

Overcoming Resource Constraints: Key Challenges in Mobilising Resources in Public Health Projects in Temeke Municipality, Tanzania

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Abstract

Public health projects are among those initiatives that have critical significance in improving the well-being of the community, particularly within resource-scarce regions of Sub-Saharan Africa, like Tanzania. Their success will depend on the availability of resources, which could either be lacking or present but not mobilised effectively. This paper sought to identify the major challenges in mobilising resources in public health projects in Temeke Municipality, Tanzania. The participants targeted included public health project officers and public health workers. Data collection methods included focus group discussions and interviews. The results indicate that limited financial resources, inefficient resource allocation, corruption and mismanagement, bureaucratic hurdles, low involvement of the private sector, economic constraints, and low community engagement and participation were the key challenges that affected resource mobilisation in public health projects in Temeke Municipality in Tanzania. Therefore, the study recommends that the government of the United Republic of Tanzania focus on funding high-priority projects in a very transparent way with simplified administrative procedures to allow for efficiency and it should encourage partnership with the private sector to allow for efficiency and ensure community involvement in contributing toward the successful completion of the projects.

Keywords: Community engagement, financial constraints, public health projects, resource mobilisation, Tanzania.

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1. Introduction

It is recognised both nationally and internationally that public health projects have a crucial role in societal development, as they provide for infrastructure development, improve public services, and improve community well-being (Kharivhe, 2020; Mushi, 2016). However, the mobilisation of enough resources; financial, human and material is still one of the most persistent problematic issues that arise in the implementation of public health projects, especially within developing regions. In ensuring that public health projects are completed on time, within budget and meet the needs of the population, overcoming resource constraints is important (Ochieng, 2015).

Resource mobilisation identifies, secures and manages the financial, human and material resources necessary for public projects (Adeyemi, 2016). To this end, resource mobilisation ensures that public projects are completed in good time, are of quality and achieve their intended goals. It is also a key ingredient in sustainability since successful resource mobilisation will make sure that the public services and infrastructure are kept long in good condition (Adebayo & Alabi, 2018). For this reason, lack of resource mobilisation causes health projects to be delayed, take more costs or even fail, characterised by waste of public money and lost opportunities for the development of society. In sum, the mobilisation of resources is an important ingredient in ensuring that government initiatives aimed at the livelihood of citizens become a success (Ahmed & Gharbi, 2017).

There are different types of resource mobilisation for public health projects: financial, human, material and institutional resources (Al-Fahad & Al-Shehri, 2019). Financial resource mobilisation is the first type, which forms the core of any public project. The securing of enough funding is usually the first step in the process of mobilising the resources that will be necessary for the implementation of the project (Aydin & Yigit, 2020). Financial resource mobilisation happens along several channels including through government budgets, donor funding and grants, public-private partnerships, community contributions and borrowing. In the second category falls human resource mobilisation, which plays a very important role in the implementation and management of public projects. It is expected that skilled personnel are needed in planning, execution, monitoring and evaluation. The mobilisation of human resources occurs through various mechanisms, including government

employees, consultants and external experts, volunteers and community workers and public sector training programmes, to name but a few. Third is material resource mobilisation, where material is an issue of physical inputs necessary for the successful execution of the project. These include construction materials, equipment and machinery, among other forms of tangible assets (Xie & Wang, 2019). Materials resource mobilisation occurs through mechanisms such as procurement systems, in-kind contributions, donation of equipment/machinery, recycling and reusing materials. The fourth category is institutional and governance resource mobilisation, which encapsulates policies, systems, and governance structures that help resource mobilisation and implementation of projects. It involves institutional and governance mobilisation through the legal and regulatory framework, project management systems, inter-agency coordination and accountability mechanisms (Bada & Ezeani, 2021).

Many works from different disciplines argued that public health projects are failing to provide sufficient resources. For instance, Raj (2018) and Silva (2017) discussed the resource mobilisation issue of public health projects. The study conducted by Dele (2010) depicted that actual budget allocations were delayed for an extended period; in addition to this, poor financial management and corruption negatively affected resource mobilisation by public health projects. Also, reliance on oil revenues resulted in the availability of funding at diverse times, and this is a further complication in resource mobilisation. Olowu (2010) called for reforms in public financial management and diversification of government revenue sources to mitigate these difficulties. In addition, Ochieng (2015) supported that the decline in funding from the central government and the inefficient running of the procurement system delayed the purchasing of vital materials and other medical supplies. The study also found there was a general lack of skilled personnel in project management positions, resulting in efficiency in resource allocation. The study further recommended capacity-building programmes for public service employees and devolution of healthcare budgeting to improve resource mobilisation.

Raj (2018) conducted a study in India, which recommended that delays in land acquisition, bureaucratic red tape and inefficiencies in PPPs were key constraints to resource mobilisation. The study showed that poor technical ability of local government machinery regarding the management of large projects was associated with cost overruns and delays. Another study, conducted by Mushi (2016) researched the issues of resource mobilisation in public education projects in Tanzania. The findings showed that most of the schools lacked teaching materials, adequate classrooms, and qualified teachers. All these were exacerbated by a limited government budget and uncertain donor contributions. Mushi (2016) further identified inefficient procurement systems as promoting further delays in the delivery of much-needed materials. Another study was carried out in South Africa by Kharivhe (2020) on resource mobilisation for public housing projects in South Africa. The study identified that the key issues, which hindered the mobilisation of essential resources for the development of houses, were related to a lack of adequate funds and political interference. Besides, a lack of coordination between national and local governments led to delays in construction and allocation of resources. In Brazil, a study by Silva (2017) on public transportation projects and the resource mobilisation challenges they faced revealed that delays in the issuance of funding from both federal and state governments, as well as increased cost of construction, comprised one of the major financial barriers. Silva (2017) further noted that corruption within the public procurement process was one of the major causes of ineffectiveness in resource mobilisation.

In general, the literature reviewed have established that while resource mobilisation challenges were universal at least across different sectors and countries, the specific factors differed based on local contexts. Although financial, material, human and governance-related issues persisted across regions, each country had its contextual factors that exacerbated these challenges. Each of these issues would require a specific solution aimed at strengthening the financial management system and enhancing the capacity of the public sector through better procurement processes, coupled with combating corruption. Once these challenges are surmounted, they can thus enable the effective implementation of public projects and thereby contribute to socio-economic development and improved public services. In this regard, little has been known concerning the key challenges in mobilising resources in public health projects in Temeke Municipality. The purpose of the paper is thus to bridge the gap in existing literature concerning the following question: What are the major challenges of mobilising resources in public health projects in Temeke Municipality?

2. Methodology

The study was designed to investigate the key challenges in mobilising resources in public health projects in Temeke Municipality, Tanzania. The study employed the qualitative approach as a method of inquiry. Specifically, data were collected through focus group discussions and interviews. The qualitative approach was

chosen to gain an understanding of the feelings and experiences of participants, regarding the key challenges in mobilising resources in public projects in Temeke Municipality. Focus group discussion was chosen as a data collection tool because it helped the researcher to gather information from the shared discussion. Likewise, FGDs consist of homogeneous members who are likely to produce a lot of information quickly through the questions posed to the participants. In the same vein, interviews were used to collect data from the participants as they offer numerous advantages, including the ability to gain in-depth understanding, flexibility in questioning, and the opportunity to explore new themes. While they require more time and resources compared to some other methods, the rich qualitative data they provide significantly enhance the depth and quality of research findings. Data for the study were collected from participants from Temeke Municipality. This municipality was purposively selected because is home to a range of public health projects. The diversity of these projects offers a rich field for examining various aspects of resource mobilisation, from financial constraints to logistical and human resource challenges. This diversity allowed for a comprehensive analysis of how different types of public projects are affected by resource constraints. A total of two focus group discussions were conducted. Each group consisted of five participants. Similarly, a total of five participants were interviewed. The information from the focus group discussions and interviews was audio recorded and later on transcribed verbatim.

The data were analysed using the thematic approach as proposed by Braun and Clarke (2021), whereby appropriate themes were identified, described and illustrated by the quotes of participants. Earlier on, before commencing data collection, a research permit was obtained from the respective authorities. Thereafter, informed consent to conduct the study was also obtained from the Municipal Council. Confidentiality of the information gathered and anonymity of the participants were ensured.

3. Results

Several issues emerged from the focus group discussions and interviews regarding the key challenges in mobilising resources in public health projects in Temeke Municipality, Tanzania. These are organised into seven themes, which include limited financial resources, inefficient resource allocation, corruption and mismanagement, bureaucratic hurdles, low involvement of the private sector, economic constraints and limited community engagement and participation in public projects. These are discussed below.

3.1 Limited financial resources

The findings revealed that Temeke Municipality often faced constraints in securing adequate financial resources. Budget limitations hindered the initiation and completion of public health projects, leading to delays and compromised project quality. The municipality's reliance on government funding and limited local revenue exacerbated these issues as one of the participants disclosed:

From my experience, one of the main challenges we have been facing in Temeke Municipality is that we do not yet have enough financial support. The lack of these finances impeded us from initiating and completing various activities on public health in good time. Many are delayed and some are poorly done on account of this. This has been made even more difficult by our heavy dependence on external financial support, especially from national sources, in the face of relatively low income generated at the local level (Interview with Government Health Officer, on 3rd August 2024).

The testimony above goes on to point out that Temeke Municipality has particularly had a hard time for successive years since the project and its time for completion as scheduled never came to pass. Most of the projects started were very slow, and most of them were either delayed or performed poorly. Much had been dependent on national funding, while hardly any revenue was left from local sources. For this reason, public health efforts remained largely compromised in terms of progress and effectiveness.

3.2 Inefficient resource allocation

The findings underlined that something was seriously wrong with the prioritisation and allocation of these resources within the system. It became clear that many vital and high-impact projects that were for the good of the community seldom, if ever, received adequate funding or backing. Needless to say, such crucial initiatives could not be furthered owing to a lack of financial support. While the highest-priority projects had, on average, received a decreasing share, lower-priority projects or less urgent ones received an increasingly larger share and sometimes even overfunding compared to the most urgent projects. The most important needs were not directly addressed due to inefficiencies that were created and slowly progressed. At the overall level, therefore, less

effectiveness in project implementation results since in critical areas, the needs had been neglected. One of the participants argued as follows:

One of the major problems we have witnessed has to do with resource allocation. What has been realised, or should I say, has come forth, is that the projects usually thought to be important hardly get the attention they deserve in terms of finances and support. These projects, which should be at the top of the priority list, have always struggled with limited resources. It would also appear that less critical projects tend to receive more financing than what is necessary, creating an imbalance whereby essential needs are not being met and less-than-optimal results are achieved. There needs to be more reflection in terms of seeing to which key areas resources are going. (Interview with Government Health Officer 1, on 4th August 2024).

The echoed utterance highlights a recurring problem in resource distribution, where critical projects that required significant support were often underfunded. Meanwhile, less urgent initiatives received more resources than needed. This imbalance in funding resulted in neglected essential projects and inefficiencies in overall project execution.

3.3 Corruption and mismanagement

Corruption and mismanagement of funds were reported to be significant barriers to effective resource mobilisation. Instances of financial mismanagement and corruption led to the misappropriation of resources, reducing the availability of funds for intended public projects and undermining their effectiveness. During the interviews, participants said the following:

Dishonesty and mismanagement of funds have been some of the biggest challenges facing us in accessing resources and their prudent use. In many cases, the money designated for various major public initiatives has been wasted or misappropriated. This is not only causing a reduction of money for such projects but seriously weakening the general impact. As a result, many of the initiatives that might have had a positive effect on the community are either delayed or never reached their full potential. We need to address these problems so resources used can be as intended, and development is not hindered (FGD with Health workers on 7th August 2024).

The literal quote highlights that dishonesty and mismanagement were significant barriers to effective resource use. Funds intended for important public health projects were often misused or redirected, reducing their availability and effectiveness. This mismanagement delayed or prevented the successful implementation of projects, hindering potential community benefits.

3.4 Bureaucratic hurdles

Complex bureaucratic procedures and administrative red tape delayed the mobilisation of resources. It was reported by the participants that lengthy approval processes, rigid regulations and inefficient administrative systems slowed down project implementation and limited the responsiveness of resource mobilisation efforts as participants were quoted:

It is now apparent that our efforts to mobilise resources efficiently were, to a great extent, impeded by such cumbersome procedures. Elaborate and time-consuming approval procedures, as well as rules of all sorts, have delayed the implementation of so many projects. These inefficient administrative systems not only retard the pace of implementation but also our promptness in response to needs. Simplifying such procedures will be very important in enhancing efficiency in resource allocation and project implementation (FGD with Health workers on 7th August 2024).

The quotation underlines that cumbersome and time-consuming administrative procedures were indeed one of the biggest barriers to resource mobilisation. Lengthy approval processes and rigid rules caused delays at the start of a project and barred quick responses to needs. This set up a situation where various inefficiencies stood in the way of effective implementation. Simplification of these procedures was thus called for to enhance resource allocation and realisation of project execution.

3.5 Low involvement of the private sector

The limited engagement of private sector players in public projects significantly restricted resource mobilisation opportunities. It was reported that without strong partnerships and collaborations with private companies, public projects often missed out on crucial additional funding, specialised expertise and innovative resources. The private sector was expected to bring valuable financial investment and technical know-how, which were essential for enhancing the quality and impact of public initiatives. When these collaborations lacked, projects struggled to secure the necessary support, ultimately reducing their potential for success and overall effectiveness. One of the participants was quoted as:

The aim here is to ensure that accrued benefits and results derived from a particular public health project are optimised through effective engagement with private entities. Stronger partnerships involving private sector organisations will supplement projects at the public level with more financial resources than perhaps would have been available through public funding. Most of these collaborations introduce expert knowledge and innovation, using innovative project delivery methods and enhancing efficiency in projects. This also means, of course, the technical support and innovative technologies that private companies can provide hugely enhance project outputs. Private sector involvement could mean better management practices and accountability. This also means the sharing of risks, hence lessening the burden on the public purse. Essentially, leveraging private sector resources and expertise will result in public projects that are more impactful and successful (Interview with Government Health Officer 4, on 9th August 2024).

The excerpt insists that cooperation with the private sector was indispensable in guaranteeing the highest degree of success for public interest projects. Such collaboration provided additional financing and expertise that was otherwise unavailable from purely public sources. Indeed, private sector participation did introduce new and innovative solutions along with more advanced technologies that increase project productivity. At the same time, this form of cooperation enhanced management expertise while spreading the risk, lessening the burden on public finances.

3.6 Economic constraints

Economic factors such as inflation, currency fluctuations and economic downturns were reported to impact resource mobilisation. Participants reported that economic instability reduced the purchasing power of available funds and increased project costs, making it more difficult to mobilise and manage resources effectively. One of the participants was quoted as:

It soon became apparent that our ability to collect and use resources is significantly hampered by diverse financial situations. Economic instability, including a rise in prices, fluctuation of currency value and financial recession, are some of the main challenges. These aspects decrease the value of the available money in our hands, thus hiking the project costs. This thereby makes the resource acquisition and management process complex and difficult, hence impairing project execution (Interview with Government Health Officer 2, on 10th August 2024).

The quotation brings into focus that financial instability, like inflation and fluctuation of currency, made the mobilisation of resources for public health projects vulnerable. It thus depressed the value of funds and consequently increased project costs. Managing and utilising resources thereby became even more complex and challenging.

3.7 Low community engagement and participation

Limited community engagement and participation in public projects affected resource mobilisation efforts. It was reported that a lack of local involvement and support resulted in reduced community contribution, resistance to projects and lowered effectiveness in resource utilisation and project implementation.

Involvement and contribution from the community towards the projects have generally been below par, thus posing a setback to our resource mobilisation process. The social result of this is that residents do not take much interest in projects when they are less involved or not in support of public health projects and tend to shun them. Thereby, resulting in irrational utilisation of resources leading to unsuccessful project completion. Overcoming these challenges and ensuring that resources are being utilised efficiently, which in turn means that

projects are delivering their intended impacts, it is of vital importance to engage further with the community (Interview with Government Health Officer 3, on 12th August 2024).

The quote insinuates that the lower level of community involvement hindered resource mobilisation. Without active participation to support them, community contributions became minimal; people resisted and showed less enthusiasm for projects. Inefficient use of resources owing to a lack of engagement was one of the major constraints to project success. Effective community engagement was, thus, very instrumental in overcoming these problems for successful implementation.

4. Discussion

This study established that there are many challenges facing the mobilisation of resources in public health projects in Temeke Municipality. Some of the major challenges include minimal financial resources. The findings have generated interest with Maluka (2018) reported that insufficient funds ultimately limited the scale and geographic coverage of health programmes, preventing them from effectively meeting the needs of all target populations. This results in a gap in health service delivery because coverage is often random, and there is an inadequate response to health needs. The findings also corroborate Mihayo's views (2016) where he argued that financial constraints are likely to prompt cuts in public health projects, impinging negatively on the quality of care provided. Poor health delivery, low infrastructural levels, and shortage of medical supplies could be the result. Bansal and Sharma (2018) added that when the capacity is reduced to effectively address health issues, one of the possibilities of increased rates of disease transmission, reduced vaccination rates and increased morbidity and mortality.

The findings also revealed that poor resource allocation levels affected the mobilisation of resources in public health projects in Temeke Municipality. The findings agreed with Xie and Wang (2019), who established that inadequate funding restricts the extent to which health programmes can be covered as required. In the same connection, Olowu (2010) also established that meagre resources lead to delays in the execution of health projects. This sluggishness was reflected in the timely response to health emergencies and delivery of preventive services, worsening the health challenge. Bada and Ezeani (2021) went further to explain that plausible inefficiency from limited funds might degrade health services. This comprises a lack of funding for essential medicinal supplies, and equipment that has overstayed its functionality and facilities which usually reflect negatively on the patient's care and health outcomes.

Moreover, the overwhelming majority of participants in focus group discussions were of the view that corruption and embezzlement became grave barriers to effect resource mobilisation. Findings correspond to a postulation by Xie and Wang (2019), who suggested that corruption necessarily leads to the diversion of funds away from intended purposes. The diversion reduces the quantity of key public projects or services, diminishing their quality. Bansal and Sharma (2018) also added that poor management of resources brings about poor quality in implementation. Projects may remain incomplete, delayed beyond expectation or fail to achieve the objectives of such projects, hence reducing the overall impact intended for the beneficiaries.

Furthermore, the findings indicated that cumbersome bureaucratic procedures resulted in administrative bottlenecks, which in turn led to delays in resource mobilisation within the public health projects. The findings are consistent with Mihayo (2016) since he established that where administrative delays prevented the timely allocation and deployment of resources, crucial health interventions such as vaccination campaigns disease screenings or emergency responses were postponed. This leads to increased exposure to health risks, enhanced rates of disease transmission, and, finally, grave health consequences among the residents of the community. It was also determined that the low involvement of the private sector players in public projects contributed considerably to the limitation of opportunities for resource mobilization. The findings are in tandem with the works of Xie and Wang (2019) who identified that public projects cannot have access to advanced technologies, innovations, or expertise to enhance effectiveness without the contribution of private firms. Unless exposed to high-value resources and ideas, methods could be left behind, and project deliverables cannot have increased effectiveness; the outcomes would be impaired and less relevant for public health.

The findings also indicated that some of the economic factors influencing the mobilisation of resources included inflation, currency fluctuations and economic downturns. The findings are in tandem with Bada and Ezeani (2021), who ascertained that economic factors seriously compromise the ability of players to mobilise and utilise resources effectively in the context of public health projects to impact their respective success and

health outcomes they intend to have. Finally, the research findings indicated that limited participation in public health projects by the community and other stakeholders hindered resource mobilisation processes. The findings agree with the work of Mihayo (2016), who established that projects elicit resistance or lack of support, which diminishes their effectiveness in responding to the health needs of the population. For instance, Bansal and Sharma (2018) postulated that poor involvement in the community can lead to a reduced number of volunteers in the activities of the project, which may hurt the delivery and coverage of health services. According to Maluka (2018), insufficient participation may make the communities lose confidence in public health programs or interventions thereby leading to scepticism and lower adherence to certain health recommendations or services. Mpambije (2017) concluded that in the absence of community inputs, resource allocations fail to match needs and hence result in inefficiencies and waste in investments in health projects.

5.0 Conclusion

Generally, resource mobilisation is a key to public health success. However, it is hampered by myriads of challenges such as such as limited financial resources, which delayed project initiation and affected quality. Inefficient resource allocation, corruption, and mismanagement further undermined project effectiveness. Bureaucratic hurdles slowly progressed, while low private sector engagement limited access to additional funding and expertise. Economic factors like inflation and currency fluctuations complicated resource management, and insufficient community engagement diminished project support. Addressing these issues requires improved financial management, streamlined processes, and increased involvement from both the private sector and the community.

6.0 Recommendations

Based on the findings of this study, the following recommendations are made. Firstly, the government of the United Republic of Tanzania should implement robust financial oversight and strategic planning to optimise resource allocation. Prioritise funding for high-impact projects while ensuring transparency and accountability to combat corruption and mismanagement. Second, to simplify administrative procedures and reduce red tape to accelerate project approval and implementation. Introduce efficient systems to enhance responsiveness and facilitate quicker mobilisation of resources. Third, to foster partnerships with private sector entities to gain additional funding and expertise. Increase community involvement through targeted outreach and participatory approaches to build support and improve project outcomes.

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