Impact of Corruption on Community Development in Tanzania: A Case Study of the Health Sector in Dar es Salaam City Council

Musa Bonyo Kojo[1]
Dr Francis Mwaijande[2]

[1]musabonyo2@gmail.com
[2]famwaijande[2]@mzumbe.ac.tz

[2]https://orcid.org/0000-0002-5329-0932

[1,2]Mzumbe University, Dar es Salaam Campus College, Dar es Salaam, Tanzania
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ABSTRACT

This study investigates the factors influencing corruption in the health sector, using Dar es Salaam City Council as a case study. The research is guided by the Public Choice Theory, which posits that individuals in the public sector act in their self-interest, leading to corrupt practices when the opportunity arises. A descriptive research design was adopted in this study. The target population consisted of health workers within the Dar es Salaam City Council (8980). A sample size of 110 respondents was selected using purposive and simple random sampling techniques. Data collection involved the use of 90 questionnaires distributed to respondents and 20 in-depth interviews with key informants. Both qualitative and quantitative methods were employed to collect, process, and analyze the data. Primary data were collected using questionnaires and interviews, while secondary data were obtained through documentary review. The findings revealed a high prevalence of corruption in society, with the health sector showing higher incidents of corruption in Dar es Salaam City Council. Factors contributing to corruption include low salaries, non-existent rules, lack of transparency and accountability, nepotism, favoritism, and inadequate staff welfare benefits. The study concluded that corruption affects the socio-economic development of the country and is considered a major obstacle towards sustainable development in the community and the public at large in the Dar-es-Salaam City Council health sector. The study recommends that the Dar es Salaam City Council improve the working conditions of health workers by increasing salaries, providing staff housing, and offering free utilities and allowances. Additionally, the government of Tanzania should formulate an integrated policy for the health department to enhance transparency, accountability, and efficiency in the management of schools and health facilities.

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I. INTRODUCTION

Corruption is widely identified as a socio-economic problem that affects most countries worldwide since it undermines the institutional framework, rule of law, and accountability needed for the acceleration of social development (Federico et al., 1997). It exists both in developed and developing countries, but the scope of corruption differs due to tactics and strategies used to deal with the problem (Adam, 2015). It is a societal problem that adversely affects a nation's efforts to improve community development. Indeed, due to differences in scope and tactics of fighting corruption, it has been noted that developing countries experience more burden than developed countries (Hoinaru et al., 2020). Corruption in Tanzania is a big problem, just like in other parts of world society. Corruption is recognized throughout the United Nations as a key challenge to sustainable development and realization of community development (Prasad, 2019).

Corruption significantly impacts access to social services in developing countries. Acemoglu et al. (2011) found that corruption diverts resources away from essential services like health and education, worsening conditions for the poor. Similarly, Justesen and Bjomskov (2014) highlighted that high corruption levels reduce the efficiency of service delivery, leading to lower quality and availability of public services. Kaffenberger (2012) emphasized that corruption in the education and health sectors results in fewer resources reaching schools and healthcare facilities, reducing accessibility and quality. Pfeiffer and Rose (2014) noted that corruption within the healthcare system leads to a misallocation of funds, resulting in poorer health outcomes, especially in vulnerable communities. Gatto and Sadik-Zada (2021) discussed how corruption increases the cost of access to services, making it harder for the poor to obtain necessary healthcare and education. Lastly, Razafindrakoto and Roubaud (2007) provided evidence that high corruption levels lead to a lack of transparency and accountability, further hindering access to essential services. Central Asia, North Africa, the Middle East, sub-Saharan Africa, and low-

middle-income countries of Eastern Europe score badly in terms of the Transparency International Corruption Perception Index (Transparency International, 2022).

In the African context, several countries have made radical changes in improving and strengthening the health and education sectors (Transparency International, 2022). In the context of health sectors, progress in universal access to health services is still very slow, particularly in East Sub-Saharan African countries and central African countries (United Republic of Tanzania, 2020), even though there are many measures that have been taken by countries and international organizations to improve health sectors. However, in the education sector, corruption to a great extent discourages investment in higher education for many students since the funds allocated are used contrary to the government's instructions, thus contributing to students from low-income families not having the opportunity to pursue further studies (Jungo et al., 2023). However, the fight against corruption has received considerable attention among policymakers, politicians, and researchers in the last 30 years in comparison with the previous period (Ofori-Mensal, 2017; Prasad, 2019). In a Nigerian setting, corruption undermines the quality of the education system through nepotism, procurement fraud, examination malpractices, favoritism, and misuse and diversion of funds.

It denies access to community services to marginalized and vulnerable citizens, in turn weakening the effective distribution of income and wealth and has the potential of increasing the rate of child mortality in the community (Ghana Integrity Initiative, 2018). Similarly, the literature indicates that about $455 billion of the $7.35 trillion spent on healthcare annually is gone each year to corruption and fraud cases (Teremetskyi, 2021). The survey conducted by the Prevention and Combating of Corruption Bureau (2020) showed that corruption is a major obstacle that prevents citizens from accessing community services due to public servants and government leaders participating in incidents of receiving bribes from low-ranking citizens, and those who fail to pay bribes end up missing those community services. The government has been receiving complaints from citizens who have been denied community services but have been ignoring and not taking disciplinary and legal measures against those accused of corruption, in turn lowering the quality and quantity of education and health care services (Mironov & Zhuravskaya, 2012).

The practice of demanding monetary or other benefits in exchange for preferential treatment has plagued the global south with efforts on community development (Baker, 2016; Hosken, 2017; McCool, 2015). In fact, corruption has been eroding the distribution of public social services, in turn impacting community development. However, Tanzania's efforts to hold back corruption have remained a key country's efforts to wipe out social misery and poverty (Xinhua, 2017a). In 2017, the Government of Tanzania established the National Anti-Corruption Strategy and Action Plan (NACSAP III) that aimed at speeding up the anti-corruption action in ministries, departments, and agencies, local government authorities, religious institutions, non-state actors, the private sector, and ordinary citizens to ensure systematic, participatory, and comprehensive intervention (United Republic of Tanzania, 2020).

According to the Commonwealth Human Rights Report (2003), corruption in Tanzania increased from 18% to 60%; the Tanzania Prevention Corruption Bureau states that police officials were the most corrupt organization in Tanzania with the highest number of corruption. The Afrobarometer survey of 2006 indicates that 55% of the respondents believed that some tax officials are corrupt. In 2003, the survey conducted by the Commonwealth Human Rights Initiative shows that more than 60% of the respondents knew someone who had experienced corruption involving traffic police. 18% of the respondents had been directly exposed to traffic police. According to the Danish organization cited by the Business Anti-Corruption Portal, most of the revenues generated from forest products/logging are lost to corruption. The findings disclose that only 5% of the revenue from timber goes to villages and local authorities while 95% ends up in the pockets of corrupt companies, politicians, and ministers, which in turn has caused the government to fail to finance community development projects in the health and education sectors, resulting in the lack of essential services such as desks, books, laboratories, medicines, and medical equipment. The Global Corruption Barometer and Transparency International (2013) most corrupted sectors are the police (87%), judiciary (86%), health sector (79%), civil servants (75%), and the education system (74%). In addition, three ward councillors from Ilala Council, Dar es Salaam, were caught in a PCCB operation as they solicited a Tanzania shillings 3 million bribe from a consulting engineer in relation to a planned Tanzania shillings 13 billion construction project. Between 1996 and 2003, there were corruption cases; this indicates an increase in cases under investigation at both HQ and regional levels.

1.1 Statement of the Problem

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55% of the respondents believed that some tax officials are corrupt. In 2003, the survey conducted by the Commonwealth Human Rights Initiative shows that more than 60% of the respondents knew someone who had experienced corruption involving traffic police. 18% of the respondents had been directly exposed to traffic police.

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1.2 Research Objective

To examine the influence of the impact of corruption on community development in Tanzania with reference to the health sector in Dar es Salaam City Council

II LITERATURE REVIEW

2.1 Theoretical Framework
2.1.1 Public Choice Theory

The study is guided by Public Choice Theory, which was developed by economists such as James Buchanan and Gordon Tullock in the 1960s. Public Choice Theory applies economic principles to political science, analyzing the behavior of politicians and government officials as self-interested agents who seek to maximize their own utility, often at the expense of public welfare (Lambert-Mogiliansky, 2015). This theory suggests that government officials (agents) may engage in corrupt activities to serve their personal interests, such as accepting bribes or favoring certain groups, rather than acting in the best interest of the public (principals). In the context of this study, Public Choice Theory is relevant as it explains how corruption can occur when government officials create environments that incentivize citizens to engage in corrupt practices, such as paying bribes to expedite services in sectors like health and education. The relationship between the officials and citizens becomes one of mutual benefit, where citizens may turn a blind eye to corruption in exchange for receiving certain advantages, such as faster service or access to benefits. This dynamic perpetuates corruption, making it difficult to eradicate without addressing the underlying incentives and behaviors of both government officials and citizens.

2.2 Empirical Review

Corruption has been a significant impediment to community development in Tanzania, with numerous studies examining its impact, particularly in the health sector. This section presents a concise analysis of the literature focusing on corruption in the health sector and its broader implications for community development.

Hope (2022) explored the nexus between corruption and sustainable development in Africa, revealing that corruption continues to be a major obstacle to achieving sustainable development goals across the continent. The study highlights how the misuse of public resources, lack of transparency and accountability, and systemic issues such as nepotism and bureaucracy hinder progress in various sectors, including health. The findings underscore

the pervasive nature of corruption and its disastrous impact on socioeconomic development, affecting critical areas like healthcare access and quality.

Obinna et al. (2019) conducted a study focused on corruption in the health systems of five Anglophone West African countries: Nigeria, Sierra Leone, Ghana, Gambia, and Liberia. The research identified several factors contributing to corruption in these health systems, including informal payments, inappropriate procurement processes, absenteeism, the diversion of patients to private healthcare, and the theft of drugs and supplies. These issues are exacerbated by poor working conditions, low wages, and a lack of incentives, which create an environment ripe for corrupt practices. The study recommended the formulation of anti-corruption strategies tailored to the health sector to address these challenges effectively.

Transparency International (2014) provided an overview of corruption and anti-corruption efforts in Tanzania, highlighting the health sector as one of the most vulnerable to corrupt practices. The report indicated that the health sector, alongside the police, judiciary, and civil service, suffers from significant corruption due to factors such as heavy workloads, political interference, and chronic underfunding. These conditions contribute to a culture of corruption where health services are often compromised, and patients are forced to pay bribes to receive adequate care.

The Prevention and Combating of Corruption Bureau (PCCB) (2020) conducted a national governance and corruption survey in Tanzania, revealing that corruption is perceived as a major problem by a significant portion of the population. The survey found that the health sector is particularly vulnerable, with 17.9% of respondents identifying it as one of the most corrupt sectors in the country. This perception was higher among households, with 25.6% citing corruption in the health sector as a significant issue. The findings suggest that the health sector's vulnerability to corruption is driven by factors such as inadequate oversight, insufficient funding, and the pressure on healthcare workers to manage high patient volumes with limited resources.

Warioba (1994) led a commission to investigate the effects of corruption across various sectors in Tanzania, including health. The commission involved experts from multiple fields and gathered input from ordinary citizens, although many were reluctant to provide information due to fear of repercussions. The report highlighted that ordinary citizens are often forced to pay bribes in the health sector to receive basic services. This practice is indicative of deeper systemic issues, including inefficient administration, lack of accountability, and the absence of stringent anti-corruption measures.

These studies collectively emphasize that corruption in the health sector is influenced by a range of factors, including low wages, poor working conditions, inadequate funding, and weak governance structures. Addressing these factors is crucial for reducing corruption and improving the delivery of health services in Tanzania.

III. METHODOLOGY

3.1 Research Design

The study used a descriptive research design with the aim of collecting information from Dar es Salaam City Council with respect to factors influencing the occurrence of corruption in the health sector. Descriptive research design enables the researcher to collect information, summarize, interpret, and present data for clarification (Mugenda & Mugenda, 2013).

3.2 Study area

The study was conducted in the Dar es Salaam City Council. The researcher agreed to conduct this study in the said city due to the fact that Dar es Salaam City Council is one of the fastest cities due to its large population, and a lot of corruption cases have been reported, which in one way or another is holding back community development efforts. Dar es Salaam City Council is a city that has many cases of corruption due to the presence of many public offices, large government development projects, and large business activities.

3.2 Study Population and Sample Size

The targeted population of this study was drawn from public civil servants (health workers), leaders, and citizens/members of the community (women, men, youth, and elderly). The researcher targeted health workers because it was the institution that was very close to the people, and it was a leading institution with a lot of information on corruption and complaints about giving bribes to get certain services. In this study, the sample was obtained by using Yamane's formula.

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

Where:
    n= Sample size
    N= Total population (8980)
    e= Acceptable error value (5%)
When fitted, the sample was:
    n = $8980/1 + 8980 (0.05)^2$
    n= 8980/1+22.45
    n= 8980/23.45
    n= 382

Thus, the sample size for staff in the Dar es Salaam City Council was determined to be approximately 382 respondents, including both supporting staff and leaders. From this population, the final sample size of 110 respondents was selected for the study.

3.3 Sampling Design and Procedure

The study focused on five wards within Dar es Salaam City Council: Buguruni, Kinyerezi, Chanika, Msongola, and Pugu Station. In each of these wards, staff members from the health sectors were randomly selected from hospitals within these wards. A total of 100 respondents were selected using simple random sampling.

Purposive sampling was used to select leaders from Dar es Salaam City Council based on their positions and expertise. The study included 10 leaders: 1 City Director, 1 City Chairman, 1 City Administrative Officer, 3 Heads of Sections and Departments, 2 Heads of Schools, and 2 Street Chairpersons.

3.4 Data and Collection Approaches

Indeed, staffs from the health care were chosen to fill in the questions made by the researcher. The questionnaire is a method that is widely used since it is an easy way to collect data because it gives the respondents the freedom to fill in the questionnaire without interference from anyone. Qualitative data was obtained using interview from selected health leaders from Dar es Salaam City Council based on their positions and expertise.

3.5 Data Analysis

Both qualitative and quantitative data were analyzed in line with the study objective and questions. Qualitative data is emanating from interviews and is analyzed through thematic analysis by simply listening to the interviewee and then recording the information, and then the responses to objectives and questions were organized into themes that are in line with the objectives in this study. In the quantitative data analysis context, data was described, processed, organized, coded, and analyzed using SPSS version 20 to derive simple descriptive statistics such as percentages and frequencies with the aid of tables and graphs. In summary, the thematic analysis was used to analyze qualitative data, while quantitative data was analyzed by using Statistical Package for Social Scientists (SPSS).

IV. FINDINGS & DISCUSSIONS

4.1 Factors Influencing the Occurrence of Corruption at the Health sector

The objective is designed to explore factors influencing corruption in the health sector. The responses for this objective were taken from health workers in Dar es Salaam City Council. In summary, this section is divided into seven sub-sections, namely: low salaries, non-existent rules and regulations, lack of transparency and accountability, nepotism and favouritism and lack of staff welfare, as shown in Table 1.

Table 1
Factors influencing Corruption at the Health sector

Statements	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
	PS	NPS	PS	NPS	PS	NPS	PS	NPS	PS	NPS
Low salaries	37.3	10.2	13.5	5.3	3.4	4.8	2.1	8.3	3.2	11.9
Non-existent rules	12.3	42.6	8.3	12.6	1.7	5.6	3.4	2.1	10.2	1.1
Lack of accountability and transparency	13.5	29.4	8.6	20.4	2.3	4.7	5.6	2.3	11.2	1.9
Nepotism and favouritism	16.5	35.9	6.5	12.2	1.2	3.4	8.5	1.2	13.2	2.6
Inadequate staff welfare benefits	41.2	19.3	7.3	3.6	2.5	8.3	4.6	6.5	1.6	5.1

4.1.1 Low Salaries

The findings indicated that 37.3% of the health workers strongly agreed that low salaries were a reason to persuade them to ask for and accept bribes, while a small percentage of citizens felt that low salaries were not the reason for taking and accepting bribes. This is because there are health workers who have the habit of asking for bribes even though they are paid salaries that help them meet their daily needs. Equally, Sikika (2010) stipulates that low wages were the main reason for health workers asking and receiving bribes from patients who are poor and unable to pay for health care. Similarly, during key informant's interviews from the hospital, one of the key informants said that:

"Many health workers specifically nurses, are paid low salaries which in reality do not match the job they do whereby in reality is difficult and dangerous, that is why many nurses ask for bribes from patients so that they can at least make a living and if you look carefully you will find out that most of the nurses live far from their work centres, so they spend a long time walking to work and they arrive at work tired and have no motivation to work hard and efficiently in their workplace" (Participant No 1).

4.1.2 Non-existent Rules and Regulations

The results revealed that 42.6% of the respondents strongly agreed that non-existent rules and regulations were the reason for taking and receiving bribes for health workers, while a small portion (2.1%) of the workers disagreed that non-compliance of laws was the reason for taking bribes. This is due to the fact that there are some public servants who have the behavior of asking and receiving bribes in public and are fully aware that it is against the law to commit such acts of asking for bribes, and it will lead to strict legal action and dismissal from work immediately after being found guilty (Teremetskyi, 2021). This finding is in line with one of the heads of section from the hospital during an interview session having this to say that:

"The Government of Tanzania has introduced various policies, guidelines, laws and regulations such as Public Health Act, 2010, National Health Policy, 2007 and Human DNA Regulation Act, 2009 with intention of fighting corruption and waste of public funds but the truth is that many nurses and doctors lead by asking for bribes from citizens without fear and sometimes threatening them that they will not provide services if they do not give bribes and this situation causes citizens to lack health services and many lose their lives and no strong legal action are taken for the perpetrators except to be given a warning and reprimand orally or in writing" (Participant No 2).

4.1.3 Lack of Transparency and Accountability

The data output indicated that 29.4% of the health workers strongly agreed that lack of transparency and accountability was the reason for taking and receiving bribes in public offices, while a small portion (5.6%) of the health workers disagreed that lack of transparency and accountability was not the reason for taking bribes. This is because the workers believed that the absence of transparency and accountability contributes significantly to the misuse of resources and ultimately hinders efforts to achieve the goals and plan of the health sector. This statement is consistent with Lambert-Mogiliansky's (2015) statement that there was a direct linkage between corruption, transparency, and accountability in the sense that in the absence of any signal of the official's behavior, citizens have no way of preventing a corrupt official from diverting public funds.

4.1.4 Nepotism and Favouritism

The results revealed that 35.9% of the respondents strongly agreed that nepotism and favoritism were the reasons for taking bribes. This is because citizens believe that favoritism and nepotism were the reasons poor citizens lacked health services, thus causing patients to remain with chronic diseases for a long time and ultimately leading to loss of life, while a small portion (8.5%) of the health workers disagreed that nepotism and favoritism were not the reasons for taking and receiving bribes. The study findings are linked to the study by Obinna et al. (2019) that when hiring or promotion decisions are based on personal connections rather than qualifications, it leads to the appointment of individuals who may not be competent for their roles. This undermines the effectiveness of public service delivery and can lead to systemic inefficiencies. In environments where nepotism and favoritism are prevalent, there is often a cultural acceptance of corrupt practices. Individuals may feel pressured to engage in similar behaviors to succeed or even survive within their organizations, leading to a vicious cycle of corruption. The perception that favoritism is rampant can diminish public trust in government institutions. When workers believe that decisions are made based on personal relationships rather than fairness and transparency, it fosters cynicism and disengagement from civic duties.

4.1.5 Inadequate Staff Welfare

The results showed that 41.2% of the public servants strongly agreed that lack of staff welfare services was the reason for taking bribes. This is because public servants saw that the lack of welfare was the main reason for asking and receiving bribes, ultimately causing poor citizens to miss health services due to the failure to pay bribes to health workers, while a small portion (5.1%) of the citizens strongly disagreed that lack of staff welfare was the reason for taking and receiving bribes. Inadequate staff welfare, particularly in the form of low salaries and insufficient benefits, creates a financial strain on healthcare workers. This is in line with Hope (2022) that when public sector employees are not compensated adequately, they may resort to corrupt practices such as informal payments or bribery to supplement their income. This is especially prevalent in low- and middle-income countries (LMICs), where healthcare providers often face significant economic pressures. The lack of adequate financial incentives can lead to a culture where corruption becomes a necessary coping mechanism for survival. When healthcare workers feel undervalued due to inadequate welfare provisions, it can erode their sense of accountability towards patients and the healthcare system. This erosion of trust can result in a mindset where providers prioritize personal gain over ethical obligations, leading to increased instances of corruption. For example, if a nurse feels that their hard work is not recognized or rewarded, they may be more likely to accept bribes or engage in other corrupt behaviors as a means of asserting control over their circumstances.

4.2 Corruption in the Health Sector

In assessing the prevalence of corruption in the health sector of Dar es Salaam City Council, respondents were asked whether they believe corruption is a significant issue. The findings were presented in Table 2.

Table 2
Responses to the Perception of Corruption in the Health Sector

Response	Frequency (n)	Percentage (%)
Yes	80	88.9
No	10	11.1
Total	90	100

The results indicate that 80 out of 90 respondents (88.9%) perceive corruption as a major problem within the sector. This overwhelming majority reflects a broad recognition of the issue among those surveyed, highlighting a significant concern about corrupt practices affecting healthcare delivery.

Conversely, only 10 respondents (11.1%) disagreed, suggesting that a minority view the extent of corruption differently or may not perceive it as a pressing issue. The high percentage of affirmative responses underscores a consensus on the prevalence and impact of corruption in the health sector. This perception aligns with the factors identified in the study, such as low salaries, inadequate staff welfare, and lack of transparency, which contribute to a corrupt environment.

The strong agreement on the presence of corruption indicates an urgent need for reforms. Addressing this widespread concern requires the implementation of stringent anti-corruption measures, improved working conditions, and enhanced transparency and accountability in healthcare operations. The findings suggest that without significant changes, corruption will continue to undermine the effectiveness of health services and the overall integrity of the sector (Obinna et al., 2019).

V. CONCLUSIONS & RECOMMENDATIONS

5.1 Conclusions

Based on the study findings, the study concludes that corruption affects citizens by diverting resources allocated to promote socio-economic development in health sectors, weakens the capacity of the government to provide basic services, and causes an and causes an absence equally and fairly to the public, discouraging funders to provide aid. In one way or another, corruption often erodes trust, hampers community development, weakens democracy, and increases the level of social inequality, discrimination, poverty, and environmental crises. Therefore, corruption affects the socio-economic development of the country and is considered a major obstacle towards sustainable development in the community and the public at large.

5.2 Recommendations

The study made recommendations based on the research question of this study. Firstly, the government should improve the interest of health workers by increasing salaries and improving the working environment by building staff houses and providing with free electricity, water, and food allowances, which in one way or another would help to reduce the desire to ask for and receive bribes. The government of Tanzania should also formulate an integrated policy for the health department that would help increase efficiency in the management of health facilities by increasing transparency and accountability in the use of funds and ensuring that strict legal measures are taken against civil service officials who steal funds.

It is further recommended that strong legal measures should be taken for staffs that are found to take bribes, including imprisonment for life and the government should confiscate their assets so that it becomes a lesson to many public servants who have a habit of taking bribes. Also, the government should completely fire a public servant who is found to be taking bribes and not being given his rights such as pension.

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