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**THE ROLE OF DECENTRALIZATION IN EDUCATION AND HEALTH
SERVICES DELIVERY IN ADDIS ABABA CITY GOVERNMENT:
EVIDENCE FROM THE CASE OF YEKA-SUB CITY**

BY

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COLLEGE OF BUSINESS AND ECONOMICS DEPARTMENT OF PUBLIC
ADMINISTRATION AND DEVELOPMENT MANAGEMENT***

June, 2016

ADDIS ABABA, ETHIOPIA

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LIST OF ACRONYMS AND ABBREVIATIONS

ADLI	Agricultural Development Led Industrialization
BCG	Bacille Calmette Guerin
CAO	Chief Administrative Officer
COC	Certificate of Competency
CSIS	Center for Strategic and International Studies
EFA	Education for All
EPRDF	Ethiopian Peoples' Revolutionary Democratic Front
ESDP IV	Education Sector Development Program IV
EU	European Union
GEQIP	General Education Quality Improvement Program
GOE	Government of Ethiopia
HIV/AIDS	Human Immuno Virus/ Acquired Immuno Deficiency Syndrome
ICT	Information and Communication Technology
KG	Kindergarten
LC	Local Councils
LEEDS	Local Economic Empowerment and Development Strategy
LGA	Local Government Authority
MDG	Millennium Development Goal
NEEDS	National Economic Empowerment and Development Strategy

NRM	National Resistance Movement
PAF	Poverty Action Fund
PASDEP	Plan for Accelerated and Sustainable Development to End Poverty
PMA	Plan for the Modernization of Agriculture
PRSP	Poverty Reduction Strategy Program
PTSA	Parent Teacher Student Association
RC	Resistance Council
SCC	Sub County Chief
SEEDS	State Economic Empowerment and Development Strategy
TT	Tetanus Toxoid
UBE	Universal Basic Education
UN	United Nation
UNDP	United Nation Development Program
UPE	Universal Primary Education

Abstract

Decentralized service delivery refers to the mode in which service delivery is done through delegation and devolution of power from center to local governments whereby efficiency and effectiveness are likely to be achieved. The purpose of this study was to assess the improvements in education and health services delivery in Yeka sub city of Addis Ababa city government. To realize the purpose of the study, case study research method was conducted. The study is qualitative whereby simple quantitative tools were employed so as to complement the qualitative narrations. The study primarily utilized secondary data obtained, from policy documents, constitution, proclamations, intervention plans and performance reports, etc. The study was supported with primary data obtained through interviews and questionnaires. The data results revealed that there is achievement in health and education service delivery as well as there are gaps in the services delivered. The findings of the study revealed that various functions of education and health services have been devolved to the lowest tier of government. The study has indicated that there are multiple bodies established at lower levels of government to support school and health centers activities. As a result, the services provided have expanded; there is now an increased availability and accessibility of the services in both education and health. The study also observed constraints; the constraints consider human resource, finance and facilities. Key concepts: service delivery, education & health, decentralization

CHAPTER ONE: INTRODUCTION

This chapter of the study basically included background of the study, statement of the problem, objectives of the study and basic research questions, significance of the study, scope and limitation of the study, selection of the study area, ethical consideration and organization of the study.

1.1. Background of the Study

An increasing number of countries are decentralizing the administrative, fiscal and political functions of the central government to lower level governments. Most of these decentralization efforts, as empirical observations show, are politically motivated. However, the efforts have had profound impact on economies by influencing, among other things, governance in the public sector, including public service (Okojie, 2009).

According to Okjie, 2009, on the paper of Decentralization and Public Service Delivery in Nigeria, decentralization has become a key issue in development policy in the last two decades. Okjie defined decentralization as a process of transiting from a governance structure in which power is centralized at the central or national level to one in which authority to make decision and implement them is shifted to lower level government or agencies. It consists of a transfer of public functions from higher tiers to tiers lower of governance.

Government can have many different reasons for decentralizing-out of which increasing the efficiency of public services is one. Efficiency in public services is partly the result of the greater local participation. As to Okjie, in Latin America and Africa, for example, decentralization has been a part of democratization process after military or autocratic regimes have been replaced, whereas, in East Asia some governments have chosen this rout as a better way to deliver services to large populations.

According to Stacey White, the main objective of decentralization is to create the most efficient and accountable form of government possible. Decentralization is often introduced to offset a problem that has caused dissatisfaction with centralized system. After a national crisis, such as a conflict or natural disaster, decentralization is often recommended as a foot to build or rebuild as effective government and ensure the efficient allocation of resources. Decentralization is also viewed as an indispensable part of sustainable development efforts, particularly those that are focusing on alleviating poverty.

The operating assumption of decentralization efforts in these contexts is that local government, being closer to the people, has better information about local preferences and can be more targeted and equitable in its allocation of public goods and services (White, 2011).

In his evaluation, White indicated that the positive outcomes of decentralization are: (a) it can limit the size of the public sector; (b) has a negative effect on corruption; (c) it is more responsive to citizen preferences; (d) it can limit conflict and protect minority rights; (e) it forces intergovernmental competition, and (f) it results in the improved delivery of public services. These issues are interconnected and performance in one is associated with the other.

Recently many governments of developing countries have reformed their system of government from centralized to decentralized because the benefit of decentralization looked promising, in terms of its benefits presented in the previous paragraphs. Decentralized systems are believed to insure efficiency and quality of public service delivery. It enhances the development of local resources and improves decision making powers to local governments (Robinson, 2007).

However, lack of resources both in terms of skilled manpower and facility requirements, as seen in most of the newly opened decentralized offices, hampers or negatively affect the intended improvement in service delivery. Among others the dispersion of offices within a single work process and their being in different location from the ultimate regulatory authorities of the local governments hinder control and coordination that are vital for swift service delivery. Alike to any newly opened centers this effect is more or less being observable in the sub cities. On the basis of this background context analysis, this study focused on the improvements on the delivery of health and education services at local level in Addis Ababa City Government. Evidence was collected from Yeka Sub-city Education and Health Offices.

1.2. Statement of the Problem

Ethiopia is undergoing a process of decentralization, partly aiming at creating accessibility of services to the people and enhances stakeholders' participation. The process was implemented in two waves of decentralization at the country level. The education (universal education) and health services (basic preventive services) were decentralized in Addis Ababa beginning 1991. The decentralization process is premised on, amongst others, instilling grassroots democracy, enhancing development and accommodating societal diversity (SDPRP, 2002). The decentralization which began after a poverty reduction strategy was adopted by the federal government in 2001; which includes the first wave. Decentralization was chosen as a key

mechanism for the implementation of this policy. It was, thus, decided that *woredas* (rural districts) and city administrations would be authorized to exercise a certain measure of political, administrative and financial powers (*SDPRP, 2002*). Local governments were given the authority to perform various activities, such as educational administration in terms of establishing and running elementary schools, junior high schools and high schools, and health services at health centers and health posts.

In order to actualize the process of decentralization and the functions it carries with it to grassroots public and partnership institutions, Addis Ababa is divided into 10 sub cities whereby the sub cities are entitled to devolve various services and the city government functions to these sub cities among which education and health service delivery are the ones (Daniel et.al, 2014).

In the decentralization process, however, various problems related to capacity, participation, accountability, responsiveness, structural arrangement, etc. is prevailing in the sub cities. The causes of these problems and their specific contribution towards the quality of service delivery as well as their aggregate impact on the attainment of the overall goals and objectives envisaged to achieve through decentralization in terms of the level of power devolution were not empirically studied in the selected sub city. The study substantiated the gaps in empirical analysis of the mobilization of (human resources, institutional co ordinations and financing) and facility arrangements specific to the service delivery in education and health. In this respect, the study substantiated evidence that implies the improvements in stakeholder mobilization, effectiveness in the facilitation functions of the local offices and improvements in the education and health service delivery in its enquiry to filling the gaps. The result from this analysis generated evidence to improve understanding about the factors that are affecting the sub city's service delivery in the specified public service areas. On the basis of these gaps, the research objectives and questions were substantiated as follows.

1.3. Objectives of the Study

1.3.1. General objective

The study is mainly aimed at assessing the improvements in education and health service delivery in Yeka sub city from 2011/12 to 2014/15G.C.

1.3.2. The specific objectives

The specific objectives of the study are to:

- Assess the improvements in education and health service delivery in terms of accessibility and quality.
- Assess the participation of stakeholders in education and health service delivery
- Examine the contribution of the decentralization efforts in the improvement of education and health services in Yeka Sub City of Addis Ababa City Administration;
- Analyze the challenges of education and health services in the sub-city.

1.4 Research Questions

The study enquired whether there are improvements in the education and health service delivery in Yeka Sub-city from 2011/12-2014/15. The specific research questions of the study are:

- In what ways have the service delivery improved in education and health in the sub city?
- Are local people popularly participating in the improvements of education and health service delivery? How?
 - How do the community and other education and health service provider working together?
 - What are the contributions of decentralization for the betterment of school and health center performance?
- What are the challenges in the education and health service delivery in the sub city?

1.5. Significance of the Study

Decentralized service delivery is now recognized as a key pre-requisite for facilitating sustainable development and promoting good governance. It is therefore crucial that policy-makers, scholars and practitioners and other stakeholders in Ethiopia advance their understanding on issues related to decentralized service delivery.

According to the recent arrangement, Yeka Sub City is given political, fiscal and administrative powers to manage development activities in areas under their jurisdiction.

However, today there are very limited studies conducted in a comprehensive manner on the extent of performance of public service delivery such as education and health at local levels. This study is believed to help in filling such gap in its area of focus.

Moreover, even if the study is primarily an academic exercise, it is expected to provide crucial inputs for the public at large, policy makers and other stakeholders on the realm of service delivery in education, health, woman, child and youth affairs, sanitation, waters, road, waste disposal etc. in the sub city under study. In addition, the findings are believed to instigate other researchers to further conduct more comprehensive study on decentralized Education and health.

1.6. Scope of the Study

There are ten sub cities in Addis Ababa City Government to which service delivery is devolved as part of decentralization program of municipal services. These services include education, health, woman, child and youth affairs, sanitation & beautification, waste collection and disposal, provision of waters, enhancing access road, etc. But this paper has covered only the decentralized service delivery in Yeka sub city with particular reference to achievements made and the challenges faced in decentralized education and health sector. The scope of the study is delimited to identifying service delivery of Education and Health in Yeka Sub City. Therefore, any conclusion that is drawn from this research is based on the above circumstances.

1.7. Limitations of the Study

A research project may face different challenges and constraints which could undermine the quality of the research output. This study has faced with certain constraints. Obtaining required data that is accurate and consistent was a challenge as it was dependent on the subjective willingness of employees on the selected sectors bureaus. The performance of decentralization can also be influenced by different factors which makes it difficult to conclude that decentralization is the only factor responsible for all performances. For example inflation rate affect the budget of education and health service and population growth affects the performance of education services delivery in terms of gross enrollment

Furthermore, shortage of research works on the topic as well as in adequacy of associated works in Ethiopia context has been another limitation to this study.

1.8. Selection of the Study Area

Yeka Sub city is located at the north east of Addis Ababa. The Sub city is adjoined by the Oromiya region at the north east, Arada and Gulele Sub cities at the west and Bole Sub City at east. The sub city has more than 400,000 residents in its 13 Woredas. In the sub city there are about 34 pre-primary (kindergarten), 28 primary schools, 6 general secondary school and 2 preparatory government schools. There are also 13 governmental health center in the Sub City (Daniel et.al, 2014).

Yeka Sub City is chosen for the study for three main reasons. Among the ten sub-cities in Addis Ababa City Government, Yeka is the largest next to Bole and Akaki Kaility in terms of areal coverage and the largest population next to Kolfe Keranyo. The combination of population and area coverage creates a favorable condition to scrutinize the improvements exhibited in service deliveries of education and health to a large sum of the City's population. Apart from this, as the researcher dwells in this sub city it was easy for the researcher to gather the required information in very close proximity to the data collection centers. In addition, the sub city recently builds up its own administrative building and set itself in the process of relocating its bureaus to this new location and hence, it was possible to objectively observe the service improvement owing to the parameter facility.

1.9. Ethical Considerations

The responses gathered from the documents, interview and questionnaire remained confidential. The researcher has not revealed the identity of any of the participants of the study. The researcher has taken letter from the Department of Public Administration and Development Management to the offices visited and the individuals who participated and the participants secured their willing consent.

1.10. Organization of the Study

The study is organized as follows: Chapter one of this study covers the introductory part which includes the background to the study, problem statement, research questions, objectives of the study, significance of the study, scope of the study, limitation of the study. Chapter two presents the literature review in which some of the major concepts of decentralization and over view of the processes of decentralizing service delivery in Ethiopia. The third chapter gives a briefing on the methodology, research design, data source and type, the study population,

sampling technique and sample size, methods of data collection and methods of data analysis. Chapter four presents the data analysis and discussion of the findings. The final chapter comprised the conclusion and recommendations from the findings of the study.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

In this chapter, all the necessary reference materials were consulted, systematically organized and used to further strengthen the study. The materials used here include books, journals and Internet sources. The major topics treated include defining concept of decentralization, linkage between decentralization and public service. The chapter also discussed empirical evidences of decentralization in different countries, challenges of decentralization and public service delivery and finally tries to give analytical frame work of the study.

2.1. Defining the Concept of Decentralization

Decentralization is often suggested as a way of reducing the role of the state in general, by fragmenting central authority and introducing more intergovernmental competition in a way that doesn't loosen checks and balances at all. It is viewed as a way to make government more responsive and efficient. For this reason, governments tend more and more towards its application. The main reason for this tendency as argued by most researchers is that a decentralized system of government is more likely to result in enhanced efficiency and good governance than their centralized counterpart (Muruiu, 2013; Moges 2005; Ekpo, 2008). Consistent with this, the tendency emphasized and attributed for opting to decentralization in various research papers done by international development agencies and scholars is its openness for broad mass participation and its ability of creating a harmonious relationship between the governments and the governed. For instance the Center for Strategic and International Studies (CSIS) in its review in titled "government decentralization in the 21st century" summarized the rational for this tendency of the governments as; "...if the government can perform closer to the people it is meant to serve, the people will get more out of government and in turn will be more willing to accept the government's authority" (White, 2011).

Although, owing to the existence of various shortfalls ranging from methodology to the subjective nature of the topic itself, most of these arguments are not supported by empirical evidences or there is difficult to empirically support the argument (Khaleghian, 2003). Even there is a multitude definition, which seems more or less similar but has an element of differences, for the concept by the researchers.

Thus, the concept of decentralization is very ambiguous due to different approaches on how to approach the concept decentralization and how to divide it into categories. There are many dimensions where decentralized system is considered: as a status, process, or tool. Because of the multidisciplinary and, hence, multidimensional nature of decentralization, it deems important to begin with defining the term decentralization and show as to how one uses in his/her work. Thus, the review of the literature begins with highlighting and presenting the broad definitions of decentralization from which the researcher select the applicable form or type that was best suited to the study subject of choice and showing its linkage with public service delivery. Of course, the latter was also be defined, as public service is vague term with no distinct form. To this end, the researcher dedicated this section to provide the definition of the concepts involved in research, i.e. decentralization and service delivery along with its various aspects, and as to why governments opt towards deploying this system. This is followed by presenting the linkage between decentralization and public service delivery as well as substantiating the current practice and anomalies on the ground. Finally, the final section of the literature review presents empirical evidences and that led the arguments towards the establishment of the analytical framework.

2.1.1. What is Decentralization?

Defining the concept of decentralization is not an easy task and is a very complex phenomenon, as it may have different meaning depending on the context one tends to use. It may as well have different forms and several aspects depending on the writer's point of view. For it has contextual variance depending on the perspective from which the writer sees the subject, this is to say that the one who see it from economic stand point were definitely have different view from the one who see it from political or public administration or social perspective. It means decentralization gives different meanings to different people. Even there could be one or more variants of decentralization in different countries and even within one country and within a sector. For instance, Elizabeth who has followed a work shop on a single subject, environment, has collected variant of decentralization definition from papers presented. According to her there were a number of definitions at the Interlaken Workshop on Decentralization, which were conducted from 27-30 April 2004, Interlaken, Switzerland that is organized on environmental issues, which represent one sector or aspect of life. As she tried to show, while one defines decentralization as a term that referred to the transfer of powers from

central government to lower levels in a political-administrative and territorial hierarchy in which the official power transfer can take two main forms, that are: (i) administrative decentralization, also known as deconcentration, which refers to a transfer to lower-level central government authorities, or to other local authorities who are upwardly accountable to the central government (ii) political, or democratic decentralization that refers to the transfer of authority to representative and downwardly accountable actors, such as elected local governments. While some others defined the term decentralization and used as it cover a broad range of transfers of the "locus of decision making" from central governments to regional, municipal or local governments". Still other uses it as a reform which refers to "transforming the local institutional infrastructure for natural resource management on which local resource management is based". It is "the means to allow for the participation of people and local governments". But what is common to all is it represents a transferring of the centralized power from the federal to regional level or delivering management functions to other authorities, which encompass decentralization in decision-making including the resource management (Elizabeth, 2004).

Fortunately enough the existence of these variant of choice of definition enables one to look and choose which accords with his case on hand. Hence, the decentralization definition adopted in this paper which is considered to fit to this study is given by Fjeldstad that states decentralization as:

Decentralization refers to administrative changes which give lower levels of government greater administrative authority in delivering services. Devolution which involves, in addition, changes in political institutions, so that electors vote for representatives at lower levels of government who in turn have effective control over lower level bureaucrats involved in service delivery. The electorates are the consumers of government services, and are supposed to elect and put pressure on politicians to translate their demands and requirements for services into policy. Politicians, in turn, are supposed to monitor and control the bureaucrats to ensure service delivery (Fjeldstad, 2004). This definition is preferred as it gives due emphases to service delivery while elaborating the concept decentralization.

In its broadest sense “Decentralization” refers to the governance system of any society. It is the process by which authority, responsibility, power, resources and accountability are transferred from the central levels of government to sub-national levels. This definition encompasses, as in the words of Rondinelli, Nellis, Cheemauses, the transfer of responsibility for planning, management and resource raising and allocation from the central government and its agencies to: (a) field units of central government ministries or agencies, (b) subordinate units or levels of government, (c) semiautonomous public authorities or corporations, (d) area wide, regional or functional authorities, or (e) nongovernmental private or voluntary organization (Rondinelli et al, July 1983; UNDP, 1999).

Accordingly, Rondinelli; Nellis & Cheemauses, classified decentralization forms in to four forms. These are: devolution, delegation, deconcentration and privatization. Devolution is the creation or strengthening-financially or legally of subnational units of government, the activities of which are substantially outside the direct control of the central government. Under devolution, local units of government are autonomous and independent, and their legal status makes them separate or distinct from the central government (Rondinelli et al, July 1983 ;).

Delegation transfers managerial responsibility for specifically defined functions to organizations that are outside the regular bureaucratic structure and that are only indirectly controlled by the central government. Delegation has long been used in administrative law. It implies that a sovereign authority creates or transfers to an agent specified functions and duties, which the agent has broad discretion to carry out. However, ultimate responsibility remains with the sovereign authority. In developing countries, responsibilities have been delegated to public corporations, regional development agencies, special function authorities, semiautonomous project implementation units, and a variety of parastatal organizations (Rondinelli et al, July 1983;).

Deconcentration is the handing over of some amount of administrative authority or responsibility to lower levels within central government ministries and agencies. It is a shifting of the workload from centrally located officials to staff or offices outside of the national capital. Deconcentration, when it is more than mere reorganization, gives some discretion to field agents to plan and implement programs and projects, or to adjust central directives to

local conditions, within guidelines set by central ministry or agency headquarters (Rondinelli et al, July 1983; UNDP, 1999).

According to Barkan there are also different forms in which decentralization can be achieved, namely, de-concentration, delegation, devolution, privatization and de-regulation (*Barkan 1998:5-6*). These forms of government are discussed as follows.

De-concentration: occurs when central government disperses its officials to sub-national levels to carry out regular functions under the authority of central government. There is no transfer of power to sub-national levels of government. This form does not empower the regional authority or citizens because decisions would still be made by the ministry having offices in the regions. It is the handing over of some administrative authority or responsibility to lower levels within the central government.

Delegation: is the transfer of certain functions to sub-national levels to be performed on an agency basis. However, central government still retains public accountability and responsibility to provide fund, resources and personnel for the delegated function(s).

Devolution: involves the transfer of functions, resources and power to sub-national levels of government. Here, sub-national governments assume full responsibility and public accountability for decentralized functions. Furthermore, sub-national governments should have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions. This has political implications in that it endangers the sharing of power between these other units and central government institutions.

Privatization: is the transfer of service provision through the divestment of state owned enterprises and public private ventures. In this case the government creates parastatals which will provide services on the business principle of gaining profit. Normally such parastatals do give the government some dividends from their profit which the government used to provide other essential services to the citizens. Generally it is concerned with the transfer of activities from the public to the private sector.

De-regulation: consists of transferring service provision or production activities previously owned and regulated by the public sector to competing private organizations. The best example of de-regulation is outsourcing, where government hire a private company to provide certain services to the government. This can either be in the form of the government hiring a cleaning company to clean its offices instead of government employing cleaners itself. (*Barkan, 1998*)

In general terms, it is difficult to come across a country that has undertaken only one of the above different types of decentralization. All countries, centralized or decentralized, always seek to find an appropriate mix of these types, the central question always concerning how much decision-making power to transfer to local governments. This is directly linked to issues of political decentralization.

There are various reasons why decentralization is implemented by developing countries. According to its proponent decentralization stimulates the search for program and policy innovation.

First, it is, per se, an innovative practice of governance. Second, through its implementation, local governments are required to assume new and broader responsibilities in order to provide public services for all. The assumption of new responsibilities through decentralization often requires improved planning, budgeting and management techniques and practices; the adoption of new tools; and the development of improved human resources to operate the decentralized programs (UNDP, 1999).

A number of factors also help to explain the enhanced interest in decentralization in many African countries from the mid-1970s. First, the failure of centralized public sector management is evidenced by economic, fiscal and political crises. The resulting decline in state resources increased pressure for economic, institutional (public sector) and political reforms as part of the search for new paradigms of governance by state officials. Nigeria, Cote D'Ivoire and Tanzania, among others, follow this pattern. Second, non-state domestic pressures for change have also been important. Many civil society organizations have become more politically active and more sophisticated in their opposition to state policies as the economic crisis bit harder. Mali, Uganda and Ethiopia are cases in point. Third, there has been pressure from external donors. By the 1990s, donors were pressing for 'good governance' which they linked to growth and poverty reduction. And since decentralization, along with electoral, legal, human rights, public sector and macro-economic reforms, is a key aspect of good governance, it became a condition of aid. Donors concluded that civil service reform without (democratic) decentralization would be of limited value. Mali, Niger and Upper Volta are among the cases for elaboration (Olowu, 2003, p.43).

Whatever the reason for decentralization its main objective or goal is more or less similar. Paul Smoke has summarized these goals into four broad categories, namely, improved efficiency,

improved governance, improved equity and improved development and poverty reduction (Smoke, 2003).

According to Smoke (2003), improved efficiency achieved as local information (which outsiders lack) can be brought to bear on selection and targeting of government programs, and a reduction of authority of central bureaucrats that do not face pressures of accountability from citizens directly. It also leaves decision-making in the hands of those who not only have local information, but who can increase the flexibility of public programs in response to local conditions which have implication on resource allocation (Mehrotra, 2006, pp-265-266).

Improved governance relates with the condition that if people see that their interactions with elected local governments lead to decisions that are more consistent with their wishes than those made by higher levels; they were feeling better connected to local governments. Being able to influence public affairs in at least some modest ways that directly affect them empowers people, giving them a new sense of control and autonomy. Improved equity refers to if local governments are familiar with local circumstances, they may be in the best position to more equitably distribute public resources and target poverty within their own jurisdictions. They are, of course, constrained by their internal resources, so the redistribution from richer to poorer areas must be the responsibility of central governments.

In addition, local governments were not necessarily chosen to pursue redistribution in their jurisdictions unless forced to do so by broadly inclusive local political processes or interventionist central governments. Improved development and poverty reduction refers to the role played by local governments. Local governments are expected to contribute to local economic development in a number of ways. First, they can provide services that serve as production and distribution inputs for local firms and entrepreneurs. Second, they can contribute to a legal and institutional environment that is conducive for development. Third, they can help to coordinate key local public, private and community actors in creating partnerships that promote development. Although, local governments cannot provide certain types of large-scale infrastructure and local development is also dependent on larger macro-economic and institutional conditions over which local governments have no control. Ultimately, local economic development is required for sustainable poverty reduction though this not a sufficient condition (Smoke, 2003, pp-9-10).

However, as UNDP indicated implementing decentralization requires risk-taking and innovation, demanding strategic management; top executive commitment and coordination; substantial multidimensional capacities; understanding the problem before designing and implementing solutions and an enabling environment, link with other reforms.

These key success factors were more or less assumed and emphasized by the workshop organized by the UN-Habitat, which was conducted in 2002 in Nakuru, Kenya. According to this workshop observation, African countries are all at different levels/stages of decentralization and governance. It was further noted that although there have been attempts to strengthen planning and policy formulation to support decentralization, there appeared to be very little recognition of problems faced by the local authorities. Institutions such as associations of local authorities and neighborhood associations were encouraged to be more influential in enhancing partnership programs for the purposes of decentralization and good local governance. It is also notable that, although the management of local government has recently come under much criticism, it's quite evident that the central government does not have the institutional framework to take the local authorities to task whenever they violated regulations and vice versa. It is agreeable that a local government system based on public awareness and consensus would be more stable and responsive to the people's needs and strengthen and support a more democratic system of governance. [Global Campaign on Urban Governance, 2002]

Then, what is the implication of decentralization on service delivery or specifically public service delivery? Before dealing with this question, it requires clearing about what we call public service and it's relating concepts.

2.1.2. What is Public Service?

Alike to decentralization the definition of public service is ambiguous for a number of reasons. First, the term public service is used interchangeable with the term public good (no clear distinction between good and service). Second, those services or goods which are termed as public in some groups of countries may be termed as private in others. And third, even there is no uniformity in demarcating between private and public sector itself among countries. This section of the paper tries to summarize literatures on these three points.

Phillip Maurice defined public goods/service as a product upon which there exists non exclusion in consumption. That is to say one persons' consumption is not affected by all other person's consumption of the same product (Maurice, 1992, P-606). In other words, Public goods/services are goods whose possession by one member of the public does not prevent its possession by others. By implication public goods are goods which are if available to one, should be equally available to all and when consumed by one, are still available in the same amount to others. Therefore, the consumption of public goods or services is open to all people and difficult to prohibit an individual from consuming it (Maurice, 1992). For this is due to the main reason that public services are considered as those services which are mainly, or completely, funded by taxation (public fund). As such, they can differ markedly from commercial private-sector services in a number of ways. These differences need to be both acknowledged and discussed, because of their potential implications for the development of delivery systems.

Most typically, public services would include the following areas of public management: central and local government, the health authorities, education, defense, justice/home affairs and noncommercial semi state organizations (Humphreys, 1998, p-6). But Peter C. Humphreys further argued that it is particularly important to appreciate that such a broad functional definition of the public service can vary both through space and over time.

As some researchers has observed, in relation to 'social public services' within the developed nations for instance European Union (EU), there are significant definitional differences between public administrations in the EU member states and it is mistaken to regard public, private or voluntary services as discrete and non-interactive spheres of human activity. As any attempt at cross national comparisons of services makes abundantly clear, the same activities (e.g. health or education) may be undertaken by either the public and/or private and/or voluntary sectors depending on the country concerned. With regard to the services provided, the relationship between these three sectors can also vary significantly (Humphreys, 1998). In the case of developing countries most of the services indicated above such as education, health, including water supply, roads etc. are mostly provided by government agencies and some of them is provided in collaboration/jointly or partially by the private sector.

Therefore, in developing countries by and large, services which are related with broad public consumption issues are provided by government agencies and termed as access to basic rights

or services available to citizens and contributes to human needs or development. In varying degrees, basic public sector services like water supply and sanitation, housing or shelter, primary healthcare, education and roads are largely provided at local level.

In this study, service refers to public goods or basic public sector services such as education and health is provided at sub city level. Public sector is defined in general terms as a sector consists of governments and all publicly controlled or publicly funded agencies, enterprises, and other entities that deliver public programs, goods, or services (Dube, and Danescu, 2011). This is mainly due to the fact that market failed especially in nonexclusive availing public goods; public sectors are preferences of rectifying the failure.

2.2. Why Decentralization in Public Service Delivery?

This section focuses on the review of linkages between decentralization as mechanism of resource mobilization and decentralized service delivery as desired policy direction and local rural-based outcomes form services delivered.

Traditionally, service delivery is based on either public or private provision depending on a variety of factors like political and economic structures, interest and capability of private providers, local finances, consumer/societal preferences, geographic dispersal of service beneficiaries, equity and properties of the service itself. Hence, a country may organize service delivery in a variety of ways and levels ranging from private to public and from highly centralized level to highly decentralized level. Accordingly, Public services are often distinguished by an absolute, or at least comparative, lack of competition in the normal market sense of seeking to entice customers away from their competitors or rival service providers. Indeed, public services are often monopolistic or oligopolistic. As a result, many of the basic features of a commercial marketplace are quite simply absent from the delivery of public services. In addition, given the regulatory role often performed by public services such as tax collection and law enforcement, not only are public services often monopolistic or oligopolistic in character, but they can also be mandatory. In the public services, different guiding principles, such as equitable treatment and the allocation of resources according to need, pervade the processes of decision making, management and provision (Humphreys, 1998, p-9).

As tried to show above among the objectives of decentralization improved efficiency and improved governance are basically concerned or directly linked with public service delivery.

Efficiency values refer to the maximization of social welfare by contrasting the provision of public goods with the market for private goods.

Peter C. Humphreys argues that: When public goods are provided, tax and service packages should reflect as accurately as possible the aggregated preferences of community members. However, because individual preferences for public goods differ, there will be some divergence between the preferences of individual community members and the tax and service packages reflecting the aggregated community preferences. It is likely that the average divergence of individual preferences from the tax and service package adopted by the community through its government will be less in small communities of relatively likeminded individuals than it will be in larger, more heterogeneous areas. [...allocative] efficiency and social welfare are thus likely to be maximized under highly decentralized political structures (Humphreys, 1998, P. 8-13). Based on public choice approach, under conditions of reasonably free will, the provision of some public goods is more economically efficient when a larger number of local institutions are involved than when a larger number of local institutions is the provider (Rondinelli, McCullough, & Johnson, 1989: 59). Also, Oates (2006) point out four basic elements on how decentralization can improved allocation of resources in public sector, which are (i) regional or local governments know better the preferences and particular circumstances of their constituencies compare to the central government; (ii) based on Tiebout model, an individual can seek out jurisdictions that provide output wells suited to their tastes, therefore, they will choose the jurisdiction that provides their preferences and needs; (iii) decentralized levels of government face competition among their neighbors, here, the local government compete to provide public service to attract individuals or business stakeholders to stay in their jurisdictions; (iv) decentralization may encourage experimentation and innovation as individual jurisdiction, thus they will know which the policy is the most suitable for their region (Oates, 2006, pp. 2-30). However, efficiency values will not be achieved without the implementation of good governance. Therefore, beside the efficiency values, Wolman also proposed improved governance as the main factor of decentralization. Good governance refers to (a) responsiveness and accountability, (b) diversity, (c) and political participation. Wolman argues that: Decentralization, by placing government closer to the people, fosters greater responsiveness of policy-makers to the will of the citizenry and, it is argued, results in a closer congruence between public preferences and public policy. This is not only because decision-

makers in decentralized units are likely to be more knowledgeable about and attuned to the needs of their area than are centralized national-government decision-makers, but also because decentralization permits these decision-makers to be held directly accountable to the local citizenry through local elections (Wolman in Bennet, 1990: 27). Moreover, as the World Bank summarized the central government is elected by the national electorate. One of the prime functions of an elected government is to manage the national economy in ways that the citizens, irrespective of location, benefit from government's interventions. In order to meet up with these expectations, governments are required to decentralize to institute local authority dialogue lines by empowering local communities to decide on what is good for them. By decentralization, the decision making process on community resource utilization and related infrastructures are initiated by the concern community and then pass up to hierarchy for implementation. Decentralization creates an environment for democratic governance. An environment necessary for the central government to dialogue with the populations they serve and get their feedback before packaging required services. It enables the government to provide acceptable cost benefit services as prioritized by the beneficiaries. (World Bank: Decentralization and Local Authority in Africa) <http://www.freetocharities.org.uk/edgf/13.pdf> accessed 02/01/2016

2.3. Empirical Evidences

The existing theories of decentralization in developing countries offer a variety hints on the impact of the implementation of this system itself. Those impacts are still debatable as to whether or not this system was bringing benefit to citizens. There is much empirical evidence to suggest that in some cases, decentralization have positive impacts to service delivery, government performance, economic growth or reducing corruption. In the other hand, there are also some results, which show that decentralization creates higher perceived corruption and poorer service delivery performance. Therefore, this section reviews some previous empirical findings about decentralization and public service delivery and analyzes the impact of decentralization based on case studies in three Africa Countries, Uganda, Nigeria and Ethiopia. In presenting these countries empirical evidences emphasis is put on the factors which are the central theme of this paper, i.e. institutional build up, legal framework, legislations, devolution and the overall outcome (Ekpo, 2008).

2.3.1. The Case of Uganda

Decentralization in Uganda dates back to 1986. Following National Resistance Movement (NRM) taking power from the then existing military government. On its accession to power in 1986, the National Resistance Movement (NRM), saw decentralization as a “necessary condition for democratization” and hence central to the fulfillment of their goal of establishing a “popular democracy” in Uganda (Francis and James, 2003, P.326). Hence, since 1986, Uganda has embraced fundamental economic and institutional reforms. One of the most ambitious has been its decentralization policy, held to be one of the most far-reaching local government reform programs in the developing world (Francis & James, 2003, P.325). The process of decentralization in Uganda, according to Francis and James, follows the conventional conception of decentralization which comprises a national project, transmitted outward from the capital through the establishment of a set of formal structures and procedures. As said by these two writers actual local government systems are often described in terms of these structures as exemplifying devolution, deconcentration, or a hybrid of the two. (Francis & James, 2003 P.325)

As Smoke argued institutional decentralization which refers devolution to the administrative bodies, systems and mechanisms, both local and intergovernmental, helps to manage and support decentralization. Institutional decentralization includes mechanisms that link formal government bodies to other key local actor's traditional local authorities, non-governmental organizations, private sector partners, etc. This is the critical institutional architecture on which decentralization is built. Interaction among government levels must be managed to facilitate local service delivery rather than, as is sometimes the case, to hinder it. Similarly, local government staff must function with organizational structures and procedures that allow them to meet their obligations, including development of a good working relationship with elected representative councils. Without appropriately designed and implemented structures and processes as well as adequate local capacity to manage the political and fiscal functions of sub-national governments, decentralization will fail (Smoke, 2003, p.10). In Uganda as Francis and James identified the legislative framework of decentralization (institutional decentralization) is provided by the Local Government Statute of 1993, the 1995 Constitution and the Local Government Act 1997 of Uganda. These acts converted the formerly system of Resistance Councils (RCs), with their origins in the civil war period, to a pyramidal structure

of Local Councils (LC) at village (LC1), parish (LC2), sub county (LC3), county (LC4) and district (LC5) levels. The local government system in Uganda has devolved functions, competency and resources to elected local government councils. Administrative and technical personnel are found at the district and sub district levels headed respectively by a Chief Administrative Officer (CAO) and a Sub county Chief (SCC) (Francis & James, 2003 P.327).

As to the planning and macroeconomic policy context the Uganda's decentralization identified to comprise three key elements: i) Uganda's poverty reduction policy: the Poverty Eradication Action Plan (PEAP), ii) the Poverty Action Fund (PAF), and iii) the Plan for the Modernization of Agriculture (PMA). Decentralization provides the institutional framework for their implementation (Francis and James, 2003 P.327). Furthermore as indicated by these two authors PEAP has four central pillars: creating an enabling environment for economic growth, ensuring good governance and security, promoting the ability of the poor to raise their incomes, and increasing their quality of life as a result (Francis & James, 2003 P.329)

As tried to indicate in the previous sections the benefits of decentralization are considered to include improved efficiency of public service provision, more appropriate services, better governance, and the empowerment of local citizens. In Uganda as Francis and Robert James observed through the PAF, there has been a large expansion in money coming to the district through national programs for particular social services. Accordingly, the capacity of the primary school system was doubled during 1996–97 following the introduction of Universal Primary Education policy, while the provision of health and water infrastructure has also been extended (Francis and James, 2003, p. 332).

However, as these two writers disclosed in their concluding remark of the overall decentralization performance of Uganda they have stated that: (i) on the surface, the mechanisms of decentralization are established and functioning in Uganda, with a five-tier structure of local councils, deconcentrated staff, a bottom-up planning process, and powers to raise and spend local revenue. Albeit they have commented that these structures and processes do not constitute a genuinely participatory system of local governance. Even this system should not be seen as simply a hybrid between deconcentration and devolution: in the first place personnel are employed directly by the districts rather than being merely deconcentrated. Second, responsibility for the provision of most services no longer rests with line ministries but

with the districts themselves (Francis and James, 2003, p. 333). And (ii) the local revenue base is weak and central transfers, as seen by them, are predominantly conditional, in the study the improvements in social services are attributable to increases in central conditional funding rather than the very limited scope which decentralized institutions have provided for local decision making.(Francis and James, 2003, p. 332). In order to reach on these conclusions these two authors developed two modes of operation that could accommodate the existing contradiction between the center government interference and local participation. According to them these two distinct but parallel modes of operation are called the “technocratic” and the “patronage”. While “technocratic” mode revolves around sectorial targets and poverty priorities; that of the ‘patronage’ mode evokes popular democracy and bottom-up planning. Yet, as they have claimed, these discourses correspond imperfectly to actual processes: that of the “technocratic” mode masks a perpetuation of central control while that of the “patronage” mode coexists with a latent function of extending links of clientage and ensuring political loyalty. For each mode, there are three potential mechanisms of accountability: upward (to central government), horizontal (to elected representatives) and downward (to the citizenry) (Francis and James, 2003, p.335).

2.3.2. The Case of Nigeria

Nigeria, which used to be the only federal state in Africa, has adopted a constitution that maintains the federal framework and gives more powers to its subnational governments. Nigeria has been organized as a federal country since independent with the responsibility for providing most public goods being concurrently shared between the federal and state governments. In 1976, Local Government Authorities (LGAs) were established and recognized as the third tier of government, responsible for participating in the delivery of most local public services along with state governments and entitled to statutory revenue allocations from both the federal and state governments for the discharge of their responsibilities (Khemani, 2004, p. 4). The general framework of the Nigeria decentralization system is provided by its current (1999) constitution. According to Khemini the fourth schedule of the constitution declares the establishment of local governments with endowing the following functions to the local governments as: “The functions of a local government council shall include participation of such council in the Government of a State as respects the following matters: (a) the provision and maintenance of primary, adult and vocational education; (b) the development of agriculture

and natural resources, other than the exploitation of minerals; (c) the provision and maintenance of health services; and (d) such other functions as may be conferred on a local government council by the House of Assembly of the State.”(Khemani, 2004, p. 5).The economic frame work is provided by the so called NEEDS- National Economic Empowerment and Development Strategy. According to Okoji this development strategy, developed in 2004 to guide Nigeria’s development in the desired direction, appears to have incorporated the various policies relating to public service delivery. It effectively replaced previous plans, namely the fixed medium-term plans and rolling plans. It identified the country’s problems and accordingly prescribed strategies for developing various sectors of the economy such as agriculture, industry, infrastructure, social services, etc.(Okojie, 2009).

The NEEDS framework was essentially an articulation of the federal government’s planned policies, which were to be complemented at the state level by State Economic Empowerment and Development Strategy (SEEDS) and at the local level by Local Economic Empowerment and Development Strategy (LEEDS). The broad goals of NEEDS include reorienting values, reducing poverty, creating wealth, and generating employment (Okojie, 2009, P.23). Accordingly, as Okoji indicated social services is a shared responsibility of all the three tiers of government. As to Okoji for instance Nigeria’s health care sector enjoyed considerable government attention. The attention enjoyed by the health sector was based on the government’s appreciation of the critical role of health care service delivery in a nation’s quest for development. The argument that “a healthy nation is a wealthy nation” largely informed the government’s philosophy of rapid expansion in the facilities for health care service delivery. The rapid expansion in the number of hospitals, clinics and dispensaries across the country was aimed at improving access to health care for a significant part of the population. To this end, Nigeria formulated a National Health Policy, with an emphasis on primary health care delivery. The critical thrust of the policy is to help Nigerians lead socially and economically productive lives. Investment in health care is expected to bring about improvement in such key indicators as widespread access to service facilities, improved facility use rates, and a reduction of household expenditure (Okojie, 2009, P.16).

The current national health policy document, which was revised in 1996, indicates that local governments are expected to be the main implementers of primary health care policies and programs, with the federal government responsible for formulating overall policy and for

monitoring and evaluation, and state governments for providing logistical support to the LGAs such as personnel training, financial assistance, planning and operations (Khemani, 2004, p. 5). Similarly, education service has enjoyed due consideration.

As to Okoji, the consideration given to this sector aimed at repositioning the education system to adequately play its role as a fundamental instrument for accelerating national development. To this end such measures as implementing the Universal Basic Education (UBE) scheme, supporting research efforts in education, monitoring and evaluating the entire system of education, emphasizing practical skills development, and providing an enabling environment for teaching and learning comparable to that of the developed countries are designed and deployed (Okojie, 2009, pp.17-18).

However, there are some encouraging results in some aspects; the overall assessment of decentralization of Nigeria by Okoji is not encouraging. According to him this discouragement is attributed to: first, there is the over-concentration of political and financial power as well as human resources at the federal level to the detriment of state and local governments. Second, there are inadequate finance and insufficient tax power on local governments. Third, decentralization in Nigeria has limited the powers of local government on budgeting and staffing. Fourth, there is no set minimum standard for quality, quantity, and access from central government to local government. Fifth, there is a lack of human resources in local governments, Hence, his overall assessment is expressed in his words as: service delivery in the country has been largely characterized by waste, inefficiency, and deteriorating quality over time (Okojie, 2009, p, 16-18 and p, 32-33).

2.3.3. The Case of Ethiopia

Ethiopia in the periods prior to Menilik the II was characterized as highly decentralized state where the regional or local governments possessed much power even some times stronger than the central government. The central government especially during the Zemene Mesafint or the era of lords was very weak that it was incapable to maintain strong and unified state. Consequently, Ethiopia in that critical period was fragmented and ruled by various local rulers. However, as time goes in the second half of the 19th century, attempts were done to centralize and unify Ethiopia and it was successfully accomplished in the last decade of 19th century and such intense centralization policy was continued until the third quarter of the 20th century. In spite of this historical fact, currently, Ethiopia undergone a process of far-reaching

decentralization, immediately after the Ethiopian Peoples' Revolutionary Democratic Front (EPRDF) come in to power in 1991 (Alene and Worku, 2015).

According to a research paper presented, for the 4th International Conference on Ethiopian Studies, organized by Western Michigan University in August 2007, by Meskerem Shiferaw, the decentralization process of Ethiopia accounted to various government policies and strategic documents issued by the government of Ethiopia. Among others the most important documents that elaborate the decentralization process/devolution of power, and hence which are considered to formulate the legal and economic framework, identified to be:

1) The constitution of the country

The country's constitution that was adopted in, 1994 clearly indicates that: Rule of law will be respected and that development at each level of government (federal, regional, zonal and woreda/district) will be guaranteed. While trying to achieve development, it is indicated that the rights of citizens would be respected. It also stipulates functions of government at all levels shall be transparent and officials shall be accountable to the people. If these are not fulfilled by elected representatives or officials they shall be questioned and proper action will be taken. In the Constitution, it is reflected that adequate power/devolution shall be granted to the woredas as center of development so that the communities participate in the development of their vicinity.

2. Plan for Accelerated and Sustainable Development to End Poverty (PASDEP).

This document was a guiding strategic framework for the period covering 2005/2006-2009/10. It is the continuation/second phase of the Poverty Reduction Strategy Program (PRSP) which was partly implemented between 2002 and 2005. In the PASDEP, it is indicated that Civil Service Reform, Justice System reform, improved democratic governance and decentralization would be strengthened in the coming 5 years.

3. Agricultural Development Led Industrialization (ADLI)

PASDEP, reflects that the ADLI strategy were pursued focusing on the private initiative of farmers and shift to diversification and commercialization of agriculture. To implement this strategy, the government will give support to the democratization process and to Woreda/district level capacity building.

4. Decentralization

There were two generations of decentralization of power in Ethiopia. The first was decentralization of powers and functions of the state to autonomous regional governments while the second generation involves shifting decision-making closer to the people at the Woreda level in a more comprehensive and concerted program known as District level decentralization program. According to the second generation decentralization there is devolution of power to the regional governments and Woredas in implementing the economic policies and development programs would continue by assessing the needs and providing capacity building trainings at the lowest level. To strengthen the Woredas resource base, regions are sending block grants to woredas so that they will be able to decide on expenditures for priority areas (Meskerem, 2007). In Ethiopia, the governance structures at the region, zone, woreda and the kebele level follow the same tripartite structure an elected head of the administration, a council with an executive committee and a sector bureau. The regional governments are responsible for implementing economic and social development policies and for maintaining public order, including administering a police force, and the federal state is responsible for all powers not delegated to, or shared, with the regions (Yilmaz and Venugopal, 2008, p. 4).

According to Meskerem the 1994 Constitution of Ethiopia instituted radical reform of governance structures, including devolution of significant resources and responsibilities from central agencies to nine regional administrations. An explicit goal of this constitution is to bring government closer to the people through a process of decentralization intended to increase public participation and responsiveness to local needs. A corollary goal is to ensure that Ethiopia's hundreds of identified ethnic groups are formally represented in the country's political and resource allocation processes (Meskerem, 2007).

Although the government of Ethiopia (GOE) priority is for rural development according to Gulyani et al the reemergence of municipal administrations within the sub-national governance system of the country duly reconsidered and rethink by the GOE and World Bank partnership (Gulyani et al, 2001). Accordingly the two partners establish clear priorities for assistance in which the Bank commissioned consultants to prepare a rapid assessment of the status of decentralization particularly at the sub-national level and focused upon the potential role of municipalities as effective growth facilitators. That research, presented in four researchers :(a) provides direct evidence of the growing need for municipal capacity building in Ethiopia, and (b)identifies specific areas requiring assistance (Gulyani et al, 2001). The emerging role of municipalities in Ethiopia's comprehensive development framework is potentially enormous. GOE's strategy is focused on the Agricultural Development Led Industrialization (ADLI) initiative. Briefly, this initiative seeks to improve the productivity of rural areas through key investments in critical infrastructure linkages. International experience has shown that initiatives such as ADLI were have a greater degree of impact if rural investments are linked to cities and towns that provide market access, services and private investment opportunities (Gulyani et al, 2001).Accordingly, parallel to woreda decentralization, the Government launched efforts to modernize the legal, fiscal, and administrative systems of municipalities that govern urban centers and their rural hinterlands. The ongoing restructuring efforts seek to empower municipalities to undertake service delivery and economic development activities necessary for sustainable and complementary development of urban centers (Yilmaz and Venugopal, 2008, pp. 23-24).

The overall assessment of the federal decentralization system of Ethiopia as presented by a World Bank working paper looks like a progressive fiscal federalism. However this progressive fiscal federalism as described in the report is not accompanied by similar political arrangements. Ethiopian local governments have a high degree of upward accountability mechanisms without the accompanying discretion and downward accountability mechanisms. Ethiopia's complex decentralization arrangements highlight horizontal political accountability of federal, regional and local level executives to their respective regional parties and EPRDF. The design of local government finances and administrative arrangements, which establishes hierarchical controls, rules out opportunities for real political competition. Local government

structures in theory may be in line with the expectations of donors and multi-lateral institutions but the party structures seem to keep a tight control over the so called democratic institutions. The lack of separation of executive and legislature coupled with the lack of political competition ensures weak discretion and accountability at the local level (Yilmaz and Venugopal, 2008, pp. 23-24)

As this as it may, and as the theme of this paper is to assess the contribution of decentralization on public service delivery in Ethiopia based on Yeka Sub City case the overall contribution assessment will be seen as part in the concluding remark part.

2.4. Challenges of Decentralization and Public Service Delivery

The following Points identified as the key gaps in local governance and efficient service delivery in the Africa region as identified in the workshop organized by the UN_Hbitat : lack of enabling legislation; lack of capacity both human and financial; need to harness partnership - with public and private sector and among the different tiers of government; lack of information accessibility and the role of the media; lack of political will- in some countries more than others; poor implementation – lack of indicators to measure issues of who monitors implementation? Who is involved and what are the criteria of selection?; lack of ownership of the process by the local people; efforts tend to be donor driven-rather than home-grown; lack of alternative models for local structures ; and need to understand the relationship between decentralization and local capacity for poverty alleviation.(Global Campaign on Urban Governance, 2002)Among the forms of decentralization which is not widely covered by researchers is decentralization in service delivery in developing countries. As Zoë Scott put it, “There is not a large body of literature on the impacts of decentralization on service delivery in developing countries, although there have been some significant academic contributions to the debate in the last few years. Several articles note the lack of rigorous empirical research on the topic and call for further research. However, it is interesting to note that there is an emerging consensus on the impact of decentralization on service delivery and the factors of importance in ensuring effective local provision of services.” (Scott,May 2009).

The impact of decentralization on service delivery as summarized by Robinson indicates that the views of many researchers when he states that “Many claims are made in favor of decentralization, ranging from the democratizing potential of increased scope for participation and accountability through to poverty reduction and improved service delivery. Much of the

literature and evidence centers on the intrinsic value of decentralization as a desirable goal in its own right. But the arguments for the developmental significance of decentralization rest principally on a series of assumptions and theoretical justifications some of which are presented below.

2.4.1 Efficiency, Effectiveness and Equity of Decentralization Services

The assumptions, or theoretical arguments, for how decentralization can improve the efficiency and equity of basic services, are summarized as follows: locally elected governments were more responsive to their citizens' preferences when designing service provision and allocating resources; citizens have a better system for articulating their needs and wants and were able to hold officials to account over breaches in service; extra finances were also be available to local government via local taxes; and central government were willing to devolve full power and responsibility for services to local government. In addition, Central government were ensured that local governments have adequate financial resources to ensure excellent service provision and local administrative capacity were adequate to deliver improved services.

Unfortunately, these assumptions do not appear to hold true in the majority of cases. The general consensus amongst the empirical research on the impacts of decentralization on service delivery is that "there are very few cases where equity or efficiency outcomes have improved as a result of decentralization.... In most cases reported from Africa, Asia, and Latin America the quality of public services has either declined or remained unchanged as a consequence of democratic decentralization (Robinson, 2007, p. 15)." Conyers emphasizes this finding for Sub-Saharan Africa: "The main impression gained from the limited data on the actual impact on service delivery is that decentralization has done little to improve the quantity, quality or equity of public services in the region. (Conyers, 2003).

2.4.2. Factors Influencing the Impact of Decentralization on Service Delivery

So, what are the factors that have led to this dramatic difference between the alleged potential benefits of decentralization for service delivery, and the actual gains realized on the ground? The following three factors are the most commonly cited throughout the literature:

2.4.2.1. Political Incentives at Central and Local Levels

The primary factor influencing how decentralization impacts on service delivery is the political context in which reforms are made, both at the central and the local level. At the central level it

is naïve to assume that officials benignly devolve power and responsibility to lower levels of government, when there is often little incentive to do so. Most authors are skeptical as to central governments' motives in pursuing decentralization, citing the following as the real reasons officials implement reforms: to strengthen power bases in rural areas; to off-load responsibility for basic services; and to compensate for undemocratic practices at the top; because of pressure and the promise of funding from external donors and for reasons of political, fiscal and economic crises.

Several case studies show how governments have subverted decentralization policies to ensure that no real transfer of power takes place and that centralization is actually strengthened (Jackson and Scott, 2007). This obviously impacts upon the potential for decentralization to bring about improvements in service delivery.

The local political context is also highly significant. A critical assumption in the literature is that a local politician will be more responsive to their electorate and more accountable to citizens than a geographically distant central government official. However, political analysis fundamentally questions this assumption. Several authors indicate the danger of elite capture within local government and the entrenchment of patronage politics. Ahmed and Talib. cite evidence from Indonesia and India of the impact of political capture on local services, and Conyers identifies similar evidence from across Africa. "The problem stems from the manner in which elected local government representatives achieve and maintain their political power, which in turn reflects the 'patronage-based' nature of both national and local politics (Conyers, 2003)." If services are being delivered in an environment of political patronage then decisions that could benefit efficiency and equity will be corrupted, and instead be made in favors of a few elites for personal financial or political reward. Ahmed and Talib, note the irony that "political agents at approximately decentralized levels may have greater credibility to voters at large because of their proximity, or reputation developed through community interactions over an extended period of time. However, these same features may allow clientele promises to be easier to make and fulfill at more local levels due to closer social relations between the elected representatives and their clients, at the expense of broad public goods (Ahmed and Talib,2005).

2.4.2.2. Limited Administrative Capacity

A second commonly cited factor that impedes the ability of decentralization reforms to result in significant improvements in service delivery is limited administrative capacity at local levels. Conyers comments that ‘the main impression from the literature is that administrative performance under decentralized systems of governance is poor’. This can be a problem of literacy, for example in Ethiopia where some ‘woredas’ lack enough people who can read and write for local government to function adequately (Conyers, 2003). Financial literacy is a far bigger problem, for example in Uganda and Tanzania where too few people at the local level had the ability to manage public finances and maintain proper accounting procedures, resulting in fiscal transfers that were lower than before decentralization (Ahmed and Talib,2005).

Whilst some of the weaknesses in administrative capacity can be attributed to generally low levels of education and training, some authors believe that central governments often deliberately seek to maintain low administrative capacity by not training local counter-parts adequately or by not transferring adequate funds to either recruit suitable staff or train up existing personnel. It is important to note that central governments often have little political incentive to improve poor administrative capacity at the local level as it allows them to continue operating control, and can be used as a smokescreen for not fully devolving power.

Conyers concludes that the following factors have led to weak administrative performance under decentralization: inadequate devolution of power, particularly over finance and staff; vague and / or inappropriate systems and procedures; inadequately qualified, underpaid and unmotivated staff; political ‘interference’, corruption and abuse of power and lack of ‘downward’ accountability.

2.4.2.3. Financial Constraints

A third factor that constrains the potential of decentralization to improve services is a limited supply of financial resources. Proponents of decentralization argue that it can increase resources by opening up new sources of tax revenue, improve the collection of taxes and other contributions like user fees, and reduce the cost of service provision via increased efficiency. There is little evidence to support these claims although some authors argue that the expected tax revenue has not materialized as the tax base in most developing countries is particularly weak to start with, so local taxes could never result in significant revenues.

The only undisputed fact is that local governments often have to operate in severely resource constrained environments, which hinders their ability to improve service delivery. This may be because central government is financially constrained itself, or it may be that local government is kept purposely under-resourced as a political strategy to enable the center to retain control. Local governments are mainly reliant for funding on central government transfers. (Ahmed and Talib, 2005) cite evidence from India that even when transfers are supposed to be formula-driven they are still subject to political influence. They comment that ‘resource distribution across sub-national governments cannot be explained by efficiency and equity considerations alone... political variables representing the incentives of central political agents are additional and significant determinants.

2.4.3. Policy implications on decentralization and service delivery.

There are a number of policy conclusions that can be drawn from the above analysis on decentralization and service delivery.

First of all, it is advisable not to assume that decentralization will solve problems with service delivery. Donors and governments must be aware of the weak capacity, financial constraints and political economy in a given country and adjust their expectations of decentralization reforms accordingly. “The problems of decentralization cannot be addressed in isolation from wider problems of governance and therefore have to be addressed as part of a slow and gradual process of state-building (Robinson, 2007, p.3).’

Political commitment is critical. Gaining the support and commitment of central government officials for decentralization is critical. More research needs to be done on this topic as ‘the relationship between decentralization and service delivery is complex and far from being fully understood’ (Ahmed and Talib,2005 p.24)In particular, research needs to be done to identify accountability mechanisms that have been successfully initiated at a local level to circumvent patronage politics, and to identify ways of changing the incentives of both central and local level politicians.(Scott, May ,2009)

Then, what does decentralization in Addis Ababa city municipal look like especially in public service delivery on Education and Health Services in Yeka-Sub City of Addis Ababa? How the practice as is examined against the theoretical review presented?

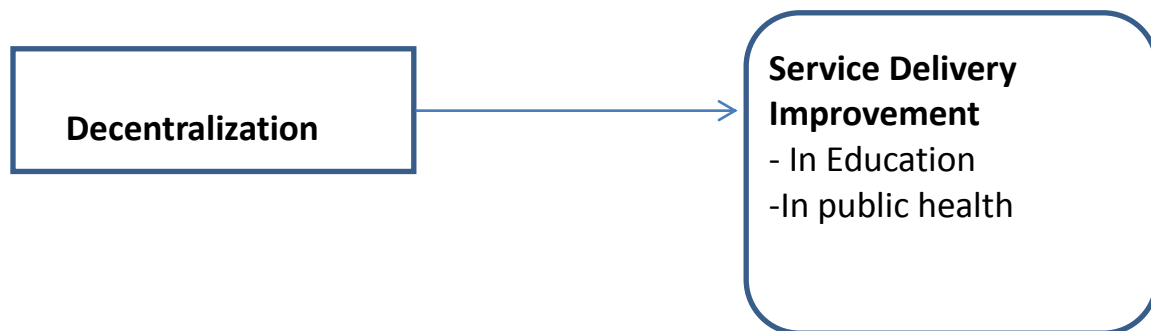
2.5. Analytical Framework of the Study

As tried to indicate above decentralization is a system of governance whereby power and functions of the central and/or regional/municipal authorities devolved to lower administrative units that accords with the general political, legal and economical frame work of the nations. The ultimate goal of the system as tried to discuss is achieving efficiency in public service delivery while promoting good governance. There by create an environment which swiftly responds to the general public problems in a fashion that goes along with the specific localities. To this effect the Addis Ababa municipal administration service is decentralize and classified in to ten subs cites. Accordingly, public services which were formerly provided by the city municipality are made to be provided by each of these sub cites.

However, the performance effect of this devolution is rarely examined. Hence, in this study I tried to address this issue by taking one of the sub cities, specifically, Yeka sub city, as a case. In doing so, I have also taken the education and health services as a specific points of focus. And examined whether this decentralization has met the intended goal of achieving efficiency in the specified sectors of public service delivery? As efficiency is related with the satisfaction on the stakeholders, what is their impression? To this end, I have assessed the policy environment (the level of devolution), vertical and horizontal flows or relations of administrative bodies that may have direct impacts on the outcome of the service delivery outlets. Survey and assess the impression of stakeholders involved in both ends (delivering and receiving) of the services. Identify the strengths and weaknesses. And finally suggested the way forward, i.e. improving recommendations or suggestion.

Independent Variables

Dependent Variable



CHAPTER THREE: RESEARCH METHODOLOGY

This chapter presents methods used in carrying out the study. This study has employed a method to describe the contribution of decentralized service delivery in education and health. In what follows I presented the research design and methodology, source of data, and procedures of data collection, the instruments used to gather the necessary data, study population, the sampling procedure /techniques, sample size and finally method of data analysis.

3.1 Research Design and Methodology

This section illustrates the methodology that was pursued to obtain the desired results as per the stated general and specific objectives. The research design used may vary from research to research. The type of research employed for the purpose of this study was case analysis. It has emphasized on intensive analysis of a limited number of events or conditions and their interrelationships where by qualitative or descriptive analysis was exercised primarily based on secondary data. Quantitative tools like percentage and charts were also employed as required. Both quantitative and qualitative research tools were used in order to produce a richer and more factual report. Mixed strategy enables to convert quantitative and qualitative data in order to provide a comprehensive analysis of the research problem (Creswell, 2013).

3.2 Sources and Types of Data

Both primary and secondary data sources were used to gather all the pertinent data to the development of the research. Secondary source of data were used for the study like annual performance analysis, plan and report, policy and the like. The primary data source were the sub city education and health office heads, school directors, parent teachers' student association (PTSA), health center heads and health committee representatives, student's parent and customers of the health centers.

3.3 Population of the Study

The study population includes education office management, health office management, school directors, health center heads, staff of the offices and their respective customers along with

parents and students. From point of view of the subject under study, these were targets population of the study since decentralization is policy and development issues which in one way or another affects the whole sections. However, given the larger size of the population that the study intended to deal with, it was difficult to find a complete list and was also impractical and time-consuming to compile an exhaustive list of elements comprising the target population. Therefore, the study was primarily utilizing secondary data whereby primary data were used as a supplement.

3.4 Sampling Techniques and Sample Size

3.4.1. Sampling Techniques

Random sampling and stratified sampling were employed to select sample for this study. Under Yeka sub city there are 34 pre-primary (kindergartens), 28 primary schools, 8 secondary school (6 secondary first cycle and 2 secondary second cycle or preparatory schools) and there are 13 health centers which are owned by the government.

Stratified random sampling techniques were employed to select sample schools from each of the pre-primary (kindergarten), primary, secondary first cycle (grade 9 and 10) and preparatory schools. Simple random sampling was administered for taking sample from health centers. And simple random sampling used for student's parent and health center customers.

3.4.2 Sample Determination and Sample Size

As the study was primarily based on secondary data; some primary data was also gathered in order to complement secondary data. To this end, the study has included the Yeka sub city selected 4 schools and 4 health centers for the source of primary data. Finally, 250 student's parent selected from a total of 2998 student's parent considering the number of student (21 student's parent out of 250 from preprimary, 52 out of 650 from primary, 93 out of 1098 from secondary school (9-10), 84 out of 1000 preparatory) and 40 health customers (ten from each health center) which were considered to accord with the population were selected.

3.5 Data Collection Instruments

In order to achieve the purpose of the study the researcher utilized document analysis, interview and questionnaire as data collection instruments

3.5.1. Document Analysis

Document regarding decentralized service delivery in education and health including plan and performance report, policy document were also analyzed and used as main source.

3.5.2. Interview

Semi-structured interview was prepared and conducted for one education manager and one health manager of the sub city, four school directors (one from each school); four health center heads (one from each health center) were administered by availability sampling, and four parent students teacher association (PSTA) and four health committee members selected by stratified random sampling method totally eighteen key informant interviewed. The interview was crafted with the hope of obtaining detailed and deep information. It was presented face to face to the key informants and recorded through extensive note taking.

3.5.3 Questionnaire

As indicated above, the study utilized questionnaire as data gathering tool. Based on the basic research questions and the review of related literature, closed ended questionnaire was prepared and administered by the researcher for student's parents and health center customers. Out of 250 and 40 questionnaires distributed randomly to the student's parents and health center customers respectively, 212 and 40 of the questioners were properly filled and returned. The interview and questionnaires prepared is believed to help in confirming the data collected from secondary source.

3.6 Methods of Data Analysis

The analyses of the study was mainly descriptive that combines both primary and secondary data whereby secondary data was used primarily. As repeatedly stated, questionnaire and interview are instruments used for collecting relevant data from primary data sources students' parents, health center customers and key informant. Secondary data were collected from books, articles, policies, and plan and performance reports. Data were summarized using tables and percentages to give a condensed picture of the data. The primary data collected was analyzed

descriptively. The secondary data was analyzed by comparing the sub city performance in education and health in the four years period taking 2011/12 through 2014/15 and the former as a base year. Accordingly, the summarized data was analyzed in the context of the theoretical frame-work.

CHAPTER FOUR: DATA RESULTS AND DISCUSSION

4.1. DATA ANALYSIS, INTERPRETATION AND PRESENTATION

In this chapter, the data gathered and collected from secondary sources, questionnaire and interview were analyzed, interpreted and presented. Hence, data gathered were organized and analyzed in a manner that enables to answer the basic research questions raised at the beginning of the study.

To find the contribution of decentralization on improvement of education and health service delivery in Yeka sub city, the data were collected in to two ways, i.e. from the primary and secondary sources. The collected data were organized in to two main categories. Educational service delivery and Health service delivery.

The characteristics of respondents for education and health service delivery are presented in table 1. The analysis of their response is presented in subsequent sub units.

Table1: Characteristics of respondents by gender, age and educational qualification.

description		Number and percentage of the respondent			
		Parent		health customer	
		Number (%)	Number (%)	Number	%
Gender of respondents	Male	113	53%	16	40%
	Female	99	47%	24	60%
Age of respondents	<30	18	8.5%	6	15%
	30-40	94	44.5%	22	55 %
	40-50	70	33%	12	30%
	>50	30	14%	-	-
Level of education of respondents	< Grade 8	49	23.%	8	20 %
	Grade 8-12	74	35%	15	37.5%
	Diploma	15	7%	7	17.5%
	First Degree	74	35%	10	25%
	Other	-		-	

Source: Own Survey Result (March 2015)

The above table gives information on the composition of the respondents in terms of sex, age, level of education. From which 113 (53%) and 16(40%) respondents were male in the parent and customer respondents respectively. Most respondents are in the age range 30-40 in both

categories .When it comes to the level of education, it is clear from the table that majority of the respondents are above grade 8. Summarized respondents' Information on age and level of education might give the researcher a clue about respondent understanding towards service delivery in different time. In addition, respondents represent appropriate gender mix which tells both sex concerned (participate) about their child education and both served in health center for primary health care.

The Sub city's service delivery involves different bureaus, the community, mass organization, nongovernmental organizations and private service providers outside the Sub city. The most important stakeholders in the delivery of public services at the Sub city are the community at large (service recipients) and the public sector bureaus and their individual employees (service providers). Other stakeholders consist of city government administrators (elected or appointed), private organizations and sectorial offices at the Sub city level. City government authorities engage in the Sub city's service delivery by providing different guidelines and supports. Accordingly, concerned city government bureaus provide manuals and technical support to Sub city respective sector offices. In this study the two bureaus, education and health bureaus have been considered as a case of decentralization impact analysis in the mentioned sub city.

These two bureaus are selected for the main reason that the services provided by them play a noteworthy role in human development and are also considered as basic services at local level. In view of this, the offices are structured in line with their respective duties and responsibilities at Sub city level. Since education and health services are indispensable social services that enhance integrated social and economic development, they were the oldest public services existed in the City. Before decentralization, education and health services were the functions of bureaus of the city government. Following the devolution process education (up to territory level) and primary health care services came under the responsibility of the Sub city.

4.2 Improvements in Educational Service Delivery in Yeka Sub City

In line with the research objectives, the data collected from secondary sources were combined with data obtained through interviews and questionnaires, so as to assess the improvement of decentralized education services in particular reference to Yeka Sub city from the years 2011/12-2014/15.

The educational and training policy stipulated 1994 of Federal Democratic Republic of Ethiopia states, among other things, that educational management will be decentralized to create the necessary condition to expand, enrich and improve the relevance, quality, accessibility and equity of education and training.

To this end, educational institutions has been made autonomous in their internal administration and in the designing and implementing of education and training programs with an overall coordination and democratic leadership of boards or committees, consisting of members from the community, development and research institutions, teachers and students. In addition to this, the policy states that the government will create the necessary conditions to encourage and give support to private investors to open schools and establish various educational and training institutions. In line with this, various issues related to performance education service delivery in Yeka sub city are discussed as follows.

The improvements in the delivery of quality education services were assessed on the basis of expansion in schools, improvements in enrolment of students, improvements in the ratio of student-section, student-teacher, and student-textbook in taking the reference of public schools. The public schools are taken as reference because the student number of high and the quality measures are often weak in public schools than in private and donor-run schools. The performance of education service delivery from 2011/12-2014/15 was taken from secondary data and the summary and analytic summary are presented below in tables with the objective of trying to reveal if there were any significant changes in the years under the study and its implication in the light of decentralizing envisioned by the city government.

4.2.1. Improvements in School Expansion

Table 2 The Number of Government Schools in Yeka sub city from 2011/12 to 2014/15

Year	Number of pre-primary(KG) Schools	Number of Primary (1 – 8) Schools	Number of Secondary (9 – 12) Schools
2011/12	9	15	6
2012/13	12	25	6
2013/14	20	26	8
2014/15	34	27	8

Source: Computed from data provided from Yeka Sub City Education Office.

As depicted above the number of pre-primary (KG) school increased from year to year and become more than triple in four year time, from 9 in 2011/12, to 34 in 2014/15. It is observed a yearly increase of 33%, 66% and 70% for the year 2012/13, 2013/14 and 2014/15 respectively compared to the previous years. The number increase in pre-primary (KG) Schools is very significant which allows access to additional new students and is also expected to improve the ratio. When it comes to primary school, there is a significant increase only in 2012/13. Which is 66% while in 2013/14 and 2014/15, one school is added on each year. There was no significant increase in the number of secondary schools in the four years under the study except year 2013/14 which started with the opening of two schools. Generally, expansion of schools at the pre-primary level was the most successful and must be replicated at the minimum in the primary level. A significant increase in the number of secondary schools is not expected considering that there is limitation of resource and also due to fact that priority given by the government is to educate all children at the minimum primary level. However, this does not mean that the number of schools should become stagnant with the increase of only two schools in four years' time.

4.2.1. Improvements in Student Enrolment, Classrooms, Teaching Staffs and Textbooks

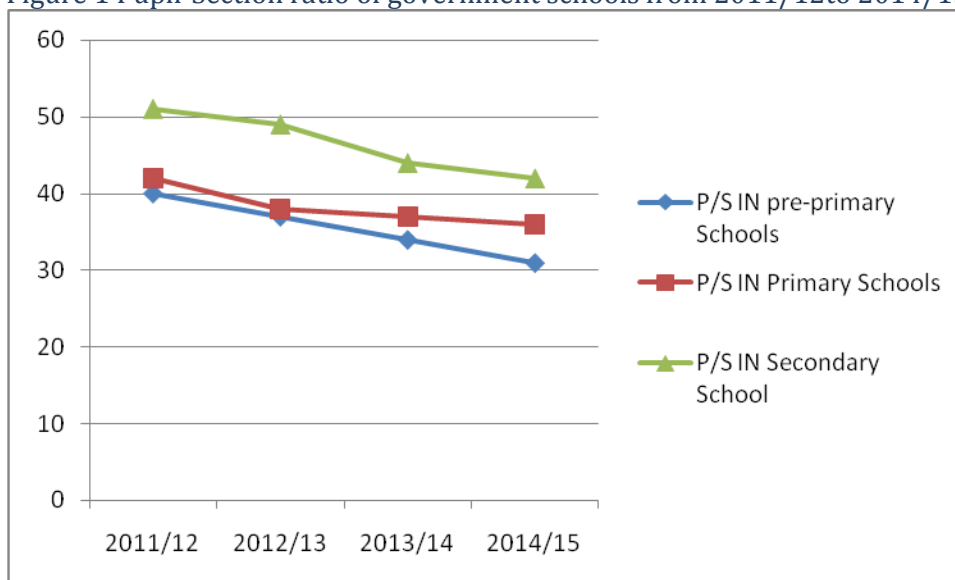
Table3: Improvements in Quality Indicators in Government Schools from 2011/12 to 2014/15.

Year	Government pre-primary Schools				
	Pupil	Section	Pupil – Section Ratio	Number of teachers	Pupil-teacher ratio
2011/12	1553	39	40	91	17
2012/13	2263	72	37	119	19
2013/14	3308	97	34	165	20
2014/15	4653	150	31	253	18
Year	Government Primary Schools				
2011/12	30330	722	42	1166	26
2012/13	30460	802	38	1050	29
2013/14	36125	976	37	1245	29
2014/15	36882	1022	36	1416	26
Year	Government Secondary School				
2011/12	12260	240	51	557	22
2012/13	11740	240	49	617	19
2013/14	10577	240	44	503	21
2014/15	11424	272	42	476	24

Source: Computed from data provided by Addis Ababa Education Bureau and Yeka Sub City Education Office

As clearly indicated on the table enrollment in pre-primary school has increased in the four years under the study. Comparing 2014/15 with that of 2011/12, there is 299 % increase which shows that success is registered in the enrollment of more students. There is also slight increase observed in the enrollment of primary students. The change under the study period is 22 % comparing 2014/15 with that of 2011/12. When it comes to secondary school, the story is different. The number of students enrolled has gone down by 836 students which mean 7% decline in enrollment.

Figure 1 Pupil-Section ratio of government schools from 2011/12to 2014/15 E.C in Yeka sub city

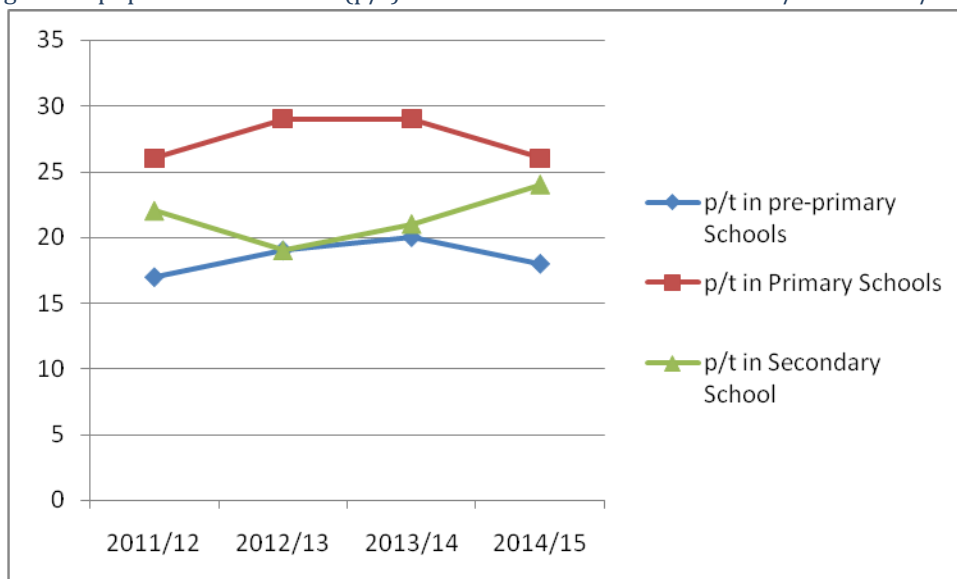


Source: Computed from data provided from Addis Ababa Education Bureau and Yeka Sub City Education Office.

As depicted in figure 1, in spite of different expansion rate in all level of schools, pupil per section ration declines in all pre-primary, primary and secondary schools for different reason for each. The increase in the number of schools and sections at the pre-primary level is higher than the increase in number of students enrolled which resulted in decrease in pupil per section ratio which is desirable effect. The success in pre-primary school is two folds. The sub city manages to increase the number of enrollment very significantly without increasing the pupil per section ratio. When it comes to primary school, there were not many additional schools every year like pre-primary yet with additional construction in the same school and by increasing the number of sections, the number of pupil per section has gone down which will improve the quality of education as there will be less students in a single classroom. However,

one should note that enrollment has increased in the primary level yet not significant. The decrease in the number of students per classroom at the secondary level is attributed to the reason, which may be less number of students are coming to school or there are more drop outs.

Figure 2:- pupil to teacher ratio (p/t) in Government school from 2011/12 to 2014/15



As shown in table 2, there are an absolute number of increases in the numbers of teachers in the study period in pre-primary and primary school, but the pupil to teacher ratio remain almost the same as shown in the above figure. This development is expected along increase in the number of students and school in pre-primary and increase in the number of sections in primary level. When it comes to secondary level, there is decrease in the number of teachers except 2012/13. The reason for this needs further investigation. However, one can also see an increase in the number pupil to teacher ratio as the direct result of decrease in the number of teachers which might have negative consequences in the quality of education. When we explore further, we find that the number of schools and sections in the secondary level are not increasing which does not call for significant increase in the number of teachers unless we want to improve the pupil to student ration further. Moreover, the number of students shows a declining trend which is more worrying coupled with stagnant expansion in classroom and school.

Table 4:-pupil to text book ratio in government school of Yeka sub city from 2011/12-2014/15

Year	Pupil -text book ratio	
	Primary school	Secondary school
2011/12	1:1	1:1
2012/13	1:1	1:1
2013/14	1:1	1:1
2014/15	1:1	1:1

Source: Computed from data provided from Addis Ababa Education Bureau and Yeka Sub City Education Office.

The above table shows that the student-text book ratios in both primary and secondary government school from year 2011/12-2014/15 were 1:1.this indicates that one text book for one student in each subject, in both primary and secondary government school. This implies, the sub city reached the maximum achievement and it has positive impact on teaching learning process and quality of teaching. The sub city has also demonstrated its capacity to provide textbooks to all students even when there is an increase in the number of students in primary school.

Table 5 Dropout rate of student in primary government school from 2011/12-2014/15 in Yeka sub city

Year	Dropout rate in (%)	
	Primary school	Secondary school
2011/12	2.55%	1.74%
2012/13	2.43%	1.43%
2013/14	2.30%	1.41%
2014/15	2.0%	1.28%

Source: Computed from data provided from Yeka Sub City Education Office.

The above table shows that there were improvements on decreasing dropout rate in both primary and secondary school. This implies the schools in the sub city have managed to create awareness that reduce dropout rate. The improvements might have reduced an inefficient use of resources.

Table 6: Teachers and their Qualifications in primary and secondary Government school in Yeka Sub city

School	Level of education				
	Certificate	Diploma	Degree	Masters	Total
Primary	278	1,036	344	-	1,658
Secondary	-	-	501	42	643
Total	278	1,076	845	42	2,301

Source: Computed from data provided from Yeka Sub City Education Office.

The above table shows that in government primary school there are 278, 1,036 and 344 certificate, diploma and degree holders respectively and 501 and 42 degree and second degree or masters holder respectively in government secondary school this are the total of 1658 and 1501 in primary and secondary school respectively. One of educational quality indicator is proper qualification of teacher. However, according to 2014/15 performance report of Yeka sub-city from 146 teachers that had taken COC exam, more than 75% of them failed to pass the exam. This implies that the sub city needs to empower the teachers (Yeka Sub city 2015/16 Plan).

4.2.2. Government budget for education

According to annual statistic report of City Government of Addis Ababa, the education sector is one of the important sectors which have given immense priority in budget allocation so as to attain educational goals, objectives and targets. These budgetary priority areas focuses on achieving Education and Training Policy and its implementation strategies like Education Sector Development Program IV (ESDP IV), General Education Quality Improvement Program (GEQIP), education sector MDGs areas like EFA(education for all) and UPE(universal primary education) goals and targets. Based on these national priority agenda, City Government of Addis Ababa has been allocating huge budget to promote education sector development program main areas such as ensuring education coverage, access, equity, quality, and internal efficiency. Accordingly, at city level student teacher ratio has improved by hiring and upgrading teachers (Education Statistics Annual Abstract (2014/15 G.C). The class room student ratio has shown remarkable progress by expanding school building projects, besides; the textbook student ratio is increased by accessing enough books to both government and non-government schools. In addition to these, other educational equipment's and materials like plasma, radio, ICT, laboratory materials and soon have shown magnificent progress (Addis Ababa Education Bureau Statistics Annual Abstract (2014/15 G.C).

Addis Ababa City Government Revised charter 2003 recognized the establishment of sub cities administrations with necessary legal, institutional and financial powers. This was aimed at making them effective and efficient institutions of local government for democratic governance and economic development. The table below shows the budget amount in Yeka sub city for education for the last two successive academic years.

Table 7: Total budgets for allocated for school and education office under Yeka sub city for 2013/14 and 2014/15 E.C.

Budget Lines	School budget		Budget Allocated for Education office	
	2013/14	2014/15	2013/14	2014/15
Recurrent	73,965,527	81,7001,81	1,146,409.00	1,327,975.00
Capital	17,884,553	26,154,490	1,562,136.00	3,070,171.00
Total	91,850,080	107,854,680	2,708,545.00	4,398,146.00

Source: Yeka Sub City Finance & Economic Development Office.

The sub city has provided only two years budget information for the year 2013/14 and 2014/15. The interpretation of budget analysis is for the provided years are presented below. The above table shows that the total amount of education office budget of 2014/15 increased by 1,689,601.00(38%) from the budget of 2013/14. and the total amount of school budget in 2014/15 increased by 16,004,600.00(15%) from the budget of 2013/14. However, the interviewees said that the pool system for utilization of budget were difficult in addition to inadequacy of budget.

In addition to the secondary data the researcher were collected supportive primary data through interview and questionnaires, the data were collected through primary source give additional information on service delivery of education and the participation of community. Out of the 250 questionnaires distributed to the randomly selected student's parent, 212 were properly completed and returned. This represents a response rate of 84.8% from the distributed questionnaires.

Apart from the questioner, interview held with heads of officials in Yeka sub city educational office, manager of supporter staff such as human resource manager, finance manager of the school, the school directors and PTSA member's in the school of the sub city. Parents and community members participate in school matters through those representatives.

According to the manual of the education bureau, states from the documents analyzed it was understood that PTSA is composed of at least seven members though it may vary from school to school. The chairperson of PTSA is the representative of parents that is elected by a common meeting of parents, teachers and students. Others are also elected by similar meeting in which two teachers and up to four students and parents are assigned accordingly. This

situation helps decision makers to make decisions that are more closely connected to people's real needs thereby increasing the program's relevance.

On the interview of the above members, the interviewees said that before decentralization it was highly hierarchical, makes every decision slow and decision were not participating all stake holder and these had not satisfied the community at large. The then prevailing structural organization of the school system had its own limitations for participation; the authority to use finance for the teaching learning process were highly centralized; the power vested to make decision was highly limited; mandate to hire employees were not given to the sub city; the degrees of employee's participation in various activities like decision making were also limited, finance circulation were highly centralized; the delegation of authority were from top to down approach; the teaching learning approaches were teacher centered approach. Theses have an impact in service delivery and did not meet the interest of community. Exercise of decentralized service delivery makes the decision more or less rapid in the sub city and school. The sub city's human resource has power of managing man power such as hiring teacher and other staff members. This mandate is also given for the schools human resource. The career of teachers also managed in the school level and budget utilization, participation in the decision making process, school organizational structures is also changed and has been participatory. The participation of community is also made possible through the representative (parent student teacher association/PSTA).As stated in the educational policy, duties and responsibilities of PSTA are:

Similarly, the 1994 Education and Training policy of Ethiopia emphasizes community participation as the main strategy of implementing education and training programs.

According to the interviewee, the community is being involved in providing input that is finance, and other materials. This is used to show the community participation increase following the recent changes in policy environment and organizational setup. Moreover, as stated in annual plan of 2015/16 of Yeka sub city 117,000 birr were contributed in 2014/15 from stake holder. Promoting participation of stake holder is one of the characteristics of decentralized public service delivery; there is no hard evidence that show the community participation is based on voluntarily. However, the education service expansion is supported by all. In line with this, availability of the educational service was suitable for parent's respondent

and most of the parents were participating on the school service delivery in one way or another. As indicated in the preceding parts of the study, the basic aim of sub city level decentralization is to serve the public by empowering lower tiers of government and local communities by enhancing democratization and decentralized services delivery (Education and Training policy of Ethiopia, 1994). This objective requires unreserved and voluntary participation of all the parties which are found at service reception end and coordination among them. Service delivery also requires the participation of all those who are directly or indirectly affected by the quantity and quality of services. To this end, one of the mechanisms for the involvement of different actors in service delivery is through coordination and participation of different actors at the stages of problem identification, prioritization of needs, implementation and reporting and planning and budget processes. However, the interviewees in the sub city have revealed that there was no significant effort made towards this goal. Therefore, the concerned administrative body of the sub city has required additional efforts. Although the interview held with the school's principal revealed that parents and community members do not usually visit schools except on rare occasions like opening and closing of school ceremonies. They confirmed that only the PTSA members come to the school regularly, not all parents in general. Therefore, the community members and parents who have the closest relations with the school of the sub city are usually PTSAs. Parents and community members participate in school matters through those representatives. On the other hand, student's parents were asked how often the school invites their participation. Parental follow-up of students' performance is believed to have significant impact, according to the response of PTSA interviewee, they believed that the attention parents pay to their children performance is weak. However, student's parents were asked questions concerning their follow-up on their children and responded to the positive. Their responses are presented in the table below.

Table8: student's parent response on Accessibility, participation in service delivery and student follow up.

Access		
Variable	Response	Number(percentage) of the respondent
1.Distance in Children travel to school in kilometers	a.<1km	45(21%)
	b.1km-2km	90(42.5%)
	c.2km-3km	36(17%)
	d.>3km	41(19.5%)
Student parents' participation in service delivery		
1.Parent participation in schools	A. Yes	175(82.5%)
	B. No	37(17.5%)
2. Areas of participation in school services by parents	A. Financially	175(100%)
	B. generating ideas and participating in committee	63(36%0
	C. with material	11(6%)
Parents follow up of child		
Variable	Response	Number (percentage)of the respondent
1. Annual program announcement	A. During student registration (August)	68(32 %)
	B. At the beginning of academic year (September)	123(58 %)
	C. Not at all	21(10 %)
2. Discussion with parents	A. Ever quarter	31(14.5%)
	B. per semester	132(62%)
	C. One in a year	44(21%)
	D. Not at all	5(2.5%)
3. School Consideration of feedback from student parents	A. Yes	75(35.5%)
	B. No	137(64.5%)
4. Performance of your child in consecutive academic years	A. Increasing	51(24%)
	B. Decreasing	89(42%)
	C. No change at all	72(34%)
5. signing child assignment	A. Every day	11(5 %)
	B. Every week	90(42.5%)

	C. Every month	111(52.5%)
6. type of parent support to their child	A. By fulfilling education Material	212(100%)
	B. By giving tutorial	32(15%)
	C. By consulting him/her	145(68.5%)

Source: data collected by structured questionnaire

As shown in the above table, the availability of school were up to 2km distance for more than half of the respondent (62.5%), 17% of the respondents said that the school found between 2km-3km distance from their residence and the rest 19.5% respondents said that more than 3km distance between the school and their residence. With the opening of additional schools, students will not spend long time in traveling to school which has adverse effect on their education. The more they travel, the less they will be attentive in the classroom. As we seen from the table, more than 80 % of students travel less than 3 kilometers which is an indicator that students can be accessed easily by opening schools near their village.

This implies that the availability school for most of them is suitable. In the same table, they were asked their participation and in what way (if any), on the improvement of service delivery of the school and most of them (82%) of the respondents said that they participate to improve the school service delivery by finance, from this 100% around 36% said that they support the school with knowledge (participating in committee) in addition to financial support and 6% said that they support the school with material in addition to finance. This implies that the participation of student's parent was found in good condition, and significant numbers of parents are being involved in their children education which contributes greatly to quality education. Parental follow-up of students' performance is believed to have significant impact, according to the response of PTSA interviewee, they believed that the attention parents pay to their children performance is weak. However, student's parents were asked questions concerning their follow-up on their children and responded to the positive. Their responses are presented in the table above. As can be seen on the above table, under Parents follow up of child , item number 1 when the school announces its program to them, 32% of the respondent said it was on August, and 58% of them said on September and the remaining 10% of them said that there was no program announcement at all. This implies that the school were announced its annual program early or at the beginning of the academic year. On the same table, item number 2 the parent were asked how often the school call them for discussion and how much the

school consider the feedback from them and 62% of the respondent said the school call them for discussion per semester, 21% of them said once in a year, 14.5% of them said once in a year and the rest 5.5% responded by saying the school were not call them and 35.5% of the respondent confirmed the school critically consider their feedback, whereas the remaining 64.5% confirmed the school were not critically consider their feedback. This implies that the schools lacks on creating discussion seasons with student's parent and gather important ideas to consider and materialized them.

As shown in the same table, item3, that asked student's parent about the performance of their child in consecutive academic years, 24% of parent respondent were responds by saying increasing, 42% of them said decreased and the remaining 34% responded as there was no change on the performance of their children in this year compared to the previous year. This implies that there were no significant changes on the performance of student. In the same table, the parent were asked how often their child's teacher gave assignments and ask them to sign, and out of the total respondent 5% said every day, 42.5% said every week and the remaining 52.5% confirmed the teachers were done this every month. This implies that there were relatively good interaction between parent, student and teachers.

On the other hand student's parents were asked the level of their support and in what way they support their children. All parents confirmed as they were supported their children by fulfilling education material, from which 15% of the respondent said in addition to fulfilling educational material they supported their children by giving tutoring them, and 68% of the respondent said in addition to fulfilling educational material they supported their children by consulting them. This implies that most students got their parent support.

According to the sub city education office interviewees the education office control the quality of education service, by supervising the school, preparing checklist and monthly meetings with other stakeholder's, give training for teachers, school directors and other supportive staff. This is made after the need assessment; by using standard internal and external inspection, standards of service delivery, standards of input output ratio, for collecting data from schools. In addition they consider ratios like teacher student ratio, student-text ratio, student dropout ratio etc. These methods are also used to follow up the standard of education accords with the

educational policy; prepare model exam for grade 8 and 10 through participation of teacher from different school and given for all under the sub city.

The supervision of KG and primary schools is by woreda educational office and secondary school supervised by the sub city level. According to the interviewees in the schools, new additional building built recently and enrollment of student increase and student-section ratio improved, student text book ratio also reach at maximum standard, accessibility of school facilities like library, laboratory, plasma, ICT center, toilets etc improved but still have gap with the requirement. After decentralization exercised the participation of stake holders improved, this makes easy to understand the interest of community and make the service more efficient. Government can have many different reasons for decentralizing-out of which increasing the efficiency of public services is one. Efficiency in public services is partly the result of the greater local participation (Okojie, 2009). but constraint of input like budgets, teacher turn over, lack of good governance practices, teacher salary and career not as such satisfactory and the major challenge that affect the performance of education service provision. Finally the sub city education office interviewee's conclude that the decentralized type of education system brought the service near to immediate users of the services, which are at a grass root levels, so it is very crucial.

4.3. Health Service Delivery

4.3.1. Health Service Performances at Yeka Sub City from 2011/12-2014/15 E.C

The 1993 health policy of the country states among other things that democratization and decentralization of the health service system is crucial in order to implement preventive and curative components of health care. The development of an equitable and acceptable standard of health service system that will reach all segments of the population within the limits of resources (Health Sector Development Programme IV 2010/11 – 2014/15).

The health policy of the transitional government were the result of a critical examination of the nature, magnitude and root causes of the prevailing health problems of the country and awareness of newly emerging health problem. It is founded on commitment to democracy and rights and powers of the people that derive from it and the decentralization as the most appropriate system of government for the full exercise of these right and power in our pluralistic society (Health policy of transitional government of Ethiopia, Sept, 1993). In

addition to creating healthy condition they are prerequisite for the enjoyment of life and for optimal productivity. The Government therefore order of priorities and is committed to the attainment of these goals utilizing all accessible internal and external resources. In particular the Government fully appreciates the decisive role of popular participation and the development of self-reliance in these endeavors and is therefore determined to create the requisite social and political environment conducive to their realization (Health policy of the transitional government of Ethiopia Sept. 1993).

The Government believes that health policy cannot be considered in isolation from policies addressing population dynamics, food availability, acceptable living conditions and the other requisites essential for health improvement and shall therefore develop effective inter-sectorial coordination for a comprehensive betterment of life.

The underling policy of the country respecting the health sector states that the policy aims at: Democratization and decentralization of the health service system; Development of the preventive and promotive components of health care; development of an equitable and acceptable standard of health service system that will reach all segments of the population within the limits of recourses; Promoting and strengthening of inter-sectorial activities. Promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development by mobilizing and maximally utilizing internal and external resources; assurance of accessibility of health care for all segments of the population; working closely with neighboring countries, regional and international organizations to share information and strengthen collaboration in all activities contributory to health development including the control of factors detrimental to health; Development of appropriate capacity building based on assessed needs; Provision of health care for population on a scheme of payment according to ability with special assistance mechanisms for those who cannot afford to pay; promotion of the participation of the private sector and nongovernmental organizations in health care.(Health Sector Development Programme IV 2010/11 – 2014/15).

As stated above the health policy of the Federal Government of Ethiopia and its general strategies of health policy are centered on democratization within the system that shall be implemented by establishing health councils with strong community representation at all level beginning with health committees at grass-root levels that ensures participation in identifying

major health problems, budgeting, planning, implementation, monitoring and evaluating health activities. Accordingly, decentralization is thought to be realized through transfer of the major parts of decision-making respecting healthcare organization, capacity building, planning, implementation and monitoring to the regions with clear definition of roles of all concerned parties.

Table9: Health office performance in Yeka sub city from 2011/12-2014/15

Health indicator/service given	2011/12			2012/13			2013/14			2014/15		
	Plan	Performance	%	Plan	Performance	%	Plan	performance	%	plan	Performance	%
Antenatal care first visit coverage	7739	9627	124.4	9402	8916	98	9676	10601	118.8	9627	12622	131
Antenatal care 4th visit coverage	8718	9960	114	7992	10477	131	7932	9423	118.7	7894	8298	105
HIV prevention from mother to child and consultation	9149	11381	124	9402	10483	107	9676	10012	103.5	9627	9993	104
Delivery service coverage	7739	6726	87	8461	5052	64	8220	5268	64.1	9146	5736	63
Postnatal health service coverage	7739	6374	82.4	7992	5003	62.6	4730	4730	100	6860	3862	56
Pregnant mothers TT2 immunization service	7584	8874	117	9402	5691	60	8624	6789	78.7	9627	7664	80
Family planning	34024	28139	83	39567	39494	99.8	83068	58948	71	85147	39838	47
Basic health service for infant	21133	15862	75	17448	22226	127	29016	22150	76.3	29580	35423	119.7
Vitamin A (immunization coverage) from age 6 month to 59 year	25525	15374	60.2	16911	9951	58.8	4432	6776	152.8	7816	9247	118.3
BCG (immunization coverage)	7131	7322	102.6	9119	6800	74.5	8868	6996	79	9146	7667	84
Polio(immunization coverage)	7131	7864	110.2	8618	6714	77.9	8424	7258	86.1	9255	7587	83
measles(immunization coverage)	8457	7393	87.4	8618	7069	82	8424	6817	81	9255	7120	77
Infant immunization completed	8457	7393	87.4	8618	7069	82	8424	6817	81	9255	7120	77

Source: Computed from data provided from Yeka Sub City Health Office

Health performance of Yeka sub city report from 2011/12-2014/15 is shown on the above table. Democratization and decentralization of the health service system is crucial in order to implement preventive and curative components of health care (Health policy of the transitional government of Ethiopia Sept. 1993).

There were different health services delivered, The majority were focused on preventive mechanisms by the health center and it shows the plan and the performance in number and percentage. These are presented as follows:

The 1st and 4th visit antenatal care performance coverage was above 100%. There were remarkable achievements in HIV/AIDS prevention from mother to child and consultation

The child delivery service performance coverage shows 87%, 64%, 64.1% and 63% in 2011/12, 2012/13, 2014/15 and 2015/16 respectively. This has shown a consistent decrease in coverage from year to year. Postnatal health service performance coverage was 82.4%, 62.6%, 100% and 56% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This implies the coverage results in fluctuation from year to year and may be considered as underperformance.

TT2 - Immunization service for pregnant mother performance coverage varies year to year except in 2011/12.

Family planning service performance coverage was 83%, 99.8%, 71%, 47% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This implies the service given in all these years was under performance and show varied.

Basic health service given for infant performance coverage was 75%, 127%, 76.3% and 119.7% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This shows the performance coverage fluctuates year to year.

Vitamin-A immunization coverage which is given to the age from 6 months to 59 years, shows 60.2%, 58.8% in, 152.8% and 118.3% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This implies the performance coverage of recent two years were show above performance.

In BCG immunization performance coverage was 102.6%, 74.5%, 79% and 84% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This implies the performance coverage were under performance except in 2011/12.

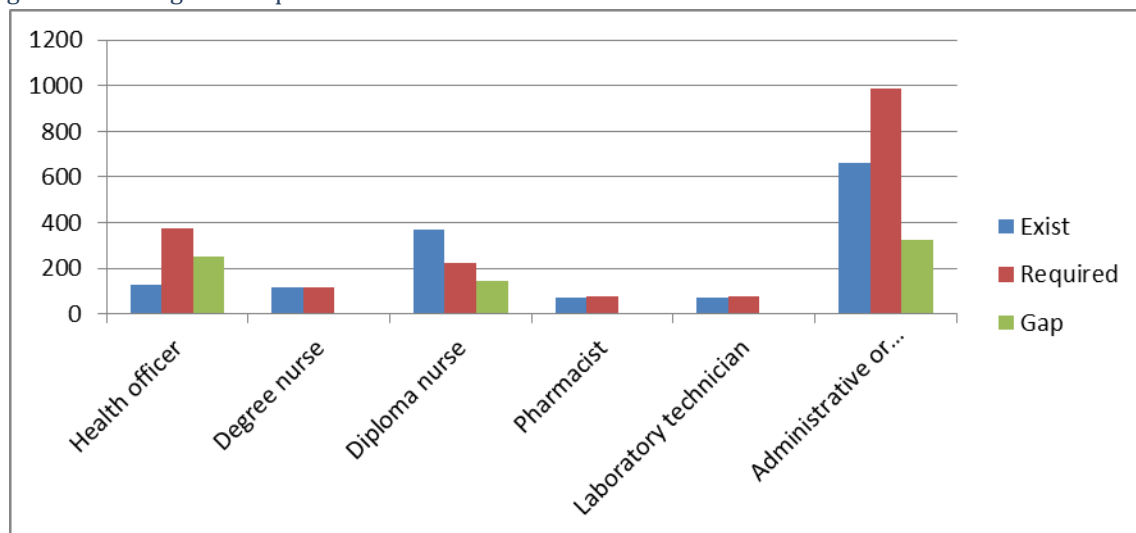
Polio immunization performance coverage was 110.2%, 77.9%, 86.1% and 83% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This implies the performance coverage were under performance except in 2011/12.

Measles immunization performance coverage was 87.4%, 82%, 81% and 77% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This shows that the performance coverage decreased year to year and under performance.

Infant who completes immunization shows 87%, 82%, 81% and 77% in 2011/12, 2012/13, 2013/14 and 2014/15 respectively. This shows that the coverage decrease year to year and under performance.

Even if the sub city undergoes decentralization process, the performance indicator of Yeka sub city, the performance result didn't show regular improvement instead the performance of the sub city health service varies through these study years and most of the services given by the health center were under the planned targets. But one of the main objective or goal of decentralization is improved efficiency (Smoke, 2003).

Figure 3: Existing and Required Human Resources in Government Health center.



Source: Computed from data provided from Yeka Sub City Education Office.

The above figure Shows that the existing health officer were 127 while the total required were 377 leaving the gap of 250, and the health center has met only 34% of the total requirements. This implies there were high shortages of health officer in the health centers of Yeka sub city. The total existing degree holder nurses are 114 and the required are 117, it is short of 3 degree nurse or 2% gap to meet the requirement. The total existing diploma nurse were 367 in numbers and 221 are the required, the health center has an excess of 66% diploma nurses above the required. This implies that the sub city health center needs to upgrade those nurses to meet the gap of other position. The total existing pharmacist and laboratory technician are 72 for each and the required are 78 and leaving 6 or 8% gap of pharmacist and 6 or 8% gap of laboratory technician. Finally there are 664 of the existing administrative or supportive staff but the required are 988 which have 324 or 33% gap. This implies that there were shortage of Administrative or supportive staff. The assumption of new responsibilities through decentralization often requires improved planning, budgeting and management techniques and practices; the adoption of new tools; and the development of improved or adequate human resources to operate the decentralized programs (UNDP, 1999).

4.3.2 Government budget for health

Table10: Budget for health centers and health office in Yeka sub city from 2013/14 and 2014/15.

Budget	Health Center budget		Health office Budget	
	2013/14	2014/15	2013/14	2014/15
Recurrent	19,517,458.00	34,324,937.00	1,388,973.00	916,047.00
Capital	25,661,290.00	23,742,004.00	2,227,147.00	2,926,734.00
Total	45,178,748.00	58,066,941.00	3,616,120.00	3,842,781.00

Source: Yeka Sub City Finance & Economic Development Office.

The Sub city Finance and economic office provided the 2013/14 and 2014/15 health sector allocated budget .Therefore the interpretation of the data done only for the two years and presented below. As shown in the above table the total amount of health office budget of 2014/15. increase by 226,661.00(6%) from the budget of 2013/14 and the total amount of health center budget of 2014/15. increase by 12,888,193.00(22%) from the budget of 2013/14. However, the interviewee of both Yeka sub city and health center heads

complained that the budget allocated for health offices under Yeka sub city were not adequate to give the envisaged service.

In addition to the secondary data the researcher were collected primary data through interview and questionnaires. The data were collected to supplement through primary source give additional information on service delivery and the participation of community of health offices and health center under Yeka sub city. Out of the 40 questionnaires distributed to the randomly selected health center customers, all (100%) were properly completed and returned.

According to the interviewee to the head of the health office of Yeka Sub city, before decentralization exercised, every decision were made by the center or higher tiers of government this make difficult to solve a problem of the health office or health center on time. After decentralization lower government officer endowed with responsibility and accountability of executing service delivery that had an effect on the quality of service. The office of health center of the sub city established for coordination and integration of the Addis Ababa health bureau with the woreda health office and the health centers under the sub city. It prepares different training for health center staff and the sub city official by coordinating with Addis Ababa health bureau. One of the powers given to Sub city is to administer matters related with human resource management. Devolution of power is meant to have power over hiring, dismissal and promotion of employees; power of hiring also given for health center. The interviewee said that shortage of budget, impossible to get some professional like IT technician, drivers, accountant, and human resource leaders by the salary scale of the civil servant, and the pool system is quite difficult to run the budget. Sub city Short-term training could have mitigated the shortage of qualified staff by improving the efficiency of existing staff. In this sub city there are health center in each woreda. The availability of the health center in every woreda was also confirmed by most customer respondents and the response of the customer presented in the following table.

Table 11: Accessibility of the health center of Yaka sub city

Variable	Indicator of measurement	Response frequency & percentage	
		Frequency	%
Distance from customer residence to health center	a.<1km	25	62.5%
	b.1km-2km	11	27.5%
	c.2km-3km	4	10%
	d.>3km		
reason for customer visit	A. For Immunization	25	62.5 %
	B. for family planning	14	35 %
	C. for pregnancy follows up	15	37.5%
	D. for, any other specify	31	77.5 %
Getting the necessary treatment on the same day.	A. Yes	36	90%
	B. No	4	10%
How many hours it took customer to see a health officer or nurse?	A. <30minutes	5	12.5%
	B. 30min-1hr	29	72.5%
	C. 1hr-2hrs	2	5%
	D. >2hrs	3	7.5%
Does the treatment support with laboratory	A. yes	27	67.5%
	B, No	13	32.5%
How long does it take to get laboratory result	A.<30min	5	12.5%-
	B. 30min- 1hr	30	75 %
	C. (1-2) hrs.	3	7.5%
	D.>2hrs	2	5%
Customer support in the health center service delivery.	A. Yes	5	12.5%
	B. No	35	87.5%

Source: customized from data collected by structured questionnaire

As can be seen in table above, in order to assess the accessibility of the health center, questions were presented for the customer of the health center, and 62.5% of the respondent

said the health center found about 1km from their residence, 27.5% of them said it is found between 1km and 2km, 10% of the respondent said the health center found between 2km and 3km. From which one can conclude that the health center were available in near to the dwellers of the sub city.

In the same table, regarding kind of service they need to get, more than half or 62.5% of the respondent, said for immunization purpose from this respondent 37.5% also were gone to for pregnancy follow-up in addition to immunization, and 35% Of them said they visited the health center to use family planning and from the total number of respondent 77.5% of customer respondent said they were visited the health center for different sickness. This implies that the health center of the sub city has given different types of service.

In order to give sufficient service adequate resource is required, however, there are inadequacy of resource like man power (human resource) as mentioned on the secondary data and this also were supported by the interviewees' response. More over interviewee confirmed that the presence of human resource shortage both in quality and quantity has been impacting their activities together with budget shortage and lack of facilities such as medical equipment, adequate drugs, reagents and other laboratory tools, cars, generator, computers, etc. to give efficient service. Some reason in the overall assessment of discouragement attributed of decentralization as the case in some countries experience were inadequate finance and limited power of local government on budgeting and staffing, there is a lack of human resources in local governments, Hence, the overall assessment is much with the conclusion that were stated as service delivery has been largely characterized by waste, inefficiency, and deteriorating quality (Okojie, 2009, p, 16-18 and p, 32-33).

As shown in the table above customer respondent of the health center were asked whether they get the necessary treatments and how fast the service delivered by the health center of Yeka sub city and 90% of respondent said they were got the necessary treatments on the day they got sick and 72.5% of them waited to see health officer or the nurse for about 1 hour .this implies that the health center deliver its service on time.

In the same table, regarding supporting of the treatment with the laboratory most of the respondent (67.5%) were agreed on the treatment supported by the laboratory and about

88% of respondents confirmed as they got laboratory result within one hour. this implies that the health center satisfies its customer by giving swift service.

According to the interviewee the stake holder are needed to participation in a resource management, resource mobilization, and close relationship among health center management body and these were weak in both sub city health office level and health center. To this end customer respondent where asked their participation on health sector and their response are also presented in the above table. Out of 40 respondents participated in filling the survey questionnaire, only 5 (12.5%) have participated in the activities of health service provision, the majority of the customers 35 (87.5%) where not participating in improving health service delivery This implicate that customer participation in the health care delivery is in general poor.

CHAPTER FIVE:

CONCLUSION AND RECOMMENDATIONS

The main objective of the study is to examine decentralized education and health service delivery in the case of yeka sub city of Addis Ababa city government. In line with this, data collected basically from secondary sources were organized, analyzed and discussed based on the research objectives and complemented by data obtained from primary sources through interview and questionnaires. In doing so, the study assessed the performances of education and health offices and summarized the findings above. Based on the above analysis, discussions and findings the following conclusions are drawn and recommendations are forwarded.

5.1 Conclusion

Decentralization creates necessary conditions to expand, enrich and improve the relevance, quality, accessibility and equity education service (The educational and training policy 1994 of Federal Democratic Republic). This was witnessed in the expansion and enrollment of students in pre- primary and primary school. There was triple increase in number of pre-primary school, which in turn increases the enrollment by almost three times from 2011/12 to 2014/15 and maintains the good improvement in pupils to section ratio. The pre-primary and primary school coverage achievement is remarkable. But still showing a significant shortage of government Secondary school expansion is relatively low; there were only 2 schools increment in four year time.

The other achievement witnessed by the decentralized service is better pupil to teacher ratio less than 1:20 in pre-primary and primary school and pupil to text book ratio of 1:1. The number of students addressed by a teacher at a time also influences the quality of teaching learning process. From this point of view, the study has shown that the pupil-section and pupil-teacher ratios have been improving during the years under study in both primary and secondary schools. This implies that the number of students attending a class and taught by

a teacher was getting smaller and this was expected to contribute towards the improvement of quality of education.

Proponents of decentralization contend that decentralization program should be backed up with the required quantity and quality of human resource so as to be successful. However, the study found that one of the major challenges in service delivery of the Sub *city* has been the problem related with the availability of human resource in the required quality and quantity. This problem was observed in the Sub *city*. The human resource to be achieved by the primary and secondary school regarding the certification but 75% of the teacher who sat for COC exam were failed ,showing that the need for quality improvement and the human resource coverage is achieved regarding the nurse demand and in excess of regarding Diploma nurses, whereas the Health officer demand were not achieved. This can be achieved by upgrading the diploma nurses to Health office level or other health operator level.

Literatures on decentralization show that the transfer of decision making closer to the end-users needs institutions that are empowered to alleviate decision making and communication delay. In this regard, the establishment of Boards, PTSAs and health committees at the local level as responsible bodies to support school and health activities can be taken as the achievements of decentralization.

There were remarkable achievements in some of the health care coverage, namely 1st and 4th antenatal care visit and prevention of mother to child transmission of HIV/AIDS. But there were underperformance in especially in family planning coverage with a significant decrease from 83%in 2011/12 to 47% in 2014/15. In others there is swinging plan to performance result which can be attributed to inconsistency.

The service accessibility was increased by decentralization; this is well witnessed in both the education and health sector where the service is close to the community in about less than a kilometer.

According to Kauzya (2005:14) decentralization facilitates optimal resource mobilization and effective resource allocation at national level and, improve prospect for efficient and sustainable service delivery and the adequacy of budget plays substantial role in the successful implementation of decentralized service delivery. There is recurrent and capital budget

increment in both education office and school levels without considering inflation rate. Despite the above fact and an increase in Budget allocation interviewee in both sectors were dissatisfied with the utilization of budget and other resources at all levels.

The national health policy of the country is basically dependent on preventive strategy whereby immunization health service has been give due attention. In line with this, the health office of the sub city has been providing health service focusing on immunization and basic health services.

As envisaged in the purpose of decentralization, it has devolved power from center to local government bodies. Accordingly, sub city administrations have been empowered with the required duties and responsibilities that will enable them execute the day to day functions of different offices. Along with the endowed powers, resources also allocated to each office in accordance with sectors requirements. Alike to every other office the education and health offices of Yeka sub city enjoyed these privileges.

As tried to show in this study, the service delivered by the two offices (education and health office) have been made to be near to the grass root, i.e. the residents who are meant to be served. Accordingly, the public is made beneficial as the service delivery outlets are in the nearby locations. Moreover, somehow the service level arrangement has been made to be participatory; hence the chance of the public involvement in the affairs of the service delivery as the case in education is promoted to be high. This accord with the principal objectives of the decentralization concept, and attained its objective. Although, municipal decentralization is a most recent phenomenon in Ethiopia, as tried to show in the study it seems functioning well.

5.2 Recommendation

The following are recommended to overcome the problem encountered in the implementation process of decentralized education and health service delivery.

-School Expansion achieved in the pre-primary and primary school should be replicated in secondary school both in terms of accessibility and increasing student enrolment.

- The parents consider participation is merely financial .The education office should device a mechanism to increase parent's participation in other areas like student follow up, decreasing the drop out to zero.
- The health center expansion should be congruently go with health professional coverage, especially the gap of health officer coverage shall be given due emphasis.
- The low satisfaction of the education and health office workers in budget allocation can be alleviated by allocation of budget based on office requirement and plan.
- The Sub city should work hard to alleviate shortage of supplies in areas of ICT, laboratory and libraries for the education sector, and medical equipment and supplies for the health sector.
- The researcher strongly recommend the sub city to use this study for making improvements in the stated area and; conduct additional researches using this research as a base.

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APPENDICES

Appendix 1: Interview Guides for Education Office Managers

Addis Ababa University

Collage of Business and Economics

Department of Public Administration and Development Management

Masters in Public Management and Policy

Interview Guidelines to Data Collection from Education Office Managers in Yeka Sub-City

1. In your opinion, do you observe any problem related to education service provision before decentralization in this sub-city at school level?
2. What aspects of education service provision are decentralized from the sub-city to schools?
3. How do the education office control quality of education services provided at school levels?
4. Do you think that adequate resources are deployed for education service provision in the sub-city level? Please explain on your answer.
5. Is the institutional arrangement adoptive for participations of stakeholders of education service provision in the sub-city at school level?
6. In what ways do you think are the participation of stakeholders important for better education service provision in the sub-city's schools?
7. In your opinion, what do you think are the major achievements of decentralized education service provision in the sub-city?
8. What are the major challenges that affect the performance of education service provision in the sub-city's schools?
9. Do you have any education service delivery provision standards in the sub-city's schools?
10. In your opinion, do you think decentralized education service delivery is required in the sub city's schools? If so, why do you think is that?

Appendix 2: Interview Guides for Health Office Managers

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Department of Public Administration and Development Management

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Interview Guidelines for d Data Collection from Health Office Manager in the Yeka Sub City

1. In your opinion, do you observe any problem related to health service provision before decentralization in this sub-city at health institution or health center?
2. What aspects of health service provision are decentralized from the sub-city to health center?
3. How do the health office control quality of health services provided at health center levels?
4. Do you think that adequate resources are deployed for health service provision in the sub-city level? Please explain on your answer.
5. Is the institutional arrangement adoptive for participations of stakeholders of health service provision in the sub-city at health center level?
6. In what ways do you think are the participation of stakeholders important for better health service provision in the sub-city's health center?
7. In your opinion, what do you think are the major achievements of decentralized health service provision in the sub-city?
8. What are the major challenges that affect the performance of health service provision in the sub-city's health center?
9. Do you have any health service delivery provision standards in the sub-city's health center?
10. In your opinion, do you think decentralized health service delivery is required in the sub city's health center? If so, why do you think is that?

Appendix 3: Interview Guides for School Level Stakeholders

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Interview Guidelines to Collect Data on Education Service Delivery in Yeka Sub-City for School Directors, Parent-Teacher Student Association, Finance and Human Resource Manager of the Schools

1. What are the contributions of decentralized service delivery arrangements for your school?
2. Do you think the service provision is implemented by the coordination of all stakeholders working in the education sector?
3. In what aspects do the communities participate in schools in terms of better service provision?
4. Do you think that education service is provided in line with community's interest?
5. What do you see in terms of better performance in recent years in line with education service provided in your school?
6. What are the major challenges you observe that affect the quality of education service provision in your school?
7. Do you have any comment you want to add?

Appendix 4: Interview Guides for Health Station Level Stakeholders

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Interview Guidelines to collect data on Health Service Delivery in Yeka Sub-City Health Institutions Head and Health Committees

1. What improvements do you observe after the decentralized health service provision in the sub-city's health centers and health posts?
2. What are the major functions you currently practice in health service provision at health institution you are involving as committee in the sub-city?
3. Do you think that the stakeholders in health service provision are contributing in your institution?
4. Do you think the community is satisfied with health service provided in the institution you are involving as committee?
5. What do you see in terms of improvement in health service provision in recent years in the institution you are involving as committee?
6. What are the major challenges you observe that affect health service provision in the institution you are involving as committee?
7. Do you have any comment you want to add?

Appendix 5: Questionnaire for Student Parent

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Questionnaires to be filled by student's parent

Dear Respondent,

This questionnaire is designed to investigate the improvement of decentralized service delivery in education in Yeka sub city. Therefore, your honest and genuine response to the items in this questionnaire helps to meet the objective of this study. The information you provide will be used for academic purpose only and it will be kept confidential.

Thank you for taking time to answer the question.

Thank you in advance for your support!

Section 1: General Information of the Respondent

Please put a tick mark (✓) on the box of your answer

1. Sex (a) Male (b) Female
2. Age (a) Less than 30 years (b) 30—40
(c) 40—50 (d) More than 50
3. Level of Education: (a) Less than grade 8 (b) Grade 8 – Grade 11
(c) Diploma (d) First degree
(e) Other, specify _____.

Section 2. Question related to decentralized service delivery

1. What is the distance from your residence to the school of your children?

- A. < 1km
- B. 1km-2km
- C. 2km-3km
- D. >3km

2. Do you participate to improve the service delivery of the school?

- A. Yes
- B. No

3. If your answer is yes for question number 2, in what way you participate (you can give more than one answer)

- A. Financially
- B. generating ideas and participating in committee
- C. With material

4. When the school announces its annual program for school community.

- A. During student registration (August).
- B. At the beginning of academic year (September).
- C. During the end of 1st (semester).
- D. Not at all.

5. How often the school prepares discussion session with student parents'

- A. Ever quarter
- B. per semester
- C. One in a year
- D. Not at all

6. Does the school critically considers feedback from student parents and tries to materialize the important ones

A. Yes

B. No

7. How do you express the performance of your child inconsecutive academic year?

A. Increasing

B. Decreasing

C. No change at all

8. How often your child's teachers ask you to check your child assignment and sign averagely.

A. Every day

B. Every week

C. Every month

9. How do you support your children (you can give more than one answer).

A. By fulfilling education material

B. By giving tutorial

C. By consulting him/her

Appendix 6: Questionnaire for Health Station Customers

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Questionnaires to be filled by health center customer.

Dear Respondent,

This questionnaire is designed to investigate the improvement of decentralized service delivery in health center in Yeka sub city. Therefore, your honest and genuine response to the items in this questionnaire helps to meet the objective of this study. The information you provide will be used for academic purpose only and it will be kept confidential.

Thank you for taking time to answer the question.

Thank you in advance for your support!

Section 1: General Information of the Respondent

Please put a tick mark (✓) on the box of your answer

1. Sex (a) Male (b) Female
2. Age (a) Less than 20 years (b) 20—30
(c) 30—40 (d) More than 40
3. Level of Education: (a) Less than grade 8 (b) Grade 8 – Grade 11
(c) Diploma (d) First degree
(e) Other, specify _____

Section 2. Question related to decentralized service delivery

1. What is the distance from your residence to health center?

- A. <1km B. 1km-2km C. 2km-3km
D.>3km

2. For which service do you go to the health center? (You can give more than one answer)

- A. For immunization
B. For family planning
C. For pregnancy follows-up
D. For any other, specify_____

3. Did you get the necessary treatment on the same day you were sick?

- A. Yes B. No

4.How many hours it took you to see a health officer or nurse?

- A. <30 minutes B. 30min-1hour
C. 1hour-2hours D. >2 hour

5. Does the treatment support with laboratory?

- A. Yes B. No

6. If your answer is yes for question number4, how many minute it took you to get laboratory result?

- A. < 30minites B. 30min- 1hr
C. 1-2hours D. >2hrs

7. Do you participate to improve the service delivery of the health center?

- A. Yes B. No

Declaration

I, the under signed, 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.

Declared by:

Name _____

Signature _____

Date: _____

Confirmed by:

Name _____

Signature _____

Date: _____