

Institutional Challenges Impeding the Effective Implementation of Health Sector Devolution in Lusaka Province

Susan Chabala¹; Stanley S. Nyirenda²

¹Department of Public Health, Texila American University, Guyana South America.

²Central Veterinary Research Institute, Balmoral, Lusaka, Zambia

ABSTRACT

This study examined institutional challenges affecting the effective implementation of the health sector devolution process in Zambia. A cross-sectional descriptive design was employed, involving 385 respondents selected from four purposively chosen districts—Chilanga, Chongwe, Lusaka, and Rufunsa. Data were collected using a structured questionnaire administered to staff across randomly selected health centers. The study revealed significant institutional and operational barriers to devolution. Participants reported weaknesses in the policy and legal frameworks, particularly delays in establishing Ward Development Committees (WDCs), which are pivotal for driving devolution at the local level. These delays resulted in uneven progress across districts. The absence of clear roadmaps, operational guidelines, and communication circulars further constrained implementation, while limited community sensitization weakened public participation. Uncertainties surrounding staff attachment to Local Authorities created confusion and low morale among health workers, exacerbated by insufficient understanding of the process among district human resource personnel. Historical skepticism, arising from previous unsuccessful restructuring efforts, heightened fears over job security and salary delays. Moreover, unclear guidance on institutional integration following departmental mergers and limited capacity-building initiatives at lower administrative levels hindered preparedness and effective rollout. The study concludes that policy intent alone is insufficient to ensure successful devolution in Zambia's health sector. Effective implementation requires robust institutional capacity, transparent communication, adequate resource allocation, and comprehensive training. Addressing gaps in human resource management, organizational restructuring, and policy coordination is essential to achieving the intended goals of equity, efficiency, and citizen participation. Strengthening operational guidelines, stakeholder engagement, and monitoring mechanisms will be critical for translating devolution policies into tangible improvements in local health governance and service delivery.

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*Corresponding author email:
chabalas2001@yahoo.com

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1. Introduction

Zambia's aspiration is to have a fully decentralized governance system that endeavors to facilitate the participation of all citizens in the decision-making process to ensure improved service delivery and local development of its people. In 2002, Zambia adopted the first National Decentralization Policy that was launched in 2004 and further revised in 2013. The 2013 policy recognized the critical role of various players such as traditional leaders with a key role in national development and the districts that have a critical role in facilitating development and service delivery through encouraging and promoting citizen participation. This process is driven by elected Mayors and Council chairpersons (Decentralization Secretariat, 2023). To pursue the country's vision of decentralizing the governance systems, Zambia in 2015 signed the African Charter and

Principle of Decentralization, Local Governance and Local Development. In 2016, decentralization was entered into the constitution of the country through the Amendment Act, No. 2 of 2016. This process led the country to resolve to develop the governance systems. The new decentralized structure of governance had four levels namely, National, Provincial, District and Sub-district level (Decentralization Secretariat, 2023).

During the process of the 2013 policy implementation some key milestones were achieved such as the election of Mayors/Council chairpersons, the establishing of Ward Development Committees (WDCs), and the Constituency Development Fund Committee (CDFC) for strengthening citizen participation in local development. Other areas that were strengthened were establishing the role of traditional and community leaders through their participation in House of

Chiefs in Councils and through the constituency development committees. By decentralizing some functions to the local Authorities this allows for service to be brought closer to the people (Decentralization Secretariat, 2023).

Since 2016, when decentralization was entered into the constitution of the country through the Amendment Act, no. 2 of 2016, the implementation has been delayed hence the revised policy reform of 2023 to help accelerate the process.

Previous attempts to actualize the vision and aspiration have been negatively impacted by several factors and constraints in Legislative Framework, political economy, and weak capacity at various levels. To achieve this, the 2023 reforms have considered the many challenges that hindered the successful implementation of the devolution process. The focus of the policy is to transfer of rights, functions, and powers from the central government to the subnational level. Through the policy, the Government seeks to fully devolve exclusive functions of the Local Authority currently performed by central government to the local Authority with matching resources (Decentralization Secretariat, 2023).

The implication of this policy on Lusaka and other provinces in Zambia is that the Ministry of Health from district level to Health Posts, Ministry of Transport, Ministry of Agriculture and Ministry of Infrastructure and Housing will devolve and managed by the Local Authorities. The funding and matching resources will be moved to local Authority as well in order to decentralize the processes (Decentralization Secretariat, 2023). The devolution of the health sector is essential for promoting citizen participation. It is against this background that this study to examine and record the institutional challenges impeding the effective implementation of health sector devolution in Lusaka Province.

Statement of the problem

Zambia has made significant progress toward establishing a decentralized system of governance aimed at improving service delivery and enhancing citizen participation in local development. The adoption of the National Decentralization Policy in 2004, its revision in 2013, and the constitutional entrenchment of devolution through the Amendment Act No. 2 of 2016 laid a strong foundation for transferring responsibilities, functions, and decision-making powers from the central government to local authorities. Further, the 2023 policy reforms emphasize the importance of aligning devolved functions with adequate resources to ensure effective implementation.

Despite these progressive policies and legal frameworks, the effective implementation of health sector devolution in Lusaka Province remains a challenge. Institutional, financial, and administrative barriers continue to hinder the successful transfer and management of health services at the local level, affecting the efficiency and quality of healthcare delivery. Therefore, this study seeks to identify and analyze the key barriers impeding health sector devolution in Lusaka Province, assess their impact on healthcare delivery, and propose actionable recommendations to strengthen the implementation process. Through this comprehensive examination, the research

aims to generate insights that can inform evidence-based policy decisions and ultimately improve healthcare outcomes in the region.

Theoretical and/or Conceptual Framework

This study will adopt the **United Nations Development Assistance Framework (UNDAF)**, which outlines five key pillars that support devolution assessments (UNDP, 2015).

These pillars are:

1. Policy and Legal Framework
2. Capacity Building for Individuals and Institutions Supporting Devolution
3. Strengthening Service Delivery Mechanisms and Promoting Peaceful Coexistence at National and Sub-National Levels
4. Citizen Empowerment in Local Development Planning and Financing
5. Piloting Country Demonstration Projects

Policy and Legal Framework Under this pillar, the Constitution of the country should include clear provisions for devolution, along with well-defined processes for the transition of authority. The government must also develop detailed policy frameworks and implementation roadmaps. Lessons from Kenya indicate that insufficient contextual analysis was conducted before the launch of devolution, leading to challenges in execution. Therefore, national leadership capacity must be strengthened to ensure effective engagement and implementation of the devolution process. Moreover, donor coordination particularly among those providing both vertical and basket funding is essential for the successful implementation of devolution (UNDP, 2015).

Capacity Building for Individuals and Institutions Supporting Devolution. Effective devolution requires capacity development at three levels.

- **At the national level**, capacity is needed to guide and spearhead the overall process.
- **At the sub-national level**, capacity must be enhanced to enable effective implementation.
- **At the citizen level**, empowerment is necessary so that individuals can hold governments accountable and demand quality services.

These three layers of capacity building ensure that devolution is inclusive, effective, and sustainable (UNDP, 2015).

Strengthening Service Delivery Mechanisms and Promoting Peaceful Coexistence. The success of devolution is often measured by improvements in service delivery at both national and local levels. Therefore, this pillar emphasizes the need for capacity building within service delivery institutions. Strengthening service delivery involves improving accessibility for users, increasing public awareness, and promoting outreach. Additionally, service delivery must be guided by clear technical and administrative standards that are enforced at the national level to ensure efficiency and equity (UNDP, 2015).

Citizen Empowerment in Local Development Planning and Financing. Devolution creates opportunities for citizens to actively participate in decisions that affect their health, livelihoods, and general well-being. This pillar emphasizes the

importance of establishing interactive platforms that facilitate dialogue between the government and citizens. Such platforms may include satisfaction surveys, suggestion boxes, and service delivery charters. These mechanisms promote transparency, accountability, and citizen engagement in governance (UNDP, 2015).

Piloting Country Demonstration Projects. Before the full implementation of devolution, pilot projects should be conducted to assess capacity and identify best practices. Piloting serves as a learning process to determine what works and what does not, thereby minimize implementation risks. It also helps to refine strategies and supports the subsequent stages of the devolution process (UNDP, 2015).

Aim/Goal of the Study

The primary aim of this study is to understand and address the barriers hindering health sector devolution in Lusaka Province. Specifically, the study seeks to identify these barriers, evaluate their impact on healthcare delivery, and propose practical recommendations for overcoming them. By conducting a comprehensive assessment of the current state of health sector devolution in Lusaka Province, this research intends to provide valuable insights that can inform policy decisions and enhance healthcare outcomes in the region.

Specific Objective.

To examine and record the institutional challenges impeding the effective implementation of health sector devolution in Lusaka Province.

2. Literature Review

This chapter presents a review of existing literature on the barriers to health sector devolution in various provinces and countries that have transferred health services to local authorities. The review draws on both global and regional studies to explore the key challenges, successes, and lessons learned from different contexts. It also examines the methodologies employed in previous research to identify current and past gaps in the implementation of health sector devolution. The chapter aims to synthesize existing knowledge on institutional, financial, administrative, and human resource barriers that hinder effective devolution, while highlighting conclusions drawn from prior studies on this topic.

Building on this foundation, the review directly supports the aim of the present study to understand and address the barriers hindering health sector devolution in Lusaka Province. By analyzing existing evidence and comparing it with the Zambian context, the chapter seeks to establish a clear framework for identifying and assessing the specific challenges affecting the implementation of health devolution in Lusaka. Ultimately, this literature review provides the theoretical and empirical basis for developing practical recommendations that can inform policy decisions and enhance healthcare delivery outcomes in the province.

Global Perspective.

Globally, the process of health sector devolution has been adopted as a governance reform strategy intended to improve efficiency, accountability, and responsiveness in healthcare delivery. However, experiences from different countries reveal

that the success of such reforms depends heavily on political, institutional, and resource dynamics. For instance, Yu et al. (2023) examined the case of the Philippines, where the devolution of health services under the 1991 Local Government Code transferred responsibilities to provincial, city, and municipal authorities. The study found that local political interference emerged as a major barrier to effective health service delivery. Political rivalries and fragmented decision-making processes led to inefficiencies, poor coordination, and strained relationships among local authorities' factors that ultimately compromised healthcare quality and accessibility. This underscores how the political environment can significantly shape the outcomes of health devolution reforms in developing countries (Yu et al., 2023).

Similarly, Zaidi et al. (2019) highlighted that devolution has been implemented across multiple regions including Kenya, Uganda, Nigeria, and Ethiopia in Africa; Brazil, Peru, and Mexico in Latin America; and Nepal, Indonesia, and China in Asia. The rationale behind such reforms often includes enhancing local participation, improving service responsiveness, promoting inter-sectoral collaboration, reducing the fiscal burden on central governments, and improving accountability and cost-effectiveness in health service delivery (Masaba et al., 2020). Despite these intentions, practical challenges have persisted in many contexts due to weak institutional capacity and inadequate financial resources (Zaidi et al., 2019; Masaba et al., 2020).

In Pakistan, Shahzadi (2019) examined the impact of devolution on the health system using the World Health Organization's six building blocks framework service delivery, health workforce, information systems, access to medicines, health financing, and leadership/governance. The study revealed mixed results. While child and under-five mortality rates declined post-devolution, there were persistent disparities between rural and urban areas, inadequate financing, and frequent disruptions in the health workforce. Provinces faced difficulties in executing their budgets due to delayed fund transfers and bureaucratic inefficiencies, resulting in increased out-of-pocket expenditures and declining public health investments. Zaidi et al. (2019) further observed that Pakistan's devolution process suffered from weak federal coordination, poor planning, and limited consultation with local authorities, leading to administrative confusion, strikes among health workers, and shortages of medical supplies (Shahzadi, 2019; Zaidi et al., 2019).

Comparative experiences from Kenya and Indonesia also highlight the complexity of devolving health functions. McCollum et al. (2019) found that both countries faced challenges in maintaining equitable service delivery and managing political patronage after devolution. In Kenya, while free maternity services were introduced as a positive reform, budget unpredictability and weak local capacity hindered effective implementation. Indonesia, on the other hand, struggled with uneven distribution of funds and limited community participation. Both countries demonstrated that

without clear governance frameworks and adequate local capacity, devolution can exacerbate rather than alleviate disparities in healthcare access (McCollum *et al.*, 2019).

Global Perspective Summary

Collectively, these studies demonstrate that while devolution holds great potential to enhance health service delivery through local empowerment and accountability, its success largely depends on the availability of adequate financial resources, institutional capacity, and political will. These lessons from other countries provide critical insights for Zambia, particularly Lusaka Province, where the devolution of the health sector is still evolving. Understanding these global experiences will help identify the key barriers and opportunities relevant to the Zambian context, guiding evidence-based recommendations for strengthening the devolution process and improving healthcare delivery outcomes.

Regional Perspective.

The devolution of health services has been a central reform strategy across many African countries, aimed at improving efficiency, equity, and citizen participation in healthcare delivery. In Kenya, the process of devolving health services to local authorities commenced in 2013 following the implementation of the new constitutional framework. Several studies have since examined the outcomes, progress, and challenges associated with this transition, offering important insights that are relevant to other countries pursuing similar reforms, such as Zambia.

Masaba *et al.* (2020) conducted a systematic review to assess the progress and challenges experienced during the implementation of health sector devolution in Kenya. The study revealed that although the reform aimed to enhance responsiveness and accountability in service delivery, the process was accompanied by significant challenges. Key issues included frequent industrial strikes, mass resignation of health workers, and inequitable distribution of healthcare personnel across counties. These challenges were largely attributed to disparities in remuneration, delayed salary payments, and inconsistent employment terms for staff with similar qualifications within and across counties. Furthermore, inadequate resource allocation led to shortages of essential medical supplies, compromising service delivery, particularly in urban areas such as Nairobi. Despite these setbacks, Masaba *et al.* (2020) noted several positive outcomes of devolution, including increased community participation in decision-making processes and notable improvements in health infrastructure development across regions (Masaba *et al.*, 2020).

Similarly, Mutangili *et al.* (2023) examined the operational capacity of Kenya's devolved health system, focusing on the influence of national government support on county-level performance. Employing a mixed-methods design involving all 47 counties, the study found that devolution had facilitated certain milestones such as improved human resource planning, enhanced staff competency through training, better drug availability, and improved access to healthcare services due to the establishment of health facilities closer to communities. Moreover, citizen involvement in health committees

strengthened local ownership and accountability. Nonetheless, Mutangili *et al.* (2023) also identified persistent challenges, including inadequate staffing, low remuneration, and widespread corruption in recruitment and resource management. These structural and administrative weaknesses often undermined the intended goals of devolution, leading to service disruptions and reduced quality of care. The findings of Mutangili *et al.* (2023) therefore corroborate the observations of Masaba *et al.* (2020), suggesting that while devolution can enhance service accessibility and community engagement, its success largely depends on adequate resource allocation, effective governance structures, and strong institutional capacity (Mutangili *et al.*, 2023).

The Kenyan experience provides valuable lessons for Zambia, which has also embarked on decentralization reforms aimed at strengthening local governance and service delivery. While Zambia's policy and legal frameworks including the National Decentralization Policy (2004, revised 2013) and the Constitutional Amendment Act No. 2 of 2016 have created an enabling environment for devolution, challenges persist in translating these frameworks into effective implementation at the regional level. As evidenced in Kenya, institutional, financial, and administrative barriers can significantly constrain the ability of local authorities to manage devolved health functions effectively. In Lusaka Province, similar obstacles such as inadequate funding, limited human resource capacity, and weak intergovernmental coordination may hinder the efficient management of health services and the realization of equitable healthcare delivery (Decentralization Secretariat, 2023).

Regional Perspective summary

In summary, the experiences of Kenya underscore the critical importance of aligning devolution reforms with sufficient fiscal resources, clear human resource management structures, and participatory governance mechanisms. For Zambia, particularly in Lusaka Province, understanding these regional lessons is essential for addressing the institutional and operational gaps that impede the effective devolution of health services. Drawing on these comparative insights will help in identifying context-specific barriers and developing actionable strategies to strengthen decentralized health systems and improve healthcare outcomes at the local level.

Local Perspective

Decentralization in Zambia has been a central component of the country's governance and development agenda for several decades, premised on the goal of enhancing citizen participation, improving service delivery, and promoting equitable socio-economic development across regions. According to Nakamba (2023), proponents of decentralization argue that bringing government closer to the people allows for more responsive and context-specific service delivery at the local level. Through devolution, citizens are expected to have greater influence in decision-making processes that directly affect their welfare. However, Nakamba (2023) also notes that critics of decentralization emphasize that its success depends

largely on the extent to which implementation strategies align with existing institutional arrangements, administrative capacities, and resource availability within a country. In Zambia, this balance between policy design and institutional capability has remained a persistent challenge (Nakamba, 2023).

Zambia's decentralization efforts can be traced as far back as 1992, when the government first articulated the goal of devolving administrative and fiscal powers to local authorities. Over time, various frameworks and reforms were introduced to operationalize this goal, though with varying degrees of success. The adoption of the National Decentralization Policy (NDP) in 2004, followed by its revision in 2013, represented a major policy milestone toward institutionalizing devolution. Furthermore, the Constitutional Amendment Act No. 2 of 2016 entrenched devolution in law by mandating the transfer of certain government functions and decision-making powers to local authorities. Despite these progressive developments, implementation remained slow and fragmented, largely due to limited fiscal decentralization, weak institutional capacity, and inadequate human resource support at the local level (Ministry of Health, 2023).

Renewed efforts to strengthen devolution have been undertaken in recent years. The 2023 National Decentralization Policy and Cabinet Circular No. 2 of 2023, issued by the Ministry of Health, provided new policy direction and guidance on the devolution of local authorities' exclusive functions, including health service delivery. These reforms were anchored in Article 147 of the Constitution of Zambia and aligned with the Eighth National Development Plan (8NDP), which emphasizes the need for integrated governance and equitable access to quality public services. The intent of these reforms is to ensure that devolved functions are matched with adequate financial, human, and logistical resources, thereby enhancing efficiency and accountability at the local level (Ministry of Health, 2023). However, despite the renewed policy momentum, the implementation of health sector devolution in Zambia particularly in Lusaka Province has continued to face critical challenges. Institutional weaknesses, insufficient funding, and limited administrative capacity have constrained the ability of local authorities to effectively manage devolved health functions. Moreover, ambiguity in role delineation between the central and local government structures has led to overlapping responsibilities and inefficiencies in service delivery. As noted by Nakamba (2023), the success of decentralization reforms hinges not only on the existence of sound policy frameworks but also on the operational capacity of implementing institutions to translate these policies into tangible outcomes.

The Zambian experience therefore mirrors the broader African context, where devolution is often celebrated in policy but faces difficulties in practice due to inadequate coordination, resource imbalances, and governance gaps. For Lusaka Province, these challenges have tangible implications on the efficiency and quality of healthcare delivery. Weak fiscal transfers, insufficient health workforce distribution, and inconsistent logistical support have resulted in disparities in healthcare

access and service standards. These systemic barriers undermine the overarching goals of decentralization, namely, to improve local accountability, enhance citizen participation, and strengthen the responsiveness of health systems.

Local Perspective Summary

In summary, the literature highlights that while Zambia has made commendable strides in establishing the legal and institutional frameworks for devolution, the effective implementation of health sector decentralization remains constrained by financial, institutional, and administrative bottlenecks. Understanding these barriers within Lusaka Province is therefore crucial to ensuring that the promise of decentralization enhanced service delivery and citizen-centered governance translates into real and measurable improvements in healthcare outcomes. This study thus seeks to bridge the gap between policy intent and implementation by identifying and analyzing the key obstacles affecting the devolution of health services and proposing strategies to strengthen the process at the regional level.

3. Methodology.

Research Design

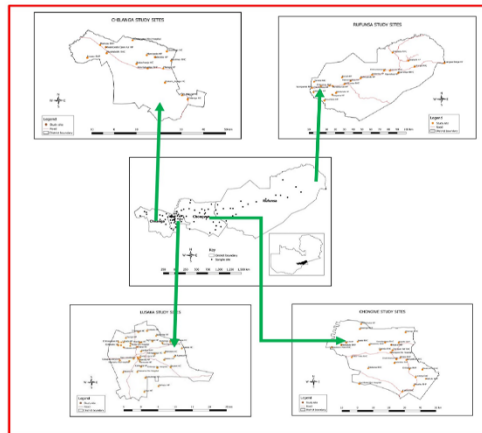
This study adopted a qualitative research design to explore the barriers and challenges affecting the implementation of health sector devolution in Lusaka Province. The qualitative approach was chosen because it allows for an in-depth understanding of participants' perceptions, experiences, and insights regarding the devolution process.

Purposive sampling, a type of non-probability sampling, was employed to identify participants with relevant knowledge and experience in the health sector and decentralization processes. This sampling method enabled the researcher to rely on expert judgment in selecting key informants who could provide rich, context-specific information. Participants were drawn from institutions directly involved in health service delivery, including District Health Offices (DHOs), hospitals, health centres, and health posts across four districts of Lusaka Province. Within each institution, staff members were selected based on a clearly defined interview guide, and only those authorized by their institutional heads and deemed knowledgeable about the subject matter were included in the study.

Description of the Study Site

The study was conducted in four districts of Lusaka Province: Lusaka, Chilanga, Chongwe, and Rufunsa. Lusaka Province comprises three types of councils: one city council, one municipal council, and four town councils. For this study, Lusaka City Council and Chongwe Municipal Council were purposively selected to represent the city and municipal council categories, respectively. Chilanga and Rufunsa Town Councils were randomly selected from among the four town councils to ensure balanced representation (Sikalumbi, 2023). The two selected town councils share similar demographic and administrative characteristics, each having one constituency.

Table 1 –Site map for Lusaka Province site



Where:

- nnn = sample size
- NNN = population size (192 health facilities)
- eee = margin of error (0.05)

$$n = \frac{192}{1 + 192(0.05)^2} = \frac{192}{1.48} = 130 \text{ institutions}$$

Therefore, 130 institutions were selected for participation. From each institution, three respondents were purposively chosen, giving a total of approximately 385 participants across all

Table 2: List of Lusaka Province site

| District | Level 1 | Health Centre | Health post | Mini hospital | Total |
|--------------|--------------|----------------|----------------|---------------|------------------|
| Chilanga | | 7 (4) | 20 (14) | 4 (3) | 31 (21) |
| Chongwe | 1 (1) | 20 (14) | 18 (12) | 1 (1) | 40 (28) |
| Lusaka | 7 (4) | 46 (31) | 36 (24) | 2 (1) | 91 (60) |
| Rufunsa | 1 (1) | 9 (6) | 20 (14) | 0 (0) | 30 (21) |
| Total | 9 (6) | 82 (63) | 94 (64) | 7 (5) | 192 (130) |

Sample size determination and sampling.

Sample size.

The minimum required sample size was determined using the formula proposed by Charan and Biswas (2013):

$$n = \frac{Z_{1-\alpha/2}^2 P(1-P)}{d^2} \quad \text{Where:}$$

Where:

- nnn = required sample size
- $Z_{1-\alpha/2}$ = standard normal variate at 95% confidence level (1.96)
- PPP = expected proportion (0.5 when unknown)
- ddd = desired precision (0.05)

Substituting the values:

$$n = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = \frac{3.8416 \times 0.25}{0.0025} = 384.16$$

Thus, the minimum sample size required was 385 participants.

A 5% margin of error was applied to ensure that the target sample would be adequate even in cases of non-response or incomplete data collection.

Institutional Sampling

The study targeted **health facilities** across the four selected districts, including hospitals, health centres, health posts, and mini-hospitals. The number of institutions to be sampled in each district was determined using Slovin’s formula:

$$n = \frac{N}{1 + N(e)^2} \quad \text{Where:}$$

In the absence of prior information regarding the population proportion, a value of $p = 0.5$ was used in the sample size calculation. This conservative estimate maximizes the variance, ensuring an adequate sample size regardless of the true underlying proportion. A 5 percent margin of error was applied to ensure that the minimum sample size of 385 would still be met between March and June 2024, even if some respondents faced challenges in providing responses.

Data Collection and Analysis

Data were collected from **385 respondents** across the four study districts Lusaka, Chilanga, Chongwe, and Rufunsa. Participants were drawn from District Health Offices and their affiliated health institutions, including hospitals, health canter, and health posts (Sikalumbi et al, 2025).

Data were collected between March and June 2024 using a standardized interview guide developed based on the United Nations Development Programme (UNDP, 2015) framework for assessing devolution. The guide included open-ended questions designed to elicit information on institutional performance, and administrative challenges experienced during the post-devolution period.

Quantitative data, such as demographic and institutional information, were analysed using the Statistical Package for the Social Sciences (SPSS) to generate descriptive statistics that supported qualitative interpretations.

4. Findings

Policy and Legal Framework

Findings from the study revealed several institutional challenges related to the policy and legal framework guiding the devolution process. Participants expressed significant concerns regarding the functionality of the Ward Development Committees (WDCs), which are intended to spearhead devolution at the local level. The slow pace of establishing these committees was reported to have hindered the timely implementation of the devolution process. As a result, notable variations in the progress of devolution were observed across the study sites of Chongwe, Lusaka, Luangwa, and Rufunsa.

Participants highlighted the absence of clear roadmaps and circulars to guide the committees in implementing devolution. They emphasized the need for community sensitization on the objectives and anticipated benefits of the process. According to respondents, such sensitization would enhance local participation and promote accountability through engagement with local leadership in decision-making processes.

Concerns were also raised regarding the staff attachment process to Local Authorities. Participants from health canter and posts reported uncertainty surrounding the procedure, noting that they were required to sign arrival forms at the Local Authority without clear communication of subsequent steps or expectations. This lack of clarity was reported to have created anxiety and lowered staff morale. In addition, human resource teams at the district level were perceived to have limited understanding of the attachment process and were therefore unable to adequately address staff concerns.

Some participants associated the current devolution process with previous unsuccessful restructuring efforts in the health sector, such as the transitions to the Central Board of Health and later to the Ministry of Community Development. This historical context has contributed to skepticism and fear among staff, particularly regarding potential delays in salary payments and job security once absorbed into the Local Authority system. Further apprehension was observed concerning the integration of institutional structures within the Local Authority following the merger of departments. Respondents noted a lack of clear guidelines on how existing positions would be assimilated, particularly between the Public Health Unit and the Directorate under the District Health Officer. Similar uncertainties were reported within other departments, including Finance and Procurement.

The absence of a comprehensive devolution framework and clear operational guidelines was reported as a major barrier to effective implementation. Staff at the implementation level particularly in health centres and health posts indicated limited access to information about the process. Many reported that they were hearing about the devolution for the first time during the study. This limited knowledge sharing contributed to mixed perceptions and uncertainty about the process and its potential benefits.

Capacity Building and Training

Results also indicated limited capacity development to support the devolution process at various administrative levels. Participants reported that capacity building initiatives were concentrated at higher levels of governance, leaving lower levels such as hospitals, health centres, and health posts

insufficiently prepared to support implementation. The lack of training and institutional support at these operational levels was identified as a critical barrier to effective rollout of the devolution process.

5. Discussion

Institutional Challenges in Health Sector Devolution

The findings of this study reveal that institutional challenges particularly those related to the policy and legal framework have significantly constrained the effective implementation of health sector devolution in Lusaka Province. The results underscore persistent structural, administrative, and procedural weaknesses that hinder the translation of devolution policy into functional local governance systems.

The slow establishment of Ward Development Committees (WDCs), which are intended to serve as the primary vehicles for community-driven planning and decision-making, emerged as a major institutional bottleneck. This finding aligns with the argument by Nakamba (2023) that decentralization in Zambia has often progressed more rapidly at the policy formulation level than at the implementation stage, primarily due to limited institutional preparedness. The absence of clear roadmaps, circulars, and operational guidelines has created inconsistencies in implementation across districts such as Chongwe, Lusaka, Luangwa, and Rufunsa. These inconsistencies reflect what Rondinelli (1999) characterizes as “institutional fragmentation” in decentralization processes where formal policy commitments are undermined by weak administrative coordination at the local level (Nakamba, 2023).

In addition, the lack of clear communication and procedural clarity around staff attachment to Local Authorities has generated anxiety and resistance among frontline health workers. The uncertainty regarding employment terms, salary continuity, and job security mirrors similar experiences in Kenya, where health sector devolution led to industrial unrest and high staff turnover due to inconsistent human resource management and remuneration disparities (Masaba et al., 2020; Mutangili et al., 2023). These findings suggest that devolution without robust human resource frameworks can erode staff morale and compromise service delivery outcomes. In Zambia, the perceived risks associated with attachment to the Local Authority particularly fears of delayed salaries and unclear career progression reflect institutional weaknesses in aligning administrative reforms with workforce management systems (Masaba et al., 2020; Mutangili et al., 2023).

Furthermore, the merging of institutional structures between devolved health entities and Local Authorities has resulted in role ambiguities and structural overlaps. Respondents’ concerns regarding unclear assimilation of positions between the Public Health Unit and the District Health Office highlight a broader challenge of organizational redesign under decentralization. As observed in Kenya’s county systems, overlapping mandates and unclear delineation of authority between central and devolved units often lead to administrative inefficiencies and governance conflicts (Mutangili et al., 2023). This underscores the need for Zambia to establish well-defined institutional linkages and coordination mechanisms between

national ministries and Local Authorities to ensure seamless management of devolved functions (Mutangili et al., 2023). The limited availability of comprehensive devolution frameworks and the weak dissemination of information at lower administrative levels further compound these challenges. Many respondents at the health post and health centre levels reported minimal knowledge about the objectives, timelines, and implications of the devolution process. This knowledge gap indicates insufficient capacity-building and communication strategies, which have left frontline implementers ill-equipped to support the reform. The literature on decentralization emphasizes that participatory governance and effective service delivery are contingent upon informed and empowered local actors (Smoke, 2015). In this regard, Zambia's devolution efforts appear to have inadequately invested in human resource development and community sensitization key drivers of local ownership and accountability.

Capacity Building and Institutional Readiness

The findings also reveal a significant imbalance in capacity-building efforts, with most training and orientation activities concentrated at higher administrative levels. Lower-tier health institutions where implementation occurs remain largely excluded from systematic capacity development initiatives. This vertical imbalance in knowledge and skills distribution mirrors observations from the Kenyan devolution experience, where Mutangili et al. (2023) found that capacity deficits at the county and sub-county levels hindered effective planning, budgeting, and monitoring of health services. The Zambian experience thus reinforces the notion that institutional capacity is not uniformly distributed and that targeted investment in local-level capacity building is critical for successful devolution (Mutangili et al., 2023; Abudetse et al., 2025).

Moreover, the study's findings demonstrate that the absence of effective human resource support systems has weakened the operational readiness of health facilities to manage devolved functions. Staff at lower levels expressed uncertainty regarding their new reporting lines, performance appraisal mechanisms, and welfare provisions under the Local Authority framework. Without coherent administrative systems, devolution risks creating institutional discontinuities that could undermine service delivery. As noted by the World Health Organization (WHO, 2021), the success of decentralization in the health sector depends not only on transferring functions but also on equipping local entities with the managerial and technical competencies to execute them effectively Organization (WHO, 2021).

5. Conclusion

Overall, the findings underscore that policy intent alone is insufficient to guarantee successful devolution. Effective implementation requires institutional coherence, adequate resource allocation, clear communication channels, and strong capacity-building systems. For Zambia, addressing institutional gaps particularly around human resource management, organizational restructuring, and policy communication is essential to ensure that health sector devolution achieves its intended goals of equity, efficiency, and citizen participation.

The study thus supports the growing body of evidence suggesting that devolution must be accompanied by deliberate institutional strengthening measures. These include developing clear operational guidelines, ensuring consistent stakeholder engagement, and establishing robust monitoring and evaluation systems to track progress and address emerging challenges. By integrating these lessons into practice, Zambia can transform its policy commitments into tangible improvements in local health governance and service delivery.

6. Direction for future research

1. Conduct longitudinal studies to track how institutional reforms evolve over time and to generate robust evidence on the long-term sustainability and impact of current decentralization efforts.
2. Investigate the effects of governance restructuring on health workforce motivation, retention, and performance, with particular attention to how administrative changes influence job satisfaction and service delivery outcomes.
3. Evaluate the effectiveness of capacity-building initiatives, especially at the health center and health post levels, to identify evidence-based strategies and best practices for enhancing institutional readiness and implementation capacity at the local level.
4. Apply organizational network analysis to examine how patterns of communication, decision-making authority, and coordination among administrative actors affect the overall efficiency and functionality of devolved health systems.

7. Ethical Consideration

Ethical clearance for this study was granted by the University of Zambia Research Ethics Committee (UNZAREC). Following this approval, permission to conduct the research was obtained from the National Health Research Authority (NHRA), under membership reference number NHRA(NHTAR-R-1128/13/09/2022).

9. Conflict of interest

We as the authors declare that there is no conflict of interest in this study.

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