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Effectiveness of Human Resource Capacity of Local Government Authority in Implementing Decentralization by Devolution Policy of 2012 in Zanzibar

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Abstract

The main objective of this study was to examine the effectiveness of human resource capacity LGAs in implementing the decentralization policy of 2012 of Zanzibar" in health sector by taking the Urban district as a case study. This study adopted a mixed approach design. The study collected data from 190 respondents out of the 360 targeted populations. Given the nature of the information required by this study, the sample was selected through a non-probability sampling technique (convenience sampling). The data were analyzed qualitatively and quantitatively. The findings from the study indicated that, human resource capacity in the implementation of D by D through LGAs falls under the knowledge of D by D to workers, monitoring and evaluation skills, problem-solving ability, working experience, readiness and willingness. All these factors emerged as very important in implementing decentralization policy by LGAs. The study recommends that; various initiatives be taken in case there are plans to reinstate the implementation of decentralization policy

Keywords: Human Resource Capacity, Local Government Authority, Decentralization, Devolution Policy of 2012

Introduction

Africa, as part of the global community, was also taken on board by these initiatives (Herrera & Post, 2014). At least more than half of the African countries have decentralized their political, fiscal, and administrative functions from the central to the local level, with high and increasing hopes of responding efficiently to the demands of the local electorate (Altunbas et al., 2009). Hussein (2017) also noted that African countries took deliberate initiatives to reform their public services with a key agenda of improving service delivery to the citizens through decentralizing roles and responsibilities to LGAs. Yet, despite these initiatives, contrasting outcomes have been witnessed between and within countries, with marked divergence. The expected outcomes of decentralization when it is implemented are disclosed in numerous studies conducted to explore its impacts on service delivery, political democratization, and good governance. Several studies underscore the positive impact of decentralization (Faguet, 2012; Pop-Eleches & Urquiola, 2013) while others show its

detrimental effect (Treisman, 2006) and even some show no effect at all (Khaleghian, 2003) or mixed evidence (Smith & Revell, 2016). Health sector reforms and decentralization was part of the most critical agenda of many nations intending to strengthen local governments in meeting the challenges of the 21st century on health service delivery. Decentralization was pursued as one of the solutions to address challenges in public health service delivery in rural areas (Herrera & Post, 2014). This initiative attracted vibrant theoretical and practical debates regarding the effectiveness of decentralization on public health service delivery. Decentralization in Tanzania as a service delivery model and process involved the transfer of the fiscal, administrative and political authority from the central government to the local government. It is viewed as a strategy inter alia for improving access, equity, quantity, and quality of health services in rural areas (Kessy & Mc Court, 2010; Rider, 2011; Noiset & Rider, 2011; Nyamuhanga et al., 2013; Hope, 2015). Decentralization and health sector reforms were meant to transfer administration and management of health facilities and services from the Ministry of Health and Social Welfare (MoHSW) to Local Government Authorities (Munishi, 2003; URT, 2003, 2007; Mamdani & Bangser, 2004; Mubyazi et al., 2004; Donald & Boon, 2007; Masanyiwa, 2014).

The National Health Policy provides that health services at Local Government Levels have to be devolved to increase their mandate in health services provision in terms of coverage, accessibility, availability, responsiveness, and quality (URT, 2003 and 2007). Decentralization is one of the most important components and strategies of health sector reforms aimed at transferring the key functions, responsibilities, power, and resources from the central government to the local government authorities, as well as strengthening the capacity of local authorities. In adopting decentralization as a strategy, LGAs were expected to operate largely as autonomous institutions and free to make policy and operational decisions consistent with the country's laws, policies and institutions that have the power to possess both human and financial resources (Kessy & Mc Court, 2010; Jin & Rider, 2020; Nyamuhanga et al., 2013). However, since the onset of decentralization in the late 1990s and early 2000s, particularly in the health sector, studies indicate little has been documented on the effectiveness of decentralization concerning health service delivery in rural Tanzania. In Tanzania, decentralization reform is part of the effort being made by the government to improve the delivery of services at the local level. This aim dates back to 1961, when the country gained independence. In the first few years of Tanzania's independence, most services, such as health and education, were concentrated in a few urban areas, with the main goal being to serve the colonial residents.

The Revolutionary Government of Zanzibar reviewed the Local Government Policy of 2012 in 2014. As such, the Revolutionary Government of Zanzibar passed the Local Government Authority Act No. 7 of 2014 to ensure effective service delivery to the locals. Due to this act, "LGA is the lower level of Government which consists of several autonomous Local Government Authorities to be established under the provision of this Act" (SMZ, 2014). Accordingly, this act explains the health issues and their implementation for example; it demands the LGA to plan and execute projects of environmental health, combat the breeding of mosquitoes and flies, undertake public cleaning and disposal of solid wastes, establish public toilets and monitor private toilets, establish slaughterhouses of local slaughtered houses, raise awareness about HIV/AIDS, and to establish centers of primary health care units.

The implementation of such activities will involve the fact that the director shall periodically submit implementation reports to the Council, and the Regional Secretariat shall report the same to the Ministry and Sectorial Ministry. According to the Principal Secretary of the Ministry of Health, Mrs. Asha Ali Abdalla (2018), the Ministry of Health was impressed with the delivery of health services by the LGAs (Radio, 2018). Mrs. Asha was supported by the former Minister of Health, Mr. Hamad Rashid Mohamed (2020), who emphasized the need to support and maintains decentralization. Generally speaking, the national executive was satisfied with the decentralization. Even though various House of Representatives members complained about decentralization for failing to achieve its goals. Honorable Mtumwa Peya argued that because of decentralization, all responsibilities are now falling under the shoulders of constituency leaders (Leo, 2021). In general, the representatives were not impressed by decentralization and openly expressed their dissatisfaction with the implementation of decentralization in Zanzibar.

Statement of the Problem

In 2017/18, the Revolutionary Government of Zanzibar introduced decentralization in providing primary health to all LGAs. The purpose was to enhance service provision and accountability and allow local citizens to participate in decision-making for various issues about their well-being. Before the introduction, the Government of Zanzibar developed the Zanzibar Decentralization Strategy and Roadmaps 2016, which emphasized five (5) Key Results Areas (KRAs) which are: a) Awareness Creation & (Attitude re-orientation), b) Human Resources empowerment, **c)** Policy & Legislative Harmonization, d) Fiscal Decentralization, e) Institutional Review. The roadmap provides the framework which would help ensure the goals and specific objectives of Zanzibar D by D are achieved with the anticipated efficiency and quality. Then, the implementation of decentralization policy took effect from 2018/19 until 2020/21. During its implementation, several political leaders commended the good performance of the implementation of the policy. Surprisingly, the policy implementation was dismissed in 2021/22 after the Government received a report that indicated the poor performance of D by D. Then, the Government dismissed the implementation of D by D and promised to bring it back if need be. The Government is contemplating improving the challenges which caused the failure of D by D.

Therefore, the researcher was interested to examine the influence of human resource capacity of LGAs in implementing decentralization policy as outlined by the Local Government Authority policy of 2012.

The Theoretical Literature Review

Riker's Federal Theory: Riker (1964) in his theory of federalism argues that the degree of autonomy of subnational officials after the implementation of decentralization reforms can be explained by reference to the internal structure of the political parties. This argument states that if given certain electoral and nomination procedures, national legislators are more accountable to the national executive; they will tend to push for more centralization of authority in the design of and bargaining over decentralization reforms. If instead, the national legislators are accountable to subnational officials, they will press for further decentralization of power in designing these policies. This explanation successfully accounts for the absolute levels of decentralization before and after the reforms. However, it cannot account for the degree of change in intergovernmental relations (Falleti, 2004). This theory

implies that decentralization can be of a greater sense and more effective if the bargaining between the political parties or between the politicians from central and local government on the position and power of local government; if possible, the negotiation can even involve the constitutional amendments to protect the interest of local government over the decentralized sectors.

Empirical Literature Review

Pasichnyi et al (2019) worked on the impact of fiscal decentralization on economic development in Central and Eastern Europe. This study found that revenue decentralization was associated with lower growth rates, while expenditures decentralization could slightly encourage economic development. The overall decentralization indicator adversely affected the growth, but that interconnection was not robust. The empirical investigation showed the significant role of demographic structure and sustainability in ensuring economic development. The authors propose that for the local authorities to develop, there is a need for the methodical bases of the fiscal policy's design. In the survey, a balanced approach to tax and public spending policy preparation and planning is presented.

Marchildon & Bossert (2018) from Harvard School of Public Health conducted a study on decentralization of health systems: a preliminary review of four country case studies. This study reviews the experience of decentralization in four developing countries: Ghana, Uganda, Zambia, and the Philippines. It uses two analytical frameworks to describe and compare the types and degrees of decentralization in each country. The first framework specifies three types of decentralization: de-concentration, delegation, and devolution. The second framework uses a principal-agent approach and innovative maps of "decision space" to define the range of choice for different functions that are transferred from the center to the periphery of the system. The analysis finds various types and degrees of decentralization among the four countries, with the Philippines demonstrating the widest range of choice over many functions that were devolved to local government units. The last choice was transferred through delegation to an autonomous Health Service in Ghana. Uganda and Zambia display variations between these extremes. This review was designed as a preliminary assessment to produce a comparative analysis of the impact of decentralization; a more in-depth study of one country, Zambia, will be funded by PHR.

Purwanto and Pramusinto (2018) studied decentralization and functional assignment in Indonesia: the case of health and education services. The research finds that despite recent reforms aimed at de-concentration, central government remains the dominant actor in the system of governance and the delivery of public services. Although in general local governments are allocated a large range of functions, they are not accompanied by sufficient budget allocation. It is observed that functional assignment delegated to local governments varies and should depend on the capacity of each region. To conclude, there is a need to establish an independent institution responsible for functional assignment to regions according to their respective capacity.

According to Frumence (2013) in his study on challenges to the implementation of health sector decentralization in Tanzania: experiences from Kongwa district council, the results showed several benefits of decentralization, including increased autonomy in local resource mobilization and utilization, an enhanced bottom-up planning approach, increased health

workers' accountability and reduction of bureaucratic procedures in decision making. The findings also revealed several challenges which hinder the effective functioning of decentralization. These include inadequate funding, untimely disbursement of funds from the central government, insufficient and unqualified personnel, lack of community participation in planning and political interference.

Methodology

Research Approach: This study employed both quantitative and qualitative research approaches. The reason for using these two approaches at the same time is to collect both numerical and non-numerical data from the respondents.

Research Design: The study employed descriptive designs. The reason for selecting this research design was to describe the reasons for effective implementation of D by D policy in LGAs.

Area of the Study: The study was conducted in the Urban district, one of three districts of the Urban region in Unguja. The Urban district was selected because is one of the districts with challenges in implementing the decentralization policy and its popularity among many districts in Zanzibar.

Study Population, Sample size and Sampling Procedure: The population of this study will be a total number of staff from the Ministry of Health (MOH) in Unguja and Members of the House of Representatives which is total of 360. A total of 190 respondents were taken as sample size which was selected using stratified random sampling techniques. The respondents were selected from three departments which are Planning Policy and Research, Preventive and Administration, and Human Resources department. While from the House of Representatives, six (6) respondents of the Social Welfare Committee also were selected from 77 members of the House of Representatives.

Data Collection Techniques: This study used the questionnaire technique for collecting primary data required as per the objectives of this study. The questionnaire involved close-ended and open-ended questions, depending on the nature and types of information sought. Also, the study use nn interview technique was employed in this study during the data collection from the specific respondents of the study. In this study, the researcher used a semi-structured interview in which some questions were predetermined, and others were unplanned.

Data Analysis Techniques: because the nature of this study is mixed method approach, the data were analyzed quantitatively and qualitatively. On the side of quantitative data analysis, the study used descriptive techniques to present the findings of the data in the form of statistics like, frequency, and percentage. On the other hand, the study employed a content data analysis technique for all qualitative analysis techniques for examining respondents' thoughts, views, perceptions and opinions about the subject matter of the study. The following Table below shows the summary of the methodology of this study.

Table 1
Summary of the Methodology

Items	**Methodology**	**REASON**
Research approach	Quantitative and qualitative (mixed method)	To complement each other. In this study, quantitative answered WHAT and qualitative answered WHY.
Research design	Descriptive designs	To describe the reasons for the effective implementation of D by D policy in LGAs.
Study population	MOH Staff and Members of HOR	Highly knowledgeable regarding the subject matter. Partly administrators of the implementation of D by D.
Sample techniques	Non-probability (Purposive)	Purposive to select respondents who have high knowledge regarding decentralization
Sample size	190	According to Yamane (1967)- for sample calculation and selection
Data collection method	Primary and secondary data	To complement each other. Where primary data fell short, secondary data complemented it.
Data collection instrument	➢ Questionnaire (Open-ended and closed-ended questions)	Easy to reach many respondents. Useful for executives who did not have time for interviews.
	➢ Interviews (Face-to-face)	Useful in getting face-to-face information from respondents and reading their reaction. Gives more information than questionnaires.
	➢ Documentary review (Implementation reports, etc.)	Was useful in complementing primary data
Data analysis techniques	Descriptive techniques (Quantitative) and qualitative (content analysis)	To be able to explain WHAT – description of what has happened and WHY – why it has happened.

Source: Researcher, 2023

Study Findings

a) Demographic Characteristics of the Respondents

The background information of respondents solicited data on the samples, and this has been presented below, categorized into; education levels, position held, age and length of service in their departments, with a questionnaire and interview as the main research tools to gather data from the respondents.

Table 2
Profile of the Respondents

Variables	Category	Frequency	Percentage
Gender	Male	86	53.8
	Female	74	46.2
Age	18-23	8	5.0
	24-29	32	20.0
	30-35	48	30.0
	36-41	36	22.5
	42 and above	36	22.5
Education level	Certificate	5	3.1
	Diploma	35	21.9
	Degree	71	44.4
	Master	49	30.6
Working experience	Below 1 year	5	3.1
	1-5 years	57	35.6
	6-10 years	51	31.9
	11-15 years	39	24.4
	16-20 years	8	5.0

Source: Researcher, 2022

Table: 1 above reveals that out of 160 respondents, 86 (53.8%) of the respondents were males, and 74 (46.2%) were females. This could indicate that majority of the respondents were males and participated more than females in this study. The distribution of respondents by age was categorized into five age groups. The findings on the age of respondents show that the first group had 31 (32.0%) respondents who had age range between 18 and 23; the second group had 38 (39.2%) respondents who had age range between 24 and 29. The third category had 18 (18.6%) respondents who had age range between 30 and 35, and the fourth group had 6 (6.2%) respondents who had age range between 36 and 41. The final group had 4 (4.1%) respondents who had age range between 42 and above. Through these results, the researcher concludes that respondents aged between 24 and 29 years old dominated all age groups involved in this study. The level of education and qualification of these respondents, as demonstrated in Table 6 shows that about 49 respondents (30.6%) have master's degrees, 71 respondents (44.4 %) are degrees, 35 (21.9%) Diplomas, and 5 (3.1%) have certificate qualifications. This indicates that most respondents had higher education qualifications (universities and colleges). This interpreted that many of the respondents are well knowledgeable about the study. The number of years of working experience ranged from 1-20 years; the result of this analysis was that about 8 Staff (5%) had working experience between 16-20 years and about 39 staff (24.4%) had working experience between 11-15 years. On the other hand, the analysis shows that 51 staff (31.9%) had a working experience between 6-10 years, and 57 staff (35.6%) had a working experience between 1-5 years. Lastly, about 5 staff (3.1%) had working experience below (5) five years, form this data analysis indicated that most of the respondents have an experience at their workplaces.

b) Effectiveness of Human Resource Capacity of Local Government Authority in Implementing Decentralization by Devolution Policy of 2012 in Zanzibar

As stated in methodology part, both methods (qualitative and Quantitative) were used in this study. In line with that, questionnaire and interview were used for data collection and the result were analyzed and presented through descriptive (quantitative data) and content analysis (qualitative).

Quantitatively, the questionnaire we distributed to the respondent and they were requiring to provide their opinion on the questions/statement asked. The requirement was; very much required (VMR), somehow required (SHR), moderate required (MR), little required (LR) and not at all (NA). Thus, the following results are presented bellow;

Table 3

Response on Human Resource Capacity of the LGAs in percentage

S/N	Description	VMR	SHR	MR	LR	NA
1	Knowledge of Decentralization by Devolution to workers	76.9	20.6	2.5	0	0
2	Monitoring and Evaluation Skills	68.1	21.3	10.6	0	0
3	Problem solving	65.0	25.0	10.0	0	0
4	Working experience	59.4	20.6	20.0	0	0
5	Readiness and Willingness	54.4	31.3	14.4	0	0

Source: Field Data, 2022

In this specific objective, as per table 4.8 the study found that human resource capacity in the implementation of D by D through LGAs falls under the knowledge of Decentralization by Devolution to workers, monitoring and evaluation skills, problem solving ability, working experience, readiness and willingness.

The findings show that concern about knowledge of D by D, the majority of respondents who deals with health services at LGAs replied that the knowledge of Decentralization by Devolution is very much required for all stakeholders. In this matter, about 76.9% of the respondents agreed on the same. This means knowledge of Decentralization by Devolution is challenging most of staff required to implement D by D in LGAs.

On monitoring and evaluation skills, most respondents replied that it is very much required. About 68.1% replied that as they increased the responsibilities in their jurisdiction, so monitoring and evaluation is highly required. The same need is put on the problem solving by 65%.

Also, the above results indicate that many staff, about 59.4%, have agreed that working experience is highly required. Thus, highly experienced workers are needed to perform activities related to decentralization by Devolution in the LGAs. Not only that, but also activeness seemed very important during the implementation since the majority of respondents about 54.4% agreed that capacity building is highly important for the workers and other stakeholders to perform their duties and responsibilities effectively.

The qualitative results from content analysis conform with what is descriptively presented in the above section. Through an interview with Planning Policy and Research Officer, he said;

"To transfer of some of duties and responsibilities from Respective Ministry to the Local Government Authorities for Implementations including Administration services and Primary Health care services".

Also, another interviewee was the social welfare Committee from the Members of House of Representative, said *"D-by-D which assumes the transference of functions, powers and resources from central to local levels adds to the public service reform momentum, subsequently speeding up the local development process through more efficient services delivery. but the problem occurred during the implementation of D by D the LGAs Directors were not prepared enough and not capable to run with three important sectors (Primary Health care, Primary Education and Extension services and LGAs Directors were prioritized the LGAs plans rather than Sectors Plans which caused the D by D to be dismissed, and my advice for this to provides awareness to the all Stakeholders including Communities, Government Officers and Politicians, Also we have to have very strategically Planning, very Constructive methods of D by D"*

The other question from the interview was to assess the importance of having Decentralization by Devolution in Zanzibar; from this aspect majority of the interviewee responded agreed on this question Is it important to have decentralized health services in our country?
The information from Planning, Policy and Research, an interview a key informant said, *"Through decentralization by Devolution can reduce the big burden to the Mother's Ministries, LGAs could supervise Administration issues and Human Resources issues so as Mother's Ministries deals with Technical can deals with Technical issues including making of policy Regulations, Laws and Guidelines". But it is needed very strategically to implement it because, during the implementation of D by D, there was no strategic planning. The LGAs Directors were not prepared well enough the awareness of the Stakeholders was not enough.*

Therefore, the findings from this study imply that Decentralization and Devolution have important roles in the development of the community.

The results of this study indicated that human resource capacity in LGAs is one of the challenging situations as many staff had inadequate skills and knowledge in several aspects, including knowledge of decentralization by devolution, problem-solving skills, monitoring and evaluation, working experience, activeness and capacity building. These results match with the results by Purwanto and Pramusinto (2018), who also found the same factors to be crucial in implementing decentralization by devolution. These results, however, are contrary to what the studies by Marchildon & Bossert (2018) and Pasichnyi et al. (2019) found. The difference emerges from being two different countries where these studies were conducted.

Conclusion and Recommendations

The study is assessing the human resource capacity of staff who deal with the provision of health services through the Local Government Authority policy of 2012. The study concludes that for LGAs to implement D by D effectively, the central Government should provide various support to LGAs in the form of knowledge and skills to enhance staff competencies. Given the fact that most of these LGAs do not have enough budgets from their own source, portioning more revenue to them would be of great impact in performing their mandated functions,

especially in the health sector in Zanzibar. This would improve the provision of health services to the people of Zanzibar.

Based on the findings of the study, some recommendations are hereby put forward. Among the key requirements for successfully implementing devolved functions is a strong HR component for LGAs in the context of observed weaknesses in LGA staffing. The emphasis will be on working to overcome current staffing challenges while at the same time affecting the transfer of staff for devolved functions from ministries/agencies to LGAs. Through this concept, the staff and Management must be capable, knowledgeable, skilled and well-experienced. Adequate technical capacity for operations in service delivery is a vital prerequisite. It provides the appropriate ingredients for utilizing resources for the economy of inputs, the efficiency of outputs, and the effectiveness of impact (outcomes) in the development process. Since the LGAs received new responsibilities and staff from three devolved sectors (primary health care, Pre and primary education and extension services), LGAs should be more active than before to perform and get better services from LGAs.

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