

## **Participation of Health Facility Governing Committees in Budget and Plan Review and Approval at Lower Health Facility: Experiences from Kigoma Region Tanzania**

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**Abstract:** For the purpose of involving communities in primary healthcare, health facility governing committees (HFGCs) were created. This study focused on meeting frequency, feedback techniques, and difficulties to better understand how HFGCs evaluate and approve plans and budgets. A cross-sectional survey was done with 75 HFGC members from 9 sites. The majority of HFGCs (82.6%) met quarterly to improve the delivery of health services, according to descriptive analysis performed using SPSS 20. Common means of getting comments were notice boards (49.4%), village assembly (94.7%), and unofficial gatherings (69.3%). Misunderstandings (78.7%), power dynamics (61.4%), a lack of financing (81.4%), political interference (60%) and knowledge deficits were among the difficulties. Planning and budgeting were enhanced by effective HFGCs with frequent meetings and feedback systems, which in turn improved healthcare delivery.

**Keywords:** Health Facility Governing Committees; Budget and Plan Review; Approval Process; Lower Health Facility; Kigoma Region Tanzania

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## INTRODUCTION

Decentralization is an important element of health sector reform to both developing and developed countries (Boex et al., 2015). The rationale for decentralization in the health sector was to save time in decision-making and ensure that the decisions made are for the benefit of the local community (Kesale, 2016). Also, decentralization came so as to increase community participation in the delivery of health services (WHO, 2018).

African countries started to adopt and enhance decentralization in the provision of primary healthcare services so as to strengthen the performance of the health sector (Abimbola et al., 2016). This was made possible through the creation of autonomous governing bodies at the facility level in order to strengthen community involvement in the delivery of primary health services. These local governing bodies have been granted various activities to perform including planning and budgeting for the facility level. The experience from some countries has shown that decentralization has achieved to improve service provision at primary healthcare facilities since the plans and budgets that are being prepared tend to solve community challenges (Boex et al., 2015). Despite all the achievements reached by these bodies, some of them have shown inefficient performance in their assigned roles due to various challenges. For example, according to Abimbola et al., (2016) in Nigeria Health Facility Committees were performing inefficiently in their roles as a result they were not aware of their duties and responsibilities which have conferred to them.

In Tanzania as a part of health sector reforms, the Health Facility Governing Committees (HFGCs) were established in 1990s so as to increase the involvement of community members in the administering and managing of primary

healthcare facilities (Kessy, 2014). These members are either elected or appointed from the society. The HFGCs are responsible for development of facility plans and budgets for the management of facility income, expenditures and performance. Studies shows that, before 2018, the HFGCs were performing inefficiently in their responsibilities. For example, according to Kamuzola et al. (2013), the implementation of decentralization in the Primary Health Centers (PHC) is facing a challenge since medical professionals were given more power and authority in decision making, while the community representatives and other stakeholders were powerless. Moreover, Kesale (2016) observed that decentralization at primary healthcare facilities is featured with low funding, lack of fiscal autonomy, late transfer of funds to the facilities and inadequate community participation in planning. Thereafter, in order to address all these problems, the government introduced Direct Health Facility Financing (DHFF) in 2018 so as to enable the deposition of funds from the central government into the facility's financial accounts (Mwakatumbula, 2021). DHFF has made it possible for the HFGCs to plan, budget, and manage facility income. Due to their responsibility to review and approve the plans and budget, HFGCs are necessary (Kesale & Mahonge, 2021). The results of several researchers have demonstrated that the effectiveness of these governing bodies is occasionally in doubt and that the plans created by these committees occasionally fail to take the requirements of the community into consideration (Cobos et al., 2017). Inadequate understanding of their responsibilities and ineffective checks and controls from higher authorities may be to blame for these difficulties (Boex et al., 2015). Because of this, the plans that were produced do not meet the needs of the community and have led to inadequate primary health service delivery.

Due to these difficulties, the government has implemented a number of measures, including training HFGC members and strengthening NGOs' participation, to ensure that the committees can successfully carry out their mandated duties, including reviewing and approving budgets and plans (Kesale, 2016). Unfortunately, with regard to all these efforts an experience from different studies shows that there is still a challenge to these bodies, particularly in displaying their budgeting and planning role, for instance in a study conducted by Kesale & Mahonge (2021) found that in some cases health facility management committees fails to perform well their planning and budgeting role because of lower reasoning capacity of some of the committee members. Therefore, this study is very significant because the findings will help to inform authorities like Ministry of Health as well as other stakeholders to know the position of community members and medical professionals toward the scrutiny and approval of budgets and plans at the health center. This study specifically examined the participation level of HFGC members, ways used by HFGCs to share planning and budgeting information with the community, and challenges that face HFGCs during the scrutiny and approval of plans and budgets.

## **METHODOLOGY**

### **Study design and setting**

In order to evaluate the role played by HFGCs in the review and approval of plans and budgets at lower-level healthcare facilities, the study employed a cross-sectional survey approach. The research was done at the Kasulu District Council, one of the eight districts in the Kigoma region. The region is located in Tanzania's western region. Lowland woodlands and highland grasslands make up the Kasulu District. Members of the HFGCs from nine randomly chosen primary healthcare facilities, including the Kimwanya Health Centre, Nyakitonto

Health Centre, Nyamidaho Health Centre, Nyamnyusi Dispensary, Nyachenda Dispensary, Nkundutsi Dispensary, Muzye Dispensary, Kitanga Dispensary, and Mugombe Dispensary, served as the study's data sources.

### **Study subjects and sampling**

The study's participants were HFGC members at lower-level healthcare facilities. This study sample was chosen in order to better understand how much they contribute to the review and approval of the plans and budget at their facility. To find the HFGCs participants, a stratified random sampling method was applied. The researcher collected 75 participants using this sampling strategy from 9 primary health facilities.

### **Data collection tools and procedure**

The members of the HFGC's involvement in the review and approval of plans and budgets at the level of lesser health facilities were examined using closed-ended questionnaires. Additionally, this tool was used to gather data on the sociodemographic traits of the respondents, the frequency of HFGCs, the techniques HFGCs use to provide feedback to the community, as well as the difficulties HFGCs faced when reviewing and approving plans and budgets at their health facilities. Using descriptive statistical approaches such as frequencies and percentages, the respondent characteristics and study variables were examined.

### **Data analysis**

In this study, the quantitative data analysis was done. Following the completion of the respondents' questionnaires, the researcher generated the data set, which was then input into the SPSS statistical computing and analysis program. The characteristics of the respondents and research variables were then examined using percentages and frequencies.

### Variable and measurement

The HFGCs' review and approval of the plans and budget served as the dependent variable for this study. The respondents were questioned regarding their level of involvement and dedication in reviewing and approving the plans and budget at their medical facilities. The frequency of HFGC meetings, the methods through which HFGCs provided input to the community, as well as the difficulties HFGCs faced in reviewing and approving plans and budgets, were the independent factors. Questions with a Likert scale of 1 to 5 were used to measure the dependent and independent variables. The scale ranged from strongly disagree to strongly agree.

### Ethical consideration

Mzumbe University gave this study its ethical approval to proceed, and the researcher also sought permission from the appropriate authority before beginning it in order to make sure the data acquired is ethically and legally acceptable. The confidentiality of any information provided by the respondents was tightly protected by making sure that no information was disclosed to anyone. The researcher collected data without pressuring or troubling the respondents in any way. In order for the respondents to comprehend the study's theme and be inspired to participate, the researcher further described the study's purpose and aims to them.

## RESULTS

### Respondent characteristics

There were 75 participants in the study; 72% of them were men and 28% were women. The majority of responses (42.7%) ranged in age from 31 to 40, 24% from 41 to 50, 17.3% from 21 to 30, 12% from 51 to 60, and 4% were beyond 60. Additionally, 84% of people were married, 12% were single, and 4% were widows or widowers. In addition, the majority (53.3%) had completed their primary school, followed by 13% with

certificates, 12% with secondary education, and 2.7% bachelor degrees.

**Table 1. Socio-demographic characteristics of respondents**

Characteristics	Frequency	Percentage
<b>Gender</b>		
Male	54	72
Female	21	28
<b>Age group</b>		
21-30	13	17.3
31-40	32	42.7
41-50	18	24
51-60	9	12
Above 60	3	4
<b>Marital Status</b>		
Single	9	12
Married	63	84
Widow	2	2.7
Widower	1	1.3
<b>Education level</b>		
Primary	40	53.3
Secondary	9	12
Certificate	10	13.3
Diploma	14	18.7
Degree	2	2.7

### The participation level of HFGC members in scrutiny and approval of plans and budget

According to the results, the majority of HFGC members, or 97.4%, actively participated in reviewing and approving the plans and budget for the fiscal year 2021–2022. Additionally, the results showed that the majority, or 73.3%, strongly agreed that their involvement in the review and approval of plans and budgets is crucial to improving the delivery of health services at their facilities. Further, the results indicated that 90.7% of committee members had not missed a scrutiny or approval meeting since their appointment. Additionally, the majority (98.6%) stated that their committees adhere to the provided timeline when reviewing and approving plans and budgets. Also, the research revealed that the majority

(82.6%) agreed that they met quarterly at their facilities to talk about a range of topics pertaining to the provision of healthcare services. The findings indicate that HFGC members actively participated in reviewing and approving the budget.

Table 2: Participation level HFGC members in scrutiny and approval of plans and budget

Statement	Responses		
	SD	D	N
I actively participated in all meetings for review and approval during the fiscal year 2021-2022.	0	2 (2.7%)	0
My involvement in reviewing and approving plans and budgets is essential to enhancing the provision of healthcare services.	0	0	0
I have never missed a scrutiny and approval meeting since being appointed as an HFGC member.	0	1 (1.3%)	6 (8%)
My facility follows the provided schedule for reviewing and approving plans and budgets.	0	0	1 (1.3%)

HFGC consistently meets four times in a year	1 (1.3%)	8 (10.7%)	4 (5.3%)	37 (49.3%)	25 (33.3%)
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**SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree**

Ways used by HFGCs to share planning and budgeting information to the community

The findings indicated that 97.3% of HFGCs have viable methods for providing community feedback. Additionally, the data revealed that HFGCs employ a variety of methods to provide feedback to the community when planning and budgeting, including notice boards (49.4%), village assemblies (94.7%), and informal gatherings (69.3%).

Table 5: Ways used by HFGCs to give feedback to the community

Statement	Responses				
	SD	D	N	A	SA
There are sustainable ways used by HFGC to give feedback on planning and budgeting information to the community	0	2 (2.7%)	0	37 (49.3%)	36 (48%)
The HFGC uses notice boards to share planning and budgeting information with the community	11 (14.7%)	19 (25.3%)	8 (10.7%)	26 (34.7%)	11 (14.7%)
The HFGC uses village assembly to communicate planning and budgeting information to the society	2 (2.7%)	2 (2.7%)	0	33 (44%)	38 (50.7%)
There are informal meetings for	3 (4%)	14 (18%)	6 (8%)	37 (49%)	15 (20%)

HFGC to share planning and budgeting information with the community	.7 (%)	.3 (%)	HFGC members, I have little	4 (%)	7 (%)	1.3 (%)	20 (%)	7 (%)
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SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

**Challenges that face HFGCs during the scrutiny and approval of plans and budget**

Despite of their remarkable contribution of the HFGCs in planning and budgeting activities, the findings revealed a number of challenges that arise during the scrutiny and approval of plans and budgets in these committees, including misunderstanding among members (78.7%), superiority of power among some committee members (61.4%), insufficient funds (81.4%), limited government ceiling points (77.3%), political interference (60%) as well as little knowledge on planning and budgeting.

Table 6 Challenges that face HFGCs during the scrutiny and approval of plans and budget

State ment	Responses				
	SD	D	N	A	SA
During the scrutiny and approval of plans and budget conflicts arise among HFGC members	4 (5.3 (%)	11 (14.7 (%)	1 (1.3 (%)	29 (38.7 (%)	30 (40 (%)
Although I am a	3 (3 (%)	20 (26.7 (%)	1 (1 (%)	15 (15 (%)	35 (46 (%)

unders tandin g on planni ng and budget ing guideli nes

The insuffi ciency of funds from local author ities is a challe nge that face my HFGC during the scruti ny and appro val of plans and budget	2 (2.7 (%)	10 (13.3 (%)	2 (2.7 (%)	23 (30.7 (%)	38 (50.7 (%)
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In my commi ttee, memb ers with higher levels of educat ion are

In my commi ttee, memb ers with higher levels of educat ion are	5 (6.7 (%)	17 (22.7 (%)	1 (1.3 (%)	24 (32 (%)	28 (37.3 (%)
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mostly involv ed in the scruti ny and appro val of plans and budget	The ceiling provid ed by the govern ment to my facility brings difficul ty during the planni ng and scruti nizing plans and budget	4( 9(1 4( 27( 31( 5.3 2% 5.3 36 41. ) ) % ) % ) )
during the planni ng and scruti nizing plans and budget , some of my commi tee memb ers have more power	During scruti ny and appro val of plans and budget	4( 23( 2( 14( 32( 5.3 30. 2.7 18. 42. ) 7% %) 7% 7% ) )

than  
others

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**SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree**

**DISCUSSION**

In order to strengthen decentralization of healthcare systems, regular meetings are crucial. In order to achieve this goal, the findings showed that the majority of committees (82.6%) held quarterly meetings to discuss various topics in their dispensaries and health facilities. This is also in line with the decentralization theory, which contends that holding regular meetings is one of the key ways to manage and oversee the provision of services at the local level and provide a forum for discussing a wide range of issues related to improving those services. Giving the community input is a crucial part of encouraging citizen participation in the provision of public services. The decentralization theory's core premise is that through providing feedback to the community, community representatives may be held accountable for their actions. According to the study's findings, the majority of HFGCs—97.3%—have sustainable and reliable methods for providing the community with feedback on planning and budgeting information. The data also revealed different strategies these committees employed to inform their local communities about the goals and spending for their facilities. Notice boards are the most commonly used feedback mechanisms (49.4%). A study by Kesale et al. (2022) on the functionality of health facility governing committees and their associated factors in selected primary health facilities implementing direct health facility financing in Tanzania found that 94.7% of respondents use village assemblies to provide feedback to the community. This finding is consistent with the finding that

HFGCs prefer to use village meetings to communicate planning and budgeting. A study by Kesale et al. (2022) noted that in some cases open meetings are used by HFGCs to communicate to the societies about issues like plans and budget of a specific health facility as well as mobilizing the community members to join in an improved Community Health Fund. Furthermore, 69.3% of these committees prepare informal meetings as a feedback mechanism.

One difficulty faced by HFGCs during scrutiny was conflict among committee members. This was backed up by Sohani's research from the Workshop Paper II on Health Care Access of the Very Poor in Kenya from 2005. The results showed that miscommunication between HFGC members during scrutiny and approval sessions is a problem that prevents the committees from coming to a decision since these disagreements sully the meeting environment. The results of the study also showed that the majority of respondents (66.7%) had inadequate comprehension of planning and budgeting standards, which prevents them from doing so in a way that meets the needs of their local communities. This shows that the majority of HFGC members are unaware of key priorities that the Ministry of Health has emphasized in order to guarantee the provision of high-quality healthcare services. Similar to a study conducted by Bjorkman and Svenson (2009), this one found that several Health Facility Committees in Uganda lacked crucial guidelines, which hampered the examination of some crucial essential topics that will build health systems in a society.

Furthermore, a vast majority According to 81.4% of respondents, HFGCs experience difficulties while reviewing and approving plans and budgets due to a lack of funds raised from internal sources of revenue. This prevented HFGCs from approving the entire agenda

that was presented to them, making it more difficult to review and approve plans and budgets. These conclusions were supported by Macha (2011), whose study on the relationships between accountability, trust, and performance in the delivery of health services found that the committees were unable to approve all of the proposed activities due to a lack of funding from local sources. In contrast, the descriptive results revealed that 69.3% of respondents concurred that HFGC members with higher levels of education are primarily involved in the scrutiny and approval of plans and budgets. This implies that the other members receive less attention as they control the entire planning and budget approval process. This was asserted by Loewenson et al. (2004), who emphasized that committee members with low education levels and restricted training have the inadequate capacity, and as a result, they are less engaged in reviewing and approving the plans and budget at their facilities. Additionally, the government's cap on funding for these committees presents difficulties when reviewing and approving plans and budgets, according to the majority of respondents (77.3%). The results showed that, in most cases, the ceiling set restricts them from budgeting all the activities, and regrettably, only a small number of plans (activities) are being implemented while others are ignored. According to a study by Frumence et al. (2013) titled "Challenges to the implementation of health sector decentralization in Tanzania: experiences from Kongwa district council," the ceiling point frequently prevents these committees from performing their planning and budgeting duties effectively.

## CONCLUSION

In light of the study's findings, it can be said that HFGCs play a significant role in the evaluation and approval of plans and budgets. The results of the survey, which showed that the majority of HFGCs are



extremely devoted to holding regular meetings at their facilities to discuss various concerns, including planning and budgeting, demonstrate this. Additionally, in these lower-level healthcare institutions, these committees have created sustainable avenues for informing the community about budget and plans, including public meetings, informal gatherings, and notice boards. Despite making a significant contribution to the reviewing and approving of the plans and budget, committees nonetheless face several difficulties when conducting these meetings. These difficulties include a lack of funding, which prevents them from approving all the intended activities. Additionally, miscommunication among the HFGC members often makes it difficult for some proposals to be reviewed and approved at a particular location. The HFGC members are also unable to recognize the key areas that must be taken into account when carefully examining the activities to be planned for a certain financial year due to their lack of understanding regarding planning and budgeting criteria. Last but not least, political interference is a problem that causes certain committee members to consider their political views when examining and approving the plans.

Therefore, there should be numerous efforts by higher levels of administration (Ministry and Council) and other health partners to develop the ability of these committees in order for them to contribute more in scrutinizing and approving plans and budget. This can be accomplished by allocating sufficient financial resources to the facilities, giving HFGC members regular training on various planning and budgeting guidelines, and urging political leaders to refrain from involving their political interests in the scrutiny or approval of plans and budgets. This will help to create an environment that will encourage each HFGC member to

contribute ideas regarding planning activities.

### **Recommendations**

Based on the study's findings, the researcher advises the HFGCS to frequently provide supporting oversight as they prepare plans and budgets for their healthcare facilities. In order to gain feedback on what has been planned to be done at their facility in a particular fiscal year, community members should also keep attending public meetings, informal meetings, and visiting the notice boards in their villages. In order to motivate the community representatives to carry out their responsibilities successfully, the government should also make sure that they receive substantial recognition and support to these committees.

### **CONFLICT OF INTERESTS**

The authors declares that no competing interest.

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<http://www.worldbank.org/ieg>