
ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

DEPARTMENT OF PUBLIC ADMINISTRATION AND DEVELOPMENT MANAGEMENT

# FACTORS AFFECTING THE IMPLEMENTATION OF ESSENTIAL HEALTH SERVICE PACKAGES 2019 IN HEALTH CENTERS: THE CASE OF ADDIS ABABA CITY ADMINISTRATION LIDETA SUB-CITY

BY MELAKU TEDEBEBE

JANUARY, 2024

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**A THESIS SUBMITTED TO THE DEPARTMENT OF PUBLIC ADMINISTRATION AND DEVELOPMENT MANAGEMENT OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN DEVELOPMENT MANAGEMENT.**

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College of Business and Economics

Department of Public Administration and Development

Management

This is to certify that the thesis prepared by Melaku Tedebebe entitled “Factors affecting the implementation of Essential Health Service Packages 2019 in health centers : the case of Addis Ababa city administration Lideta sub-city”, which is submitted in partial fulfillment of the requirements for the Degree of Masters in Development Management , complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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## DECLARATION

I, the undersigned, declare that this thesis is my original work and 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.

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| Signature: _____ | Signature: _____ |
| Date: _____ | Date: _____ |

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**ACRONYMS**

| Acronyms | Equivalence |
|---|---|
| AACAHB | Addis Ababa City administration heath bueau |
| BoD | Burden of Disease |
| CEO | Chief executive officer |
| COGAO | clarity of goals and objectives |
| DI | implementer disposal |
| EHSPs | Essential health service packages |
| HSTP | Health sector transformation plan |
| MD | Management dynamics |
| MOH | Ministry of Health |
| NGOs | None Governmental Organizations |
| RHBs | Regional Health Bureaus |
| SES | stakeholder's engagement and support |
| ST.DVT | Standard Deviation |
| UHC | Universal Health Coverage |
| UNFAO | United Nation food and Agricultural organization |
| USAID | United states Agency for International Development |

**ABSTRACT**

*This research assesses factors affecting the implementation of Essential Health Service Packages 2019 in health centers: the case of Addis Ababa city administration Llideta sub-city. The main purpose of the study was to assess the factors affecting EHSPs 2019 implementation performance in health centers of Lideta subcity. An integrated conceptual framework was developed based on a review of literatures. The primary data were collected from the total population of 8 health centers of Lideta subcity of Addis Ababa, using a survey questionnaire and the respondents were the CEO, Medical directors (Main & deputy) and department heads of Lideta sub-city eight health centers. The data collected from the questionnaire were analyzed using descriptive statistical tools such as frequency, percentage, mean, and standard deviation, as a tool of the quantitative methods. The results revealed that three out of six independent variables were statistically had a very significant contribution for EHSPs 2019 implementation performance ordering as per the strength: implementer's disposition (ID); clarity of goals and objectives (COGAO); management dynamics (Improvement of institutional capacity, leadership and management) and other independent variables health financing and payment mechanism, resources (equipment,and human resources, ), Stakeholders engagement and support (micro level support from local stakeholders (MLSLS)) and parthnership and coordination were found positive but not statistically significant. As a result, implementer's disposition (ID); clarity of goals and objectives (COGAO); management dynamics (Improvement of institutional capacity, leadership and management) were the most determining factors in terms of influencing EHSPs 2019 implementation performance in health centers of Lideta subcity. The study also recommend (1) the policy makers should communicate the policy and other relevant documents for all stakeholder at all tiers of the health facilities from the very beginning of polcy process; (2) the government should strengthen the Health insurance system beside allocating adequate budget; (3) the government should motivate the health worker in training and performance based payment; (4) the governments should strengthen and integrate the system using technology and (5) participating the private wing in all policy process will have a significant contribution successful implementation.*

**Key Words***: implementation, Essential Health Service Packages, health center.*

# CHAPTER ONE

# INTRODUCTION

## 1.1 BACKGROUND OF THE STUDY

Health is the basic element that serve as both the means and outcome of economic development. Recently, to ensure sustainable development, the united nations declared 'good health & well-being: ensure healthy lives and promote well-being for all at all ages' as one of its seventeen goals to be achieved 2030, (UNFAO, 2015).

According to the Health policy of the transitional government of Ethiopia (1993 ), in Ethiopia a comprehensive Health Services Policy was introduced at the end of the imperial period which was adopted through initiatives from the World Health Organization. After this, the Derge regime also formulated a more elaborated health policy that gave more attention to disease prevention and control. The current health policy which was introduced in 1993. According to this policy document MOH(1993) it is more comprehensive than the past and gives appropriate emphasis to the needs of the less-privileged rural population which constitute the majority of the country population and the major productive force of the nation. However, Ethiopia is still facing a high burden of disease. In order to resolve the problem, the government has begun to implement essential health service packages (EHSPs) 2019 at all tiers of public health facilities since 2020.The core values and guiding principles of EHSPs 19 drawn from the values reflected in the national health policy and other strategic plans.

According to MOH (2019), the aim of EHSPs 2019 is bringing much improvement in service quality and increase Universal Health Coverage in Ethiopia.

Pertaining to Addis Ababa city administration the place where the research is based, the city is the home of 5,227,794 populations (Central Statistics Authority population projection 2022). Accordingly, Addis Ababa city as an urban center the health service starts at health centers, which accommodate 110 functional health centers MOH, Health & health related indicators, (2021, p. 40-41). These health center are expected to implementation the EHSPs 2019.

The purpose of the study was to examine and identify factors affecting the implementation of Essential Health Service Packages 2019 in health centers and the level of implementation in Addis Ababa city administration Llideta sub-city health centers.

## 1.2 STATEMENT OF THE PROBLEM

Studying EHSPs 2019 implementation and identifying the gap is a very important agenda for a developing country like Ethiopia, as long as its economy is depend on labor intensive activities. So, keeping population health to future work forces is the main concern of the government. Countries in the world have been affected by various world killer diseases, such as Covid-19, HIV/AIDS, cancer, tuberculosis, malaria, heart disease, etc.,and in developing world this is sometimes tied with poverty and instability(lack of peace), where health policy implementation is seen to be vital for sustainable economic development.

According to population projection 2023, Ethiopia has a population of 126.5 million (Https:/www.worldmeters.info). As it was clearly stated in HSTP II (2020), It is undeniable that Ethiopia is currently facing triple burden of diseases communicable and non-communicable diseases , mental health, and injuries are major causes of mortality and morbidity that affects all age groups, particularly children and women in their reproductive age have the great share. According to MOH, EHSPs(2019 p.15), the government of Ethiopia disclose that, the increasing demand for health services, high literacy rate, reduction of poverty, and the increasing rate of burden of disease (BoD) requires new interventions. However, in Ethiopia this can only be achieved if the factors affecting the implementation of EHSPs 2019 are known and the rate of their effectiveness is determined.

This study concerns Factors affecting the implementation of EHSPs 2019 in health centers: the case of Addis Ababa city administration Llideta sub-city health office through implementing the packages. In the previous year's researches related to factors of affecting the implementation of EHSPs 2019 in the health centers, the number is not as such significant. Some of the studies which have been conducted are, the factors affecting health policy implementation performance in primary health care: an empirical study of the sub-district level health facilities in Bangladesh Ali, (2017), Factors Affecting the

Implementation of Health Projects: Evidence from South Gondar Zone Public Hospitals Alebel et al.(2021), exploring health workforce regulation practices and gaps in Ethiopia, Daniel et al. (2019), Improved performance of district health systems through implementing health center clinical and administrative standards in the Amhara region of Ethiopia, Mesele et al. (2019) quality of life brought to professionals in the public hospital Wossen, (2015). Quality accessibility and efficiency of public hospitals Tofik, (2020). Strategy in coping social service delivery confronting organizational culture, kipo-Sunyehzi et al. (2019). This research replicated factors affecting policy implementations at the health centers, particularly factors related to the implementation of EHSPs 2019.This study examined and identified the factors affecting implementation performance in health centers service and the level of implementation of the package in lideta subcity health centers.

The purpose of the research was to examines the level of EHSPs 2019 implementation in health centers and the factors affecting the implementation of EHSPs 2019 in health centers in Addis Ababa. Therefore, the specific purpose of the study was to assess the factors affecting the implementation of EHSPs 2019 in health centers , the case of Lideta sub-city.

## 1.3 RESEARCH OBJECTIVES

The objectives of the study was to examine the factors affecting the implementation of EHSPs 2019 in health centers, at Lideta sub-city in Addis Ababa.

**Specific objectives:**

1. To assess the level of implementation performance of EHSPs 2019 at health centers level in Addis Ababa
2. To examine policy or organization related factors that were affecting the implementation of of EHSPs 2019 at health centers at the sub-city level heath centers in Addis Ababa
3. To identify the very influencing factors affecting the implementation of EHSPs in health centers in Lideta sub-city health centers in Addis Ababa
4. To recommend the effects from the findings for policy makers, implementers, stakeholders and for future research

## 1.4 RESEARCH QUESTIONS

To achieve the objectives of the study, the research questions were:

i. What was the level of implementation performance of EHSPs 2019 at Lideta subcity health centers in Addis Ababa?
ii. What were the policy related or organization related, factors affecting the implementation of EHSPs 2019 in Lideta sub-city health centers in Addis Ababa?
iii. What were the factors that mostly determine the implementation of EHSPs in Lideta sub-city health centers in Addis Ababa?
iv. What were the policy implications for policy makers, implementers, future research and other stakeholders?

## 1.5 SIGNIFICANCE OF THE STUDY

Health is the very important agenda for nations sustainable development. As it is also briefly explained in the policy document 'health development in Ethiopia is not only humanitarian action, but it is also an essential component in the package of social and economic development as well as an important tool of justice and equality', MOH, (1993). In modern time, health is also a measure of inclusive growth that should be commensurate with economic development. Otherwise, economic growth without equitable social development may not be sustainable, HSTP II (2016)

The contribution of the sector towards national socioeconomic development is critical, as equitable human development well-being relies on the health status and well-being of individuals and communities. Investing in health is an investment in current and the future generations, and towards sustainable development (p.16, 2016).

In line with this particular study , essential health service package 2019 , from the very beginning it is designed and aimed: to reduce high burden of disease by providing affordable high-priority interventions, protect the people against disastrous health expenditures, increase equitable access to health services and efficiency of the health system and increase public participation and transparency in decision-making in the health sector, EHSPs 2019(2019, p.16).

## 1.6 SCOPE OF THE STUDY

The research focuses on factors affecting the implementation of EHSPs 2019 in health centers in Addis Ababa. The topic is deals with policy implementation in health , .institution wise the study concerns on health centers and geograpgycally Addis Ababa, lideta subcity in particular was the study area. The study targeted only health professionals of Lideta subcity health centers.

Implementation research is an important and relevant for all public sectors of a nation. However this study was focused only in health centers services. The study was concentrated on factors affecting the implementation of EHSPs 2019 in health centers and the perceived level of overall implementation of EHSPs 2019 in health centers of Lideta sub-city.

## 1.7. LIMITATIONS OF THE RESEARCH

The research was on factors affecting the implementation of EHSPs 2019 in health centers in Addis Ababa. it was not new area of study in development management research, however it is new in terms of Addis Ababa.

The study was also geographically limited to Addis Ababa City Administration, Lideta Sub-city. Service wise, the study was limited to medical service of the health centers who were assigned as CEOs, medical directors and department heads.

In addation to this, the private and NGOs health facilities support this particular public service. However, this study was focused only on government health facilities in Addis Ababa. The unit of analysis would be the organization of Addis Ababa health centers and the data was collected from CEOs, medical directors and department heads. of all Lideta sub-city health centers. It was very difficult to collect data from all health professional of the health centers due to lack of time and resources. It would be also important to include the view of clients however, due to limitation of time and resource they were not included in this study. So, the results of the study may not indicate the real picture of the implementation of EHSPs 2019 in health centers in Addis Ababa, Lideta subcity.

## 1.8. ORGANIZATION OF THE STUDY

The study is organized in five chapters and abstract followed by acknowledgements, a table of contents, a list of tables and abbreviations are included as part of this study.

In the first chapter (background introduction), the background, statement of the problem, significance and benefits of the study, purpose of the study, research objectives, research questions, scope of the study, limitations of the study. In chapter two (literature review, theoretical and conceptual framework), a review and discussion of public policy and analysis, policy performance, the implementation process and dimensions, implementation evaluation and policy evaluation, and health centers in Addis Ababa, Policy implementation performance in health centers of AA and measurement, related policy implementation theories, models, approaches, relevant empirical studies, and the theoretical and conceptual framework of the study.

In chapter three (research methods), the research design, the population and target population, the unit of analysis, variables and operational definitions, measurements, data collection methods and instruments, pre-testing of the questionnaires, and data management and methods of analysis are presented.

In chapter four (data presentation, analysis and discussion) the data are analyzed and presented.

In chapter five, Summary of major findings, conclusions, and recommendations related to this research. are presented. In addition, the study bibliography and appendices that include the questionnaire, letters are also presented in this chapter.

# CHAPTER TWO
# REVIEW OF LITERATURE

## 2.1. INTRODUCTION

in this chapter literatures on policy implementation, the theoretical and empirical aspect of policy implementation as per the objective of the study were reviewed . The study gave emphasis on theories of the different approaches of policy implementation such as the bottom-up, top-down, and hybrid theories. It also tried to encompass the various models of policy implementation and concepts of public policy, policy performance, and policy implementation processes and evaluation. Finally in this chapter the measurement of health policy implementation performance in primary health care units is assesed . After reviewing the literature, the theoretical framework and the relationships of the factors affecting policy implementation performance, the literature gaps, and the conceptual framework along with models was discussed for analysis.

## 2.2. POLICY IMPLEMENTATION

The perception of scholars on policy implementation have the same objective, even if, they are following different ways to explain it. Policy implementation has been defined by many scholars of the field from different viewpoints. Pressman and Wildavsky (1973: p.143) have stated that implementation is the process of carrying out and accomplishing a policy. As DeGroff, A., & Cargo, M. (2009, p.47), Policy implementation reflects a complex change process where government decisions are transformed into programs, procedures, regulations, or practices aimed at social betterment. Hill and Hupe (2002, 42; cited Pülzl and Treib, 2007, p.89). Hill and Hupe (2002, 42; cited by Pülzl and Treib, 2007, p.89),"As it is recorded in history, until the late 1960s, implementation had been taken for granted that political mandates were clear, and administrators were thought to implement policies to meet the interest of decision makers. As it is explained in Van Meter and Van Horn (1975), cited by Hill, (2005, p. 176) work, policy implementation is those actions by public or private beneficiaries that are directed at the achievement of objectives set forth in prior policy decisions. Policy maker's decision at the top identifies the problem to be addressed, set objectives to be tracked, design the implementation

process.(Sabatier & Mazmanian(1980,p.540) cited by Mesfin(2018. P.11). Implementation is a process of translating policy into action. Barrett (2004), 251; cited by Pülzl and Treib, 2007, p.89). As Nakamura and Smallwood (1980, p.1) pointed out that policy implementation is the set of activities and operations undertaken by various stakeholders toward the achievement of goals and objectives defined in an authorized policy. Edwards (1980, p.1) cited by Mohoshin, 2020, p.11) reflects that implementation is the stage of policy making between the establishment of a policy and the consequences of the policy for the people whom it affects. As DeGroff and Cargo (2009: p.47) mentioned that policy implementation reflects a complex change process where government decisions are transformed into programs, procedures, regulations, or practices aimed at social betterment. O'Toole Jr. (2000) noted that "policy implementation as it is useful to make the conceptual distinction between the policy implementation process and policy outcomes, even though these are interactive in practice.

## 2.3. POLICY IMPLEMENTATION THEORIES

The implementation approach is a very important factor that determine the success of policy implementation and it has also a link with result in better out come in public service (Brinkerhoff & Crosby, 2002).

Policy implementation discipline suffers from a practical, valid and universally accepted outstanding or good theory and concerning policy implementation theories. Goggin et al. (1990, p.9)has stated that the reason why there is no such grand theory in implementation because as a separate discipline it is still in its infancy. Significant number of literature on public policy implementation identified two major distinct approaches to policy implementation namely, the top-down rational approach and the bottom-up approach and recent time literature also recommend the third approach called 'hybrid approach' for successful implementation.

The top-down scholars, Van Meter and Van Horn (1975), Nakamura and Smallwood (1980) or Mazmanian and Sabatier (1983); cited by Pülzl and Treib, 2007,p.89) perceived implementation as the hierarchical execution of centrally denied policy intentions.The scholars and supporters of the top-down approach understand policy

implementation process as; " policy is originated from the top and flowing down to the lower levels agents and stakeholders.The core argument of this approach magnifies the top level structure role as the only policy formulator; such as a policy decision made by the top executives body and step down to the lowest structures for implementation.

On the other hand, Scholars of bottom-up approach Lipsky (1971, 1980), Ingram (1977), Elmore (1980), or Hjern and Hull (1982) had different thought that of the top-down.; instead the bottom-up scholars emphasized that implementation consisted of the everyday problem-solving strategies of street-level bureaucrats (Lipsky 1980); cited by Pülzl and Treib, 2007, p.89). Accordingly, Matland (1995, p.149) goals, strategies and activities must be deployed with special attention to the people the policy will directly impact. Thus, evaluation based upon the street level bureaucrat would be the best practice. As Stewart et al. (2008) and Matland (1995: p.149) stated that the bottom-up approach identifies the network of actors in service delivery in one or more local areas and asks them about goals, strategies and activities and contacts. The bottom-up designers begin their implementation strategy formation with target groups and services deliveries because they believed that the target groups are the actual area where policy is implemented.

According to De Leon and De Leon (2002: p.478) bottom-uppers are more aligned with participatory democracy than top-downers, primarily because local officials must be responsive to their constituents and hence instruct bureaucrats on implementation processes.

The hybrid approach is mainly focused on combining micro-level variables of bottom-up and macro-level variables of top-down approaches in implementation research in order to benefit from the strengths of both approaches and enable different levels to interact regularly (Elmore 1985, Fullan 2007, Goggin et al.1990, Maitland 1995, O'Toole 2000, Sabatier and Jenkins-Smith 1999; cited by Cerna,2013, p.19).

## 2.4. PUBLIC POLICY, POLICY PERFORMANCE, AND POLICY EVALUATION

### 2.4.1. PUBLIC POLICY

There are a number of definitions by different scholars regarding public policy. As Dye Thomas R (1976: p.1) defined, public policy is "what governments do, why they do it, and what difference does it make, and public policy is whatever government choose to do or not to do. As Nagel (1980, p.3) also defined public policy as the study of the nature, causes, and effects of public policies designed to cope with specific social problem. According to Dewey (1927) public policy is mainly deals with the public and its problems. Easton (1971: p.7) noted that the authoritative allocation of values for the whole society which means only the government can authoritatively act on the whole society, and everything the government chooses to do or not do results on the allocation of values. As Wildavsky (1979, p.387 cited by Ali (2018)) defined public policy as a process as well as a product. It is used to refer to a process of decision-making and the product of that process.

### 2.4.2. POLICY IMPLEMENTATION PROCESS

According to Bardach(1977, p.36) the policy implementation process is an assembly process, like a machine, it is like assembly the machine together and making it run is understood as the implementation process. He also noted that the implementation process is a process of assembling the elements required to produce a programmatic outcome. According to Bardach (1977: p.36) there are ten conceptual analysis in implementation process; (1) administrative and financial accountability mechanism, (2) participation of beneficiaries, (3) private providers of goods and services, (4) clearness or permit by public regulatory agencies, (5) innovation in conception and design, (6) sources of funds, (7) trouble-shooters, (8) political support, (9) budget and reimbursement and (10) strategy and tactics. Bardach also (1977: p.66)identified four major factors affecting implementation failure such as : (a) the diversion of resources, especially money, which should properly to be used to obtain or to create, certain program elements; (b) the deflection of policy goals stipulated in the original machine; (c) resistance of explicit, and usually institutionalized, efforts to

control behaviour administratively, and (d) the dissipation of personal and political energies in playing political and bureaucratic games that might otherwise be channeled into constructive program action.

### 2.4.3. IMPLEMENTATION EVALUATION AND POLICY EVALUATION

According to Pressman and Wildavsky's (1973) Implementation was viewed as the task of analyzing the difficulties in achieving policy objectives, with the assumption that policy objectives are set out by central policy makers. The scholars also believed that implementation is the interaction between setting of goals and actions geared to achieve them. On the other hand, Howlett, Ramesh, and Perl (2009a) policy implementation evaluation is the stage of policy process at which it is determined how a public policy has fared in action or means being employed, and objectives being served. Poister (2004, p. 98-122) defined as policy implementation evaluation is one part of a performance-based management process. So, performance measurement systems can be thought of as both evaluation tools and management systems that are designed to provide useful feedback on performance to strengthen decision making and improve program and organizational performance. In relation to policy implementation, as Bhuyan, Jorgensen, and Sharma (2010, p.1) discussed assessing policy implementation is essential because it promotes accountability by holding policy makers and implementers accountable for achieving stated goals and by reinvigorating commitment.

## 2.5. MEASUREMENT OF EHSPS 2019 IMPLEMENTATION PERFORMANCE IN ETHIOPIA

### 2.5.1. EHSPs 2019 AND HEALTH SERVICE IN ADDIS ABABA

Provision of equitable and acceptable standard of health services to all segments of the population of Ethiopia has been a major objective of the 1993 National Health Policy. Strategies adopted to implement the policy gives emphasis on comprehensive and integrated primary health care services in health institutions with a commitment towards community level services. In order to achieve this commitment, MOH introduced EHSPs for the first time. in 2005 aiming to reduce

the morbidity, mortality and disability resulting from the major health and health related problems affecting most of the population of Ethiopia. In 2019 EHSPs 2005 was revised in the context of the national health policy as well as by drawing from other policy documents and produce EHSPs 2019. EHSPs 2019 aim to improve health services delivery in Ethiopia and serves as a guiding framework to realize universal health coverage (UHC) in the country. EHSPs 2019 also attempts to respond to the health needs of Ethiopia's population across across all levels of services delivery at all age. The major components of the EHSP of Ethiopia are organized into the nine major components and 1019 interventions. Interventions chosen to address the major causes of death, risk factors and diseases are detailed for key health services sub-components falling under each major component, EHSPs 2019. According to EHSPs 2019 the key actors involved in the implementation are the MOH, RHBs, zonal health department, Woreda health office, Kebele administration and community-level groups.

### 2.5.2. ORGANIZATION OF HEALTH SERVICE DELIVERY IN ADDIS ABABA

According to HSTP II (2020), in Ethiopia health services are provided by a network of health facilities arranged in a three-tier health care delivery model. The Government of Ethiopia is the sole responsible entity for ensuring health care services to the peoples through the Ministry of Health. The Ethiopian health tier system:

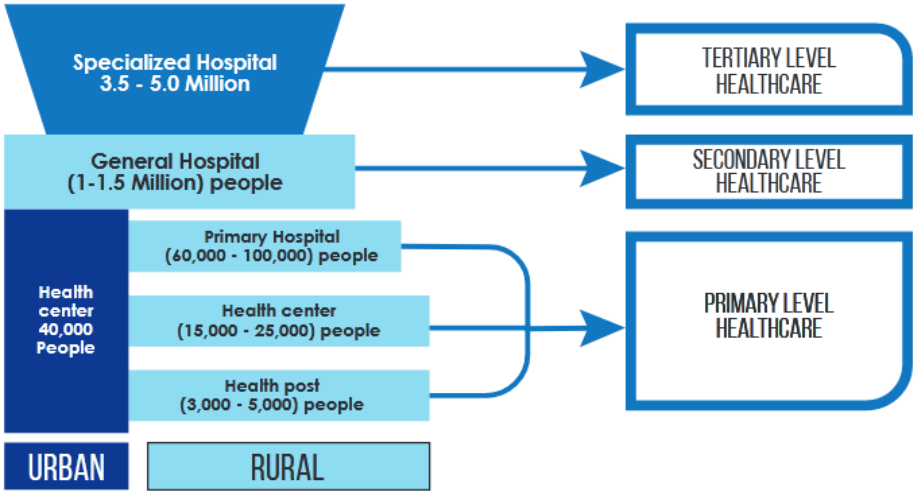



Figure 21. Ethiopian Health Tier System

Figure **1. Ethiopian health tier system Source: MOH: Health sector transformation plan II, 2021**

### 2.5.3. IMPLEMENTATION OF EHSPS 2019 IN HEALTH CENTERS OF LIDETA SUBCITY

The success of policy implementation in an organization depends on its ability to implement the policies efficiently. Hence, the implementation of EHSPs 2019 in health centers : the case of Addis Ababa city administration Llideta sub-city depend on the capability of the health centers to implement the package effectively. According to USAID, ( 2007) criteria for health system performance assessment includes equity, access, quality, efficiency and sustainability. According to MOH, EHSPs (2019, p.16)the objectives of EHSPs 2019 are to reduce high BoD, protect the population against catastrophic health expenditures, increase equitable access to health services and interventions, increase the efficiency of the health system and increase public participation and transparency. To see the objectives being implemented the study measured the EHSPs 2019 implementation success or failure in health centers, based on the policy implementation performance evaluation criteria of equity, quality of primary health services, access to health care, availability,appropriateness, and satisfaction, to ask the respondents for their opinion regarding EHSPs 2019 implementation performance regarding health centers in Addis Ababa city, Lideta Sub-city..

## 2.6. THEORETICAL FRAMEWORK AND RELATIONSHIPS OF THE FACTORS AFFECTING POLICY IMPLEMENTATION PERFORMANCE

These theoretical framework and relationships are developed to answer the research questions of the study and to connect the research study to the theory. To develop the relationship among variables several empirical studies were reviewed. Subsequently, a conceptual framework of the factors affecting the EHSPs 2019 implementation in health center has been developed: an empirical study of the sub-city level health facilities in Addis Ababa has been synthesized. The work of prominent scholars on policy implementation theories, the concept of public policy, implementation evaluation and policy evaluation, measuring health policy implementation that demands for finding the relationships of variables with policy implementation.

### 2.6.1. FACTORS OF POLICY IMPLEMENTATION

#### 2.6.1.1. CLARITY OF GOALS AND OBJECTIVES

Several studies on successful policy implementation have described the positive effects of the clarity of goals and objectives of public policy on policy implementation. As Van Meter and Van Horn (1975)stated "the characteristic of nature of the policy that may influence to policy implementation is the degree of conflict or consensus over its goals and objectives." Matland (1995: p.155)noted that," if in a policy it is not incorporate specific policy goals and objectives it fails to provide realistic yardsticks with which to measure policy outcomes and implementation success is the loyalty to the policy goals and objectives. Policy implementation requires clear policy goals to achieve objectives." As, Berman (1978) reported ," the clarity of goals, targets and objectives encourages and fosters speedup policy implementation. A goals or objectives of public policy that lack clearnes, specificity and compatiblity, it will be difficult to the implementers to understand and interpret them in different or wrong ways, these finally result in implementation failure." Edwards (1980: pp.147-149) also stated that" in order to implement a policy, it must be consistent, clear and accurate in specifying the aims of the decision-makers." Pressman and Wildavsky (1973, p. xxiv) asserted that, "when objectives are not realized, one explanation is the assertion of faulty implementation." Palumbo and Harder (1981: p.29) stated that "many recent case studies of

implementation failure suggest the confusion over goals is a significant part of the implementation problem." On the other hand, Hongoro et al. (2004) discussed in their health system development program for the poor and transitional countries that "policy implementation success depends on to what extent the implementer has a clear understanding of the policy objectives." Therefore, the clarity of policy goals and objectives has a positive effect on policy implementation.

### 2.6.1.2. ADEQUATE BUDGET,

Successful policy implementation requires allocation of sufficient budget and the effective utilization of the budget in a timely manner is very important for successful implementation. As Van Meter and Van Horn (1975) stated " the implementation process would be influenced by the amount of resources required for effective implementation of policy." Sabatier and Mazmanian (1980: p.22)also identified the allocation of financial resources as a key factor for successful policy implementation. As Emmanuel (2014) indicated in his study " implementing sustainable health care delivery in Nigeria that the adequate budgetis the key to the successful implementation of health care services." Jha (2014) also stated " financial and health human resources were the most challenging factors for revitalizing the primary health care in Nepal." Therefore, allocation of budget, its efficient utilization and autonomy of financial power, have a positive effect on the implementation performance of EHSPs 2019.

### 2.6.1.3. ADEQUATE LEVEL OF RESOURCES

Resources (health human resources, equipment, infrastructure) have a positive impact on successful policy implementation. All policy implementation requires adequate and qualified human resources as well as good infrastructure for service delivery. As Edwards (1980, p.10-12)explained " effective implementation of policy, resources and well trained, responsible, motivated frontline public employees are needed in order to serve the communities and beyond these, administrative leaders are prerequisite behind the political leaders in order to effectively implement public policy."

Kress, Su, and Wang (2016, p.302)in their study found that "the low performance of primary health care is due to a lack of infrastructure, drugs, equipment, and vaccines at

the facility level, and financial access and poor health provider performance." Lassi et al. (2016: p.1)in a study on low-and middle-income countries with reference to maternal health showed that, " all of the human resources for health interventions implemented individually or in combination had a positive impact on health policy implementation. On the other hand, Kelly, Garvey, and Palcic (2016)stated in their case studies on primary health care in Ireland and identified three categories of factors-"power, resources and capability that can strongly influence successful policy implementation." Therefore, it is assumed that sufficient equipment, qualified health human resources, and good infrastructure will have a positive effect on successful implementation of EHSPs 2019.

### 2.6.1.4. INTER-ORGANIZATIONAL COORDINATION

In relation to Inter-organizational coordination and policy implementation performance, as Pressman and Wildavsky (1973: p.87-143) showed in their classic study that," coordination among agencies involved is linked with policy formulation and implementation. The policy coordination among the policy-implementing agencies is essential for implementation success." Peter lin(2012: p.4), quoting Peters (1998: p.4), noted that "coordination in policy analysis need to ensure that various organization charged with delivering public policy work together and do not produce either redundancy or gaps in services." Bryson, Crosby, and Middleton Stone (2006: p.44) stated that "organizations that share information, undertake coordinated initiatives, or develop shared power arrangements, such as collaborations to pool their capabilities to address the challenge and problems will be successful in implementing policies." As Adeleye and Ofili (2010) explained in their study on primary health care in developing countries, "strengthening inter sectoral collaboration was required for successful implementation of primary health care." On the other hand, Copeland and Wexler also (1995, p.63)pointed out," inter-organizational procedures such as communications, administrative distance, and complexity influence the bureaucratic structure and thereby influence the functional procedures of policy implementation. "Therefore the presence of ,a sound inter-organizational coordination has a positive effect on policy implementation.

### 2.6.1.5. MANAGEMENT DYNAMICS

To effective policy implementation there has to be a strong link between management dynamics and policy implementation performance. In this regard. Giacchino and Kakabadse (2003: p.139) explained "political responsibility, the presence of strong management and team dynamics, and the type and level of commitment are the three decisive factors responsible for implementation success. Kruk and Freedman (2008) also discussed that "administrative efficiency, well managed health system and properly funded are necessary for successful implementation." As Chimezie (2015) stated "bad leadership, management and poor funding were the problems of policy implementation in primary health care." Hence, good management dynamics together with digital management have a positive effect on policy implementation.

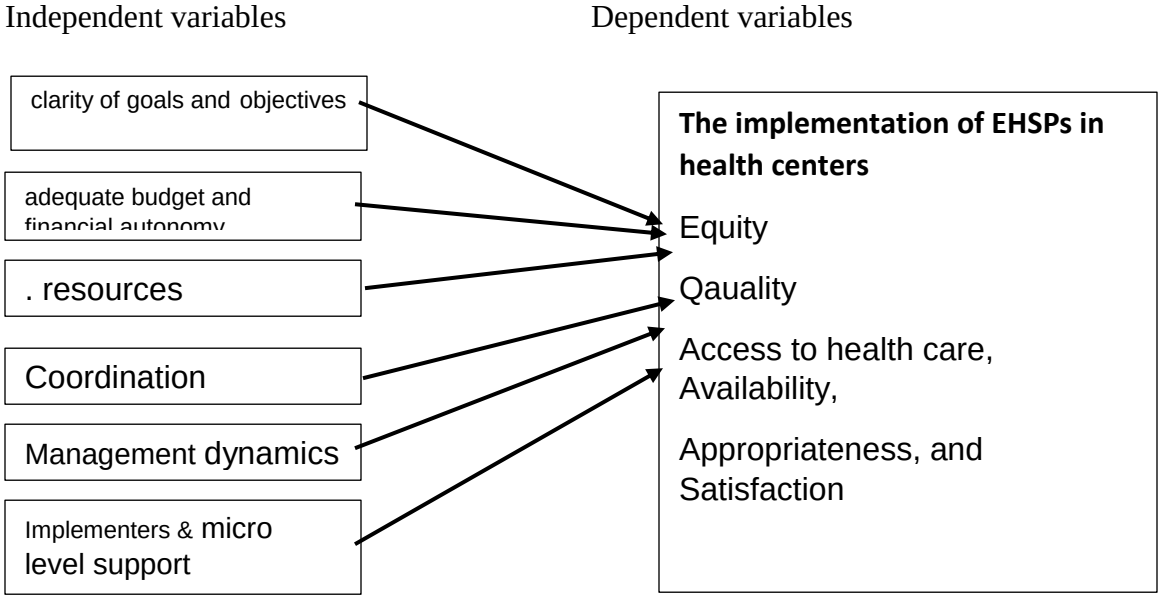
### 2.6.1.6. INDIVIDUAL & LOCAL LEVEL FACTORS

The implementer's disposition is the acceptance of the actors at the stage of implementation, which affects implementation. As Van Meter and Van Horn (1975) indicated " the disposition of implementers may affect their ability and willingness to effect policy. They also added that Implementers in the front-line must be accountable for their work, gets proper training, manuals, monitoring, supervision, adequate budgets, and equipment and technology, these can advance the implementation process." As Edwards (1980: p.10) stated , "for effective implementation the implementer must know what they are supposed to do and identified four interacting and operating factors including communication, resources, dispositions and bureaucratic structure."Regarding stakeholders engagement, Voradej Chandarasorn (2005) stated that "the level of support from different stakeholders, are important for successful policy implementation." As Franke and Guidero (2012: p.8) stated in their study, effective and sustained engagement and support of stakeholders are required in the implementation process in every stage for successful implementation. Therefore, the greater support and positive attitudes from local stakeholders have a significant effect on EHSPs implementation performance in health centers.

## 2.7. CONCEPTUAL FRAMEWORK

Scholars in Policy implementation agreed on the absences of outstanding theory in public policy implementation. Due to the absence of grand theory, it is important to integrate mix theories and models for the study and analysis of policy implementation. The variables associated with the models can determine the success or failure of policy implementation. The conceptual framework of this study is established from Allison's (1971)'essence of decision', Pressman and Wildavsky's (1973)'implementation', Bardach's (1977)'implementation game', Van Meter and Van Horn's (1975)'policy implementation process', Voradej Chandarasorn's (2005)five models, and other theories and models of policy implementation. The conceptual framework of the study has been developed based on the context, content, and importance of the theoretical models. The dependent variable, "implementation of EHSPs 2019 in health centers in Addis Ababa," were identified with the following independent variables: 1. clarity of goals and objectives; 2. adequate budget and financial autonomy; 3. resources (human, infrastructure, equipment); 4. Coordination; 5. management dynamics; and 6. Individual & local Level Factors

**Figure 2. Conceptual framework of the study**



# CHAPTER THREE
# RESEARCH METHODOLOGY

## 3.1. RESEARCH DESIGN

In the study the researcher employed the descriptive survey research design to examine Factors affecting the implementation of EHSPs 2019 in health centers. According to Best and Kahn (2005), a descriptive research design is concerned with the present although it often considers past events and influence as they relate to current conditions.

.Descriptive design is helpful when a researcher wants to look into a phenomenon or process in its natural contexts in order to get its overall picture instead of taking one or some of its aspects.

Therefore, it was based on the assumption mentioned above that descriptive survey study was chosen as more appropriate method to examine Factors affecting the implementation of EHSPs 2019 in health centers. More over descriptive method helps to describe the quantitative data which was collected to answer the research questions. Since the purpose of is to examine Factors affecting the implementation of EHSPs 2019 in health centers, using descriptive survey method is more appropriate than other type of research methods.

## 3.2. UNIT OF ANALYSIS

According to Trochim (2006: p.356), "it is the first step in deciding how one will analyze the data is to define the unit of analysis." and "it is one of the most important designs of research study and it is the major entity that are analyzed in the research study." Babbie (2013:p.97) contends that "the unit of analysis are fundamentally the things examine to create summary descriptions of them and explain differences among them." He also explained that "any of the one might be the unit of analysis; individual, group, organization, social artifacts geographical units (town, states), social interactions " In line with this research the data were collected from the CEO, Medical directors (main and deputy), and departments of the eight health centers. Therefore, the unit of analysis was the eight Lideta subcity health centers in AACAHB and data were collected from CEO, Medical directors (main and deputy), and departments.

### 3.3. RESEARCH APPROACH

The researcher used quantitative method as an approach which is best to the conduct a social research and a positivist approach of social and epistemological phenomena (Bryman,1984). Bryman (1984) also added that "the philosophical issues related to the question of epistemology and the choice of epistemological base leads to preference for particular methodology." Crowther, D., and Lancaster (2008: p.1) have noted that "the quantitative method espouses positivist approach and it usually adopts deductive method and the role of the researcher is limited to data collection and interpretation through objective approach and the research findings are observable and quantifiable." In this study, the quantitative method was employed to examine the factors affecting implementation performance of EHSPs 2019 and to determine the degree of implementation performance of Lideta sub-city health centers in Addis Ababa.

## 3.4. TARGET POPULATION:

Population is the universe of events from which the sample is drawn. In this regard all employees of the 8 health centers of Lideta subcity which is 1186 is the population The medical staff including CEO, Medical directors, all department heads serving in the medical wing who are found in the eight health centers of Ledeta sub-city. In the study it was difficult and became unmanageable to participate all the target population that was all medical staff working in the 8 health centers.

## 3.5. SAMPLING TECHNIQUE AND SIZE

In order to meet the intended objective of the study CEO, Medical directors (main and deputy), and departments were considered in the target population. To decide the sample size, it was the researcher preference to participate individuals who could meet the purpose. As Creswell, (2018) stated in his work "identifying purposefully selected sites or individuals for the proposed study is the role of the researcher." Hence, based on the above premises non-probability purposive sampling method was employed.

Accordingly, from 616 target population 73 respondents were purposely selected and questionnaires were distributed. For this study, a total of 55 respondents were responded.

## 3.6. VARIABLES AND THEIR MEASUREMENTS

### 3.6.1. DEPENDENT VARIABLE EHSPS 2019 IMPLEMENTATION IN HEALTH CENTERS

As Bardach,(1977) stated ” in the process of implementation many different independent parties will be involved. The only way such parties can include others to contribute to the implementation process is using persuasion and bargaining”. As, D. H. Peters, Tran, and Adam (2013) explained on WHO’s practical guide to implementation research in health “ to evaluate the success or failure of implementation evaluation criteria are equity, quality of primary health services, access to health care, availability, appropriateness and satisfaction.” So In order to measure EHSPs 2019 implementation performance, the criteria of equity, quality of services, accessibility, availability of services, and appropriateness and satisfaction were used to ask the respondents (CEO, Medical directors (main and deputy), and departments) about their perceived opinion regarding the implementation of EHSPs 2019 in Lideta subcity health centers in Addis Ababa.

### 3.6.2. INDEPENDENT VARIABLES

The independent variables for the study were drawn from the review of literature on policy implementation theories. The conceptual framework of the study was developed based on several studies(literatures) together with the study of well-known scholars like: Allison (1971), Pressman and Wildavsky (1973), Van Meter and Van Horn (1975), Bardach (1977), Sabatier and Mazmanian (1980) and Voradej Chandarasorn (2005), and other theories and models of policy implementation.

The independent variables of the study were: a. clarity of goals and objectives(COGAO); b. adequate budget and financial autonomy;(ABFA) c. resources (human, material)(RES); d. Coordination(COO); e. management dynamics(MD); f. implementers’ disposition(ID), and micro level support of stakeholders (MLSOS).

## 3.7. DATA SOURCES AND DATA COLLECTION METHOD

As Creswell's (2018) stated in their work entitled 'research design " researchers collect data in different form and spend a considerable time in the natural setting gathering information and involve four basic data collection procedures." Instruments used for data collection in this study were questionnaires. A six-point Likert scale questionnaire denoted by 6=Very High, 5=High, 4=Slightly High, 3=Slightly Low,2=Low, 1=Very Low; was used in order to obtain the perceived level of opinion of the factors affecting implementation of EHSPs 2019 in health centers: the case of Lideta subcity. As it was explained by Shing-On Leung (2011, p.414), "all point scales have very similar basic psychometric properties in terms of means, SDs, item–item correlations, item–total correlations, reliabilities, and exploratory factor analysis." He also added that "In terms of correlations, reliabilities, and factor structures, no differences were found among different point scales, and this may need further investigation and explanation (page 420). Nemoto & Beglar (2014), also explained in their work "Developing likert-scale questionnaires 2013 conference proceedings" that Most Likert scales should be made up of four or six points. Analyses have shown that scales with more than six categories are rarely acceptable, possibly because of limitations in working memory capacity. However, 6-point scales should be used as they permit the possibility of increased measurement precision.

## 3.8. DATA ANALYSIS

In this study, both quantitative and qualitative techniques of data analysis were used .The responses of respondents was organized according to the category of the respondents and checked whether or not filled correctly. The raw data obtained through questionnaires was analyzed by using a Software Package for Social Science/SPSS/and changed in to frequency and percentage. Finally, the results were indicated by figures and tables so as to interpret and know the findings of the study.

## 3.9. VALIDITY AND RELIABILITY;

### 3.9.1. VALIDITY:

According to Creswell's (2018, p.321), validity measures need to be put in place to ensure that data collection methods and analyses procedures are trustworthy, credible or authenticable from the stand point of the researcher A valid test ensures that the results are an accurate reflection of the dimension undergoing assessment. It is vital for a test to be valid in order for the results to be accurately applied and interpreted. in the validation process of this study, structured and closed ended questionnaires were provided for three medical staff from two selected health centers, and their comments and suggestions were incorporated to assist the validation of the data collection tool(questionnaire).

### 3.9.2. RELIABILITY:

As Creswell's, (2018, p. 323) were explained in their work ".reliability is the research process involves showing that the process of the study such as the data collection procedures can be repeated with the same results or consistent and stable". Kothari, (2005) also explained "it is the researcher's responsibility to assure high consistency and accuracy of the tests and scores". So, in this research to determine the reliability, the statistical packages for the social science such as SPSS is applied through evaluating the reliability coefficients using Cronbach‟s Alpha (Abdel Fattah, 2008). To measure the reliability of the gathered data, Cronbach‟s alpha was applied by the researcher. Cronbach‟s alpha is alpha is not a statistical test rather it is a coefficient of reliability ( a measure of internal consistency). A "high" value for alpha does not imply that the measure is one-dimensional. Exploratory factor analysis is one method of checking dimensionality.

Cronbach‟s alpha is a function of the number of test items and the average inter-correlation among the items.

Below, is the formula for the Cronbach‟s alpha:

α is Cronbach‟s alpha

N is equal to the number of items

ŭ is the average inter-item covariance among the items

C equals the average variance.

$$\alpha = \frac{NC}{\text{ŭ } (N-1)\ C}$$

$$\alpha = \frac{6(1.83537) =}{2.89673(6-1)\ (1.1466)} \quad \frac{11.01225}{16.8786} = 0.6524$$

### 3.10. ETHICAL CONSIDERATIONS:

"Researchers need to protect their research participants; develop a trust with them; promote the integrity of research; lookout against misconduct and impropriety that might reflect on their organizations or institutions; and cope with new, challenging problems." (Israel & Hay, (2006), cited by Creswell, 2014, p. 92).

In line with this study, recommendation letter from Addis Ababa University college of business and economics, department of Public Administration and Development Management (PADM) provided to AACAHB for research ethical clearance. Then the researcher get permission to carried out the study, through the decision of AACAHB clearance committee.

# CHAPTER FOUR
# DATA PRESNTAION, ANALYSIS AND DISCUSSION

## 4.1. INTRODUCTION

This chapter of the study presents the analysis and results of the data gathered from respondents in the 8 health centers (CEO, medical director, deputy medical director, all medical departments of the health center) by using questionnaires as well key

The collected data through questionnaires were organized according to the category of the respondent. The obtained data through questionnaires was analyzed by using SPSS, frequency and percentage. Finally, the results were indicated by tables so as to interpret and know the findings of the study.

The data collected through questionnaire were organized in logical manner and categorized in thematic area in meaningful groups and analyzed by following quantative data analysis procedures.

## 4.2. DEMOGRAPHIC FACTORS OF THE RESPONDENTS

This is an information about the demographic characteristics and frequency distribution of the respondents which include department(profession), level of education and position or their responsibilities.

Table 1. Demographic factors of the Respondents

| Item | | Frequency | percentage |
|---|---|---|---|
| Department /profession/ | Medical doctor | 3 | 5.45 |
| | Health officer | 18 | 32.72 |
| | Nurse | 13 | 23.63 |
| | Midwives | 8 | 14.54 |
| | pharmacist | 6 | 10.,90 |
| | Laboratory technologist | 5 | 9.09 |
| | Anesthetist | 2 | 3.63 |

| | | | |
|---|---|---|---|
| Total | | 55 | 100 |
| Position | CEO | 4 | 7.27 |
| | Medical director | 8 | 14.54 |
| | Deputy medical director | 6 | 10.09 |
| | Department heads | 25 | 45.45 |
| | Unit heads | 12 | 21.81 |
| Total | | 55 | 100 |
| Level of education | Medical doctor | 5 | 9.09 |
| | MSc degree | 18 | 32.72 |
| | BSc degree | 32 | 58.18 |
| Total | | 55 | 100 |

As shown in the above table the respondents are from different profession, even if they are ubder one umbrella called health science. Regarding to position, the majority of the respondents were served as department heads 25(45.45%).Regarding to respondents‟ level of education as it is shown in the table above, the majority of respondents 32(58.18 %) are BSc degree holders. While the others medical doctor and MSc holders shared 5(9.09 %) and 18(32.72 % )respectively.

### 4.3 The Descriptive Statistics of the Perceptions of the Respondents for Each Item

The unit percentage of the perception of the respondents for each item of the dependent and independent variables is presented (see Table 2 and 3-10). Table 2. reveals that the major portion of the respondents the items of the dependent variables, gave their opinion between slightly high and a high level with the mean score of all above 3.545 to 4.618 on the measurement scale. Likewise, Table 3-6 shows the perception level of the respondents of the items of the independent variables. The perception level opinion were in between slightly high and high with the mean score of all above 2.072 to 4.50.

## 4.4 FINDINGS AND ANALYSIS OF THE STUDY

As Pressman and Wildavsky (1973: p.143) have explained "implementation is the process of carrying out and accomplishing a policy." To check failure or success of EHSPs 2019 and level of policy implementation performance, the study used the predefined factors of policy implementation,

In this section, the study tried to answer factors affecting the implementation of EHSPs 2019 based on the analysis of the factors of policy implementation. And to answer the level performance of EHSPs 2019 implementation the study based the policy implementation performance evaluation criteria of equity, quality of primary health services, access to health care, availability, appropriateness, and satisfaction. In order to know the factor most affecting implementation the research explained descriptive statistics of all variables in the form of frequency, percentage mean value and standard deviation

### 4.4.1. MEASUREMENT OF HEALTH CENTERS PERFORMANCE BASED ON MOH EVALUATION CRITERIA

The researcher measured implementation of EHSPs 2019 based on the criteria's equity, quality of primary health services, access to health care, availability, appropriateness, and satisfaction .Percentage, frequency, mean and standard deviation of perceived opinions of the respondents about EHSPs 2019 Implementation in Health centers in Lideta subcity

**Table 2. Performance evaluation based on MOH criteria**

| | | Very Low | Low | Slightly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| | Average | | | | | | | | 4.121 | 1.703 |
| 5. | The appropriate-ness of areas of intervention to achieve EHSPs objectives? | | 7.27 (4) | 10.90 (6) | 30.90 (17) | 38.18 (21) | 12.72 (7) | 100 55 | 4.381 | 1.139 |
| 7 | The provision of | 3.6 | 7.2 | 12.72 | 40 | 32. | 3.62 | 100 | 4.01 | 1.03 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | quality ser-vice in the health center to mobilize finance. | 2 (2) | 7 (4) | (7) | (22) | 72 (18) | (2) | 55 | 8 | 47 |
| 10. | The implementation of an integrated system in the health insurance system that can make the referral system satisfactory for clients . | | 9.09 (5) | 16.36 (9) | 41.81 (23) | 32.72 (18) | | 100 55 | 3.981 | 1.183 |
| 14 | The presence of equitable access to supportive services, for clients of the health centers. | | 10.9 (6) | 16.36 (9) | 38.18 (21) | 30.90 (17) | 3.62 (2) | 100 55 | 4.00 | 0.891 |
| 15 | The presence of equitable access to essential medicines, for interventions delivered at health centers | | 35.45 (3) | 9.09 (5) | 43.63 (24) | 34.54 (19) | 7.27 (4) | 100 55 | 4.29 | 1.166 |
| 21 | The health center structure in accommoda-ting all intervene-tions in the EHSPs | | 9.09 (5) | 41.81 (23) | 34.54 (19) | 14.54 (8) | | 100 55 | 3.545 | 1.962 |
| 33 | The Integration of planning, budgeting and monitoring and evaluation system for the success implementation of EHSP interven. | 3.62 (2) | 7.27 (4) | 12.72 (7) | 43.63 (24) | 32.72 (18) | | 100 55 | 3.945 | 1.748 |
| 41. | The competency of the health center for successful implement-tation | | | 10.90 (6) | 54.54 (30) | 29.09 (16) | 5.45 (3) | 100 55 | 4.29 | 2.57 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | of all EHSP intervention. | | | | | | | | |
| 42 | The presence of a system that detect, investigate, comm-unicate and alert events that thre-aten public health security. | 7.27 (4) | 1.81 (1) | 58.18 (32) | 32.72 (18) | | 10055 | 4.163 | 2.9375 |
| 45 | The commitment of the staff for successful imple-mentation of the EHSP | 7.27 (4) | 14.54 (8) | 38.18 (21) | 40 (22) | | 10055 | 4.109 | 2.04 |
| 52 | The application of a strategy to incr-ease community engagement in EHSPs interven. | 7.27 (4) | | 21.81 (12) | 65.45 (36) | 5.45 (3) | 10055 | 4.618. | 2.1 |

### 4.4.2. EHSPS 2019 IMPLEMENTATION IN LIDETA HEALTH CENTERS BASED ON POLICY IMPLEMENTATION FACTORS

The study measured clarity of goals and objectives(COGAO); adequate budget and financial autonomy;(ABFA) ; resources (human, material)(RES); Coordination(COO); management dynamics(MD); implementers' disposition(ID), and micro level support of stakeholders (MLSOS). Percentage, frequency, mean and standard deviation were computed to know the perceived opinions of the respondant on EHSPs 2019 Implementation in Health centers of Lideta subcity

#### 4.4.2.1. CLARITY OF GOALS AND OBJECTIVES

As it is shown on Table 3 that, out of 100% respondents, 36.36 % of the respondents answered the familiarity and clearness of the EHSPs 2019 is slightly high, and 36.36% answered the familiarity and clearness of EHSPs 2019 is high . Majority of the respondants 72.72 % of the respondents answered Slghtly high and high. This shows that, the EHSPs 2019 is clear and familiar to its implementers.

Clearness of the objectives of EHSPs 2019 .36.36 % of the respondents answered the clearness of the objectives of EHSPs 2019 is slightly high, and 36.36% answered the clearness of the objectives of EHSPs 2019 is high . Majority of the respondants 72.72 % of the respondents answered Slghtly high and high. This shows that, the EHSPs 2019 objectives are clear for implementers in health centers.

On understanding EHSPs objectives,27.27 % of the respondents answered slightly high, and 36.36% answered the level of understanding of the staff on EHSPs objectives is high . 63.63 % of the respondents answered Slghtly high and high. This shows that, the staff have a better understanding on EHSPs 2019 objectives in Lideta subcity health centers.

The appropriateness of health service priority ranking to achieve EHSP objectives 30.90 % of the respondents answered slightly low, and 41.81% answered the appropriateness of health service priority ranking is high . 72.71 % of the respondents answered between Slghtly low and slightly high. This shows, the priority ranking of the services are appropriateness in Lideta subcity health centers.

The appropriateness of areas of intervention to achieve EHSPs objectives, 30.90 % of the respondents answered slightly high, and 38.18% answered the appropriateness of appropriateness of areas of intervention is high . 69.08 % of the respondents answered between Slightly high and high. This shows that, the intervention is appropriate to achieve EHSPs objectives in Lideta subcity health centers.

As the analysis shows implementers of EHSPs 2019 in the health centers are familiar, and can understand EHSPs 2019 goals and its objective. They also believe that priority ranking of the areas of interventions are appropriate to achieve the objectives of EHSPs 2019.

Table 3. Clarity of Goals and objectives

| | | Very Low | Low | SlighlyLow | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 3.958 | 1.436 |
| 1 | The familiarity and clearness of the EHSPs 2019 for you. | | 5.45 (3) | 18.18 (10) | 36.36 (20) | 36.36 (20) | 3.62 (2) | 100 55 | 4.145 | 1.612 |
| 2 | The clearness of the objectives of EHSPs 2019 for you. | 1.81 (1) | 1.81 (1) | 23.63 (13) | 36.36 (20) | 36.36 (20) | | 100 55 | 4.036 | 1.75 |
| 3 | The level of understanding of the staff on EHSPs object. | 7.27 (4) | 9.09 (5) | 18.18 (10) | 27.27 (15) | 36.36 (20) | 1.81 (1) | 100 55 | 3.818 | 0.844 |
| 4 | The appropriate-ness health serv-ice priority rank-ing to achieve EHSP objective? | | 35.45 (3) | 30.90 (17) | 41.81 (23) | 18.18 (10) | 3.62 (2) | 100 55 | 3.836 | 1.53 |

**4.4.2.2. FINANCE AND PAYMENT MECHANISM OF THE HEALTH CENTERS**

The implementation of the health insurance system to reduce out of packet (OOP) payments, 41.81 % of the respondents answered slightly high, and 20.00% answered the implementation of the health insurance system is high . 61.81 % of the respondents answered between Slightly high and high. This shows , the implementation of the health insurance system to reduce out of packet (OOP) payments in Lideta subcity health centers is in a good progress.

The provision of quality service in the health center to mobilize finance 40.00 % of the respondents answered slightly high, and 32.72% answered provision of quality service in the health center is high . 72.72 % of the respondents answered between Slightly high

and high. This shows that, the health centers in Lideta subcity are providing quality service in order to mobilize finance.

Clients motivation to enroll into the health insurance system 36.36 % of the respondents answered slightly high, and 36.36% answered Clients motivation to enroll into the health insurance system is high . 72.72 % of the respondents answered between Slightly high and high. This shows that, clients of the health centers in Lideta subcity are motivated to enroll in to he health insurance.

On the presence of adequate budget for the provision of all medical services 25.45 % of the respondents answered slightly high, and 36.36% answered presence of adequate budget for the provision of all medical services is high . 61.81 % of the respondents answered between Slightly high and high. This shows that, there is adequate budget for the provision of all medical services for the health centers in Lideta subcity.

The implementation of an integrated system in the health insurance system that can make the referral system satisfactory for clients . 41.81 % of the respondents answered slightly high, and 32.72% answered presence of adequate budget for the provision of all medical services is high . 74.53 % of the respondents answered between Slightly high and high. This shows that, there is an integrated system in the health insurance system that can make the referral system satisfactory for clients in the health centers of Lideta subcity.

The implementation of a system for generation of data on the health financing mechanism, 23.63 % of the respondents answered slightly high, and 30.90% answered a system for generation of data on the health financing mechanism is high . 54.53 % of the respondents answered between Slightly high and high. This shows that, there is a system to generation of data on the health financing mechanism in the health centers of Lideta subcity, but not in a satesfactory level.

The implementation of performance-based financing as an incentive to service providers for the success of EHSP intervention program, 18.8 % of the respondents answered slightly high, and 34.54% answered implementation of performance-based financing as an incentive to service providers is high . 53.34 % of the respondents answered between Slightly high and high. This shows that, there is performance-based financing as an

incentive to service providers in the health centers of Lideta subcity, but not in a satesfactory level.

The analysis shows related to budget provision of quality service in the health centers, Clients motivation to enroll into the health insurance system to mobilize finance and implementation of an integrated system in the health insurance system that can make the referral system satisfactory are areas in which the health centers in lideta subcity are doing better. However, implementation of the health insurance system, presence of adequate budget for the provision of all medical services, implementation of a system for generation of data on the health financing mechanism and implementation of performance-based financing as an incentive to service providers requires more efforts of the health centers in Lideta subcity to for the success of EHSPs 2019.

Table 4. **Finance and payment mechanism**

| | | Very Low | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 3.6796 | 1.6098 |
| 6 | The impleme-ntation of the health insura-nce sys-tem to reduce out of pocket payments. | 3.62 (2) | | 12.72 (7) | 41.81 (23) | 20 (11) | 3.62 (2) | 100 55 | 3.309 | 1.57 |
| 8 | Clients moti-vation to enr-oll into the health insur-ance system. | | 3.62 (2) | 14.54 (8) | 36.36 (20) | 36.36 (20) | 9.09 (5) | 100 55 | 4.327 | 2.141 |
| 9. | The presence of | 7.2 | 14. | 25.4 | 36.36 | 12. | 3.62 | 100 | 3.43 | 1.258 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | adequate budget for the provision of all medical serv-ices in EHSPs. | 7 (4) | 54 (8) | 5 (14) | (20) | 72 (7) | (2) | 55 | 6 | |
| 11 | The implem-entation of a system for generation of data on the health financing mechanism. | | 23.63 (13) | 16.36 (9) | 23.63 (13) | 30.90 (17) | 35.45 (3) | 100 55 | 3.781 | 1.458 |
| 12 | The implem-entation of performance-based financing as an incentive | 3.62 (2) | 20 (11) | 18.18 (10) | 34.54 (19) | 23.63 (13) | | 100 55 | 3.545 | 1.622 |

**4.4.2.3. LOGISTIC AND SUPPLY**

The presence of equitable access to diagnostic facilities for all intervention delivered at health centers, 32.72 % of the respondents answered slightly high, and 36.36% answered the presence of equitable access to diagnostic facilities for all intervention is high . 69.08 % of the respondents answered between Slightly high and high. This shows that, there is an equitable access to diagnostic facilities for clients in all intervention in health centers of Lideta subcity.

The presence of equitable access to supportive services, for clients of health centers 38.18 % of the respondents answered slightly high, and 30.90% answered the presence of equitable access to supportive services, for clients is high . 69.08 % of the respondents answered between Slightly high and high. This shows , there is an equitable access of supportive services for clients in in health centers of Lideta subcity.

The presence of equitable access to essential medicines, for interventions delivered at health centers 43.63 % of the respondents answered slightly high, and 34.54% answered the presence of equitable access to essential medicines, for interventions delivered is high . 78.17 % of the respondents answered between Slightly high and high. This shows that, there is an equitable access essential medicines, for interventions delivered for clients.

The presence of equitable access to vaccines for interventions delivered at health centers, 32.72 % of the respondents answered slightly high, and 25.45% answered the presence of equitable access to vaccines for interventions delivered is high . 58.17 % of the respondents answered between Slightly high and high. This shows that, there is an equitable access to vaccines for interventions, delivered in health centers of Lideta subcity.

The presence of guidelines to ensure rational use of essential medicines, that the EHSP is taken into account 34.54 % of the respondents answered slightly high, and 32.72 % answered the presence of appropriate guidelines to ensure rational use of essential medicines is high . 67.26 % of the respondents answered between Slightly high and high. This shows there is an appropriate guidelines to ensure rational use of essential medicines..

The presence of appropriate guidelines to ensure rational use of equipment that the EHSP is taken into account 49.09 % of the respondents answered slightly high, and 25.45 % answered the presence of appropriate guidelines to ensure rational use of equipment is high . 74.54 % of the respondents answered between Slightly high and high. This shows that, there is an appropriate guidelines to ensure rational use of essential equipment's in the health centers of Lideta subcity.

The presence of a system that can generate a list of essential medicine to update client and service provider, 61.81 % of the respondents answered slightly high, and 16.36 % answered the presence of a system that can generate a list of essential medicine to update client and service provider is high . 78.17 % of the respondents answered between Slightly high and high. This shows that, there is a system that can generate a list of essential medicine to update client and service providers.

The presence of a system that can generate a list of medical equipment to update client 50.90 % of the respondents answered slightly high, and 20.00 % answered the presence of a system that can generate a list of medical equipment to update client and service provider is high . 70.90 % of the respondents answered between Slightly high and high. This shows that, there is a system that can generate a list of essential medicine to update client and service provider in the health centers of Lideta subcity.

The analysis related to Logistics and supply shows that, equitable access to essential medicines, a system that can generate a list of essential medicine to update client and service provider, a system that can generate a list of medical equipment to update client , equitable access to supportive services, equitable access to diagnostic facilities for all intervention delivered at health centers and presence of appropriate guidelines to ensure rational use of essential medicines are what the health centers of Lideta subcity is doing well. Whereas, an equitable access to vaccines for interventions requires more efforts of the health centers in Lideta subcity.

**Table 5: Logistic and supply /material resource/**

| | | VeryLow | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 3.6796 | 1.6098 |
| 13 | The presence of equitable access to diagnostic facilitie | 7.27 (4) | 21.81 (12) | 32.72 (18) | 36.36 (20) | 1.81 (1) | 100 55 | | 4.036 | 0.791 |
| 16 | The presence of equitable access to vaccines for interventions | 3.62 (2) | 23.63 (13) | 32.72 (18) | 25.45 (14) | 14.54 (8) | 100 55 | | 4.23 | 1.598 |
| 17 | The presence of appropriate guide- | | 25.45 | 34.54 | 32.72 | 7.27 | 100 | | 4.21 | 1.465 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | lines to ensure rational use of essential medicin, that the EHSP is taken into account | | | (14) | (19) | (18) | (4) | 55 | | |
| 18 | The presence of appropriate guidelines to ensure rational use of equipment that the EHSP is taken into account | 3.62 (2) | 3.62 (2) | 12.72 (7) | 49.09 (27) | 25.45 (14) | 5.45 (3) | 100 55 | 4.05 | 1.045 |
| 19 | The presence of a system that can generate a list of essential medici. | | 3.62 (2) | 12.72 (7) | 61.81 (34) | 16.36 (9) | 5.45 (3) | 100 55 | 4.07 | 2.046 |
| 20 | The presence of a system that can generate a list of medical equip | | 1.81 (1) | 23.63 (13) | 50.90 (28) | 20 (11) | 3.62 (2) | 100 55 | 4.0 | 1.434 |

**4.4.2.4. HUMAN RESOURCES IN LIDETA HEALTH CENTERS**

The health center structure in accommodating all interventions in the EHSPs, 41.81 % of the respondents answered slightly high, and 34.54 % answered the health center structure in accommodating all interventions in the EHSPs is high. 76.25 % of the respondents answered between Slightly high and high. This shows that, the structure of the health centers of Lideta subcity can health center structure in accommodated all interventions in the EHSPs 2019.

In line with the full functionality of the structure in implementing all interventions in the EHSPs 2019, 58.18 % of the respondents answered slightly high, and 9.09 % answered the health center structure is full functional in implementing all interventions in the EHSPs 2019 is high. 67.27 % of the respondents answered between Slightly high and

high. This shows that, the structure of the health centers of Lideta subcity is full functional in implementing all interventions in the EHSPs 2019.

The presence of skilled and experienced medical personnel to deliver all intervention, 52.72 % of the respondents answered slightly high, and 21.81 % answered presences of skilled and experienced medical personnel to deliver all intervention is high. 74.53 % of the respondents answered between Slightly high and high. This shows that, the health centers of Lideta subcity have skilled and experienced medical personnel to deliver all intervention.

The presence of skilled and experienced support staff, 58.18 % of the respondents answered slightly high, and 7.27 % answered presence of skilled and experienced support staff is high. 67.45 % of the respondents answered between Slightly high and high. This shows that, the health centers of Lideta subcity have skilled and experienced support staff to deliver all intervention

Concerning planned on/off job staff training in relation to EHSP interventions program, 32.72 % of the respondents answered slightly high, and 14.54 % answered presence of planned on/off job staff training in relation to EHSP interventions program is high. 47.26 % of the respondents answered between Slightly high and high. This shows that, the health centers of Lideta subcity have a planned on/off job staff training in relation to EHSP interventions program but it is low.

The accessibility of continuous professional development(CPD) for the staff, 25.45 % of the respondents answered slightly high, and 38.18 % answered presence of planned on/off job staff training in relation to EHSP interventions program is high. 73.63 % of the respondents answered between Slightly high and high. This shows that, the health centers staff of Lideta subcity have an accessibility to continuous professional development.

The analysis shows that related to human resource, health center structure in accommodating all interventions in the EHSPs, presence of skilled and experienced medical personnel, accessibility of continuous professional development(CPD) for the staff, presence of skilled and experienced support staff and full functionality of the

structure in implementing all interventions in the EHSPs 2019 are areas the health center did be. Whereas, planned on/off job staff training in relation to EHSP interventions program is below expected.

**Table 6: human resource**

| | | Very Low | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 3.774 | 1.913 |
| 22 | Full functionality of the structure in implementing all interventions in the EHSPs. | | 12.72 (7) | 18.18 (10). | 58.18 (32) | 9.09 (5) | 1.81 (1) | 100 55 | 3.690 | 2.294 |
| 23 | The presence of skilled and experienced medical personnel to deliver all intervention | | 3.62 (2) | 10.90 (6) | 52.72 (29) | 21.81 (12) | 10.90 (6) | 100 55 | 4.254 | 1.945 |
| 24 | The presence of skilled and experienced support staff. | | 7.27 (4) | 25.45 (14) | 58.18 (32) | 7.27 (4) | 1.81 (1) | 100 55 | 3.709 | 2.22 |
| 25 | Planned on/off job staff training in relation to EHSP interventions? | | 5.45 (3) | 45.45 (25) | 32.72 (18) | 14.54 (8) | 3.62 (2) | 100 55 | 3.727 | 1.836 |
| 26 | The accessibility of | 7.2 | 10. | 25.4 | 38.1 | 18.1 | | 100 | 3.49 | 1.27 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| continuous professional development (CPD) for the staff. | 7 (4) | 9 (6) | 5 (14) | 8 (21) | 8 (10) | 55 | 0 |

**4.4.2.5. PARTNERSHIP & COORDINATION IN LIDETA HEALTH CENTERs**

The collaboration of other sectors (outside health) for successful implementation of the EHSP intervention program, 32.72 % of the respondents answered slightly high, and 27.27 % answered collaboration of other sectors (outside health) for successful implementation of the EHSP intervention program is high. 59.99 % of the respondents answered between Slightly high and high. This shows that, collaboration of other sectors (outside health) for successful implementation of the EHSP intervention program in the health centers of Lideta subcity in a satisfactory level and it requires more efforts .

Departmental collaboration for the implementation of EHSP service intervention program, 50.90 % of the respondents answered slightly high, and 43.63% answered departmental collaboration for the implementation of EHSP service intervention program is high. 94.53 % of the respondents answered between Slightly high and high. This shows that, collaboration of other sectors (outside health) for successful implementation of the EHSP intervention program in the health centers shows best achievement.

The involvement of private sectors in the implementation of EHSP intervention programs 5.3 % of the respondents answered slightly high,. This shows that, there is no private sectors involvement in the implementation of EHSP intervention programs in the health centers of Lideta subcity .

The level of coordination with NGOs who support the EHSP interventions 38.18% of the respondents answered slightly high, 32.72% answered coordination with NGOs who support the EHSP interventions is high and 12.72% answered very high. 83.60 % of the respondents answered above Slightly high. This shows that, health centers of Lideta subcity have a high coordination with NGOs who support the EHSP interventions.

Pertaining to the presence of established partnership with private companies in the supply of essential drugs, 1.81% of the respondents answered slightly high, 10.90% answered

coordination with NGOs who support the EHSP interventions is high and 16.36% answered very high. 29.07 % of the respondents answered above Slightly high. This shows that, the partnership with private companies in the supply of essential drugs in the health centers of Lideta subcity is low.

The presence of established partnership with private companies in the supply of medical equipment 18.81% of the respondents answered slightly high, 12.72% answered established partnership with private companies in the supply of medical equipment is high. 31.53 % of the respondents answered above Slightly high. This shows that, the partnership with private companies in the supply of medical equipment's in the health centers of Lideta subcity is low.

The Integration of planning, budgeting and monitoring and evaluation system for the success implementation of EHSP intervention,43.81% of the respondents answered slightly high, 32.72% the Integration of planning, budgeting and monitoring and evaluation system is high. 76.53 % of the respondents answered above Slightly high. This shows that, the Integration of planning, budgeting and monitoring and evaluation work for the successfull implementation of EHSP intervention in the health centers of is high.

The analysis shows that related to Partnership & coordination,.departmental collaboration, coordination with NGOs who support the EHSP interventions and Integration of planning, budgeting and monitoring and evaluation system for successful implementation of the EHSP intervention program are in a better performance Whereas, involvement of private sectors in the implementation of EHSP 2019 intervention programs, partnership with private companies in the supply of essential drugs and partnership with private companies in the supply of medical equipment is low.

**Table 7: partnership and coordination**

| | VeryLow | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | 3.37 | 1.937 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 27 | The collaboration of other sectors for the EHSP intervention | | 3.62 (2) | 32.72 (18) | 27.27 (15) | 36.36 (20) | | 100 55 | 3.963 | 1.875 |
| 28 | Departmental collaboration for the imp-lementation of EHSP | | | 5.45 (3) | 50.90 (28) | 43.63 (24) | | 100 55 | 4.381 | 3.691 |
| 29 | The involvement of private sectors in the implementation of EHSP intervention . | 25.45 (14) | 47.27 (26) | 21.81 (12) | 5.45 (3) | | | 100 55 | 2.072 | 2.1 |
| 30 | The level of coordination with NGOs who support the EHSP interventions | | 16.36 (9) | 38.18 (21) | 32.72 (18) | 12.72 (7) | | 100 55 | 3.418 | 1.671 |
| 31 | The presence of established partnership with private companies in the supply of essential drugs | 7.27 (4) | 25.45 (14) | 38.18 (21) | 1.81 (1) | 10.90 (6) | 16.36 (9) | 100 55 | 3.327 | 1.08 |
| 32 | The presence of establish-ed partnersh-ip with private com-panies in the supply of medical equipment | 9.09 (5) | 27.27 (15) | 32.72 (18) | 18.18 (10) | 12.72 (7) | | 100 55 | 3.109 | 1.206 |

### 4.4.2.6. MANAGEMENT DINAMICS IN LIDETA HEALTH CENTERS

As it is shown on Table 8. that, out of 100% respondents, 40 % of the respondents answered the commitment of the management in capacity building is slightly high, , 32.72% answered the commitment of the management in area of capacity building is high . Majority of the respondants 72.72 % of the respondents answered Slghtly high and high. This shows that, the management of the health center has high commitment in capacity building.

The role of the management in oversight, regulation 43.63 % answered slightly high and 27.27% answered high. This shows that the role played by the health centers management of lideta subcity in oversighting regulations is high. .

The role of the management in enacting accountability 41.81% answered slightly high and 21.81% answered high. This shows that the role played by the health centers management of lideta subcity in enacting accountability is high.

Management commitment to take corrective action on who are deviating from the agreed procedure 54.54 answered slightly high and 25.45% answered high. This shows that the commitment of the health centers management of lideta subcity in taking corrective action on who are deviating from the agreed procedure is high.

The implementation of a system that generate population and facility-based data 41.81 % answered slightly high and 32.72% answered high. This shows that the effort of lideta subcity health centers in the implementation of a system that generate population and facility-based data is high.

The ICT use for the dissemination of health information and ease of services for client 36.36 % answered slightly high and 30.90% answered high. This shows that ICT use for the dissemination of health information and ease of services for client in the health centers.

The application of a reward system for high performing leaders and staff. 60% answered slightly high and 14.54% answered high. This shows that the presence and application of a reward system for high performing leaders and staff in the health centers.

The competency of the health center for successful implementation of all EHSP intervention programs 54.54% slightly high and 29.09% answered high. This shows that the health centers are highly competent for successful implementation of all EHSP intervention programs.

Pertaining the presence of a system that detect, investigate, communicate and alert events that threaten public health security 58.18% aswered slightly high and 32.72% answered high. This shows that the presence of a system that detect, investigate, communicate and alert events that threaten public health security in Lideta subcity health centers

The analysis shows that the role of the management in oversighting regulations is high, enacting accountability is high, commitment to take corrective action on who are deviating, ICT use for the dissemination of health information and ease of services for client and the presence of a system that detect, investigate, communicate and alert events that threaten public health security are good practices and effort for the Improvement of institutional capacity, leadership and management system of Lideta subcity health centers.

Table 8: **Improvement of institutional capacity, leadership and management**

| | | Very Low | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 4.143 | 1.4301 |
| 34 | The commitment of the management in implementing capacity building, | 7.27 (4) | 14.54 (8) | 40 (22) | 32.72 (18) | 5.45 (3) | 100 55 | | 4.145 | 1.57 |
| 35 | The role of the management in over-sight, regulation | 3.62 (2) | 20 (11) | 43.63 (24) | 27.27 (15) | 5.45 (3) | 100 55 | | 4.109 | 1.694 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 36 | The role of the management in ena-cting accountability | | 16.36 (9) | 7.27 (4) | 41.81 (23) | 21.81 (12) | 14.54 (8) | 100 55 | 4.181 | 1.35 |
| 37 | Management commitment to take corrective action on who are deviating from the agreed procedure | 2 | 1.81 (1) | 3.62 (2) | 54.54 (30) | 25.45 (14) | 10.90 (6) | 100 55 | 4.29 | 1.83 |
| 38 | The implementation of a system that generate population and facility-based data. | | | 10.90 (6) | 41.81 (23) | 32.72 (18) | 14.54 (8) | 100 55 | 4.5 | 1.875 |
| 39 | ICT use for the dissemination of health information and ease of services for clients. | | 7.27 (4) | 25.45 (14) | 36.36 (20) | 30.90 (17) | | 100 55 | 3.909 | 1.692 |
| 40 | The application of a reward system for high performing leaders and staff. | | 7.27 (4) | 16.36 (9) | 60 (33) | 14.54 (8) | 1.81 (1) | 100 55 | 3.872 | 2.304 |

**4.4.2.7. IMPLEMENTERS' DISPOSITION**

The health center team members in understanding their roles and responsibilities 20.0% of the respondents answered slightly high, 49.09% answered health center team members understand their roles and responsibilities is high and 5.45% answered health center team members understand their roles and responsibilities very high. 74.54 % of the respondents answered above Slightly high. This shows that, the health center team members of Lideta subcity understand their roles and responsibilities.

Regarding staff members in respecting & abiding to the rules and procedures, 49.09% of the respondents answered slightly high and 34.54% answered staff members respect & abide to the rules and procedures is high. 83.63 % of the respondents answered above Slightly high. This shows that, the majority of health center staff of Lideta subcity respect & abide for the rules and procedures.

The commitment of the staff for successful implementation of the EHSP programs, 38.18% of the respondents answered slightly high and 40.00% answered commitment of the staff for successful implementation of the EHSP programs is high. 78.18 % of the respondents answered above Slightly high. This shows that, the majority of health center staff of Lideta subcity have high commitment for successful implementation of the EHSPs 2019 interventions.

The analysis shows that related to **Implementers' disposition**,. staff members have; a respect & abide to the rules and procedures, a high commitment for successful implementation of the EHSP programs and understand their roles and responsibilities

**Table 9. implementers disposal**

| | | Very Low | Low | Slighly Low | Slightly High | High | Very high | Total | mean | STD |
|---|---|---|---|---|---|---|---|---|---|---|
| Average | | | | | | | | | 4.193 | 2.184 |
| 43 | The health center team members in understanding their roles and responsibilities | | | 25.45 (14) | 20 (11) | 49.09 (27) | 5.45 (3) | 100 55 | 4.345 | 2.184 |
| 44 | Staff members in respecting & abiding to the | | 5.45 (3) | 10.90 (6) | 49.09 (27) | 34.54 (19) | | 100 55 | 4.127 | 2.406 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | rules and procedures | | | | | | | | |
| 45 | The commitme-nt of the staff for successful implementation of the EHSP. | 7.27 (4) | 14.54 (8) | 38.18 (21) | 40 (22) | 100 55 | 4.10 9 | 2.04 |

**4.4.2.8. STAKEHOLDERS ENGAGEMENT AND SUPPORT AND COMMUNITY**

The engagement of the political administration, at all level, 54.54% of the respondents answered slightly high, 21.81% answered engagement of the political administration, is high and 5.45% answered engagement of the political administration is very high. 80.80 % of the respondents answered above Slightly high. This shows that, there is an engagement of the political administration.

The role of private sectors in EHSPs health service program 36.36% of the respondents answered very low, 52.72% answered role of private sectors in EHSPs health service program, is slightly low and 5.45% answered role of private sectors in EHSPs health service program is high. 89.08 % of the respondents answered below Slightly low. This shows that, the private sectors have no significant role in EHSPs health service program.

Regarding NGO involvement in the EHSPs intervention program, 29.09% of the respondents answered slightly high, 23.63% answered NGO involvement in the EHSPs intervention is high and 7.27% answered NGO involvement in the EHSPs intervention high. 59.99 % of the respondents answered above Slightly high. This shows that, there is NGOs involvement in the EHSPs intervention program.

Regarding Civil society involvement in the EHSPs intervention program, 40.00% of the respondents answered slightly high, 27.27% answered involvement of civil society is high. 67.27 % of the respondents answered above Slightly high. This shows that, there is the involvement of civil societies in the EHSPs intervention program.

The analysis shows that related to Stakeholders engagement and support NGOs and civil societies have a significant role, for successful implementation of the EHSPs 2019 programs.

As it is shown on Table 4.3.1. that, out of 100% respondents, 54.54 % of the respondents answered Community awareness on EHSPs 2019 intervention programs is slightly high, and 25.45% Community awareness on EHSPs 2019 intervention is high . Majority of the respondants 79.99 % of the respondents answered Slghtly high and high. This shows that, the clients(the community) of the heath centers in Lideta subcity has high awareness about EHSPs 2019 intervention programs .

The roe of the community in the EHSPs intervention programs 32.72 % of the respondents answered is slightly high, and 47.27% answered high . Majority of the respondants 79.99 % of the respondents answered Slghtly high and high. This shows that, the role of the heath centers in Lideta subcity has high in participating the community in EHSPs 2019 intervention programs .

In line with, the application of a strategy to increase community engagement in EHSPs 2019 intervention program. 21.81 % of the respondents answered slightly high, and 65.45% answered high . Majority of the respondants 87.26 % of the respondents answered Slghtly high and high. This shows that, the heath centers in Lideta subcity has employed a strategy in order to increase the community engagement in EHSPs 2019 intervention programs.

The analysis shows that the heath centers in Lideta subcity have made community awareness on and employed a strategy to increase community in EHSPs 2019 intervention programs.

**Table 10:stakeholders and community engagement and support**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Stakeholders engagement and support** | | | | | | | | | 3.531 | 1.857 |
| 46 | The engagement of the political administration, at all | | 3.63 (2) | 14.54 (8) | 54.54 (30) | 21.81 (12) | 5.45 | 100 55 | 4.109 | 2.066 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | level | | | | | | (3) | | | |
| 47 | The role of private sectors in EHSPs health service program. | 36.36 (20) | 5.45 (3) | 52.72 (29) | | 5.45 (3) | | 100 55 | 2.327 | 2.71 |
| 48 | NGO involvement in the EHSPs intervention program. | | 12.72 (7) | 27.27 (15) | 29.09 (16) | 23.63 (13) | 7.27 (4) | 100 55 | 3.854 | 1.007 |
| 49 | Civil society involvement in the EHSPs intervention program. | | 10.9 (6) | 21.81 (12) | 40 (22) | 27.27 (15) | | 100 55 | 3.836 | 1.64 75 |
| **Community participation** | | | | | | | | | 4.435 | 2.35 56 |
| 50 | Community awareness on EHSPs intervention programs | | | 16.36 (9) | 54.54 (30) | 25.45 (14) | 5.45 (3) | 100 55 | 4.27 | 2.49 12 |
| 51 | The role of the health center in participating the community in the EHSPs intervention programs | | | 9.09 (5) | 32.72 (18) | 47.27 (26) | 10.90 (6) | 100 55 | 4.6 | 2.22 |

### 4.4.3. Factors of policy implementation in Lideta health centers

As on the it is shown on Table 3-8 implementers disposal has the highest mean value (4.193), while partnership and coordination has the lowest mean value (3.459).clarity of goals and objectives, health financing and payment mechanism, logistics and supply, human resource, and stakeholders engagement and support have a mean value of 4.043, 3.771, 4.11, 3.735, 3.531 respectively. Hence, it is possible to conclude that the

implementation of EHSPs 2019 in health centers of Lideta show success; and through implementers disposal is one of the determinant factor, logistics and supply and clarity of goals and objective have a significant position in determining the implementation success. On the other hand, partnership and coordination, stakeholders engagement and support and human resource are factors that affect the implementation of EHSPs 2019 and need attention and work in implementation process of in Lideta subcity health centers.

The ascending order of factors of EHSPs 2019 implementation is the first with 1.234 standard deviation, Logistics and supply is the second with 1.304 standard deviation, clarity of goals and objective is the third with 1.375 standard deviation, stakeholders engagement and support is the fourth with 1.857 standard deviation, partnership and coordinationis the fifth with 1.91, standard deviation, human resource is the sixth with standard deviation 1.921 and implementers disposal is the least with 2.184.

# CHAPTER FIVE

# SUMMARY OF FINDINGS

# CONCLUSION AND RECOMMENDATIONS

## 5.1. SUMMARY OF MAJOR FINDINGS:

The analysis shows staff /implementers / of EHSPs 2019 in heath centers of Lideta subcity are familiar, and have a better understanding of EHSPs 2019 and its objective . They are also agree with the appropriateness of EHSPs 2019 areas of intervention.

Related to health financing and payment mechanism; budget provision for quality service Clients motivation to enroll into the health insurance system to mobilize finance and implementation of an integrated system in the health insurance system that can make the referral system satisfactory are areas in which the health centers in lideta subcity are doing good. However, implementation of the health insurance technology based system, presence of adequate budget for the provision of all medical services, implementation of a system for generation of data on the health financing mechanism and implementation of performance-based financing as an incentive to service providers requires more efforts of the health centers.

Logistics and supply as resourse , the presences of equitable access to essential medicines, a system that can generate a list of essential medicine to update client and service provider, a system that can generate a list of medical equipment to update client , equitable access to supportive services, equitable access to diagnostic facilities for all intervention delivered at health centers and the presence of appropriate guidelines to ensure rational use of essential medicines are what the health centers of Lideta subcity is doing well. Whereas, an equitable access to vaccines for interventions requires more efforts of the health centers in Lideta subcity.

In relation to Improvement of institutional capacity, leadership and management system; the role of the management in oversighting regulations and enacting on accountability, commitment to take corrective action on who are deviating from the agreed law, the ICT use for the dissemination of health information and ease of services for client and the

presence of a system that detect, investigate, communicate and alert events that threaten public health security are good practices and effort of Lideta subcity health centers.

Related to human resource, health center structure in accommodating all interventions in the EHSPs, the presence of skilled and experienced medical and support staff, accessibility of continuous professional development(CPD) for the staff, and full functionality of the structure in implementing all interventions in the EHSPs 2019 are areas the health centers are doing best. Whereas, planned on/off job staff training in relation to EHSP interventions program is a.t satisfactory level.

Concerning Partnership & coordination; departmental collaboration, coordination with NGOs who support the EHSP interventions and Integration of planning, budgeting and monitoring and evaluation system for successful implementation of the EHSP intervention program are areas of high performance of the Health centers. Whereas, involvement of private sectors in the implementation of EHSP 2019 intervention programs, partnership with private companies in the supply of essential drugs and partnership with private companies in the supply of medical equipment is low.

**Implementers' disposal**; . staff members respect & abide to the rules and procedures, have a high commitment for successful implementation of the EHSP programs and understand their roles and responsibilities.

Lastly, related to Stakeholders engagement and support; NGOs and civil societies have a significant role, for successful implementation of the EHSPs 2019 programs.

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## 5.2. CONCLUSIONS

The objective of the study was to assess the factors affecting EHSPs 2019 implementation performance in health centers of Lideta subcicty The study mainly focused on exploring the level of EHSPs 2019 implementation performance in Lideta health centers and to determine the most influencing factors affecting EHSPs 2019 implementation.

In the very beginning of the study, a theoretical and integrated conceptual framework was developed based on literatures related to policy implementation theories, i.e. top-down, bottom-up and hybrid, and policy implementation.

Before disseminating questionnaires for collecting the final data, validity and reliability tests were done using expert opinions, and Cronbach's. Hierarchical multiple regression analysis as a tool of the quantitative method was employed. Analysis was made based on the statistical data gathered from the respondents in order to assess the association of independent variables with dependent variable EHSPs 2019 implementation performance in health centers of Lideta subcity Addis Ababa.

According to the descriptive statistics of the study, all of the mean scores of the variables were found to be above 3.459. The study also found that the implementer's disposition (ID), clarity of goals and objectives (COGAO), were the most important factors for influencing EHSPs 2019 implementation performance in health centers of Lideta Subcity of Addis Ababa.

Finally, health as a key sectors for a nation, research related to policy study will have significant contribution. So, inline with policy implementation there are areas to be investigated for potential researcher particularly for researchers whose background is health science.

## 5.3. RECOMMENDATION

Based on the finding of the study of EHSPs 2019 in heath centers of Lideta subcity , the researcher recommend the following:

1. As it shown on the analysis of the finding, clarity of policy goals and objectives was an important predictor for the successful implementation of EHSPs 2019. In this regrard, the study recommend that policy or other relevant documents has to be communicated for all stakeholders at all level from the very beginning of the implementation process.
2. Related to health financing and payment mechanism, the allocation of budget is lower for the supply of essential drugs and medical equipment's. However, the emerging strategy to fill the gap is 'health insurance system'. So, the study recommends the sector to work aggressively on this initiative to be strengthened and widen the coverage.
3. Related to Improvement of institutional capacity, leadership and management (management dynamics) ,the findings of the study also revealed that it had a strong contribution for EHSPs 2019 implementation performance in the health centers. So , the study recommends that on the expansion and implementation of strong and integrated system at all tiers and facilities.
4. According to the finding of the study, the implementer's disposition had a strong contribution to the successful implementation of EHSPs 2019 in the health centers of Lideta subcity. It was also one of the most influencing factor in terms of implementation performance of EHSPs 2019 for this study. Whereas related to training and the implementation of performance based financing was not satisfactory. So, in this regard the policy makers and the sectors has to consider work on the improvement training and performance based financial incentive.

   The findings of the study shows that, support from stakeholders Particularly private wing had no statistically-significant relationship with health policy implementation performance. Whereas, the number of facilities in the private wing, from the lower to upper tier in the sector is significant however they were not considered to contribute in the implementation of such policies particularly in the implementation of EHSPs 2019. What the study recommend in this regard is; participating the private wing in all policy process will have a significant contribution successful implementation

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Appendix 1

**ADDIS ABABA UNIVERSITY**

**DEPARTMENT OF PUBLIC ADMINISTRATION & DEVELOPMENT MANAGEMENT**

**MASTERS PROGRAM IN DEVELOPMENT MANAGEMENT**

Questionnaires to be filled by Addis Ababa City Administration Health Bureau, Ledeta sub-city health centers management.

The purpose of this questionnaire is to collect primary data for conducting a study on**, "Factors affecting the implementation of Essential Health Service Packages 2019 in health centers: the case of Addis Ababa city administration Llideta sub-city.** "as partial fulfillment to the completion of the Masters of Development Management at Addis Ababa university. This study is purely for academic purpose, in no ways that affects the respondent's personality will be kept confidential. So that, you are expected to reflect genuine view & timely responses are very valuable in determining the success of the study. Therefore, you are kindly requested to extend your collaboration honestly by providing relevant information and filling out the following questionnaires that are prepared for this intention.

Name: Melaku Tedebebe Tel: 0911806482 Email: melakutedebebe@gmail.com

While you are answering the questions, please use the tick mark sign ✓

1. Respondent's information

1.1. Educational qualification

☐ Certificate ☐ Diploma ☐ A/BSc ☐ ☐ /MSc

1.2. Department ……1.3. unit……1.4. Position……

Please use a tick mark in the appropriate box (one for each question) and rate your perceived opinion level with each of the following question as (6=Very High, 5=High, 4=Slightly High, 3=Slightly Low, 2=Low, 1=Very Low).

| **Clarity of Goals and objective** | | Very Low | Low | Slightly Low | Slightly High | High | Very high |
|---|---|---|---|---|---|---|---|
| 1 | The familiarity and clearness of the Ethiopian Health Service Packages (EHSPs) 2019 for you. | | | | | | |
| 2 | The clearness of the objectives of EHSPs 2019 for you. | | | | | | |
| 3 | The level of understanding of the staff on EHSPs objectives. | | | | | | |
| 4 | The appropriateness of areas of intervention to achieve EHSPs objectives? | | | | | | |
| 5 | The appropriateness health service priority ranking to achieve EHSP objectives? | | | | | | |
| **Health financing and payment mechanism** | | | | | | | |
| 6 | The implementation of the health insurance system to reduce out of packet (OOP) payments. | | | | | | |
| 7 | The provision of quality service in the health center to mobilize finance. | | | | | | |
| 8 | Clients motivation to enroll into the health insurance system. | | | | | | |
| 9 | The presence of adequate budget for the provision of all medical services in EHSPs. | | | | | | |
| 10 | The implementation of a system for generation of data on the health financing mechanism. | | | | | | |
| 11 | The implementation of performance-based financing as an incentive to service providers for the success of EHSP intervention program. | | | | | | |
| 12 | The implementation of an integrated system in the health insurance system that can make the referral system satisfactory for clients . | | | | | | |

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|---|---|---|---|---|---|---|---|
| **Logistics and supply** | | | | | | | |
| 13 | The presence of equitable access to supportive services, for clients of health centers. | | | | | | |
| 14 | The presence of equitable access to diagnostic facilities for all intervention delivered at health centers. | | | | | | |
| 15 | The presence of equitable access to essential medicines, for interventions delivered at health centers | | | | | | |
| 16 | The presence of equitable access to vaccines for interventions delivered at health centers | | | | | | |
| 17 | The presence of appropriate guidelines to ensure rational use of essential medicines, that the EHSP is taken into account | | | | | | |
| 18 | The presence of appropriate guidelines to ensure rational use of equipment that the EHSP is taken into account | | | | | | |
| 19 | The presence of a system that can generate a list of essential medicine to update client and service provider. . | | | | | | |
| 20 | The presence of a system that can generate a list of medical equipment to update client. | | | | | | |
| **Human resource** | | | | | | | |
| 21 | The health center structure in accommodating all interventions in the EHSPs | | | | | | |
| 22 | Full functionality of the structure in implementing all interventions in the EHSPs. | | | | | | |
| 23 | The presence of skilled and experienced medical personnel to deliver all intervention | | | | | | |
| 24 | The presence of skilled and experienced support staff. | | | | | | |
| 25 | Planned on/off job staff training in relation to EHSP interventions program? | | | | | | |
| 26 | The accessibility of continuous professional | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | development(CPD) for the staff. | | | | | | |
| **Partnership & Coordination** | | | | | | | |
| 27 | The collaboration of other sectors (outside health) for successful implementation of the EHSP intervention program. | | | | | | |
| 28 | Departmental collaboration for the implementation of EHSP service intervention program. | | | | | | |
| 29 | The involvement of private sectors in the implementation of EHSP intervention programs. | | | | | | |
| 30 | The level of coordination with NGOs who support the EHSP interventions | | | | | | |
| 31 | The presence of established partnership with private companies in the supply of essential drugs | | | | | | |
| 32 | The presence of established partnership with private companies in the supply of medical equipment | | | | | | |
| 33 | The Integration of planning, budgeting and monitoring and evaluation system for the success implementation of EHSP intervention. | | | | | | |
| **Improvement of institutional capacity, leadership and management** | | | | | | | |
| 34 | The commitment of the management in implementing capacity building, | | | | | | |
| 35 | The role of the management in oversight, regulation | | | | | | |
| 36 | The role of the management in enacting accountability | | | | | | |
| 37 | Management commitment to take corrective action on who are deviating from the agreed procedure | | | | | | |
| 38 | The implementation of a system that generate population and facility-based data. | | | | | | |
| 39 | ICT use for the dissemination of health information and ease of services for clients. | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 40 | The application of a reward system for high performing leaders and staff. | | | | | | |
| 41 | The competency of the health center for successful implementation of all EHSP intervention programs. | | | | | | |
| 42 | The presence of a system that detect, investigate, communicate and alert events that threaten public health security. | | | | | | |
| **Implementers' disposition** | | | | | | | |
| 43 | The health center team members in understanding their roles and responsibilities | | | | | | |
| 44 | Staff members in respecting & abiding to the rules and procedures | | | | | | |
| 45 | The commitment of the staff for successful implementation of the EHSP programs. | | | | | | |
| **Stakeholders engagement and support** | | | | | | | |
| 46 | The engagement of the political administration, at all level.. | | | | | | |
| 47 | The role of private sectors in EHSPs health service program. | | | | | | |
| 48 | NGO involvement in the EHSPs intervention program. | | | | | | |
| 49 | Civil society involvement in the EHSPs intervention program. | | | | | | |
| **Community participation** | | | | | | | |
| 50 | Community awareness on EHSPs intervention programs | | | | | | |
| 51 | The role of the health center in participating the community in the EHSPs intervention programs | | | | | | |
| 52 | The application of a strategy to increase community engagement in EHSPs intervention program.. | | | | | | |

**Thank you very much for your cooperation's**