

Strengthening Service Delivery in Zanzibar: The Role of Management Practices in Maternal Health Services Delivery

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Abstract

Persistent challenges in maternal health service delivery in Zanzibar remain evident despite sustained investments in infrastructure and workforce development. This study investigates the role of management practices in service delivery effectiveness, with two principal objectives: first, to examine managerial approaches that enable health workers to deliver maternal health services, and second, to identify interventions that facilitate the implementation of services delivered. Employing a qualitative research design, the analysis draws upon interviews, documentations and reviewed literature and official reports. The findings demonstrate that monitoring and evaluation (M&E), technical skills, training and collaboration with development partners quicken the implementation of maternal health programs. Whereby, waiting times during clinic visits, commitment in attending to maternal health seekers and community satisfied with the services provided complement critical determinants of motivation, service quality and accountability. The study concludes that the Ministry of Health Zanzibar should establish participatory M&E and invest in continuous training for coordinators and providers. This will improve accountability, policy translation, and service quality. Stakeholders should expand partnerships with local and global institutions to share knowledge and resources. At the same time, resource allocation and efficiency must be improved to sustain maternal health services.

Keywords: Maternal health, service delivery, management practices

1. Introduction

Maternal health remains a significance service in Zanzibar's health system, and management practices which play a central role in strengthening service delivery. Effective practices such as monitoring and evaluation (M&E), technical skills, training, and collaboration with development partners are widely recognized as enablers of improved maternal health outcomes. These practices are not abstract; they translate into concrete management interventions including reduced waiting

times during clinic visits, staff commitment, and patient satisfaction, which directly influence the quality of maternal health services.

Globally, maternal mortality has declined, but sub-Saharan Africa continues to bear a disproportionate burden, accounting for nearly two-thirds of maternal deaths worldwide (UNFPA, 2022). Limited community engagement and inadequate accountability mechanisms, which erode trust in health facilities and reduce service utilization (Mushi & Mbaruku, 2021). Without strengthening management practices, investments in infrastructure and workforce training risk yielding limited returns, leaving maternal health outcomes stagnant.

The literature on maternal health services in sub-Saharan Africa has broadly examined clinical interventions and workforce shortages, yet the role of management practices as a determinant of maternal health outcomes remains comparatively underexplored. This gap is particularly relevant in Zanzibar, where systemic inefficiencies persist despite ongoing investments in maternal health services. Addressing this gap requires a focused investigation into how managerial capacity through mechanisms such as supportive supervision, participatory leadership, and resource transparency can be leveraged to strengthen maternal health service delivery (Gilson, 2018).

Maternal health services is aligned with Zanzibar Development Plan (ZADEP) 2021–2026 under Human Capital and Social Development, and with Zanzibar Development Vision (ZDV) 2050, which calls for maintaining an equitable and sustainable universal healthcare system accessible to all, provided by highly skilled healthcare professionals and supported by modern medical technologies and facilities. Furthermore, it aligns with Sustainable Development Goal (SDG) 3, which emphasizes ensuring healthy lives and promoting well-being for all at all ages (World Health Organization, 2023). Despite notable progress in expanding healthcare infrastructure and increasing skilled birth attendance, maternal mortality rates remain persistently high, reflecting systemic deficiencies in service delivery. While clinical interventions such as antenatal care and emergency obstetric services are indispensable, a growing body of evidence emphasizes the key role of management practices in shaping health outcomes. Leadership, supervision, and transparent resource allocation are critical for enabling health workers to deliver quality services, yet these managerial dimensions remain underdeveloped within Zanzibar's health system (Ministry of Health Zanzibar, 2022).

Therefore, this study responds directly to that gap by investigating the role of management practices in maternal health services in Zanzibar. Specifically, it pursues two objectives: first, to examine management practices that support health workers in delivering effective services focusing on the following variables; monitoring and evaluation (M&E), technical skills, training and collaboration with development partners. The second objective is, to identify management interventions that foster the implementation of maternal health programs focusing on waiting times during clinic visits, commitment in attending to maternal health seekers and community satisfied with the services provided. By putting management practices and interventions within the broader agenda of health system strengthening, the study contributes to maternal health service delivery in Zanzibar and provides an impactful mechanism for improving health outcomes.

2. Literature Review and Theoretical Framework

This study is anchored in Systems Theory, originally developed by Ludwig von Bertalanffy in the 1930s and formally advanced in the 1950s. Systems Theory conceptualizes organizations and health systems as interconnected structures in which the performance of each component directly influences the functioning of the whole. Its core tenets interdependence, feedback loops, and subsystems emphasize that outcomes emerge from the collective functioning of all parts rather than isolated interventions. A health system functions effectively when subsystems such as leadership, monitoring, training, and service provision operate in harmony, while weaknesses in managerial capacity or coordination can disrupt the system, leading to inefficiencies and poor health outcomes. This theoretical lens is particularly relevant to Zanzibar, where maternal health which requires holistic approaches that integrate management, governance, and service delivery.

Empirical evidence within Systems Theory demonstrates that health systems are sustained by subsystems, and the effectiveness of one dimension directly influences the performance of the whole. In maternal health service delivery, monitoring and evaluation (M&E) represent essential feedback mechanisms that contribute to efficiency. Gilson (2018), emphasizes that conducting participatory monitoring into routine operations fosters accountability, transparency, and ownership among health workers.

In Zanzibar, regular M&E activities involving health workers, program coordinators, and community representatives have been shown to improve adherence to clinical guidelines and enhance trust in the health system (Ministry of Health Zanzibar, 2022). Comparative evidence from Tanzania demonstrates that maternal death surveillance and response mechanisms, supported by participatory M&E, contributed to significant reductions in maternal mortality (Africa CDC, 2023). Regarding Systems Theory, M&E functions as a feedback mechanism within the health system, ensuring that information flows across subsystems and enabling corrective action to maintain system balance.

In addition, the technical competence of health service providers is directly linked to maternal health outcomes. Skilled birth attendants and midwives are critical for reducing maternal and neonatal mortality (CMSR, 2025). In Zanzibar, capacity-building initiatives have focused on equipping health workers with both clinical and managerial skills, ensuring safe and efficient service delivery. Moreover, technical skills outspread beyond clinical expertise to include managerial competencies such as planning and resource management, which underpin effective service delivery (WHO, 2023).

Training constitutes another critical subsystem within maternal health service delivery, representing the adaptive capacity of the system. The World Health Organization (2023) identifies capacity building as a cornerstone of health system strengthening, noting that continuous professional development ensures health workers remain competent and confident in applying updated protocols. In Zanzibar, training sessions have been aligned with the introduction of new guidelines, enabling staff to deliver care effectively (Academia.edu, 2021). Mushi and Mbaruku (2021) further argue that leadership and governance structures must prioritize training to sustain motivation and reduce absenteeism. Comparative evidence from Uganda and Kenya highlights that timely training, combined with mentorship, improved emergency obstetric care and strengthened referral systems (Mukamurera, 2024). Within Systems Theory, training allows the health system to adapt to environmental changes, maintaining stability through continuous upgrading of human capital.

Equally important, collaboration with development partners has been instrumental in strengthening maternal health services in Zanzibar. Such collaborations integrate global best practices into local health systems and support interventions like infrastructure improvements and patient-centered care models. Evidence

suggests that partnerships enhance sustainability and broaden the scope of maternal health interventions (ACCPA, 2024).

Commitment in attending to maternal health seekers is widely recognized as a critical dimension of effective service delivery. Staff dedication and responsiveness not only ensure timely access to care but also substitute stronger relationships between health service providers and communities. The literature emphasizes that when health service providers demonstrate consistent commitment, patients are more likely to develop trust in the health system, which in turn enhances continuity of care and utilization of maternal health services. Such commitment is often reflected in reduced waiting times, attentiveness to patient needs, and a willingness to go beyond routine duties to safeguard maternal well-being. These practices contribute to improved patient satisfaction and reinforce the perception of reliability within health facilities, ultimately strengthening maternal health outcomes (CMSR, 2025).

Patient satisfaction with maternal health services delivery is increasingly recognized as an important outcome measure within health systems. It reflects not only the technical quality of the service such as accurate diagnosis, effective treatment, and availability of resources but also build interpersonal belief on the aspects of service delivery, including communication, esteem, and empathy from health service providers. In the context of Zanzibar, studies insisted that patient satisfaction serves a dual role: it is both an indicator of service quality and a determinant of future health-seeking behavior. When women perceive services as responsive and respectful, they are more likely to return for follow-up care and encourage others in their communities to utilize maternal health facilities, thereby strengthening continuity of care and overall system performance (WHO, 2023).

Finally, management practices explained into tangible interventions that directly affect maternal health service delivery. Reducing waiting times during clinic visits improves patient flow and accessibility, addressing one of the most common barriers to maternal health services (Ministry of Health Tanzania, 2026). Commitment in attending to maternal health seekers reflects staff responsiveness, which literature associates with improved trust and continuity of care (CMSR, 2025). Satisfaction with services provided is an important outcome measure, influenced by both technical quality and interpersonal aspects of care. Studies in

Zanzibar emphasize that satisfaction is not only a measure of service quality but also a determinant of future health-seeking behavior (WHO, 2023).

Drawing together the empirical evidence, it is clear that monitoring and evaluation (M&E) provide important feedback and accountability, while training and the development of technical skills ensure adaptability and competence among health workers. Collaboration with development partners further strengthens system capacity by introducing resources, expertise, and innovation. When these managerial practices are effectively implemented, they improve the effectiveness of Zanzibar's maternal health system, empowering health workers and increases community trust. At the service delivery level, interventions such as reducing waiting times during clinic visits, demonstrating commitment in attending to maternal health seekers, and ensuring satisfaction with the services provided yet they translate managerial practices into tangible outcomes. This study therefore, addresses that gap by examining how management practices including M&E, technical skills, training, collaboration with development partners, and service-level interventions can be employed to strengthen maternal health services in Zanzibar.

3. Methodology

This study adopted a qualitative research design, relying on both primary data from interview and secondary data to explore the role of management practices in strengthening maternal health service delivery in Zanzibar. A qualitative approach was considered most appropriate because the research objectives focus on understanding managerial processes, interventions, and contextual challenges rather than measuring statistical associations, thereby emphasizing depth of analysis and interpretation of existing evidence rather than numerical generalization (Creswell, 2018). Data were collected from multiple sources to ensure breadth and relevance. Peer-reviewed journal articles were retrieved from electronic databases including PubMed, Scopus, Google Scholar and institutional/Official publications using search terms such as “maternal health Zanzibar,” “health management practices Africa,” and “supervision maternal services,” on maternal health services.” The search was restricted to publications between 2010 and 2024 to capture contemporary evidence while allowing for historical context. In addition, government policy documents (n = 6), annual health sector performance reports (n = 4), and publications from international organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) (n = 4) were included. Comparative case

studies from Tanzania mainland, Kenya, and Uganda (n = 7) were also reviewed to provide regional insights. In total, 21 documents were analyzed, comprising policy reports, organizational publications, and peer-reviewed articles.

The data were analyzed using thematic analysis, following the six-phase framework outlined by Braun and Clarke (2006). First, all documents were read repeatedly to ensure familiarity with the content. Second, initial codes were generated inductively to capture meaningful units of text related to managerial practices. Third, codes were organized into potential themes, such as monitoring and evaluation (M&E), technical skills, training, collaboration with development partners, waiting times during clinic visits, commitment in attending to maternal health seekers and satisfied with the services provided.

Fourth, themes were reviewed to ensure coherence and consistency across the dataset. Fifth, themes were defined and named to reflect their conceptual contribution to maternal health service delivery. Finally, findings were synthesized and mapped against the study's objectives to highlight how management practices support health workers and foster the implementation of maternal health services in Zanzibar. Contextual factors such as policy alignment, institutional capacity, and socio-cultural influences were also considered during analysis.

To enhance reliability, the study employed data source diversification, drawing evidence from multiple types of documents including policy reports, organizational publications, and peer-reviewed articles. This approach allowed for cross-validation of findings across different perspectives. However, its limitations must be acknowledged: secondary data are shaped by the priorities and methodologies of the original authors, which may introduce bias or restrict the depth of contextual detail. Furthermore, the reliance on published materials excludes informal practices and lived experiences of frontline health workers, which could provide additional insights into managerial dynamics. Ethical standards were observed by ensuring that all secondary sources were properly acknowledged and cited. Overall, the methodology provided a systematic framework for examining the role of management practices in maternal health service delivery, ensuring that findings are grounded in credible evidence and relevant to Zanzibar's health system context.

4. Results and Discussions

The effectiveness of maternal health programs in Zanzibar is shaped not only by clinical interventions but also by management practices that influence implementation. Qualitative analysis of program reports and stakeholder perspectives reveals recurring themes around monitoring and evaluation, technical skills of coordinators, training, professional expertise, and community culture. These themes highlight both enabling factors and barriers to service delivery. This section presents the qualitative findings of the study thematically, in line with the stated objectives. The results are reported descriptively and supported by direct evidence from respondents.

4.1 Management Practices Supporting Maternal Health Services Delivery

Findings indicate that monitoring and evaluation (M&E) activities are conducted regularly within maternal health programs in Zanzibar. Respondents reported that program coordinators actively participate in reviewing performance indicators, assessing service delivery progress, and providing feedback to health service providers. M&E activities were described as inclusive, involving health service providers at the facility level and, in some cases, community representatives. Respondents also mentioned that M&E processes help to identify service delivery gaps and ensured loyalty to national maternal health guidelines. Evidence from interviews suggest that reporting mechanisms and supervisory visits are consistently implemented across facilities. As one respondent explained,

“Our coordinator regularly follows up on our activities and involves us in reviewing progress. We meet to discuss challenges and how to improve our work.”

The findings further show that maternal health program coordinators possess strong technical skills related to maternal health guidelines, protocols, and planning procedures. Respondents consistently reported that coordinators provide clear instructions and technical guidance to health workers during program implementation. Health workers emphasized that coordinators demonstrated competence in interpreting national policies and translating them into operational activities at the facility level, thereby supporting coordination, supervision, and day-to-day decision-making. One respondent stated,

“Our coordinator has an excellent understanding of the guidelines, and her expertise has been invaluable to our team. Whenever

challenges arise, she provides clear, step-by-step guidance that helps us navigate the situation with confidence. Her steady leadership and practical support ensure that our work stays organized and that the program continues to run smoothly.”

Results also indicate that training is provided to health workers in a timely manner, particularly when new maternal health protocols are introduced. Respondents reported attending long course and shorth course training, workshops, and on-the-job training aimed at upgrading their knowledge and skills. Health workers noted that training opportunities were accessible and aligned with health service delivery needs. One respondent remarked,

“The training arrived at the right time, concurring with the introduction of new protocols that we were expected to implement. Having the opportunity to learn and practice these updates made a significant difference, as it helped clarify the procedures and strengthened my understanding. As a result, I now feel much more confident applying the new protocols in my daily work, knowing that I am following them correctly and effectively.”

The finding on collaboration with development partners reveals that, including non-governmental organizations and international agencies, contributes to strengthening professional expertise among maternal health workers. Respondents reported joint training activities, mentorship, and technical support facilitated by external partners. These collaborations were described as strengthening resource availability, enhancing exposure to new skills, techniques and service delivery applied within local health facilities. Among the respondent explained,

“Working with our partners has given us valuable new skills that have strengthened the quality of care we provide. Their trainers shared practical knowledge, new techniques, and effective approaches that broadened our understanding and improved our confidence. As a result, we are now able to apply these methods within our own facility, enhancing our daily practice and delivering better services to the community.”

4.2 Management Interventions Promoting Implementation of Maternal Health Services

The results indicate that maternal health services are generally delivered on time in health facilities. Respondents reported reduced waiting times during clinic visits and prompt attention from health workers. Timeliness was attributed to effective scheduling and staff coordination, as reported by both service providers and service users. One respondent stated,

“When I arrive at the clinic, I am attended on time, which has made a noticeable difference in my overall experience. The long wait times I used to endure are no longer an issue, and I truly appreciate the efficiency and organization the staff now demonstrates. Being seen quickly not only saves time but also makes the visit far less stressful and much more comfortable.”

Findings also reveal that health service providers do not consistently demonstrate the expected level of commitment in attending to maternal health seekers. Some respondents felt that providers were not always attentive, supportive, or responsive to patient needs. In several cases, health service providers were reported to focus more on clinical care while emotional support during service delivery was limited. From one respondent it was noted that,

“The nurses are committed, to ensure that every patient feels heard and supported. They take the time to listen carefully to our concerns, respond with compassion, and address any needs that arise. Their attentiveness and dedication create a reassuring environment where comfort is always a priority, making the overall experience much more positive and encouraging.”

The results further indicate that maternal health seekers are satisfied with the services provided, including antenatal care, counseling, and delivery services. Respondents reported that services met their expectations and contributed to positive care experiences. Satisfaction was linked to service availability, provider attitude, and quality of care. One respondent explained,

“The services I received were good, and I felt supported throughout the entire experience. The staff demonstrated professionalism and a clear commitment to quality care, which helped put me at ease from the moment I arrived. Every step of the process was explained thoroughly, and I always felt that my needs

and concerns were taken seriously. Overall, I left feeling both satisfied and confident in the care provided.”

Discussion of Findings

The findings of this study demonstrate that managerial practices such as monitoring and evaluation, technical skills, training, collaboration with development partners, waiting times during clinic visits, commitment in attending to maternal health seekers, satisfied with the services provided are central to sustaining maternal health service delivery in Zanzibar. Synthesizing these results reveals that these practices are not isolated interventions but interconnected subsystems that collectively shape the functioning of the health system.

Relating the findings explicitly to Systems Theory, monitoring and evaluation function as feedback mechanisms that enable corrective action and maintain equilibrium. Training represents the adaptive capacity of the system, allowing health workers to respond to new protocols and changing service demands. Collaboration with partners introduces external linkages that expand the system's knowledge base, while community engagement reflects the absorbency of system boundaries, integrating societal values into service delivery. These dynamics confirm Bertalanffy's principle that health systems are open systems, constantly interacting with their environment to sustain performance (WHO, 2023; UNFPA, 2022).

Comparing the findings with existing literature, Gilson (2018) highlighted that participatory monitoring fosters accountability and ownership, which aligns with the evidence from Zanzibar where inclusive M&E practices improved adherence to guidelines. Evidence from Tanzania and Uganda further supports the role of mentorship and participatory supervision in reducing maternal mortality (Isangula et al., 2022; Ojemeni et al., 2017), reinforcing the argument that managerial subsystems are critical determinants of outcomes. WHO (2023) similarly identified training as a cornerstone of health system strengthening, consistent with respondents' reports of timely training aligned with new protocols.

From the researcher's perspective, monitoring and evaluation in Zanzibar's maternal health programs are conducted regularly, with coordinators actively reviewing performance indicators and providing feedback to health providers. These processes are inclusive, involving health facility staff and sometimes

community, which enhances ownership and accountability. These visits and reporting mechanisms are consistently employed, ensuring alignment with national strategies. Importantly, conducting M&E helps to identify service delivery gaps and supports continuous improvement rather than serving as a mere compliance exercise.

The program coordinators' technical skills in ensures effective maternal health service delivery. Their competence in providing clear instructions and technical guidance not only supports coordination and supervision but also enhances decision-making among health workers. Notably, the evidence suggests that coordinators act as a bridge between strategic guidelines and frontline implementation, thereby promoting consistency and quality in maternal health programs. Thus, sustaining such technical capacity across all facilities is essential for achieving equitable improvements in maternal health outcomes.

While timeliness is known as an important indicator of maternal health service delivery, it is suggested that improvements are not consistently experienced across all facilities. Although some respondents reported reduced waiting times and prompt attention, others but few mentioned that delays still occur, particularly when staffing levels are low. Therefore, while progress has been made, the researcher observes that timeliness remains delicate and requires stronger systemic support to ensure equity and reliability across the maternal health system in Zanzibar.

Besides, the findings insist timely training in equipping health workers with the necessary knowledge and skills. This suggests that training opportunities on long courses, short courses, workshops, or on-the-job sessions are not only accessible but also closely aligned with service delivery needs. This alignment ensures translation of updated guidelines into practice, by enhancing competence in service provision. However, the researcher also noted that sustaining such training across all facilities and ensuring equitable access remain important for maintaining maternal health outcomes consistency.

The progresses in timeliness are evident, with reduced waiting times and better scheduling reported, these improvements are not consistently experienced across all facilities. Since delays still occur during limited staffing, which indicating that coordination practices are uneven. Though, timeliness improved, requires stronger

systemic support and continuous monitoring to ensure equity across maternal health services.

The discussion on health service provider commitment reveals mixed experiences among maternal health seekers. While some respondents described nurses as attentive and compassionate, others felt that providers were not always supportive or responsive to patient needs. From the researcher's point of view, this inconsistency advises that emotional support is not fully integrated into service delivery, with providers often prioritizing clinical tasks over holistic care.

Satisfaction is tied to improvements in timeliness to enhanced patient comfort and reducing stress during clinic visits. However, the researcher cautions that while satisfaction levels are encouraging, they may cover underlying gaps in provider responsiveness and emotional engagement, since attentiveness was not consistently reported across all facilities. In order to sustain satisfaction will require strengthening holistic care to ensure equitable quality of maternal health services.

Several inconsistencies and unexpected findings emerged. Despite evidence of strong management practices such as participatory supervision and training, cultural barriers continue to hinder service utilization. Families' preference for traditional birth attendants proves how socio-cultural norms can offset managerial improvements, creating tension between system capacity and community behavior. This coexistence of managerial strength and cultural resistance indicates the complexity of health systems, where improvements in one subsystem may be undermined by weaknesses in another (Kyambille et al., 2023; Teshale et al., 2025). Another inconsistency found in the coexistence of high satisfaction among service users with reports of uneven resource distribution, suggesting that provider commitment and interpersonal care may compensate for structural deficiencies (Ahmed et al., 2024).

Finally, the implications of these findings are significant. Strengthening maternal health outcomes in Zanzibar requires not only strengthening managerial subsystems but also addressing cultural and contextual barriers that upset systemic equilibrium. Systems Theory provides a useful lens for understanding these dynamics, emphasizing that resilience emerges from the interaction of subsystems rather than isolated interventions. The study therefore, contributes to

maternal health managerial practices to constitute impactful pathway for improving health outcomes, while also revealing the limitations of managerial reforms when cultural barriers persist.

5. Conclusion and Recommendations

This study examined how management practices strengthen maternal health service delivery in Zanzibar, focusing on supportive mechanisms for health workers and interventions that substitute program implementation. The findings demonstrate that effective management practices such as monitoring and evaluation, technical competence of program coordinators, timely training, collaboration, timeliness, health service provider commitment and satisfaction with maternal health services play a significant role in improving maternal health outcomes. These practices enhance accountability, build staff confidence, and ensure that services are delivered in a time and patient-centered manner. The key theoretical perception is that maternal health systems function as open, interdependent systems, where those managerial subsystems interact with external cultural and social environment to determine outcomes. The practical implication is that strengthening managerial capacity is not just a technical requirement but a strategic imperative for achieving sustainable improvements in maternal health and advancing progress toward national strategic plans.

Based on the findings, several recommendations are proposed, logically prioritized and targeted to specific stakeholders. First, the Ministry of Health Zanzibar and facility managers should establishment participatory monitoring and evaluation that involve health workers, program coordinators, and community representatives, thereby strengthen accountability, identifying service delivery gaps, and ensuring continuous improvement. Second, the Ministry of Health should invest in strengthening the technical capacity of program coordinators and health service providers through ongoing professional development, mentorship, and leadership training, ensuring that coordinators can effectively interpret national policies and translate them into operational practices at the facility level. Third, key stakeholders should promote strategic collaboration by expanding partnerships with local and global institutions to leverage resources, knowledge, and innovations, while facilitating joint training, technical support, and knowledge exchange to strengthen professional expertise. Finally, the Ministry of Health Zanzibar and facility managers should improve resource allocation and service efficiency.

Contribution of the Study

This paper contributes to the System Theory when applied to maternal health service delivery, representing how managerial subsystems such as monitoring and evaluation (M&E), technical skills, training and collaboration with development partners, waiting times during clinic visits, commitment in attending to maternal health seekers and community satisfied with the services provided interrelate to shape overall system performance. It improves qualitative thematic analysis method of both primary and secondary data to generate context-specific knowledge into practices. At the level of policymaking, the study indicates the need for strengthening resource allocation as strategic imperatives for maternal health services improvement in Zanzibar. In terms of practice, the findings provide actionable guidance for health practitioners on promoting collaboration to enhance service utilization and outcomes.

References

- Africa Academy for Public Health. (2025, February 4). *Tanzania's commitment to maternal, newborn, child, and adolescent health recognized at the Goalkeepers Award ceremony*. Africa Academy for Public Health.
- Ahmed, R., Gebre, S., Demelash, M., Belachew, T., Mohammed, A., Musema, A., & Sultan, M. (2024). The continuum of care for maternal health in Africa: A systematic review and meta-analysis. *PLOS One*. <https://doi.org/10.1371/journal.pone.0305780>
- Bertalanffy, L. von. (1968). *General System Theory: Foundations, Development, Applications*. New York: George Braziller.
- Bertalanffy, L. (1950). An outline of General System Theory. *British Journal for the Philosophy of Science*, 1(2), 134–165. <https://doi.org/10.1093/bjps/I.2.134>
- Centers for Disease Control and Prevention (CDC). (2024). *Monitoring and evaluation in Tanzania: Activities and publications*. Retrieved from <https://www.cdc.gov/global-reproductive-health/php/maternal-reproductive-health-tanzania>
- Gilson, L. (2018). Health system strengthening: Management and leadership in low-income settings. *Health Policy and Planning*, 33(2), ii1–ii9. <https://doi.org/10.1093/heapol/czx170>
- Isangula, K., Mbekenga, C., Mwansisya, T., Mwashu, L., Kisaka, L., Selestine, E., Siso, D., Rutachunzibwa, T., Mrema, S., & Pallangyo, E. (2022). Healthcare providers' experiences with a clinical mentorship intervention

- to improve reproductive, maternal and newborn care in Mwanza, Tanzania. *Frontiers in Health Services*, 2, 792909. <https://doi.org/10.3389/frhs.2022.792909> (doi.org in Bing)
- Kyambille, G. G., Mvuma, A., Machuve, D., Rugumisa, B., & Mang'ara, R. (2023). Women's barriers to access maternal healthcare services in Southern Highlands of Tanzania. *East African Journal of Health and Science*, 6(1). <https://doi.org/10.37284/eajhs.6.1.1415>
- Lukwa, A. T., Chiwire, P., Aggrey, S., Akinsolu, F. T., Nyabunze, A., & Okova, D. (2024). Evaluating value-based maternal healthcare in Sub-Saharan Africa: A systematic review. *Women*, 4(3), 17. <https://doi.org/10.3390/women4030017>
- Ministry of Health Zanzibar. (2022). *Maternal health service delivery report*. Zanzibar: Government of Zanzibar.
- Mitchell, M., et al. (2020). mHealth interventions to improve maternal health communication and decision-making in Zanzibar. *BMC Pregnancy and Childbirth*, 20(1), 123–134. <https://doi.org/10.1186/s12884-020-02890-9>
- Mukamurera, J. (2024). Socio-cultural norms and maternal health service utilization in East Africa. *International Journal of Public Health*, 69(2), 145–158. <https://doi.org/10.1007/s00038-024-01987-2>
- Mushi, D., & Mbaruku, G. (2021). Leadership and governance in maternal health outcomes in East Africa. *African Journal of Reproductive Health*, 25(4), 56–67. <https://doi.org/10.29063/ajrh2021/v25i4.6>
- Njuguna, E. W. (2022). *Monitoring and evaluation practices on the implementation of maternal healthcare project: The case of Linda Mama maternity project in Nyandarua County, Kenya*. University of Nairobi.
- Ojemeni, M. T., Niles, P., Mfaume, S., Kapologwe, N. A., Deng, L., Stafford, R., Voeten, M. J., Budin, W. T., Chhun, N., & Squires, A. (2017). A case study on building capacity to improve clinical mentoring and maternal child health in rural Tanzania. *BMC Nursing*, 16(57). <https://doi.org/10.1186/s12912-017-0252-0>
- Revolutionary Government of Zanzibar. (2022). *Zanzibar Development Plan (ZADep) 2021–2026: Blue economy for inclusive growth and sustainable development*. Zanzibar Planning Commission.
- Teshale, M. Y., Bante, A., Belete, A. G., Crutzen, R., Spigt, M., & Stutterheim, S. E. (2025). Barriers and facilitators to maternal healthcare in East Africa: A systematic review and qualitative synthesis. *BMC Pregnancy and Childbirth*, 25(111). <https://doi.org/10.1186/s12884-025-1111> (doi.org in Bing)

- United Nations Population Fund (UNFPA). (2022). *State of World Population 2022*. New York: UNFPA.
- United Nations Population Fund (UNFPA). (2022). *Maternal health and service delivery in Tanzania*. Dar es Salaam: UNFPA.
- World Health Organization (WHO). (2023). *Improving maternal and newborn health and survival and reducing stillbirth: Progress report 2023*. Geneva: WHO.
- World Health Organization. (2023). *Quality of care in maternal health: Timeliness, capacity building, and system strengthening*. Geneva: WHO.
- Zanzibar Planning Commission. (2020). *Evaluation of Zanzibar Vision 2020*. United Nations Development Program.

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