

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**ASPECTS OF DECENTRALIZATION
PRACTICES IN SIDAMA ZONE OF THE SNNP
REGIONAL STATE: A FOCUS ON DALE AND
BENSA WEREDAS.**

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Regional State: A focus on Dale and Bensa Weredas.**

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Abstract.

Since 1992, Ethiopia has embarked on extensive decentralization and regions have been given extensive decision making power and responsibilities in administering their respective regions. However, if we understand decentralization as making governance closer to people and strengthening local/ wereda government little is done at wereda level.

The situation in Sidama zone indicates that local government officials have no clear idea as to what belongs to the wereda and what belongs to the higher level. The weredas have little or no autonomy to plan and make decisions and no sources of revenue, which could be used, for local development activities. Moreover, they are highly dependent on zone for recurrent budget and the capital budget does not flow to wereda level. Regarding service delivery, although considerable expansion is witnessed, due to lack of standard and quality problems most of the health posts and health centers could not be used for intended purpose. Moreover, little attention was given to recurrent cost of the institutions and manpower requirements.

Therefore, to make decentralization meaningful, wereda government should be empowered to raise some financial resources, which could be used for local development. The capital budget should reach to wereda level and wereda should be empowered to prepare plans and implement some projects according its capacity. Moreover, to avoid confusions and ambiguity, powers and functions of each tiers of government should be clearly specified and listed. Added to this in order to avoid wastage of resources local level development efforts should be coordinated by responsible government organ and the public sector should monitor and support the activities of other stake holders at local level.

Chapter I

1. Introduction

1.1 Background

Decentralization has been a popular strategy to overcome the ills of centralized system of government and administration in developing countries. Although lack of responsiveness of the central government to regions or localities is thought to be the main reason, motives behind decentralization are diverse (Manor, 1999; Gasper, 1997; Mazinga and conyers, 1996). Review of the available literature on the issue indicates that the reasons that contributed to the origin of policies of decentralization were started with the development of post war and post independence period. However, experimenting with the policies became more popular in the 1980s. In this regard, Cheema and Rondinelli (1983:10) and Mazinga and conveyers (1996:78) have outlined four major historical converging forces, which brought interest in decentralization. These are: disappointment with the results of centralized system, the "growth with equity" policies of 1970s, the increasing socioeconomic complexities of developing countries and the current wave of democratization through out developing world.

To date various studies have been conducted to evaluate the viability/ usefulness of decentralization policies in developing countries. However, as the commentators indicated, there are no clear results (Rondinelli et al. 1983; Gasper, 1997). Even in the literature, the failure of decentralization policies is more pronounced /represented than its success. Some writers attribute its failure to design problem, some to organization and implementation problem and others to lack of political commitment and politico cultural history (Olowo, 1995: 84-87 Rondinelli, 1983). Although there has been very little promising results, many countries are decentralizing authorities and responsibilities to sub national entities. The major reason seems to be that the objectives of decentralization are plausible and worth pursuing.

Since 1992, Ethiopia has been in the process of decentralization and the precedents that forced to resort to the strategy are more or less similar to many African and other developing countries. In the discussion of decentralization process in Ethiopia, it is important to look in to the political administrative history and the cultural linguistic

aspects as these issues may help our attempt to explain the process of decentralization in the country.

Beginning from the late 19th century, Ethiopia has been maintaining a strong centralist state (Eshetu, 1994; Meheret, 1998; Tegegne, 1998). According to Eshetu, the period of Menelik has witnessed "the first serious attempt to introduce a centralized system of administration" (1994:167). The process of centralization was however further strengthened and institutionalized in modern sense during the period of Hailesilassie. Researchers have also indicated that the first attempt to decentralize administration was made during the period of Hailesillasié (Tegegne, 1998). In this period proposal was presented to the parliament to experiment with decentralized administration in certain selected *Awrajas*. But the then parliament did not accept the proposal, because it had perceived decentralization as a threat for "national unity". Other wise the period of Hailesillasié was characterized by highly centralized system of Administration and the regions had little autonomy in decision making of any kind.

Then, after the fall of Hailesillasié regime, Ethiopia has been administered by the Military government which (1974-1991) followed the socialist ideology copied from U.S.S.R and other socialist countries. This system of government by and large favors centralized government administration, central planning and patronage of the state. Although the military government had made some attempts, (formations of autonomous regions and other sub *woreda* structures) it was viewed as a window dressing since the so-called decentralized entities lacked the power to make major decisions (Tegegne, 1998; Meheret, 1998; Eshetu, 1994). In this period more than any thing else the hand of the central government was highly stretched. The private sector and other actors were neglected in the national development effort.

On the other hand, researchers (Meheret, 1998; Eshetu, 1994) argue that Ethiopia is a country with diverse culture, language, physiography, poor transport infrastructure and dispersed settlement pattern. These factors may pose a problem for centralized system of government and administration.

Hence, owing to the diversities and long standing ethnic problems, there is a consensus among scholars in that, decentralization strategy has important role in solving major

political and administrative problems of the country regardless of the way it is implemented. Thus, although there has been a considerable influence of international situation, there are also available cases to justify the need to decentralize government administration in Ethiopia.

Due to these internal forces and international environment, the power and responsibility of central government since 1992 was devolved legally to regions based on the proclamations 7/1992,33/1992 and 41/1993. More over, these proclamations were strengthened and backed by the 1995 constitution of Ethiopia.

How ever, to use Gaspers remark, "Decentralization can never simply be instituted by a set of legal decrees. It requires many measures and years of information, dissemination, incentives, training, discussion, and mobilization and ongoing informal coordination"(1997:68).

1.2 Statement of the Problem

Ethiopia has embarked on extensive decentralization (the devolution type) since 1992. According to the 1995 constitution, the nine regions and two autonomous regions (Addis Ababa and Diredawa) have been given extensive decision making powers and responsibilities in administering their respective regions. Among other things, the main purpose of decentralization in Ethiopia and elsewhere is to make governance closer to people, so that local government become responsive to the interests of the communities. It is also assumed that, the closeness of governance would lead to better service delivery, popular participation, (which could be expressed in different ways) greater autonomy and accountability of local government.

However some studies under taken on decentralization process in Ethiopia (Tadessie, 1996; Meheret, 1998; Tegegne, 1998; Derebssa, 1998) indicated that, the usual problems associated with decentralization are cropping up. Therefore, as the country has little experience in the implementation of decentralization strategy, there is a clear demand to under take continuos inquiry or investigation, not only at national level but also at regional and sub regional level to clear out ambiguities and confusions in the process of implementation.

To begin with, there is a tendency to understand decentralization as the opposite of centralization or some thing equal to creating other sovereign state. There has been a lot of confusion and misunderstanding between different levels of government about their roles, responsibilities and power. For instance, some, preliminary discussion with the planning and project departments of the Ministry of Health (MOH) and Ministry of Agriculture (MOA) indicated that regions are unwilling to cooperate with the center, especially in providing the necessary data and information. Even if they are willing and provide it, the information has serious problems. More over, according to the same sources, the so-called technical assistance expected from the federal government may not usually be accepted by the regional governments. On the other hand, the proclamation and latter the constitution clearly indicates that the Federal government is supposed to formulate policies and guide lines and give technical assistance to the regions. How ever, (as pointed out by Tegegne, 1998:41) the Federal Government sector ministries currently lack the necessary information and data which would help them formulate policies, strategies, guidelines and extend technical assistance. In general, there seems to be unnecessary gap between the Federal and Regional governments.

The second important problem, which needs attention in the discussion of decentralization in Ethiopia, is the level of decentralization. As it is mentioned above, the ultimate objective of decentralization is making governance closer to the citizens. Its final goal is not devolving power and responsibilities from the central government to regional governments. Depending on factors such as economies of scale, externalities and over all national goals, functions, responsibilities and decision making powers should be further devolved to the lower tiers of government. In this regard, researchers argue that *woreda* is the most viable level for effective implementation of decentralization, because of its closeness to the people, and being a unit where activities and projects are implemented.

How ever, as indicated by some previous studies, decentralization in Ethiopia remained at the regional level (Eshetu, 1994; Tegegne, 1998; Derebssa, 1998). In fact some writers argue that decentralization in Ethiopia is synonymous to centralization at regional level. This can clearly be seen in terms of fiscal decentralization, which limits the responsibility and decision making power of *woredas*. According to Eshetu (1994), fiscal

decentralization in Ethiopia stops at regional level “thus neither corresponds to the new administrative hierarchy nor resembles to the fiscal decentralization efforts made by developing countries”. Hence, there seems to be a lack of attention to the *woreda* level government as development partner. In general to make *woreda* level government as a viable unit for effective decentralization, there are a number issues and questions to be raised. For instance, given the broad national development goal and policy frame work, the responsibilities and functions of local governments; the services and goods that could be delivered; the possible institutional set ups; the available sources of revenue to deliver services and the mechanisms to ensure accountability of the local government should be clearly defined.

Thirdly, in the process of decentralization effort in Ethiopia one of the major obstacles is the lack of capacity at sub national or local level. In fact it is argued that decentralization is nothing but "building institutional capacity which is defined as the ability to set goals, anticipate needs, make informed decision and attract and manage resources" (Parry, 1997:212). The local level, however, lack training, organization and resources to effectively implement decentralization.

The last problem with decentralization in Ethiopia is the practice of popular participation. As indicated earlier, one of the major objectives of decentralization is to ensure popular participation of the citizens in decisions affecting their life. Claim for citizens participation is justified in several grounds, such as increased resource mobilization, increased efficiency in service delivery, holding the local government responsible and accountable etc. Participation is also a democratic right of people and could be as an end by it self. However, participation is a demanding concept, which requires many preconditions. Therefore, how can people participate in decision making and planning and influence local government? Is there any avenue for genuine participation? Which organizational means are available at grassroots level? These and similar questions are not well answered in Ethiopia.

The problems stated above mainly crop up due to implementation problem of decentralization. In order to address these problems, an investigation in to implementation issue is imperative.

1.3. Objectives of the Study

The implementation of decentralization can be manifested in number of ways such as decision making process and planning, service delivery, resources mobilization etc. Hence, this study has the objective of:

1. Examining the implementation of decentralization policies at sub regional level with respect to: planning and decision- making, service delivery, resource mobilization and utilization, public participation and institutional capacity.
2. Identifying design and implementation problems of the policy at sub regional level and forward some recommendations, which would contribute for successful implementation of decentralization at *wereda*, level.

1.4. Methodology of the Study

The above objectives are attained by examining the different aspects of decentralization at zonal *wereda* and sector level. With regard to *wereda* level, two *woredas* were selected from Sidama zone (Dale and Bensa). The criteria employed to select the *woredas* are; Proximity to zonal capital, Awassa; experiences of the *woredas* in decentralized system; easy access to necessary data and information and the author's familiarity with the study area. Out of the two *woredas*, Dale is the most accessible and seen, as a better performing *woreda* and Bensa is one of the remotest and seen as poorly operating *Woreda*.

Secondly, since 1992, each functional ministry in its policy and strategy documents has indicated decentralization as the number one objective. However, the time available and the scope of this paper, do not allow to see implementation of decentralization policy in each sector. Hence, the health sector was chosen to see service delivery in decentralized system and other issues. The health sector was chosen because it is one of the basic sectors hence investigating in to such sector would help draw lessons for other sectors as well.

The method used to collect the necessary data/information was interview method. Accordingly, interviews using semi-structured questionnaire were conducted with regional, zonal and woreda level experts, team leaders and heads of health sub-sector (between February and March 2000) regarding various issues of decentralization. Moreover, discussion was also conducted with planning office (at regional and zonal level) the woreda council and NGOs operating in Sidama zone. To supplement the interview and discussion necessary data were collected from annual reports and other published and unpublished documents.

1.5. Significance of the Study

1. Since the country has little experience in decentralization process, it is hoped that this study will help correct some of the ambiguities and confusions in implementing the strategy
2. To date, there are some general studies on decentralization process at the national level. On the other hand very little is done at sub regional level. It is however believed that aside from historical and cultural backgrounds, each region has its own unique path of implementing the strategy based on factors such as capacity and over all advantages. Therefore case by case analysis of individual regions will help to better understand and synthesize the results at the national level
3. It is also hoped that this paper will contribute to design policies and strategies which would help in pushing decentralization of planning and administration to *woreda*/local levels.

1.6. Limitations of the study

The most important issue in the discussion of decentralization is the degree of autonomy of the decentralized entities to make major decisions such as decision on resource mobilization and utilization project implementation etc. Hence how decisions are made with in the council is very important. For instance, whether the council is participatory/democratic; whether views of various members of the council are entertained in various meetings; whether there are groupings and circles, which influence decisions etc. Such information can be obtained by attending council meetings. However due to the available time and scope of this study, attending of meetings of the council

which takes place quarterly and annually could not be attained. Secondly, aspects of decentralization in relation to service delivery can be examined not only using health services but also by examining education, agriculture, rural water supply etc. Information obtained from these sectors would have enriched the findings of this paper. However, due to the aforementioned reasons, the researcher could not include these sectors. Hence, lack of information from the above sources can be taken as the major limitations of this study.

Chapter II

2. Review of the related literature

2.1 Definitions and Concepts

Decentralization is a concept characterized by multi objective, multi dimensions and amenable to different interpretations (Grasper, 1997; Turner and Hulme, 1997; Slater, 1998; Manor 1999). This nature of the concept has led to different definitions, wide range of ambiguities and even confusion in design and implementation of decentralization policies. Among various writers Rondinelli who has significantly contributed to the literature of decentralization defined the concept as:

...the transfer of responsibility for planning management and the raising and allocation of resources from the central government and its agencies to field units levels of government, semi autonomous public authorities or corporations, area wide regional or functional authorities, or non governmental private voluntary organizations (1989:58)

Based on the above definition, he describes four types/ forms of decentralization viz. deconcentration, delegation, privatization and devolution. But, his definition has been changing since early 1980s. For instance, in his early works of 1981 Rondinelli has “included parastatals and particularly regional development authorities within the meaning of decentralization” (Turner and Hulme, 1997:155). But in his works of 1986, he emphasized the replacement of state agencies by private business and non-profit organization. And in 1989 he presented privatization as the first priority when he defined decentralization as a "situation in which public goods and services are provided primarily through the revealed preferences of individuals by market mechanism”(Rondinelli 1989:59).

However this definition is criticized by commentators on the grounds that it gives more emphasis to managerial/administrative aspects and neglects the political aspect (Olowu, 1995). Mawhood defines decentralization more broadly as:

The creation of bodies separated by law from the national center in which local representatives are given formal power to decide on a range of public matters; their political base is the locality; their area of authority is limited but within that area the right to make decisions is entrenched by the law and can only be altered by new legislation. They have resources, which subject to the stated limits are spent and invested at their own discretion (1993: 1-2).

Thus this definition implies the ideal form of decentralization (devolution). Because it understands the concept as the creation of territorially defined separate bodies that have not only functions and responsibilities but also decision making power backed by law.

Further more, in an attempt to broaden our understanding of the concept, Conyers explain the subject in terms of key dimensions. These are the types of activity for which authority is shifted, the type of power or authority that are decentralized, the level or levels to which power is decentralized, the individuals or organizations to which power is transferred and the means of transfer (Conyers, 1990: 19-26). She argues that there are certain authorities and functions that can be decentralized or partially decentralized either to regions or sub regional entities. More over she indicates that decentralization does not imply pushing all the powers functions and responsibilities of central government to regions, districts or village.

In this regard Turner and Hulme pointed out that her definition permits “the recognition of much wider Variety of forms of decentralization, making it more feasible to explore the relationship between variables and judge whether comparisons are appropriate (1997: 155-156). On the other hand, although the whole concept of decentralization is devolving power to sub national entities to grass roots, skeptics argue that in the 1990s decentralization is all about deregulation, privatization (economic liberalization) and rolling back of many of the economic and social functions of the state. Hence the definition given above by the authors may give us a clue about the subject and the discussion of decentralization in this paper can be understood in the same manner.

2.2. Functions and Responsibilities of Local Government

As indicated above decentralization is about sharing of powers and functions to sub national tiers of government by legal or non-legal means. This implies that, decentralization is not the concept, which is the opposite of centralization, and it is not an exercise of pushing functions on to the communities/grass roots or separating government. In this regard authors on the subject pointed out that decentralization and centralization are not attributes that can be dichotomized' rather they represent hypothetical poles on a continuum (Conyers and Hills 1986:213; Turner and Hulme 1997:152; Gasper, 1997). This indicates that each tiers of government has its powers and functions and also collective responsibilities. Therefore, although it is a challenging task to decide about what rightly belongs to each tiers of government and what they can do together, responsibility and power sharing arrangements work well when they are clear. More over, there should be laws, regulations/rules and directives that clearly outline the relationship among different levels of government administration. The clarity of powers and functions and appropriate regulatory frame work help to hold each tiers of government accountable and responsive of its activities (Oyugi, 1993:213; Parry, 1997:212-213; World development report, 1999/2000:115).

Regarding allocation of functions between various levels of government there is no universally acceptable formula. It may vary from country to country depending on the characteristics of the goods or services and the situational context (Eshetu, 1994). However, it is argued that the central government must retain a core of functions over essential national matters and ultimately has the authority to redesign the system of government and to discipline or suspend decentralized units that are not performing efficiently. Currently, there is a consensus in that goods or services that have economics of scale; with wide spread externalities or that extend spatially beyond a single locality or goods or services that have national importance, (e.g. defence, foreign affairs international and interregional trade, currency, highways, immigration, environmental legislation, communication) may be provided centrally (Turner and Hulme, 1997:154,Eshetu, 1994).

On the other hand, Local governments are assigned functions that were considered to be predominantly or entirely local in nature and difficult to manage from the center. Such functions usually include agricultural extension, provision of primary education facilities, provision of basic health facilities and services, maintenance of rural roads, operation and maintenance of village water supply, organize community development, forestry and land control etc. (Mawhood, 1993; Reilly 1993; Manor, 1999). However, this does not mean that all the listed functions are the sole responsibilities of local government. Even a single service (e.g. education) can be organized at local, regional and national level.

2.3. Historical background of decentralization

In the discussion of development policies of developing countries three theories are frequently used. These are the modernization theory, the dependency theory and the neo-classical economic theories. These theories also give explanations (rationales and justifications) for decentralized government administration and management.

To begin with, in the early 1950s and 60s the post-war and post colonial developments (distrust in market, suspicion in the international economy and acceptance of the Keynesian ideas) had led to the belief in the “efficacy” of government control in the economic development of nations (Kruger, 1995). In this period of modernization developing countries were highly influenced by the economic theories of capital intensive industrialization. This theory by and large favors large-scale industries, concentration of investments in growth poles, capital and technology transfer and dispersal of development to the periphery (Stor, 1981:41). To achieve these goals comprehensive national plans were required and central planning was proposed as a tool to attain rapid economic growth (Rondinell and Cheema, 1983; Conyers and Hiills, 1986; Turner and Hulme, 1997).

Among other things four factors have contributed tremendously to choosing central planning as an important tool for economic development. These are, the strength of Soviet Union, the success of Marshal plan in Europe and war time planning in U.K and U.S.A, the socialist development theory and the interest of international lending agencies. (Hulme and Turner, 1997:133, Manor, 1999).

However, by the end of 1960s and 70s the goals of development through concentration of investment and central planning were not achieved. Instead, problems such as acute shortage of food, income inequality and unemployment became rampant. The great majorities of countries have failed to realize income and output targets. Then policy makers and writers on the development issue started to question the effectiveness of the development strategy based on large-scale industries and strong central control of the economy (Lee, 1981; Stohr, 1981).

Due to this reason, in 1970s the strategy of maximization of growth through rapid industrialization was discredited. Alternative strategy was sought for and there was a shift in paradigm in theories of development from modernization to growth with equity. Hence, alternative strategies, (which are called the employment-oriented strategy and the redistribution with growth strategy respectively) were proposed by ILO and the World Bank (ILO, 1970; Chenry et al. 1974 in Lee 1981). When we look at the strategy of the ILO, the emphasis was on labor intensive technology, encouraging small scale and informal sector to alleviate mass poverty and reduce mounting unemployment and under employment. The strategy of redistribution with growth of the world bank also argues that there is a wide scale income inequality and government intervention is required to redistribute outputs incrementally to poor section of the society in order to assist them for asset generation.

Based on the proposals of ILO and World bank, governments and donor agencies focused on the provision of basic needs, territorial development and concepts such as indigenous knowledge, appropriate technology, public participation, bottom up planning were given more emphasis in rural development (Stohr, 1981:43; Rondinelli, 1983:12). These concepts in turn require new organizational structure, which is more suitable for the implementation of egalitarian policy and this ultimately brought interest in decentralization (Mangiza and Conyers, 1996:78).

In this regard Slater points out that:

Since 1970s the international technocracy has been sustaining ideas of decentralization through an interrelated series of schemes, such as the promotion of intermediate sized and small towns, integrated rural development, self-help housing and the championing of the informal sector (1989:516).

However, according to Lee, the approaches proposed by both ILO and the World Bank fundamentally did not shift from the pre existing growth strategy. Because they argue for modification of investment criteria's and using some top-down interventions with the help of centralized macro-economic planning and manipulation of macroeconomic aggregates (1981: 110-111). Hence, although attention was given to regional and local developments it was under the auspices of central government and centralized planning (it is based on top down government intervention). Consequently, as the activities of government begun to expand due to the formation of decentralized functional units, it become extremely difficult for central government to plan and administer all development activities effectively and efficiently from the center.

Moreover, the 1980s witnessed more complex problems such as fall in the per capita income, low per capita food production, debt burden, inflation, environmental deterioration and epidemics such as Aids (Kasfir, 1993:42). In this regard Manor points out that“ since early 1980s economic crises has been by far the most important factor for the introduction of ambitious reforms” such as decentralization (Manor, 1999:24). It was argued that due to these economic problems many governments in developing countries could not provide basic services and facilities (health, education, safe water supply etc.) efficiently and effectively to the citizens.

Hence using the weakness of the central government for justification, in the1980s and 90s decentralization has been explicitly driven by neo-liberal ideologies. These ideas which propose markets for improved and efficient provision of public services are marked under the banner of “the current wave of democratization” (Magniza and Conyers, 1996:78; Kasfir, 1993:42).

Accordingly, decentralization in the 1990s has been assisted by massive political and economic intervention of the international donor community including the World Bank, which urge governments to refrain from direct involvement in the economic production and advising it to create enabling environment for other actors. In this regard currently countries which are willing to promote decentralization even receive support/technical assistance from multilateral and bi-lateral aid agencies. For instance, World Bank involves in decentralization through bank funded projects; supporting sectoral decentralization strategies; through loans to sub-national government and structural adjustment program loans to intergovernmental transfer etc. (Turner and Hulme, 1997:151; Litvack, 1998.)

2.4. The theory of Decentralization

Although the motive behind decentralization is diverse and mixed, many authors agree that decentralization has significant benefits as it combines the appeals of both planning and democracy (Gasper, 1997; Litvack, 1998; Manor, 1999; Rondinelli and Cheema, 1983; 14-16; Conyers and Hills, 1986; 216-222, Kasfir, 1993:24). Some of the benefits/objectives are public participation in planning and decision-making, improved public service delivery, responsiveness and accountability of local government, equality and national unity etc. The claims for these benefits are underpinned by different theories and the emphasis in the discussion of the benefits vary from commentators to commentators based on their academic back grounds and ideologies. Among various writers, Smith (1985) has tried to summarize the theoretical foundations of the claims of decentralization. According to this author, the normative theories, which underpin decentralization, have their foundation in politics, management and economics.

Hence based on these theoretical back grounds attempt will be made to see arguments for decentralization in the following section. However, it is important to note that it does not mean that the arguments for each of the benefits draw their theoretical underpinnings from only one discipline. For instance, participation can be justified by the grounds of economics, management and politics. Hence here the attempt is only to show the emphasis.

2.4.1. Classical Liberal Democratic Theory and Local Government.

According to this theory, the arguments for local government fall in two categories. The first one are those who claim that local government is good for national democracy. They attach values such as, political education, training in leadership and political stability. The second categories are those who claim that local government is good for local democracy. This group also relates values such as equality, accountability and responsiveness. In the following paragraphs attempt will be made to see each of the arguments briefly.

Training in political leadership

Local government is viewed as a training ground for tomorrow's national leaders. It helps leaders to develop skills in policy making, political party operation and in this way quality of the prospective national leaders will be improved. However, the view of local government as a training ground for national leaders is also debatable concept. Because, a politician who participate in local politics may have other experiences and it becomes difficult to differentiate experiences in local politics and other experiences in attempting to evaluate the performance of legislator. In addition, it is argued that experiences of political institution from local government may not be relevant to national level legislator.

Political stability

Democratic decentralization is said to contribute to the development of better and stable society. According to Turner and Hulme "political stability is secured by participation in formal politics through voting and other practices which strength trust in government so that social harmony, community spirit and political stability is achieved" (1997:157). However, to the contrary there are some contentions and in this case about three points are mentioned. First, stable democracy at national level has in many instances preceded the establishment of local democracy. Second, many countries can be identified that have experienced instability after a period of active local government. Third, it is impossible to single out the effect of national political stability of local government from other factors.

Political Equality

Local government democracy contributes to political equality by providing extra opportunities for citizens to participate in public policy making; gives additional occasion for voting, forming political association and exercising freedom of speech. More over, political equality from greater participation will reduce the likelihood of concentration of power. Political power will be more broadly distributed thus making decentralization a mechanism that can meet the needs of the poor and the disadvantaged (Smith, 1985; Coyers and Hills, 1986; Turner and Hulme, 1997). However this argument is also debatable in that local polity shows mal-distribution of power and domination by those who hold economic power. It is argued that in stratified society power like wealth is mal-distributed. Holders of economic power dominate local political institutions. Hence in this case it is argued that decentralization should be seen as part of the process by which dominant classes including those at local level, articulate their interests through state policies and institutions (Smith, 1985).

Accountability

Decentralization facilitates accountability as areal division of power provides individuals with more readily available points of access, pressure and control than centralized government. Because, government power is kept close to its origins and governmental officials are within the reach of the masters. In this regard, Turner and Hulme pointed out that "Accountability is enhanced because local representatives are more accessible to the populace and thus be held more closely accountable for their policies than the distant national political leaders"(1997:157). A vote at local level is unique mechanism for populace to register its satisfaction or dissatisfaction with the performance of representatives.

Responsiveness

It is argued that local government is responsive to the needs of the communities because, decision-makers have better knowledge of their locality to identify needs and answer to

the interests of the localities (Conyers and Hills, 1986:218). Local knowledge, which is a prerequisite for responsiveness and flexibility in determination of local priorities can easily, be obtained by local government than the central government. Moreover, local government as a mediator between communities and higher level government has access to both the information of the localities and the higher level government. This increases the capacity of local government to reflect the demands and opinions of the society.

However, it is contended that there are many factors which affect the flexibility and responsiveness of local government. Fore instance, many of the important services administered by local authorities have national implications; hence, there is pressure to maintain such services at an equal standard regardless of area. This might highly affect the responsiveness and flexibility of local government to localities.

2.4.2. Public administration and management theory

2.4.2.1 Planning and decision making

Most of the discussions made in relation to planning in decentralized system draw their support from the public administration and management framework. This theory is much less concerned with devolution and political participation and focuses more on delegation with in organization and coordination between organization. According to this theorists the failure or success of decentralization is associated with technical aspects and design related issues. They argue that decentralization will lead to better decision making and hence, greater efficiency and effectiveness in relation to planning. According to this theory:

1. Locally specific plans can be tailor made for local areas using detailed and up to date information that is only locally available.
2. Inter-organizational coordination can be achieved at the local level.
3. Experiment and innovation fostered by decentralization increase the chances of more effective development strategies being generated and subsequently diffused.
4. Motivation of field level personnel is enhanced when they have greater responsibility for the programs they manage
5. Workload reduction at agencies at the center of government will relive them form routine decision making and give them more time to consider strategic issues so that the quality of policy should improve (Turner and Hulme, 1997:157).

Conyers has also indicated the role of decentralization in planning by presenting five arguments, which include:

- a. Decentralization increases popular participation in planning development
- b. Make plans more relevant to local needs
- c. Facilitate coordinated or integrated planning
- d. Increase the speed and flexibility of decision making
- e. Generate additional resources and encourage more efficient use of existing resources (1990: 116-18).

However, the managerialist claims of decentralization for increased technical efficiency has also counter arguments. For instance, the claims for local plans is countered by arguments that locally made plans may be inconsistent with resources and national policies; difference in local plans and provision will generate regional inequalities etc. The claims for inter organizational coordination is countered by resource constraints and management problems. Because, a large number of local units means that more resource must be devoted to administrative coordination; shortage of trained manpower will lead to decentralized agencies being staffed by incompetents. More over lack of information needed to construct a plan (such as; tax payers roll, inventory of capital resources, assessment of the local economy) makes planning at local level difficult (Conyers and Hills, 1986, Maziga and Conyers, 1996; Roninelli et al. 1983; Hulme and Turner, 1997).

2.4.2.2 Public Participation

Public participation is a loose concept, which may fit to all the arguments in favor of decentralization. For instance, accountability, responsiveness, political stability and equality could be resulted due to public participation (Turner and Hulme, 1997:156).

Among various writers Oakly has dealt very extensively with the concept of participation and tried to show different interpretations, understandings, challenges and obstacles of participation mainly giving emphasis to rural development projects. According to him the most commonly used distinction is participation as a means and participation as an end.

The idea of, Participation as a means suggests the use of participation to attain some preset goals or objectives. For instance, mobilization of the existing physical, economic and social resources in order to achieve the objectives of development programs and projects. According to Oakly, participation as a means stresses the results of participation in that the achievement of predetermined targets is more important than the act of participation. However based on decades of experiences and experimentation scholars agree that, participating in government or NGO initiated development activities could not resulted in meaningful participation.

On the other hand, participation as an end per se is compounded with notions such as, people should be central to any kind of development process; people cannot be developed, they can only develop themselves by participating in decisions which affect their well-being. Thus the argument is that the focus of government and NGOs should be on empowering the people; enhancing their capacity so that they can participate in their own affairs directly. In this regard authors such as Cohen and Uphoff (1977 in Turner and Hulme, 1997) advocated that people should participate in decisions making, implementation, benefit sharing and evaluation. Devalk however argues that "to regard participation only as a means or only as an end in itself is an extreme point of view and much depends on the nature of the state and the degree to which a genuine effort is undertaken towards rural development"(1990:7).

To the contrary Manor (1999) points out that decentralization does not facilitate community participation in development despite much expectation from such efforts due to many reasons (the character of the created authorities, difficulties to mobilize resources, cynicism about government initiative etc). He further, indicates that, village societies are often inequitable so that community spirit is limited and collective efforts tend to be seen as just another device for exploiting the disadvantaged. So he argues that genuine participation in development is often impossible "naïve dream". According to Manor, in so far participation is possible it is best achieved by local voluntary associations or NGOs, not by decentralized authorities.

After analyzing the views of different authors and organizations Oakly presents three broad interpretations of participation. These are participation as contribution, participation as organization and participation as empowerment. Whatever the interpretation or understandings, many writers agree that public participation in development projects and government is a good thing. But when it comes to the reality scholars also agree that there is a cloud of rhetoric surrounding the discussion of participation and participation in development project and government is still more myth than reality. Because there are so many structural, administrative and social obstacles that hinder the realization of peoples participation and to make decentralization work (Oakly, p.6)

Then, how can people participate in governance and development? What are the avenues for genuine participation. Are the people empowered to participate in their own affairs. What is the role of different stakeholders including government in creating enabling environment for participation?

In relation to the above questions there are two important points which would help to ensure public participation. The first one is organization. Organization is viewed as fundamental instrument of participation. Social organization are believed to be the basis to articulate needs, deliver services and in general influence decision that affect the disadvantaged public. In this regard, there has been great concern among academics, especially sociologists and social anthropologists in studying and designing appropriate type of institutions, which would help to channel development activities. However, there is strong debate among scholars about who should involve in the design of desirable social institutions. Some researchers argue that local organization can only be effectively framed through the intervention of NGOs, others argue for state intervention (Hulme and Turner,1990). For instance, Devalk argues that “the formation of local government through the policy of decentralization would open a room for greater participation. But local government is a form of induced participation, the form and content is defined by the central government” (1990:8). Similarly Turner and Hulme indicate that:

Participation becomes instrumental to internal government objectives; councils and development committee turns in to advisory boards and meeting in to hearings. In so far as real decisions are made participatory organs can also be hijacked by local interest groups or individuals; government allocation officially made to serve equity will benefit a limited number of people in the control of the participatory structure. Moreover, local elite might capture decentralized structure and consequently use them to meet its own narrow interest rather than those of the mass of local populace (Turner and Hulme, 1997:158).

In general, to use Devlaks remark, ”participation and decentralization through local government structure alone can not be very effective. More fundamental changes in society are required to make decentralization and participation meaningful” (1991:9)

The second argument is that although people are organized, organization by it self does not guarantee popular participation because, people are busy participating in their own affairs all the time. They have no extra time and money to participate in activities, which are designed by outsiders. Therefore in order to be competitive local government related decisions should be attractive enough for people to spend their time. Moreover, to attempt participation on a community basis requires sufficient important projects/programs that will benefit the whole community.

In any case, there is a consensus in the fact that development should be by people, for people but on the other hand it must always be initiated and organized. More over formation of socially homogenous group with limited differentiation is essential when we think of popular participation.

2.2.4.3. Resource Mobilization and Utilization

The most common problems raised as major reasons for the failure of decentralization are lack/unavailability of financial and manpower resources. Many scholars argue that decentralization with out adequate financial resources is meaningless and if local officials are to be held accountable for the efficiency and effectiveness of services they deliver, they must have a budgetary discretion. In this regard, Befekadu points out that “fiscal independence is highly correlated with political decentralization, the later defines the essence and the former the means of realizing the autonomy of sub-national governments” (1994:81).

However, in the literature there is counter argument which says that, local autonomy does not have to mean financial autonomy and that a healthy systems of local government can exist even where it is nearly all financed from the center. On the other hand Mawhood (1993:13) argues that this may be possible in developed countries because, citizens can put pressure on central government in many different ways (e.g. through Media). But in developing countries the citizens or tax payers have little control over the government, thus financial autonomy has a lot to do in influencing the government.

Due to this reason, Fiscal decentralization, which deals with the principle of fiscal relations between sub national government, is regarded as the most important component of decentralization. The principle of fiscal decentralization attempts to search for the optimal pattern of inter governmental fiscal relations (expenditure assignment, tax assignment and inter governmental transfer) that promote economic development (Kibre, 1994:2). According to the same author, major questions raised in the discussion of fiscal decentralization include, what types of spending should be conducted by what level of government? Which level of government should levy what types of taxes? How should grants in aid be allocated? etc.

However regarding intergovernmental fiscal relations, many scholars agree that the revenue sources assigned to the sub-national units are inadequate to help them discharge the responsibilities assigned to them. It is argued that the most “buoyant and lucrative” sources of revenue are reserved for central government and the central government also

wants to have tight control over the sub-national entities (Bulti, 1994). On the other hand, lack of capacity at sub-national level for plan preparation and execution is regarded as an impediment for further decentralization (Eshetu, 1994).

In any case, there seems to be a consensus in that the responsibilities and functions of local governments and the amount of financial resources should some how be balanced. In relation to revenue sources, Rondinelli et al. (1989:70) argues that a wide range of possible financial sources and mechanism is available at local level in developing countries to pay for services and infrastructure with out relying only on central government funds. These sources include, user charges, voluntary contribution, borrowing, cooperative saving, credit assisted self-help etc. In this regard, skeptics argue that although there is a claim for popular participation as a human right, it is often advocated as a means for mobilization of such resources.

2.4.2.4. Institutional Capacity

The most commonly given reason for not decentralizing powers and functions is that the local government lacks administrative or technical capacity (Leonard, 1983:274). Due to this reason the issue of capacity is hotly discussed topic in the literature of decentralization. Hence, it is argued that increasing fiscal, political and administrative responsibilities and setting clear rules by itself is not enough. Rather, the capacity of central government to provide technical and financial support to the decentralized entities, the capacity of local government to identify and respond to individual preferences or to deliver the promised services should be questioned and properly answered.

Litvack (1998) argues that, local administrative capacity is considered in adequate because bureaucratic requirements imposed by the center are inappropriate for local decision-makers. He also further indicates that if the appropriate functions were assigned to each level of government according to the information required for them to perform them, local capacity would probably not be as problematic. In other cases local administrative capacity is identified as a problem by central government when the central government may also lack the capacity to manage local affairs. This implies that, the issue of capacity should not be the sole problem of the local government but also the central government has to have the necessary capacity to support the decentralized responsibilities. Rondinelli et al. (1983) pointed out that to be successful decentralization policies should include a training component but others say that capacity is a complicated issue and the appropriate way to improve it may not simply be through increased training of local officials (Litvack 1998).

In dealing with capacity issue two approaches are contended. The first argument is that lack of institutional capacity inhibits decentralization so that before the process of decentralization a particular country has to build its capacity at each tiers of government according to the need. The second competing argument is that, shifting responsibilities to lower tiers of government may provide the incentive for public officials to invest in capacity building or seek creative ways to tap in to existing sources of capacity (example, private sector, NGOS, intergovernmental contractors etc.). In the discussion of institutional capacity for the decentralized system many developing countries usually face

acute shortage of staff resources. Scholars argue that in developing countries the skilled and well-trained personnel are usually concentrated around the Capital City and major urban centers because of certain advantages. The local government could not attract well-trained staffs, as it is weak and under funded. In some countries (including Ethiopia) there has been an attempt to decentralize the civil service to the regions but the success is less of the expectation.

Secondly, to fill the civil service, local governments usually employ personnel from the local areas but they may lack efficiency. In this regard, Mawhood (1993:13) and others pointed out that the central and local government employees should have equal ability and, access to employment should be based on merit/ability than other political consideration. Emphasizing the importance of central government in relation to capacity Parry points out that “the central government must not disappear with decentralization, instead it must accept a new role as a supporter and promoter of decentralization by aiding lower level of government in developing capacity to provide decentralized services” (1997:212). Mawhood (1993:12) also pointed out that central government may intervene in local affairs for reasons such as political control (law and order) economic regulation (allocation of projects) ensure minimum standard of welfare and for administrative efficiency. Hence, there should be healthy relationship between each tiers of government for smooth implementation of decentralization policies.

2.4.3 Public Choice Theory and Improved Service Delivery

The benefit of decentralization in relation to service delivery is usually underpinned by public choice theory of economics. The basic contention of public choice theorists is that under conditions of reasonably free choice the provision of some public goods is more economically efficient when a large number of local institutions are involved than a single central government. A large number of providers offer citizens more options and choices, which can be packaged as different market baskets of goods and services that meet the needs of different groups of users. Such a competition promotes efficiency, both supply side and demand side benefits are held to arise from institutional pluralism (Turner and Hlume 1997). Based on this theory, World development Report (1997:120) points out that decentralization offers the chance to match public services more closely

with local demands and preferences and to build more responsive and accountable government from below. It contends that power over the production and delivery of goods and services should be rendered to the lowest unit capable of capturing the associated cost and benefits. According to this report, market solution to service delivery offer many advantages in terms of efficiency and even equity (e.g. by enabling public subsidies to be targeted to the poor or reducing the travel cost for the poor to obtain quality service).

The report published in 1999/2000 also presents the same contention in favor of decentralization. According to this report decentralization increases the efficiency and responsiveness of governments. Because locally elected leaders know their constituents better than authorities at the national level and so well positioned to provide the public services local residents want and need. It argues that physical proximity makes it easier for citizens to hold local officials accountable for their preference. However, the report also notes that “decentralization is unlikely to work without effective institutional arrangement to foster accountability at the local level” (p.108).

On the other hand arguments in favor of decentralization for better service delivery by public choice theorists have counter arguments. For instance authors indicate that the idea of voting with feet has little relevance in developing countries, especially in rural areas. People often less mobile and when they do in numbers, it tends strongly to be for extreme reasons such as environmental devastation or outbreaks of epidemics. More over the public choice theorists are criticized for over rationalistic assumption and giving little emphasis to improve the capacity of government agencies to provide more efficiently collective goods that can not be provided through market mechanisms.

Another related point is that which institutional set up is suitable/ appropriate to deliver services. As indicated above in the past decade's goods and services have been delivered by the central government. However, currently the capacity of a government to deliver goods and services efficiently is being questioned. In this regard Helmsing argues that “public goals may be achieved through non-public means” (1999:2). Rondinelli (1989:63) also outlines the characteristics of goods, their specific requirements and alternative/feasible institutional arrangements for delivery. Thus according to him public

goods and services can be delivered by local government public enterprises, Community Based Organizations (CBOs), Non Governmental Organizations(NGOs) other voluntary organizations or by private sector (e.g. contracting out some government administrative functions). However, it should be noted that providing public goods through non-public means require strong government, which can create enabling environment for the non-public sectors (monitoring, regulation, and feasible policy intervention and design policy).

CHAPTER III

3. The sub Regional Government

3.1 Background of the study area

Sidama is one of the nine zones of Southern Nations, Nationalities and Peoples Regional State (SNNPRS), found in northeastern part of the region. It lies between $5^{\circ} 45' - 6^{\circ}N$ and $38^{\circ} - 39^{\circ} E$. The zone is relatively bounded with Oromia Regional State in the north east and south east, Gedeo zone in the south and North Omo zone in the west.

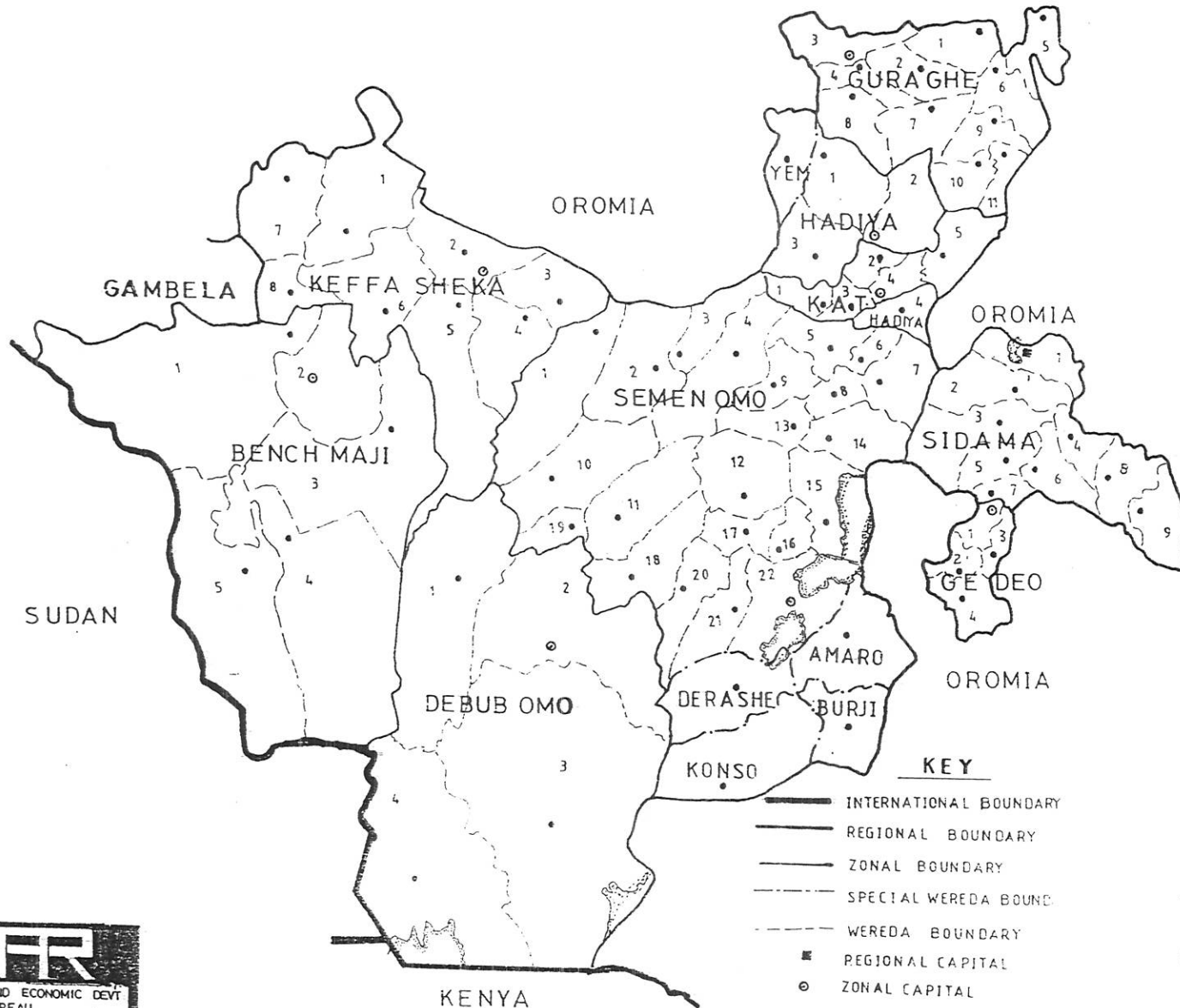
According to population projected for 2000 (SNNPR, CSA, 1999) it is the second largest populous Zone (Followed by North Omo) with the total area of 7218 km^2 . The average density of Sidama zone is 297 person/ km^2 the highest being Aleta Wondo (444 person/ km^2) and the lowest is Aroressa Wereda (109 person/ km^2). The majority of the population is rural and out of the total population only 8% are urban (see Annex 4).

According to the population and Housing census of 1994, out of the total population of Sidama zone, about 88 % of the ethnic groups are Sidamas. However, in urban areas majority of the ethnic groups are Amaras(31%) followed by Sidamas(20%) and Welitas(14%). For instance, if we take the zonal capital Awassa, about 55% of the ethnic groups are Amaras(31%)and Welaitas(24%) while, Sidamas constitute only 10 percent. This figure holds true for Yirgalem town as well. For administrative purpose the zone is divided in to 9 weredas, 523-peasant association and 100 service cooperatives. Out of the 9 weredas, Bensa, Aroressa and Arbegona are labeled as the remotest and relatively backward. All the three weredas lack basic facilities such as electric light, telephone service and the means of transport are medium sized freight transport vehicles. Moreover, except Bensa Wereda, movement during rainy season is difficult in both Aroressa and Arbegona.

Sidama zone is characterized by different landscapes that range between 500m-3500m above sea level. This topographic variation has resulted in variation of climate ranging from 'Kola' to 'Dega'. Accordingly, the greater part of Sidama zone (54 percent) is under warm (Woinadega) type of climate followed by Kolla (30 percent of the total area) and Dega (16 per cent of the total area). Rainfall ranges between 400 mm at Kolla to 2000mm

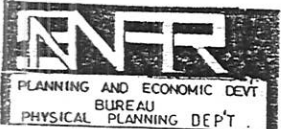
SOUTHERN NATIONS NATIONALITIES AND PEOPLES REGIONAL STATE

ADMINISTRATIVE MAP



- | | |
|--------------------------------|----------------------------------|
| SIDAMA ZONE | K. A. T ZONE |
| 1. Awassa (Awassa) | 1. Orombela (Mudela) |
| 2. Shee'ino (Letu) | 2. Aboocha (Aboocha) |
| 3. Baie (A. Aieci) | 3. Akcobeira (Sbiusbiicha) |
| 4. Arbogora (Arbogora) | 4. Fedida Garea (Durawa) |
| 5. Aleta Wendol (A. Wendol) | 5. Alaba (Kulito) |
| 6. Hagere Selam (E. Selam) | GURAGHE ZONE |
| 7. Bara (Teferikela) | 1. Gedebero (Guranda) |
| 8. Bensa (Deye) | 2. E. Weiene (Agena) |
| 9. Arcere (Mejil) | 3. Goro (Welkital) |
| GEDEO ZONE | 4. Chena (Tardibir) |
| 1. Wezari (Venago) | 5. Sodo (Buei) |
| 2. Tirgachefe (T. Chefe) | 6. K. M. K. Hareko (Butajjira) |
| 3. Bue (Bule) | 7. Guer (Srekit) |
| 4. Kochora (Chelektu) | 8. Emenozza Ener (Gucnere) |
| NORTH OMO ZONE | 9. Selti (Sibet) |
| 1. Ella/konta (Aneya) | 10. Delocha (Delocha) |
| 2. Isara Yocha (Yocha) | 11. Lanfaro (Lanfaro) |
| 3. Kerek Gena (Waka) | KEFFA-SHEKA |
| 4. Lona Bossa (Bale) | 1. Gesha (Daka) |
| 5. Boloto Bore (Areaka) | 2. Gimbo (Uffa) |
| 6. Danot Gale (Boditi) | 3. Kenjawa (Adiakata) |
| 7. Danot Woyde (Beesaa) | 4. Yello (Felegeselas) |
| 8. Sodo Zuria (Sodo) | 5. Decha (Chirij) |
| 9. Lindo Koyisha (Bele) | 6. Chena (Wacha) |
| 10. Melekoza (Leha) | 7. Masba (Masba) |
| 11. Gofe Zuria (Sawia) | 8. Yeki (Tepi) |
| 12. Iucha (Selan Ber) | BENCH-MAJI ZONE |
| 13. Offa (Gecuba) | 1. Sheko (Sheko) |
| 14. Bunbo Yebela (Teeziz) | 2. Bench (Anze) |
| 15. Boreda-Abaya (Berbir) | 3. Heinit (Bachwa) |
| 16. Chencha Zuria (Chencha) | 4. Dizi (Tuu) |
| 17. Dita Berama (Wacha) | 5. Suraa (Harder) |
| 18. Zala Ubanale (Beto) | SPECIAL WOREDA |
| 19. Basketo (Laska) | 1. Yee (Sektoru) |
| 20. Lenba (Lenba) | 2. Anaro (Kele) |
| 21. Bonke (Gerese) | 3. Burji (Soyena) |
| 22. A/Kinich Zuria (A. Kinich) | 4. Derashe (Gidde) |
| SOUTH OMO ZONE | 5. Kono (Kerate) |
| 1. Selanaga (Hana) | ABBREVIATION |
| 2. Bekogazer (Jinka) | A. Kinich - Arba Minch |
| 3. Hauer (Tural) | E. Weiene - Ezbaana Weiene |
| 4. Seleb (Onorate) | E. Selam - Hagere Selam |
| HADIYA ZONE | K. A. T. - Ienbata Alaba Teenero |
| 1. Kouteb (Morsito) | K. Kerek - Hestanena Kerek |
| 2. Liu (Eosaina) | S. Aieci - Tigra Aieci |
| 3. Sero (Gimbich) | T. Chefe - Tigra Chefe |
| 4. Bedevacho (Shone) * | E. Gedebero - Ior: Gedebero |

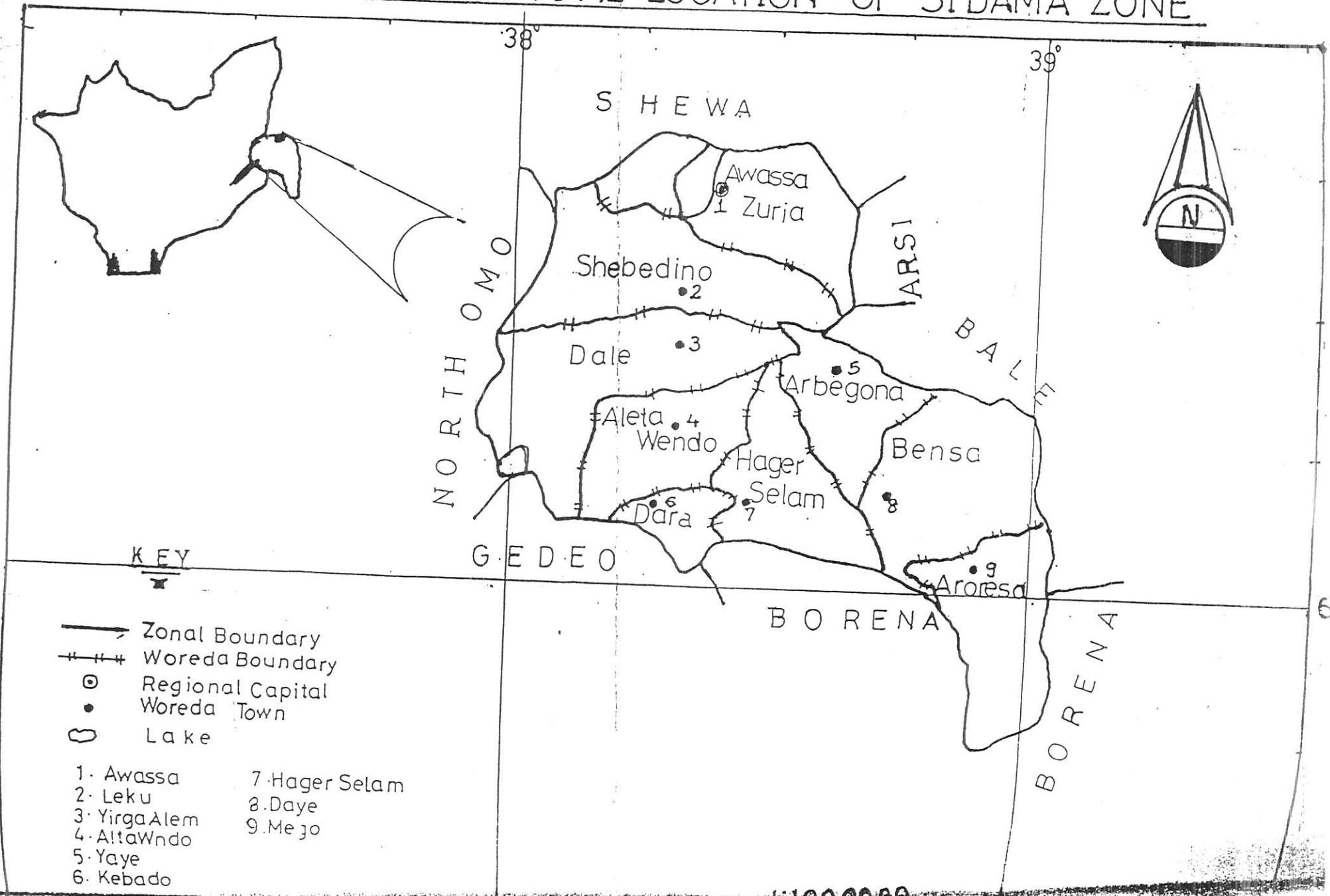
- KEY**
- INTERNATIONAL BOUNDARY
 - REGIONAL BOUNDARY
 - ZONAL BOUNDARY
 - - - SPECIAL WEREDA BOUNDARY
 - - - WEREDA BOUNDARY
 - REGIONAL CAPITAL
 - ZONAL CAPITAL
 - WEREDA SPE-WEREDA CAP.
 - ☞ LAKE



CAUTION
The delineation of all boundaries on this map are not Authoritative

NB. Weredas and Spe. Weredas' Capitals are indicated in brackets
SCALE 1:2 000 000
Date July 1998

GEOGRAPHICAL LOCATION OF SIDAMA ZONE



at Dega zone. The mean annual temperature also ranges from 15c⁰ to 25c⁰ (Sidama Zone socio economic profile 1995/96).

When we see the land use pattern of Sidama zone out of the total area about 65% is covered by cultivated and grazing land (48 and 17 percent respectively) the lowest land use (2%) in the zone is forestland (see Annex 3). Due to the diversity of climatic condition, Sidama Zone grows variety of crops and vegetables. The major crops which cover significant area of cultivated land in the zone are maize, *enset* and coffee (27, 23 and 18 percent respectively). Except the *Dega* part, all the rest of the *Weredas* of the Zone grow coffee and the service cooperatives mentioned above are very active in coffee growing areas. For instance, out of 79 coffee pulping machines, the cooperatives own 77 pulping machines. They buy coffee from the member peasants and sell washed coffee at the national auction center. The advantage of the cooperatives is that first, they pay for fresh coffee, and after selling the washed coffee they disburse the profit to the member farmers according to their contributions. In addition to coffee marketing, the cooperatives extend credit service to needy farmers during *kermat* season. Except coffee marketing and related activities they do not extend their service to the provision of social services and infrastructure and other local development activities. They are also markedly known for corruption and embezzlement of public money. However, the cooperatives have a good potential to assist local development if means and ways are carefully designed regarding their management.

3.2. Structure and Organization of Local government

As mentioned earlier, to carry out this study, two *wereda* (Dale and Bensa) were selected and to examine service delivery health sub sector policy implementation has been given due attention. However, before examining the aspects of decentralization at sub regional level, it is pertinent to look at the structure and organization of sub regional government.

According to the 1995 constitution of Ethiopia, the country is organized in three tiers of government viz., Federal, Regional, and *Wereda* level government. This administrative structure recognizes the *wereda* level as the basic unit of government. The constitution also empowers regional governments to form intermediate level units of government for

coordination and administrative purpose as required.

Accordingly, SNNPRs has formed zonal structure as a government unit and indicated its powers and functions in its Regional constitution (*Debub Negarit*, 1995:25). The idea of forming zonal structure was based on the assumption that zones would serve as a channel or facilitator between *wereda* and regional government. One may ask that why the zonal structure was not recognized in the Federal constitution and left to the regional government? In reality all the regions have zonal administrative structure which is backed by the constitution. There fore one may argue that in Ethiopia the tiers of government is not three but five. The SNNPR constitution indicates that the zonal executive committee is the highest political organ and it is accountable to the regional executive committee and to the zonal council. Moreover, similar structures, which are found at regional level, are more or less replicated at zonal level. (Regional government constitution gives similar power to the zones, which were given to them from the federal constitution). Hence since zonal administration is recognized as the highest executive and political organ of the zone, the idea of giving greater autonomy to the grass roots through empowering the *wereda* level government automatically falls under question as the regional constitution is regarded as a legal document of the region. Because the *wereda* level government is directly accountable to the zone. In relation to this the arguments of some scholars that power is not devolved to lower tiers of government from the region is also questionable, especially if we accept that power is decentralized/devolved from the central government to the regions. For instance, the Federal government allocates budget to regions using the National grant formula. Given this budget, regions have autonomy to plan and budget and implement regional projects and programs. Similarly at regional level, regions allocate budget to each zone using the same grant formula and zones have autonomy to plan and budget and implement their projects. The current situation in SNNPR indicates that except some inter-zonal projects and large regional projects (roads, urban water supply, regional hospital), most of the service provision and production is carried out at zonal level. Even one may dare to say that zones are more powerful than regions and weredas. Because zones in SNNPR means most of them have their own language and diversity in culture which makes them to some extent semi- autonomous. In this regard, according to the discussion made with experts at both regional and zonal level region is viewed as facilitator in areas such as capacity building, technical assistance and monitoring and

evaluating the activities of zones quarterly. Hence, under this circumstances the most important actors at sub-regional level are, zonal council, functional sector departments and though not visible as such the ruling party.

3.3 Powers and functions of *wereda* government

The powers and functions of *wereda* level governments emanate from the Regional constitution (*Debub Negarit*, 1995) and they serve as a base to examine the activities of each tiers of government, and evaluate the implementation of decentralization policies.

According to the Regional constitution, the powers and functions of *wereda* council and its executive committee are identified in general manner. These are: administering primary schools and junior health establishments, construct and maintain low level rural roads, collect taxes assigned to it, approve plans and programs of the *wereda*, etc. Moreover the document indicates that the executive committee of the council is empowered to direct the *wereda* administrative institutions, implement laws, regulations, policies directives, plans and programs issued by the federal government as well as the regional state and the zone.

However, the constitution has some serious weakness especially when one tries to look at the powers and functions of the zonal and *wereda* level government. The first one is that the power and functions indicated in the constitution lack clarity. For instance in the constitution it is indicated that the *wereda* council shall administer primary school, junior health establishments and construct and maintain low level rural roads. Out of these functions, if we take administration of primary education, it may include hiring and firing of teachers, paying salaries of teachers, construction, and maintenance and equipping the buildings etc. Similarly in health sub- sector there are functions such as spring development (using local materials), minor maintenance of the institutions and facilities performed at *wereda* level. In order to check whether the government officials clearly know their functions and responsibilities at each level discussion was made with the experts. According to the informants' government officials have no clear ideas as to what belongs to the *wereda* and what belongs to the zone/region. They are not clear, why some functions are left to the *wereda* and some are not. Hence, this hinders the *wereda*

level government to claim what belongs to the *wereda* and resist unwanted intervention (centralizing force) and also the situation creates problem of accountability. Therefore, either powers and functions should be clearly specified in the constitution or they should be backed by other regulations / proclamations which would clearly indicate the role of the *wereda* level government.

Another related weakness of the constitution is that it has described the power and functions of the executive organs (Bureaus) at regional level. But it does not indicate powers and functions of zonal and *wereda* level sector departments and offices. However since most of the activities of the zones and *weredas* are carried out by the sectors, it would have been very helpful if powers and functions of sectors is clearly specified in the constitution or even in other proclamation. Experiences of other countries, which have implemented decentralization policy (Nigeria, Botswana, Zimbabwe Uganda etc), indicate that the local government has its own function clearly listed out. Listing out powers and functions of departments, offices and the council at different level would have save the government from unnecessary confusion and wastage of resources due to the problem of accountability and would also facilitate implementation of the policy.

3.4 The health sub sector policy.

Due to the scope of this paper and time constraint the health sub sector performance is selected to see service delivery at *wereda* level. This would help us to use some practical examples in our discussion of policy implementation. For this reason, reviewing of the health sector policy is very important in order to see how polices are changed in to practice in the decentralized system.

According to the health policy of Transitional Government of Ethiopia (TGE, 1993) the health sub-sector policy gets its inspiration from over all national policy that aims at democratization and decentralization of government and administration. It also gives due emphasis to less privileged rural population, which constitute more than 90 percent of Ethiopian population. The policy argues that more than 80% of common disease are infectious and communicable which result mainly due to poor standard of housing, lack of potable water and in appropriate disposal of waste which are potentially preventable.

Therefore, focusing on preventive and promotive aspects would be cost effective and could solve major health problem of the country.

Thus according to the health policy, the objective of health service in the future is to give a comprehensive and integrated primary health care in the health institution at the community level by emphasizing the preventive and promotive aspects of health care (communicable disease, common nutritional disorder and environmental health and hygiene). In addition, the policy aims at democratizing the health system by establishing health council and health committee at grass roots with strong community representation. The major objective of establishing the council and health committee is to empower the grass roots in identifying major health problems, budgeting, planning implementation monitoring and evaluating health activities. It also points out that decentralization shall be realized through the transfer of major parts of decision making, health care organization, capacity building, planning implementation and monitoring to regions with clear definition of roles.

To implement these objectives the health care delivery is organized in a six tiered system and the delivery system will be organized in a more practical and functional manner serving realistic population size.

Regarding human resource development and management the policy indicates that due attention will be given to training and upgrading of front line workers who will be destined to work in primary health care and an acceptable pay and incentive system will be introduced. Hence given this policy environment one may raise a number of questions as to what is happening in reality in the implementation of the policy. For instance, is the health council at all levels and health committee at the grass root level established and functioning? Does the health committee at grass root level participate in identifying major problems, budgeting planning, implementation, monitoring and evaluating the health activities? Given the existing financial constraint the government is facing, is it possible to introduce acceptable pay and incentive system? How much the training is meeting the desired needs of the health professional and effective. If we can answer such questions, we may say that the policy of decentralization and democratization in health sub sector is being implemented.

Chapter IV

4. Aspects of Decentralization Practice in Sidama zone.

4.1. Planning and Decision Making at Zonal and *Woreda* Level.

One of the major reasons of implementing decentralization policies is that it helps to improve planning and implementation of development activities (Conyers, 1986: 6). It is argued that popular participation in planning makes plans more relevant to the local needs and implementable as the plans are based on sound information and local problems. Moreover, it is argued that decentralization creates conducive atmosphere for the preparation of integrated area based planning and coordination of its implementation.

Due to the failure of planning in early 1950s and 60s, in 1970s, there was a consensus in that the comprehensive economic plan is undesirable. For this reason in the 1980s the international institutions such as the World Bank and IMF argued strongly for almost complete rolling back of the state and for the abandonment of planning. Planning was seen as an invitation for government to distort markets. However currently, due to the recognition of both the state and market which have important role, government intervention become necessary in sectors where market alone can not be relied on (education, health, infrastructure etc.). Similarly with the recognition of state as irreplaceable by market, there is also agreement in that planning techniques should be used in a continuous basis for reasons such as, coordinating public policy, using public expenditure effectively, providing stable macro-economy etc. Currently the focus of public sector planning is development of human capital and institutions as well as the physical infrastructure. Moreover, many countries now link their annual budgets to medium term rolling plans for capital expenditure and new recurrent expenditure. This helps to ensure that public investment in capital and development works is given due emphasis in budgeting and development projects are carefully screened and analyzed (Turner and Hulme, 1997: 138-139).

The planning system, which has been practiced in the *Derg* regime, was abandoned with the overthrow of the regime and now the approach/focus of planning is changed. Currently the country follows medium term rolling plan that extends up to 5 year and

annual capital and recurrent expenditure plans usually linked to this medium term plan. Regarding the planning process in Ethiopia in decentralized system, it has been discussed by Tegenge (1998: 42-43). This process also applies to planning in Sidama zone of SNNPRS. As indicated by the above author and discussion made with experts in departments of planning and economic development, development planning is undertaken in SNNPR in the following way:

At the regional level, five-year development plans are prepared by the participation of especially sector offices, planning offices and the council both at zone and Region. Then based on this five-year plan which includes the objectives, strategies, instruments and general targets, investment and expenditure plan is prepared for each fiscal year. Accordingly, before the preparation of the plan for the next fiscal year the Regional bureau of planning and economic development announces to the zonal department of planning and regional sector offices to prepare annual plans. The announcement is usually made between January and February. Moreover the Regional planning bureau indicates the sealing of available budget for each zone using the national grant formula, so that the plan should be prepared by considering the budget constraint. Then at zonal level the zonal planning and economic development department also announces to sector offices to prepare annual plan for the next fiscal year. Using different weights, (based on priorities and needs) they also indicate the budget sealing for each sector.

In this regard the regional sector bureaus and the zonal department of planning extend technical assistance, such as preparing formats, guidelines and orientations to sector offices and departments. One has also to note that at zonal level the planning process has no territorial dimensions but it has only sectoral dimensions. Given the information on the available budget and technical assistance from planning bureaus and sector bureaus, each sector departments at zonal level are required to prepare plans for next fiscal year. The zonal planning department checks the plans whether they are prepared considering the given budget constraint or not, whether the objective and goals are relevant or not etc. Moreover, the plan prepared by different department is reviewed and discussed, chaired by the zonal council and finally approved. The approved plan document at zonal level by zonal council is submitted to the regional council and regional planning bureau. Recent experiences also indicate that during the time of planning and budget hearing *wereda*

council and sector offices at *wereda* level participate in the discussion but according to the informants they have never been active enough to influence decision made at zonal level.

At the regional level the planning bureau, the sector bureaus and the council make final review and comments. After the necessary comments and review, the plan is approved by the council and remains to be the legal planning document of the region. After approval the regional planning office sends back the approved plan and requests for the preparation of action plan. Consequently, the zonal planning department requests the zonal sector offices to prepare action plan on monthly basis. The action plan indicates physical activities budget and its sources and time schedule of implementation. This action plan is submitted to zonal department of planning, which would be checked and sent to regional bureau of planning and the council. Finally after budget is released, the zonal planning office announces the sectors to start implementation and both the zonal and regional department of planning and the zonal and regional council begin monitoring during implementation using the action plan.

However, when it comes to the quality of plans and their implementation, little is changed from what has been practiced traditionally in this particular aspect. The reality at sub regional level shows that the practice of bottom-up planning especially, participation of the grass roots is rarely achieved. Hence, if this is the case one may raise questions like what are the problems, which hinder effective/ realistic bottom-up planning? What are the issues and problems related to regional planning in SNNPR etc? Accordingly, some of the problems, which affect planning at regional and sub regional level are the following:

i. Lack of planning office at *wereda* level

According to discussion with SNNPRS Bureau of planning, at *wereda* level there is no responsible organ for *wereda* and grass root level planning, which contradicts with the idea of bottom up planing. During the early periods of reorganization of bureaus and departments it was proposed that at *wereda* level there would be planning committee responsible for *wereda* level planning. The proposed committee members constitute

representatives of each sector offices, the council (vice chairman) and NGOS (if any). The committees were assumed to be ad-hoc usually functioning during plan preparation. However, field observation and interviews made with the experts indicate that this committee has never been materialized in both Dale and Bensa wereda of the Sidama zone. According to the information from the same source, the absence of planning office at wereda level is regarded as a serious constraint by it self to practice bottom up planning/ and prepare realistic plans that consider local problems. Regarding planning at wereda level the Regional bureau of health department of planning and project points out that problems to plan at wereda level are manifold. Indicating his concern the team leader pointed out that let alone planning at wereda level it is becoming difficult to properly function at zonal and regional level due to financial and human resource constraints. According to the above informant, in the health sub sector in order to strengthen planning and project selection at wereda level, proposal was made at wereda level structure to hire personnel with BSC/BA and two years experiences. However, the position could not attract the required personnel. On the other hand, he points out that upgrading the positions and attracting qualified personnel at each wereda means the cost would be very high. Hence the informant comments that the only possibility is withholding some of the functions at zonal and regional level until budget constraint is solved. However, experiences of NGOs indicate that with modest training and simple planning method planning at wereda or grassroots level might be undertaken by less skilled personnel.

In any case, lack of responsible organ at wereda level for planning means the plans prepared by each sector do not consider the plans of other sectors and the usefulness of the plan is questionable. There is no room to sit down and discuss about the local needs and priorities and preparing alternative plans/projects.

ii. Shortage of time for plan preparation

According to the information from Regional planning bureau, announcement for plan preparation is made from the bureau usually between January and February (this year it was announced at the end of February) to zonal departments of planning and regional sector bureaus. According to the schedule the annual plans of the wereda and zones should be submitted to regional bureau of planning in early April. Hence, the whole

should be submitted to regional bureau of planning in early April. Hence, the whole planning process should be completed within this time framework. Moreover due to lack of capacity and other institutional problems there is no tradition of preparing plans/projects before hand and the view of planning as a continuous process is undermined. Planning is seen as an exercise done by short notice from the officials from the higher successive levels. According to planning and project experts of Sidama health department, to overcome shortage of time since 1998 weredas are required to prepare plan using the previous year performance as a basis and adding 15% to each activities and budgets in order to meet the deadlines. However the practice could not be realized because of two reasons. First, there is no expert at wereda level who is solely responsible to prepare plans (nurses or health assistants are required to prepare plans but usually they have no interest to participate in planning activity). Secondly, the bureaucratic chain is so long and weredas act as semi autonomous bodies. Hence, the zonal department of health can not enforce wereda health offices to prepare plans. If the zonal department of health wants to do things at wereda level, it has to report to the zonal council and then, the zonal council gives directives to the wereda council, which directly administers wereda health departments. This arrangement creates delay not only in planning process but also other reports and information required from the weredas. Experts at zonal and wereda level count on this long bureaucratic chain for the deterioration of performance and service delivery more than any thing else. Thus, it is usually the zone, which prepares plans for the weredas, and the weredas are usually by-passed during the planning process.

iii. Lack of information about budget and its sources

To prepare implementable plan, planners have to know the available budget. Because the budget acts as a constraint and limits the planners from preparing a wish list of the weredas. According to the current practices, budget information stops at zonal level and the weredas have no idea about the budget of the next fiscal year. As indicated above budget sealing is set by zonal council assisted by department of planning for each functional sector. The budgeting process is done by giving weight to each sector according to the needs and priorities of the zone/region and national development policy and priorities. Then, each sector departments at zonal level prepare plans based on the budget information and consequently implement the projects when budget is released.

Hence, the absence of budget information means the sectors at woreda level (even if they were able to prepare plans) would list down all the wishes of the woredas and this practice affects the quality of the plans.

iv. Viewing planning as a separate exercise from decision making

Structurally planning bureaus and departments are perceived as appraising organ of development projects and coordinating the activities of different sectors. The planning offices prepare technical documents for zonal/regional council for decision making. Thus whatever activities undertaken by planning office gets final decision by the council. For instance, regarding the implementation of capital projects at zones and weredas, the planning office carries out monitoring and evaluation. However when it comes to matters which need decisions it can be materialized through the council. On the other hand, the reaction of the council to the proposals of the planning bureaus and departments may vary depending on the nature of the proposal. For instance, if the council is not interested in the proposal (though the proposal is technically sound) it may not respond positively regarding its implementation. Not only lack of decision-making powers but also there is institutional weakness due to the positioning of planning departments and bureaus outside the functional sector. The isolation of planning bureaus and departments from the line ministries results in poor communication, which usually leads to friction between planning agencies and sector bureaus and departments. Therefore, lack of some autonomy for the planning office to make decisions weakens its credibility and it is viewed as an appendage to the council.

V. Problem of capacity

Planning office at zonal and regional level has been facing serious shortage of manpower, finance and logistics. Regarding the man power shortage, most of the experts required in the planning bureau and departments are economists usually with better experiences. On the other hand, job market in the country is relatively better for such professionals due to scarcity. Hence, to attract well experienced economists and others the planning bureau and departments have to introduce better pay and incentive system. However, the existing situation indicates that even compared to other sector offices the planning bureaus and departments have very little means to attract the required experts. Currently both at

regional and zonal level a number of positions are vacant. According to the information from Bureau of planning, about 27 posts, which require professionals (mostly economists), are unoccupied. Similarly at Sidama zone department of planning about 7 posts which require experts are also vacant. The planning Bureau and department have no sufficient logistics such as vehicles and recurrent budget allocated is also very limited compared to others. Hence, due to this reason the activity of planning bureaus and departments is done by mobilizing logistics from sector departments and bureaus. Therefore, in order to improve planning activities due attention should be given to attract well-experienced experts capable of preparing sound plans.

vi. Lack of community participation in the planning process

It is argued that decentralization increases popular participation, as it opens up floor for more people at the grassroots level to participate. The possibility to participate in planning, implementing and sustaining development projects and programs will increase. It is also argued that when the grassroots participate in the plan, the prepared plan is likely to be relevant to the locality and their participation makes implementation easier. Because if they have confidence in that plan they are willing to contribute whatever resources available. However participation in planning by itself is still not very clear, especially the way in which ideas are passed on from the village/kebele level through wereda to zones and region. As indicated in the National health policy the purpose of establishing health council at each level and health committee at grassroots level is among other things aimed to encourage participation of the grassroots in identifying major health problems and budgeting and planning. But in reality there is as such no functional health committee or health council. On the other hand, discussion with Bensa and Dale wereda councils and experts from Sidama zone, health department indicates that, the grassroots participation is viewed as source of information i.e., when government bodies collect information from communities it is regarded as participation. For instance, to see how the communities participate in planning and decision making, interview was conducted with the experts. According to most of the informants, there are two sources of information viz., the kebele health agents and wereda council cadres. Regarding the kebele health agents, they are viewed as intermediaries between the grassroots and wereda health workers. The kebele health agents are used as entry point to

reach the community. More over in kebeles where health post is functioning they play vital role especially in distributing some preventive drugs and they also identify villages where epidemics such as malaria is broke out. Therefore, since the health agents are working with in the communities they report to the nearby health institutions (clinic, health post and health centers) about the condition/ status of health and health related problems. The same source also indicates that wereda council cadres usually tour frequently through out peasant associations for political purposes. In due courses they collect information/opinions regarding the socioeconomic problems of the community through discussion. Some times communities also claim for the provision of services. Thus information gathered in this form is used for planning purpose.

However, there are two problems to accept these sources of information as reliable. The first one is that from the information one can notice that there is no systematic way as how to gather information. For instance there is no avenue to discuss with the grass roots so that note down their major problems, prioritize the problems and assess means of implementation. As indicated above even if information were collected through health agents and the cadres, the community is taken as the only source of information. However, the very idea of participation in planning and decision making is empowering the community to have a say in activities which affect their life. Secondly *kebele* health agents are not functional in all *kebels* of the wereda; they are available only where the health posts are functional. More over according to the informants information from the community health agents is not reliable.

In general, the cadres or kebele health agents may consult the population about the problem of the communities but how these information are shaped and used for planning purpose? How the priorities are set? How the implementation of the project could be realized is not clear. Moreover, using the grassroots as only a source of information does not indicate that the grassroots are participating in the panning and decision making.

4.2. Health Service Provision and Production in Sidama zone

The core idea in relation to service provision and production in the literature of decentralization is that decentralization results in better service delivery as governance become closer to the population. This is because, through participation, the community has a wider chance to influence the type of service rendered regarding its quality, efficiency and availability. As pointed out in the literature part, decentralization widens the possibility of matching public services more closely to local demands and preferences and to build more responsive and accountable government from below. When the service is provided publicly the society may express its satisfaction or dissatisfaction through its representatives and influence the quality of the services. Moreover, the population may request for the provision and production of scarce services such as primary schools, health centers, water supply etc. Hence, the pressure by the society will force governments to increase the coverage of specific service, which may imply increased delivery at least in terms of coverage.

However, the most important argument for decentralization in relation to service delivery is that decentralization encourages the provision and production of services by different stakeholders. When power, function and responsibilities are decentralized the public sector is no more the only provider of public services. Currently, the private sector (privatization is one form of decentralization) NGOs, the church and other religious organizations, CBOs and various development associations produce and provide services. Production and provision of services by different actors means that members of the society have wider alternatives and sources to choose from according to their taste, preferences and economic status. This situation also leads to competition for market on the part of providers, which consequently results in better and efficient service delivery.

However, one can also argue that production and provision of services by different actors may not guarantee better service delivery in a decentralized government system. There are certain aspects of services, which need government involvement (monitoring, regulating, financial, technical and personnel assistance). Hence, when we say the private sector should play the dominant role in service provision and production, in

decentralized system, it does not mean that every thing should be left to the market. To provide the intended public services efficiently and effectively, the private sector has to be abided by the national policy of the specific sector and be aware of the broader national development goal. The government has to set appropriate rules and regulations for the private sector and monitor the proper implementation of policy objectives. The government should encourage the private sector by extending support such as access to finance, building capacity of the labor force through various training etc. Finally each and every effort of different actors in relation to providing services should be coordinated and evaluated so as to achieve the intended goals of local development and minimize/control unnecessary wastage of resources by duplication.

Given the above backgrounds, one may raise questions whether decentralization has increased service production and whether the quality of service provision has improved. These questions were addressed via the discussion held with health personnel and other experts from planning department. Moreover secondary data that show service production and provision were used. According to the data there is a significant increase in number of health services. For instance, in 1991 health centers were only three in Sidama zone. This number has increased to fifteen in 1999(table 1). Secondly clinics, which are very important health institutions in rural areas in terms of service coverage, were 58 in 1991 and increased to 89 in 1999 (due to the current health policy clinics are being upgraded to health centers or remain as a health post). Thirdly, health posts, which were six in 1991, have reached 127 in 1999. Moreover, due to the new economic policy, which encourages private sector involvement, pharmacies, clinics and rural drug shops have also increased dramatically. For instance, in the period of 1987-1999 the number of pharmacies grew from 2 to 11, rural drug stores grew from 58 to 126 and drug shops grew from 5 to 9.

Table 1 Health institutions in Sidama zone (1991-1998).

Year	Hospital	Health center	Clinics	Pharmacies	Drug shop	Rural Drug store	Health post
1991	1	3	58	2	-	58	6
1992	1	3	57	2	-	58	15
1992	1	3	58	2	-	66	6
1993	1	5	55	2	-	87	7
1994	1	5	55	2	-	88	9
1995	1	5	57	7	5	88	11
1996	1	7	87	7	5	88	109
1997	1	12	89	7	5	101	109
1998	1	15	89	11	9	126	127

Source: Sidama zone department of health, 2000.

At this point we may argue that mere increase in the construction of health infrastructure has resulted in corresponding increase in health service coverage as the newly built structures reach a larger number of population. Accordingly, the health service coverage has increased from 33 per cent in 1995 to 44.6 in 1999. Moreover, 34 per cent of the population of Sidama zone have access to potable water and sanitation coverage has increased from 11 to 14 per cent (Sidama zone department of health, 2000). To the contrary it is also arguable that increase in the number of health institutions and corresponding increase in the health service coverage is not only due to decentralization. The central government and other NGOs can construct and provide health institutions and services irrespective of decentralization. Hence, there is a difficulty in properly attributing increase in health services to decentralization i.e., what proportion is attributed to decentralization is usually difficult to measure.

This could however be inferred by looking at institutions, which are responsible for the productions of the services. Local development association and other CBOs are created due to decentralization and the health services are produced by these entities. Fore instance, out of 128 health posts, 98 were constructed by Sidama Development Program (SDP) and the communities and 7 were constructed by Sidama Development Association (SDA). In addition, due to the presence of these structures, currently there is a

wider room/space to voice community problems and give due response through various options to provide these services. Moreover, it became easier for the private sector to provide service by securing license, land and other facilities from the local government, which is closer to the community with out too much bureaucratic bottlenecks. In view of this it seems that the situation is more encouraging for service provision due to decentralization. The other question is does the provision and production of services by different stakeholders and consequent increase in the available service has resulted in better service delivery? Although, it is very difficult to evaluate whether the society is provided with better services after decentralization, there are some points, which need serious attention in ensuring quality and availability of services at regional or sub regional levels. Some of the issues include:

1. Lack of standard.

As mentioned above, health institutions such as health centers and health posts have been built (constructed) by NGO, development associations and the government. However, they were not recognized/accepted by the Regional bureau of Health (RBH), because they were not up to the standards of the ministry of health. At regional level about 258 health posts, which were constructed by development, associations are non-functional due to standard problem. The problem is not only of fulfilling the acceptable standards but also in Sidama zone most of the health posts constructed by SDP and the community are being demolished due to poor construction materials. Hence, although there is an argument whether to follow national standards or avail services using local materials and modify the national standards, the above situation indicates that there is a lack of coordination and information gap between the government and other stakeholders. However, had development association and other NGOs together with the grass roots presented their proposal to the government and discussed, this huge wastage of resources would have not been occurred. Hence, the interested groups in local development should present their proposal and discuss with the government before engaging themselves in construction and other development activities. Added to this the government has also to monitor and evaluate local development activities carried out by different stakeholders and there should be effective coordination so that the resources would be effectively used.

2. Lack of running cost and proper maintenance of services.

As indicated above, in Sidama and even other zones found in SNNPR, with in five-year development planning period (1995-1998), considerable numbers of institutions were constructed. For instance out of 19 standardized health posts (satellite health posts) which were constructed by zonal department of health only five are functional and the rest (fourteen) are non functional. The reason given by the officials during discussion is that they have no recurrent budget. Moreover other necessary equipment was not purchased due to bidding problems. At the beginning of the planning period (1995) it seems that there was strong support from the side of Regional government to increase coverage of services and investment in infrastructure facilities. On the other hand little attention was given to running cost of the institutes and strengthening of the already existing institutions.

In this regard, data from SNNPR bureau of health indicates that at the beginning of the planning period the recurrent budget allocated for the health department was about 5 million and currently it reached to 6.5 million. This shows that the rate of increase in recurrent expenditure is very slow compared to continuous capital investment in expansion of health institutions (see table 2&3). Interview with zonal department of health, planning and project section indicated that the recurrent budget, which was allocated for only one health center before 1993, is now allocated for 13 health centers.

Table 2. Sidama zone health sub sector recurrent expenditure 1994-1999

Expenditure	1994		1995		1996		1997		1998		1999		Total		
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	%
salary	-	3442518	6124800	4085948	8593000	4006336	11173200	4716375	14193300	5126494	17762800	5815418	51847100	25750571	41
Running cost	-	1166205	1972800	938022	2992800	1200427	4088500	1405183	5426400	1340478	7030900	770389	21511400	5654496	26
Procurement	-	97915	165700	97905	241400	114020	343500	41809	455900	23277	590700	-	1797200	277021	15
Total		4608723	8263300	5121875	5121875	5320783	15605200	6163367	20075600	6490249	25384400	6585807	75155700	31682088	

Source: Sidama zone department of health, 1999/2000

Table 3. Sidama zone health sub-sector capital budget expenditure, 1995.1998

Expenditure	1995			1996			1997			1998		
	Planned	Approved	Accomplished	Planned	Approved	Accomplished	Planned	Approved	Accomplished	Planned	Approved	Accomplished
Running cost	590300	87186	84914	2214800	124200	103838	232440	13400	15971	3016400	46500	49934
Investment	2007000	2665306	1361027	7530300	290400	1811476	7902900	836600	625887	10255700	2979500	2667502
Total	2597300	27552492	1445941	9745100	3028200	1915314	10227300	850000	641858	13272100	3026000	277436

Source: ibd.

How ever, giving due attention to investment in construction of health infrastructure means that there is a corresponding increase in recurrent cost. Thus one could not separate construction of health institutions from its running cost. In this direction scholars argue that in some instances instead of simply concentrating on construction/expansion of the facilities it is economical to strengthen already existing institutions to render effective services.

3. Lack of adequate Human resource.

In a liberal economy professionals are free to work in certain institution or leave for attractive areas usually with better pays and working environment. However, the decentralization of the health-sub sector activities, has resulted in the “cart before the horse” situation. The liberalization of personnel management and significant increase in construction of health institutions preceded the evaluation of the available health personnel at all service level. In the process, qualified health professionals began to leave public health institutions, either to establish their own business (due to easy access to license) or to be hired by private sector, which pays relatively better salary.

For instance, out of 728 health professional in 1994 in Sidama zone, only 454 remained in public health institutions in 1998(see table 4). Health assistants were 307 in 1994 and became 207 in 1998; Laboratory Technicians were 15 in 1994 and they became 14 in 1998. Hence given the tremendous increase in the health institutions such as health center, clinics and health posts, the unavailability of health personnel has significant impact on the qualities of services.

Table 4. Total number of Health professionals in Sidama zone (1994-1998)

Year	Sidama zone	SNNPR
1994	728	2733
1995	521	2778
1996	505	2753
1997	529	2921
1998	454	2812

Source; Sidama zone department of Health, 1999.

Table 5. Selected health professionals in Sidama zone (1994-1998)

Year	MD. general practitioner		MD specialist		Pharmacist		Health assistant		Laboratory technician	
	Sidama zone	SNNPR	Sidama zone	SNNPR	Sidama zone	SNNPR	Sidama zone	SNNPR	Zone	SNNPR
1994	42	202	5	14	3	23	307	1721	15	85
1995	57	230	8	24	3	18	307	1710	13	72
1996	53	225	7	25	5	20	287	1679	11	77
1997	56	238	8	26	5	19	287	1689	12	93
1998	49	192	9	23	2	10	207	1447	14	58

Source: ibd.

It is argued that health professionals abandon public health institutions due to managerial and bureaucratic problems (firing with out clear rules and regulations, delay of salary, transfer problem etc). For instance, according to the information from wereda council in both Dale and Bense, wereda sector offices or the council have the right to reject a health worker if it is not to their satisfaction. Such rights are some times abused and negatively personalized. The strongest reason however, seems to be the lack of adequate pay and incentive system in the public sector. The health policy indicates that better pay and incentive system will be introduced to encourage better performance but this policy was not actualized.

In order to redress manpower shortage and meet the health demand of the people and implement the new health policy, training schools were opened in four towns. These schools train middle and front level health workers who will be assigned in clinics and health centers. According to the local sources the training of these professionals (junior nurses) have some problem. First, the junior nurses are trained only in specific areas (clinical, environmental health and delivery) to make a certain health center operational; a given health center requires all the professional nurses in order to deliver effective service.

Currently however, it is difficult to assign the three health workers in one clinic in rural areas due to shortage of nurses. Due to this problem one junior nurse is assigned in the clinic or health center and he/she can treat only patients relevant to his/her training. Second, the duration of the training, which is only 9 months, is believed to be inadequate to equip a person with medical knowledge that enables him/her to run health center or clinic. Therefore the training program should be evaluated and some measures should be taken to solve the problem.

On the other hand the government health sector need to support and monitor the private sector for proper and effective health service delivery. The government health sector however, is not capable of supporting the private sector. According to the interview with wereda health officers the wereda health office could not even properly run the public

health institutions due to lack of human, financial and logistic problems leave alone supporting the private sector. Hence, decentralizing/liberalizing of the health delivery system requires strong public health institutions equipped with necessary expertise and other resources.

4.3 Resource mobilization/utilization and the role of wereda council

It is argued that decentralization creates favorable condition for increased local participation and enables the raising of greater local revenue. On the other hand, decentralization/local autonomy also enables the use of resources to finance local activities. In this regard, the degree of decentralization/devolution is measured by the degree of autonomy given to local government to mobilize and utilize resources from its locality. One of the major concerns of scholars in relation to Ethiopian decentralization is that fiscal decentralization is exercised only at regional level. They argue that the level to which finance has been decentralized does not correspond to the level at which popular participation is envisaged i.e., it does not reach to wereda level and this hinders the implementation of true decentralization. However according to Sidama zone department of planning, it is not exercised only at regional level but is exercised at zonal level as well.

Resource mobilization and utilization at zonal and wereda level can be seen in two ways. The first one is revenue collection and expenditure assignment, which is legally designated by the constitution. The second one is mobilizing labor, material and finance voluntarily from the local communities and soliciting from other sources such as NGOs, CBOs PVOs etc. to carry out local development activities.

With regard to revenue/tax collection, each zone collects revenue from sources left to zones. Then, using the National grant formula regions transfer the finance to zones. At zonal level the budget is allocated to each functional sectors according to the needs and priorities of the zone, which indicates that there is to some extent expenditure autonomy at this level. Similarly, at wereda level revenue is also collected from certain sources designated to that level which include, income tax from government employees, agricultural income tax and rural land use tax and taxes from trade and service activities etc.

According to the constitution of SNNPR (Dehub Negarit, 1995) the wereda government is empowered to collect taxes from the aforementioned sources and hand over 30% of the

taxes it collects to the zone. However, the amount of revenue collected at wereda level is very small and the zonal government uses it to cover small portion of recurrent expenditure during the seasons of tax collections (salary of government employees and running cost) at wereda level.

Hence, the wereda level government has no autonomy to raise revenue and can not use the collected revenue for its own purpose. The discussion with experts at wereda and zonal level indicates that currently the capital investment budget does not flow to wereda level and the weredas have no budget under their discretion. They are 100% dependent on zones for recurrent costs. Since the wereda level government/council has no authority to collect revenue from its own sources and has no financial resource to use for local development activities, the power of wereda council to institutionalize decentralization and empower the communities is questionable. The lack of authority to mobilize and use resources limits the wereda council to attract local public interest and local political leadership. Moreover, if the weredas are not independent in terms of financial resource, they are unlikely to pursue other aspects of decentralization. Therefore, it would have been better if weredas were empowered at least to use some portion of their revenue for local development activities. This would in turn enhance the capacity of wereda government to plan and implement local projects/programs by its own right.

According to discussion made with wereda council members at Dale and Bensa wereda and personal observation, wereda councils are purely implementing agencies of the activities of the zone and other higher level government. For instance if we take revenue/tax collection at wereda level, each wereda has certain target given by the zone. To meet this target/plan the council is a very important government organ. The council gives directives to wereda level sector offices (education, health, agriculture etc.) to collect tax from rural areas in campaign form. Similarly, in rural areas farmers are provided with agricultural inputs (fertilizer, selected seeds pesticides etc.) on credit basis. This money is also collected from the farmers in the campaign form by the participation of teachers, health workers agricultural extension workers and officials which is in fact coordinated by the wereda council.

The second aspect of resource mobilization and utilization includes voluntary community contribution for local projects by government or NGO. In relation to community contributions two points are persistently pursued. The first argument is that community contribution is important for sustainability of projects. The reason is that as communities contribute for local projects, they develop feelings of ownership and they will participate in the management/operation of the project in the long run. To the contrary skeptics say that government or NGOs usually give due attention to community contribution simply to reduce costs of the projects. Whether it is a means to ensure sustainability of projects or means of reducing cost the trend of seeking community contribution has been widely practiced in the zone.

For instance, when NGOs or CBOs require community contribution or matching fund for their projects, the community is required to contribute in cash or kind (e.g. in the case of ESRDF 10% of the total project cost, and 50% in the case of SDP). More over, some programs which require mass mobilization (spring development, construction of pit latrine, malaria control and other environmental programs) are undertaken by community participation. However, the contribution of matching fund or mass mobilization for government sponsored program is materialized only through a strong involvement and co-ordination of the wereda council. The council has a capacity to mobilize communities. At this point it is important to note though the council is heavily involved in community mobilization, while the programs are initiated by higher level government or NGOs. Hence, in all aspects of resource generation and mobilization the local government remains an implementing agency.

4.4 Public participation and *wereda* level government

Since early 1950s and 60s there has been a persistent debate and concern about the fact that in developing countries communities have often little or no impact in deciding what services they receive and have little influence over their quality. Therefore to improve/reverse these situations there has been a continuous call for the participation of the public in shaping the activities of public bureaucracies so that they provide services that are both required and desired (Hayden 1983; Turner and Hulme, 1997). Hence, one of the strongest arguments in favor of decentralization is that it creates fertile ground for public participation. In this regard the literature of local development, local government and decentralization is preoccupied with the concept of participation. The very idea behind this argument is that people should have a say in decision affecting their life including local government. In this regard in the last couple of decades, project proposals which do not give due place to public participation are unacceptable for funding and currently even governments which do not promote decentralization and participation in development policy are less likely to have access to international finance.

Although the idea of participation has so many good and appealing features, in reality it is rarely achieved because of so many non-participatory behaviors or conditions and there is a wide gap between state and society. The question is then, how can people participate in local development activities and local government to influence its decisions. In this regard, there are two ways in which people at the grassroots can participate in government and local development. These are participation through representation and direct participation.

4.4.1 Participation through representation

As noted above, decentralization helps to bring government closer to the people. This means people will directly or indirectly elect local government officials assuming that the elected officials will represent the interests of the population and see themselves as employees of the public. When the public are dissatisfied with the services of the local officials, they can remove them from the office again through election. Moreover, it is

assumed that as the government is closer to the population, day to day activities of the government can be monitored by the population. This makes local government officials to be transparent and responsive to the people. In the above situations decentralization is believed to bring power closer to the people and local government to represent the people. Therefore, to see these points, one has to look closely at whether there is free and fair election which encourages participation of majority of the voters; whether the public have developed the culture of electing those who can represent it and whether the local government represent largely the interests of local people or the interest of the party.

As pointed out in chapter II, at zonal level there are appointed council members and executives who have the highest power in their jurisdiction. At wereda and kebele level there are also elected council members and executives elected by the council. Moreover at zonal and woreda level there are functional departments and offices which are directly administered by the council. In each tiers of sub regional government (zone, wereda, kebele) there is a ruling party structure represented by two persons. According to the informants all the council members, functional department heads and office heads, team leaders and kebele officials are required to be members of the ruling party and pay membership fees. Hence, although the council is assumed to be the highest executive body at zonal or wereda level, in reality it is the party which has the highest power in any tiers of government. In relation to this, how the council members, department and office heads are appointed or removed from the office is very important. According to the constitution, election of the council members is held every two years and in general the assumption is that, the council members who hold the office by election are also removed by election. But this rule is often violated at zonal/wereda level.

In order to improve performance of functional offices and local government there is a quarterly "evaluation" of councils, functional departments, offices and kebele officials by the higher council and the party. Due to this "evaluation" (used in most cases adversely) the council members, heads of functional departments and offices, and kebele officials have been removed from the office frequently and especially the turn over is very high in sector departments and offices. According to the local informants and discussion with experts at zonal level, the average period of stay in office for department and office heads

is between 6 months and two years. For instance in Bensa woreda , since 1993 about 6 heads of office were assigned to the wereda health office, which implies that there is severe instability or lack of continuity in management and administration. The question one may ask at this juncture is why such high rate of turn over and instability in the administrative system takes place? Although there is no clear answer “non local” experts complain that most of the appointees are not well qualified and experienced and they lack self confidence and leadership quality. They are usually appointed on the basis of being “local” people. An other related argument is that at local level there is a serious mismanagement of resources and corruption due to lack of clear accountability and semi autonomous nature of the weredas. Hence, there is always pressure both with in departments and the council and communities from the bottom. What ever the case, as observed during field stay, lack of confidence, suspicions and in general instability in governance and administration are existing features at zonal/wereda level.

Therefore, if council members (executives) are removed from the office not by constituents but by the party through ‘evaluation’ the assumption that local government officials are accountable to the people and the people have powers to elect and depose their delegation becomes unrealistic. It can also be questioned that whether the heads of departments and team leaders can plan and carry out the function of their respective institutions smoothly and be accountable for their performance if they are removed between six months and to two years. According to the informants, members of the councils and executives are not genuinely elected by the public due to high political interference and electoral fraud. Local election process is manipulated by ruling party members. Moreover, due to powerlessness or lack of interest in local governance the public usually does not elect its leaders in large numbers. Added to this, they are not empowered to bring or remove the executives from office when they are dissatisfied by the performance of the council. This situation indicates that wereda and zonal council members are in reality accountable and responsive to the respective higher level officials and in general to the ruling party. Hence, the concept of participation by representation is not realized as the current trend suggests.

4.4.2. Direct Participation

Direct participation of the communities at grass root level can be realized when the concerned communities engage themselves in planning, decision making, implementing and sustaining their activities and seek external assistance when they need. This kind of participation can take place by involving the great majority of the population. In this regard many of the local projects/programs such as health, education, rural water supply, rural road construction, bridges, small-scale irrigation etc. are suitable to involve majority of the population directly. Communities can also participate in local development projects and government by organizing themselves in groups, associations and committees (multi purpose or single purpose committees) which represent the grassroots. With regard to the *wereda* and *kebele*, it is true that people are contributing their resources for local development activities. For instance, in the health activities, communities are participating in mass immunization and control campaigns, health education, environmental care and maintenance of local health facilities. But the participation is not voluntary. This is usually influenced by strong enforcement of kebele officials and wereda council. The general strategy of the health sub sector indicates that establishing health councils and health committees is aimed at enabling the grass roots participate in all aspects of health activities. More over, it was assumed that at kebele level there would be multipurpose development committee chaired by kebele vice-chairman which also aimed to promote participation of the population. However, in the study area and in SNNPR in general these committees (health council, health committee or multipurpose development committee) have not been materialized. Above all, participation of the community is understood as contribution of labor locally available material and cash for projects initiated externally. There are no efforts to empower the communities so that it can participate in decision making.

4.4.2.1. Direct Participation and NGOs at *woreda* level

NGOs have been serving as an intermediary organization for many small self help and community development efforts that exist in both rural and urban areas in the country. One of the major reasons for the participation of NGOs in development is thought to be the general failure of the public sector efforts to cope with the development tasks. Moreover, authors argue that even if governments could become more efficient and effective in performing their duties they can not serve as a universal dispensers of services and resources (Hyden, 1983). Therefore, other institutions are needed to complement government especially in remote and uncovered parts of the country by the national government.

NGOs have some advantages in local development activities due to their small size, independence and flexibility. They are relatively in a better position to carry out development activities in poor rural and urban areas than the government. Moreover, they have more possibilities to experiment with new ideas and development strategies and policies. When we see the current trends of NGO communities (the third generation NGOs), most of them are working with the government as a partner of development and usually use the existing government institutions, They also enhance the capacity of the government institution. In this regard, they are found to be instrumental for the implementation of government policy as they are working under the government policy framework.

For the purpose of this paper, three NGOs, which are operating in the study area, are studied and discussion was held with the experts. These NGOs include SDP, SDA and the Ethiopian Social rehabilitation and development fund(ESRDF is treated as an NGO, because, its approach is similar to other NGOS) . However, the purpose of this topic is not to see in depth the role of NGOs in local development but to high light how they contribute to the implementation of decentralization policy in the health sub sector in the study area. Hence, in the following section attempt will be made to see the operation of the above NGOs briefly.

ESRDF

ESRDF is a world bank (IDA) funded NGO which is entirely engaged in the provision of social and rural infrastructure and improvement in the quality of services to its targeted beneficiaries, usually low income and poor communities.

According to ESRDF operational manual, the objective of ESRDF include:

- a) improving the living conditions of poor communities through the provision and strengthening of basic social services.
- b) enhancing the income generating capacity of poor communities through the creation of economic assets and provision of essential economic services.
- c) Promoting and using community based approach in identification, preparation, implementation and management of sub-projects.
- d) assisting grass roots organization and communities to increase their technical and managerial capacities in all aspects of sub-project activities through the provision of training.

According to discussion with experts, ESRDF encourages the increased involvement of communities, grass roots NGOs and government in development working. This can be seen from the fact that ESRDF does not itself identify sub projects or does not prescribe specific choice of sub-projects but appraises and selects from among those prepared by communities and associations such as NGOs or local government agencies. In cooperation with other stakeholders it acts as a facilitator and promotes community initiatives and efforts. Moreover, ESRDF does not act as an implementer of the projects but supports the efforts of grass root organization in sub-project implementation and management both by providing supervisory support and also enhancing their technical and management capacities.

Regarding its operation, it starts with the promotion of the ESRDF's activities to intended beneficiaries and their partners and to increase their capacity in identification, prioritization and formulation of sub projects as the key priority. The objective of the promotion is:

- a) informing targeted poor communities, particularly at grass root level of the aims and programs of ESRDF with special emphasis on promoting their participation.
- b) encouraging target populations to prepare and submit appropriate sub project proposals
- c) assisting community groups with weak or inadequate organizational skill through promotional and capacity building exercise to develop proper sub-project proposals.

To assist its promotional activities local community facilitators (LCF) are trained each year in the funds targeted area of operation in order to assist grass root organization, communities, particularly women, to come up with appropriate proposals and to serve as a link between regional office and the communities during the sub project cycle and to increase capacity at grass root level. The functions of the facilitators include: a) assisting the communities to properly complete sub project proposals b) act as a link between the regional office and the beneficiaries of sub projects and assisting in solving implementation problems and c) promotion of the activities of the fund to other potential beneficiaries. The LCF are usually required to complete 8th grade recruited from the project area, speaking the language of the study area and have some training on PRA and Development. They are employed on part time-contractual basis and paid per diem while they perform the task.

After promotional work has undertaken meeting is arranged with the communities. Then the benefiting community of each proposed sub project elects a committee prior to the signing of financing agreement at a meeting which must be attended by at least by 50% of the house holds. At such a meeting the member of community project committee elects five office bearers including chairperson treasurer secretary inspector and other member. Hence, the community project committee is considered to have the authority of the benefiting community. For the question how do the communities identify the project, the informants responded that, projects could be identified by group of people or the whole communities but ESRDF as its name indicates focuses on social and rural infrastructure which implies that the project at least partially identified. Using the format already prepared by ESRDF the Community Project Committee (CPC) assisted by LCFS tries to

identify the projects and estimate costs with the help of community facilitators. After identifying the project and estimating its costs the CPC applies to the ESRDF for further appraisal. According to the informant in the ESRDF projects the CPC is very important for the implementations of the projects.

It performs three tasks; first it approaches the council (wereda, zonal and currently regional) and seeks its agreement to ensure the sustainability of the project. Second, it approaches the sector offices, departments and bureau's to plan for recurrent/running cost of the project (personnel, finance, logistics etc.). And thirdly, CPC mobilizes resources (finance, labor material service) from the community, as the fund requires about 10% of the project cost from the beneficiaries, in fact this is a condition for disbursement of the ESRDF fund. However, according to the informant, there are irregularities such as under estimation of labor and materials (less than 4 percent), increasing financial burden on the communities, lack of cooperation from the sector government departments to over take and run the provision of services due to financial constraint etc. Although there are difficulties during operation, empowering the community with strong assistance through training and providing various formats to make planning and budgeting easier for the CPC would help the communities to claim their benefits and hold the government responsive and accountable.

In general, the recruiting of local community facilitators; use of community project committee for project identification and implementation; introducing mechanism of claim making and mobilizing of the resource by the committees makes the ESRDFs approach the ideal type in local development.

SDP

SDP is an Irish funded NGOs operating in Sidama zone. It focuses on poverty alleviation, gender and participation of the communities in rural development. SDP has four sections, which include community organization (COD) training section, technical support section and micro-finance section. According to the informant SDP is working as partner with the local government and uses the government institution to extend its

support. Therefore, before launching a program the zonal administration/council is consulted and staff resource is provided by the administration and SDP provides fund.

To see how SDP reach the community level, interview was conducted with experts in the organization. Accordingly, it was indicated that SDP forms kebele development committee (KDC) at each kebele. The KDC constitutes from 10-16 people in particular kebele. But the number varies according to the availability of committee and projects. The committee members usually include, chairman of the peasant associations, school director, community health agents, traditional birth attendants, development agents representatives of the local churches, elders (both male and female) chair man of micro finance, water committee, health committee etc.

After forming the committee the COD gives training to the committee using COLTA (community organization and leadership training for action) approach. According to the informant the approach is similar to PRA but modified to the zonal situation. The method emphasizes a bottom-up approach in which problem identification planing and implementation is done by direct involvement of the communities and external assistance is required for funding and technical help. Hence the nature of the organization is aimed at empowering the community. In order to assist the KDC, there are facilitators in each kebele who would help the groups in technical matters. These facilitators are required to complete 12 grade and trained in COLTA. Then with the assistance of the community organizers the communities draw their social map by using semi -structured interview and discussions and finally they identify problems and prioritize their projects.

After identifying and prioritizing the projects the KDC request assistance from the SDP and other respective sector offices. The contribution of the community in this case is about 50% of the project cost, which includes labor, local materials and finance. Then industrial construction materials including trucks for transportation and technical support is provided by the SDP. In this manner SDP has constructed about 97 health posts and more than 100 basic education centers. The KDC is serving as a multi-purpose committee which, some times could be used for government purpose. SDP uses KDC not only for expansion of social infrastructure but as an entry point for awareness creation in areas of

social problem such as abduction and other harmful cultural practices.

The initial plan of the SDP was to form KDCs in all (528) kebele of the zone. KDCs were first started in 16 kebeles at experimental level and to day the are found in 136 kebeles. According to informants, the objective of the project is not being accomplished. The idea of empowering the community to do their own jobs is simply replaced by seeking for additional projects of the SDP. Moreover the health posts and other facilities (such as basic education centers) constructed by SDP and the community are of low quality, and below the standard. It was indicated that KDCs or the community organizers including the health agents function well when there is an incentive. When such incentives cease, every activity carried out by the committee ceases too. This indicates that the KDCs are not sustainable and self-enforcing.

SDA

SDA is a local NGO, which complements the government through funding certain projects. SDA differs from other NGOs in that it does not prepare its own project but funds projects prepared by other government sector offices (Agriculture, education health etc.). For instance if zonal health department fund projects in five weredas out of the 9 weredas in the zone, projects in the rest four weredas can be funded by SDA according to the availability of the fund, but the proposal should come from the sectors.

Regarding the source of finance, SDA raises fund from Tele tone, bazaar, contribution from government employees (1% of their salary) and membership fees from merchants, farmers and fund from Southern People Development Association. Moreover some support is given from NGOs such as Gtz, ESRDF etc. To perform its function SDA mobilizes experts from different government sector offices. In this manner, SDA has funded the construction of 9 primary schools, 7 health posts, 8 water development projects and 20 kms of rural road with a total budget of 6,804,999 since 1995(SDA annual report,2000).

In general from the above discussion one can generalize that, NGOs contribute significantly to the implementation of decentralization policy by:

1. expanding infrastructures such as health posts in rural areas;
2. empowering communities through establishing development committees and training;
3. developing claim making power of the communities by linking the projects to the government institutions.

However, although such attempts are made by NGOs to empower communities the organization and approach they follow seem to be not sustainable.

4.5. Institutional capacity

Enhancing the capacity of regional or sub regional entities to identify problems, prepare plans and implement local development projects is one of the most important areas which needs attention in the discussion of decentralization. However, institutional capacity is a relative term, in that local government unit possess a varying level of capacity for various local functions and responsibilities. For instance some sub regional entities may be more advanced than others because of reasons such as their location around areas of major economic activities or major urban centers and others may be incapable due to their location in remote and backward areas. On the other hand, it is argued that not all sub regional entities are incapable of performing all functions and responsibilities. For instance in some regions sub regional entities are capable to plan implement and sustain local development activities; in others they may be capable to implement local or zonal level project /programs but lack planning capacity. Hence in the discussion of capacity issue one has to clearly identify in which areas local governments are lacking capacity and need necessary assistance. However, it is argued that, in any case the transfer of additional functions to regional or sub regional units will impose a challenge to their capability whether they are advanced or lagging, which implies that regional/sub regional governments need due attention with respect to capacity building in the areas they lack.

As pointed out in chapter two, there are two arguments in relation to capacity. The first one is developing the capability of regional/ local government units is a precondition for sustained decentralization and local autonomy. Therefore, this group proposes that before decentralization policy is implemented a country should give due attention to enhance its capacity. Even in the literature it is argued that lack of capacity is the main reason that hinders decentralization of government administration and management. Others however believe that local capability is a product of decentralization, i.e., the capacity problem created at regional/ sub regional level attracts the required capacity. Hence to solve capacity problems regional governments devise different means and ways thus will enhance their capacity in due course.

In the discussion of capacity, widely raised issues are manpower, logistical supplies and organizational development status of institutions at different levels. In the following section manpower and logistical supplies will be discussed briefly. Capacity in relation to human resource can be seen from two angles. First, the capacity of staff resources at government institutions/functional sector offices. Second, the capacity of the grass root representatives community groups and leaders which will enable them to identify their needs, prioritize, implement and manage development projects and generally to be capable of utilizing resource mobilized.

Regarding the sector bureaus and offices in attempt to overcome staff shortages two measures were taken with decentralization viz., deploying staffs from central government to regions and empowering regional government to hire personnel through the regional civil service. In relation to this to upgrade the existing manpower, many short, medium and long-term training have been given both with in the country and outside. Among other things the opening of Ethiopian Civil Service College and Ethiopian Management Institute are directly aimed at strengthening the capacity of regions. More over at regional level there is management institute, which gives training to council members. However when we are discussing of true decentralization, its out come can be measured by the capacity of local government i.e. wereda government in planning and implementing its development activities.

Despite the above mentioned attempts to enhance capacity of regional and sub regional governments, data and interview with the expert indicates that functional institutions are still not fully staffed with necessary expertise and experienced/ skilled manpower. For instance, if we take the health sub sector, as pointed out earlier, due to the current health policy, professionals in the sub sector are leaving the public health institutions. This situation seriously incapacitates regional, zonal and wereda level health institutions to carry out functions properly. Despite the considerable increase in health institutions both at regional and zonal level the number of health professionals have consistently decreased or did not show corresponding increase For instance, the number of total health professionals in SNNPR was 2733 in 1994 and 728 in Sidama zone. At the end of planning period in 1998 it was 2812 in the region and 454 in Sidama zone. When one tries to see at wereda level, the structure is a bit wider due to the new health policy, which requires at least 13-health professional at wereda office level. However according to the information from interviewees, at clinic level only two health assistants are assigned and some clinics have only one health assistant or junior nurse, thus in the absence of the health assistant the clinic is no more operational. When we see staffs at health center level, especially physicians, pharmacy technicians and laboratory technicians, there is severe shortage. For instance, according to local informants in 1996 at Bensa health station there were 3 physicians but currently it operates with out a single physician although the health center serves as a satellite health center for the surrounding clinics and carries out minor surgery.

To overcome shortage of manpower, about 4 schools are opened in Yirgalem, Arbaminch, Awassa, Dilla and Hossina. However as mentioned above, the institutes and colleges train individuals in specific areas and hence many professionals argue that it is not problem oriented and the program needs reconsideration and evaluation. More over due to delay of the training program the schools could not satisfy the manpower demand of the health institutions.

Hence shortage of manpower at health institutions cripples down the capacity of the public institutions to deliver efficient services. Secondly, lack of staff resources also incapacitates government sector to monitor and regulate private sector. For instance in

the absence of pharmacists it is unlikely to control and regulate the use of drugs in private drug shops. Similarly in the absence of Saniterians it is unlikely to control environmental health etc.

The second aspect of capacity issue is enhancing the capacity of wereda government and the communities. In the case of wereda government, the wereda executive committee had some training in the Regional Management Institute in areas such as bookkeeping, project monitoring and evaluation etc. However they have no opportunity to put their training in to practice. Hence although training of council is use full training with out assigning tasks undermines the importance of training. For instance in Dale worda the executives are complaining about lack of empowerment of the worda government in project monitoring and evaluation.

When one tries to see capacity issue of grass roots in Sidama zone various training has been given to enhance the capacity of the communities in the health sub sector. For instance between in 1995-1999/2000, significant number of health agents and traditional birth attendants were trained to assist the communities in health sector development activities. Currently CHA and TBA are playing important role as being an entry point between the government and the grassroots. However this training has been funded by NGOs(SDP) and the government currently has no budget to undertake training and this hampers the effort of capacity enhancing at local level.

Table 6. Sidama-zone health sub sector training of community health agents and traditional birth attendants (1995-1999).

CHA	1995		1996		1997		1998	
	plan	actual	plan	actual	plan	actual	plan	actual
	320	326	130	89	130	105	130	176
TBA	600	556	600	373	600	321	600	50

Source. Sidama zone department of health, 1999

Table7. Sidama zone health sub sector training programs of health professional (1995-1999)

No	Health professionals	plan	actual	in %
1	health officer	32	12	36
2	clinical Nurse	-	30	-
3	Junior social Nurse	32	10	31
4	Junior Nurse	96	34	35
5	Laboratory technician	32	23	72
6	Pharmacy technician	32	11	34
7	Clinical X-ray technician	-	1	-
8	Junior delivery Nurse	32	12	36
9	Clinical delivery nurse	-	9	-

Source, Ibid.

An other problem in the area of capacity is logistical problem. Among logistical problems lack/ shortage of vehicles and running cost for the existing one can be cited as a serious problem. Some health institutions have no vehicles; some have no running cost, those, which were donated by NGOs, have no budget at all because finance offices have no plan for them. According to the information from wereda health offices, the health institutions have been functioning in efficiently because of lack of regular supply of drugs and other facilities, mainly due to logistical problem.

CHAPTER V

5. Conclusion and Recommendation.

Over centralizing government administration and development through strong centralized leadership and central allocation of resources has been a feature of many developing countries. Hence, it is argued that this situation has created weaker local government and government is too far from the grass roots and does not respond to local problems. Thus, decentralization has been proposed to overcome the ills of this centralized system of government and administration, to empower/ strength local government to participate in development and government. Due to this reason, since 1960s many countries have been decentralizing government administration and management to correct this structural problem

On the other hand, various studies have been conducted to evaluate the implementation of decentralization policies. However many authors agree that it has no clear results and even its failure outweighs its success in the literature. The failure of decentralization policy is attributed to design, implementation, and lack of political commitment or to its complexity. Despite little promising results in 1990s many countries including Ethiopia are decentralizing powers and functions to sub national entities. The major reason seems to be that the objective of decentralization has so many good and appealing features.

Since 1992 Ethiopia has been in the process of decentralization. The precedents that forced to resort to the strategy are long standing ethnic problems and over centralized government administration. Among other things, the main purpose of decentralization in Ethiopia is to make governance closer to people so that government become responsive to the interest of the communities. It is also assumed that the closeness of governance would lead to better service delivery, popular participation, greater autonomy and accountability of local government.

However, if we define decentralization as making governance closer to people, strengthening local/ wereda government, little is done at wereda level and one has still a

long way to go. There are a number of obstacles that hinder empowering of the communities. Hence, this study has made an attempt to examine some of the problems, which influence the implementation of decentralization policy at wereda level. Based on the study, the following conclusion and recommendation are made.

First, decentralization means sharing powers and functions between tiers of government, which could be done by legal or non-legal means. In Ethiopian case the powers and function of wereda level government emanates from the regional constitution. This constitution is expected to specify clearly what belongs to each level of government. However the powers and functions indicated in the constitution lack clarity as to what function and which aspects of the function should be decentralized to each tiers. Hence government officials have no clear idea at wereda level as what belongs to wereda and what belongs to the higher level. This hinders the wereda level government to claim what belongs to it and resist unwanted intervention and also it creates the problem of accountability. In relation to this, in the constitution power and function of regional bureaus was described but it does not indicate powers and functions of zonal and woreda sector departments and offices. However, experiences of other countries indicate that functions and powers of local government are clearly specified and listed out (e.g. Nigeria, Uganda, Zimbabwe etc.). There fore in order to avoid unnecessary confusions and ambiguity powers and functions of woreda government should clearly be specified and listed. Instead of muddling in the activities of the sector offices, wereda government should over see the performance of the sectors and should have its own functions. More over in many countries, which have implemented decentralization there, is local government organized up to the national level and there is also decentralization policy. In Ethiopian case there is no decentralization policy and no local government structure. The policy and the structure are instrumental in assisting local government. Therefore, it is advisable to establish local government structure and design the policy.

Second, since 1992, Ethiopia is using medium term rolling plan and the annual capital and recurrent expenditure plans are linked to this medium term plan. Regional governments are empowered to plan and implement regional projects/ programs and MEDAC provides technical assistance and focuses on strategic issues in relation to

planning. The current situation in SNNPR indicates that planning is further decentralized and the strong tiers of government where planning takes place effectively is the zonal level government. Moreover there are improvements in plan preparation and implementation. For instance, at zonal level, the planning department and the sector departments know the budget ceiling before preparing plans. However in SNNPR at all levels there is shortage of time to prepare plan and the planning bureau and department suffers from lack of capacity in almost all aspects. When one tries to see planning at woreda level, the budgeting process has no territorial dimension and there is no responsible organ for planning and no avenue for the grass roots to participate in the planning and decision making process. Hence to improve planning at woreda level, there should be responsible organ at woreda level and organizing planning office at woreda level would serve this purpose. Then the budgeting process, which has no woreda dimension, should reach to woredas to help them prepare implementable plan. More over to participate the grassroots at the stage of planning, planning methods, which encourage community participation, should be employed at least for planning period (e.g. PRA).

Third, it is argued that decentralization results in better service delivery as the governance become closer to the people, which encourages participation of the community and also creates an opportunity for different providers. For instance, since 1994, there has been considerable increase/ expansion of the health institutions due to the creation of various actors (NGOs, development associations and private sectors). However a number of problems were raised in Sidama zone and in the region in general. Some of the problems are first, from the side of government there has been lack of coordination and monitoring of the activities of NGOs, community efforts, and the private sector. Due to this problem considerable number of health institutions such as health posts and health centers built by the above stakeholders become useless due to standard and quality problem. Secondly, although attention was given to investment little attention was given to recurrent costs of the health institutions. Due to this reason, the majority of the health posts and health centers are non-functional. Thirdly, in the area of personnel it seems that the pace of decentralization could not be kept. The health institutions are decentralized without giving due attention to the availability of health personnel. The training so far given is also not well targeted to solve the problem of the sector. There fore to improve delivery

of service, expansion of facilities is not the only solution. The already existing facilities should be well equipped to give services. Moreover when planning for investment activities one has also to plan for recurrent/ running cost, including personnel requirement. Added to this the current on going training of junior nurses should be evaluated and due measures should be taken before the problem become severe.

Fourth, the strongest argument in favor of decentralization emanates from the belief that it creates fertile ground for public participation. Although the idea of participation has so many good features, in reality it is rarely achieved and little has been changed from the existing situation. It is assumed that the elected woreda council would express the interest of the grassroots but situation at woreda level indicates that the central government ruling party has structure up to kebele level and the council members are manipulated by the party. They are members of the party and more accountable to the party than to the communities because it is the party which removes the council from the office through 'evaluation'. When we see situation for direct participation, the participatory mechanism such as multi purpose development committee or sector specific committee including health committee are not in a place or not functioning. Moreover the existing organization such as peasant associations are manipulated by the government and participation is often not voluntary, that is, the woreda government mobilizes the community but for government or NGO sponsored project/ programs. Hence, although it is a long process to institutionalize democratically elected council which is accountable to the constituents strengthening development committee, and other community interest groups at local level would play a vital role in making the local government responsive.

Fifth, the degree of decentralization/ devolution is measured by the degree of autonomy given to local/ *woreda* government to mobilize and utilize resources from its locality. When one tries to see situation at *woreda* level *woredas* collect revenue/ tax from sources such as, income tax from government employees, agricultural income tax, rural land use tax and taxes from trade, service and others. However the *woreda* has no autonomy to raise revenue and it has no sources of income that could be used by its own right. The *woredas* are 100 percent dependent on zones for recurrent budget and the capital budget does not flow to the *woredas*. Moreover the *woreda* has no project of its own and is not

empowered to monitor the implementation of projects at *woreda* level. Given the dire shortage of recurrent budget and in efficient/incompetent staffs the importance of *woreda* council is not clear especially in empowering the communities at both Dale and Bensa. The activities performed at *woreda* level are the traditional administrative and political functions in deconcentrated system prior the implementation of decentralization. Therefore, to make decentralization meaning full, first, *woreda* government should be empowered to raise some financial resources, which could be used for its local development activities. This has great implication in strengthening the capacity of local government in problem identification, planning budgeting and implementing its projects and programs. More over, it is argued that, to hold local government accountable and responsive, giving power to mobilize and use resources is indispensable. Second, the capital budget should reach to *woreda* level and *woreda* should be empowered to prepare and implement some projects according to its capacity. It is recommended that giving some revenue raising and expenditure autonomy in fact with proper monitoring would significantly improve the capacity of *woreda* government and could be instrumental to push other aspects of decentralization to *woreda* level.

In an attempt to institutionalize decentralization policies at *woreda* level the effort of NGOs seems to be promising. NGOs are assisting the communities to organize themselves, identify and implement projects and in general enhance their capacity. Moreover, they assist the grassroots to claim for better services by linking local projects to government sectors to mobilize necessary support. Among other things this empowers the communities to do their affairs and directly linked to the objective of decentralization. But the problem in this area is the effort of NGO is not sustainable because the NGOs do these activities by providing incentives. When the incentives stop every effort of the NGOs stops. There fore the government should assist and strengthen participatory structures created by NGOs and also should encourage community efforts in local development in enhancing their capacities through various means.

Annex 1A

Questionnaire for Woreda Health Officials

I. General.

- 1.1. Woreda health office structure
- 1.2. Number of employees and educational status (available and required at the office level).
- 1.3. Health service coverage
- 1.4. Environmental health service.
 - a. Accessibility to safe water Urban, Rural
 - b. Sanitation (existing latrine facilities) Urban, Rural
- 1.5. Nutrition status.
- 1.6. Health infrastructure (Hospital, Health center, Clinics and Health post)
- 1.7. Health personnel
- 1.8. Budget allocation and expenditure (capital and recurrent for the last three years).

II. Planning and decision making

- 2.1. Is there any Regional health policy that defines the roles and responsibility of health office at Woreda level? Yes No
- 2.2. If yes, would you describe powers, functions and responsibility of the health sector devolved to Woreda level from Region or Zone?
- 2.3. Is there any clear rules and regulations that delineates decision making powers, functions and responsibilities of Woreda health office and Zonal or regional health Bureau?
If yes, do the rules and regulations enabling? Are they binding?
- 2.4. Do you prepare health sector plans at Woreda level? Yes no
- 2.5. If no, at which level plans are prepared?
- 2.6. If yes, would you describe the planning process including the institutions involved directly or indirectly?
- 2.7. Do grassroots participate in the planning process of health sector activities? If yes, through which channel?
 - a. Through health committee. b. kebele officials c. other multi purpose development Committee. e. Other means
- 2.8. Comment on the significance of community participation for better preparation
- 2.9. Do you have information about budget and its sources during plan preparation?

- 2.10. If yes, which source you usually consider (Regional government, Community, NGOs, users charge, others)?
- 2.11. List of projects/ programs implemented in the last three years in the Woreda
- 2.12. How many of the projects/ programs were proposed approved and implemented by the Health office?
Is there any discrepancy between proposed and approved /implemented? If yes, Why? (Verify the reasons)
- 2.13. Are there any criteria or rule that delineates projects/ programs administered by Woreda level and higher levels?
- 2.14. What is the role of the woreda health office, when projects are undertaken by higher Level or other organization?
- 2.15. Do you have capacity problem to under take woreda level health activities (both actual and assumed)?
- 2.16. If yes, in which specific area do you face serious problem?
- 2.17. Is there any measure taken to enhance the capacity of Woreda health office?
- 2.18. Can you describe the programs/ projects in this respect? comment on the role of BOH in terms of enhancing capacity
- 2.19. Do you participate at regional level planning and decision making? How decision about budgets and plans is made? Is there an avenue to express your views?

III. Resource mobilization and utilization

- 3.1 What are the sources of finance for woreda health sector (Regional transfer, user charges, others)?
- 3.2. Do you know how resource is allocated to health sector is there any index?
- 3.3. The actual flow of fund and budget/ plan for the last three years
- 3.4. When there is gap how do you finance the deficit (request for additional budget, solicit for other sources)?
- 3.5. Can you shift budget from one program/ project to another? If yes, what are the conditions? If no verify the reasons?
- 3.6. The percentage of budget going for recurrent and capital (comment on the trends)
- 3.7. Does the finance that flow from higher government to the sector is predictable or not?
- 3.8. Is there system of accountability especially, for poor performance including corruption?

IV. Popular participation of people in planning implementation and operation of services provision

- 4.1 Is there a regional/ woreda level strategy to empower local governments and communities to identify, deliver and sustain locally determined investment priorities.
- 4.2. What is the role of Woreda council in the health sector activities in relation to a. communicating local needs and priorities b. mobilizing communities in local Development
- 4.3. Are there Woreda level health sector programs/ projects targeted to enhance the capacity and participation of communities and civic associations?
- 4.4. Is there any CBOS in the Woreda which has a general multipurpose/ sector specific separate from government?
- 4.4. How do community groups involve in the whole process of planning, implementation, and operation and management services?
- 4.6. In which stage of project life community participation is most visible (planning and Decision making c. implementation, d, operation)?
- 4.7. Do the CBOS have role in the management, operation and maintenance of services in the health sector activities?
- 4.8. Comment on the contribution of CBOs in planning, implementation, operation and Sustaining of local development programs and projects
- 4.9. To what extent local capacity inhibits participation? Verify if steps are taken to alleviate this?
- 4.10. Is there out contracting of health service delivery to private sectors?
- 4.11. Are there external and indigenous development oriented NGOS in the Woreda? How many are they?
- 4.12. Do the NGOS work directly with the Woreda health office?
- 4.13. What is the role of the Woreda health office when the project is initiated by NGOS?
- 4.15. What are the roles of NGOs in empowering community groups in local health sector activities?
- 4.16. Can you comment on the role of Woreda council and other substructure in terms of health sector activities?

V. Mode of service delivery

- 5.1 What is the role of zonal/ Regional government, NGOs, CBOs and private sector in production and provision of health services? a. Technical support and building capacity.b. Administering financial transfer c. decide scale and quality of services and infrastructure d. arrange financing of local services e. monitor production and use f. construction and production activities.
- 5.2. Are there standards for provision of health services at Woreda level? Who sets the standards?
- 5.3. How is the delivery performance is monitored to hold the providers accountable to the standards?
- 5.4. Which source of feed back is in use to assess performance of the staff?
- 5.6. Are there alternative service delivery strategies and procedures to allow participation of multiple providers?
- 5.7. Are there clear rules and regulations enabling the participation of other actors in health sector service delivery?
- 5.8. Does the Woreda health office has sufficient capacity to undertake its activity and support and monitor other providers?
- 5.9. Would you comment on the status of service delivery in terms of coverage, quality and cost?
- 5.10. What strategies are in use to ensure equitable distribution of health services in the woreda?
- 5.11. Do you have cooperation with the neighboring Woredas/ Zones in terms of health sector programs/ projects? Who coordinate this cooperation?

Annex 1B

Questionnaire For indigenous and External NGOs at Woreda Level

I. General.

- 1.1. Name---- Objective/s of the NGO----- duration at he woreda--- coverage—sectors involved----number of implemented projects/programs----- Beneficiaries---Reason for selecting the Woreda.

II. Popular participation in planing and decision making

- 2.1 How do you undertake project/ program planing process?
- 2.2. What are the roles of specific sector, (at different levels) and Woreda council in your project planning stage?
- 2.3. Do the grassroots participate in project planning?
- 2.4. If yes, what avenue is available for them to participate a. development committee b. kebele officials c. sector specific committee d. others.
- 2.5. Do you see it as an appropriate CBO for grassroots participation? Yes[] no[]
- 2.6. If no, why? Is there any alternative?
- 2.7. To what extent local capacity inhibit participation in your activities verify if steps are taken to alleviate this?
- 2.8. Do you have Woreda level programs or projects targeted to enhance the capacity and participation of communities and civic associations in local development activities?
- 2.9. In which sectors of your projects/ programs CBOs are recognized as playing a role in the management, operation and maintenance of basic services?
- 2.10. Do you work directly with the Woreda government administration?
- 2.11. Can you describe the functions, responsibilities and decision-making powers of woreda council in relation to your activities?
- 2.12. Is there responsible organ to coordinate the activities of different NGOs government sector offices and other service providers at Woreda level? (Comment on coordination).
- 2.13. Would you comment on the capacity of sector offices at Woreda level in carrying out the actual and assumed activities? What are the critical areas in terms of Woreda level capacity?

- 2.14. What is the role of NGOs in the provision and production of basic local services? a. Technical support and building capacity b. Administering financial transfer c. decide scale and quality of services and infrastructure d. arrange financing of local services. Monitor production and use.
- 2.15. Comment on the roles of NGO in local development
- 2.16. How do you perceive decentralization at Woreda/ local level?
- 2.17. How are the creation of Woreda council and substructure seen by citizens in the Woreda?
- 2.18. The relationship between regional council BOPED and other offices.
- 2.19. Comment on the role of BOPED in coordinating, monitoring and evaluating your activities in the Woreda
- 2.20. Comment on the role of Regional Council in creating enabling environment

Annex 1C

Questionnaire for Woreda Council

I. General.

- 1.1. Woreda council structure.
- 1.2. Number of employee and educational status.

II. Planning and decision making.

- 2.1. Is there any regional policy on decentralization that defines the roles and responsibility of local government.
- 2.2. What are the powers and functions actually devolved to the local Woreda authorities as to legal framework?
- 2.3. What are the powers and functions actually devolved to woreda level from regional level?
- 2.4. Is there any orientation/ discussion in respect to devolving powers, functions and responsibilities? Is there any clear rules and regulations that delineate the powers functions and responsibilities between tiers of government?
- 2.5. How do zonal and regional council intervenes in your activities?
- 2.6. Do you participate at Woreda and Kebele level development planning.
- 2.7. In what way the needs and priorities of community is reflected in the plan?
- 2.8. Do you participate at zonal and regional planning process? In what way?
- 2.9. How are priorities set at Woreda level? How often these priorities changed at zonal and regional level? Why?

III. Resource mobilization and utilization

- 3.1. What are the main sources of finance for the Woreda to deliver public services and Finance projects?
- 3.2. What are the criteria for Woreda level fiscal grant or transfer?
- 3.3. What are the taxes (revenue) sources for the Woreda?
- 3.4. Is the Woreda mandated to collect revenue and retain it?
- 3.5. Is the Woreda entitled to solicit counterpart for matching fund from various sources to supplement budget shortfalls?
- 3.6. What is the role of the Woreda Council in resource mobilization for local development activities?

3.7. How is the money transferred to the Woreda and mobilized by it accounted for?

What are the sanctions for poor performance?

3.6. Is there adequate transparency in administrative system to monitor how resources are used?

III. Popular participation

1.1. Is there regional/Woreda level strategy to empower local governments and communities to identify, deliver and sustain locally determined investment priorities?

1.2. Does the Council have authority to flexibly a. redefine priorities b. Reallocate budgetary resources both across activities between investment and recurrent spending c. set condition of employment

1.3. Are there Woreda level programs or projects targeted to enhance the capacity and participation of community and civic associations?

1.4. How are community groups involved in the whole process planning, implementation, operation and management of services?

1.5. What is the role of Woreda Council in empowering the grass roots?

1.6. To what extent local capacity inhibits participation? Verify if steps are taken to alleviate this.

1.7. In which sectors CBOs recognized as playing a role in the management operation and maintenance of basic services?

1.8. Do the NGOs work directly with the local government and administration?

1.9. What are the roles of NGOs in local development?

II. Mode of service delivery

5.1. What is the role of Woreda Council in the provision and production of basic local Level services and infrastructure?

5.2. How is service delivery performance monitored to hold the providers accountable to the standards?

5.3. How often is evaluation of service delivery performance conducted?

5.4. Which source of feedback is in use to assess performance of staff?

Annex.1D

Questionnaire for Regional Bureau Planning and Economic Development (BOPED)

I. General.

- 1.1. BOPED structure, number of employee(available and required)
- 1.2. Functions and responsibilities of the bureau

II. Planning and decision making

- 2.1. Is there any policy that defines roles, responsibilities and functions of Woreda planning Committee?
- 2.2. What are the functions and responsibilities assigned to Woreda planning Committee per legal framework?
- 2.3. What are the functions and responsibilities actually devolved?
- 2.4. How is the planning process is undertaken at Woreda and kebele level and what institutional arrangement is used?
- 2.5. How is the Woreda planning Committee participate at regional / zonal planning process
- 2.6. Does the Woreda planning Committee know the resource envelop while preparing Woreda level planning?
- 2.7. How are priorities set at Woreda level and how often are priorities are changed and why?
- 2.8. Is there any guide line to prepare plans/projectat Woreda/ Zonal level?
- 2.9. What are the critical problems to undertake a decentralized multi sector development planning at woreda level?

III. Coordination

- 3.1. How do you coordinate inter and intra regional development activities (NGOs, sector offices and others).
- 3.2. What are the challenges and opportunities created for coordination in the decentralized system of governance? (Comment on decentralization and coordination of local development activities)

3.3. Do you notice duplication of activities? In which sector and what strategies you use to do away with it?

IV. Resource mobilization and Utilization

- 4.1. Do you participate in budget allocation of sectors and the Woreda?
- 4.2. What are the criteria for Woreda Kebele level fiscal grants or transfer?
- 4.3. How capital projects are implemented, Monitored and evaluated?
- 4.4. Comment on the role of BOPED in current regional arrangement?
- 4.5. What are the bottlenecks to carry out regional development planning?

Annex1-E

Questionnaire for Regional Bureau of Health

I. General

- 1.1 Regional health related data
- 1.2 Health Bureau structure, employee (available and required).

II. Planning and Decision making

- 2.1. Is there Regional health policy on decentralization that defines the roles and responsibility of woreda level health offices?
- 2.2. What are the powers and functions actually devolved to the Woreda health offices as per the legal framework?
- 2.3. How are the planning process undertaken at Woreda level and what institutional arrangements are used?
- 2.4. Does the Woreda health office know the resource envelop while preparing health sector plans?
- 2.5. How are priorities set at Woreda level and how often they are changed at the higher level why?
- 2.6. Does the Woreda health office participate at regional level planning and decision making?
Comment on its contribution
- 2.7. What are the critical problems for planning at Woreda level?
- 2.8. Is there any strategy to enhance Woreda level capacity?

III. Relation with Federal Ministry of Health

- 3.1 What is the power function and responsibilities of Federal MOH in respect to health sector activities?
- 3.2. How often MOH provide technical assistance and in what conditions (specify the Assistance so far extended to the Bureau.)
- 3.3. Does MOH monitor implementation of projects?
- 3.4. Comment on the significance of MOH in decentralized health sector service production and Provision including its capacity?
- 3.5. Is there any mechanism to relate health projects and programs with the national health

policy? How projects or programs are accepted or rejected?

3.6 Is there any guideline to prepare projects?

3.7. Comment on the capacity of regional health bureau in relation to national health

Policy

3.8 Is there any strategy to enhance capacity at regional level?

IV. Resource mobilization and utilization

4.1. What are the source of finance for BOH to deliver health services and finance?

Projects?

4.2. What are the criteria's to allocate finance to zonal or Woreda health offices?

4.3. The percentage of budget going for recurrent and capital expenditure in the last three

Years?(comment on the trends)

4.4. How is the budget shortfall at woreda level is managed?

IV. Popular participation at Woreda level planning implementation and operation of service production and provision.

5.1. Is there Regional level strategy to empower Woreda councils, health offices and the grass roots to identify, deliver and sustain locally determined investment priorities?

5.2. Are there Woreda level programs or projects targeted to enhance the capacity and participation of communities and civic associations in the health sector?

5.3. How are community groups involved in the whole process of planning, implementation, operation and management of health services? To what extent the local capacity inhibits participation? Verify if steps are taken to alleviate this.

5.4. In which health sector programs/ projects are CBOs recognized as playing a role?

5.5. Is there an experience of out contracting of health services to the private sector? If yes, in which programs/projects?

5.6. Are there NGOs in the region working with BOH? How do you integrate the activities of NGOs and BOH ?

5.7. What is the contribution of the NGOs in health sector activities in relation to implementing national and regional health policy at Woreda level?

V. Mode of Service delivery

- 5.1. What is the role of BOH in service delivery at woreda level in terms of:
- . Technical support and building capacity
 - . Administering financial transfer
 - . Decide scale and quality of services and infrastructure
 - . Arrange financing of local services
 - . Monitor production and use
 - . Construction and maintenance
- 5.2. Are there standards for provision of services? Who sets the standards?
- 5.3. How is service delivery performance is monitored to hold providers acceptable to the standards?
- 5.4. How often evaluation of service delivery performance is conducted?
- 5.5. Which source of feed back is in use to assess performance of staff?
- 5.6. Are there alternative health service delivery strategies and procedures to allow participation of multiple
- 5.7. Are there clear rules and regulations enabling other providers in the health sector?
- 5.8. Does BOH has sufficient capacity to undertake its functions and monitor and support others?

Annex 2. Powers and functions of the wereda council (article 81)

The Wereda council shall:

1. Administer primary school of the wereda;
2. Administer junior health establishments;
3. Construct and maintain low level rural roads;
4. Give guidance to basic farming development;
5. Collect land tax, agricultural products sales tax and other taxes assigned to it by the state; utilize the portion of income allocated to it by the state and hand over 30% of the taxes it collects to the zones;
6. Approve social service, economic development and administrative plans and programs of the wereda;
7. Initiate the people for development activities;
8. elect the chairman, vice chairman secretary and executive committee members of the council;
9. Issue its own rules of procedure and directives;
10. Point out income sources other than those allocated and administered by the Region and Zone; propose and submit its budget for approval and
11. Issue directives to ensure the wereda's security and peace.

Powers and functions of the Wereda executive committee(article, 83).

1. members of the wereda executive committee shall be elected from among the members of the council.
2. The wereda executive committee is the executive organ of the wereda
3. the wereda executive committee shall be accountable to the wereda council and the superordinate organs of the zone.
4. the wereda executive committee members as the superior authority shall collectively and individually direct the wereda's administrative institutions
5. it shall implement, laws regulations, polices directives plans and programs issued by the federal government as well as regions state and zone

6. it shall preserve, protect and develop natural resources.
7. it shall safeguard peace and security of the wereda and direct and coordinate the woreda police force.
8. shall preserve the antiquities of the wereda
9. it shall perform other duties assigned to it by the wereda council

Source: Dehub Negrit Gazeta-No. 1 June, 1995.

Annex 3. General Health Policy

1. Democratization and decentralization of the health service system.
2. Development of the preventive and promotive components of health care
3. Development of an equitable and acceptable standard of health service system that will reach all segments of population within the limits of resources.
4. Promoting and strengthening of inter-sectoral activities.
5. Promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development by mobilizing and maximally utilizing internal and external resources.
6. Assurance of accessibility of health cares for all segments of the population.
7. Working closely with neighboring countries, regional and international organization to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health.
8. Development of appropriate capacity building based on assessed needs.
9. Provision of health care for the population on a scheme of payment according to the ability with special assistance mechanisms for those who can not afford to pay.
10. Promotion of participation of the private sector and non-governmental organizations in health cares.

(Source: Health Policy of the Transitional Government of Ethiopia, Sept. 1993).

Annex 4. Sidama zone land use pattern by Wereda (1995/96)

Wereda	Total area	Cultivated land	Forest land	Shrub and bush land	Grazing and Browsing land	productive/untouched land
Awassa	92000	42405	330	2200	14900	2096
Shebedino	100800	66400	120	800	19780	1000
Dale	144000	57800	470	17920	24500	2490
A/wondo	64000	48500	90	2300	8500	311
Arbegona	52800	2450	920	1100	23700	163
Bensa	92800	38600	1850	100	9400	3250
H/selam	57200	29180	220	1600	16200	800
Aroressa	91200	20500	12010	9850	7600	3024
Dara	27000	21800	400	600	1500	50
Total	721800	349685	16410	36470	126080	13184

Source: Sidama Zone Department of Planning and Economic Development, 2000.

Annex5. Estimated population, Area and population density by wereda, 1996

Wereda	Urban population	Rural population	total population	Area in km ²	density/km ²
Shebedino	11565	428812	440377	1008	437
Awasa	78444	285480	363924	920	396
Dale	26215	294871	321086	1440	223
A/wondo	17240	267067	284307	640	444
Bensa	6392	188584	194976	928	210
H/selam	5079	181804	186883	572	327
Arbegona	3292	138388	141680	528	268
Dara	5561	104579	110140	270	408
Arerossa	1801	97467	99268	912	109
Total	155589	1987052	2142641	7218	297

Source ibd.

Annex 6. List of Interviewees

Dr Zeleke, SNNPR, BOH, Vice Head.

Ato Feleke, BOH Planning and Project Department Head

Ato Yohannis, Head, Sidama Zone , Department of Health,.

Ato Ashenafi, Planning and project section (Team leader)

Ato Yohannis K. Work Expert (Planing and Project section)

Ato Ababe, expert Bureau of Planning and Economic Development

Ato Shimeket, Bureau of Planning and Economic Development, Head, Department of
Macro planing

Ao Temesgen expert Zonal, Planning and Economic Development Department.

Ato Matthwos Dale Wereda Finance Head.

Ato Akililu, Health officer Dale Woreda,Health office.

Ato Tefera, Head of training Dale Woreda Health office.

Ato Tefferi, Bensa Wereda Health office

Dale and Bensa Wereda Council, Heads of social affairs

Ato Amasalu, ESRDF, Southern Region.

Ato Phlipos, SDP, Head, Kebele Development Committee

Ato Kassa, expert Sidama Development Association

Ato Asfaw, Head Sidama Development Association

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DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other University and that all sources of materials used for the thesis have been duly acknowledged.

Name: Bereket Tassew.

Signature  _____

Place: Addis Ababa University

Date of Submission: May, 2000

The thesis has been submitted for examination with my approval as a University Advisor.

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Tegegne G/Egziabher (Ph.D)

May, 2000