



Influence of Institutional Arrangement Factors on Local Government Authorities' Service Delivery in Dodoma, Tanzania

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Abstract: The study is aimed at examining how institutional arrangement factor fosters service delivery systems, specifically how By-laws, Acts and Policies influence service delivery. A cross-sectional research design was used for the study. The study was conducted in Dodoma City as well as Kongwa and Chamwino District councils in Dodoma Region using a sample of 399 village council and street committee members. Structural Equation Modelling (SEM) was used in data analysis in order to determine the influence of institutional arrangement factors on local government authorities' service delivery. The study established that By-laws, Acts and Policies were positive predictors of institutional arrangements towards service delivery. Compliance with institutional arrangements increases the propensity of LGAs to serve the citizens in an efficient manner. Based on the conclusions, it was recommended that by-laws should be provided to citizens and all service delivery potential actors in LGAs. The approved national education and health policies and Acts need to be available and accessible to lower local government authorities in order to maintain the facilitation effects of institutional arrangement for sustainable LGA service delivery.

Keywords: Institutional Arrangement; Policy; Acts; By-law; Services delivery; Local Government Authority.

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Introduction

Institutional arrangements are regarded to be the most important aspects of providing health and education services to internal and external stakeholders in the public and private sectors

(Secundo *et al.*, 2018). The promotion and adoption of the institutional framework has been due to its importance in supporting the concerns and interests of both internal and external stakeholders for health and education services. The promotion and

adoption of the institutional arrangements have been due to their importance in supporting the concerns and interests of both internal and external stakeholders for health and education services. Katusiime and Schütt (2020) views the institutional framework as the mechanisms and processes through which citizens or groups create a room for articulating their interests and exercising their legal rights in health and education service delivery provision processes in LGAs. This suggests that the institutional arrangements (policy, acts and by-laws) can assist citizens in meeting their obligations and having a chance to participate in the delivery of health and education services by LGAs.

In the United States of America, observed achievement in education and health services delivery is due to strong established and reformed key institution education and health services delivery acts and policies. In British cities, education and health services delivery have reached high levels due to the well-established health and education by-laws in every LGA (Horak & Doyon, 2018). Most local government authorities in Northern Asian countries still struggle to coordinate the planning of education and health services delivery processes. Services are inadequate due to the fragmented and uncoordinated national service delivery institutional framework (Zwet, Clark, Dempsey, Mamattah & Pautz, 2020).

In African countries, institutional arrangements are needed for efficient health and education service delivery provision. For instance, in Nigeria, resources are severely constrained, making it nearly impossible to manage urban development, particularly health and education, leading to the haphazard growth and development that results in an unfair distribution of resources for essential services among local authorities (Akongwale, 2020). In Tanzania, the local government reform program (LGRP) of 2000s was intended to be a tool for the government to encourage and push decentralization in the direction of efficient education and health service delivery. Through its provision to local government authorities' mandate to enact by-laws, education and health service delivery were expected to be closer to users, and political power would be transferred to lower levels as much as was practical and possible by stimulating citizens to participate and contribute their resources on an equitable basis (van, 2019). The center still has a strong degree of control over the planning of service delivery targets and priorities, contemporary health

and education health services are remarkable unsatisfactory to citizens while the empirical studies show that the established by-laws had a positive impact on citizens' participation (Ngumbela, 2022; Lameck & Kisoli, 2022; Mwachiyaba, 2022).

Rugeiyamu, Shayo, Kashonda and Mohamed (2021) noted that ward and village leaders in Babati, Lushoto, Muheza and Mkuranga Districts frequently criticized their district council directors for failing to address local priorities, citing a few diseases that residents believed to be major problems in their respective communities but were either not included or given low priority in district plans. Anselmi (2021) reached a similar conclusion, noting that despite the bottom-up approach to planning being the foundation for councils' plans, community participation in service planning and delivery is very limited because many LGA service plans do not reflect identified community needs.

Literature by Homsy and Warner (2019) which has been a source of heated debate about institutional arrangement factors on LGAs services delivery suggests that increasing the size of local government has a negative impact on the effectiveness of local policies and frameworks towards service delivery. These divergent viewpoints are largely due to the inherent difficulty of assessing an institution's impact on service delivery in local government areas. This paper aimed to close a knowledge gap by looking at the role of institutional framework in LGA service delivery in a few LGAs in Tanzania's Dodoma Region. This would assist local government officials in developing effective strategies to improve service delivery. These findings are critical for developing strategies to achieve Tanzania Development Vision (TDV) 2025, Goal No. 3.2, which focuses on good governance and the rule of law, as well as peace, justice, and strong institutions, as stated in Sustainable Development Goal No. 16.

Institutional Theory by John Meyer and Brian Rowan

Institutional theory gives us a way to understand how organizations might navigate the rules and norms of the system in order to appear legitimate and survive. When organizations try to make their actions consistent with the expectations of the institutional environment, Institutional theory as applied to politics posits two distinct forms of institutions' influence over policy and political action. Institutional arrangement factors (Acts,

Policy and Bylaws) can be constraining, superimposing conditions of possibility for mobilization, access, and influence services delivery (Mwendah, 2020).

Institutions limit some forms of action and facilitate others (Langley et al., 2019). Institutional theory is applied in this study for readers to understand the LGA's institutional frameworks, including policies, acts and by-laws and their influences on the LGA's general performance. Furthermore, institutional theory used to address the development process of the local institutional framework within which LGAs' services are processed and channeled through administrative units. Hence, by-law and policy development are related to the performance of LGAs. Hence, service delivery outcomes to the public. This theory has been widely used to predict institutional arrangements in central government and local government policy implementation (Nurdin, 2018) as well as in public-private partnerships (PPPs) in the new public governance (NPG) paradigm, where an institutional maturity perspective is an important factor to consider (Casady, Eriksson, Levitt & Scott, 2020).

Empirical Literature Review and Hypothesis Development

By-Law

In order to effectively meet local priorities from a constitutional standpoint, by-law as subsidiary laws are enacted by LGAs and emerge to ensure community autonomy (Chaudhary, 2019). The adoption of bylaws can frequently be used to complete community initiatives like urban planning, legislative action and regulation, administrative guidance and assistance and information provision, even though providing physical services almost always requires effective jurisdiction by-laws (Reis, Gonçalves, Lopes & Antunes, 2021).

In Tanzania, local government By-laws as subsidiary legislation are enacted as per vested mandate provided by urban and district local governments Acts No. 7 and 8 of 1982. LGAs are required to abide with the By-law making process. For instance, LGAs have to provide a notice of intention for citizens to give their views, comments and recommendations or to lodge their objections in case there is any queerly concerning the intention of By-law which is going to be made but observed inadequate health and education services delivery (Fute, 2019).

As the study by Godwin (2020) indicated, Chamwino and Kongwa Districts as well as Dodoma City Council enacted the education fund board and environmental cleanliness by-laws. Despite the presence of these by-laws, citizens continued to claim they are receiving inadequate education and health service delivery. Hence, it is hypothesized that:

Ho1: By-law does not influence services delivery in Tanzania LGAs.

Acts

In order to implement service delivery in LGAs, harmonized acts as principal legislation are required with beneficiaries to play a central role in the development process. Many countries are developing Number Acts with only a small number of beneficiaries participated in the process (Cashin *et al.*, 2018) while Right to Information (RTI) Act of 2005, which is contrary to laws enacted in the United States (1966), prohibits citizens from asking the government for information on any subject other than national security, active legal proceedings or cabinet discussions. Additionally, the government of India does not operate on any beneficial platform (Rattan & Rattan, 2022).

According to the national Education ACT of 1978, District Development Council established under section 7(2) for strengthening education services delivery also the National Health Policy 2017 states that local government officials are answerable for health services delivery in LGAs but education and health services are not well concerns are not well addressed as number of citizens claiming on receiving insufficiency education and health as well as inequality provision services provision system (Shitindi, 2020). Hence, it is hypothesized that:

Ho2: Act does not influence services delivery in Tanzania LGAs.

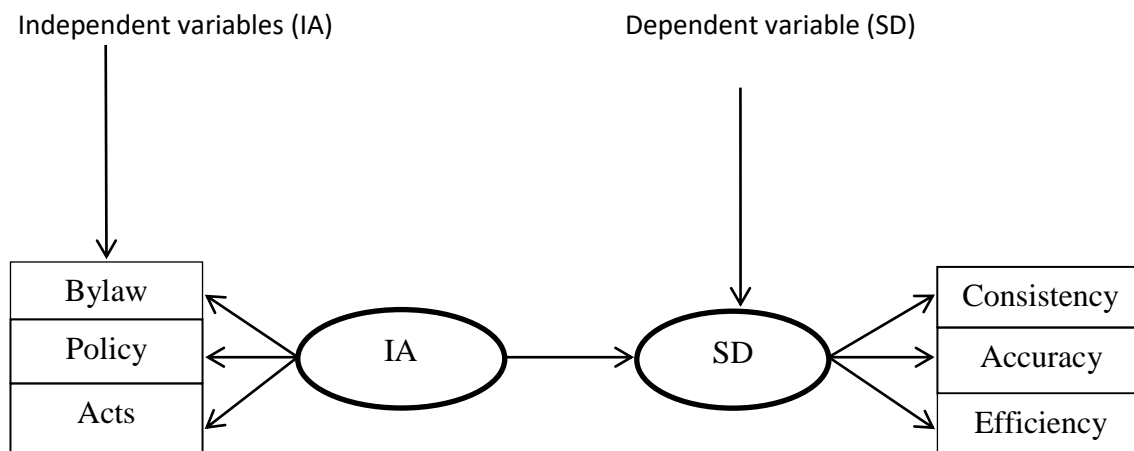
Policy

Policies could also enable implementation of specific interventions by promoting and creating the structures to implement specific LGAs' service delivery. To achieve its work-oriented education objectives, the United Republic of Tanzania passed a number of educational policies, including Education for Self-Reliance policy (1974) and Education and Training Policy (1995) but a number of its workforce are self-dependent. Also, the Health Policy of 2017, which emphasized the need for increased community involvement in health development as

well as improved access and equity in health services has been criticized by citizens for inadequate services (Massawe, 2019). Hence, it is hypothesized that:

Ho₃: Policy does not influence services delivery in Tanzania LGAs.

Figure 1: Relationship among key variables



IE: Institutional Arrangement; SD: Service delivery

Methodology

Design

The study used a cross-sectional research design. The design was adopted because it allows data collection at a single point in time. Additionally, the design allowed for the use of a variety of analytical techniques and data collection techniques.

Population and Sampling Procedure

The study involved a total sample of 399, obtained by using Yamane (1967) Formula from the population of 6182 village council and street committee members who were simple randomly sampled from Dodoma City, Kongwa and Chamwino District Councils found in Dodoma Region. The region was selected purposely based on the existence of President's Office Regional

Administration and Local Government (PO-RALG) within Dodoma since 1995; the ministry is responsible for overseeing and coordinating LGA operations. Therefore, with this experience of Dodoma being closer with the parent ministry, it was in a good position to provide reliable data.

Data Collection Methods

The study used primary and secondary data. Primary data was collected through a questionnaire and interviews. The questionnaire was used to collect data from 399 street committee and village council members while key informants such as council human resources officer, medical officer, legal officer as well as primary and secondary school education officers were interviewed to supplement the information collected through the questionnaire.

Table 1: Fit statistics of the structural model for IA and SD

Fit statistic	Index	P value
Chi2	11.816	0.160
RMSEA	0.035	
CFI	0.997	
TLI	0.995	

Statistical Treatment of Data

Structural Equation Modelling (SEM) was used in data analysis in order to determine the influence of institutional arrangement factors on local government authorities' service delivery. The Institutional arrangements examined included by-

laws, acts and policy. Service delivery was measured in terms of consistency, accuracy as well as effectiveness and efficiency. Data collected through questionnaire was in 5-point Likert scale. Because the data was categorical, confirmatory factor analysis was used to formulate the constructs. The

constructs were formed by items with factor loading factor of 0.6 and above as suggested by Sudiana, Sule, Soemaryani & Yunizar, 2020). Before the analysis of structural relation between variables, the measurement model was tested for determining the mode fit. In analyzing the model fit, Chi 2, RMSEA, CFI and TLI were tested. The results are as shown in table 1.

From the table, all the model fit tests met the minimum criteria. Chi square is nonsignificant which indicates a good model fit. i.e. predicted and

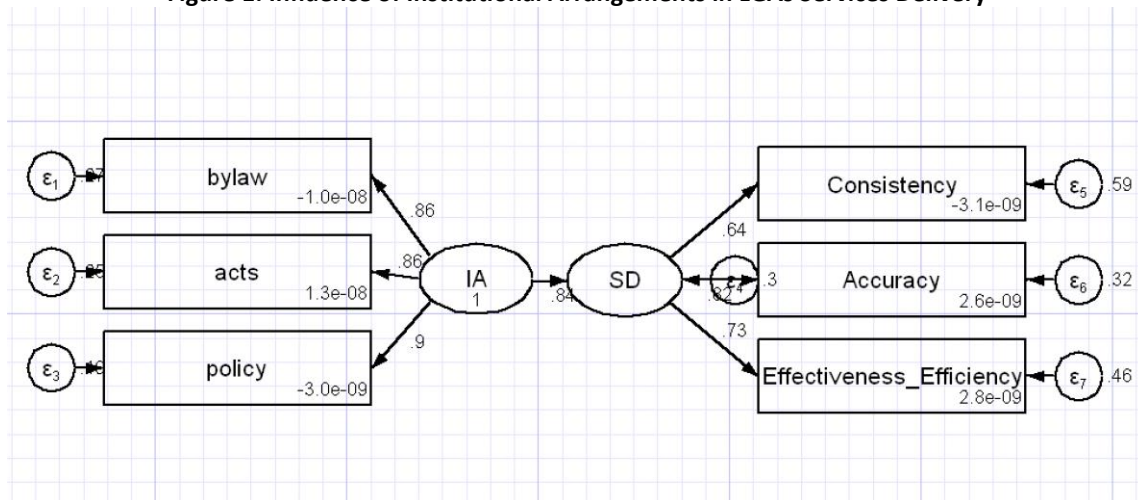
observed values are equal. RMSEA is lesser than 0.05 and CFI and TLI are close to 1.

Collinearity among independent variables was tested using the Variance Inflation Factor (VIF) as presented in Table 2. A VIF of lesser than 5 for an indicator suggests no potential collinearity among indicators (Hair et al., 2017). The results for collinearity test shows that all indicators have the VIF of lesser than 5. Thus, there is no sign of multicollinearity among reflective constructs that might affect the estimation and evaluation of the structural model.

Table 2: Collinearity Diagnostics

Variables	VIF	SQTR VIF	Tolerance	R-Squared
By-Law	2.85	1.69	0.351	0.649
Acts	3.01	1.73	0.3326	0.6674
Policy	3.02	1.74	0.331	0.669
Mean VIF	1.6			

Figure 1: Influence of Institutional Arrangements in LGAs Services Delivery



Results and Discussion

This section presents the findings and discussion of the structural model and hypothesis testing. The study examined the relationship between the institutional arrangement and services delivery, institutional arrangement and its variables (By-law, Act and Policy) as well as services delivery and its variables (Consistency, Accuracy and Efficiency) whereby general results found that institutional arrangement had a positive relationship with Services Delivery as seen in figure 2.

Institutional Arrangement and Services Delivery

Institutional arrangements positively correlated with Service Delivery (SD). In the beta coefficient value which is linked to the arrows that move from the

corresponding predictor variables to service delivery, the dependent variable reflects effects. Three predicting variables were found to be responsible for 84% (0.84), on service delivery in LGAs. This implies that compliance in institutional arrangements especially in terms of By-law, Acts and policy will enable LGAs to achieve their mandated roles and responsibilities of delivering quality services due to clear guidelines through institutional arrangements. This is supported by the study of Tsai, Bui, Tseng & Wu,(2020) which demonstrated how social acceptance and the incorporation of governance norms are factors that influenced municipal solid waste management in Vietnam.

Institutional Arrangements and Services Delivery (By-law, Act and Policy)

Results for the hypotheses testing are presented in Table 3. The overall results reveal that the null hypotheses have to be rejected due to the factor

that the p value was lesser than .05. This implies that the combined effect of the three variables used was able to explain service delivery.

Table 3: Results for hypothesis testing

Construct	B	Z	P	Remarks
H ₁ : BL -> SD	0.855	50.22	0.000	Not Supported
H ₂ : ACT -> SD	0.864	53.08	0.000	Not Supported
H ₃ : POL -> SD	0.899	63.29	0.000	Not Supported

The findings demonstrate that education and health by-laws as subsidiary piece of legislation had a positive influence on the institutional arrangements toward services delivery with a beta coefficient of 0.855 and $P < 0.001$. This implies that LGAs having by-laws and putting them into effect as guidelines can enhance the LGA's to regulate a broad range of activities relating to services as per LGAs vision and mission. Therefore, the first null hypothesis, which states that By-law does not influence services delivery in LGAs, is rejected. The results are consistent with the study by Voorn, Van Genugten & Van Thiel (2020) which found that by-laws had a beneficial impact on the provision of services.

Education and health Acts as principal legislation were found to have positive and significant effects on institutional arrangements towards services delivery at a beta coefficient of β 0.864, and $P < 0.001$. This indicates that the presence of Acts provides the basis for the mechanisms to be used in offering services since the law requires them to deliver services in an efficient and consistent manner. Based on this finding, the null hypothesis which states that "acts do not influence services delivery in LGAs" was rejected. Similarly, a study by Maluleke, Worku & Muchie (2022) found that the South African Schools' Act No 84 (SASA 1996) influenced teachers and citizens to have active participation towards high performance for primary schools in rural areas. Moreover, a key informant (KI, 2021) said, "presence of appropriate Acts for education has contributed to improved school performance, low absenteeism rate and now we are not in the last position in Dodoma region....."

Moreover, the findings indicate that Policies pertaining to education and health was found to be a predictor of institutional arrangements toward services delivery at a beta coefficient of β 0.899 and $P < 0.001$. This implies that, policy will increase the likelihood that LGAs will have direction for their plans, objectives and a foundation for decisions on service delivery that have an impact on the entire community. The null hypothesis, which stated that

"policy does not influence services delivery in LGAs," was therefore rejected. This is in line with study findings by Mironga and Namilonga (2021) that effective health and education services in lower local government in Zimbabwe are well addressed due to the presences of the country's education and health policies, which are well implemented in Zimbabwean lower local government. Furthermore, one key informant (KI, 2021) "we thank our Government for making pre-primary and primary education free; waiving all registration and examination fees which *parents* had to pay in the past and removing the financial barrier as per education policy...."

Theoretical Implications

It is important to note that, the findings of this study supported the institutional theory that was adopted by this study. The implication is that, the by-law, acts and policy enhance LGAs services delivery operations. Thus, whenever LGAs incline a huge trust in health and education services delivery, citizens will receive efficient services.

Conclusions and Recommendations

It is concluded that By-laws, Acts and Policies were positive predictors of institutional arrangements towards service delivery; Service delivery was measured in terms of consistency, accuracy, effectiveness, and efficiency. Therefore, compliance with institutional arrangements increases the propensity of LGAs to serve the citizens in an efficient manner. Based on the conclusions, it is recommended that by-laws should be provided to citizens and all service delivery potential actors in LGAs. The approved national education and health policies and Acts need to be available and accessible to lower local government authorities in order to maintain the facilitation effects of institutional arrangement for sustainable LGA service delivery.

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