

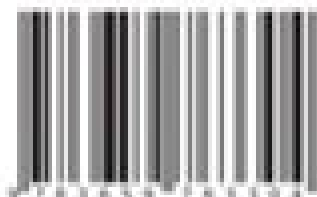
Today, decentralization becomes a fashion policy choice across the world regardless of the level of economic advancement. Both developed and developing countries institutionalized decentralization in as to deliver efficient and quality social services such as education, and health, to encourage citizen participation at the grass root level, to enhance economic development and to meet local preferences. Ethiopia, one of the fastest growing country, has officially launched decentralized form of administration since 1990s. Hence, this book is very helpful for administrators and practitioners to widen their understanding about the emerging debate regarding the basic concepts, the rational for, the merits and demerits of decentralization. It also important to envisage the practical relation existed between decentralization and health care service delivery.



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Decentralization and Health Care Service Delivery in Gozamin, Ethiopia

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Decentralization And Health Care Service Delivery In Gozamin Ethiopia

Bongwa A.



Decentralization And Health Care Service Delivery In Gozamin Ethiopia:

Decentralization and Health Care Service Delivery in Gozamin, Ethiopia Agegnehu Alene, 2015-07-28 Today decentralization becomes a fashion policy choice across the world regardless of the level of economic advancement Both developed and developing countries institutionalized decentralization so as to deliver efficient and quality social services such as education and health to encourage citizen participation at the grass root level to enhance economic development and to meet local preferences Ethiopia one of the fastest growing country has officially launched decentralized form of administration since 1990s Hence this book is very helpful for administrators and practitioners to widen their understanding about the emerging debate regarding the basic concepts the rational for the merits and demerits of decentralization It also important to envisage the practical relation existed between decentralization and health care service delivery **A Critical Assessment of Decentralization as a Tool for Development** Montesnot Elias Teteji, 2008 Ethiopia is exercising decentralisation of the health system and thus this study assesses lessons learned about the experiences of the decentralization of institutions in theoretical terms The problem investigated in this study concerns the lack of institutional capacity to effectively provide services lack of transparency responsibility and accountability Decision making is also very remote from the people with regard to resource allocation and public health service delivery The scope of this study covers the Southern Nations Nationalities and Peoples Regional State of Ethiopia and its relationship with the Cheha District in the area of health service decentralization The objective of this study was to identify fundamental elements of decentralization of health institutions and the impact on the performance of the health system at local government level in the Cheha District in Ethiopia The specific objective of this study was to find out how the provision and delivery of health services are related to decentralization policies analyze and discuss the federal national and local policies for health service decentralization and their significance for health service delivery An additional aspect of this study is to provide some insights into intergovernmental relations as far as health service decentralization is concerned and to this effect this study applied the principal agent approach In this study health service decentralization policies in Ethiopia at national and local levels were analyzed to gather information relating to the service delivery process Most of the data for the study was collected during field research conducted between August and November 2005 During the field research interviews were conducted with experts community members and government officials both at the local and national level The field research also focused on collecting data which is relevant to explain the relationship of the principal in this case the Federal Ministry of Health and the SNNPRS Health Bureau at the regional government level and its agent the Cheha District Health Office The field research also identified the different mechanisms tools and institutional arrangements that exist in SNNPRS and the Cheha District to achieve the broader objective of the health system Achieving Better Service Delivery Through Decentralization in Ethiopia Marito Garcia, Andrew Sunil Rajkumar, 2008-02-15 Achieving Better Service Delivery Through Decentralization in

Ethiopia examines the role decentralization has played in the improvement of human development indicators in Ethiopia. Ethiopia has made major strides in improving its human development indicators in the past 15 years achieving significant increases in the coverage of basic education and health services in a short period of time. Improvements took place during a period of massive decentralization of fiscal resources to the regions in 1994 and to woredas in 2002/03. The devolution of power and resources from the federal and regional governments to woredas appears to have improved the delivery of basic services. Surveys of beneficiaries reveal that they perceive that service coverage and quality have improved. Beneficiary satisfaction has increased markedly in education and less conspicuously in water and health services. In the south the decentralization to woredas in 2002/03 tended to narrow differences in per capita expenditures on education and health across woredas. Decentralization disproportionately favored woredas that are remote more than 50 kilometers from a zonal capital, food insecure and pastoral, suggesting that decentralization has been pro-poor. Decentralization also narrowed the gap in educational outcomes between disadvantaged and better-off woredas, especially in the south. Pastoral, food insecure and remote woredas gained in terms of the educational outcomes examined: gross enrollment rates, grade 8 examination pass rates, repetition rates, pupil-teacher ratios and teacher-student ratios.

Decentralization and Service Delivery in Ethiopia Bongwa A., 2011

Decentralization in Ethiopia Taye Assefa, Tegegne Gebre-Egziabher, 2007

The 1991 government change in Ethiopia ushered in a centralised system of governance aimed to bring about harmony and cooperation between different groups and to promote local self rule. It has proceeded in two phases: 1991-2001 centred on creating and powering National Regional Governments termed mid-level decentralisation. Further powers were devolved in 2001 through the District Level Decentralization Program and Urban Management Program. This volume brings together studies by the Forum for Social Studies and others with the aim of identifying knowledge gaps for further research and to generate debate on the issues in Ethiopia. The study is in two parts: a literature review seeking to document existing studies and highlight research gaps and field work which involved a rapid assessment of eight weredas and two kifle ketemas in Addis Ababa. The other three studies are synopses of master theses submitted to the Institute of Regional and Local Development Studies of Addis Ababa University.

Decentralization and Governance in the Ghana Health Sector Bernard F. Couttolenc, 2012-06-29

In recent years many countries both developed and developing have engaged in a process of decentralization of health service delivery and/or other functions of the health system. In most cases decentralization has been adopted to improve accountability to local population, efficiency in service provision, equity in access and resource distribution or to increase resource mobilization. Ghana has a long history of local government going back to pre-independence times of the nineteenth century. By 1859 Municipal Councils were established in the major coastal towns of the then Gold Coast. Native Authorities, Councils and Courts were also established to administer law and order under the indirect authority of the colonial government. The limitations of this system were repeatedly put forward in the 1930s and 1940s and reforms were introduced in

1951 by the Local Government Ordinance Ahwoi 2010 The government has embarked in a decentralization policy since independence which was strengthened and amplified by the local government act of 1993 and other legislations At the present the Government of Ghana GOG is committed to strengthen the implementation of decentralization and for that purpose revise and strengthen the policy and regulatory framework governing decentralization In spite of this long history and successive waves of decentralization reforms effective decentralization in the country still faces considerable challenges especially in large social sectors involving large structures The public health sector is one that has not fully embraced the decentralization model adopted by the GOG decentralization by devolution to the districts for a number of reasons that will be discussed in this report Some functions and responsibilities have been decentralized but others remain centralized or simply deconcentrated

Ethiopia Sameh El-Saharty,Sosena Kebede,Petros Olango Dubusho,2013 This case study aims to identify how Ethiopia has adopted and implemented strategies to improve health services including the factors that enabled and inhibited success across a meaningful range of health services for the period 1996 2006 Particular emphasis has been given to the impact of utilized strategies on the poor This case study reviewed one primary strategy decentralization in the form of devolution of authority to the regional level in 1996 and to the district woreda level in 2002 and seven corollary strategies in the context of decentralization implemented at the subnational level The study concludes that decentralization in the health sector is likely to be more effective when it is implemented as part of a broader government decentralization policy across sectors Sequencing in implementing Ethiopia s decentralization strategy made decentralization more manageable although decentralization was rolled out prematurely Moreover the effectiveness of implementation was found to be driven largely by the institutional and management capacity at the subnational level At the subnational level decentralization was found to be more effective in those regions that increasingly strengthened their management and institutional capacity and where regional governments set priorities and adapted the strategies to local needs However decentralization was often influenced by the clientelistic center region power relationship a problem compounded by the lack of community voice making the available resources at risk of political capture by the local elite Overall the key lesson for implementing improvements in health service delivery HSD is that the lack of any critical inputs facilities health workers and drugs inevitably limits the overall impact of the strategy and that the implementation of such key inputs should be carefully coordinated and properly synchronized

Improving Basic Services for the Bottom Forty Percent Qaiser M Khan,Jean-Paul Faguet,Christopher Gaukler,Wendmsyamregne Mekasha,2014-09-18 Ethiopia s model for delivering basic services appears to be succeeding and to confirm that services improve when service providers are more accountable to citizens As discussed in the World Development Report 2004 accountability for delivering basic services can take an indirect long route in which citizens influence service providers through government or a more direct short route between service providers and citizens When the long indirect route of accountability is ineffective service delivery can suffer especially among poor or marginalized

citizens who find it challenging to express their views to policymakers In Ethiopia the indirect route of accountability works well precisely because of decentralization Service providers are strictly accountable to local governments for producing results but in turn the local authorities are held accountable by the regional and federal governments A degree of local competition for power and influence helps to induce local authorities and service providers to remain open to feedback from citizens and take responsibility for results The direct route of accountability has been reinforced by measures to strengthen financial transparency and accountability educating citizens on local budgets and publicly providing information on budgets and service delivery goals social accountability improving citizens opportunities to provide feedback directly to local administrators and service providers and impartial procedures to redress grievances Woreda level district spending has been a very effective strategy for Ethiopia to attain its Millennium Development Goals MDGs Woreda health and education goes to pay for health extension workers HEWs and teachers This study finds evidence that woreda level spending in health and education is effective Owing to the intervention of HEWs the use of health services has increased especially among the poorest quintiles Finally the effect of woreda level spending on agricultural extension workers is associated with higher yields for major crops Spending on agricultural extension workers increases the probability that farmers regardless of the size of their plots will use improved farming techniques Education health and agriculture account for 97 percent of woreda spending This is complemented by support for capacity building and citizen voice Clearly spending efficiency is improved through better capacity more transparency and greater accountability to citizens

Beyond the Public Realm Fenta Mandefro Abate,2007 **Decentralisation and Health Service Delivery in Ethiopia (1995/96-2002/03)** Adgo Maru Tessew,2005

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