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RESEARCH ARTICLE

AN ASSESSMENT OF DECENTRALIZED PUBLIC HEALTH SERVICE DELIVERY: THE CASE OF AFAR NATIONAL REGIONAL STATE

Thomas Haile[1] Dejen Abera[2] Yayeh Andualem[3]

1. Department of Management, Samara University, Samara, Ethiopia
2. Department of Civics and Ethical Studies, University of Gondar, Gondar, Ethiopia
dejenabera@yahoo.com
3. Department of Civics and Ethical Studies, Samara University, Samara, Ethiopia
a.yayeh@yahoo.comm

ABSTRACT

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Corresponding author:

Thomas Haile

Email: thomasessa@gmail.com

Decentralization in Ethiopia occurred first from Federal to Region, and subsequently into lower level governments (districts) since the fall of Derge. To address the inherent constraints in the health sector, Ethiopia has included deliberate decentralization efforts aimed at strengthening the effective implementation of activities at the district level, enhancing peoples' participation, fostering closer coordination and collaboration among the sectors, donors, and others. However, there is scarcity of studies that address the hindrances of decentralized health service delivery in Afar National Regional State. The study used both primary and secondary data sources. The result of the study explicitly shows that, there are still impediments that constrained the decentralized health service delivery in Afar national regional State. Despite the good intentions of decentralization, decentralized public health service delivery implementation in the region has faced challenges of: financing, personnel capacity in health institutions , lack of awareness both in the service providers and service seekers, transport problem, lack of infrastructures such as electricity and road, absence of career structure (incentives), stepping down of health extension workers training at the national level are some of the factors that brought negative impacts on effective health service delivery. Despite the challenges of decentralization, which are discussed as hindering factors of effective health service delivery in the region, could be addressed by strengthening of the existing good opportunities.

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Introduction

Since the beginning of 1980s, most developing countries have embarked in a process of subsequent decentralization, combining, political, administrative and fiscal aspects. Currently, decentralization is becoming a popular, prominent development strategy in most developing countries and considered as a paradigm shift from top-down to bottom-up participatory approaches. A complete centralization of provision of public goods and services, increasingly led to problems. This is mainly because in a centralized system, all government activities regardless of their complexities are vested upon consolidated agencies of the central government. As a result, many countries have implemented decentralization to provide effective public goods and service delivery and local self-rule (Dejen, 2011). *Ethiopia also adopted federal state structure that allow autonomy/power and decision making authority at regional and local levels (Nina, 2009). As Tegegne (2007:1) stated that, decentralization drive in Ethiopia has proceeded in two phases; the first phase of decentralization (1991-2001) was centered on creating and empowering national regional governments and hence was termed as mid-level decentralization. In this phase, the national regional governments were entrusted with the legislative executive and judicial powers in respect of all matters within their own areas and with the exception of those that fall under the jurisdiction of the federal government like defense, foreign affairs, any national policy matters etc. In this phase, even though there was significant achievement in local governance and regional self-rule was not capable bringing genuine self-rule at lower level administration. The second phase of mid-level decentralization was practiced since 2002-2003 to expand the process of decentralization in the woredas. In this phase, the power was limited in four regional states, namely, Oromia, Amhara, Tigray and Southern Nations Nationalists and Peoples regions (Solomon, 2008). The Decentralized health service delivery is expected to bring significant change in social, political, and economic development. The changes come together led to structural adjustments that included in health sector reform (Arrendo and Orzco, 2006). Ethiopia experienced a heavy burden of diseases with a growing prevalence of communicable infections. Many Ethiopians face high disease morbidity and mortality largely attributable to potentially preventable infectious diseases and nutritional deficiencies (MoH, 2010). In response to such prevailing and the existing health problems, the Ethiopian Government has developed a 20 years rolling Health Sector Development Program (HSDP) in 1997/8 (1990 EFY) which proposed long-term goals for the sector, and the means to attain them by way of a series of phases (ibid).*

Currently, the government is following a twenty-year health development implementation strategy, known as the Health Sector Development Program (HSDP), with a series of five-year investment programs. HSDP propose a sector-wide approach to achieve the government's objectives (MoH, 2005).

HSDP looks closely at the following eight health care components these are: health service Delivery and Quality care, Health facility Rehabilitation and Expansion, Human Resource Development, Strengthening Pharmaceutical Services, Education and Communication, Health Management Information Systems, Health care Financing, Monitoring and Evaluating (Ibid).

HSDP aims to develop a health system which provides comprehensive and integrated primary health care services, primarily based at community health level facilities. It focuses on communicable diseases, common nutritional disorders, environmental health and hygiene, reproductive health care, immunization, the treatment and control of basic infectious diseases like upper respiratory tract infections, the control of epidemic diseases like malaria, and the control of sexually transmitted diseases especially HIV/AIDS (MoH, 2010).

Statement of the problem

As Meheret mentioned (2002) that the current Ethiopian federal government structure consists of the federal and the regional governments. The powers and responsibilities devolved from federal to the regional states and regions devolve the powers, responsibilities and duties to the zone, woreda and kebele administrations. He also mentioned that the Ethiopia's federal system consists of the five levels of governments. These are Federal level, Regional level, Zonal level, Woreda level, and Kebele level. Each levels of

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government have its own powers and responsibilities.

The federal government had its own responsibilities, powers and functions enshrined in the federal democratic-Republic of Ethiopia's 1995 Constitution. From the powers and functions some are national standard setting, national policy designing on any matters, international relation, and foreign loans etc. are some of the federal government's powers and functions. Regions are responsible for formulating regional health policy, coordinating health extension activities, establishing and administering training institutions and junior colleges, providing technical support to zones and woredas (districts), establishing and administering health examination centers; building and maintaining referral hospitals; coordinating the control of communicable diseases, purchasing and distributing medical equipments and medicines, and preventing and controlling HIV/AIDS. In large regions, zones are responsible for providing technical support to woredas; establishing and administering zonal and district hospitals; constructing and administering pharmacies, preventing and controlling HIV/AIDS (World Bank, 2002).

In addition, they have also the following duties and responsibilities. These are: adapting the implementation guides to local conditions, adapting communication tools and materials to in to local languages and distribute to woreda health offices, mobilizing regional resources for health service provision, and strengthening health management information system.

Woreda administrations also have their own duties and responsibilities in health service provision. In Ethiopia, after imposition decentralized service delivery as a key strategy to solve complicated health problems, the woredas are responsible to perform many health service activities. These are: allocating budget and other resources, coordinating activities of governmental and non-governmental bodies, monitoring and evaluating local health institutions, providing technical and financial support, adapting communication materials, providing supportive supervision of HEWS, overall management of health centers and health posts, planning and providing training to HEWS and woreda health office staffs, and investigating reports from health posts and health centers (MoH, 2007).

According to Getahun (1999: 54-5, and Kumera, 2006), the main agenda of decentralization is to enable local governments to provide quality and efficient services with increasing good governance, organizational effectiveness and improving human power. In relation to this, its main objective is to devolve decision making authority to woredas and transform them into strong institutions of local democratic governance and enhance efficient ways of delivering basic public services.

Studies undertaken by scholars like Tesfaye (2007), Tegegne and Kassahun (2007) and Meheret (2006) indicated that, financial, human and physical resource constraints have constrained the successful implementation of decentralization in the provision of public service delivery in Ethiopia. As they pointed out, most of the problems in the successful implementation of decentralized in provision of public service delivery are:

1. Inadequate budget allocation, poor and inadequate revenue base to undertake service delivery.
2. Scarcity of skilled manpower to provide public service delivery especially in health sector.
3. Lack of experience in decentralized government system and effective legal and policy framework.
4. Absence in the process of popular community participation in local development initiative activities and peoples' low level of awareness.
5. Lack of efficient organizational structure and locally adopted working system for planning and budgeting as well as low level of consciousness for lower level officials.

The above mentioned problems hindered different regions in different degrees and extents. A part from this, regional states were insufficient experiences in managing federalism, wide gap in administrative and institutional capacity among the regions have posed serious challenges to the success of Ethiopia's decentralized service delivery policy. The Afar National Regional State is unique from other national regional states in such a way that it is highly characterized by desert, mobile communities, and highly traditional administration system. Therefore, the study focused how these typical characteristics of the region affects decentralized public service delivery in general and

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decentralized public health service delivery in particular

Objectives of the Study

General Objectives

This study emphasized on assessing the decentralized health service delivery by concentrating on variables like institutions, manpower, `availability of adequate finance, environment and community participation in Afar National Regional State.

Significance of the Study

Currently, decentralized service delivery approach is considered as a key to provide better services for communities, achieve sustainable development, and promote good governance. The Ethiopian public capacity building program document indicated that power to make decisions on service delivery has greatly been devolved to strengthen lower levels of government. Ethiopia has little experience in decentralized service delivery in general and health service delivery in particular. Therefore, this study helps to:

1. Provide valuable information about duties and responsibilities of the regional institutions in health service delivery
2. Give highlights about the challenges of decentralized public health service delivery that need attention for future interventions in the region
3. Look carefully the opportunities of effective implementation of decentralized health service delivery in the region.
4. Provide valuable information on the existing practices of decentralized health service delivery and forwards relevant intervention modalities to minimize the identified challenges.
5. It paves the way for interested groups for further and in-depth studies in region.
6. It shows the direction for the regional administrators to design appropriate solution for the existing
7. Problems in health service delivery .

Research Methodology

The researchers described decentralized public health service delivery in Afar National Regional State. As Abiy, et al (2009) mentioned that, such type of research called descriptive case study which describes phenomenon or event. They mentioned that case studies emphasize on specific area or locality. Decentralization is an approach, which characterized by multifaceted processes involving all actors at public institutions and community levels. Public service delivery also involves all these actors. In view of this, the study was guided by descriptive case study approach. The researchers initiated to conduct this research in Afar National Regional State which was wide in its area and it has around 1,411,092 populations (CSA, 2007). The region's community historically suffered by different diseases and it negatively affected the productivity. They were obliged to travel to Dessie Hospital in order to get better medical investigations. Even, sometimes they forced to Mekelle for better health services. Due to this, regional residents suffered by different disease. So, the researchers initiated to assess the region's communities health service delivery.

Data Sources and Data Collection Instruments

Data sources: - In this study, both primary and secondary data sources were used. The primary data sources included: The Regional Health Bureau Head, The Regional Water and Sanitation Office Head, The Regional Finance and Economy Bureau Head, randomly selected health employees which consist two up to four, and randomly selected health service seekers were primary data sources. In addition to these, the researchers used secondary data sources which included: both printed and non-printed materials.

Data collection instruments: - To conduct this research, researchers used both primary and secondary data collection methods. The primary data sources collected through key informant interviews, passive observations, and focus group discussions. Secondary data sources also collected through reading of federal and ANRS constitution, government reports, policy, books, and websites.

Results and Discussions

Information obtained from both primary and secondary sources which collected through the various instruments such as interview with key informants, the focus group discussions and passive observations organized and prepared for analysis.

Duties of the National Regional State, and Woredas in Public Service Delivery

The Constitution of the Federal Democratic Republic of Ethiopia makes a clear reference to the regional state powers and duties in its Article 52. Accordingly national regional States have

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duties and responsibilities regarding basic social service delivery. Some of them are:

1. To enact and execute the state constitution and other laws in accordance with their situation without contravening the federal constitution;
2. To formulate and execute economic, social and development policies, strategies and plans of the State based the national policies and strategies;
3. To administer land and other natural resources in accordance with Federal laws, and international situations or environmental conventions;
4. To levy and collect taxes and duties on revenue sources reserved to the States and to draw up and administer the State budget;
5. To enact and enforce laws on the State civil service and their condition of work; in the implementation of this responsibility it shall ensure that educational; training and experience requirements for any job, title or position approximate national standards;
6. To establish and administer a state police force and to maintain public order and peace within the State; in addition to those reserved powers are left to the regional states.[1]

However, all regional states are not equally exercising their duties and responsibilities which assigned in 1995 FDRE constitution. In Afar National Regional State there are so many hindering factors to exercise duties and responsibilities such as environment enforces the workers to leave the area, in adequate skilled man power, negligence of professionals, drug addiction, absence planed guide line etc. Despite the fact that, the constitution of the Federal Democratic Republic of Ethiopia does not make a clear reference to the woreda administrative structure in its articles, Article 50 of the Constitution in reference to the structure of the organs of the state in its sub article (4) stated that state government shall be granted to the lowest units of government to enable the people to participate directly in the administration of such units. On the other hand, proclamation No. 14 /2002 the Revised Constitution of the ANRS in its part dealing with organization and power of the woreda administration specify that woreda administration shall comprise the following principal organs of power the woreda council and the woreda administrative council. According to Article 73, and 75, woredas are empowered to undertake the following duties. These include among others:

1. Preparing and approval of annual woreda socio economic development plans.
2. Preparing and approving its own budget through the woreda finance and economy office which is representative of the woreda concerning to any economic and resource matters.
3. Collecting local taxes and non-tax revenues, and Levis administering lower fiscal resources, enterprises available to duties and responsibilities.
4. Constructing and monitoring health posts, health centers, and woreda level infrastructure, managing agricultural development activities and protecting natural resources irrational use, and keeping welfare of the local residents.
5. Administering social service centers like schools and health centers.
6. Mobilizing local resources within their own jurisdictions for public service delivery.
7. Setting of local priorities, local communities mobilizing, managing resources and public service sectors.
8. Examine and approves the draft of economic development, social services along with administrative working plans and programs.
9. Creates suitable condition in which the resident public is massively inspired and mobilized to engage in development efforts.
10. Issues guidelines to govern their own internal working procedures.
11. Ensures the rural land user- fee, agricultural income tax and imposes other services charges.

Without contradiction of the federal and the regional constitutions and other laws, issues and implements specific guidelines enabling to ensure peace and security pertaining to the concerned Woreda.[2] Even though, the above power is given

[1] The 1995 FDRE constitution

[2] Afar National Regional State, 2002 revised constitution.

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to Woredas, the woredas do not fully implement the power given to them due to the fact that woredas are encountered with the problem of finance, skilled man power, environmental factors and lack of infrastructures.

Health Service Delivery Facilities in Afar National Regional State

Health facilities are essential to give effective public health care services. Drugs and medical supplies are essential to treat patients effectively. According to the Key informants and FGD, facilities of hospitals, health centers and health posts in the region are at lower level. As regional Health bureau deputy head mentioned that "the three hospitals (Dubti, Dalifag and National) are relatively have some facilities than Kelwan and Abalaa hospitals."[3] As the data obtained from the key informants, FGD and passive observation ,hospitals, health centers and health posts in Afar National regional State have not necessary health facilities that are essential for effective health care service provision to the communities and described by lack electricity, water, sufficient drugs, X-ray; laboratory equipment's and skilled man power.

Access and actual coverage to safe drinking water in the region

Water is decisive for survival of all living things in life. Different researches exhibited that large population suffered from lack of safe drinking water. The deficiency of sufficient safe drinking water supply and sanitation service poses health problems in many developing countries. This condition exposes the people to be suffered by water related diseases (Gorge, 1992:8).

From the interview and FGD, in the study region, the availability of safe drinking water is not adequate especially in rural kebeles there is serious shortage of safe drinking water supply. This is due to many hindering factors that affect its progress. Some hindering factors are low participation of local communities, low inter-sectoral coordination, insufficient human resources, and lack of awareness of the community in the region.[4]

[3] Interview with Mohammad Ahmed (Deputy Head of Afar National Regional State Health Bureau) in 12-11-2012

[4] Interview with Abdu (Head of ANRS Water and Sanitation Bureau) in 12-11-2012.

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Table 1. Actual coverage of safe drinking water in Afar region

Year	Number of users of safe drinking water		% of safe drinking Water coverage		Total	
	Urban	Rural	Urban	Rural	No.	%
2000	105485	712674	73	54.8	818,159	56.6
2001	114485	775174	77.6	58.4	889,659	60.3
2002	127236	784817	83	58	918,921	61
2003	132325	801894	83	58.1	934,090	60.67
2004	137618	830602	83	59.87	975,635	62

Source: ANRS Water Bureau, 2013

As depicted from the above Table 1 access and actual coverage of safe drinking water in the region is low, especially in rural parts. In rural areas of region only 59.87% from total rural population are users of pure water. The remaining nearly 40% of the rural communities are suffered by lack of safe drinking water. Due to this many of them exposed for water related diseases.[5] In addition to the above table, as Regional Water and Sanitation Bureau head stated "rural communities in the region suffered by lack of safe drinking water[6]. As it is seen from Table1, towns had better access and coverage of safe drinking water. In these towns 137,618 communities or 83% from the total residents accessed to safe drinking water. The actual and access coverage of safe drinking water was very low especially rural woredas and kebeles. The actual coverage of the region was 975,635 or 62% and from total population of the region communities got safe drinking water. The actual coverage of safe drinking water has been under half and almost 40% of the communities in the region have not actually accessed to safe drinking water. From the interview, despite of the existing safe drinking water problems; there have been improvements of water service provisions after the implementation of decentralized public service delivery.[7] The Water and Sanitation Bureau had resource scarcity to solve water problems in the region. They have no enough professionals who have good capacity to design water projects to minimize the existing serious problems of safe drinking water in the region. In fact, the region Water and Sanitation bureau tried to solve the problems by involving governmental, non-governmental organizations, and local communities' participation. But the existing NGOs like World Vision Ethiopia and WASH (water, sanitation and hygiene) are not sufficient to expand water and sanitation projects to solve the existing serious problems of safe drinking water problems. Even the already done water projects by those organizations are not as such functional for long period of time.[8]

6.4 **Primary Health Care Service Delivery**

Ethiopia experiences a heavy burden of diseases with a growing prevalence of communicable infections. Many Ethiopians face high disease morbidity and mortality largely attributable to potentially preventable infectious diseases and nutritional deficiencies (MoH, 2007). In order to reduce those problems and to achieve MDGs the Ministry of Health set the following minimum primary health care standards.

[5]Interview with Abdu (Head of ANRS Water and Sanitation Bureau) in 12-11-2012.

[6] Ibid

[7] Interview with Abdu (Head of Afar National Regional State water and Sanitation Bureau) in 12-11-2012.

[8] Ibid.

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Table 2: Minimum Primary Health Care Standards in Ethiopia

Performance indicators	Minimum standards
Life expectancy	People should have a life expectancy of at least 60 years
Malaria incidence	The population should have a 10% or less chance of becoming seriously ill from malaria in malaria exposed areas.
TB incidence	The population should have a 4% or less chance of dying from TB when treated at woreda health facilities
HIV prevalence	HIV prevalence rate for adults should be less than 2.4%
Maternal mortality rates	The chance of pregnant women dying in child birth should be 600 or less per 100,000
Infant and child mortality rates	The chance of new born children dying soon after birth or children under 5 dying is 45 or less per1,000
Insecticide treated nets adjacent to malaria	All those living in malaria exposed areas should receive a treated mosquito net
Coverage of HIV /AIDS awareness programs by kebeles	All kebeles should be covered by HIV /AIDS awareness campaign
HIV/AIDS voluntary testing and Counseling	Testing and counseling for HIV /AIDS should be available at all health centers.
Number of Health Posts appropriately staffed	Health posts available for every 5,000 people (generally available 5-10 km for all households)
Number of health centers appropriately staffed	Health centers available for every 25,000 people(generally available within 10km of all households)
Availability of drugs	All health facilities should have essential drugs available at all times
Number of village health promoters	Every village will have a village health promoters
Availability of Hospitals	District hospitals available for every 250,000 people

Source: (Lijalem, 2008)

Depending on the above Table 2; ANRS is far from the national minimum primary health care standards. In fact, in the region the access radius to health posts and health centers building is approximate with the standard. But in the region, being the area is highly malaria exposed there is no sufficient treated mosquito nets distribution. Health posts and health centers have no sufficient drugs availability and no testing and counseling professionals, there is no sufficient district hospital in the region. So, the region is far from the national minimum primary health care standards.

Table3: Ratios of Public Health Institutions to Population in the Region

Health institutions	**Number**	**Ratio**
Health post	294	1:6,408
Health center	52	1:36,230
Hospital	5	1:376,793

Source: ANRS Health Bureau, 2013

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In relation to the National Ministry of Health standards as it can be seen from the above Table 3, it is possible to understand that the region is far from national minimum primary health care standards. The Table shows that, one health post averagely serve for 6,408 people, one health center serves for 36,230 people and one hospital 376,793 people which are beyond the national standard. Although, the national minimum primary health care standard set as all those living in malaria areas should receive a treated mosquito net. Afar region is highly malaria exposed area. But, the treated mosquito net distribution is based on the number of households. Due to this, the treated mosquito net distribution is not sufficient to keep all residents.[9] Awareness campaign in each kebeles and existence of professional HIV/AIDS councilors in each health centers are crucial to minimize its risk (MoH, 2009). But, in the region, there are no sufficient HIV/AIDS awareness campaigns at the kebele level and professional councilors in health centers. The HIV/AIDS campaign has been done by health extension workers and members of voluntary health teaching associations in kebeles instead of standing by itself. Similarly, HIV/AIDS counseling service is given by the health officers and clinical nurses in health centers.[10] As the data obtained from the regional Health bureau's report of 2012 indicates that the health coverage reached to 70%. Nevertheless, during the passive observation and FGDs witnessed that health service delivery in the region is too low.

3.1 Maternal and Child Health Care (MCH)

The Ethiopian government has sought to reform the health service system in the country in to cost effective and efficient system which is known as HSDP aligned with plan for Accelerated Development to End Poverty and to achieve millennium development goals (MDGs). Currently, the country is implementing the fourth year of HSDP III which proposes intervention against poverty related disease particularly improving maternal health; reducing child mortality are the focal points at the national level (MoH, 2009:1).

Maternal Health Care

The Ethiopian government took the maternal health care as a core element of MDGs. To achieve it maternal vaccination is a key element of poverty reduction. Women should get sufficient medicinal services for creating sustained social welfare. In every corner of the country each women has the right to get prenatal, anti-natal, post natal and other vaccinations (MoH, 2009:1).

[9] FGD at Dupti Hospital in 27-03-2005 E.C

[10] Ibid

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Table 4: Maternal Health Care in the region

Maternal health care services	Years					
	2002	2004				
	%	Service seekers	No of women	%	Service seekers	No of women
Family planning	9			20		
Prenatal service	30	42,333	12,700	13	42,333	5,503
Delivery service	7	42,333	2,963	13	42,333	2,540
Postnatal service	5					
Delivery with help of HEWs						

Source: ANRS Health Bureau Annual Report (2009-20011)

As it can be shown from the above table 4, in 2002 E.C the regional family planning coverage was 9%. But in 2004 E.C in ANRS family planning was relatively increased to 20%. In 2002 the delivery service with professionals was only 7% which implies 93 % of service seekers was out of health institutions in return it causes temporal and permanent health problems on women's who are in reproductive age. In 2004 the regional delivery service coverage with midwives was 13% which means 87% of the regional pregnant women in the region faced to many delivery related problems such as over blooding, transmission of diseases during the traditional delivery.

Capacity of the region for Health Services Delivery

Sufficient financial and human resources are essential for effective decentralized public service delivery. As many scholars mentioned that lack of these key factors have negative on regional and national socio economic development. Effective of decentralized public service delivery in general and health service in particular requires sufficient financial, human, and mobilization of local communities (Yayeh, 2011).

Decentralized public service delivery needs high local communities' mobilization capacities in order to utilize the existing local human, financial, and non-financial resources. Effective decentralized health service delivery requires active grass root communities' involvements in multi-dimensions. The participation of local communities in creating the structure and designing policies and proposals, decision making, managing , implementing programs , the communities finance and non-financial contribution and evaluating of the socio economic development projects and programs are essential in decentralized service delivery (Tegegne and Kassahun,2007). To meet effective health care service delivery one of HSDP III strategies was also emphasized to community participation in the planning, implementing, monitoring and evaluating of health care. Various reports and books showed that decentralization has ensured substantial to increase communities' contribution.

Financial Capacity of the Region

Adequate financial resource is essential for effective and sustainable health care service delivery. Health care financing in Ethiopia is highly dependent on government budget supplemented by cost sharing (user fees, and donor funds such as from local NGO, international NGO, CBOs, voluntary group supports (Fairbank, 2001).

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Table 5: Budget Allocations for Health Service Delivery in the Region (2001-2004)

Year in E.c	Adjusted Budget	Actual Budget	Surplus/Deficit
2001	48,978,519.75	49,360,337.82	380,818.07
2002	59,326,888.81	58,157,268.48	1,169,320.33
2003	81,279,059,56	80,256,364.23	1,022,695.33
2004	166,860,853.09	152,659,650.93	14,201,202.36

Source: ANRS Finance and Economy Bureau, 2013

As it can be depicted from the above Table 5, the regional state faced budget deficit in 2001 E.C by 380,818.07. But, for the last three consecutive years the regional budget used was surplus from 2002-2003 which accounts 1,169,320.33, 1,022,695.33 and 14,201,202.36 respectively. From the interview with the regional health bureau, the region has the problem of budget usage because of inappropriate budget planning of woredas.[11]

Human Resources capacity for Health Service Delivery

Sufficient professionals are essential in the implementing of decentralized public service delivery. As many scholars mentioned that lack of skilled man power or professionals affects the effectiveness of decentralized public service delivery in general and health service in particular (Tegegne and Birhanu, 2004). In the region, health posts and health centers are not sufficiently staffed. In this region, there are 404 kebeles. From these kebeles there are only 294 health posts in the region. But, these health posts are not sufficiently staffed. As the regional Health bureau head "some kebeles lacked health extension workers due to various reasons like absence of training program and unavailability of adequate labor force in the market."[12] In the region, both pre-existing and upgraded health posts to health centers are not appropriately staffed due to lack of professionals. In relation to this the regional Head of Health bureau stated that "in the region all health centers are below 50% in their professional staffing due to lack of sufficient health professionals in health centers, lack of infrastructures such as pure water and electricity etc."[13]

Table 6: Ratio of health professionals to the population

Professionals	Number	Ratios to total population
Doctors	21	1:67,195
Specialists	0	0
Health officer	50	1:28,222
Pharmacy	99	1:14254
Nursing	477	1:2,959
Health Extension Workers	572	1:2,466

Source: Afar Regional State Health bureau, 2013

In the study region, doctor to population ratio is 1:67,195, health officer to population 1:28,222, nurse to population 1:2,959, pharmacy to population ratio 1:14,254 and HEWs to population 1:2,466. In the region, only a few health centers have laboratory technicians, pharmacy and pharmacy technicians. The majority health centers and hospitals in the region lacked those core professionals who are keys for effective health service delivery. Similarly, most of the health centers have no sufficient midwifery and delivery service for pregnant women is in the process of implementing by others who are not sufficiently skilled. The delivery service is done by health officers and clinical nurses who are not specialized. As FGD participants mentioned that sometimes in rural parts of the region, the health centers and health posts closed in working days because the health workers spent their time in towns rather than helping the people. So, based on this data the woredas are far from minimum national primary health care standards in health professionals to deliver effective public health service for the communities. To reduce the health professional scarcity, the regional Health Bureau planned to employ health professionals to enhance heath service delivery in the region.

[11] Ibid

[12] Interview with Ato Mohammad Ahmed (Deputy Head of Health Bureau) In 04-12- 2012.

[13] Ibid

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Community Participation for Effective Decentralized Health Service Delivery

Effective decentralized health service delivery requires active grass root communities' involvements in multi-dimensions. The participation of local communities in creating the structure and designing policies and proposals, decision making, managing , implementing programs , the communities finance and non-financial contribution and evaluating of the socio economic development projects and programs are essential in decentralized service delivery (Tegegne and Kassahun,2007). To meet effective health care service delivery one of HSDP III strategies was also emphasized to community participation in the planning, implementing, monitoring and evaluating of health care. Various reports and books showed that decentralization has ensured substantial to increase communities' contribution. Nevertheless, in the regional state, woreda Health Offices are not fully capable to mobilize local communities and other local resources. The regional Health bureau had capacity limitations to mobilize Woredas communities for effective health care service delivery. Woredas' communities participation in health service are very limited both in financial and labor towards the establishment or maintenance of a facility, construction of health posts , HC, malaria prevention ,home construction for HEW, and HC workers, and preserving them. But as regional deputy Health Bureau Head mentioned that "the communities' participation in decision making process, monitoring and evaluating the health projects and programs of the woredas are null."[14] From this it is possible to understand that in the region, community participation is very low even the Woreda administrators and Woreda Health Offices had low mobilization capacity and awareness in involving the communities in decision making, designing, structuring, and evaluating of health programs and health projects.

Challenges and Opportunities of Decentralized Health Service Delivery in Afar National Regional State

In ANRS, there are both challenges and opportunities for enhancing effective health care service delivery. As mentioned in the previous section challenges that hinder the effective health service delivery are: shortage of human resources both in the Woredas Health Offices, health centers and insufficient financial capacity. On the other hand, there are also good opportunities to enhance effective health care service delivery in the region as it brings villagization.[15]

Challenges of Decentralized Health Service Delivery

The challenges of decentralized health service delivery in region are: insufficient revenues, scarcity of human resources, poor road infrastructure, lack of safe drinking water and sanitation supply, lack of sufficient awareness about the decentralized service delivery, lack of electricity, and lack of effective coordination in the Woredas are challenges of effective primary health service delivery.[16]

Lack of Electricity /Power: - Electric power is decisive for effective and sustainable health care services provision. Ethiopia is known as water towers which is important source of electricity /power. The country's majority populations have not been benefited from electric power. Electricity power is essential to provide health service but it is not enough to increase health service provision performance in most health institution in Afar National Regional State. Many of the health institutions have no sufficient electric power which has great impact in the provision of effective health services delivery.[17] All health center and health posts do not have generators and electric power. In some health centers even the generators stop its functions due to the increasing of oil price and to cover the increased price there is the budget deficiency.[18] Due to this health centers in the woredas hindered to give effective health services. From the interview the generators dependency on petroleum creates the service delivery problem. The petroleum distribution takes time until the auditing takes place. In addition there is transport problem to distribute the petroleum quickly across woredas.[19] So, luck of

[14] Interview with Ato Mohammad Ahmed (Deputy Head of Health Bureau) in 04-12- 2012.

[15] Interview with Mohammad Hamza (NARM) 03-01-2005 E.C

[16] Interview with Ato Mohammad Ahmed (Deputy Head of Health Bureau) In 04-12- 2012.

[17] Ibid1

[18] Ibid

[19] Ibid

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electricity in the rural health centers, negatively affects effective health service delivery.

Lack of Awareness about Decentralized Service Delivery:- Another key challenge for effective decentralized health service delivery was found to be the perception gap between service seekers and providers about the basic principles and benefits of decentralized service delivery. According to the health policy of Ethiopia and Woreda officials' decentralization improves control and the mobilization of resources from local and international source.[20] From FGD participants, regardless of many impediments which need further improvement, Service deliveries have been improved in recent years than before. The service providers and service seekers have problem of awareness about decentralized service delivery. On the service provider side, the woredas administrators are not efficiently trained in related professions. In the region, the implementation of decentralization is at its infant stage. Due to this the woredas officials and health professionals are not motivated to give sufficient health service to the community." [21] The regional pastoralists and semi pastoralists are not voluntary to participate in different conferences with health workers and most of the time they expect that the goal of the conference is for the benefit of government officials, and HEWs to get per dim. When they asked to participate in the conference for solving health related problems what they faced, they are not volunteers to cooperate with HEWs. Their participation in health service improvement is low in relation with the existing health problems such as shortage safe drinking water supply, transport, electricity etc.

Lack of Effective Coordination: - Effective implementation of decentralized service delivery at the local level requires the active community participation, good coordination between or among different government sectors, NGOs, GOs, and with local communities (Tegegne, and Kassahun, 2007). For the accomplishment of tasks there is always vertical and horizontal coordination. In this context the vertical coordination is to mean that the coordination of woreda health office with zonal health department, regional health bureaus, and Federal ministry of health. The horizontal coordination includes at the Federal level the coordination ministers; at the regional level the coordination of different bureaus, at the woreda level coordination of different sectors such as the coordination of the woreda health office with the woreda water and sanitation office, education office etc. From the interview, there is no sufficient coordination in the region both at woredas, and regional between or among the public sectors. The regional Health bureau has no sufficient coordination with the regional Finance and Economy bureau, regional Water and Sanitation bureau, regional agriculture bureau and regional Cabinets etc.[22]

Transportation Problem: - Road infrastructure and availability of sufficient vehicles in the region is essential for the woredas health office for its effective health service delivery to the communities in the woredas. Transport is one of the key elements for the local regional and national development. In relation to this, in Afar National Regional State, there is critical problem of transportation. In each zone the office suffers by shortage of vehicles even the existing vehicles need repair. In addition the topography itself has great impact of on mobility of goods and services such as medicines and zonal supervisors. The road infrastructural development in the region is low especially in rural parts[23].

Lack of Adequate Community Participation:- Active community participation is very essential for effective decentralized service delivery. All the FGDS are not satisfied with the existing primary health service delivery in the region. In general, lack of effective community participation in planning, implementation and in decision making in development activities in the region is visible. Environmental problem: - Afar National Regional State is characterized by Pastoralist and Semi-Pastoralist. The desert climate influences health Service delivery in such a way that health professionals cannot deliver effective preventive approach primary health care service to the clients because of climate and their nomadic nature of life.

Opportunities to Improve Decentralized Health Service Delivery

Despite of the fact that, the existence of many hindering factors which reduces the quality of health service delivery, on the other hand, there are also

[20] Ibid

[21] Interview with Ato Awoke Mekonnen Amibara Woreda Health office Head 16/03/2005E.C

[22] Interview with Seid Kebede (Abala Woreda Health Office Head) 16-03-2005 E.C

[23] ibid

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good opportunities to improve health services delivery in the region. The opportunities are from different perspectives. These are from administrative improvement after BPR implementation, from communities' awareness improvement. In the region, before BPR implementation the health centers were suffered by high scarcity of drugs and medical equipments. But after the implementation of BPR to reduce this complex hierarchical bureaucratic problem the Federal Ministry of Health distributes drugs and equipments directly to health centers, MoH also build some health centers when the region and woredas are not capable to build due to financial and human resources constraints which saves time and bureaucratic complexity. After the Ministry of Health built some health centers and distribute equipments the management fall in the region Health Office. From the interview, stated that the direct linkage of MoH and health centers improved the public health services delivery to some extent.[24] Another good opportunity is that, the communities' awareness became improved due to the expansion of formal and non-formal education. Pastoralists' children primary education increased time to time and students are the expected an agent of change in keeping of hygiene. There are also another good opportunities to improve decentralized public health service delivery in the region.

Cooperation with Mekele University: - ANRSHB works in collaboration with MU in order to solve human resources scarcity. Health service delivery in the region lacks sufficient human resources. So, Mekelle University agreed with ANRSHB to train professionals to enhance public health service delivery in the region.

Villagization: - In ANRS the population settlement is dispersed and mobile. In addition to this, the living condition hindered effective public health service delivery. Currently in Ethiopia, in four emerging regions (Afar, Somali, Gambella, and Benshangul Gumuz) villagization program led by the federal government to enhance effective public service delivery.

NGOs in the region: - For effective decentralized public health service delivery the role of NGOs are vital. In ANRS there are many NGOs involved in helping of health sectors such as CDC Ethiopia, USAID, WASH, UNICEF and APDA.

[24] Interview with Ato Mohammad Ahmed (Deputy Head of Health Bureau) In 04-12- 2012.

CONCLUSION

Pertaining to the major findings derived from the discussion and interpretation of the data collected through key informant interview, focus group discussion, passive observations and document analysis the following conclusions are made:

1. In the region, the effort made to increase the number of health centers and health posts has been encouraging. To this effect, except a few kebeles have health post. However, this achievement could not be seen in the quality of health care service provision which is affected by: HEWs to community ratio, health center to community ratio, nurse to community ratio, health post to community ratio, doctor to community ratio, by their poor necessary facilities like laboratory, water and electricity.
2. The introduction of decentralization policies aims at, increasing communities' participation in the planning, implementation, management, monitoring and evaluation of their socio-economic development. However, in the study regional state, the participation of communities in the planning, implementing, managing, monitoring, controlling, and evaluating are very low.
3. In order to manage and strengthen decentralized health service delivery, it needs adequate financial and human resource. Unfortunately, in the region health centers have high shortage of processionals. All health centers have been below the minimum national standard in their human resource. The regional Health bureau had weak performance in child immunization and maternal health care.
4. The major challenges in ANRS which hinders the effective decentralized primary health care service delivery are: shortage human resource, lack of awareness both in the service providers and service seekers, transport problem, lack of infrastructures such as electricity and road, absence of career structure (incentives), stepping down of health extension workers training at the national level are some of the factors brought negative impacts on effective health service delivery.

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5. There are good opportunities that could enhance decentralized health service delivery. These are: the beginning of villagization, cooperation with Mekele University, increasing of government institutions, existence of many NGOs in the region.
6. Decentralized health service delivery requires much amount of financial resources. In order to realize the decentralized health service delivery duties and responsibilities, proportional amount of budget should be decentralized to Woreda Health Office, and health centers. However, woreda's and health centers have not been empowered to strengthen their human and financial.

4.2. Recommendations

1. Taking into considerations the findings obtained and conclusions drawn, the fol lowing recommendations are made:
2. Health centers and health posts in ANRS has acute shortage of human resources both in number and qualification. However, decentralization program cannot be useful mechanism for enhanced and efficient health service delivery without sufficient and qualified human resources. Thus, the ministry of health and the health bureau should have to strengthen the human resource capacity by giving both long and short term trainings for health professionals and woreda health office staffs. To reduce this problem the health bureau should strengthen its cooperation with Mekele University, and begins also with other universities.
3. In the Region there was great problem in water and sanitation service delivery. To reduce the problems governmental and non-governmental organization should be participated and they should emphasis on the quality of water projects building for their long sustenance.
4. Although, the budget for the region increased in four consecutive years for development activities in general and in health sector in particular, still there is financial shortage in the region. So, in order to reduce the financial resource problems the region should be empowered to mobilize internal and external financial resources.
5. The regional health bureau has not been guided with well organized human resource and financial plan. This in turn makes problem to identify percentage of resources shortage.
6. In the study region one of the hindering factors which affect the health sector under decentralized system was the lack of awareness about decentralized system both in service providers and communities. So, the region should give sufficient workshops and trainings for them especially for service providers.
7. The establishment of villagization in some Woredas is good for the enhancement of effective preventive approach decentralized health service delivery. So, the regional state should strengthen those opportunities.
8. The vitamin A infant immunization in the region is almost insignificant. So, The Regional Health bureau should increase and expand to all rural kebeles through health extension workers.
9. Lastly, this study only assessed the challenges and opportunities of decentralized health service delivery. Then, further, could be done in other sectors and in study regional state.

REFERENCE

Alan Fairbank (2001).'Improving the quality of services and adjusting user fees at Ethiopian government health facilities:' estimating the potential impacts of implementing various options. Addis Ababa:

ANRS. (2002).The Revised constitution of Afar National Regional State.

Armando Arrendo and Emanuel Orozco (2006). Effects of Health Decentralization, Financing Governance in Mexico. http://www.ilazate.com.ar/epss/mt-

staticarchives /documents/ rredondo-orozco / decentralization%20mexico.pdf Accessed at 10/09/2012

Dejen Abera (2011). Fiscal Decentralization for Effective Municipal Service Delivery: The case of Debre Tabor Town. Addis Ababa University: published MA thesis

FDRE (1995). Constitution of the Federal Democratic Republic of Ethiopia. Addis Ababa: FDRE.

Geoffre B. Tukahebwa (1998). "The Role of District Councils in Decentralization" in Apollo (ed). Decentralization and Civil Society in Uganda. Kampala: Fountain Publisher.

Getahun Tafesse 1999. "Poverty and Poverty reduction in Ethiopia" in Tegegne Gebreegziabher, Abdul hamid Bedri, Workneh Negatu and Dilnessaw Asrat (eds), Aspects of Development Issues in Ethiopia. Addis Ababa: Addis Ababa University Printing Press.

Gorge Anderson.2008.Federalism: An introduction. Forum of federations, oxford university press.

Kumera Kenea (2006). Decentralized Governance and Service Delivery: A case study of Diselu and Tijo woreda of Arisi zone, Oromiya region. Addis Ababa University: Unpublished MA Thesis.

Lijalem WakGari (2008).District level Decentralization program and service delivery: *A case study of Gimbi Wereda, in Oromiya national regional state,* Ethiopia. Addis Ababa University: unpublished MA Thesis (RLDS).

Meheret Ayenew (2006). Rapid Assessment of Decentralization in Ethiopia: Addis Ababa University, Addis Ababa

Meheret Ayenew.2002. "Decentralized *Municipal Management in Ethiopia*:" A Rapid Appraisal of Five Municipalities.

Ministry of Health. (2007). Health Extension Program in Ethiopia Profile. Addis Ababa: Health Extension and Education Center.

Ministry of Health. (2010). Health Sector Development Programme IV, Addis Ababa, Ethiopia

Nina Boschmann .(2009). 'Local Governance and Decentralization'. Development partners Working group on Local governance and Decentralization. Fiscal decentralization and options for donor harmonization.

Solomon Nigussie (2008). Fiscal Federalism in the Ethiopian Ethnic-based Federal System. Netherlands: Utrecht University.

Tegege Gebre-Egziabher and Kassahun Birhanu (2004). The Role of Decentralized Governance in Building of Local Institutions, Diffusing ethnic conflicts, and alleviating poverty in Ethiopia in Regional Development Dialogue Vol. 25 No.1, 2004, United Nations center for regional development. Japan Nagoya.

Tegegne Gebre-Egziabher and Kassahun (2007). 'A Literature Review of Decentralization in Ethiopia.' In Taye Assefa and Tegegne G/her (eds). Decentralization in Ethiopia. Addis Ababa: Forum for Social Studies.

Tesfaye Tadesse (2007). "Decentralization and Education Service Delivery: the Case of Moretenn a Jirru and Bereh Aleltu Woredas in North Showa" in Taye Assefa and Tegegne Gebre Egizabher (eds).*Decentralization in Ethiopia*. Addis Ababa: forum for social studies.

Transitional Government of Ethiopia (1992). The Health Policy of the Transitional Government of Ethiopia. Addis Ababa, Ethiopia. The Fifty-Fifth Session of the Regional Committee for South-East Asia. Retrieved from; http: //www.who.int/topics/health_/services/en/ accessed at 10/09/2012.

Acronyms

ANRS	Afar National Regional State
ANRSHB	Afar National Regional State Health Bureau
APDA	Afar Pastoralist Development Association
BoFED	Bureau of Finance and Economic Development
BPR	Business process re-engineering
BSC	Bachelor of Science
C/nurse	Clinical Nurse
CBOs	Community Based Organizations
CDC	Center for Disease Control
CSA	Central Stastical Agency
DLDP	District Level Decentralization Program
EFY	Ethiopian Fiscal Year
FDRE	Federal Democratic Republic of Ethiopia
FGDs	Focus Group Discussions
GOs	Governmental Organizations
HC	Health Center
HEWs	Health Extension Workers
HSDP	Health Sector Development Program
HSDP	Health Sector Development Program
MDGs	Millennium Development Goals
MoH	Ministry of Health
NARM	Natural Resourse Management

NGO None Governmental Organizations
SNNP Southern Nations, Nationalities and Peoples
TGE Transitional Government of Ethiopia
UNICEF United Nations International Child Emergency Fund
USAID United State Agency for International Development
WASH Water and Sanitation Hygiene

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