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ASSESSING THE EFFECTIVENESS OF CITIZEN PARTICIPATION IN MATERNAL HEALTH SERVICE DELIVERY: A CASE OF TEMEKE MUNICIPALITY, TANZANIA

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Abstract

The study assessed the effectiveness of citizen participation in enhancing maternal health service delivery in Tanzania, focusing on Temeke Municipality in Dar es Salaam, Tanzania. Guided by Arnstein's Ladder of Participation and Social Accountability Theory, the study employed a mixed-methods case study design. Quantitative data were collected from 320 respondents (women aged 15–49 years) from Mbagala and Tandika Wards in Temenke municipality through structured questionnaires, while qualitative insights were obtained from thirty-three key-informant interviews with District Executive Director, Municipal Health Officer, Ward Executive Officers, members of Health Facility Governing Committees (HFGCs), and health service providers. Quantitative data were analysed using SPSS (descriptive statistics and Pearson correlation), and qualitative data were subjected to thematic analysis.

The findings revealed that mechanisms and avenues for citizen participation in maternal health service delivery were generally inadequate, (overall mean of 3.367 on a 1–5 scale where lower scores indicated stronger agreement) where participation relied more on direct communication with health service providers and local leaders with 65.6%. The level of citizen engagement in decision-making concerning maternal health service delivery was generally low. Correlation analysis revealed moderate to strong positive relationships among citizen participation mechanisms, citizen engagement and maternal health service quality. Participation mechanisms were positively associated with maternal health service quality ($r = 0.625$, $p < 0.001$), engagement was positively service quality ($r = 0.571$, $p < 0.001$). The findings suggest that strengthening participation mechanisms and citizen engagement is associated improved maternal health service delivery. The combined citizen participation index explained 47.5% of the variation in the quality of maternal health service delivery ($R^2 = 0.475$), indicating that citizen participation mechanisms and engagement accounted for a substantial proportion of changes in maternal health service quality in Temeke Municipality. The study concludes that citizen participation mechanisms in maternal health service delivery in Temeke Municipality remain inadequate, with dependent on direct communication rather than formal participatory

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structures. Furthermore, study concludes that citizen engagement in decision-making concerning maternal health service delivery remains low. Practical recommendations directed towards municipal health authorities to strengthen community participation mechanisms and promote meaningful citizen involvement in maternal health planning and decision-making processes.

Keywords:

Citizen Participation; maternal health service delivery; community engagement; decision-making; quality of health services and Temeke Municipality.

INTRODUCTION

Citizen participation is an important principle of democratic governance and public administration it enables citizens to contribute to decisions concerning public policies, resource allocation and service delivery. In the health sector, participation provides opportunities for communities to communicate their needs, influence service priorities and hold health-service providers and public authorities accountable for the quality of services delivered (Sitienei et al., 2017). Its significance is particularly evident in maternal health, where the availability, accessibility and responsiveness of services affect the experiences of women during pregnancy, childbirth and the postnatal period. However, contribution of citizen participation to maternal health service delivery depends on the existence of meaningfully participation that influence decisions lead to improvements in services (OECD, 2022).

International organisations recognised citizen participation as essential for inclusive governance and effective public-service delivery. The United Nations, through Sustainable Development Goal 16, Target 16.7 of the 2030 Agenda, calls for responsive, inclusive, participatory and representative decision-making at all levels (United Nations, 2025). Similarly, the World Health Organization (WHO) promotes participatory health governance through community engagement and accountability policies, recognising that involving communities helps make health systems more responsive to people's needs (WHO 2025). The World Bank Group, through its Strategic Framework for Mainstreaming Citizen Engagement in World Bank Group Operations, established an approach to integrating citizen participation and beneficiary feedback into development policies, programmes and projects (World Bank, 2020)

Sustainable Development Goal 3.1 calls for the reduction of the global maternal mortality ratio to less than 70 maternal deaths per 100,000 live births by 2030. Achieving this target requires more than the provision of health facilities and medical personnel; it also requires health systems that respond to the needs and experiences of women and communities. Citizen participation can contribute to this process by creating opportunities for service users to communicate barriers to care, monitor service quality and engage health authorities in addressing identified weaknesses. However, analysis conducted by Cocoman, Jackson, Ruysen and Gilmore (2025) on maternal and newborn health policies across 102 LMICs found that only 45% included community participation in monitoring and evaluation, and 39% included it in maternal and newborn quality-of-care plans. Furthermore, only 51% reported spaces for community representatives to participate in national decision-making, while 63% reported that community participation in facility-level maternal and perinatal death surveillance and response processes was absent (Cocoman et al., 2025)

In developed nations, country like United States has established public participation frameworks, including the Administrative Procedure Act, operationalized through community-engaged approaches that provides opportunities for public involvement in federal rulemaking. This approach includes health center programs that require at least 51% of governing board members in federally health centers to be active patients. However, the effectiveness of this participation often constrained by structural barriers such as inadequate data-sharing systems and coordination mechanisms (Wang et al., 2021). Evidence published in Health Affairs in 2024 demonstrated weaknesses in participatory public-health governance. Only 29% community voice and concerns were formally involved in setting priorities and policies, while 15% participated in funding decisions (Chen et al., 2024). This gap between consultation and meaningful decision-making suggested that community views were not translated into influence over health priorities, potentially limiting institutional responsiveness and accountability.

France recognises citizen and patient participation through the 2002 Act on Patients' Rights and the Quality of the Health System, which strengthened patients' rights and the involvement of service users in health governance. However, the seventh report of France's National Confidential Survey on Maternal Deaths, published in 2024 and covering 2016–2018, recorded 272 maternal deaths, equivalent to a maternal mortality ratio of 8.5 deaths per 100,000 live births within 42 days after pregnancy. The report found that more than half of maternal deaths (53%) were potentially preventable, it identified that inadequate interaction between women and the healthcare system as a potential preventive factor in 22% of maternal deaths, highlighting the importance of responsive communication between service users and healthcare providers (Deneux-Tharaux & Saucedo, 2024).

In Indonesia, citizen participation in maternal and newborn health promoted through the Desa SIAGA (Alert Village) programme, which encourages community involvement in birth preparedness through village health forums, community mobilisation, and local resource mobilization. However, implementation evaluation findings indicated failures in community inclusion, participation in decision-making, and monitoring resulted to poor healthcare outcomes. Yulian et al. (2025) evaluated the implementation of Indonesia's Desa SIAGA community-participation programme in two Central Java communities. The study found that community members, including women, were not adequately involved in meetings where maternal-health problems were discussed and interventions planned. It concluded that communities often struggled to translate participation and planning into measurable improvements in healthcare access.

Within the African context, country like South Africa's, it has National Health Act 61 of 2021 provides chance for community participation through health committees, hospital boards and district health councils. Also the South African Maternal, Perinatal and Neonatal Health Policy (2021) which guide improvements in care throughout pregnancy, childbirth and the postnatal period (National Department of Health, 2021). However, South African study reported inconsistencies in community participation in health-service governance constrained by factors like differences in provincial legislation, committee structures and assigned responsibilities (Haricharan 2021). This limited community influence on maternal health service delivery hence declined the quality of maternal health as reflected in 2026–2027 Annual Performance Plan reported that the facility-based maternal mortality ratio increased from 100.6 deaths per 100,000 live births in 2023/24 to 105.4 in 2024/25, with hypertensive disorders, obstetric haemorrhage and sepsis among the leading causes.

In Nigeria's National Health Act (2024) provided a framework for health-system governance, it define responsibilities for the federal, state and local health authorities, establishing setting requirements for health-service regulation, financing and accountability. Furthermore, there National Policy on Maternal, Infant and Young Child Nutrition and the Safe Motherhood Strategy guide maternal health interventions and promoting the maternal health (Federal Ministry of Health, 2024). However, incomplete implementation of health reforms and fragmented responsibilities reported across government levels weakened coordination, accountability (Croke et.al 2024). A study of free maternal and child healthcare in southeastern Nigeria found that weak citizen participation, inadequate funding, irregular supervision and limited participatory decision-making constrained service delivery, affected the capacity of health facilities to provide responsive and reliable maternal healthcare (Ogbuabor & Onwujekwe, 2018)

Down to East African counties, Rwanda has established policies to promote citizen participation in health governance, including the Health Sector Policy, the National Community Health Policy and Ministerial Order No. 7015 of 2020, which defines the responsibilities of health committees (Republic of Rwanda, 2025). Nevertheless, the Office of the Auditor-General's performance audit on maternal healthcare reported weaknesses in community engagement on maternal health service. The audit found that more than 67% of interviewed mothers did not understand the significant for them to participate on issues of health and they complained about health-centre service quality (National Institute of Statistics of Rwanda, 2025). Recent evidence indicated that Rwanda's maternal mortality ratio of 149 per 100,000 live births in 2025 that is far above the SDG target of 70 by 2030. Promoting the citizen to participate on matters relating the maternal heath could make them to provide insights that enable health authorities to improvement of service.

In Tanzania, citizen participation in health governance formally supported by decentralisation reforms D-by-D Policy and National Operatinal Guideline for Community-Based Health Services 2021. These they provide a framework for community involvement, inclusive health governance, and improved service delivery. These frameworks reinforced by the Tanzania Development Vision 2050, which emphasizes inclusive development, collective action, and accountability involving the government, civil society, the private sector, and citizens. However, despite the existence of these policy commitments, citizen participation remains a big challenge constrained by limited community awareness and inadequate follow-up of community concerns, creating a gap between formal participation frameworks and their practical implementation in maternal health service delivery (Ministry of Health, 2021; United Republic of Tanzania, 2025)

The National Audit Office of Tanzania's (2026) Performance Audit Report on the Provision of Maternal Healthcare Services, identified weaknesses in community outreach, health-worker deployment and accountability in maternal healthcare. The report indicated that maternal-health education reached approximately 9 million rural women compared with 10 million urban women in 2024/25, despite rural areas accounting for about 60% of the population. The disparity suggest that maternal-health education was not proportionately distributed according to population location, potentially limiting rural women's access to information needed to make informed decisions and participate in health-related initiatives. The report also showed that 62% of action plans arising from maternal and perinatal death reviews lacked documented follow-up, suggesting weaknesses in monitoring whether identified problems were addressed. (National Audit Office of Tanzania, 2026).

Locally, Dar Es Salaam presents a complex landscape for citizen participation in maternal health service delivery due to its rapid urbanization and a population growth rate exceeding 5% annually. According to the 2022 Population and Housing Census, Dar es Salaam Region was the most populous region in Tanzania Mainland with total population of around 5.3 millions of people (NBS, 2022). The high population density creating a unique urban governance challenge where the government and health authorities are required to take quick actions to respond the health needs are under constant strain from a large population, this led local leaders and health authorities make decision without involving the community (Ministry of Health, 2021). Local study done in Dar Es Salaam reported that the ratio of active citizen oversight to the total population in urban areas remains disproportionately low compared to rural areas. This created a situation where the quality of maternal health service delivery often dictated by top-down administrative decisions rather than the specific lived experiences and needs of the city's residents (Kesale et al., 2023).

To study area Temeke Municipality serves as an important urban case study, with a population of 1.63 million people and an annual growth rate of 4.6%, which place pressure on its 126 health facilities. The municipality experienced relatively high fertility levels, leading to increase demand for maternal healthcare services such as antenatal care, skilled delivery, postnatal care, and child health services, thereby straining healthcare facilities and personnel (NBS, 2022; Temeke Municipal Council, 2025). In this densely populated setting, citizen participation in health service mainly facilitated through street meetings, Health Facility Governing Committees and other mechanisms. However, the predominance of informal and time-consuming social-economic activities, including petty trade, transport services, and small-scale businesses, limits citizens especially women to actively engage in these participatory mechanisms (Julius et al., 2020).

The growing demand for maternal health services increased the workload to healthcare providers, reducing opportunities for meaningful interaction between health managers and community representatives. Moreover, despite the existence of formal structures for community to participate, socioeconomic constraints and service delivery pressures often compel managers to rely on top-down administrative decisions. This resulting in participation avenues such as Health HFGCs functioning largely as compliance mechanisms under the Direct Health Facility Financing (DHFF) framework, with limited influence on the actual quality of maternal health services (Julius et al., 2020).

STATEMENT OF THE PROBLEM

Tanzania has undertaken several policy and institutional reforms to strengthen accountability, improve healthcare performance and promote citizen participation in health service planning, decision-making and monitoring. These reforms include the Decentralisation by Devolution Policy, the National Operational Guideline for Community-Based Health Services (2021), and the Tanzania Development Vision 2050, which emphasise community involvement, institutional accountability and improved public service delivery. The government has also implemented the Tanzania Maternal and Child Health Investment Program (TMCHIP), invested in medical equipment and implemented the National Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (One Plan III, 2021–2026). These initiatives are intended to improve access to maternal healthcare, strengthen health facility performance and ensure that communities participate in identifying service delivery needs and monitoring the quality of healthcare services.

However, despite these policy commitments and government investments, challenges persist in translating institutional reforms into responsive and quality maternal health services. Issues of inadequate healthcare infrastructure, limited availability of essential medicines, shortages of skilled health personnel, poor service responsiveness and weaknesses in accountability continue to affect maternal health service delivery. The existence of formal participation structures does not guaranteed meaningful citizen involvement in health planning, decision-making and monitoring. There remains a clear gap between government commitments to participatory healthcare governance and the actual influence of citizens in improving maternal health services. This study addressed the problem of insufficient empirical understanding of how citizen participation mechanisms and engagement influence healthcare accountability, decision-making processes and the quality of maternal health service delivery in Temeke Municipality.

SPECIFIC OBJECTIVES

i. To determine the mechanisms and avenues used for citizen participation in maternal health services delivery in Temeke Municipality.

ii. To evaluate the level of citizen engagement in decision-making in maternal health service delivery in Temeke Municipality.

LITERATURE REVIEW

2.1 Theoretical Framework

The study was guided by Arnstein's Ladder of Citizen Participation Theory (Arnstein,1969) and Social Accountability Theory (World Bank, 2004). Arnstein's Ladder of Citizen Participation explains the extent to which citizens exercise power and influence over decisions affecting their welfare. The theory provides a framework for assessing whether citizens are merely informed and consulted or actively involved in planning and decision-making concerning maternal health services. Social Accountability Theory emphasizes the role of citizens and civil society in holding public institutions and service providers accountable through access to information, expression of concerns and enforcement of service delivery standards. Citizen participation mechanisms provide avenues for expressing concerns and influencing maternal health services, while citizen engagement reflects the extent to which community members actively participate in planning, consultation and decision-making processes concerning maternal healthcare.

2.2 Mechanisms and avenues for citizen participation and maternal health service delivery.

Empirical studies indicate that the existence of health governance structures does not necessarily translate into effective citizen participation and improved health service delivery. Sirili et al. (2025) examined the effectiveness of health governance structures in Tanzania and found that overlapping institutional mandates and inadequate coordination among governance structures constrained their collective contribution to improving health outcomes. The findings suggest that although different institutional mechanisms exist to facilitate community participation and healthcare oversight, their effectiveness depends on clear responsibilities, institutional coordination and the ability to translate community concerns into practical service delivery improvements. However, the study did not establish whether existing participation

mechanisms provide citizens with sufficient opportunities and influence to shape maternal health priorities and decisions at the health facility level.

Similarly, Arkedis et al. (2021) found that structured social accountability mechanisms, including citizen dialogues and community engagement with healthcare providers, strengthened provider responsiveness and accountability when communities received adequate information and organisational support. However, limited access to participation platforms, inadequate information and insufficient institutional support constrained meaningful community involvement. This suggests that establishing participation mechanisms alone is insufficient to ensure active citizen engagement in maternal health decision-making. Their effectiveness also depends on citizens' awareness of available platforms, their ability to communicate service delivery challenges and the extent to which health authorities consider and act upon community feedback. Consequently, the present study examined both the available mechanisms for citizen participation and the actual level of citizen engagement in maternal health planning and decision-making in Temeke Municipality.

August et al. (2025) conducted a qualitative study at Mkuranga District Hospital to examine the effectiveness of patient complaint management mechanisms in improving maternal health service delivery. The study focused on how complaints raised by patients were received, processed, addressed and incorporated into institutional decisions aimed at improving healthcare services. The findings revealed that the implementation of complaint management mechanisms remained ineffective due to weaknesses in complaint reception, processing, feedback provision and the utilisation of patient concerns to inform service improvement. The researchers established that although complaint management systems provided opportunities for patients to communicate their experiences and dissatisfaction, institutional weaknesses limited the extent to which these concerns translated into corrective actions. This suggests that the availability of complaint mechanisms does not necessarily guarantee effective citizen participation unless health facilities establish functional procedures for receiving complaints, responding to concerns and incorporating patient feedback into service improvement. However, the study did not sufficiently establish whether existing complaint mechanisms were accessible, widely known and adequately utilised by different categories of maternal health service users. Therefore, a gap remained in understanding whether limited citizen participation resulted from inadequate availability and accessibility of participation channels or weaknesses in the institutional management of community feedback.

Rugeiyamu et al. (2026) conducted a study examining the use of social media as a platform for citizen participation in local government decision-making in Tanzania, with particular attention to how digital communication technologies facilitate interaction between citizens and local government authorities. The study investigated how local government institutions utilised social media platforms to communicate public information, announce community meetings, disseminate information about service locations and promote public awareness of development initiatives. The findings revealed that although digital platforms had increasingly been adopted for information dissemination and communication, citizen involvement in critical governance processes, particularly budgeting and development planning, remained limited. The researchers demonstrated that the availability of digital communication platforms did not automatically translate into meaningful citizen influence over government decisions. This suggests that digital participation mechanisms may facilitate access to information without necessarily providing citizens with sufficient opportunities to influence institutional priorities and resource allocation. However, the study did not specifically establish whether digital participation platforms

enabled maternal health service users to influence decisions concerning healthcare priorities, resource distribution and service improvements.

San Sebastian et al. (2023) conducted a study examining the functionality and accountability role of Health Facility Governing Committees (HFGCs) in Tanzania, focusing on their responsibilities in health facility planning, budgeting, resource management and service delivery oversight. The study established that although HFGCs were formally mandated to facilitate community participation and strengthen accountability, their practical effectiveness was constrained by limited institutional functionality and inadequate operational capacity. The findings indicated that the existence of formal governance structures did not necessarily guarantee effective community representation or meaningful influence over health facility decisions. Similarly, Kapuya et al. (2024) examined community awareness and participation in HFGCs and reported limited public awareness of committee responsibilities, inadequate community involvement and weak feedback mechanisms between committees and the communities they represented. These findings suggest that although HFGCs provide an established institutional avenue for citizen participation, their contribution to accountability depends on public awareness, effective representation, regular communication and the extent to which community concerns influence facility decisions. Furthermore, Kesale et al. (2022) highlighted limitations affecting the practical effectiveness of local participatory and accountability mechanisms. Collectively, these studies reveal a gap between the formal establishment of participatory structures and their actual capacity to facilitate meaningful citizen engagement.

2.3 Level of citizen engagement in decision-making in maternal health service delivery

Kapuya et al. (2024) conducted a qualitative study in Tanzania focusing on Health Facility Governing Committees (HFGCs) and their contribution to social accountability in healthcare service delivery. The study aimed to examine how HFGCs facilitate community participation and influence decisions concerning health facility performance and service improvement. The findings revealed that the contribution of HFGCs to improving maternal health services remained limited due to weak stakeholder participation and the dominance of health facility managers in decision-making processes. The researchers observed that health professionals exercised considerable influence over facility-level decisions, thereby limiting the ability of community representatives to raise concerns and influence decisions concerning essential health services. The findings further indicated that the effectiveness of HFGCs depended on the extent to which community representatives were actively involved in governance processes rather than merely occupying formal committee positions. The researchers explained the importance of strengthening community representation and institutional accountability to improve health service delivery.

Safari et al. (2019) conducted a study examining community engagement in health governance in rural Tanzania, particularly in Itilima and Bariadi districts, with the aim of assessing the extent to which community members participated in local health governance structures. The findings revealed that awareness of health governance structures among community members was generally low and that several health facilities lacked fully functional health boards and committees. The researchers established that limited awareness of governance structures and inadequate functionality of community committees restricted opportunities for citizens to participate in health oversight and accountability processes. Furthermore, the findings suggested that weak institutional visibility and limited community involvement in selecting

representatives undermined the legitimacy and effectiveness of local health governance arrangements. The study therefore demonstrated that effective citizen participation requires both informed communities and functional institutional structures through which they can express their concerns and influence decisions.

Marijani (2017) conducted a study in Tanzania focusing on decentralised health service delivery and the role of community participation in improving healthcare provision. The study aimed to examine how decentralisation creates opportunities for citizens to participate in identifying community health needs and supporting the implementation of health programmes. The findings revealed that community participation occurred through health education sessions, community meetings, outreach programmes and involvement in identifying local healthcare priorities. The researcher observed that decentralisation had established formal opportunities for citizens to engage with health service providers and participate in community-level health activities but the participation was more prominent in the implementation of health programmes than in planning and decision-making processes. This suggested that although citizens were involved in supporting health activities, their influence over institutional priorities and resource allocation remained limited. The study therefore demonstrated the importance of strengthening participatory governance beyond implementation activities.

Kesale et al. (2024) conducted a study examining the involvement of community health governing committees in overseeing health workers under fiscal decentralisation reforms, particularly Direct Health Facility Financing in Tanzania. The study aimed to assess whether these committees effectively performed their governance and accountability responsibilities within health facilities. The findings revealed a misalignment between the intended oversight responsibilities of governing committees and their actual practices, as committee activities were largely confined to minor administrative functions rather than substantive monitoring and supervision of healthcare providers. The researchers established that the availability of decentralised financing arrangements did not strengthened committee authority effective community oversight. This demonstrated that institutional mandates and financial decentralisation require complementary governance capacity and meaningful community involvement to achieve accountability objectives.

Iuliano et al. (2024) conducted a systematic review examining the linkages between communities and health facilities in low-resource settings, with the aim of understanding how coordination between community-based and facility-based health interventions influences healthcare delivery. The findings revealed that many health interventions in low- and lower-middle-income countries operated independently at either community or facility level, limiting coordination and reducing the overall effectiveness of healthcare interventions. The researchers established that fragmentation between community-based activities and facility-level services weakened continuity of care, information sharing and institutional accountability. In the context of maternal health, such fragmentation limited opportunities for pregnant women and mothers to communicate service delivery concerns, obtain feedback and follow up on issues raised with healthcare providers. The study therefore emphasised the importance of strengthening linkages between community structures and health facilities to improve service coordination and responsiveness.

Kigume and Maluka (2019) conducted a study examining decentralisation in Tanzania's health sector and its implications for healthcare service delivery. The study aimed to assess how the transfer of administrative and decision-making responsibilities to district-level authorities

influenced the management and delivery of health services. The findings revealed that although district authorities were formally granted responsibilities over financing, staffing and health governance, the actual exercise of these powers varied across local government authorities. The researchers observed that differences in leadership capacity, managerial competence and coordination among local actors influenced the implementation of decentralised health governance arrangements. These variations affected the consistency with which local institutions implemented participatory mechanisms and responded to community health needs. The findings suggest that decentralisation alone did not guaranteed uniform opportunities for citizen participation over health service decisions.

METHODOLOGY

The study adopted a mixed-methods case study design. The target population comprised the District Executive Director (DED), Municipal Health Officer (DMO), Ward Executive Officers (WEOs), members of Health Facility Governing Committees (HFGCs), health service providers and women of reproductive age (15–49 years) from Mbagala and Tandika Wards in Temeke Municipality. A sample of 320 respondents completed structured questionnaires, while 33 key informants were purposively involved in semi-structured interviews. Simple random sampling was used for questionnaire respondents and purposive sampling for key informants. Data collection instruments included a five-point Likert-scale questionnaire (1 = Strongly Disagree to 5 = Strongly agree), an interview guide and documentary review. Temeke Municipal Council reports, Ministry of Health reports, the D-by-D policy document and ward meeting minutes.

Quantitative data were analysed using SPSS Version 26. Descriptive statistics (frequencies, means and standard deviations) summarised perceptions on availability of mechanisms and avenues for citizen participation and the level of citizen engagement in decision-making. Pearson product-moment correlation examined the relationships between the independent variables (mechanisms and avenues for citizen participation and the level of citizen engagement) and the dependent variable (maternal health service delivery). Qualitative data were analysed thematically. Validity was established through expert review and Content Validity Index (CVI > 0.88); reliability was confirmed by Cronbach's alpha coefficients exceeding 0.70 for all constructs. Ethical clearance obtained from Kampala International University in Tanzania and informed consent was secured from all participants.

RESEARCH FINDINGS

4.1 Mechanisms and avenues used for citizen participation in maternal health service delivery

Five Likert-scale items were used to measure the perceived effects of e-governance initiatives. The response categories were coded as 1 = Strongly Agree, 2 = Agree, 3 = Undecided, 4 = Disagree and 5 = Strongly Disagree. Therefore, lower mean values indicate stronger agreement with the positive statements.

4.1.1 Item-Level Analysis

Table 4.4: Mechanisms and avenues used for citizen participation

Mechanisms and Avenues Used for Citizen Participation	1	2	3	4	5	Mean	Std
1. Street health meetings are regularly held in my street to discuss health service issues.	18	41	27	132	102	3.809	1.147
2. HFGCs allow me to participate in maternal health service planning.	22	47	31	128	92	3.691	1.168
3. Suggestion boxes are available in maternal health facilities for me to provide feedback.	35	58	29	119	79	3.466	1.251
4. Mobile communication channels like SMS and WhatsApp are available for me to report maternal health concerns	40	49	21	123	87	3.525	1.362
5. I directly communicate my maternal health concerns to health service providers.	85	125	45	45	20	2.344	1.191
TOTAL						**3.367**	**1.363**

Source: *Field Data, 2026*

In response to statement "Street health meetings are regularly held in my street to discuss maternal health service issues" findings revealed that 132 respondents disagreed, followed by 102 respondents who strongly disagreed, 41 respondents who agreed, 27 respondents who were neutral, and 18 respondents who strongly agreed. Majority of respondents disagreed with a mean value of 3.809 and a standard deviation of 1.147, respectively. This denotes that the majority of respondents disagreed that street health meetings regularly held to discuss maternal health service issues. These limited women's opportunities to raise concerns, provide suggestions, seek information and communicate challenges related to maternal health services. Irregular occurrence of the street meetings reduced their effectiveness in connecting community members with health service providers and local leaders.

Results in statement "HFGCs allow me to participate in maternal health service planning" showed that 128 respondents disagreed, 92 respondents strongly disagreed, 47 respondents agreed, 31 respondents were undecided, and 22 respondents strongly agreed. The respondents disagreed with a mean value of 3.691 and a standard deviation of 1.168, respectively. This limit the citizens' ability to communicate their maternal health needs, provide suggestions, identify service delivery priorities and contribute to decisions concerning the improvement of maternal health service. Although HFGCs intended to provide a platform for community participation, their effectiveness constrained by limited involvement of ordinary community members in planning activities.

Regarding the statement "Suggestion boxes are available in maternal health facilities for me to provide feedback" implied that 119 respondents disagreed, followed by 79 respondents who

strongly disagreed, 58 respondents agreed, 35 respondents strongly agreed, and 29 respondents were undecided. The respondents disagreed with a mean value of 3.466 and a standard deviation of 1.251, respectively. This indicated that the majority of respondents disagreed about the availability of suggestion boxes for them to provide feedback on matters regarding maternal health. This reduced opportunities for health facilities to receive direct feedback from service users and identify areas requiring improvement.

As for statement "Mobile communication channels like SMS and WhatsApp are available for me to report maternal health concerns and provide feedback on services", the findings revealed that 123 respondents disagreed, 87 respondents strongly disagreed, 49 respondents agreed, 40 respondents strongly agreed, and 21 respondents were undecided. The respondents disagreed, with a mean value of 3.525 and a standard deviation of 1.362, respectively. This indicated that the majority of respondents perceived mobile communication channels (SMS and WhatsApp platforms) were insufficiently useful for the community members especially women to report maternal health concerns and providing feedback. This reduce opportunities for them to promptly report maternal health challenges, seek clarification, and provide feedback on the quality of services received.

Regarding to statement number five "I directly communicate my maternal health concerns to health service providers and local leaders", the findings revealed that 125 respondents agreed, 85 respondents strongly agreed, 45 respondents were undecided, 45 respondents disagreed, and 20 respondents strongly disagreed. The respondents agreed, with a mean value of 2.344 and a standard deviation of 1.191, respectively. The high number of respondents who agreed indicated that directly communication remained important avenue through which community members report maternal health challenges, seek assistance, and provide feedback on services and able to communicate directly their maternal health concerns to health service providers and local leaders. Therefore fostering direct communication between citizen, health providers, and local leaders could further enhance citizen participation and responsiveness in maternal health service delivery.

4.1.2 Qualitative findings

In an interview which was conducted with key informants to assess the mechanisms and avenues used by citizens to participate in maternal health service delivery in Temeke Municipality. Results from the study showed as follows;

In an interview conducted with local government leader, he said:

> *"Citizens participate in health service decision-making through different mechanisms available in the community and health facilities. These include street health meetings, direct communication with health workers and Health Facility Governing Committees. Through these mechanisms, community members raise concerns and communicate challenges they face. But, the problem is some citizens do not attend regularly".* Ward Executive Officer (WEO), 26 August 2026

The interview response indicate that several participation mechanisms were available, although irregular attendance affected the level of citizen involvement. The findings imply that citizen participation in health service decision-making constrained by a gap between the availability of participation mechanisms and the actual involvement of community members in using them. The irregular attendance weakened the continuity of community engagement and limit

opportunities for citizens to collectively identify priorities, scrutinize service delivery, and follow up on previously raised concerns. This remarked that, inconsistent participation reduce the representativeness of community input, allowing decisions to reflect the views of a limited number of active participants rather than the broader population.

An interviewee added that:

> *"Most community members prefer to report their health concerns directly to health workers. They find it easier to explain their problems and receive a response immediately. Community meetings are also used but suggestion boxes are less frequently used by community members."* Ward Executive Officer (WEO), 26 August 2026

The above findings suggest that direct communication with health workers was the most commonly used avenue with citizens to present specific concerns and potentially obtain immediate clarification or assistance, making participation more practical at the individual level. The choice of this mechanism influenced by the perception as it was convenience, accessible, and responsiveness among the other available channels. However, reliance on direct communication limited opportunities for collective deliberation, through which community members identify shared problems, establish service delivery priorities, and hold health facility authorities accountable for recurring challenges.

4.1.3 Documentary findings

Meetings minutes from Tandika Ward from June 2025 to July 2026 recorded that 5 out of 12 planned community meetings on health issues including maternal health, were conducted (41.7%), left 7 meetings (58.3%) not conducted. Attendance records indicated that 5,114 people participated, representing approximately 13% of Tandika Ward's population of 39,340 residents, while the majority (87%) did not participate. These findings suggested that the frequency of community health meetings and residents' participation were limited, reduced opportunities for citizens to express their health concerns, contribute to planning, and influence decisions regarding maternal health service delivery. This findings supported the interview evidence explained the irregular community meetings and limited attendance reduced opportunities for citizens to routinely monitor maternal health services, raise concerns, and hold service providers accountable.
Source: *Researcher field data 2026.*

4.1.4 Discussion of findings

The limited regularity of street health meetings observed in the study restrict opportunities for women to access reliable maternal health information, express their concerns, and interact with responsible health authorities. This concurs with empirical studies of Mwangakala (2021), who found that access to quality maternal health information remained a major challenge among pregnant women in rural Tanzania; additionally Masoi (2019) on the study concluded that majority of citizen specifically women relying on informal sources rather than available mechanisms like mobile phones.

Regarding the availability, accessibility, user-friendliness and responsiveness of suggestion boxes perceived to be less effective in term of usefulness, this finding align with study of Isangula, Pallangyo and Ndirangu-Mugo (2023), who their study also reported concerns regarding the roles and responsiveness of suggestion boxes in public health organization, with

some patients perceiving as they are not available or ineffective. This ineffectiveness limited the ability of health facilities to systematically obtain patient feedback and respond to service delivery gaps, thereby reducing the contribution of this mechanism to effective citizen participation (Mukiga 2024)

The integrated findings of this study revealed a shortage of both formal and informal channels for citizen participation in maternal health service delivery. Furthermore, the available mechanisms did not sufficiently enable citizens to influence decisions concerning maternal-health priorities and service improvements. These findings concurred with Kesale et al. (2023), who established that health facility management often makes decisions without adequately presenting them to Health Facility Governing Committees (HFGCs), thereby limiting meaningful community involvement in decisions aimed at improving maternal health services. This suggested that the effectiveness of citizen participation depends not only on the availability of participation mechanisms but also on whether citizens' views are incorporated into health facility decision-making and service-delivery processes.

Additionally, the finding contrasts with Tanzania's D-by-D Policy, which was designed to move decision-making closer to citizens and strengthen public participation in local development and service delivery. This policy intention, which reflected in the Local Government (Urban Authorities) Act 1982, Cap. 288, particularly Section 22(1) (c), which assigns ward committees the function of undertaking activities for welfare and well-being of ward residents. Results of the study indicates a practical gap between the participatory intentions of D-by-D and their implementation at the grassroots level which limit the ability of D-by-D to translate formal local-government powers into meaningful citizen participation in maternal health (Kesale 2023).

In relation to Social Accountability Theory, which emphasizes that effective accountability requires citizens to have access to information, participate in decision-making, monitor service delivery, and obtain feedback and corrective action from responsible institutions. Findings indicate limited accountability in maternal health services from service providers and local authorities due to ineffective participation of demand side (Boydell 2023). Therefore, the limited effectiveness of channels such as street meetings and Health Facility Governing Committees restrict citizens' ability to express concerns and hold health authorities accountable for maternal health services. Then to achieve the objectives of decentralization requires not only establishing participation structures but also strengthening public awareness, ensuring regular community engagement, and establishing effective feedback mechanisms through which citizens' concerns lead to institutional responses.

4.2 The level of citizen engagement in decision-making concerning maternal health service

4.2.1 Item-Level Analysis

Table 4.5 presents the responses of 320 respondents regarding the Level of Citizen Engagement in Decision-Making concerning maternal health service delivery in Temeke Municipality. The responses were measured using a five-point Likert scale, where 1 = Strongly Agree (SA), 2 = Agree (A), 3 = Undecided (U), 4 = Disagree (D), and 5 = Strongly Disagree (SD). The interpretation of the mean values considers the scale applied in the study; whereby lower mean values indicate stronger agreement with the statements.

Table 4.5: Level of Citizen Engagement in Decision-Making

Level of citizen engagement in decision-making		1	2	3	4	5	Mean	Std. Deviation
1.	I regularly attend maternal health-related meetings organised by local authorities	15	38	24	141	102	3.866	1.129
2.	I actively get involved in planning maternal health programmes arranged by HFGCs	12	29	26	147	106	3.956	1.055
3.	I regularly report challenges and complaints related to maternal health service delivery	27	49	28	126	90	3.634	1.269
4.	My feedback and opinions are considered in decisions regarding maternal health services	14	31	25	138	112	3.947	1.100
	TOTAL						**3.851**	**1.138**

Source: *Field Data, 2026*

Results in statement number one "I regularly attend maternal health-related meetings organised by local authorities" showed that 141 respondents disagreed, 102 respondents strongly disagreed, 38 respondents agreed, 24 respondents were undecided, and 15 respondents strongly agreed. The respondents disagreed with a mean value of 3.866 and a standard deviation of 1.129, respectively. This indicated that the majority of respondents did not regularly attend maternal health-related meetings organised by local authorities to discuss maternal health issues. This reduced opportunities for citizens to express their experiences, identify challenges and contribute their views making it difficult to identify service gaps, prioritise essential maternal health resources, and implement appropriate improvements in service delivery

Table 4.5 presented findings related to the statement "I actively get involved in planning maternal health programmes arranged by HFGCs" results showed that 147 respondents disagreed, 106 respondents strongly disagreed, 29 respondents agreed, 26 respondents were neutral, and 12 respondents strongly agreed. The respondents disagreed with a mean value of 3.956 and a standard deviation of 1.055, respectively. Implied that most respondents did not actively participate in planning maternal health programmes organised by HFGCs. The large number of respondents who disagreed suggested that community members had limited opportunities to contribute to the identification of priorities, formulation of programmes and planning of maternal health interventions. Limited involvement in such planning processes resulted in maternal health programmes that do not fully reflect the needs and priorities of the communities they intended to serve.

Regarding statement "I regularly report challenges and complaints related to maternal health service delivery" indicated that 126 respondents disagreed, followed by 90 respondents strongly disagreed, 49 respondents agreed, 28 respondents were undecided, and 27 respondents strongly. The respondents disagreed with a mean value of 3.634 and a standard deviation of 1.207, respectively. This indicated that most respondents did not regularly reported challenges and complaints concerning maternal health service delivery. This reduced the ability of health authorities and service providers to identify problems experienced by women and other service users and to respond to them in a timely manner. The citizen faced the challenges but they did not report to the responsible authorities for solution and improvement.

The results in statement "my feedback and opinions are considered in decisions regarding maternal health services" revealed that 138 respondents disagreed, 112 respondents strongly disagreed, 31 respondents agreed, 25 respondents were undecided, and 14 respondents strongly

agreed. The respondents disagreed with a mean value of 3.947 and a standard deviation of 1.100, respectively. The majority of respondents felt that their feedback and opinions not adequately considered in decisions concerning maternal health services. This suggested that limited consideration of citizen's views weaken trust in local health governance, discourage continued participation, and reduced opportunities for community concerns to influence decisions on maternal health priorities and service improvements.

4.2.2 Qualitative findings

During the interview, the HFGC Chairperson said:

> *"The extent of Citizens participation in the planning on maternal health programmes is not uniform for different mechanisms available. Many citizens participate indirectly through their representatives, while direct participation in planning activities is relatively limited. Some community members also do not attend planning meetings regularly because of limited awareness, work responsibilities and the perception that planning decisions are mainly handled by health authorities." (20 August 2026)*

The response had a theme of Limited Direct Citizen Participation through formal avenues in maternal health planning. The response revealed that citizen participation in the planning of maternal health programmes existed, but its extent was relatively limited and largely representative rather than direct. Community meetings and HFGCs provide institutional platforms through which citizens contribute to identifying needs and setting priorities, actual involvement in planning decisions appeared to vary across community members. Reliance on representatives enable communication of community interests to health authorities, but it reduced direct involvement of ordinary citizens in planning processes.

Another interview with Heath Facility Governing Committee member added that:

> *"Citizens participate in monitoring and evaluation mainly by reporting their experiences with maternal health services and raise service-related concerns during community meetings and through suggestion boxes at health facilities. However participation in formal monitoring and evaluation activities is still limited, most community members provide feedback when they experience a particular problem rather." (17 August 2026)*

The above response revealed that limited citizen involvement in formal monitoring and evaluation of maternal health services, citizens participated in monitoring and evaluation by providing feedback, reporting service-related challenges, and sharing their experiences with maternal health services. However, citizen participation appears mainly reactive, occurring only when specific problems or concerns arise. Consequently, weaknesses in maternal health services remained undetected or unresolved, as citizens did not routinely participate in monitoring and evaluation activities, thereby limited community oversight and accountability in the delivery of maternal health services.

4.2.3 Documentary findings

Meetings minutes from Tandika Ward from June 2025 to July 2026 recorded that 5 out of 12 planned community meetings on health issues including maternal health, were conducted (41.7%), left 7 meetings (58.3%) not conducted. Attendance records indicated that 5,114 people

participated, representing approximately 13% of Tandika Ward's population of 39,340 residents, while the majority (87%) did not participate. These findings suggested that the frequency of community health meetings and residents' participation were limited, reduced opportunities for citizens to express their health concerns, contribute to planning, and influence decisions regarding maternal health service delivery. These findings supported the interview evidence explained the irregular community meetings and limited attendance reduced opportunities for citizens to routinely monitor maternal health services, raise concerns, and hold service providers accountable.

4.2.4 Discussion of findings

The findings indicate that community awareness and participation in HFGCs remain limited, reducing citizens' opportunities to contribute on planning of maternal health interventions. This correspond with the study by Kapuya (2024), which found that 85.3% of respondents were unaware of HFGCs and 79.9% perceived that communities did not support HFGCs activities. The inadequate awareness and limited community involvement weaken participatory health governance by restricting citizens' influence over decisions concerning maternal health services. Strengthening community awareness and promoting active engagement in HFGCs can enhance citizens' involvement in identifying maternal health priorities and contribute to improved service delivery.

This underlined challenges limited community members' ability to attend meetings regularly and participate in discussions concerning maternal health services. Similarly to a study by Exavery et al. (2018), underscored that access to healthcare among women in Tanzania challenged by socioeconomic and geographical barriers, including distance to health facilities, transportation difficulties, and financial constraints. Encourage active community participation and strengthen the communication of citizens' concerns enhance their contribution to decision-making processes aimed at improving maternal health service delivery can addressing these accessibility barriers.

In a related context, research conducted by Isangula, Pallangyo and Ndirangu-Mugo (2023) suggests that the availability of feedback mechanisms does not necessarily guarantee their effective use by patients. Their findings indicated healthcare providers considered suggestion boxes available; they had received few complaints from patients over extended periods. This underlines the importance of strengthening the accessibility, functionality, and responsiveness of feedback mechanisms to ensure that service users can communicate their concerns regarding maternal health services.

The findings from the study contrasted with those of Annobil, Dakyaga and Sillim (2021). Availability of citizen participation mechanisms and opportunities for community members to express their concerns regarding maternal health services, their study found that healthcare planning in Ghana was largely influenced by experts, with communities having limited opportunities to contribute meaningfully to identifying health needs, planning, and implementing healthcare programmes. This suggests that the extent of citizen participation vary depending on how participation mechanisms are implemented and the degree to which community views are incorporated into healthcare decision-making processes.

The findings from the interviews align with the study by Falisse (2017). Both community members and healthcare stakeholders emphasize that meaningful citizen participation requires

opportunities for women and other community members to raise concerns, provide suggestions, and influence decisions regarding maternal health services. Recent research supports this, highlighting that establishing mechanisms for collecting community concerns and strengthening dialogue between communities and healthcare providers play a crucial role in improving citizen participation and ensuring that community needs are considered in healthcare decision-making (Falisse et al., 2017).

Answering research question number two, which examined the extent to which citizens participate in maternal health service planning, decision-making, monitoring and evaluation in Temeke Municipality, findings revealed that citizen engagement was generally low. They indicated that participation occurred mainly through representatives and the direct involvement in planning and formal monitoring and evaluation was limited by inadequate awareness, work responsibilities, and perceptions that decisions were primarily made by health authorities. This suggest that citizens have limited opportunities to contribute directly to identifying service priorities, influencing decisions, and monitoring the quality of maternal health services. Hence there is a need to strengthens the available formal mechanisms to strengthen to provide the chance for people to participate.

In relation to Arnstein's Ladder of Citizen Participation (1969), the findings indicated that citizen engagement in maternal health planning, monitoring, and decision-making in Temeke Municipality remained limited and does not consistently reach the higher levels of participation where citizens exercise meaningful influence over decisions. According to Arnstein's model, participation becomes meaningful when citizens move beyond being merely informed or consulted to having their views incorporated into decisions and sharing power with responsible institution. Limited direct involvement in planning and monitoring suggested that citizen' engagement largely remained at the lower or tokenistic levels of participation. Highlighting the need to strengthen direct community involvement, improve feedback mechanisms, and ensure that citizens' views inform planning and decision-making processes

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

5.1.1 Mechanisms and avenues of citizen participation in maternal health service delivery

The findings for the first objective revealed that mechanisms and avenues for citizen participation in maternal health service delivery in Temeke Municipality were generally inadequate, as reflected by an overall mean of 3.367 and a standard deviation of 1.363. The findings revealed that citizen participation in maternal health service delivery in Temeke Municipality relied more on direct communication with health service providers and local leaders, which was the most useful avenue, with 65.6% of respondents agreeing or strongly agreeing that they used it to communicate their concerns. In contrast, the majority of respondents expressed dissatisfaction with formal and digital participation mechanisms, with 73.1% disagreeing that street health meetings were regularly conducted, 68.8% indicating limited participation through HFGCs, 61.9% reporting inadequate access to suggestion boxes, and 65.6% indicating limited availability of SMS and WhatsApp channels. Overall, the findings showed that direct interpersonal communication was the most accessible means of

participation, while formal and digital mechanisms were less effective in facilitating citizens' involvement in maternal health service delivery.

5.1.2 Level of Citizen Engagement in Decision-Making on Maternal Health Service Delivery

The findings for the second objective revealed that citizen engagement in decision-making concerning maternal health service delivery in Temeke Municipality was generally low, as reflected by an overall mean of 3.851 and a standard deviation of 1.138. The findings showed that 76.0% of respondents disagreed that they regularly attended maternal health meetings, while 79.1% reported limited involvement in planning maternal health programmes through HFGCs. Furthermore, 67.5% disagreed that they regularly reported service delivery challenges, and 78.1% indicated that their feedback and opinions were not adequately considered in decision-making. The findings showed that citizens had limited opportunities to participate in planning, communicate service-related concerns, and influence decisions, thereby constraining their contribution to improving maternal health service delivery in Temeke Municipality.

5.2 Conclusion

The study concludes that there is inadequate mechanisms for citizen participation and low level community engagement in decision-making on maternal health service delivery in Temeke Municipality. Formal mechanisms, including street health meetings, Health Facility Governing Committees (HFGCs), suggestion boxes and digital communication platforms, remain less effective while direct communication with health service providers and local leaders provides relatively accessible channels for expressing concerns. At the same time, low attendance at community meetings, limited involvement in HFGC planning and inadequate consideration of citizens' opinions continue to constrain meaningful community influence over maternal health decisions. Consequently, citizen participation remains largely limited to expressing concerns rather than actively shaping planning and decision-making processes. Strengthening participatory mechanisms and community representation is therefore essential to enhance meaningful citizen engagement in improving maternal health service delivery.

5.3 Recommendations

1. Temeke Municipality should increase the availability avenues for citizen to participate and strengthen the involvement of citizens in facility-level and community-level maternal health planning. HFGCs and local leaders should organise regular, inclusive meetings at convenient times and accessible locations, particularly for women with work and household responsibilities.

2. Temeke Municipality should strengthen the role of HFGCs in facilitating meaningful citizen involvement in maternal health planning through community representatives, particularly women of reproductive age, should be actively involved in identifying service-delivery challenges, proposing solutions, and monitoring the implementation of agreed decisions.

3. Government of Temeke Municipality and other sakeholders should strengthen community awareness and education programmes to improve citizens' understanding of their rights, responsibilities, and available opportunities for participating in maternal health service delivery.

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