

Transparency in Local Government Health and Education service Delivery in Dodoma, Tanzania

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ABSTRACT

Effective Local Government education and health service delivery requires a sound transparency system in place. However, the literature suggests that the absence of effective transparency particularly in local government determines the quality of service delivery. Therefore, this paper aims at exploring the functionality of transparency in LGA service delivery; More specifically the paper aims to identify the openness and honesty of local government officials, examine the citizen information accessibility and assess the influence of open decision-making in LGAs services delivery. The cross-sectional research design was employed. The study involved 399 respondents from villages and streets (Mtaa) including 15 key informants. Secondary data were obtained from the villages and streets (Mtaa) meetings log books, council financial reports as well as previous assembly meeting minutes. Quantitative data were analysed through factor analysis and stereotype logistic regression mode while qualitative data were analysed through content analysis. Unfortunately, the contribution of transparency to LGAs services delivery is minimal. The results revealed that there was a negative association between transparency and education and health service delivery. However, this cannot deny the ordinal information, which revealed that a minor relationship exists between the variables. The major concern for low transparency in LGAs might be the inadequate chain of command in the Tanzania LGAs framework. Additionally, most local government authorities in Tanzania use low-level technology. Thus, it is recommended that the Regulatory framework should be adjusted to ensure LGAs officials are more transparent. Further, these should go together with ICT innovation in LGAs setting towards effective transparency in LGAs for improved education and health service delivery

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1. INTRODUCTION

Worldwide, health and education service delivery systems face multiple challenges, making key beneficiaries and stakeholders in local government authorities receive insufficient services from public officers despite the initiatives taken to improve the situation (Minani, 2021). Information asymmetry is reported to be one of the obstacles in ensuring the transparency principle is implemented effectively. Recognizing this, the term transparency has pervasively become a global agenda in governmental and non-governmental organizations as well as in large and small organizations (Kessy, 2020). Transparency is the state of seeing-through. It also refers to the availability and exposure of evidence. It can be manifested through openness, honesty, free and pluralistic media, the right to know, open decision-making, published plans and information accessibility. Thus, transparency is crucial in local governance because it helps citizens hold local governments accountable for their performance.

A local Government is a sub-national, semi-autonomous regime carrying its roles in a stated area within a nation. It implies the regime that is nearby to the public and consequently is accountable for addressing the partisan and physical needs of the people in an exact local area (Kumburu and Pande, 2018). Such areas might be a country, a town, or a conurbation in a city or a metropolitan contingent on size. There are various services offered by local governments, for instance, in Kosovo, various resources are injected by international organizations into reforming local governance towards improving health and education service delivery (De Brún, O'Donovan and McAuliffe, 2019). In addition, in Latin America, authorities have granted all local governments the same legal mandate for dealing, providing and delivering services (Parkhurst, 2017). Nonetheless, in exercising governance, local governments' independence in the United Kingdom, New Zealand and Australia are greatly controlled, whereby municipal abilities are limited to those that are openly endorsed to them by the central government (Brown, 2017). Nevertheless, authorities in all three countries seeking to improve service delivery, decided to announce a power of general capability for local governments while focusing on citizens' satisfaction with the health and education service delivery (Keuffer, 2018).

In several low- and middle-income countries, failures in delivering quality public service are demonstrated by high rates of absenteeism among staff in the public service such as health and education. These failures have pushed the agenda for better governance. Local services in Tanzania began when local African chiefs first established local administrations. They became more pronounced during British colonial rule with the implementation of the native authority

ordinance Cap.72 in 1926 (Mtasigazya, 2019). At the beginning of the 20th Century, local governments were responsible for several important functions but faced many problems such as a lack of adequate finance and management autonomy. Local government staffs were mainly primary school leavers who could not deliver services effectively due to poor training and equipment (Fute, 2019). In the 1970s, Tanzania opted for a "deconcentration" rather than a "devolution" type of decentralisation. In 1972, local governments were abolished and replaced by district and regional directorates. In effect, the central government started directly to manage the local development process (Kamugisha, 2021). Local and central government responsibilities were merged. This resulted in a strong central organization for coordinating and supervising rural development. Unfortunately, the bureaucrats who tended to make decisions for their people hijacked the power given to the people (Hailu *et al.*, 2018). This situation forced the government to point out health and education service delivery as one of the key areas in exercising good governance as a response to SDGs and a strategy for the realization of the Tanzania Development Vision (TDV) 2025 and the National Five-Year Development Plan (FYDP III 2021-2026) (Osawe, 2017). The Government of Tanzania developed various interventions including National Strategy for Good Governance, Local Government Reforms programmes (Phase I and II) and Public Services Reform Programme (PSRP) and decentralization programmes such as decentralization by devolution (popularly referred to as D by D). D-by-D means shifting power, authority, and resources from the central administration to LGAs, among others. D by D was intended to improve education, laws and culture while abiding by good governance practices and delivering services efficiently and effectively (Llorens, 2019).

However, despite the reforms in local governments in Tanzania, which aimed at improving the performance of the LGAs, there are frequent concerns regarding issues of information accessibility, limited LGAs plan publications and open financial decision-making of public officials and institutions tasked to oversee the functions of LGAs (Hussein, 2017). In general, citizens are unsatisfied with health and education service delivery in local governments. However, the root causes of that reality are still empirically not known. Scholars have contradictory opinions on transparency as a key component of health and education service delivery toward achieving Sustainable Development Goals (SDGs) as promoted in by the international community. As Wright *et al.* (2018) argue transparency of LGAs increases effectiveness in service delivery. Their advanced argument is that citizens' participation in health and education service delivery fosters effective management of public funds and brings effective win-win situations among the service providers in local government authorities. Contrary to this,

Dharma (2015) and Ernst et al. (2019) argue that transparency is associated with bureaucracy in delivering prompt services to citizens and decreases satisfaction among the service users since it cannot be successful in developing countries; it needs highly advanced technology for smooth working. Those conflicting views are mainly attributed to the inherent difficulty in measuring transparency and deciding which of its dimensions is more critical than others in influencing service delivery. Furthermore, the above studies employed descriptive analysis on single LGAs and employed sample sizes ranging from 40 to 160, which were arguably not sufficient to make robust inferences about the populations from which the samples were drawn. The study on which this paper is based is intended to fill the knowledge gap by examining the contribution of transparency in LGAs health and education service delivery in selected LGAs in Dodoma Region, Tanzania. Doing so would help LGAs officials to develop effective strategies that promote effective service delivery. These outcomes are important to inform strategies to achieve Tanzania Development Vision (TDV) 2025, Goal No. 3.1 in respect of attaining a high quality of life for all Tanzanians. In addition, healthy lives and promoting well-being for all ages and attaining inclusive and equitable quality education and promote lifelong learning opportunities for all as stated in Sustainable Development Goals No. 3 and 4 respectively.

2.0. LITERATURE REVIEW

2.1 Theories Guiding the Study

Mercy Corps Good Governance Framework Model (1979) and the creative chaos' theory (1990) guide this paper. These two are relevant for this paper because they were designed to enable all government actors to address issues of service delivery.

2.1.1 The Mercy Corps Good Governance Framework Model (1979)

The Mercy Model purports that “nonviolent, protected and impartial societies arise once LGAs actors manage to work together in a non-violent transformation. The model further advocates for capacitating all these actors. In this regard, LGAs through their administrative structures plays a great role in ensuring citizens' demands are met with the support from other LGAs actors.

For effective work, this model depends first, on state machinery because it needs an authentic government, which values citizens, and ensures citizens' involvement and respect for human rights. Secondly, the model depends on the appropriate institutional framework and capability. As final governance structures and practices, the Mercy Model is enshrined with principles of governance, which are mandatory to be observed by a government. These are crucial for the

efficient and effective delivery of public services. While this model was ideal for this paper and emphasizes adherence to the principles of good governance, it ignored the crucial aspect of innovation. Therefore, the creative chaos theory was used to complement the model.

2.1.2 Creative Chaos' Theory (1990)

The Creative Chaos Theory is a modification of Joseph Schumpeter's theory of innovation and gives knowledge on how the government should adhere to its legal mandate in delivering services (Edematie, 2019). LGAs through their elected, technocrats and actors have the mandatory role of ensuring citizens' needs are met. Therefore, LGAs staffs are anticipated to be inventive and modern when delivering services in their sectors. Additionally, Persdotter (2019) admits that the idea of creativity as the basis of ensuring transparency is a key aspect in fostering service provision at all LGAs levels. Together with this, leadership plays an important role in meeting the hopes of the citizens.

2.2 Empirical Studies and Hypothesis Development

2.2.1 Open Decision Making

Local Government Authorities (LGAs) are required to be explicit and open in their operations in response to citizens' aspirations. LGAs have to deliver services such as health and education through citizens' participation at all levels for policymakers to design an effective health and education service delivery system (Robinson 2018).

Globally, Alibegović and Slijepčević (2018) revealed that many elected leaders in Europe have a positive attitude toward participatory decision-making in local governments. England is an admirable example of the regulation and implementation of participatory decision-making processes and other participatory tools at the local level. Despite the good experience of most European countries, the experiences of South-Eastern European countries show inadequate cooperation among elected, citizens and local administration to establish a legal framework to ensure participation in the policy-making process (Michael, 2021)

In Tanzania, the legal framework stipulates the creation of representative organs through which elected representatives decide for their people. LGAs are compelled to engage people in all preparations and implementations of plans in their respective areas (Fute 2019). Local Governments are mandated to use a participatory approach in the planning and budget process (Jesse and Bengesi, 2018). This practice is the basis for preparing the LGAs' three-year

development plans as stipulated in Act No. 6 of 1999, thus enabling citizens' participation in decision-making. Hence, the study alternatively hypothesized,

H₁: There is a significant relationship between open decision-making and health and education service delivery in Tanzania LGAs.

2.2.2 Openness and honesty

The central government should support LGAs in setting operative tactics for disseminating information to the public in their areas (Guo and Wei, 2019, 5). In this regard, LGAs in Latin America have developed mechanisms to assist Councillors to make sure they convene scheduled meetings with their electorate to provide a routine and effective feedback as well as gather opinions from the people (Mwanyoka *et al.*, 2021). A study by Andrews *et al.* (2020) discovered that just fewer than 10 per cent of EU citizens could access information on public services in 2007, even though almost 60 per cent of all public services were available online at the time, including all major public services. The study concluded that 'achieving the expectations and the goals of the early visions has been more difficult than expected and that 'citizens have little information on the availability of information. Public services are available through significant investment and usage rates are still low.

In Tanzania, openness is made on the endorsed movement of information. LGAs are required to provide information to the citizens and all stakeholders especially revenue and expenditure reports as a way of enhancing frankness (Abdulai, 2022). Villages are compelled to show financial reports on notice boards as public information (Mfinanga, 2018). LGAs meetings are regularly advertised, including dates, place and a list of agenda of village meetings and encouraging public participation. Previous related studies mainly focused on assessing the influence of LGAs officials' openness on health and education services delivery. Thus, from the above observations, it was hypothesised,

H₂: There is a significant association between openness and honesty towards health and education service delivery in Tanzania LGAs.

2.2.3 Free and pluralistic media

For effective health and education health and education service delivery in LGAs, the government has to emphasise citizens' values of liberty and diversity. The government should designate, in the work programme and funding of the citizens, fundamental rights agencies and

monitor the roles of national-level freedom and pluralism of the media (Llorens, 2019). The agency would then issue regular reports about any risks to the freedom and pluralism of the media in any part of the public health and education services in the country (Rossini, 2018). The administrative bodies could then discuss the contents of these reports and adopt resolutions or make suggestions for measures to be taken. Bedard and Tolmie (2018) explored the importance of media accessibility in Europe. Their study established that central governments, in collaboration with civil organizations, had to enact regulations on all citizens' access and right to the expression on the available media. In addition, Hoyert and Miniño (2020) highlighted that a new format as to how people relate to information should also be changed. Increasing filtering mechanisms make it more likely for people to only get news on subjects they are interested in. Thus, from the above argument, it was alternatively hypothesised,

H₃: There is a significant association between free and pluralistic media and LGAs services delivery in Tanzania.

2.2.4 Information Accessibility

Collective decision-making for effective services planning and implementation requires availability and free access to information, which should be recognised as a vital right as per the constitution in several representative countries and substantial for running public affairs (Eman and Meško, 2020). This is a key aspect of engaging citizens, analysis and answerability (Ekholm and Holmlid, 2020). Nwoke (2019) conducted a study on citizens' participation in government practices and found that access to information contributes to public officials being accountable for their actions in Nigeria.

Tanzania passed the Access to Information Act No 6 of 2016. The act provides access to information by defining the scope of information that the public has the right to access towards the promotion of transparency and accountability of information holders. Therefore, in this paper, it would be expected that information accessibility positively contribute to LGAs' health and education services delivery; hence it was hypothesized,

H₄: There is a significant relationship between information accessibility and LGAs health and education service delivery in Tanzania.

2.2.5 Published Plans

Many donor and development organizations worldwide need a government-published plan for efficient working as the partner towards local development mainly education and public health, with a limited plan in local government authorities due to its semi-authority status. Civil organizations need to observe the transparency of developing countries to share resource partnerships with a range of donors and play a leading role in the donor community to increase the impact on socio-welfare development. Like other developing countries, Tanzania prepares and publishes long-run and short-term development plans. For instance, in 2016/17 – 2020/21 towards attaining Tanzania Vision 2025 goals, LGAs in Tanzania were preparing plans to align with the central government's five-year development plans and published them for meeting development stakeholders to participate in development activities. Therefore, from this paper, it was expected that published plans contribute negatively to LGAs health and education service delivery; hence, it was alternatively hypothesized,

H₅: There is a significant relationship between published plans and LGAs services delivery in Tanzania.

2.2.6 Right to know

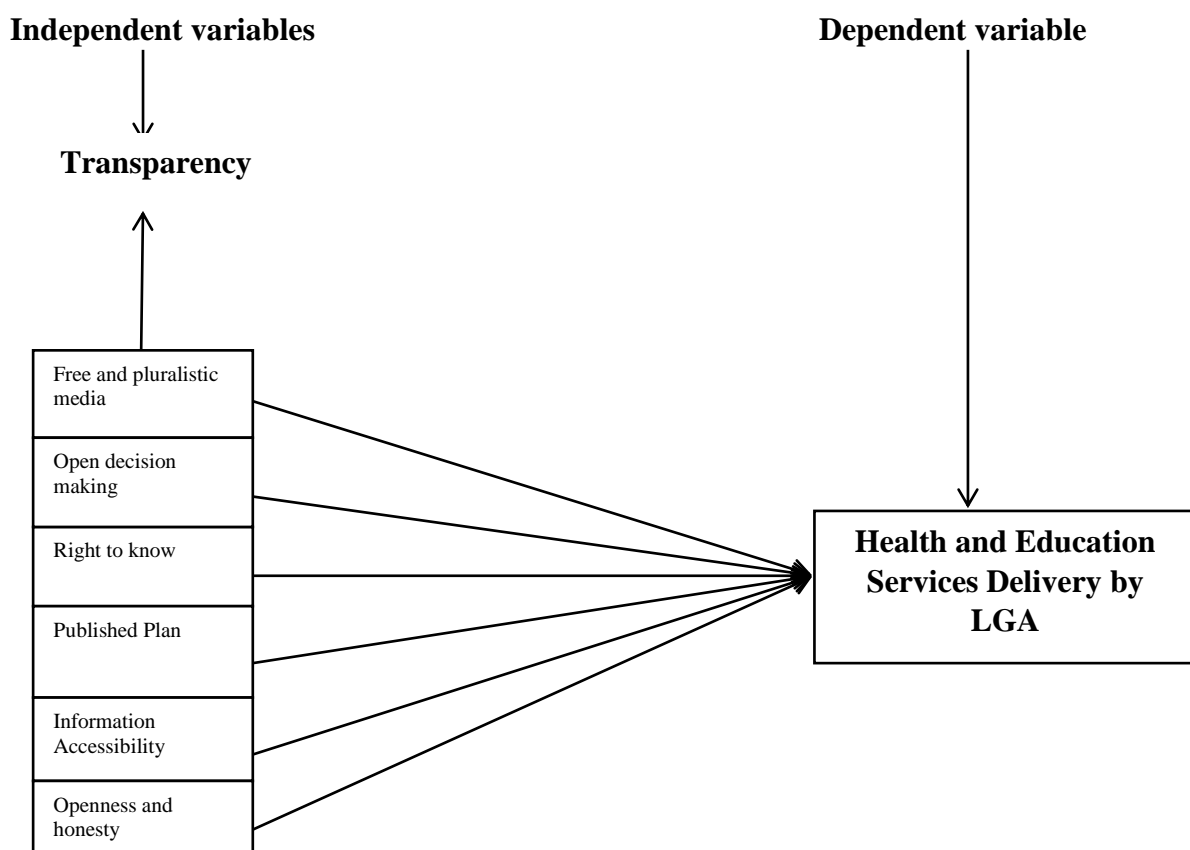
As a matter of international law, the State is one single entity, regardless of its unitary or federal nature and internal administrative division with citizens, which requires information to judge government practices on their agreed welfare provision (Wang, 2019). Many countries in the world enacted acts towards citizens being informed about government practices (Davidson, 2020). In America, the public only gained a broader legal right to access government information with the citizens' right to Know Act, which was first enacted in 1966 (Fink, 2018). According to civil society organizations, most African governments have established well-defined legal provisions for exceptions, and sufficient requirements for public education, and have done little or almost nothing toward implementation (Maluleka 2021). For many journalists and anti-corruption campaigners as the country begins the implementation of the Right to information law, there are concerns that some provisions in the law could be used as a backdoor exception to grant the state broad discretion to decide when information is deemed to be confidential. In Tanzania, every person has a right to seek, receive and/or disseminate information regardless of national boundaries under Article 18 of the Constitution of the United Republic of Tanzania of 1977 where citizens get informed about having huge room to request services delivery, particularly LGAs that are close to the citizens in areas of jurisdiction Mgovano

(2019). Therefore, from this paper, it was expected that the rights to know contribute positively to LGAs health and education service delivery; hence, it was alternatively hypothesized,

H₆: There is a significant relationship between the right to know and LGAs health and education service delivery in Tanzania.

Therefore, from the empirical studies, Davidson, 2020; Mwanyoka *et al.* 2021; Fute 2019 have described the relationship between transparency and service delivery, but have not examined the integration of how Free and pluralistic, Open decision-making, Right to know, Published Plans, Information Accessibility, Openness and honesty, dimensions affect health and education service delivery in LGAs in Tanzania.

Figure 1: Conceptual Framework



Source: Literature Review, (2022)

Thus, this paper combines these variables to determine how they influence health and education service delivery. The health and education service delivery (dependent) variable is affected by transparency (independent variable). For example, transparency is often viewed as the ownership of the development process, bottom-up planning process, grassroots planning, public

involvement, participatory planning, democratic planning, and collaborative planning (Ahamed, 2019). When citizens are openly engaged in project activities, they feel a sense of ownership and are nurtured thus services will be improved. Following the above descriptions, Figure 1 summarises the conceptual framework to capture the causal-effect relationships

3.0 METHODOLOGY

3.1 Research Design

The study employed a cross-section survey design. The design was adopted since it allows data collection at a single point in time (Pule *et al.* 2017). Therefore, the design allowed for the determination of causal-effect relationships between independent variables (free and pluralistic media, citizen information accessibility, and influence of open decision-making) and the dependent variable. In addition, the design allowed easy data collection and analysis on transparency and service delivery.

3.2 Population and Sample

The study population comprised members of village councils and street (mtaa) committees from Dodoma city, Kongwa and Chamwino District Councils found in Dodoma Region. The selection of Dodoma region was based on the existence of the parent coordination ministry in the 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 to assess the role of transparency in LGAs' health and education service delivery.

The total number of village councils and street committee members in the study areas was 6182. Using Yamane (1967) with a margin error of 5 per cent, a sample size of 375 was targeted. To adjust for non-response error, a 30-sample size was added to make a total targeted sample size stand at 405. Thus, the study involved a sample of 399 respondents.

3.3 Sampling Procedure

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

Development Authority (CDA). Chamwino was selected because it is the newest council in the region. It was 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 a simple random sampling technique. The selected wards were Makole, Chang'ombe and Madani (Dodoma City Council), Sejeli, Mtanana and Pandambili (Kongwa District Council), Manchali, Mvumi Mission and Haneti (Chamwino District Council). Stage three involved the selection of villages/streets. From each ward, three villages from the district council's and streets (Mtaa) from the city council were selected. In the ultimate stage, committee members were selected using simple random sampling. A list of members for each village and street (Mtaa) was obtained from village and street (Mtaa) executive officers.

3.4 Data collection methods

The study on which this paper is based used primary and secondary data. Primary data were collected through a questionnaire, which was collected from 399 the street committee and village council members. In addition to the questionnaire, an interview guide was used to collect data from key informants. Secondary data were collected through a documentary review of the villages and streets (Mtaa) meetings log books, council financial reports as well as minutes of previous assembly meetings. It was necessary to use a combination of data sources to complement each other and to obtain sufficient and insightful information for the study.

4.0 DATA PROCESSING AND ANALYSIS

Pre-testing of the questionnaire was done to measure validity. The suggestions and recommendations from pre-testing were incorporated into the final questionnaire before final data collection. Data collected were subjected to a reliability test and Cronbach's Alpha coefficient test whose internal consistency score was 0.8807 which is higher than 0.70 and hence was considered acceptable and a good indication of construct reliability (Kadariya, 2012).

Qualitative data from key informant interviews were analysed using the Content Analysis (CA) method. First, interviews were transcribed into a word document. Then, from these transcriptions, key themes, concepts and phrases related to performance appraisal and organizational performance were identified. This was done to organise the information into common themes that emerged in response to specific items. The themes were organised into

coherent categories, which summarised key results. Qualitative information was then integrated with the findings from quantitative information to derive meaningful conclusions.

Quantitative data analysis included the development of indices, whereby in the first stage, the thematic analysis technique was used to explore and gain insight into deeper attributes of governance. This is required where there are no reliable quantitative measures of the construct (Smith and Smith, 2018). The second stage involved scaling development and validation to measure constructs that were difficult to be measured 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 variable openness and honest, free and pluralistic media, information accessibility, open decision-making, published plan and the right to know. This was followed by factor analysis to summarize and quantify all qualitative information in this study.

Table 1: Variables, Measurement and the Hypotheses

Variables	Definition of the variable	Unit of measurement	Hypothesis
γ =Service delivery	The extent to which citizens are satisfied with service delivery	1=NotSatisfied;2=Moderate;3=Satisfied	
α =Transparency in terms of			
Openness and honesty	The situation of being moral, truthful to yourself and with others	1=SD; 2=D;3=U; 4=A; and 5=SA;	+
Free and pluralistic media	The situation of citizens' access to a variety of information sources and voices, allowing them to form opinions without undue influence of one dominant opinion-forming power	1=SD; 2=D;3=U; 4=A; and 5=SA;	+
Information Accessibility	The right of citizens to seek, receive and impart information and ideas concerning their life spheres	1=SD; 2=D;3=U; 4=A; and 5=SA;	-
Open decision making	An approach to arriving at actionable agreements through participatory practices	1=SD; 2=D;3=U; 4=A; and 5=SA;	+
Published plan	Making the LGAs scheme an arrangement available to the public through books, magazines and newspapers	1=SD; 2=D;3=U; 4=A; and 5=SA;	+
Right to know	The ability of people to access a wide range of information to participate in real and effective ways in the matters that affect them	1=SD; 2=D;3=U; 4=A; and 5=SA;	-

SD= Strongly Disagree; D= Disagree; A= Agree; SA= Strongly Agree

Source: Literature Review, (2022)

For examining the contribution of transparency to LGAs service delivery, the stereotype logistic regression analytical model was employed. The model is preferred over the partial proportional odds (PPO) model, the generalized ordinal logit model or the multinomial logistic regression model because it is an extension of both the PPO model and multinomial logistic regression model. Moreover, stereotype logistic regression uses an ordinal response variable for estimation instead of a nominal outcome variable.

Explanatory Variables, Measurement and the Hypotheses included in Analysis

The dependent variable (service delivery) was categorical. Z test statistics were used to establish the relationship between openness and honesty, free and pluralistic media, information accessibility, open decision-making, published plan and the right to know versus services delivery in LGAs. 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 , $\alpha_j =$ intercepts, $\beta_1, \beta_2, \dots, \beta_p$ are logit coefficients, and $\phi_j =$ constraints to ensure the outcome variable is ordinal if $1 = \phi_1 > \phi_2 > \phi_3 > \dots \phi_{J-1} > \phi_J = 0$.

Assessment of the Measurement Model Fitness

4.1 Factor Analysis

The study had 30 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 the remaining variables. Exploratory factor analysis was adopted to establish the number of dimensions available in a set of variables. Kaiser-Meyer-Olkin (KMO) value, which measures the magnitude of the observed correlation coefficients to the magnitude of the partial correlation coefficients, was 0.8969, which was high, indicating good sampling adequacy for running factor analysis. Moreover, Bartlett Test for Sphericity, which tests the null hypothesis that the correlation matrix is identical, was performed. The result rejected the null hypothesis (p-value < 0.05) and therefore shows that the data are suitable for factor analysis.

4.1.1 Iterated Principal Factors

Out of the 30 items, the results show that there was a possibility of a maximum of six factors as their eigen values (variances of the factors) were greater than 1. The first factor (Factor 1) accounted for the most variance (9.190), the second factor (Factor 2) accounted for 5.262 while the third factor (Factor 6) accounted for 1.031. Six factors were retained as per Kaiser Criterion. The six factors accounted for 67.5per cent of the total variance.

4.1.2 Rotated factor loadings (pattern matrix) and unique variances

Rotated factor loadings (pattern matrix) and unique variances show how each variable was relevant among the other factors. For instance, variable q6_1 was mostly defined in factor 2, q14_2, and q14_1 in factor 5 while q14_3 was in factor 1. The factors had been named as follows: Factor 1 = Open decision-making, Factor 2 = Free and pluralistic media, Factor 3 = Openness and honesty, Factor 4 = Information accessibility, Factor 5 =Published plan and Factor 6 = Right to know

4.1.3 Correlation matrix of the ProMax (3) rotated common factors

The factors had minimal relationship among themselves as shown in Table 2. From the correlation matrix table, it can be seen that the variables were related, but $r < 0.8$, which indicates that they were free from multicollinearity. The existing correlation among the factors suggests that the model was fine.

Table 2: Correlation matrix of the Promax (3) rotated common factors

Factors	Openness	Media	Accessibility	Decision	Plan	Right
Factor 1	1					
Factor 2	.3797	1				
Factor 3	.5019	.4943	1			
Factor 4	-.2448	.03644	-.1588	1		
Factor 5	.1414	.4536	.1805	.2665	1	
Factor 6	-.1512	.1541	-.002057	.3882	.3966	1

Source: Field data, (2022)

4.2 Ordered Logistic Regression

4.2.1 Brant test of parallel regression assumption

Before running the ordered logistic regression analysis, the proportional odds or parallel regression assumption was tested using the Brant test. The findings showed a significant test

statistic ($\chi_{0.05,6} = 49.22$, $p = 0.000$) (See Table 5) which indicates that the assumption was violated. This implies that the relationship between each pair of outcome groups was the same. In this respect, Stereotype Logistic Regression Model was adopted. Stereotype Logistic is a recommended model because it relaxes the ordered logistic model assumptions but retains the ordinal information (Liu, 2014). Despite the assumption violation, the results of the ordered logistic regression are presented in Table 3.

Table 3: Brant test of parallel regression assumption

	chi2	p>chi2	Df
All	49.22	0.000	6
Openness	0.00	0.985	1
Media	0.02	0.892	1
Accessibility	2.53	0.112	1
Decision	28.77	0.000	1
Plan	9.57	0.002	1
Right	0.23	0.629	1

Source: Field data, (2022)

The overall ordered logistics model was significant ($\chi_{0.05,6} = 233.98$, $p = 0.000$) which indicates that the model as a whole is statistically significant relative to a null model of no predictors. In other words, the combined effects of all variables in the model were different from zero. Village council and street committee members were less satisfied with health and education service delivery provided by councils in terms of decision-making [OR = 0.899], openness [OR = 0.419], media [OR = 0.647], accessibly [OR = 0.661], plan [OR = 0.330], and right to know [OR = 0.781].

Table 4: Estimated Ordered Logistic Regression Model

Ordered logistic regression		Number of obs = 399				
		LR chi2(6) = 233.98				
		Prob > chi2 = 0.0000				
Log likelihood = -249.91662		Pseudo R2 = 0.3189				
	Odds Ratio	Std. Err.	Z	P> z	[95% Conf. Interval]	
openness	0.4195908	0.0664755	-5.48	0	0.307589	0.5723758
media	0.6470361	0.0990246	-2.84	0.004	0.4793556	0.8733721
accessibility	0.6612076	0.1056257	-2.59	0.01	0.4834608	0.9043039
decision	0.8994671	0.1237226	-0.77	0.441	0.6869129	1.177793
plan	0.3299409	0.0503371	-7.27	0	0.2446659	0.4449375
right	0.7811063	0.1137758	-1.7	0.09	0.5871164	1.039192
/cut1	-1.415996	0.1582647			-1.726189	-1.105803
/cut2	3.355924	0.254409			2.857291	3.854556

Source: Field data, (2022)

5.0 FINDINGS AND DISCUSSION

5.1 Stereotype Logistic Regression

The stereotype Logistic Regression model was employed to appraise the contribution of transparency to LGA service delivery. Specifically, the paper was set to identify the contribution of openness and honest, free and pluralistic media, information accessibility open decision-making, published plan and right to know in LGAs 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 six variables used was able to explain health and education service delivery in terms of transparency. All the variables were negatively related to service delivery.

Table 5: Stereotype Logistic Regression

Number of obs = 399						
Wald chi2(6) = 109.25						
Log likelihood = -251.54926			Prob > chi2 = 0.0000			
(1) [phi1_1]_cons = 1						
q60	Coef.	Std. Err.	Z	P> z	[95% Conf. Interval]	
openness	-1.610824	0.3045396	-5.29	0.000	-2.20771	-1.01394
media	-0.8108991	0.2899888	-2.8	0.005	-1.37927	-0.24253
accessibility	-0.7505091	0.3028332	-2.48	0.013	-1.34405	-0.15697
decision	-0.182387	0.2729294	-0.67	0.504	-0.71732	0.352545
plan	-2.078382	0.3088277	-6.73	0.000	-2.68367	-1.47309
right	-0.5336205	0.2846779	-1.87	0.061	-1.09158	0.024338
/phi1_1	1	(constrained)				
/phi1_2	0.4983854	0.049249	10.12	0	0.40186	0.594911
/phi1_3	0	(base outcome)				
theta1	1.818615	0.399935	4.55	0	1.034757	2.602472
/theta2	3.147352	0.369705	8.51	0	2.422743	3.871961
/theta3	0	(base outcome)				

(q60=Satisfied is the base outcome)

5.1.1 The influence of Openness and honesty on Service Delivery

Openness in LGAs was observed to be vital towards transparency. This study used stereotype logistic regression to see if LGAs in Tanzania are adhering to this transparency indicator in their health and education service delivery mechanism. Table 5 presented the stereotype logistic regression results.

From Table 5, the estimated logit coefficient ($\beta = -1.610824, z = -5.29, p = 0.000$) indicates that openness had a statistically significant negative relationship with transparency, which implies that health and education service delivery was inadequate in LGAs under this study. These findings are contrary to the findings in a study by Mercy Corps Good Governance Framework Mode (1979) which rationalises that “nonviolent, protected and impartial societies

arise once LGAs actors work together with transparency which requires openness among them. Also, the findings are in contrast to the findings in a study by Bernhard *et al.* (2018) who measured members' satisfaction using established indices covering three dimensions: satisfaction with living in the municipality, satisfaction with the performance of government activities (delivered services) and satisfaction with openness and honesty among public officers and their influence in European countries. The results show that there is a relationship between the degree of digitalization in a municipality and the perceived satisfaction among members. The degree of digitalization is related to all three dimensions of members' satisfaction. Additionally, the results indicate that the strength of this relationship was in parity with or even stronger than the relationship between citizen satisfaction and other crucial factors such as education level and sources of income. In addition, a study by Poledrini *et al.* (2018) revealed that privacy, ethics, and autonomy are present; and democracy, a societal building block in the Nordics, is especially prominent in the policies. For policy development, policy leaders must understand that without citizen involvement in the implementation or lacking citizen education, run a risk of alienating those to whom these services are meant to utilize and improve access. Hence, the findings reject the alternative hypothesis that there is a significant association between openness and honesty towards health and education service delivery in Tanzania LGAs.

It was also observed that low technology growth in LGAs still hinders effective openness among LGAs officers unlike in developed countries where digitalization fosters openness and honesty among public officials in LGAs.

5.1.2 The influence of Free and Pluralistic Media on Service Delivery

The availability of free and reliable pluralistic media is a paramount aspect of enhancing transparency in LGAs' service delivery. These are also used as a mechanism for holding LGAs officials accountable in providing feedback as well as collecting views and comments from the people regarding services provision. For this study, the questions on free and pluralistic media are intended to determine whether LGAs in Tanzania are responding to this indicator. The results on free and pluralistic media are presented in Table 5.

From Table 5, the estimated logit coefficient ($\beta = -0.8108991, z = -2.8, p = 0.005$) indicates that media had a negative significant relationship with transparency towards service delivery. The results concur with the findings in a study by Jacobs (2020) who advocated that the absence of transparency instruments in LGAs such as media and weak public information access

in local governance, which enable local citizens to hold local institutions accountable for their performance, led to low trust in government, maximized corruption and weakened local health and education service delivery in Zimbabwe. A study by Gberevbieet al. (2017) in Nigeria suggested that, among other things, central governments should adopt more practical approaches to promote free mass media which hamper corruption and unethical behaviour and promote proper management of resources, and devotion of more funds. On the other hand, the findings conflicted with the findings in a study by Mercy Corps Good Governance Framework Model (1979) which indicates that there should be backing up of LGAs actors in their administrative structures when delivering services at all levels. This model statement is supported by the findings in a study by Chigwenya and Ndiweni (2021) indicating that leaders must understand that without citizens and other stakeholders' involvement in the implementation or lacking citizen awareness can weak outcome sustainability. This is because the project might be at risk by alienating those for whom these services are meant to utilize and improve access towards their well-defined livelihood. One of the key informants added that

"...in our jurisdiction, we don't have any free media for reporting council undertakings due to confidentiality ties/requirements, since media especially radios and televisions have imposed strict procedures in getting permission for publishing officials' practices over services delivery..."(01 March 2021).

Thus, the finding rejects the alternative hypothesis that there is a significant relationship between free and pluralistic media and health and education service delivery in Tanzania LGAs. Therefore, it can be concluded that citizens have little room to provide and air their views on LGAs' service delivery.

5.1.3 The influence of Information Accessibility on Service Delivery

Access to information is recognised as a fundamental right protected by national constitutions in many democratic countries, and an ethical value and priority for Public Administration toward service delivery. The citizens' access to information is recognised as the best tool for public officials' transparency in developed countries (Joshi and Islam 2018). In addition, this study assessed whether the LGAs in Tanzania are complying with public access to information towards service delivery. The results are presented in Table 5.

From Table 5, the estimated logit coefficient ($\beta = -0.7505091, z = -2.48, p = 0.013$) indicates that information accessibility had a negative significant relationship with council transparency for motivating sufficient health and education service delivery in LGAs.

Other scholars have advanced explanations that local leaders intentionally suppress unfavourable information to protect themselves from retaliation and shield citizens from emotional harm (Bilali and Vollhardt, 2019), which seems that citizens face difficulty in getting officials' information on their performance. The findings are contrary to the findings of this paper whereby, among other hypotheses, it was hypothesized that there is a strong relationship between information accessibility and service delivery. However, Martin *et al.* (2018) suggest that citizens need information through an open system to make choices about services, to assess whether policymakers and providers are doing their jobs and making effective use of public funds in American countries. In addition, the empirical evidence from other studies (i.e., Bilali and Vollhardt, 2019; Martin *et al.*, 2018) is in line with the Creative Chaos Theory (1990) which revealed that government staff are anticipated to be advanced and modern in terms of technologies when providing services which might be establishing appropriate information sharing system among stakeholders. Hereafter, the finding rejects the alternative hypothesis that there is a significant relationship between information accessibility and services delivery in Tanzania LGAs, This can be hampered by a closed system of services delivery among less developed countries compared to developed countries.

5.1.4 The influence of Open decision-making on Service Delivery

Right and sustainable public actions among other types of support require open decision-making for improved public institutions. More than 70 per cent of European citizens can access information on public services while almost 60per cent of all public services are available online, including all major public services (Loeffler and Bovaird, 2018). The study adopted stereotype logistic regression as presented in Table 5, to determine whether open decision-making contributes to improved health and education service delivery in Tanzania LGAs.

From Table 5, the estimated logit coefficient $\beta = -0.182387, z = -0.67, p = 0.504$ indicates that open decision-making had a negative significant relationship with council transparency, which narrowed down the room for health and education service delivery to citizens in the jurisdiction areas. As Mercy Model observe, the government should have responsible open decisions. The findings are supported by the information collected from key informants through interviews, which indicated that every citizen from the age of 18 years was required to attend and participate in making decisions in council meetings. Hoa and Garcia-Zamor (2017) who argue that citizens' participation in council decision-making is an engine of local officials' transparency among local public institutions in Vietnam supported the arguments of the key

informant. In addition, a study by Falco and Kleinhans (2018) revealed that citizens' participation using innovative technologies can support civic engagement in local government decision-making processes. Therefore, the findings reject the alternative hypothesis that there is a significant relationship between open decision-making and services delivery in Tanzania LGAs, which might be caused by pre-decision made by council officials. In addition, the absence of e-citizens' decision-making participation can be associated with inadequate open decision-making for Tanzania LGAs.

5.1.5 The influence of Published Plans on Service Delivery

The effective feedback on service provision as well as adjustment for its quality, mainly demand accessible institutions' plans to stakeholders, particularly its beneficiaries. For LGAs to have well-defined services, delivery needs well-organized plan-sharing systems. Table 5 presents the results showing the extent to which LGAs in Tanzania are affected by this transparency indicator for service delivery.

From Table 5, the estimated logit coefficient $\beta = -2.078382, z = -6.73, p = 0.000$ indicates that published plans had a negative significant relationship with the council toward transparency in health and education service delivery to citizens. The findings from key informants also revealed that local government plans and financial reports were not published in the study area. One of the key informants added, “...*Street Executive Officers only inform us on project completion but nothing is published on implemented progress....*” (02 March 2021). The above findings are contrary to the findings of a study by Firestone *et al.* (2018) which showed that a small proportion of the population living in rural has negative views toward LGAs' published plans. On contrary, the majority of people in urban areas have positive views on the accessibility of published plans due to the high level of internet access in urban settings in Spain. However, a study (Ruijter *et al.* 2020) showed that an open government data framework helps citizens to understand the government's practices regardless of their geographical locations concerning broader institutional pressures that influence government transparency in South Africa. The above observations support Mercy Corps Good Governance Framework Mode (1979). The Mercy Model purports that “nonviolent, protected and impartial societies arise once LGAs and its actors co-deliver by observing transparency, including information sharing system for having informed society on government and mechanisms for nonviolent transformation. These findings rejected the hypothesis that there is a significant relationship between published plans and LGAs health and education service delivery in Tanzania

5.1.6 The influence of the Right to know on Service Delivery

The citizens being informed through open access on issues affecting their daily life creates room for trusting leaders and reduces uncertainty for their livelihoods and improved welfare. Well-informed citizens have the right to know about reducing barriers to socio-economic spheres. In this study, this question is intended to determine if LGAs in Tanzania's right to know contribute to service delivery. The results are presented in Table 5.

From Table 5, the estimated logit coefficient ($\beta = -0.5336205, z = -1.87, p = 0.061$) indicates that the right to know had a negative significant relationship with transparency in the LGAs undertakings, which reveals that there was a weak flow of services delivery to the citizen. The findings contradicted the Mercy Corps Good Governance Framework Mode (1979) by showing that LGAs is the main actor in good governance. However, the right to know needs continuous support from the private sector and civil society where the citizens need to know the progress towards LGAs' performance. The findings are supported by the findings in a study by Garrido et al.(2019) that in Europe sports and marketing-related topics are the most widely posted by Western European local governments through public links, but these contents do not seem to be the most relevant for citizens while the services delivery related information is hidden from the public. However, a study by Lees-Marshment and Hendriks (2018)revealed that leaders should value public input because it informs their decisions, connects them to everyday people and 'tests' advice from other sources in the United Kingdom, Australia, New Zealand, Canada and the United States. The findings rejected the hypothesis that there is a significant relationship between the right to know and LGAs health and education service delivery in Tanzania, as stipulated in the Access to Information Act No. 6 of 2016.

6.0 CONCLUSIONS AND RECOMMENDATIONS

The paper assessed the contribution of transparency in LGAs services delivery among selected LGAs in the Dodoma Region, Tanzania. Specifically, the paper assessed the influence of information accessibility, right to know, free pluralism and media, openness and honesty as well as open decision-making towards health and education service delivery in LGAs. From the study findings, it can be concluded that there is a negative significant relationship between transparency and service delivery. The coefficient between transparency and health and education service delivery was negative indicating that transparency indicators were poorly exercised in the local governments studied and thus it weakened the ability of the local governments to deliver the required services to the citizens. This suggests that an increase in the

utilization of transparency elements will improve health and education service delivery because it helps in reducing corruption and holding officials accountable. However, this cannot deny the revelation that there is some degree of relationship between the variables and service delivery. The major concern for low transparency in LGAs might be due to inadequate adherence to the LGAs' legal framework and the low level of technology used in local governments in Tanzania. It is recommended to the central government, LGAs and other local government stakeholders that, the Regulatory framework should be adjusted to ensure that information about finance, procurement and project execution is availed to the citizens. On the other hand, awareness campaigns should be conducted for citizens so that they can understand the value of demanding information from officials as well as participation in decision-making. ICT innovation in LGAs should be installed to increase transparency in LGA for improved service delivery.

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