



UNIVERSITY
of
LUSAKA

**POLITICAL PATRONAGE AND SERVICE DELIVERY IN ZAMBIA'S PUBLIC
HEALTH SECTOR: EVIDENCE FROM THE MINISTRY OF HEALTH AND UTH**

A DISSERTATION **SUBMITTED TO THE UNIVERSITY OF LUSAKA IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF ARTS DEGREE
IN POLITICAL SCIENCE AND INTERNATIONAL RELATIONS**

BY

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DECLARATION

I declare that this dissertation is my own original work and that it has not been submitted, in part or in full, for the award of any other degree at this or any other institution of higher learning. All sources of information consulted during the development of this work have been duly acknowledged using the appropriate referencing style.

I further confirm that this research was conducted ethically, and that all participants were informed of the purpose of the study. Their confidentiality and anonymity were strictly upheld throughout the research process.

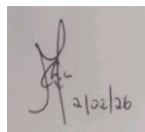
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DEDICATION

This work is dedicated to all individuals who continue to serve within Zambia’s healthcare system with commitment, professionalism, and integrity—often under challenging circumstances. Their dedication inspired the pursuit of this study and continues to demonstrate the invaluable role that fair and transparent public service plays in national development.

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The Ministry of Health (Lusaka Province) and the University Teaching Hospital are singly recognized and granted special recognition allowing the data to be collected in their institutions. The readiness of the participants to tell their experiences and impressions made this study more valuable and added a lot to its level and relevance.

And lastly, the gratefulness of people is given to the colleagues, peers, and everyone that helped, encouraged, and supported me throughout this academic journey.

ABSTRACT

This study examined the influence of political patronage on service delivery within the Ministry of Health in Lusaka Province and the University Teaching Hospital (UTH). The study was guided by three objectives: to assess the effects of political patronage on staffing and administrative appointments; to examine how political influence shapes decision-making in resource allocation and procurement; and to explore healthcare workers' and administrators' perceptions of political patronage and its effect on service efficiency.

A mixed-methods research design was employed, combining quantitative data collected through structured questionnaires with qualitative data obtained from semi-structured interviews. The study targeted medical, administrative, and technical/support staff from the Ministry of Health provincial offices and UTH. Quantitative data were analysed using descriptive statistics, while qualitative data were analysed thematically.

The findings indicate that political patronage significantly influences staffing and administrative appointments. More than half of the respondents (27 out of 50) reported that senior management positions were either rarely or never advertised, suggesting limited transparency in recruitment processes. In addition, 20 respondents (40%) acknowledged direct political interference in senior personnel selection, while 24 respondents confirmed the occurrence of politically motivated transfers or promotions. Qualitative accounts further revealed that leadership changes often coincide with political transitions, contributing to institutional instability and weakened continuity.

With regard to resource allocation and procurement, the study found that decision-making is influenced by both political and non-technical factors. Six respondents explicitly identified political considerations as a basis for resource allocation, while 30 respondents reported that procurement frequently relied on restricted tendering or direct procurement methods, limiting competition and transparency. Sixteen respondents confirmed experiencing procurement irregularities, including overpricing, delayed deliveries, and deviations from agreed specifications, which were linked to service interruptions such as drug stock-outs and cancelled clinical services.

Perceptions of service efficiency revealed that political patronage negatively affects institutional performance. Fourteen respondents indicated that political interference greatly reduced staff morale, while others linked patronage to delayed decision-making, misallocation of resources, staff turnover, and poor supervision. Although some respondents viewed the

effects as minor, qualitative evidence demonstrated that the cumulative impact of political patronage significantly undermines service efficiency and patient care.

The study concludes that political patronage remains a systemic challenge within Zambia's public health sector, compromising transparency, accountability, equitable resource distribution, and effective service delivery. By providing institution-level empirical evidence, the study fills a critical gap in the literature on political interference in healthcare management in Zambia. The study recommends strengthening institutional autonomy, enforcing merit-based recruitment and procurement systems, enhancing accountability mechanisms, and clearly separating technical health sector decisions from political influence. Further research is recommended to explore comparative patterns across provinces and other public service sectors.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Service delivery has been popularly considered as one of the most important indicators of government performance especially in priority areas like healthcare. In most African states, however, it has been undermined by politics of patronage whereby the allocation of public resources, appointments, and services is based on political favoritism and not on merit. This has been referred to by scholars like Bratton and van de Walle (1997) as a type of neopatrimonial governance that destroys institutional capacity, and in the long term makes accountability ineffective and weakens the functioning of the institutions as postulated by Robinson and Verdier (2013) though patronage could lead to a strong political consolidation in the short run. In the healthcare systems, this dynamic can often be translated into politically influenced appointments, resource distributions, and procurement procedures that distort service delivery outcomes as it has been noted in the studies by Gyimah-Boadi (2009) and Transparency International (2019). These tendencies have also been noted in the Ministry of Health in Zambia where irregular procurement is reported and staffing decisions are supposedly politically motivated (Zambia National Assembly Report, 2021). These governance issues are the most significant at the University Teaching Hospital (UTH) in Lusaka, the largest referral hospital, and training institution in the country where the inefficiencies in service delivery have been attributed to the lack of resources in addition to the political interference (Mphande, 2020). This paper thus examines the role of political patronage in service provision in the Ministry of Health and UTH, in an effort to explain how governance practices determine healthcare outcomes in Lusaka Province. Service delivery is widely regarded as a key measure of government effectiveness, particularly in essential sectors such as healthcare. In many African states, however, its efficiency has been compromised by political patronage, where public resources, appointments, and services are distributed on the basis of political loyalty rather than merit. Scholars such as Bratton and van de Walle (1997) describe this as a form of neopatrimonial governance that undermines institutional capacity, while Robinson and Verdier (2013) argue that although patronage may strengthen political consolidation in the short term, it erodes accountability and weakens public institutions in the

long run. Within healthcare systems, this dynamic often translates into politically influenced appointments, resource allocations, and procurement processes that distort service delivery outcomes, as highlighted in studies by Gyimah-Boadi (2009) and Transparency International (2019).

In Zambia, similar patterns have been observed within the Ministry of Health, where reports have pointed to irregular procurement practices and politically motivated staffing decisions (Zambia National Assembly Report, 2021). These governance challenges are particularly pronounced at the University Teaching Hospital (UTH) in Lusaka, the country's largest referral facility and training institution, where service delivery inefficiencies have been linked not only to resource shortages but also to political interference (Mphande, 2020). This study therefore investigates the influence of political patronage on service delivery in the Ministry of Health and UTH, seeking to understand how governance practices shape healthcare outcomes in Lusaka Province.

1.2 Background of the Study

The connection between politics and service delivery is a subject that has been the focus of scholarly interest especially when it comes to governance in the public sector. Service delivery is considered to be one of the primary roles of the state globally, but the quality is usually compromised by the aspects of clientelism and political favours. Stokes (2007) defines political patronage as the distribution of state resources, employment or services on the basis of a political loyalty as opposed to merit, which may increase ruling elites and undermine institutional capacity. The Latin American experience can validate this example through historical experience since many governments utilized public employment and healthcare funds in the maintenance of ruling coalitions at the cost of efficiency and equity in service provision (Grindle, 2012). On the same note, Khan (2005) noted in South Asia that bureaucratic appointments based on patronage twisted priorities in healthcare by focusing on politically related districts at the expense of the real needs of the population in terms of health. These trends in the world show how political interests are complicatedly combined with healthcare systems and creates inefficiency that has a direct impact on the welfare of the citizens. Political patronage has also been found to be a con always acting as a hindrance to efficient service delivery in Africa. The combination of formal institutions of bureaucracy and informal systems of patron and client was described as a neopatrimonial regime, by Bratton and van de Walle (1997) as the African states. This structure frequently passes over into the politicization of the state resources, and governmental job and contracts are given to those who have been loyal in

return (Erdmann and Engel, 2007). In a Kenya-based study by Kramon and Posner (2013), ethnic and political affiliation was identified as a factor that influenced access to healthcare services with ruling parties allocating medical resources to regions that were seen as electoral strongholds. In Nigeria, Okonjo-Iweala and Osafo-Kwaako (2007) observed that there was a problem of inflated procurement contracts and politically influenced recruitment processes that not only wasted resources, but also the quality of the service delivery. These results highlight that political favors are not just a theoretical issue of governance but they have real implications of access, equity and quality in healthcare delivery. These general African trends are evident in the case of Zambia. The Zambian health system has been very political since 1964 with all activities being so politicized especially in terms of resources and appointing senior members of staff. As a result of the one party rule under UNIP, the public services such as healthcare were commonly concentrated in places that politically fitted the ruling party (Gertzel, 1984). The restoration of multiparty democracy in the 1990s failed to do away with patronage; it only changed its shapes. As noted by Rakner (2003), administrations in Zambia that followed each other had to use patronage networks to cement political power at the expense of enhancing public institutions. At the Ministry of Health, the Auditor general has periodically confirmed reports of inconsistent procurements, misappropriation of donor funds, and politically inclined contracts (Office of the Auditor general, 2019). As an example, the Ministry of Health corruption scandal of 2010 through misappropriation of more than US 2 million donor funds indicated how patronage and poor accountability systems, hamper the ability of the ministry to provide the much needed services (Transparency International Zambia, 2011). The University Teaching Hospital (UTH) which is the largest referral and teaching hospital in Zambia is a good case study of political patronage and service delivery. UTH being the premier health facility in the Lusaka Province is very instrumental in provision of professional services and training of health professionals. It has however, also been politically interfered with in terms of resource allocation, staffing and appointment of leadership. A research conducted by Mphande (2020) identified chronic shortages of essential drugs and equipment, delays in procurement, and overcrowding as the problems that seemed to affect UTH, which might be associated with politically affected decision-making procedures in the Ministry of Health. Besides, the news and the discussions in Parliament have reported instances where UTH leadership appointments were made less based on professional requirements and more on political grounds (Times of Zambia, 2022). This has brought about questions regarding the levels of inefficiency, accountability and quality of care at the highest healthcare institution in Zambia because of political patronage. It is in this context that the study places itself in a

developing literature that puts a strong emphasis on the necessity to critically evaluate the impacts of political patronage on the outcome of service delivery in developing nations. Although the impact of patronage on governance has received abundant studies in the global and regional context, sparse academic research has been conducted on the direct impact of patronage on the delivery of health services in Zambia and especially on high profile institutions like UTH. This study is therefore an attempt to address that gap by offering empirical evidence on the dynamics of political patronage in service delivery in the Ministry of Health and UTH in Lusaka Province, and therefore contributes to the academic literature, as well as implementation of solutions to the problem. The relationship between politics and service delivery has long attracted scholarly attention, particularly in the context of public sector governance. Globally, service delivery is regarded as one of the central responsibilities of the state, yet its effectiveness is often undermined by clientelism and political patronage. According to Stokes (2007), political patronage refers to the allocation of state resources, jobs, or services based on political loyalty rather than merit, a practice that can entrench ruling elites while weakening institutional capacity. Historical evidence from Latin America, for example, demonstrates how governments used public employment and healthcare resources as political tools to sustain ruling coalitions, often at the expense of efficiency and equity in service delivery (Grindle, 2012). Similarly, in South Asia, Khan (2005) observed that patronage-based bureaucratic appointments distorted healthcare priorities by favoring politically connected districts over genuine public health needs. These global patterns illustrate the complex ways in which political interests intersect with healthcare systems, leading to inefficiencies that directly affect citizens' welfare.

In Africa, political patronage has been consistently identified as a barrier to effective service delivery. Bratton and van de Walle (1997) famously described African states as “neopatrimonial regimes,” characterized by the fusion of formal bureaucratic institutions with informal patron-client networks. This system often translates into the politicization of public resources, with government positions and contracts distributed to supporters as rewards for loyalty (Erdmann and Engel, 2007). A study in Kenya by Kramon and Posner (2013) highlighted that access to healthcare services was often shaped by ethnic and political affiliation, with ruling parties directing medical resources to areas perceived as electoral strongholds. In Nigeria, Okonjo-Iweala and Osafo-Kwaako (2007) noted that healthcare delivery suffered from inflated procurement contracts and politically influenced recruitment processes, which not only drained resources but also compromised service quality. These

findings underscore that political patronage does not merely operate as an abstract governance problem but has tangible consequences for access, equity, and quality in healthcare provision.

Zambia's experience reflects these broader African dynamics. Since independence in 1964, the Zambian health system has been highly politicized, particularly through resource allocation and senior staff appointments. During the one-party era under UNIP, public services, including healthcare, were often concentrated in areas that aligned politically with the ruling party (Gertzel, 1984). The reintroduction of multiparty democracy in the 1990s did not eliminate patronage; instead, it reshaped its forms. Rakner (2003) observed that successive administrations in Zambia relied heavily on patronage networks to consolidate political power, often at the expense of strengthening public institutions. Within the Ministry of Health, reports by the Auditor General have consistently pointed to irregular procurements, mismanagement of donor funds, and politically motivated contracts (Office of the Auditor General, 2019). For instance, the 2010 Ministry of Health corruption scandal involving the misappropriation of over US\$2 million in donor funds highlighted how patronage and weak accountability mechanisms undermine the capacity of the ministry to deliver essential services (Transparency International Zambia, 2011).

The University Teaching Hospital (UTH), Zambia's largest referral and teaching hospital, provides a compelling case study of how political patronage intersects with service delivery. As the apex health facility in Lusaka Province, UTH plays a critical role in offering specialized services and training health professionals. However, it has also been subject to political interference in resource allocation, staffing, and leadership appointments. A study by Mphande (2020) noted that UTH faced chronic shortages of essential drugs and equipment, delays in procurement, and overcrowding, challenges often linked to politically influenced decision-making processes within the Ministry of Health. Moreover, media reports and parliamentary debates have highlighted cases where leadership appointments at UTH were determined less by professional qualifications and more by political considerations (Times of Zambia, 2022). This has raised concerns about the extent to which political patronage undermines efficiency, accountability, and quality of care within Zambia's premier healthcare institution.

Against this backdrop, the study situates itself within a growing body of literature that emphasizes the need to critically assess how political patronage affects service delivery outcomes in developing countries. While global and regional studies have extensively documented the effects of patronage on governance, limited scholarly work has examined its

direct influence on healthcare delivery in Zambia, particularly within high-profile institutions such as UTH. This research therefore seeks to fill that gap by providing empirical insights into how political patronage shapes service delivery dynamics within the Ministry of Health and UTH in Lusaka Province, thereby contributing to both academic discourse and practical policy solutions.

1.3 Statement of the Problem

Service delivery within Zambia's public health sector has persistently fallen short of expected standards, as evidenced by recurrent drug shortages, inadequate staffing levels, inefficient administrative processes, and compromised patient care (World Bank, 2021; Ministry of Health, 2020). These challenges continue to affect critical healthcare institutions, including the University Teaching Hospital (UTH), Zambia's largest referral hospital, despite ongoing policy reforms and substantial public and donor investment.

Existing scholarship has established that political patronage undermines governance and institutional performance across many African states. Studies by Bratton and van de Walle (1997) and Erdmann and Engel (2007) demonstrate how clientelism distorts bureaucratic processes, weakens accountability, and redirects public institutions away from service-oriented mandates. Within the Zambian context, Larmer (2017) and Resnick (2014) highlight the centrality of patronage networks in electoral competition and political survival, while Transparency International Zambia (2011) associates patronage with corruption and weakened oversight mechanisms in the public sector.

However, despite this growing body of literature, a critical gap remains. First, much of the existing research examines political patronage at a macro level, focusing on elections, elite bargaining, or corruption broadly, rather than on how patronage operates within sector-specific institutions such as healthcare. Second, although limited health-focused studies (Chileshe, 2019; Mphande, 2020) acknowledge politically influenced appointments and procurement irregularities within the Ministry of Health, they do not systematically analyse how these practices affect everyday service delivery outcomes, including staff morale, operational efficiency, resource availability, and patient care at key institutions such as UTH. Third, reports by the Auditor General (2019) and development partners (DFID, 2020) document inefficiencies in the health sector but stop short of empirically linking these inefficiencies to the structural dynamics of political patronage that shape decision-making processes.

This lack of empirical, institution-level evidence is particularly problematic given the strategic importance of UTH and the Ministry of Health in Lusaka Province to national healthcare delivery and policy implementation. Without a clear understanding of how political patronage influences staffing decisions, resource allocation, procurement practices, and administrative control within these institutions, reform efforts risk remaining superficial—addressing visible symptoms such as drug stock-outs and staffing shortages while leaving intact the underlying political mechanisms that reproduce inefficiency.

The urgency of this study is underscored by the direct consequences of politically driven inefficiencies on healthcare outcomes. Patients continue to experience delayed treatment, prolonged waiting times, disrupted services, and avoidable morbidity and mortality, while healthcare workers face demotivation and professional frustration due to appointments, transfers, and promotions perceived to be based on political loyalty rather than merit. These conditions not only undermine service delivery but also erode institutional trust and long-term system performance.

This study therefore seeks to address this gap by empirically examining the influence of political patronage on service delivery within the Ministry of Health in Lusaka Province and the University Teaching Hospital. By focusing on staffing and administrative appointments, resource allocation and procurement, and the perceptions of healthcare workers and administrators, the study aims to generate evidence-based insights that can inform governance reforms, strengthen accountability, and enhance the effectiveness of Zambia’s public health system.

1.4 General and Specific Objectives

1.4.1 General Objective:

To examine the influence of political patronage on service delivery in the Ministry of Health in Lusaka Province and the University Teaching Hospital.

1.4.2 Specific Objectives:

1. To assess the effects of political patronage on staffing and administrative appointments within the Ministry of Health and UTH.
2. To assess how political influence shapes decision-making in resource allocation and procurement within healthcare service delivery.

3. To explore perceptions of healthcare workers and administrators regarding political patronage and its effect on service efficiency.

1.5 Research Questions

1. How does political patronage influence staffing and administrative appointments in the Ministry of Health and the University Teaching Hospital?
2. What is the effect of political influence on resource allocation and procurement in healthcare service delivery?
3. How do healthcare workers and administrators perceive the impact of political patronage on service efficiency?

1.6 Significance of the Study

Implications of the Research This research is crucial to various interested parties in the Zambian medical industry. To the policymakers and the Ministry of Health, the study offers evidence based information on the influence of political patronage on service delivery and can be used to inform reforms of staffing, resource distribution, and governance practices. The research can inform the policy structures to be used to mitigate bias and enhance accountability of institutions by emphasizing how political influence affects efficiency. Hospital administration, especially at the University Teaching Hospital (UTH) could take advantage of feasible suggestions on how to reduce the negative impact of political favors. The reason is that grasping how political appointments affect the workflow, allocation of resources, and morale of the staff members will allow the administrators to devise strategies that will help them provide efficient operational processes to ensure that the quality of patient care remains high. The healthcare workers and administrative staff will be made aware of the effect of the political dynamic on their work environment and level of service delivery. This kind of knowledge could lead to the promotion of fair practices and enhance professional ethic, which promotes more open and merit-based organizational models. Academically, the research is beneficial in the scarcity of literature on the topic of political patronage in the delivery of healthcare services in Zambia and in Sub-Saharan Africa. The research fills this knowledge gap hence forming a basis of future studies that examine the governance, public administration, and institutional performance within health systems. Finally, the research is likely to have an indirect impact on patients, as once the administration is better managed and political influence is minimized, the distribution of resources will be more effective, the waiting lines will be shorter, and the overall quality of the healthcare services will be considered improved. This study holds critical value

for multiple stakeholders in Zambia's healthcare sector. For policymakers and the Ministry of Health, the research provides evidence-based insights into how political patronage affects service delivery, offering guidance for reforms in staffing, resource allocation, and governance practices. By highlighting the mechanisms through which political influence impacts efficiency, the study can inform policy frameworks aimed at reducing bias and improving institutional accountability.

Hospital management, particularly at the University Teaching Hospital (UTH), stands to benefit from practical recommendations for mitigating the adverse effects of political patronage. Understanding the influence of political appointments on workflow, resource distribution, and staff morale will enable administrators to design strategies that enhance operational efficiency and maintain high-quality patient care.

Healthcare workers and administrative personnel will gain awareness of how political dynamics influence their work environment and service delivery outcomes. Such understanding may foster advocacy for equitable practices and strengthen professional integrity, encouraging more transparent and merit-based operational structures.

From an academic perspective, the study contributes to the limited literature on political patronage in healthcare service delivery in Zambia and Sub-Saharan Africa. By bridging this knowledge gap, the research provides a foundation for future studies exploring governance, public administration, and institutional performance in health systems.

Ultimately, patients are expected to benefit indirectly from this research, as improved governance and reduced political interference in administrative decisions can lead to better resource allocation, shorter waiting times, and enhanced overall quality of healthcare services.

1.7 Scope of the Study

Scope of the Study This paper is exploring the impact of political patronage in service delivery in the Ministry of Health in the Lusaka Province and the University Teaching Hospital (UTH) as one of its instances. The study focuses on the impact of political appointments, Favouritism, and patronage networks on the efficiency of administration, distribution of resources, employee performance and general delivery of healthcare services. The area involves the key stakeholders that are directly linked to healthcare operations and governance, which are hospital administrators, medical staff, records staff, and policy implementers in the Ministry of Health and UTH. It explores the structural and human aspects such as the impact of patronage

on decision-making, coordination of departments, and patient care outcomes. Although the study will be institution-specific, with the focus on Lusaka Province and UTH, the results should provide wisdom that will cut across other provincial health facilities and tertiary hospitals in Zambia. The research takes into account the general political and administrative environment that shapes service delivery such as the interaction between national policy guidelines and local policies in governance, but does not go beyond that of the Lusaka local government and other healthcare facilities in other provinces. This study focuses on the influence of political patronage on service delivery within the Ministry of Health in Lusaka Province, with a particular emphasis on the University Teaching Hospital (UTH) as a key case study. The research examines how political appointments, Favouritism, and patronage networks affect administrative efficiency, resource allocation, staff performance, and overall healthcare service delivery.

The scope includes key stakeholders directly involved in healthcare operations and governance, such as hospital administrators, medical personnel, records officers, and policy implementers within the Ministry of Health and UTH. It investigates both structural and human factors, including the effects of patronage on decision-making, departmental coordination, and patient care outcomes.

While the study is institution-specific, concentrating on Lusaka Province and UTH, the findings are expected to offer insights applicable to other provincial health facilities and tertiary hospitals in Zambia. The study considers the broader political and administrative context influencing service delivery, including the interplay between national policy directives and local governance practices, but does not extend to private healthcare facilities or other provinces outside Lusaka.

1.8 Delimitations of the Study

Limitations of the Study This study is limited to the Ministry of Health in the Lusaka Province and the University Teaching Hospital (UTH) with reference to role of political patronage in service delivery. This study will not include any private healthcare facility, other provinces and non-health related government departments since the main interest is to be able to see the mechanisms of operation of the public healthcare institutions due to political appointments and patronage networks. The sample of the research focuses on administrative and clinical employees that have direct participation in service delivery and decision-making. It does not dwell much on the views of patients, unless their views are based on the challenges in service

delivery systemically brought about by the influence of politics. The research also focuses on the issue of patronage as a factor affecting service provision but fails to explore any other external aspects like insufficiency of funds, inadequacy of infrastructure, or even the limitation of national health policy unless they directly interact with patronage activities. The narrow focus of the research by limiting the research to particular institutions, employees and geographical location would allow the researcher to conduct a narrow and manageable study on the influence of political patronage on the delivery of healthcare services so that the conclusions and recommendations are applicable and practical to the targeted institutions. This study is delimited to the Ministry of Health in Lusaka Province and the University Teaching Hospital (UTH), focusing specifically on the influence of political patronage on service delivery. The research excludes private healthcare facilities, other provinces, and non-health-related government departments, as the primary aim is to understand the dynamics within public healthcare institutions affected by political appointments and patronage networks.

The study concentrates on administrative and clinical staff who are directly involved in service delivery and decision-making processes. It does not cover patients' perspectives extensively, except where their experiences reflect systemic service delivery challenges caused by political interference. Additionally, the study examines political patronage as a variable influencing service delivery but does not investigate other external factors such as funding shortages, infrastructural deficiencies, or national health policy constraints, unless they intersect directly with patronage practices.

By clearly delimiting the study to specific institutions, staff, and geographical area, the research aims to provide a focused and manageable analysis of political patronage's impact on healthcare service delivery, ensuring that conclusions and recommendations are relevant and actionable for the targeted institutions.

1.9 Limitations of the Study

Limitations of the Study Although this research seeking to offer a detailed examination on the impact of political patronage on service delivery in the Ministry of Health in the Lusaka Province and the University Teaching Hospital (UTH) several limitations are realized. First, the research is done in the Province of Lusaka and these two institutions, which can limit the applicability of the research to the rest of the regions or healthcare institutions in Zambia. Other provinces might have different politics and governments that can affect the delivery of services in a manner that has not been identified in this study (Chiluba, 2018). Second, confidentiality

and policies of an institution may limit access to sensitive information on political appointments and inner administrative procedures. There is also a threat of socially desirable responses or lack of critical insight provided by the participants because of the fear of repercussions, which causes respondent bias (Mbewe, 2020). Third, the research is concerned more with the viewpoint of administrative and clinical staff and does not cover extensively the patient experience other than how they mirror the problem of service delivery inefficiencies, which might restrict the knowledge on the full effects of political patronage on healthcare consumers. Finally, the longitudinal or cross-sectional whatsoever of the study might not exhaust the long-term impacts of political patronage on the outcome of service delivery. In spite of these drawbacks, the study uses triangulation of data collection and ethical protection to increase reliability, validity, and overall credibility of results to get insightful information about the impact of political patronage on the provision of public healthcare. While this study aims to provide a comprehensive analysis of the influence of political patronage on service delivery within the Ministry of Health in Lusaka Province and the University Teaching Hospital (UTH), several limitations are acknowledged. First, the study is limited to Lusaka Province and these two institutions, which may restrict the generalizability of findings to other regions or healthcare facilities in Zambia. Political dynamics and administrative structures in other provinces may differ, potentially influencing service delivery in ways not captured by this study (Chiluba, 2018).

Second, access to sensitive information regarding political appointments and internal administrative processes may be restricted due to confidentiality and institutional policies. Participants may also provide socially desirable responses or withhold critical insights due to fear of repercussions, leading to potential respondent bias (Mbewe, 2020). Third, the study focuses primarily on administrative and clinical staff perspectives and does not extensively explore patient experiences beyond their reflection of service delivery inefficiencies, which may limit the understanding of the full impact of political patronage on healthcare users.

Lastly, the cross-sectional nature of the study may not fully capture the long-term effects of political patronage on service delivery outcomes. Despite these limitations, the research employs triangulation of data sources and ethical safeguards to enhance reliability, validity, and the overall credibility of the findings, ensuring meaningful insights into the influence of political patronage on public healthcare delivery.

1.10 Operational Definitions of Key Terms

Political Patronage: In this study, political patronage refers to the appointment of individuals to positions based on political loyalty or affiliation rather than professional merit. According to Light (2014), political patronage can affect organizational decision-making, resource allocation, and institutional performance, which is relevant in public sector institutions like the Ministry of Health and UTH.

Service Delivery: Service delivery refers to the provision of healthcare services, including patient care, administrative functions, and medical services. As highlighted by WHO (2010), effective service delivery encompasses efficiency, timeliness, accessibility, and quality of services, which is critical for evaluating healthcare performance in Lusaka Province and UTH.

Ministry of Health (MoH): The Ministry of Health is Zambia's government institution responsible for policy formulation, regulation, and oversight of healthcare provision. Chola et al. (2014) note that governance structures in health ministries directly influence service delivery outcomes, making the MoH a key focus for this study.

University Teaching Hospital (UTH): UTH is Zambia's main tertiary referral hospital and teaching institution. According to Kalunga et al. (2021), large urban hospitals are often impacted by governance and political dynamics, which can affect patient care and operational efficiency.

Efficiency: Efficiency is defined as the capacity of healthcare institutions to deliver services in a timely, organized, and cost-effective manner, minimizing resource wastage and delays. As per Lagarde and Palmer (2011), efficiency in health systems can be measured through service throughput, patient waiting times, and resource utilization.

Healthcare Workers: Healthcare workers include doctors, nurses, administrative, and technical personnel directly involved in service provision. According to Agyepong et al. (2017), the performance of healthcare workers is influenced by organizational structures, managerial practices, and political dynamics, making their experiences central to understanding the impact of political patronage.

CHAPTER TWO:

LITERATURE REVIEW

2.1 Introduction

This chapter involves a critical review and synthesis of the literature on political patronage and its effects in terms of delivery of public services with special attention to the Ministry of Health (MoH) and the University Teaching Hospital (UTH) in Zambia. Instead of summarizing the past studies, this chapter offers the analysis of the scholarship as it compares, contrasts and integrates the main points of the world, regional and local studies. Critical knowledge gaps presented in the chapter also support this research and put the existing theoretical and empirical findings into perspective in relation to the healthcare sector in Zambia. This chapter presents a critical review and synthesis of existing literature on political patronage and its influence on public service delivery, with a particular focus on the Ministry of Health (MoH) and the University Teaching Hospital (UTH) in Zambia. The review is structured around the study's three specific objectives:

- i. To assess the effects of political patronage on staff and administrative appointments within the Ministry of Health and UTH;

- ii. To assess how political influence shapes decision-making in resource allocation and procurement within healthcare service delivery; and
- iii. To explore perceptions of healthcare workers and administrators regarding political patronage and its effect on service efficiency.

Rather than merely summarizing previous research, this chapter provides a scholarly analysis by comparing, contrasting, and synthesizing key arguments from global, regional, and local studies. The chapter also identifies critical knowledge gaps that justify this research and contextualizes how existing theoretical and empirical insights relate to Zambia's healthcare sector.

2.2 Conceptualizing Political Patronage and Service Delivery

Political patronage refers to a recent phenomenon in political science and the role of taking office in the dissemination of political resources and appointments to gain loyalty and consolidate power and has been widely discussed. According to Grindle (2012), political patronage refers to the distribution of jobs, contracts, and other benefits accessible by politically involved individuals on the basis of loyalty other than merit. Khan (2010), and Bratton and van de Walle (1997) concur with placing patronage in the wider context of neo-patrimonialism whereby formal bureaucracies exist in a parallel set with informal political patronages that influence decision-making. Nonetheless, researchers disagree in their evaluation of the effects of patronage. Robinson and Verdier (2013) opine, on the one hand, that small-scale patronage may be politically viable especially in weak democracies since it helps to build coalitions and bring some form of short-term political stability. Conversely, Grindle (2012) and Kelsall (2013) warn that patronage ruins professionalism, meritocracy, and efficiency, which leads to the issue of bureaucratic corruption. Service delivery, however, means the effective, fair and open delivery of the public goods and services including healthcare, education and water to citizens (World Bank, 2015). According to scholars like Rothstein and Teorell (2012), quality governance, especially, bureaucratic integrity, rule of law, and merit-based appointments are essential in improving the quality-of-service delivery. The information deos show, when looked at collectively, that there is a tension between political patronage and service delivery: patronage more often emphasises political loyalty, while service delivery needs to be institutional in its lack of concern and efficiency. The extent to which either overpowers the other defines the general performance of the public institutions. This conceptual contradiction is the cause of the present study of the MoH and UTH. When

the boundary between political allegiance and professionalism can have a significant impact on the healthcare outcome. Political patronage is a widely discussed concept in political science and public administration, often used to explain how political elites distribute state resources to maintain loyalty and consolidate power. Grindle (2012) defines political patronage as the allocation of public sector jobs, contracts, and benefits based on loyalty rather than merit. Similarly, Khan (2010) and Bratton and van de Walle (1997) frame patronage within the broader context of neo-patrimonialism, where formal bureaucratic structures coexist with informal political networks that shape decision-making.

However, differences in the various assessments of patronage's consequences have been spotted. On one hand, Robinson and Verdier (2013) argue that limited patronage can be politically functional, particularly in fragile democracies, as it aids coalition-building and short-term political stability. On the other hand, Grindle (2012) and Kelsall (2013) warn that when patronage becomes institutionalized, it undermines professionalism, meritocracy, and efficiency, leading to bureaucratic decay.

Service delivery equally refers to the efficient, equitable, and transparent provision of public goods and services such as healthcare, education, and water to citizens (World Bank, 2015). Scholars such as Rothstein and Teorell (2012) emphasize that effective service delivery depends on the quality of governance particularly bureaucratic integrity, rule of law, and merit-based appointments.

When viewed together, the findings suggest that political patronage and service delivery exist in tension: patronage tends to prioritize political loyalty, while service delivery requires institutional neutrality and efficiency. The degree to which one dominates the other determines the overall performance of public institutions. This theoretical tension is central to the current study's analysis of the MoH and UTH, where the mid-point between political loyalty and professional competency may critically shape healthcare outcomes.

2.3 Objective 1: Political Patronage and Staffing/Administrative Appointments

2.3.1 Global Perspectives

Globally, the literature reveals a persistent tension between political control and bureaucratic professionalism. In mature democracies such as the United States and the United Kingdom, patronage is often limited to top-tier political personnel, with career bureaucrats shielded by civil service protections (Christensen et al., 2011; Peters & Pierre, 2012). Christensen et al.

(2011) argue that while such systems promote continuity and professionalism, they also risk creating rigid bureaucracies resistant to adaptability.

In contrast, in developing countries where institutions are weaker, political patronage often extends deep into administrative levels, affecting the principles of meritocracy. Grindle (2012) observed that in many Latin American countries, political changes often result in mass dismissals and reappointments of senior bureaucrats, disrupting policy continuity and organizational memory. Similarly, Rodriguez-Pose and Gill (2003) noted that politically motivated appointments in health ministries often create geographical inequalities, as politically aligned regions receive better, more effective staff and in return services.

However, not all studies are uniformly critical. Evans (2015) suggests that in contexts where bureaucratic systems lack legitimacy, selective political appointments can sometimes facilitate reform by bringing in politically trusted but technically competent administrators. This observation introduces a nuanced view: patronage is not always synonymous with incompetence—it becomes problematic when loyalty replaces competence as the primary criterion.

Thus, while developed countries maintain a fragile balance between political oversight and bureaucratic autonomy, developing contexts where institutional norms are less entrenched tend to experience more disruptive effects of patronage. This distinction is essential for analyzing Zambia, where health institutions operate within a semi-autonomous but politically influenced public administration system.

2.3.2 Regional (African) Perspectives

Across sub-Saharan Africa, scholars widely document the persistence of patronage in public sector appointments. Bratton and van de Walle (1997) hypothesise African bureaucracies as neo-patrimonial systems where the state operates through personal networks rather than formal institutions. Such systems, they argue, fuel inefficiency and corruption by transforming public office into an instrument of political reward.

Empirical evidence supports this hypothesis. In Nigeria, Akinola (2019) observed that political loyalty often outweighed technical competence in positions within the Federal Ministry of Health. This resulted in high staff turnover, weak institutional memory, and reduced accountability. Similarly, Mogotsi (2020) in Botswana and Mwangi (2019) in Kenya reported

that politically motivated transfers and promotions demoralized health workers and upset continuity in hospital management.

However, African scholars such as Therkildsen (2014) and Kelsall (2013) argue that patronage in African contexts is not always irrational. Political patronage serves as a political survival strategy that ensures social stability by distributing opportunities and rewards in societies with weak formal welfare systems. The challenge, then, is not its existence per se, but the absence of institutional mechanisms that stabilize political control with professional merit.

Comparatively, Moodley et al. (2020) show that South Africa has progressed in professionalizing its civil service through competency-based recruitment frameworks. However, even then, senior appointments remain politically influenced, mostly at provincial and municipal levels. The way forward for Zambia is clear: reforms that better transparency and professional standards that can mitigate but not completely eliminate political influence in staff and administration.

2.3.3 Local (Zambian) Perspectives

In Zambia, information on public sector management consistently highlights the politicization of bureaucratic structures. Kamanga (2018) argues that consecutive governments have used civil service appointments as instruments of political control, often leading to constant reshuffles within key ministries, including the Ministry of Health. These reshuffles, while framed as administrative reforms, tend to align with political cycles instead of performance evaluations.

Chanda and Mwale (2020) agree with this view, noting that politically motivated appointments have weakened institutional accountability and blurred the line between political and administrative functions. Within the health sector, this dynamic undermines continuity, as each new leadership often prioritizes politically aligned initiatives over long-term institutional planning.

At the University Teaching Hospital, Mulenga (2021) found that leadership turnovers linked to political transitions disturbed strategic programs and demotivated professional staff. This finding goes in line with Mphande (2022), who said that staff mostly perceive promotions as politically determined, discouraging initiative and innovation.

Yet, despite this recognition, few Zambian studies analytically measure the operational impacts of political patronage on staff performance indicators such as staff retention, absenteeism, or

service efficiency. This gap underscores the importance of the present study, which aims to integrate both qualitative and quantitative data to assess the degree to which political patronage disturbs institutional functionality and healthcare delivery efficiency within the MoH and UTH.

2.4 Objective 2: Political Influence in Resource Allocation and Procurement

2.4.1 Global Perspectives

Globally, transparent resource allocation and procurement systems are believed to be indicators of institutional maturity and good governance. Lewis (2006) found that politically driven resource allocation twists public spending priorities, causing inefficiency and inequitable service provision. Likewise, OECD (2017) emphasizes that when procurement is politicized, it becomes susceptible to collusion, overpricing, and favouritism, which eat away at public trust.

However, contrasting views exist. Rainey (2014) argues that political input in budgeting and procurement is unavoidable because elected officials are accountable for policy priorities. The challenge is in maintaining a balance between legitimate political oversight and excessive interference. Miller (2017) supports this balance, suggesting that institutionalized checks and sovereign audits can preserve efficiency without excluding political involvement.

Countries such as South Korea, Chile, and Canada have fruitfully cut back patronage-related inefficiencies through e-procurement systems and open contracting initiatives (World Bank, 2015). Comparative studies demonstrate that institutional autonomy, united with technological transparency, significantly reduces political interference. These global lessons highlight the significance of governance reforms for countries like Zambia, where procurement systems remain partly centralized and politically influenced.

2.4.2 Regional (African) Perspectives

In Africa, the distribution of public resources often imitates political geography rather than developmental need. Ochen et al. (2018) detected in Uganda that health facilities in politically aligned regions receive more equipment and funding than opposition strongholds, perpetuating inequality. Kileo et al. (2017) found similar patterns in Tanzania, where procurement contracts were commonly awarded to politically connected firms, which lead to inefficiencies and delays in drug delivery.

In Ghana, Asante and Ayee (2019) scrutinised decentralization reforms and found that while resource allocation frameworks were intended to empower local governments, central political

control over budgets undermined autonomy. Political elites used procurement as a reward mechanism, leading to cost inflation and compromised accountability.

However, Therkildsen (2014) provides a counter-argument, suggesting that in delicate states, patronage in resource distribution can help sustain political stability by ensuring elite support. Yet, as Hope (2020) notes, this stability is commonly achieved at the expense of institutional capacity and long-term efficiency.

The comparative regional evidence then reveals a consistent tension: political leaders prioritize short-term political advantages through selective allocation, while the health sector suffers from inefficiency and inequity. This dynamic reverberates powerfully with Zambia's experience, particularly given the country's diverse record on public procurement transparency.

2.4.3 Local (Zambian) Perspectives

Zambia's public procurement landscape is characterized by a formal regulatory framework but weak enforcement. Chileshe (2020) found that political interference in the Ministry of Health's procurement processes often resulted in inflated costs and delayed deliveries. The Auditor General's Reports (2018–2022) constantly highlight procurement irregularities, including single-sourcing of contracts and overpayments to politically connected suppliers.

At institutional level, Phiri (2021) observed that procurement and resource distribution at UTH were sometimes influenced by external political directives, which led to misalignment between operational needs and resource supply. For instance, specialized departments might experience shortages of essential supplies despite high budgetary allocations, signifying that technical planning is often overruled by political decisions.

Comparatively, Mwanza (2022) points out that donor-funded projects within the health sector show less political interference due to stringent accountability requirements, suggesting that institutional safeguards can alleviate patronage effects. This difference highlights the need for structural reforms within domestic procurement systems to improve transparency and accountability.

Despite these understandings, no comprehensive study in Zambia has systematically scrutinised the relationship between political influence in resource distribution and its impact on service efficiency within both ministerial and hospital-level operations. This study fills that

empirical and analytical gap by connecting political decision-making patterns to measurable service delivery results.

2.5 Objective 3: Perceptions of Healthcare Workers and Administrators Regarding Political Patronage

2.5.1 Global Perspectives

Internationally, the perceptions of public servants toward political interference meaningfully form their motivation, job satisfaction, and performance. Pfeffer (2010) asserts that perceived fairness in organizational processes, particularly promotions and appointments, strongly forecasts employee engagement and productivity. When employees see bias or favouritism, organizational trust diminishes, which leads to reduced efficiency.

In healthcare systems, Miller and Hartwick (2013) found that political interference in hospital management raised cynicism and disengagement among medical professionals. Similarly, Rainey (2014) detected that workers in politically stable and transparent institutions report higher morale and are more likely to innovate.

The information also shows that observations of patronage influence not only diminish morale but also organizational culture. Hood (2011) argues that bureaucratic integrity depends heavily on the perceived fairness of leadership. Where leadership legitimacy is politically challenged, staff often adopt passive behaviours, undermining institutional performance.

Thus, internationally, staff observations act as both indicators and drivers of institutional health. Understanding these observations within Zambia's healthcare system is vital for diagnosing the less noticeable but equally harmful effects of political patronage.

2.5.2 Regional (African) Perspectives

Across Africa, research consistently shows that public servants' observations of political interference are closely connected to institutional performance. In Ghana, Agyepong et al. (2018) found that healthcare workers viewed political appointments as a key factor behind policy discontinuity. Chege and Okello (2019) reported that in Kenya, political favouritism in transfers and promotions eroded morale and nurtured factionalism among health personnel.

Chirwa (2020) observed that in Malawi, politically appointed managers were perceived as less accountable and more corrupt, which reduced collaboration and trust across departments. These

findings collectively emphasise that perceptions of fairness and meritocracy are not merely psychological but deeply structural factors of efficiency.

However, scholars of Africa such as Kelsall (2013) remind us that such observations must be understood in context: in systems with partial institutional insulation from politics, patronage can sometimes be seen as “normal.” This normalization of politicized administration makes reform tough, as staff may adapt to political interference as a survival tactic.

This intricacy underlines why empirical analysis is crucial—not only to capture observations but also to relate them to measurable results such as service sensitivity and efficiency.

2.5.3 Local (Zambian) Perspectives

In Zambia, in public institutions, perceptions of political influence are widespread but under-researched. Kamanga (2018) reported that health workers trust administrative promotions in the Ministry of Health are often influenced by political considerations, generating a sense of insecurity and need. Mulenga (2021) adds that such observations at UTH lead to low motivation and reduced commitment, especially when professional capability is undervalued.

Mphande (2022) observed further that politically motivated interference in administrative decision-making discourages creativity among staff, as decisions are frequently made “from above.” This observation undermines accountability and diminishes efficiency.

Despite these observations, existing Zambian studies have mainly trusted qualitative interviews without systematically quantifying how these perceptions correlate with service delivery indicators such as responsiveness, timeliness, or patient satisfaction. The current study addresses this restriction by engaging a mixed-method approach that integrates quantitative perception data with qualitative insights to capture a more complete picture of institutional efficiency and morale.

2.6 Synthesis and Knowledge Gaps

Synthesizing the reviewed literature reveals both convergence and divergence in scholarly views. Most scholars concur that political patronage undermines professionalism, twists resource allocation, and diminishes service efficiency. However, the degree of impact varies depending on the strength of institutions, the maturity of democratic governance, and the presence of checks and balances.

Internationally, the debate revolves around how to reconcile political responsiveness with bureaucratic neutrality. Regionally, African studies highlight the tenacity of neo-patrimonial systems, where political loyalty frequently supersedes merit. Locally, Zambian information highlights the presence of political meddling but lacks integrated, empirical analyses connecting it directly to healthcare performance results.

Emerging Gaps

- **Empirical Gap:** There is not sufficient quantitative evidence linking political patronage with measurable service efficiency indicators in Zambia's health sector.
- **Contextual Gap:** No comprehensive case study has examined both ministerial and institutional levels concurrently, yet these are co-dependent.
- **Analytical Gap:** Studies that still exist remain descriptive, lacking triangulated methods that blend perceptions, administrative data, and institutional outcomes.
- **Theoretical Gap:** local studies explicitly apply governance or public choice theories to interpret political patronage's effects on service delivery.

The present study addresses these gaps through a mixed-method case study of the Ministry of Health and the University Teaching Hospital, offering empirical grounding, theoretical application, and analytical integration.

2.7 Summary

This literature review has demonstrated that political patronage is a pervasive yet contextually variable phenomenon influencing public service delivery. Globally, it manifests as a subtle negotiation between political authority and bureaucratic autonomy; regionally, it often defines the very structure of governance; and locally, it presents as an enduring obstacle to professionalization and efficiency.

In Zambia, while there is recognition of political interference in staffing and procurement, the extent of its impact on healthcare performance has not been systematically examined. By integrating global lessons with regional insights and local realities, this study contributes to both theoretical and practical understanding of how political patronage affects service delivery in the Ministry of Health and the University Teaching Hospital.

The next chapter (Chapter Three) will outline the methodological framework guiding the study, detailing the research design, target population, sampling strategy, data collection instruments, and analytical techniques used to investigate these issues systematically.

This chapter presents a comprehensive review of existing literature on political patronage and its influence on service delivery, with a particular focus on healthcare institutions. The review examines global, regional (African), and local (Zambian) perspectives, highlighting key lessons learned and identifying gaps in knowledge. Political patronage, defined as the appointment or preferential treatment of individuals based on political affiliation rather than merit, has been widely recognized as a factor influencing institutional efficiency and resource allocation in public service delivery (Keefer & Khemani, 2005; Van de Walle, 2007). Within healthcare systems, patronage can affect staffing, administrative appointments, procurement, and the overall quality of service delivered to the public.

The chapter critically analyses scholarly work on the subject matter, drawing evidence from peer-reviewed journals, government reports, and case studies. It also explores the perceptions of healthcare workers and administrators regarding political interference, emphasizing the need to understand both operational and experiential dimensions. Finally, the review identifies gaps in existing research and contextualizes the study within the Zambian Ministry of Health and University Teaching Hospital (UTH), justifying the need for an empirical investigation into the influence of political patronage on healthcare service efficiency.

2.8 Theoretical Framework

This study is anchored on **Governance Theory** (Bevir, 2010) and **Public Choice Theory** (Buchanan & Tullock, 1962).

1. **Governance Theory** emphasizes principles of transparency, accountability, and meritocracy, suggesting that effective institutional performance depends on impartial decision-making and structured oversight. Within this theory, the independent variable is political patronage—manifested through appointments, promotions, and resource distribution—while the dependent variable is service delivery efficiency, influenced by the competence, motivation, and accountability of staff (Bevir, 2010). The causative relationship posited by Governance Theory is that low transparency and weak meritocratic processes (X) lead to inefficient service delivery and operational bottlenecks (Y).

2. **Public Choice Theory** provides complementary insight, positing that political actors prioritize self-interest and political gain over institutional objectives. In this framework, **X** represents political incentives and patronage-driven decisions, and **Y** reflects the resulting misalignment of resource allocation, staffing, and administrative efficiency in public healthcare institutions (Buchanan & Tullock, 1962). By combining these theories, the study examines how political self-interest and weak governance structures jointly influence operational outcomes in the Ministry of Health and UTH.

In application, Governance Theory guides the assessment of institutional transparency, meritocracy in staffing, and procedural fairness in resource allocation. Public Choice Theory, on the other hand, explains behavioural motivations of political actors and how these motivations translate into decision-making that affects healthcare efficiency. Together, these theories provide a robust analytical lens to understand the mechanisms through which political patronage impacts service delivery and staff perceptions in Zambia.

2.9 Conceptual Framework

This conceptual framework provides a visual and theoretical representation of how the key variables in a study are related and how they will be examined. In this study, the framework is designed to explore the influence of political patronage on healthcare service delivery within the Ministry of Health and the University Teaching Hospital (UTH) in Lusaka Province. By mapping the relationships between political patronage, staff perceptions, and service delivery outcomes, the framework guides the research in identifying causal pathways and mediating factors that affect institutional efficiency.

Independent Variable

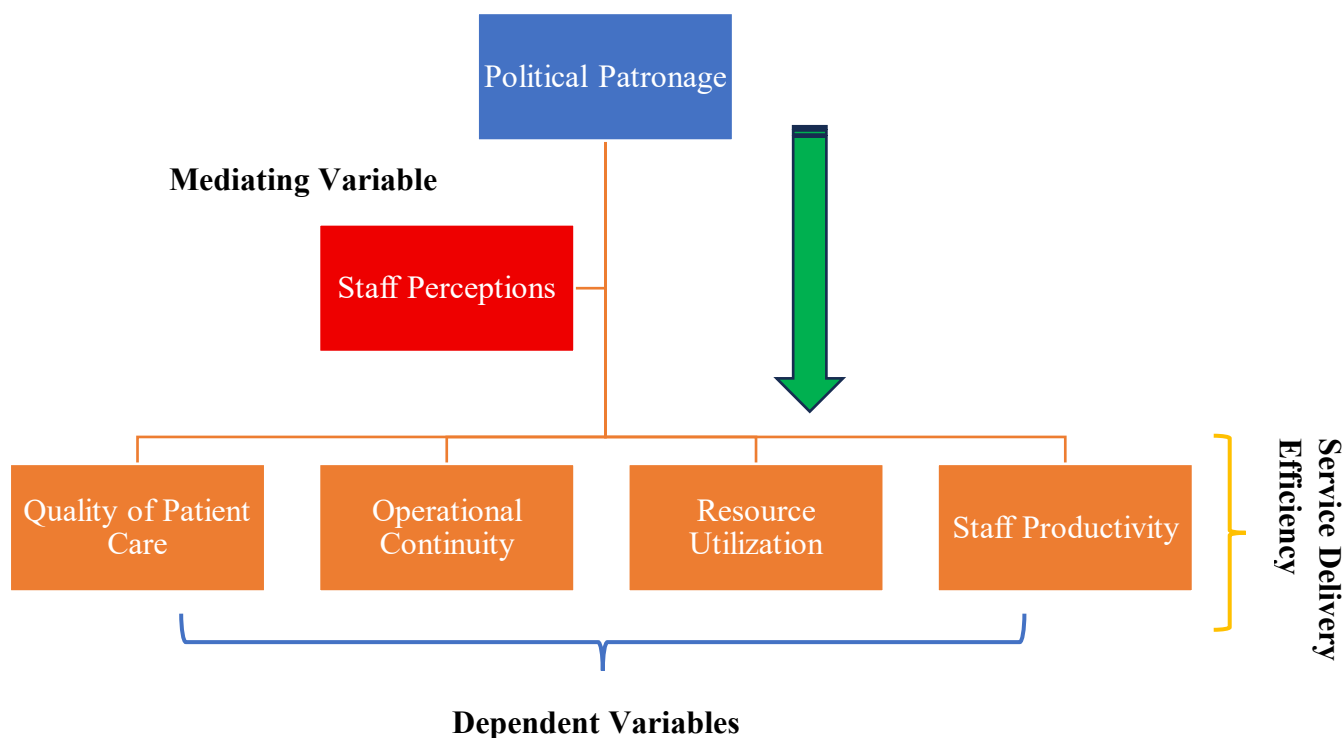


Figure 1: Conceptual Framework

Variables of the Conceptual Framework

Independent Variable (IV):

- **Political Patronage** – refers to the appointment or preferential treatment of individuals based on political affiliation rather than merit, impacting staffing decisions, administrative leadership, and resource allocation within healthcare institutions.

Mediating Variable (MV):

- **Staff Perceptions** – encompasses healthcare workers' views regarding fairness, autonomy, morale, and professional accountability. Staff perceptions mediate the influence of political patronage on service delivery, as their attitudes and engagement levels directly affect operational performance.

Dependent Variables (DVs):

- **Service Delivery Efficiency**, measured across four key dimensions:
 1. **Quality of Patient Care** – effectiveness, accuracy, and timeliness of medical services.

2. **Operational Continuity** – stability in workflows and reduction of service interruptions.
3. **Resource Utilization** – efficient deployment and management of medical supplies, equipment, and funds.
4. **Staff Productivity** – levels of motivation, commitment, and professional performance.

Explanation of the Framework and Relationship between Variables

The framework posits that **political patronage (IV)** is the primary driver that influences the efficiency of service delivery in healthcare institutions. Its impact occurs both **directly** and **indirectly**:

1. **Direct Influence:** Political patronage affects service delivery by determining administrative appointments and influencing resource allocation. When appointments are politically motivated rather than merit-based, operational inefficiencies arise, resources may be misallocated, and institutional objectives may be compromised.
2. **Indirect Influence through Staff Perceptions (Mediating Variable):** Political patronage also shapes **staff perceptions** regarding fairness, professional autonomy, and morale. Negative perceptions can reduce staff motivation, engagement, and adherence to professional standards, which in turn diminishes service delivery outcomes such as patient care quality, workflow continuity, resource management, and overall productivity.
3. **Causal Pathways:**
 - **X → Y:** Political patronage leads to changes in staffing and administrative practices, as well as resource allocation.
 - **X → MV → Y:** Political patronage influences staff perceptions, which then mediate the effect on service delivery efficiency.

This dual pathway demonstrates that the impact of political patronage is **multidimensional**, combining structural factors (appointments, resources) and behavioural outcomes (staff attitudes). By integrating these dimensions, the framework allows the study to examine both operational and experiential effects of political patronage on healthcare efficiency.

The conceptual framework also aligns with the **Governance Theory** (Bevir, 2010), emphasizing transparency, accountability, and merit-based practices, and with **Public Choice Theory** (Buchanan & Tullock, 1962), which recognizes that political actors often act in self-interest, influencing appointments and resource allocation. By applying these theoretical perspectives, the framework provides a robust lens to analyse the causal relationships among political patronage, staff perceptions, and service delivery outcomes, thus supporting the study's objectives.

2.10 Chapter Summary

This chapter critically reviewed existing literature on political patronage and its influence on healthcare service delivery at global, regional, and local levels. It highlighted how political interference affects staffing patterns, administrative appointments, resource allocation, and staff perceptions, which collectively shape service delivery efficiency. The review demonstrated that while political patronage is a widespread phenomenon, its effects vary according to institutional capacity, governance structures, and policy oversight.

Globally, patronage undermines operational efficiency, disrupts leadership continuity, and influences resource distribution. Regionally, in African health systems, political interference is associated with administrative instability, inequitable resource allocation, and reduced professional autonomy among healthcare workers. Locally, evidence from Zambia shows that political considerations in appointments and resource management at the Ministry of Health and UTH can compromise service delivery, staff morale, and operational continuity.

The chapter also identified key knowledge gaps that justify this study, including the lack of empirical evidence linking political patronage to specific operational outcomes in Zambian healthcare institutions, and the scarcity of research exploring staff perceptions and mitigation strategies within tertiary and military hospital contexts.

The **theoretical framework**, drawing on Governance Theory and Public Choice Theory, provides a lens for understanding the mechanisms through which political patronage impacts healthcare efficiency and resource allocation. The **conceptual framework** identifies political patronage as the independent variable, staff perceptions as a mediating variable, and service delivery efficiency (including quality of patient care, operational continuity, resource utilization, and staff productivity) as dependent variables. This framework guides the collection and analysis of data, ensuring alignment with the study objectives and offering a structured approach to examining causative relationships.

Overall, the chapter establishes the foundation for the study, providing both theoretical and empirical justification for investigating how political patronage influences healthcare service delivery efficiency in the Ministry of Health and UTH.

CHAPTER THREE:

METHODOLOGY

3.1 Introduction

This chapter presents the research methodology adopted to investigate the influence of political patronage on service delivery at the Ministry of Health in Lusaka Province and the University

Teaching Hospital (UTH). The chapter outlines the research design, study population, sampling techniques, data collection methods, data analysis procedures, and ethical considerations. It also discusses measures taken to ensure validity and reliability and highlights the limitations of the study.

The methodology is designed to provide a systematic approach to answering the study objectives, which include assessing the impact of political patronage on staffing and administrative appointments, evaluating its effect on resource allocation and procurement, exploring perceptions of healthcare workers, and proposing strategies to enhance service delivery. The mixed-methods approach allows for triangulation of qualitative and quantitative data, ensuring a comprehensive understanding of the phenomenon under investigation.

3.2 Research Design

This study employed a case study research design within a mixed-methods approach. The case study design is selected because it allows for an in-depth, contextual examination of political patronage and its operational and perceptual impacts on healthcare institutions (Yin, 2014). This design is particularly suitable for exploring complex social phenomena within their real-life context, such as the influence of political appointments on administrative practices, resource allocation, and overall service delivery outcomes in the Ministry of Health and the University Teaching Hospital (UTH).

The study integrated qualitative and quantitative data collection and analysis techniques, reflecting a mixed-methods approach (Creswell & Creswell, 2018). The qualitative component captured the perceptions, experiences, and opinions of healthcare staff and administrators regarding political patronage and its effects on service efficiency. The quantitative component generated measurable evidence of the impact of political influence on service delivery, including staffing, administrative processes, resource allocation, and operational efficiency. By combining these methods, the study provided a comprehensive and robust understanding of the research problem, allowing for triangulation of data and validation of findings.

3.3 Study Population

The study population comprised of all personnel at the Ministry of Health (provincial office, Lusaka) and the University Teaching Hospital (UTH) who are directly involved in healthcare service delivery, management or administrative support. Specifically, this includes:

- Medical personnel: medical officers, clinical officers, nurses and allied health professionals who participate directly in patient care.
- Administrative staff: hospital/departmental managers, human resources and records officers, and policy/administration staff at the MoH provincial office.
- Technical and support staff: procurement officers, supply-chain staff, ICT officers and other technical personnel who support clinical and administrative functions.

These groups were selected because they directly interact with staffing, appointments, resource allocation and procurement processes that are the focus of the study; their experiences and records therefore form the appropriate sampling frame for assessing how political patronage may influence service delivery (Agyepong et al., 2017; Ministry of Health Zambia, 2019). UTH was employed as a focal institutional case because it is Zambia's principal tertiary/referral hospital and a key implementer of MoH policy in Lusaka Province (Kalunga, Mwansa & Banda, 2021).

Population size and source of figures

Current, authoritative totals for staff at UTH and for MoH provincial offices are not publicly available in a single, reliable source. Published material commonly documents UTH's institutional role and capacity but does not provide a definitive, up-to-date headcount suitable for sampling without verification (Kalunga et al., 2021; Ministry of Health Zambia, 2019). Therefore, the study does not adopt an unverified secondary figure. Instead, the researcher obtained official, disaggregated personnel lists (by cadre and unit) from the Human Resources Departments of UTH and the Ministry of Health (Lusaka Provincial Office) during the preparatory phase. These records provided the sampling frame and the exact population size (N) used for sampling and for reporting study coverage.

Practical notes on implementation

- i. During the proposal and ethical-clearance phase the researcher formally requested access to HR records and aggregate staff statistics from both institutions. Where full HR lists cannot be accessed due to confidentiality or security restrictions, the researcher requested anonymised counts by cadre and department sufficient to construct the sampling frame.
- ii. The study adopted a two-step approach: (a) use verified administrative counts supplied by each institution for sampling, and (b) complement administrative data with a

stakeholder mapping exercise (departmental rosters validated by heads of unit) to ensure coverage and minimise selection bias.

Inclusion criteria: staff must

- (i) be employed at UTH or the MoH Lusaka provincial office at the time of data collection, and
- (ii) have a role that directly relates to clinical service delivery, administration, procurement or ICT support.
- (iii) Casual staff with no regular role in these functions were excluded from the primary sampling frame but may be consulted informally if they provide relevant insights.

The sampling frame was stratified by cadre (clinical; administrative; technical/support) to ensure representation of perspectives across hierarchical and functional levels. This stratification supports comparative analysis of how political patronage may differentially affect groups.

Justification

Deferring to official HR counts ensures methodological rigour and transparency: it avoids reliance on potentially outdated or partial secondary estimates, and it produces a clear denominator for sampling, response-rate reporting and generalisability statements. Given the study's interest in institutional processes (appointments, procurement and resource flows) and staff perceptions, basing the population and sampling frame on verified personnel records was the most robust and ethically responsible approach (Agyepong et al., 2017; Ministry of Health Zambia, 2019).

The study population comprised personnel at the **Ministry of Health in Lusaka Province** and the **University Teaching Hospital (UTH)** who are directly involved in healthcare service delivery and administrative operations. This includes:

- **Medical personnel:** doctors, nurses, and allied health professionals.
- **Administrative staff:** department heads, hospital administrators, and records officers.
- **Technical and support staff:** ICT officers and procurement officers involved in resource allocation.

The population was selected because these groups interact with institutional policies, appointments, and resource distribution, making them directly affected by political patronage. The estimated population is approximately **180 personnel**, distributed across the Ministry of Health provincial offices and UTH departments. This ensured the study captured a diverse and representative perspective from both strategic and operational levels of healthcare service delivery.

3.4 Sampling Techniques

A **purposive sampling technique** was employed to select respondents who possess relevant knowledge and experience regarding political appointments, administrative operations, and healthcare service delivery (Palinkas et al., 2015). This non-probability sampling method is appropriate for case studies and exploratory research, as it allows the researcher to focus on key informants who can provide in-depth insights.

The study targeted a sample size of **50 respondents**, distributed as follows:

- 15 medical personnel (doctors and nurses)
- 10 administrative officers
- 10 procurement and ICT officers
- 15 senior managers and department heads

Justification of Sample Size: The sample size was determined using a combination of **population representation, feasibility, and data saturation principles**. Given the estimated total population of 180 personnel, the selected sample represents approximately **28% of the total population**, which was sufficient for a focused case study. This proportion ensured that the perspectives of all relevant subgroups (medical staff, administrators, technical staff, and senior management) are captured.

Additionally, qualitative research guidelines suggest that **data saturation**—the point at which no new information or themes emerge—can often be achieved with 40–60 respondents in studies with focused objectives (Guest, Bunce & Johnson, 2006). Thus, a sample size of 50 allowed the study to collect rich, detailed data while remaining manageable in terms of time and resources.

3.5 Data Collection Procedures

Data for this study was collected using **both primary and secondary sources**, ensuring a comprehensive understanding of how political patronage influences service delivery in the Ministry of Health and the University Teaching Hospital (UTH).

3.5.1 Primary Data Collection

Primary data was collected directly from the selected respondents through a combination of semi-structured interviews, structured questionnaires, and direct observation, allowing the study to capture both qualitative insights and quantitative measurements.

1. **Semi-Structured Interviews:** Interviews were conducted with senior managers, department heads, and selected administrative officers who are directly involved in decision-making processes related to staffing, resource allocation, and procurement. The semi-structured format allows flexibility to explore respondents' perceptions of political patronage, the challenges it poses, and its effects on service efficiency. Interview questions are designed based on the study objectives, covering staffing appointments, administrative procedures, resource distribution, and perceived operational efficiency.
2. **Structured Questionnaires:** Questionnaires were administered to medical staff (doctors and nurses), administrative officers, and ICT/procurement personnel. The questionnaire contained both closed-ended questions, such as Likert-scale items assessing perceptions of political influence, and open-ended questions to capture detailed experiences. This approach ensures systematic collection of data that can be quantitatively analysed while allowing respondents to express nuanced perspectives.
3. **Direct Observation:** Observations were conducted within selected departments to assess administrative workflows, record-keeping practices, procurement procedures, and the practical influence of political oversight on service delivery. Observational checklists were developed to standardize the collection of information and ensure consistency across different units within the hospital and ministry.

3.5.2 Secondary Data Collection

Secondary data was obtained from **existing institutional records, policy documents, and previous research reports**, including:

- Ministry of Health annual reports and staffing records

- Procurement and budget allocation documents
- University Teaching Hospital internal audits and administrative reports
- Scholarly articles and government publications on political patronage in Zambia

These secondary sources provide contextual background, historical trends, and comparative data to validate and triangulate primary data findings.

The combination of interviews, questionnaires, and observations allowed for **triangulation**, enhancing the validity and reliability of the findings. Semi-structured interviews provided rich qualitative data on perceptions and experiences; questionnaires generated quantifiable insights across multiple staff groups, while observations validated operational realities in real-time. Together, these methods ensured a holistic understanding of the influence of political patronage on service delivery efficiency.

3.6 Validity and Reliability

To ensure **validity**, the study employed multiple strategies to confirm that the research instruments accurately measure the intended variables. The questionnaires and interview guides were developed based on the study objectives and conceptual framework, covering key areas such as staffing, administrative appointments, resource allocation, procurement, and staff perceptions (Chanda & Mwale, 2020; Mwangi, 2019). Instruments were reviewed by experts in public administration and healthcare management to enhance clarity and relevance, followed by a pilot test with five respondents from a comparable healthcare facility. Feedback from the pilot led to adjustments in question wording and structure, while triangulation of data from interviews, questionnaires, and direct observation further strengthen validity by allowing cross-verification of findings (Patton, 2015).

Reliability was ensured through standardized administration of the questionnaires and interviews, clear instructions for respondents, and consistent use of observational checklists. Internal consistency was enhanced by including multiple items measuring similar constructs, allowing cross-checking of responses, and Cronbach's alpha was considered during piloting to confirm reliability (Gliem & Gliem, 2003). Observer reliability was maintained by following uniform criteria for assessing administrative workflows, staffing practices, and procurement processes. These measures collectively ensured that the data collected were both consistent and credible, providing a solid foundation for accurate analysis and interpretation of the study results.

3.7 Data Analysis

The study employed both quantitative and qualitative data analysis methods in line with its mixed-methods design. Quantitative data collected through structured questionnaires are coded and entered into the Statistical Package for the Social Sciences (SPSS)/Excel for analysis. Descriptive statistics, including frequencies, percentages, and mean scores, were generated to identify patterns in staffing, administrative appointments, resource allocation, procurement processes, and staff perceptions. Cross-tabulations and correlation analyses were conducted to explore relationships between political patronage (independent variable) and service delivery indicators (dependent variables) such as efficiency, responsiveness, and quality of healthcare services (Field, 2018). This enabled the study to quantify the extent to which political influence affects healthcare operations.

Qualitative data from semi-structured interviews and observations were analyzed thematically. Transcripts and field notes are systematically coded to identify recurring themes related to the influence of political patronage on staffing, resource allocation, procurement, and staff morale (Braun & Clarke, 2006). Themes were organized according to the study's objectives and conceptual framework, allowing for triangulation with quantitative findings to ensure robustness. The thematic approach facilitates a deeper understanding of the perceptions, experiences, and challenges faced by healthcare workers and administrators, providing rich insights into how political patronage manifests and affects service delivery efficiency. Integrating both quantitative and qualitative analyses strengthens the validity of conclusions and provides a comprehensive picture of the phenomenon under study.

3.8 Limitations

The study anticipates several limitations. First, access to sensitive information in a hospital and Ministry of Health setting is restricted, which could limit the depth of inquiry into politically influenced decisions. Second, the study's findings may have limited generalizability as it focuses primarily on the Ministry of Health in Lusaka Province and the University Teaching Hospital, and may not fully represent other provinces or health facilities in Zambia. Third, respondent bias is a potential challenge, as participants might withhold critical opinions due to hierarchical structures, political sensitivities, or fear of reprisal. To mitigate these limitations, the researcher assured participants of confidentiality, encouraged honest responses, and employ data triangulation across interviews, questionnaires, and observations to enhance credibility and reliability.

3.9 Ethical Considerations

Ethical approval was obtained from the University. Participants were informed of the study's objectives, and informed consent will be obtained prior to participation. Participants were assured of voluntary participation and the right to withdraw at any stage without penalty. Anonymity and confidentiality were maintained by assigning codes to respondents instead of using names, and all data was securely stored with access limited to the researcher. These measures ensured compliance with ethical standards and protected participants' rights and welfare throughout the research process.

3.10 Chapter Summary

This chapter outlined the methodological approach employed in investigating the influence of political patronage on service delivery in the Ministry of Health and UTH. A mixed-methods case study design was adopted to collect both qualitative and quantitative data, ensuring a comprehensive analysis of the phenomenon. The chapter detailed the study population, sampling strategy, sample size, data collection instruments, and procedures, as well as methods that will be used to ensure validity, reliability, and ethical compliance. Limitations and ethical considerations have also been discussed. This methodological framework provides a solid foundation for the subsequent chapter, which presents and analyzes the research findings.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents, analyzes, and interprets the findings of the study on *the influence of political patronage on service delivery within the Ministry of Health (MoH) in Lusaka Province and the University Teaching Hospital (UTH)*. The analysis is guided by the three specific objectives, namely: assessing the effects of political patronage on staffing and administrative appointments; examining how political influence shapes decision-making in resource allocation and procurement; and exploring staff perceptions regarding service efficiency in politically influenced environments.

The findings were generated from questionnaires administered to 50 participants and supplemented with verbatim insights from interviews. The mixture of quantitative and qualitative data provides a nuanced understanding of the phenomenon, allowing not only the measurement of trends but also the articulation of lived experiences among personnel within the two institutions.

4.2 Demographic Characteristics of Respondents

The demographic distribution of respondents enhances understanding of the institutional composition and provides the context within which political patronage manifests. Respondents represented four functional categories: administrative staff, medical personnel, procurement/ICT staff, and senior management. The largest groups were medical personnel and senior management, each constituting 15 participants. Administrative staff accounted for 10 participants, while procurement and ICT officers also contributed 10.

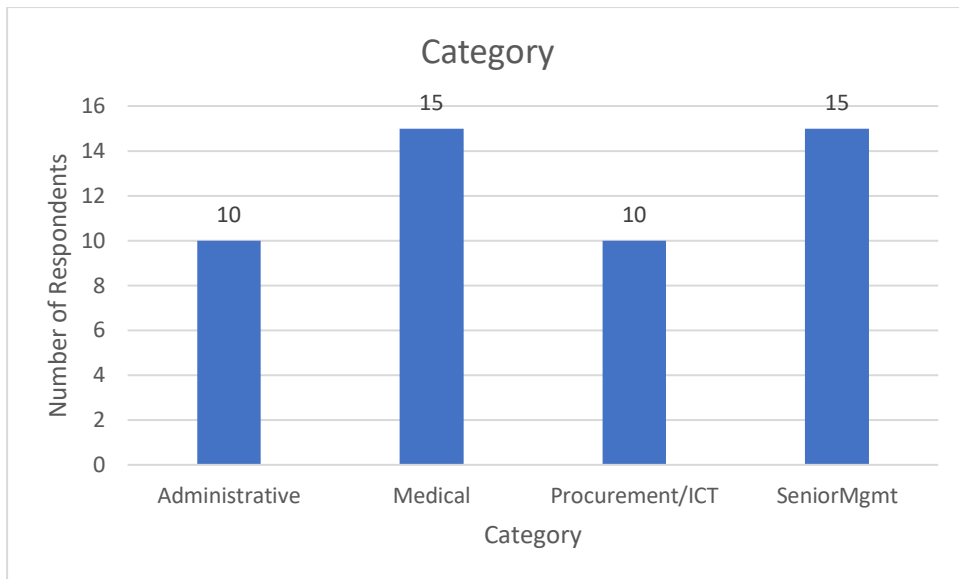


Figure 2: Respondents Category

Several interviewees explained that these four categories capture “the exact people who witness how decisions move from politics into the hospital system.”

Gender distribution indicates a relatively balanced workforce, with 27 females and 23 males participating in the study.

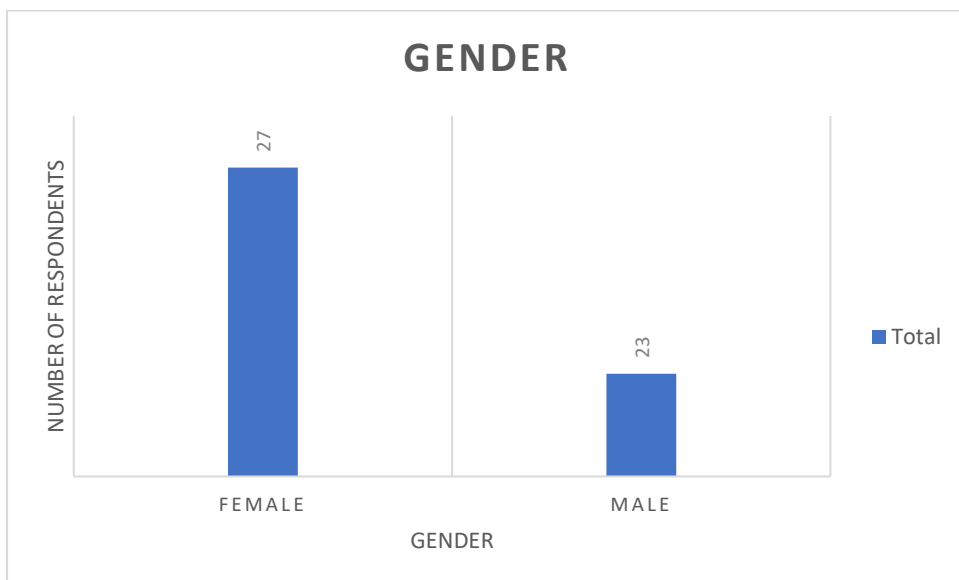


Figure 3: Respondents Gender

The ages of respondents ranged widely, creating a blend of junior, mid-career, and senior staff. Employees aged 46–55 formed the largest group at 15, followed by those aged 36–45 (14

participants). Younger staff were also represented, as 11 respondents fell between 18 and 25.

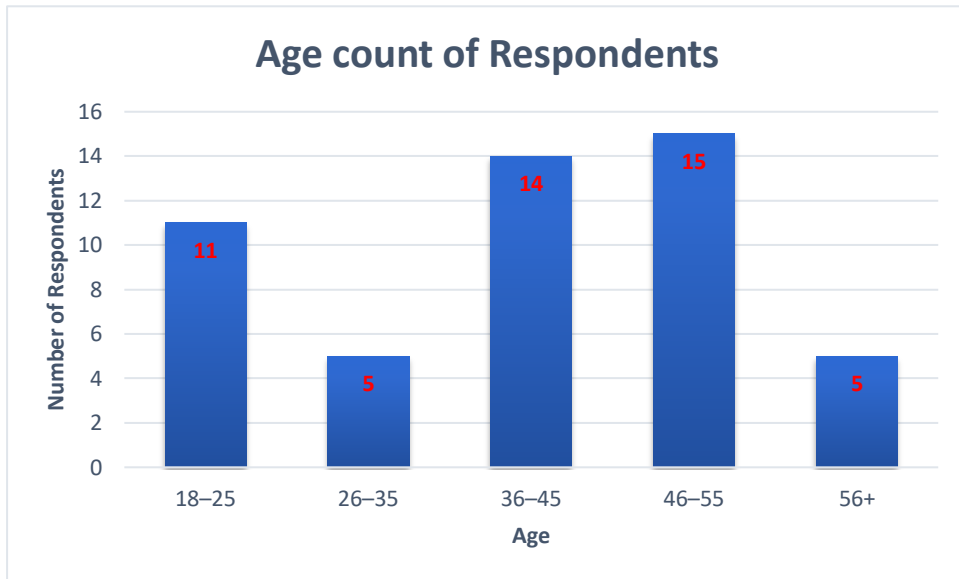


Figure 4: Age of Respondents

An informant from UTH explained that “the combination of young and older staff helps us understand both the continuity of the problem and how new workers are introduced into systems that are already politicized.”

With regard to educational attainment, the workforce reflects significant academic diversity: 12 respondents held certificates, 10 diplomas, 10 bachelor’s degrees, 7 master’s degrees, and 11 doctoral degrees.

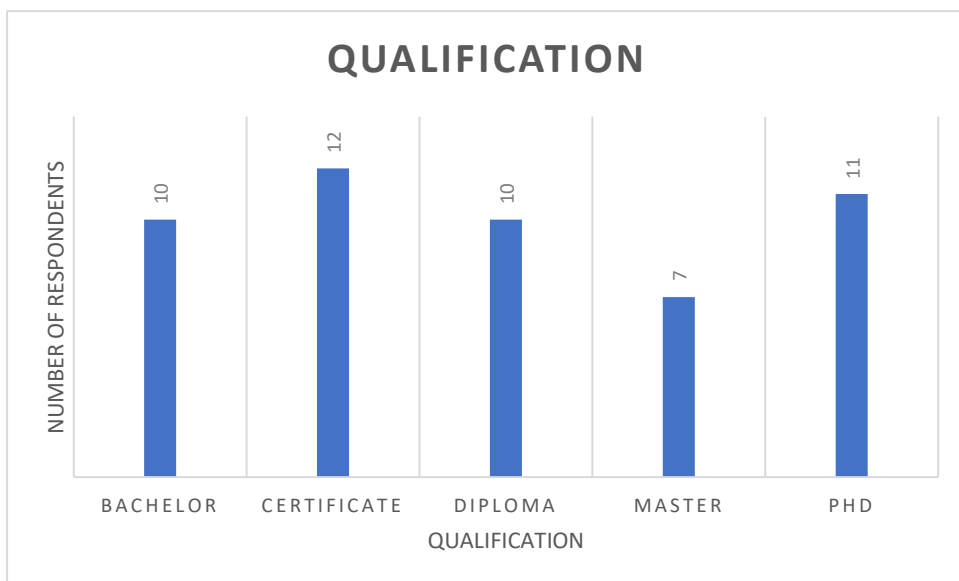


Figure 5: Respondents Qualifications

The presence of staff with advanced qualifications, particularly at UTH, was repeatedly described by respondents as “an indicator that many competent individuals exist, yet appointments often overlook them.”

Employment duration ranged from less than one year to over eleven years. Fifteen respondents were relatively new employees with under one year of service, while seven had served more than eleven years.

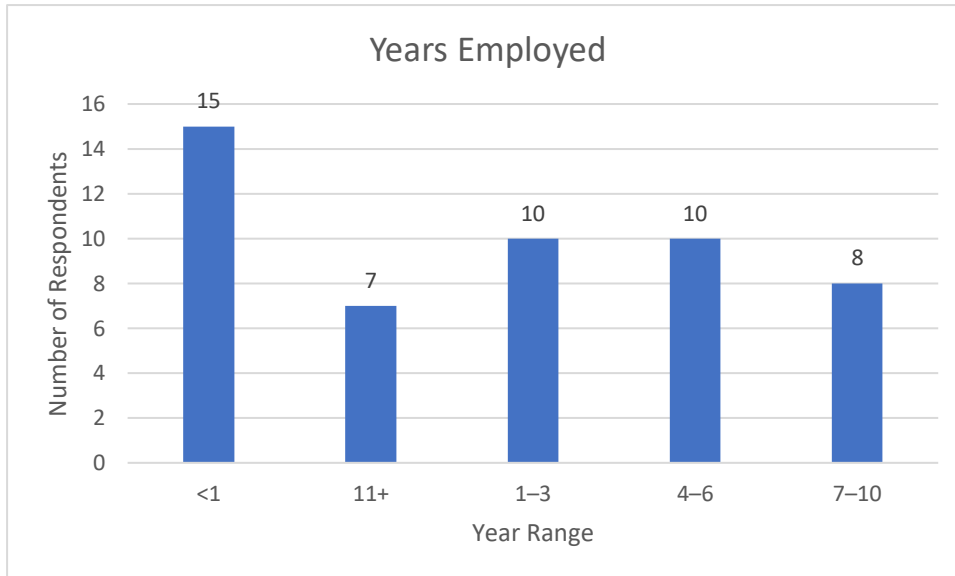


Figure 6: Years Employed

This mixture provided insight into both recent and historical patterns of political influence.

Employment type varied considerably: 19 respondents were on contract, 18 were permanently employed, and 13 held temporary positions.

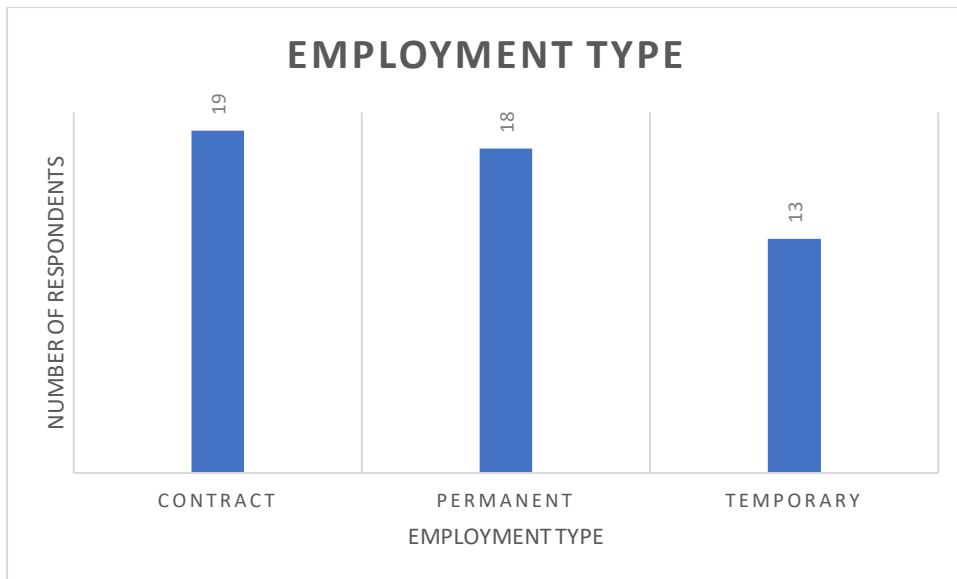


Figure 7: Employment Type

Personnel on temporary or contract terms frequently expressed concerns about job insecurity and vulnerability to patronage influences. One young clinical officer remarked, “When you are on contract, you know very well that someone’s signature can end your career, so you keep quiet even when you see wrong things happening.”

4.3 Political Patronage and Staffing and Administrative Appointments

4.3.1 Transparency in Senior Position Advertising

The analysis revealed considerable inconsistency in the transparency of senior position advertisements across the Ministry of Health (MoH) and the University Teaching Hospital (UTH). While a small group of respondents (10) stated that senior positions were “always” advertised, a much larger proportion reported otherwise. Twelve respondents indicated that advertisements occurred “rarely,” and eight stated explicitly that such positions were “never” advertised. An additional seven noted that advertisements occurred “sometimes,” while thirteen respondents were uncertain and chose “don’t know.”

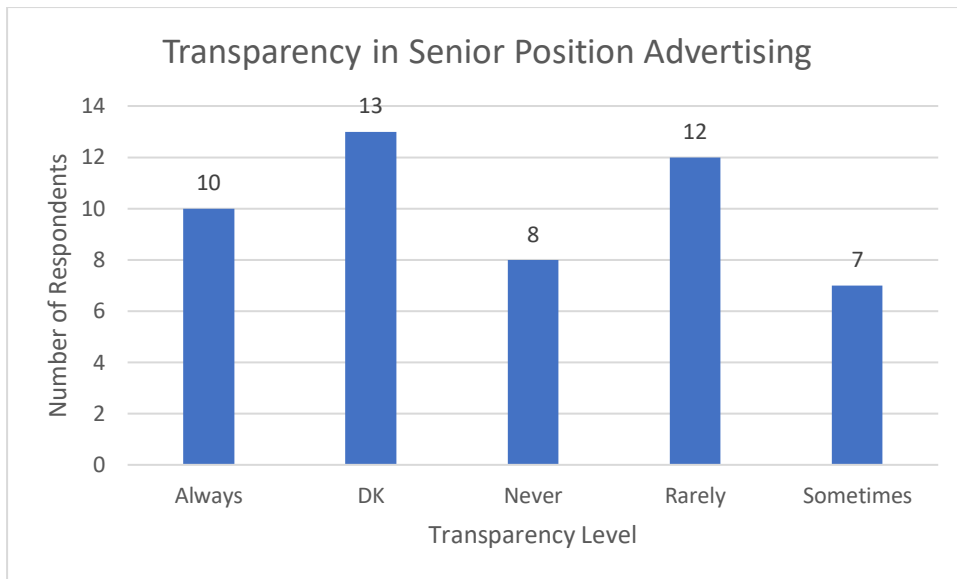


Figure 8: Transparency in Senior Position Advertising

The distribution of responses demonstrates that transparency is neither standardized nor institutionalized. The high number of respondents expressing uncertainty or reporting the absence of advertisements suggests an environment where information about senior-level vacancies is controlled, inconsistent, or poorly disseminated. The data portray recruitment processes as opaque and subject to internal discretion, creating room for manipulation.

Qualitative accounts reinforced these findings. One nurse at the University Teaching Hospital (UTH) expressed frustration, stating, *“We only hear that a new director has been appointed. Nobody ever saw an advert. It’s like these positions are predetermined.”* A **Ministry of Health medical officer** echoed similar concerns, remarking, *“If the advertisement happens, it is just a formality. The decision is made before the process even begins.”* These accounts reflect a shared perception among health professionals that recruitment processes for senior positions are often symbolic rather than genuinely competitive, with outcomes decided prior to the formal procedures.

The convergence of quantitative uncertainty and qualitative dissatisfaction suggests that transparency mechanisms within the recruitment system are inconsistently applied and poorly communicated to staff. In practical terms, this means that many employees are either unaware of how senior appointments are made or lack confidence that established procedures are followed. The findings further highlight structural weaknesses, particularly the absence of clear and standardized channels for advertising senior positions and limited clarity regarding

recruitment protocols. As a result, decision-making authority becomes concentrated among a small group of senior or external actors.

This lack of openness and clarity in recruitment processes creates an environment in which political influence can be exercised with minimal scrutiny. Consequently, political patronage is able to thrive, eroding staff confidence in the fairness of administrative appointments and weakening institutional trust within the health sector.

4.3.2 External Political Interference in Selection Processes

Political interference in staffing emerged as one of the most pervasive themes in the study. When asked whether political actors influence selection processes, 10 respondents reported “always,” 13 indicated “rarely,” and another 10 selected “sometimes.” Eleven respondents claimed that such interference “never” occurs, and six were uncertain or Did not Know.

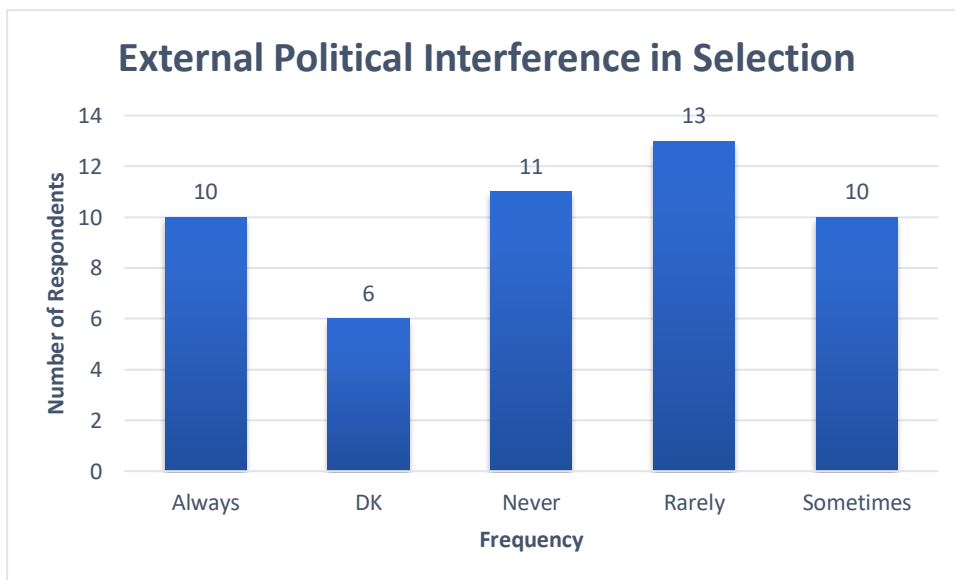


Figure 9: External Political Interference in Selection

Participants consistently recounted experiences where merit-based recruitment processes were overridden by decisions made higher in the political hierarchy. A senior administrative officer explained, “At times the shortlist is done properly, but when it reaches higher offices, new names appear—names we never interviewed.” Similarly, a senior nurse reported, “I have seen competent people lose positions simply because they are not aligned with the ruling party or known individuals.”

The contrast between quantitative distributions and qualitative descriptions underscores a key issue: while some respondents may be unaware of political interference, those with closer

proximity to recruitment processes observe interventions more clearly. This divergence may partly reflect differences in departmental exposure or hierarchy. Administrative personnel and senior staff, who interact more with appointment committees, may perceive interference more vividly than junior medical and technical personnel.

Overall, the data illustrate a concerning degree of political influence in recruitment. The findings suggest that formal selection procedures exist but are frequently undermined by actors external to institutional structures. This compromises the legitimacy of recruitment, weakens the meritocratic foundation of public health service, and potentially creates resentment among staff who feel sidelined by politically connected individuals.

4.3.3 Politically Motivated Staff Movements

The analysis further revealed that staff transfers and promotions are often perceived as politically motivated. A significant proportion of respondents reported experiencing such movements with varying frequency. Eleven respondents stated that politically influenced movements “always” occur, ten indicated “sometimes,” and fourteen responded “rarely.” Twelve respondents claimed these movements “never” occur, while three selected “often.”

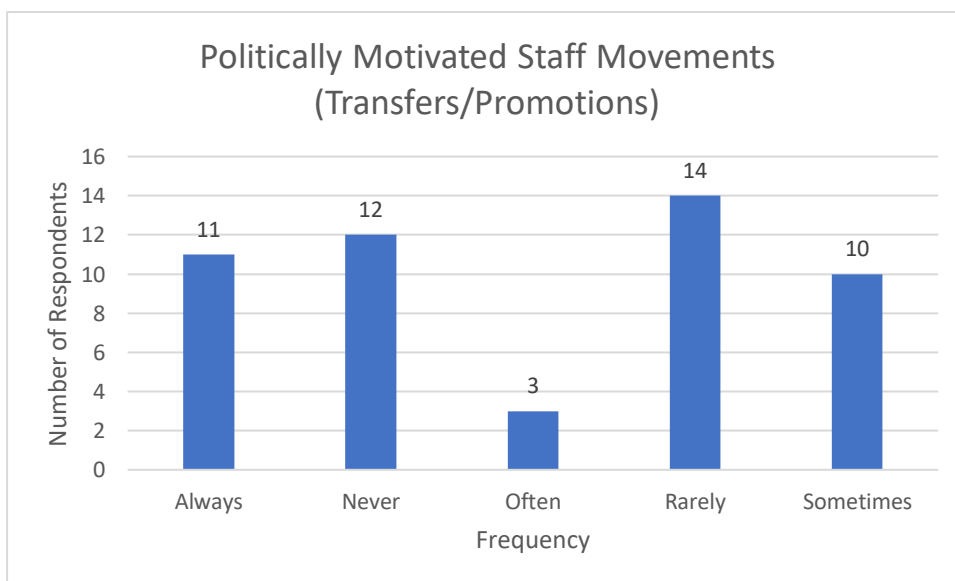


Figure 10: Politically Motivated Staff Movements

Although the quantitative distribution appears somewhat mixed, one cannot ignore the cumulative narrative emerging from interview data, which consistently pointed to political manipulation of staff mobility. Respondents described frustration with sudden transfers executed without consultation or clear justification. A procurement officer stated, “You can work in a post for years, but when a new political wave comes, someone else is put there

overnight.” Similarly, a clinician with more than a decade of service noted, “The worst part is when unqualified people are promoted faster than those who have been serving with commitment.”

These perspectives highlight how political considerations may override established performance-based criteria. The abruptness of politically motivated movements disrupts continuity, erodes institutional memory, and potentially positions inadequately prepared individuals in roles requiring expertise and experience. Several respondents also implied that political patterns shift with changes in national leadership, creating further instability.

The findings underscore an entrenched pattern where political actors exert influence not only during hiring but throughout employees’ career progression. Such practices reduce predictability and fairness within the system and can contribute to demotivation, reduced productivity, and poor retention among skilled healthcare personnel.

4.3.4 Leadership Turnover Linked to Political Cycles

An important dimension of the analysis relates to leadership turnover, which many respondents identified as being linked to political cycles. Four respondents stated that leadership turnover “always” corresponds with political changes, eight reported it happens “sometimes,” and nine stated it occurs “rarely.” Notably, 13 respondents selected “don’t know,” while 16 answered “never.”

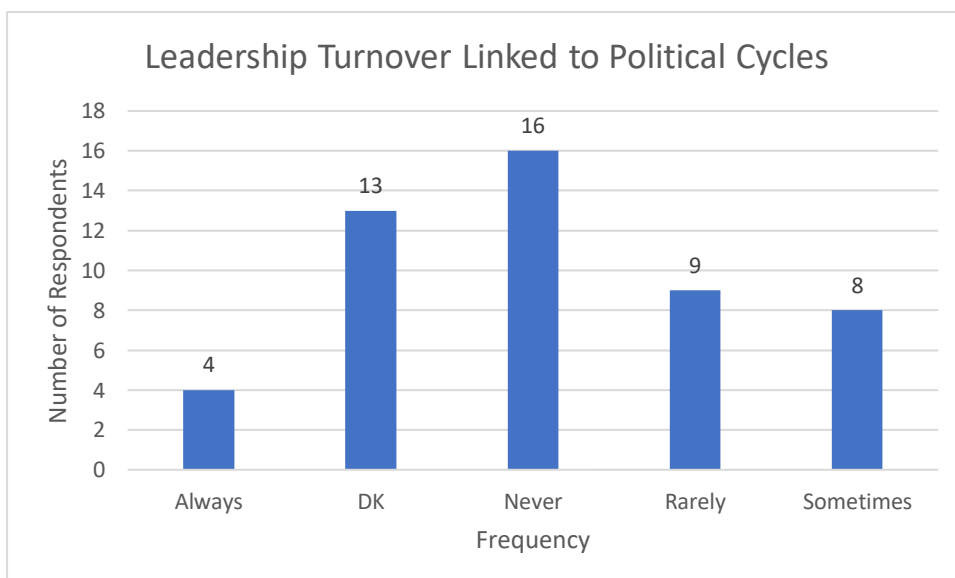


Figure 11: Leadership Turnover Linked to Political Cycles

However, qualitative accounts revealed stronger alignment between leadership turnover and political cycles than the quantitative data initially suggested. One Ministry of Health employee reflected, “*Every election, we brace ourselves. After the swearing-in ceremony, you know leadership will rotate.*” Another respondent described the turnover as “*predictable and disruptive,*” noting that new leaders often replace those perceived to be aligned with previous administrations—even when performance is not in question.

The discrepancy between survey responses and interview revelations may indicate that some staff, particularly those not directly interacting with senior administration, may be less aware of high-level turnover. Those in managerial or administrative roles, on the other hand, experience these changes more directly and may, therefore, view them as more consequential.

The findings point to governance instability arising from political realignments. Frequent leadership changes—especially those based on political loyalty rather than institutional performance—compromise long-term planning, disrupt ongoing programmes, and weaken administrative continuity. As a result, service delivery suffers, as each new leadership team may introduce its own priorities, often without completing or evaluating those initiated by predecessors.

4.4 Political Influence in Resource Allocation and Procurement

4.4.1 Budget Approval and Locus of Control

Analysis of responses regarding budget approval revealed differing understandings of where the authority truly lies. Eleven respondents believed that management controls budget approval, while thirteen identified provincial offices. Eight pointed to political actors, six cited departmental units, and twelve selected “don’t know.”

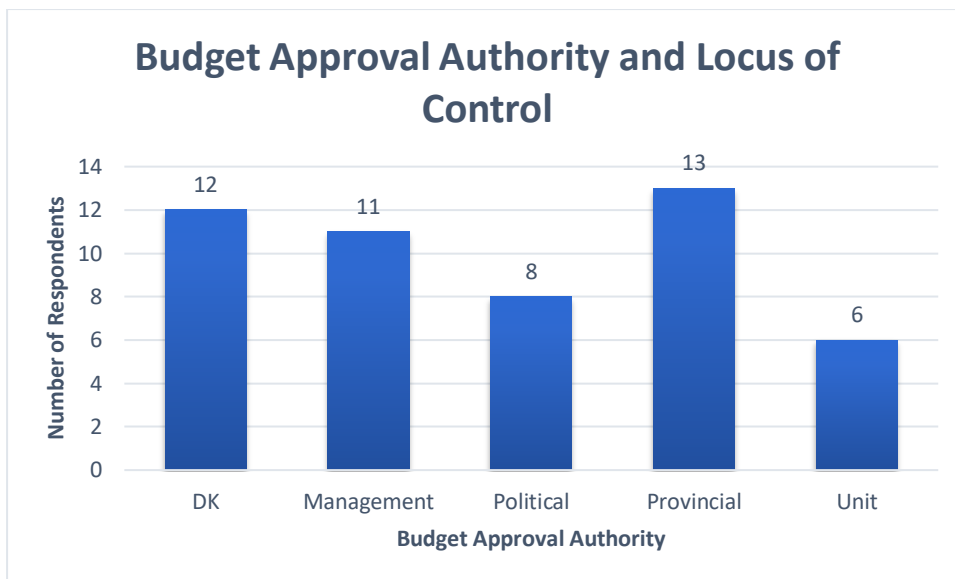


Figure 12: Budget Approval Authority and Locus of Control

These mixed responses highlight operational ambiguity surrounding decision-making authority—a gap that can be exploited by political actors. Qualitative data illuminated the reality behind the confusion. One finance officer commented, *“Paperwork shows that management makes decisions, but in reality, we are told certain allocations are reserved for ‘special instructions’ coming from political offices.”*

This illustrates a dual decision-making structure: one formal, documented, and procedural; the other informal, politically driven, and often verbal. Such a structure breeds uncertainty among staff and complicates accountability. It also creates openings for political interference in financial decisions, contributing to delays, misallocation, and lack of ownership among technical experts who are sidelined by political directives.

4.4.2 Basis for Resource Allocation

Resource allocation decisions appeared highly fragmented. Twelve respondents cited donor priorities as the primary determinant, another twelve indicated need-based allocation, seven noted historical trends, six pointed to political directives, and thirteen selected “other,” suggesting complexity beyond the available categories.

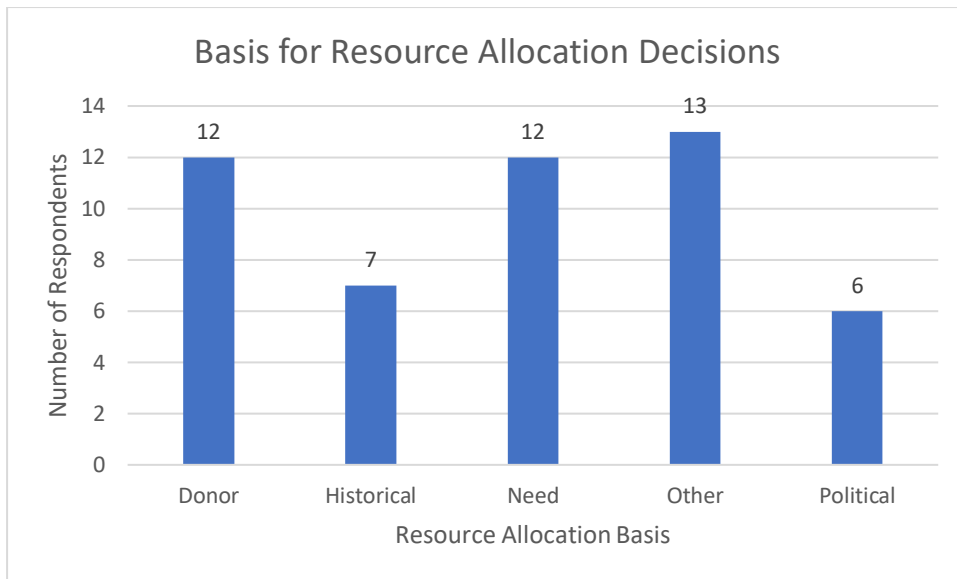


Figure 13: Resource Allocation Basis

Qualitative interviews clarified this fragmentation. A UTH medical consultant noted, “Sometimes we get equipment we don’t need, simply because a donor had surplus stock or a politician made promises during campaigns.” Another MoH respondent stated, “Need-based allocation exists on paper but is rarely followed in practice.”

This demonstrates a systemic misalignment between institutional needs and actual resource distribution. The influence of donors, political actors, and informal networks creates inconsistencies that undermine effective planning. While donor contributions are vital, overreliance on external agendas may distort national health priorities. The findings affirm that political and donor pressures frequently overshadow evidence-based allocation, weakening service delivery and limiting responsiveness to real healthcare demands.

4.4.3 Political Favouritism in Resource Distribution

Political favouritism in resource distribution was another recurrent theme. Nine respondents stated that favouritism happens frequently, eight noted it occurs occasionally, and ten described it as rare. Eleven respondents claimed it never happens, while twelve were unsure.

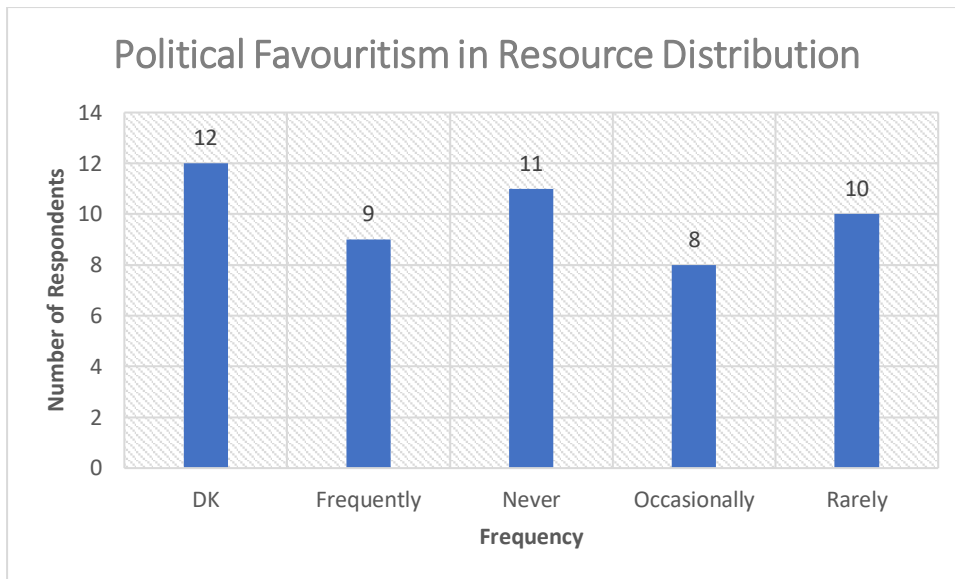


Figure 14: Political Favouritism in Resource Distribution

Despite these varied perceptions, interview responses suggest that Favouritism is more widespread than some quantitative responses imply. A procurement officer described the situation candidly: *“There are times when certain districts receive more medical supplies simply because they are considered politically important. Meanwhile, facilities that need them more go without.”*

This perspective underscores the real-world consequences of politically motivated distribution. Politically favored districts or regions may receive supplies disproportionate to actual need, while high-burden or rural facilities experience prolonged shortages. Such distortions undermine the equitable delivery of health services and compromise the principles of universal health coverage.

4.4.4 Transparency in Procurement Processes

Procurement stood out as one of the areas most susceptible to political interference. Seventeen respondents described procurement processes as “restricted,” thirteen indicated “direct,” and twelve selected “don’t know.” Only eight perceived the procurement system as “open.”

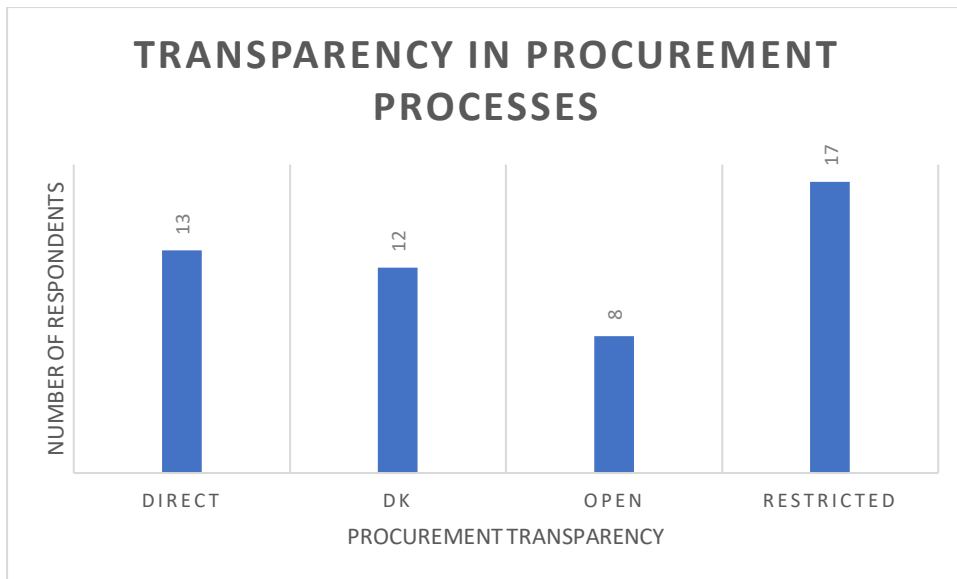


Figure 15: Transparency in Procurement Process

Interview data provide deeper insight into the mechanisms of this restriction. A senior pharmacist stated, “You may request a supplier based on quality and price, but the approved supplier ends up being someone politically connected.” Such sentiments reflect concerns that procurement decisions are not solely based on technical criteria but are influenced by political relationships, patronage networks, and directives from higher offices.

These findings suggest that procurement systems lack transparency, consistency, and robust oversight. Restricted processes create opportunities for Favouritism, inflated pricing, substandard supplies, and delayed delivery of essential items—all of which directly compromise patient care and institutional efficiency.

4.4.5 Political Influence in Procurement

Respondents provided mixed but worrying indications about political influence in procurement. Seven said it occurs “always,” thirteen said “sometimes,” and another thirteen “rarely.” Nine felt it “never” happens, while eight respondents were uncertain.

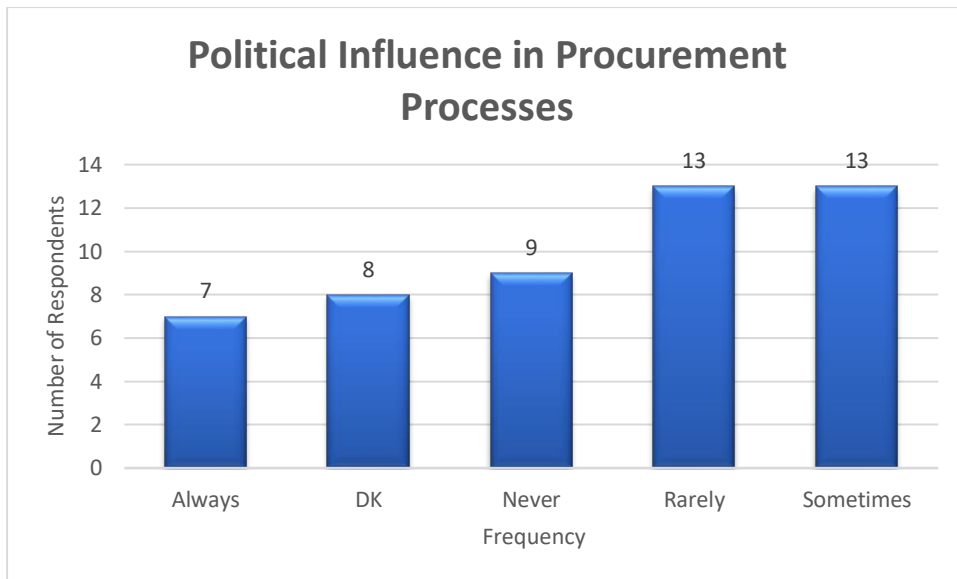


Figure 16: Political Influence in Procurement Process

Qualitative narratives revealed explicit examples of interference. One procurement officer explained, “Sometimes you receive a call from someone introducing themselves as ‘from higher offices,’ telling you which supplier to choose.” Such directives undermine procurement autonomy and may lead to the selection of suppliers who lack capacity, quality assurances, or competitive pricing.

The data suggest that procurement units operate in a contested space where technical expertise competes with political pressure. This environment undermines accountability, compromises quality, and reduces the integrity of procurement decisions.

4.4.6 Prevalence of Procurement Irregularities

Procurement irregularities were found to be common, with sixteen respondents answering “yes,” eighteen saying “no,” and sixteen being uncertain. This distribution suggests that irregularities may be pervasive but not uniformly visible to all staff.

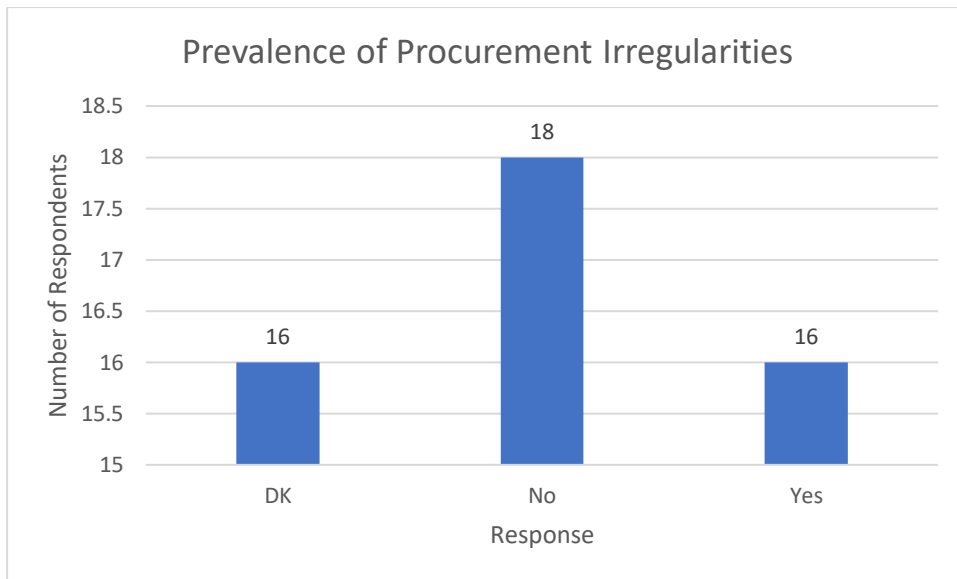


Figure 17: Prevalence of Procurement Irregularities

Interviewees highlighted that irregularities often persist because accountability structures are weak or selectively applied. A UTH accountant explained, *“Irregularities are not always malicious, but they show the system is open to manipulation.”* This implies that irregularities may stem from both intentional interference and systemic weaknesses such as poor record-keeping, inadequate oversight, or unclear procedural guidelines.

The prevalence of such irregularities points to institutional vulnerabilities that enable misuse of authority, reduced financial integrity, and weakened service delivery outcomes.

4.5 Political Patronage and Service Delivery Efficiency

4.5.1 Impact on Staff Morale and Retention

Political patronage has significant implications for staff morale and retention. Fourteen respondents believed political patronage affects morale “greatly,” while twelve reported that it “improves” morale. Five were uncertain, four said it affects morale “somewhat,” and fifteen indicated no effect.

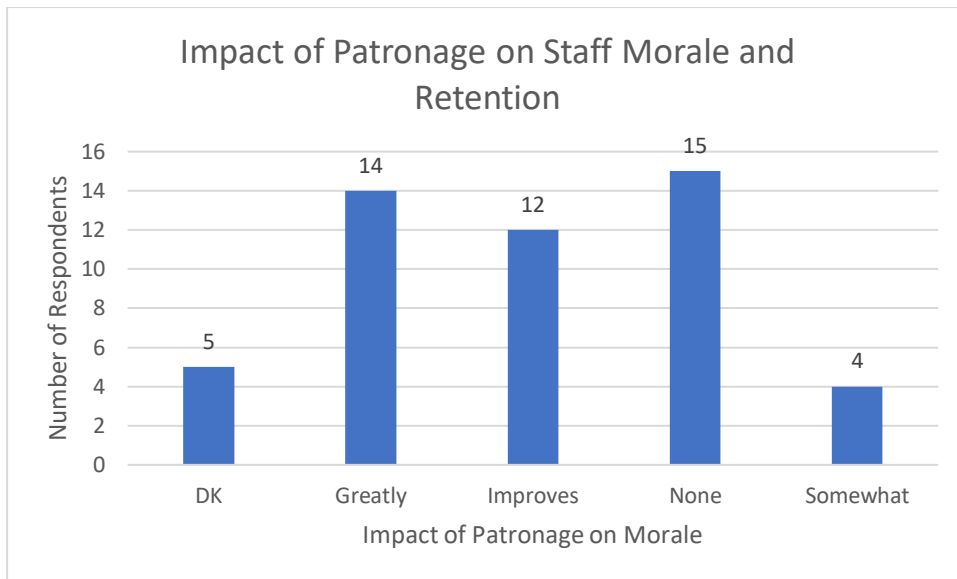


Figure 18: Impact of Patronage on Staff Morale

The contrasting responses suggest that the impact varies depending on one's position within the institutional hierarchy and their exposure to patronage networks. Junior and mid-level staff expressed more frustration than senior personnel. One young nurse remarked, *“People lose the motivation to work hard when they see others being promoted based on connections.”* Conversely, a senior administrator remarked, *“In some cases, political support helps certain departments get resources faster, which can improve morale.”*

This divergence demonstrates the complex nature of political patronage. While some staff may benefit indirectly through increased resource flow or departmental support, others—particularly those in competitive professional streams—experience patronage as a direct threat to fairness and career progression. Overall, the qualitative evidence strongly supports the view that political patronage diminishes morale and motivation, especially among employees who perceive that merit is not the primary criterion for recognition or advancement.

4.5.2 Staff Attrition Linked to Patronage

Attrition linked to political interference was also evident. Eighteen respondents said “few” staff have left due to political decisions, twelve said “many,” and eight said “no.” Twelve respondents were uncertain.

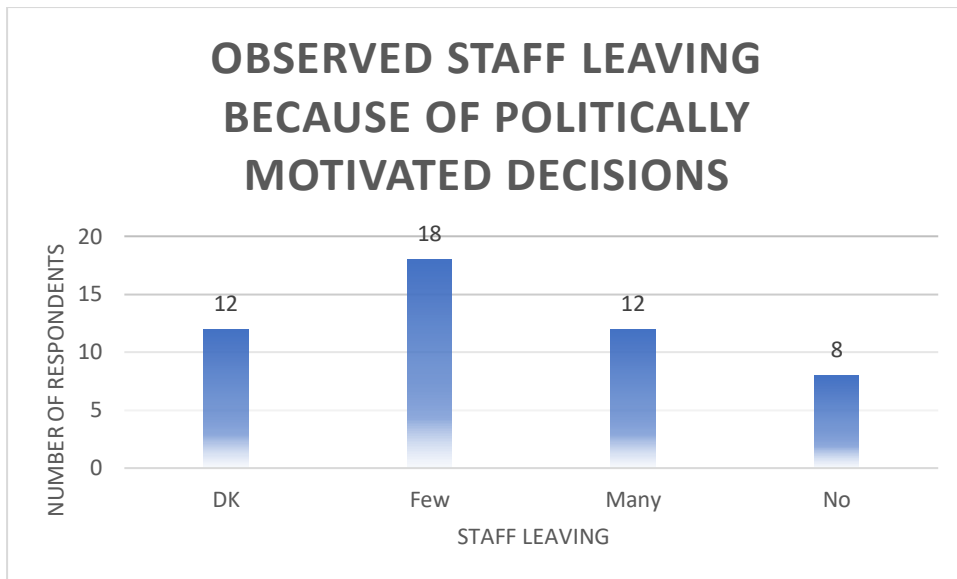


Figure 19: Observed Staff Leaving Because of Politically Motivated Decisions

Interview responses suggest that political interference contributes to resignations, even if departures occur quietly. One respondent stated, *“I have watched dedicated employees resign quietly because they felt their careers had stalled due to politics.”* Another interviewee mentioned that some staff “transfer themselves out” by applying for reassignment to less politicized facilities.

Although staff may not openly cite political interference as the reason for leaving, the qualitative insights imply that patronage indirectly triggers attrition by fostering environments perceived as unfair, unpredictable, or demotivating.

4.5.3 Operational Challenges Linked to Patronage

The study identified several operational challenges linked to political patronage. Thirteen respondents cited delays as the most common issue, followed by staff turnover (12), resource gaps (11), supervision problems (9), and motivation challenges (5).

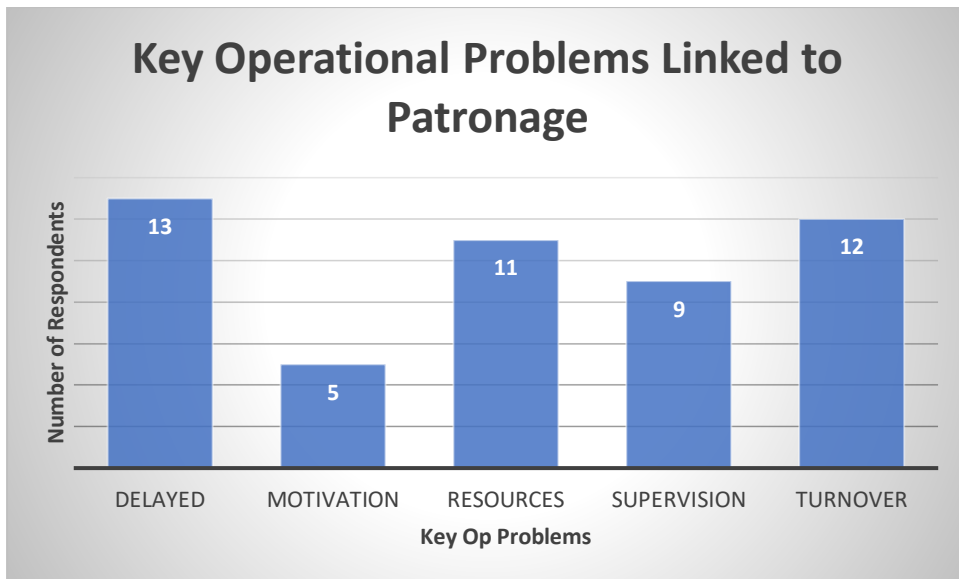


Figure 20: Key Operational Problems Linked to Patronage

These operational disruptions were further highlighted in qualitative accounts. A clinical officer explained, “Delays are normal. When decisions must wait for political instructions, patients suffer the most.” Another respondent described situations where procurement processes stalled because “politically preferred suppliers” delayed deliveries.

The findings underscore how patronage undermines timely service delivery, disrupts continuity of care, and weakens institutional effectiveness. Operational inefficiencies are compounded by leadership instability, demoralized staff, and erratic resource allocation.

4.5.4 Primary Victims of Patronage

Respondents identified several groups as victims of political patronage. Thirteen indicated that institutions themselves are most affected, eleven pointed to administrative staff, ten identified junior workers, nine cited senior officials, and seven noted that patients are primary victims.

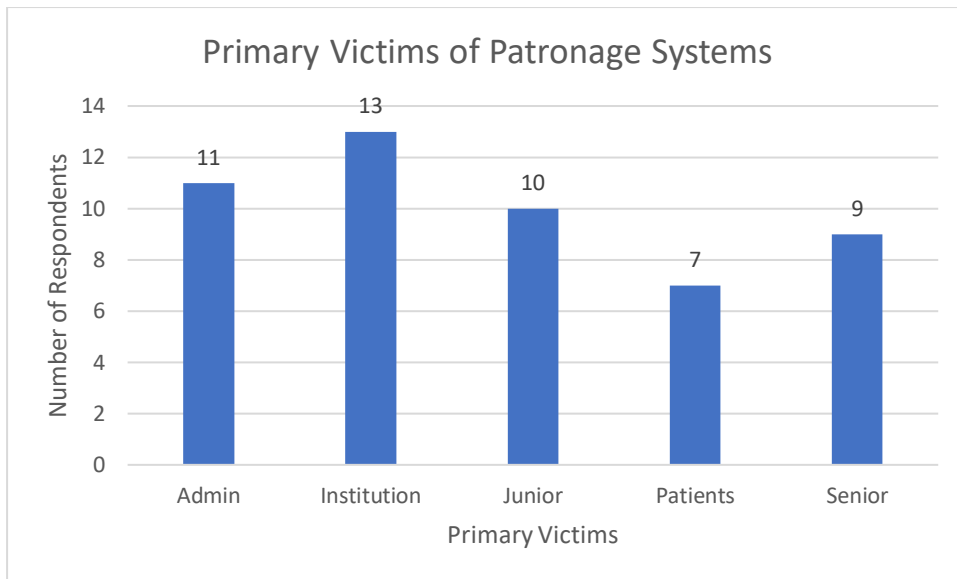


Figure 21: Primary Victims of Patronage Systems

Despite the varied distribution, interview responses were unanimous that patients ultimately bear the most severe consequences. A senior doctor stated, *“When a system is compromised, it is the patient on the bed who feels the impact.”*

Issues such as delayed procurement, staffing instability, and demotivated personnel directly undermine patient care. For example, shortages of essential supplies caused by political interference in procurement jeopardize clinical operations, while staff turnover affects continuity and quality of care.

Thus, although internal administrative and professional groups experience negative effects, the public—especially patients—remains the final and most vulnerable casualty of political patronage.

4.5.5 Patronage and Overall Service Inefficiency

Perceptions of the overall effect of patronage on service efficiency varied. Ten respondents viewed patronage as a major contributor to inefficiency, sixteen believed the contribution was minor, fourteen said it contributes nothing, and ten indicated uncertainty.

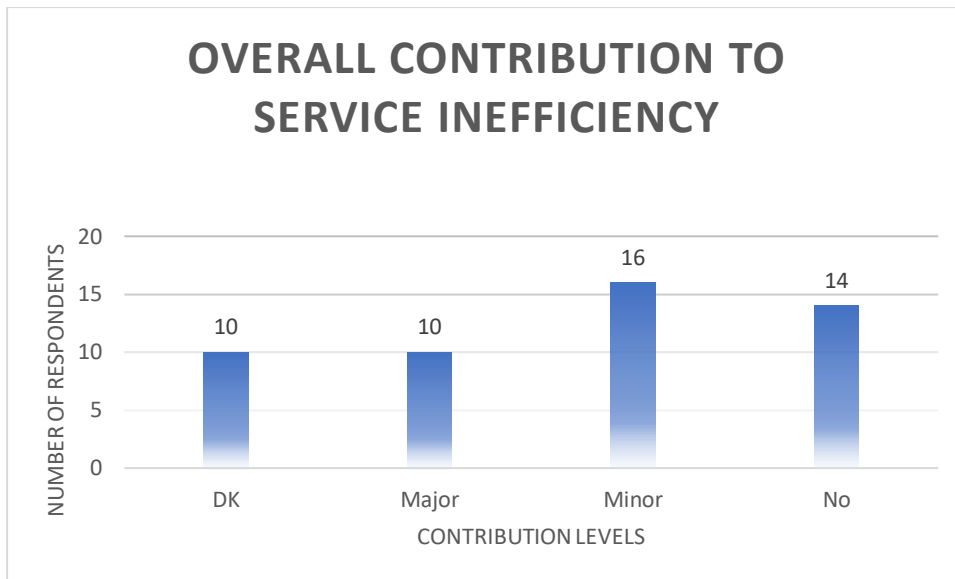


Figure 22: Overall Contribution to Service Inefficiency

Interview data, however, suggest a deeper recognition of patronage’s pervasive effects. One senior administrator noted, *“Political patronage weakens processes, disrupts planning, and creates a culture where rules don’t matter.”* Another medical supervisor remarked that inconsistent leadership and politicized resource flows “make it difficult to plan even basic services.”

These insights indicate that while some staff may not fully perceive the connection between patronage and inefficiency, those closer to managerial or administrative functions recognize its significant institutional implications. Political interference undermines planning cycles, creates inconsistent policies, and erodes the institutional discipline needed for efficient service delivery.

4.6 Summary of Findings

The findings of this study reveal a healthcare system significantly influenced by political patronage across multiple dimensions—staffing, procurement, resource allocation, and service delivery efficiency. Although quantitative data show varied levels of awareness and perception among respondents, qualitative narratives consistently confirm that political interference is systematic, institutionalized, and deeply embedded in decision-making processes.

Transparency in staffing is compromised by inconsistent advertisement of senior positions and external political interference in selection. Staff movements and leadership turnover often mirror political transitions, disrupting continuity and weakening morale. Political considerations influence financial decisions, distort resource allocation, and introduce

inefficiencies into procurement processes. These factors collectively undermine service delivery, with patients ultimately bearing the consequences.

The chapter demonstrates that political patronage creates structural vulnerabilities that impede institutional performance, compromise equity, and weaken public confidence in health service delivery.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents an integrated discussion of the study's findings on the influence of political patronage on service delivery, using data drawn from health personnel at the Ministry of Health in Lusaka Province and the University Teaching Hospital (UTH). The chapter synthesizes quantitative patterns with qualitative insights from respondents' verbatim expressions, demonstrating how political interference shapes staffing, administrative appointments, resource allocation, procurement processes, and overall service efficiency. The chapter also identifies the empirical and conceptual gaps this study has addressed, before providing the conclusion and integrated recommendations.

The discussion is framed around the three study objectives:

1. Assessing the effects of political patronage on staffing and administrative appointments.
2. Examining how political influence shapes decision-making in resource allocation and procurement.
3. Exploring perceptions of healthcare workers and administrators regarding the effect of political patronage on service efficiency.

5.2 Discussion of Findings

5.2.1 Political Patronage and Staffing and Administrative Appointments

The findings of this study suggest that political patronage remains a significant determinant of staffing and administrative appointments within Zambia's public health sector. When interpreted alongside public administration and governance literature, these findings reinforce the argument that formal bureaucratic rules often coexist with informal political practices that undermine merit-based systems. While official recruitment frameworks emphasize transparency and competitiveness, the study indicates that actual decision-making frequently deviates from these principles.

Consistent with theories of neo-patrimonialism, political loyalty and personal networks appear to influence who gains access to senior and strategic positions. This supports earlier studies

which argue that patronage systems persist in public institutions where political authority overlaps with administrative control. However, this study extends existing knowledge by demonstrating that such influence is not confined to top ministerial appointments but filters into mid-level and operational roles within healthcare institutions.

Leadership turnover aligned with political cycles further reflects weak institutional insulation from political change. From an organizational governance perspective, frequent leadership changes disrupt institutional memory, weaken continuity, and compromise long-term planning. This finding aligns with human resource management literature, which emphasizes stability in leadership as a prerequisite for effective service delivery. The study therefore addresses a contextual gap by illustrating how political patronage affects staffing dynamics within a highly specialized sector such as healthcare, where continuity and expertise are critical.

5.2.2 Political Influence on Resource Allocation and Procurement

The discussion of resource allocation and procurement reveals that political influence significantly reshapes how public healthcare resources are distributed and utilized. Existing public financial management literature emphasizes need-based allocation, accountability, and procedural transparency as foundations of effective service delivery. However, the findings of this study suggest that political considerations frequently override these principles in practice.

The perception that procurement decisions and budget allocations are influenced by political actors indicates weak institutional autonomy. This aligns with governance studies that describe procurement as one of the most vulnerable points for political interference due to its financial and strategic importance. The study contributes empirical depth by demonstrating how such interference manifests at institutional level, affecting everyday operational decisions rather than only large-scale national contracts.

Importantly, the study highlights that lack of clarity regarding the locus of control over budgets and procurement decisions creates uncertainty and weakens accountability. When staff are unsure where authority truly resides, compliance with formal procedures diminishes. This finding bridges a gap in procurement literature by linking political influence not only to corruption risks but also to operational inefficiencies such as delays, mismatched supplies, and stock-outs.

5.2.3 Perceptions of Political Patronage and Service Delivery Efficiency

Staff perceptions play a critical role in shaping organizational culture and performance. The study demonstrates that political patronage is widely perceived as undermining service efficiency, even in cases where direct personal impact is not experienced. This supports organizational behavior theories which argue that perceived injustice can be as damaging as actual injustice in shaping motivation, trust, and commitment.

The perception that promotions and resource decisions are politically motivated erodes confidence in institutional fairness. Such perceptions weaken morale, reduce motivation, and contribute to staff attrition—outcomes that are particularly detrimental in the healthcare sector where skilled human resources are scarce. The study therefore contributes to theoretical literature by illustrating how political patronage affects not only structural processes but also the psychological contract between healthcare workers and the institution.

Unlike earlier studies that focus primarily on policy-level inefficiencies, this research shows that the cumulative effect of political interference is a gradual normalization of inefficiency. Over time, staff adapt to delays, uncertainty, and procedural compromises, which ultimately reduces service responsiveness and quality. This finding fills a critical gap by demonstrating how political patronage indirectly shapes patient outcomes through its impact on institutional culture.

5.3 Gaps Addressed by the Study

This study addresses several important gaps in existing literature. Empirically, it provides institution-level evidence from Zambia's largest public healthcare facilities, a context that has received limited scholarly attention. Conceptually, it demonstrates how political patronage operates simultaneously across staffing, procurement, and service delivery domains rather than as isolated practices. Methodologically, the study strengthens understanding by integrating quantitative patterns with qualitative perceptions, offering a more nuanced analysis of governance challenges in the health sector.

5.4 Conclusion

The study concludes that political patronage significantly influences staffing decisions, resource allocation, procurement processes, and overall service delivery efficiency at the Ministry of Health and UTH. Evidence from both quantitative data and respondents' narratives

demonstrates that political interference infiltrates various layers of health management and operations.

Staffing and appointments are affected through politicized selection processes, leadership turnover linked to political cycles, and preferences for politically connected individuals. Resource allocation and procurement exhibit similar vulnerabilities, with political considerations often overriding professional assessments of need. These factors collectively create an environment where efficiency is compromised, morale declines, and service delivery becomes inconsistent.

The study also addressed key gaps in existing literature by providing Zambia-specific, institution-level data on political patronage and by integrating staff perceptions with quantitative trends, offering a more holistic and empirically grounded understanding of the issue.

5.5 Recommendations

Based on the findings, the study recommends strengthening institutional frameworks that insulate staffing and procurement processes from political interference. There is a need for transparent and merit-based recruitment systems, including independent oversight mechanisms for senior appointments. Improved documentation and digital record-keeping can enhance transparency and reduce opportunities for manipulation. Procurement processes must be aligned with standardized guidelines and monitored through regular audits conducted by bodies that are shielded from political influence.

Another key recommendation is to promote organizational culture reforms that enhance staff morale, fairness, and professional recognition. This includes creating clear career pathways, ensuring protection for whistleblowers, and building participatory decision-making systems in departments to minimize abuse of authority. Institutions should further invest in training and capacity-building for procurement and administrative staff to strengthen compliance and ethical practice.

Finally, the Ministry of Health should develop long-term depoliticized leadership structures insulated from political cycles. This would enhance institutional continuity and foster sustained improvements in healthcare service delivery.

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