania.

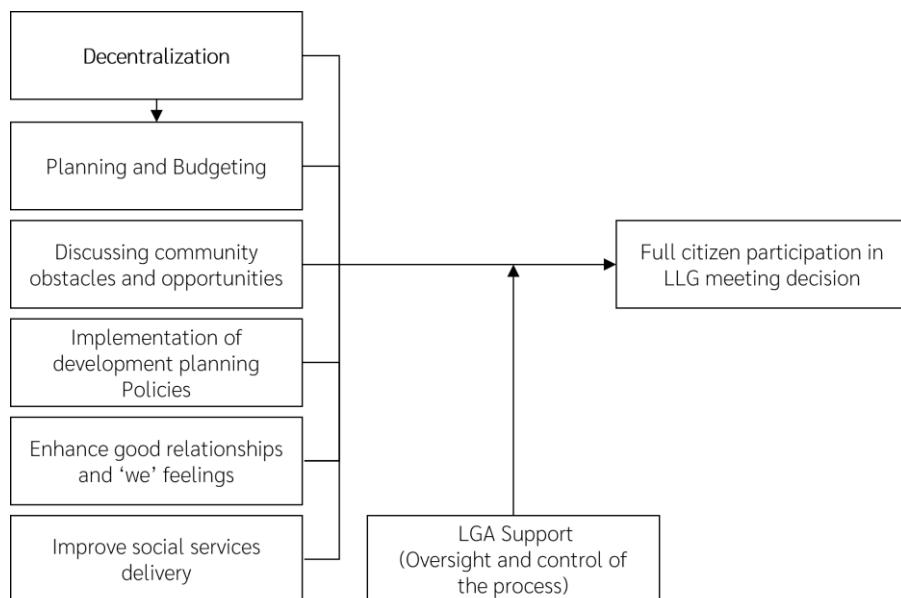


Figure 1. Conceptual Framework

Based on the figure above, if decentralization is effective, citizens will participate in local level meetings, and have input into planning and budgeting to address local development issues. This should enhance relationships, and foster a sense of togetherness ('we feelings') and improve social services delivery, while LGA members will ensure oversight and control of the process of decentralization.

Methodology

Research Design

The study employed a cross-section survey design. The design allowed for data collection at a single point in time (Krishnaswani, 2002). The design allowed for the determination of causal-effect relationships between independent variables (stakeholders contribution, gender participation, voice of marginalised, forums) and the dependent variable.

Also, the design allowed easy data collection and analysis on village and street council members' influence on stakeholder participation and services delivery.

Population and Sample

The study population comprised members of village and street councils from Dodoma City Council, Kongwa and Chamwino District Councils of the Dodoma Region, Tanzania. The selection of Dodoma region was based on the existence of parent coordination ministry President's Office - Regional Administration and Local Government (PO-RALG) since 1995 in Dodoma, which is responsible for overseeing LGA operations. Therefore, with this experience, Dodoma was in a good position to provide reliable data in order to assess the role of institutional arrangements on LGA services delivery. The study involved a total sample of 399 respondents who were village and street committee members. The prescribed sample size was obtained by using Yamane (1967) Formula:

The Yamane formula used to obtain sample from all the three councils. According to Yamane (1967),

$$n = \frac{N}{1 + N(e)^2}$$

Where, "n" is a sample size, "N" is a total population and "e" is sampling error or confidence level. The researcher calculated the required sample size given a sampling error of 10% (e=0.1)

Sampling Procedure

A multistage sampling technique was used to select members of village and street councils. In the first stage, three councils out of eight LGA in Dodoma region were selected purposively based on economic status, rural and urban setup, and age of establishment. The selected councils were Dodoma City Council, Chamwino District Council and Kongwa District Council. Dodoma City Council was selected because it performs a peculiar role which is not performed by any other LGA in Tanzania as it assumes the role of the Capital City of Tanzania. Chamwino District Council was selected because it is the newest council in Dodoma region (established in 2007). Kongwa District Council was selected because it is more rural than the other two councils.

In the second stage, wards were selected from each council. Three wards were selected by using simple random sampling. The selected wards were Makole, Chang'ombe and Mnadani (Dodoma City Council), Sejeli, Mtanana and Pandambili (Kongwa District Council), Manchali, Mvumi Mission and Haneti (Chamwino District Council). Stage three involved selection of villages/streets. From each ward, three villages from district council's and streets from city council were selected. In the ultimate stage, committee members were selected using simple

random sampling. Also, the three selected streets and villages were randomly selected because they possess common characteristics of having a village council for rural authorities and a street committee for urban authorities. A list of members for each village and street council was obtained from the council executive officers. A total of 15 respondents were purposefully selected and interviewed in each site. The sample includes 1 City Executive Director, 2 District Executive Directors 3 Ward Executive Officers and 9 Village Executives for they are the supervisors of selected City, Districts, Streets and Villages.

Data Collection Methods

The study on which this article is based used primary and secondary data. Primary data were collected through questionnaires which were collected from 399 street committee and village council members. In addition to the questionnaire, an interview guide was used to collect data from key informants who were City and Districts Executive Directors, Ward Executive Officers, Street Executives and Village Executives. Secondary data were collected through documentary review of village and street meetings log books, council financial reports as well as minutes of previous assembly meetings. It was necessary to use a combination of data sources in order to complement one another and to obtain sufficient and insightful information for the study.

Data Processing and Analysis

Pre-testing of the questionnaire was done to measure validity, and recommendations from pre-testing were incorporated in the draft questionnaire before final data collection. Data collected were subjected to a reliability test. Cronbach's Alpha coefficient test was applied, yielding an internal consistency score of 0.8807 which is higher than 0.70 and hence considered acceptable and a good indication of construct reliability.

Qualitative data from key informant interviews (KII) were processed using Content Analysis (CA). First, interviews were transcribed into an MS WORD document. Then, from these transcriptions, the researchers identified key themes, concepts, and phrases. The themes were organised into coherent categories which summarised key results. This qualitative information then was integrated with findings from the quantitative information to provide derive meaningful conclusions.

Quantitative data analysis included development of indices. In the first stage, thematic analysis technique was used to explore and gain an insight into deeper attributes of governance. This is required if there are no reliable quantitative measures of the construct available (Smith and Smith, 2018). The second stage involved scaling development and validation in order to measure constructs that were difficult to measure directly. A five-point index summated scale was used with statements to each of which the respondents were required to respond: "strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points) or strongly agree (5

points)" for the variables stakeholders' contribution, gender participation, voice of marginalised, and forums. This was followed by factor analysis to summarize and quantify all qualitative information in this study.

For examining the influence of village and street council members on stakeholder participation to LGA service delivery, stereotype logistic regression analytical model was employed. The stereotype logistic regression uses ordinal response variable for estimation instead of nominal outcome variable.

The dependent variable (service delivery) was categorical. Z test statistics were used to establish the relationship between stakeholder contribution, gender participation, voice of marginalised and forums versus services delivery in LGA. The Stereotype Logistic Regression equation of the following form was estimated.

$$\text{logit}[\pi(j, J)] = \ln \left(\frac{\pi(Y=j|x_1, x_2, \dots, x_p)}{\pi(Y=J|x_1, x_2, \dots, x_p)} \right) = \alpha_j - \phi_j(\beta_1 X_1 + \beta_2 X_2 + \dots + \beta_p X_p) \dots \dots \dots (2)$$

Where: $j = 1, 2, 3, \dots, J - 1, J$ stands for the reference category, Y = ordinary response variable from j to J , α_j = intercepts, $\beta_1, \beta_2, \dots, \beta_p$ are logit coefficients, and ϕ_j = constraints to ensure outcome variable is ordinal if $1 = \phi_1 > \phi_2 > \phi_3 > \dots > \phi_{J-1} > \phi_J = 0$.

Table 1. Variables, Measurement, and Hypotheses

Variable	Definition	Unit of Measurement	Hypothesis
y = Service delivery	Extent to which citizens are satisfied with health and education services delivery	1=Not Satisfied; 2=Moderate; 3=Satisfied	
x =Participation in terms of Stakeholder contribution	The state of village and street council members seeks potential actors, receiving their views, advice, support to and from stakeholders regarding provision of services	1=SD; 2=D; 3=U; 4=A; and 5=SA;	+
Gender participation	The extent to which both gender are equal involved by village and street council members in health and water services delivery.	1=SD; 2=D; 3=U; 4=A; and 5=SA;	-
Voice of marginalised	The right of special groups to be heard their challenges and problems facing them particularly women, children and people with disability by village and street council members.	1=SD; 2=D; 3=U; 4=A; and 5=SA;	+
Forums	The meetings or media used by village and street council members in the provision of LGA health and education services delivery.	1=SD; 2=D; 3=U; 4=A; and 5=SA;	+

Note: SD=strongly disagree. D= Disagree, U= Neutral, A=Agree and SA= Strongly Agree

Data Analysis

Qualitative analysis

Qualitative data from KII were processed using the thematic analysis method. The resulting themes were organised into coherent categories which summarised key results. The qualitative information was integrated with findings from quantitative information to provide derive meaningful conclusions.

Quantitative analysis

Quantitative data were analyzed using factor analysis for data reduction and stereotype logistic regression to determine the effects of each variable on service delivery. The study had 17 items, and factor analysis was used to identify which items formed coherent subsets that were relatively independent of one another. Factor analysis was used to produce small sets of variables which were uncorrelated from 17 variables. Factor analysis was adopted to establish the number of dimensions available in a set of variables. The four (4) variables include stakeholder's contribution, gender participation, voice of marginalised, and forums.

The suitability of data for factor analysis was assessed by using Kaiser-Meyer-Olkin (KMO) and Bartlett tests. The test results are presented in Table 2. It can be seen that all four (4) variables were suitable for factor analysis as KMO tests for all variables are greater than 0.5 for it shows 0.9 and p values for Bartlett tests are significant ($p < 0.000$) which was high, indicating good sampling adequacy for running factor analysis.

Table 2. Factor Analysis Results: KMO and Bartlett's Test of Sphericity

Variable	Loadings	KMO	Bartlett test of sphericity	Eigenvalue
Stakeholder contribution	0.9096	0.9263	$\chi_{0.05,6} = 782.017, p = 0.000$	6.833
Gender participation	0.8624	0.9037	$\chi_{0.05,6} = 807.838, p = 0.000$	3.009
Voice of marginalised	0.7999	0.9245	$\chi_{0.05,10} = 921.317, p = 0.000$	1.354
Forums	0.7998	0.9470	$\chi_{0.05,10} = 699.637, p = 0.000$	1.145

Before running the stereotype logistic regression analysis, multicollinearity was tested using Variance Inflation Factor (VIF) to determine whether there was a strong correlation between independent variables. No collinearity was found, because the Variance Inflation Factor (VIF) was less than 10, conditional indices were less than 10, and tolerance was below 0.25 (See Table 3). On the other hand, the proportional odds or parallel regression assumption was tested using Brant test. The test showed a significant value ($\chi_{0.05,4} = 9.64, p = 0.047$) which indicates that the assumption was violated. This implies that relationship between each pair of outcome groups was the same. Because of that, Stereotype Logistic Regression Model was adopted.

Stereotype Logistic is recommended model to be used because it relaxes the ordered logistic model assumptions but retains the ordinal information (Liu, 2014).

Table 3. Collinearity Diagnostics Results

Variable	Tolerance	VIF
stakeholders	0.7542	1.33
gender		
voice	0.6914	1.45
forums		
(obs=399)	Mean VIF	1.3
		0.7027
		1.42
		1.18
		0.8455

Findings and Discussion

Stereotype Logistic Regression

The Stereotype Logistic Regression model was employed to appraise the contribution of stakeholder participation to LGA education and health service delivery. Specifically, the analysis was designed to identify the contribution of stakeholder's contribution, gender participation, voice of marginalised, and forums in LGA service delivery. The overall stereotype logistics model was significant ($\chi_{0.05,6} = 109.25$, $p < 0.000$). This implies that the combined effect of the four variables used was able to explain education and health service delivery in terms of village and street council members' influence on stakeholder participation. All the variables were negatively related to education and health service delivery.

Table 4. Stereotype Logistic Regression

q60	Coef.	Std. Err.	Z	P> z	[95% Conf. Interval]
stakeholders	-1.93415	.2912703	-6.64	0.000	-2.505029
gender	.004241	.2516588	0.02	0.987	-.4890011
voice	-.9537061	.2639212	-3.61	0.000	-1.470982
forums	-1.357704	.2464415	-5.51	0.000	-.874688

The Influence of Stakeholder Contribution to Service Delivery

Stakeholder involvement in LGA was discovered to be critical for education and health service delivery. Hence, this study employed stereotype logistic regression to determine whether village and street council members at low LGA in Tanzania are involving stakeholders effective when delivering of education and health services.

From Table 4, estimated logit coefficient ($\beta = -1.93415, z = -6.64, p = 0.000$) found a significant relationship of village and street council members seeking stakeholder contribution towards education and health services delivery. The relationship is negative. The odds of being in the satisfied with service delivery relative to not satisfied were 0.1445 times less. The findings are in line with the study by Mbithi *et al.* (2019) who discovered that seeking stakeholder supports is limited and that the ensuing influence on decentralized service delivery is negligible.

According to Dunn's (1983) Social Network Theory, "local government organizations' ties with their stakeholders are likely to be regarded as network-type partnerships." Furthermore, the findings contradict a study by Juntunen *et al.* (2019), Saeed and Kersten (2019), Yang and Basile (2021), which found that the participation of stakeholders is required for effective education and health service delivery in LGA. Also, their findings indicate that external stakeholder orientation improved the efficacy of ethics and compliance of education programs. Based on the arguments above, it is possible to assert that stakeholder participation is necessary for effective education and health service delivery in village and street low LGA, even though negatively affecting education and health service delivery. The negative relationship discovered under this study might be explained by the absence of clear guidelines for stakeholder involvement in the village and street LGA. This conclusion is supported by the KII:

"We have by-laws, which reflects the central government law, but our LGA do not have a framework showing clearly which stakeholders are to be involved and in what service provision sector in our jurisdiction." (Personal Communication, March 5, 2021).

Another added that

"Classes affected the stakeholder participation in service delivery processes too, as rich and poor are differently invited to participate." (Personal Communication, March 1, 2021).

For sustainable development, village and street council members must understand that, without stakeholder involvement in the implementation of public-based projects, the projects will lose a sense of ownership among themselves, which will trigger insecurity about their results. As a result, the null hypothesis is rejected, in that there is no significant association between stakeholder engagement and service delivery in Tanzania LGA. It was also discovered that the lack of a stakeholder engagement plan continues to impede members of the village and street council in seeking stakeholder participation in low LGA service delivery. The

stakeholder's engagement plans need to specify who the stakeholders are and what service sectors they must participate in.

The influence of gender participation on service delivery

Gender participation is a core part of equal resource distribution in LGA service delivery processes, as well as a method for equal and sustainable service delivery. The gender participation questions in this survey are aimed to see if village and street council members in low LGA in Tanzania are responding to this indicator. The results on gender participation are presented in Table 4.

From Table 4, the estimated logit coefficient ($\beta = .0042415, z = 0.02, p = 0.987$). Found that gender participation had an insignificant relationship with LGA services delivery. The relationship is negative. Odds of being satisfied with service delivery relative to satisfied were 1.0042 times more. This finding contradicts those found by Ahuru (2021) and Orisadare (2019) who argued that women with a middle school education or higher were more likely to be encouraged by village and street council members to participate in LGA decision-making organs than women with a primary education or less. As a result, better educated women are more aware of the significance of local decision making in antenatal care. As a result, gender participation may be influenced by education level. As noted, women with poor education are less likely to be engaged in LGA decision-making organs than those with secondary education.

The KII produced the following: "My husband is enough to represent our family contributions to the village assembly while I remain at home with other household responsibilities." (Personal Communication, March 3, 2021) which contradicts the available literature under this study.

Another commented that

"Although if we engaged in planning as per meeting calling, few women can be heard, considering economic position and education among ourselves, because even an opportunity to contribute is offered, which to some extent, a number of women take advantage of women in our street dislike attending the assembly." (Personal Communication, March 7, 2021).

Village and street council members through their LGA should adopt more practical approaches to promote education for all in order to have a well-educated and learned society. According to a study conducted by Chukwuma (2020) in Nigeria, women should be empowered to obtain secondary and tertiary education, particularly in rural areas, and participate in public policy-making processes. Thus, researchers in this study could not reject the null hypothesis that there is no significant relationship between gender participation and services delivery in

Tanzanian low LGA. Therefore, it is asserted that women do attend and men participate in LGA service delivery when are invited in the available platforms.

Influence of the Voice of Marginalized Groups on Service Delivery

The planning and implementation of public projects at the local level is no longer viewed as a top-down process, but rather as an inclusive process. In particular, marginalised groups, are viewed as key stakeholders by sharing their perspective on service delivery processes. Marginalised people in developed countries are sharing their views and concerns through integrated ICT infrastructure (Coats, 2017). Also, this study assessed whether street and village council members in Tanzania were complying with the need to enable marginalised groups to have their voices heard, regarding health and education services delivery. Results are presented in Table 4.

From Table 4, the estimated logit coefficient ($\beta = -0.9537061, z = -3.61, p = 0.000$) indicates that the voice of marginalised groups had a significant relationship with education and health service delivery in LGA. The relationship is negative. The odds of being more satisfied with service delivery relative to only moderately satisfied were 0.5466 times greater. Studies by Gautam *et al.*, (2020); Chowdhury, (2021), have advanced explanations based on the above findings, by arguing that village and street council members intentionally have a less caring voice for the marginalized. They also pointed out that disadvantaged groups need more information and resources for them to be able to influence LGA decisions that affect their lives. Enhancing marginalized groups' sharing their concerns requires more than inviting them to participate in decision-making organs.

Moreover, people with disabilities in LGA lack supportive infrastructure to enable them to have an equal chance to raise their voice in the service delivery processes, as reported in the KII:

“The village council is inviting all citizens through the council noticeboard to participate in a decision-making assembly, particularly for hospital and school building programmes, but I cannot attend since I do not have transportation facilities.” (Personal Communication, March 9, 2021).

Another added that

“I think we are ignored by our local leaders based on our ability to share opinions on the available development projects, as we are not facilitated to share our views while we are part and partial of planned service delivery programmes, and this situation is negatively affecting our daily life as nothing is planned to reflect our challenges.” (Personal Communication, March 1, 2021).

A study by Chengalur *et al.* (2021) discovered that developed countries, including the USA, adopted online platforms to obtain information on the voice of marginalized groups while planning service delivery programmes. However, a study by Hayes and Bulat, (2020) suggests that people with disabilities need a supportive system to ensure equal opportunity for sharing their views in service delivery planning and implementation, which a number of developing countries are lacking due to the slow growth of science and technology compared to developed countries. Therefore, the researchers reject the null hypothesis that there is no significant relationship between the voice of the marginalised group and service delivery in Tanzania low LGA.

The Influence of Forums on Service Delivery

Forums are critical in participatory development because they bring stakeholders together to exchange ideas and perspectives on collective service delivery. People in Western countries benefit from the availability of online platforms by having inclusive stakeholders in all public problems by inviting and taking them into account for improved service delivery, particularly in the USA (Sigalla *et al.*, 2021). This study adopted stereotype logistic regression to find out the extent to which the village and street council members use of forums contributes to improved education and health service delivery in Tanzania's LGA.

From Table 4, the estimated logit coefficient $\beta = -1.357704, z = -5.51, p = 0.000$ indicates that 'forum' had a significant relationship with village and street councils. This creates room for education and health services delivery to citizens in the jurisdiction areas. The relationship is negative. The odds of being more satisfied with education and health service delivery relative to those who were not satisfied were 0.2572 times less. The findings are consistent with Social Network Theory, which contends that, for effective performance, village and street council members must use forums to include other stakeholder perspectives, seek physical resources from stakeholders, listen to and consider the interests of both genders and marginalized groups, and analyze all stakeholder problems and interests.

The study findings are supported by the KII:

“I know that, as per local government Act No. 7 (District Authority) of 1982, the members of the village assembly are ours, particularly those over 18 years of age, and we conduct such meetings 4 times per year, but with a number of circumstances out of the council's control, the law is not well attained as stipulating.” (Personal Communication, March 4, 2021).

Another key informant added:

“Not all can attend the assembly for adhering to participatory planning since a number have physical disabilities and are unable to attend due to a lack of supportive infrastructure.” (Personal Communication, March 1, 2021).

Another key informant revealed that:

“The village assembly is an outdated technique for ensuring all citizen groups are participating in LGA service delivery. Other platforms need to be designed to capture all groups of citizens.” (Personal Communication, March 6, 2021).

The arguments of the key informant are supported by a study by Axelsson and Granath (2018) which found that the use of forums in service delivery is a driving force behind Sweden's sustainable development projects. In addition, a study by Rafique et al., (2021) stated that citizen participation in LGA service delivery processes utilizing ICT integrated platforms can boost civic engagement and increase stakeholder participation in various LGA service delivery. Therefore, the researchers in this study rejected the null hypothesis that there is no significant relationship between forums and education and health service delivery in Tanzania LGA.

Conclusions and Recommendations

From the findings discussed above, it can be concluded that there is a significant, negative relationship between village and street council member participation and services delivery in low LGA. The coefficient between village council and street committee members' participation to service delivery was negative, showing that they were poorly exercised in the LGA studied. This undermines LGA ability to provide education and health services to citizen groups. It is suggested that village council and street committee member participation should be strengthened to improve education and health service delivery due to the fact that it helps in gaining diverse ideas and resources required for education and health service delivery in LGA. The major concern for limited village council and street committee member participation in LGA is due to the absence of a participation engagement plan and limited usage of ITC platforms in LLLG in Tanzania. It is recommended to the central government, LGA, and other key players that participation engagement plans should be designed to ensure that LGA has all potential interest groups to ensure sustainable service delivery is attained in the LGA. On the other hand, awareness campaigns should be conducted for women so that they can understand the value of participating in decision-making.

From a theoretical perspective, the findings from this study are in line with Social Network Theory. Some assumptions of the theory are applicable in the LGA context whereby village and street council members are required to involve stakeholders for effective service

delivery. Also, it is believed that improved service delivery requires solid relationships between village and street council members and their stakeholders, including civil society, the private sector, and members of the public, by soliciting and accepting their contributions and taking into account their interests. Also, other mechanisms (e.g., stakeholder engagement in planning, effective usage of ICT platforms in LGA) is vital for attracting all potential stakeholders for improved services delivery.

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