The Process of   Decentralization in Gambella Region: A Comparative Study of Godere and Mengeshe Woredas in Majang Zone

By

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# JIMMA UNIVERSITY
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College of Law and Governance

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Jimma, Ethiopia

# Declaration

I, Abebe Berhanu Eddu hereby declare that this MA thesis entitled " *The Process of Decentralization in Gambella Region: A Comparative Study of Godere and Mengeshe Woredas in Majang Zone"* is my own work and that I have not previously submitted it, in part or in its entirety, at other universities for a degree or examination. All sources that I have quoted have been indicated and acknowledged.

Signed: _____ Date: _____

# Acknowledgements

*"If i have seen further... it is by standing on the shoulders of giants!!"*
*Isaac newton*

First and for most, I wish to express my thanks and gratitude to the Almighty GOD for giving me the courage, strength and ability to bring this work to a final stage.

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# Abstract

This research proposal was concerned with the process and assessment of implementation of woreda decentralization in Gambella Peoples National Regional State with particular emphasis to Godere and Mngashe woredas. It attempted to provide a modest preliminary investigation on community participation and service delivery trends of education and health services the two woredas. Finally, the study were tried to illustrate some of the major inherent and encountered problems and the possible prospects of the program.

To meet the above objectives, the research was employed both qualitative and quantitative. Comparative study approach was used. Both primary and secondary data sources were used in gathering pertinent information. The technique of collecting primary data includes questionnaires, in-depth interviews at regional, woreda and kebele levels, focus group discussions with the community and personal observation and document investigation. Secondary sources were published and unpublished materials such as books, different reports and manuals of the woreda. Comparative method of analysis is used to analyze the primary and secondary data.

The study found out that decentralization in general and woreda decentralization in service delivery in particular had not been implemented adequately due to several reasons. It is challenged by many problems such as inadequate devolution of power, limited decisions-making authority and autonomy transferred to local governments, absence of political will and commitment to devolve power in real sense, lack of legal and institutional framework, poor inter-governmental relations and weak coordination with different stakeholders, upward accountability and absence of transparency in the operation of local governments, shortage of resources (skilled human power and material), limited administrative, institutional and technical local capacities, weak budgeting and expenditure administration, poor and weak public sector service deliveries. Regarding participation, there is low level of community participation in different sectors at the stage of problem identification, prioritization of needs, planning processes and decision making activities at woreda and kebele levels.

*Key words*: *decentralization, autonomy, accountability, transparent, participation, Education service, health service,*

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# Acronyms

**ARRA**        American Recovery and Reinvestment Act

**DLDP**        District Level Decentralization Program

**E.C**        Ethiopian Calendar

**FDRE**        Federal Democratic Republic of Ethiopia

**FGD**        Focus Group Discussion

**GEQIP**        General Education Quality Improvement Programme

**GPNRS**        Gambella People's National Regional Setae

**HIV/AIDS**        Human Immune Various Acquired Immune Deficiency Syndrome

**IDRC**        International Development Research Center

**IMF**        International Money Fund

**MCB**        Ministry of Capacity Building

**MoE**        Minister of Education

**NDR**        National Democratic Revolution

**SDPRP**        Sustainable Development and Poverty Reduction Program

**TB**        Tuberculosis

**TGE**        Transitional Government of Ethiopia

**UNESCO**        United nation education scientific cultural organization

**UNICEF**        United Nation Children's International Emergency Fund

**USAID**        United States of America aid for development

**WHO**        World Health Organization)

# CHAPTER ONE

## 1.1 INTRODUCTION

Decentralization policy is becoming popular and prominent development strategy in most developing countries. During the 1980s, the economic reforms in different parts of the world largely focused on increasing the role of the market and improving the environment in which it operates. The importance of the public sector in achieving broader objectives such as economic stability, sustainable growth and provision of public services received little attention (Ebel and Yilmaz, 2001:1). However, the underlying facts leading to market failure to provide public goods and services has necessitated the potential role of the public sector. As a result, there have been widespread attempts to redefine the potential role of the public sector and improve its performance to achieve the objectives mentioned above. An important component of these reforms is the introduction of policies to decentralize government functions (Smoke, 2001: 3).

Webster New World Dictionary (1997) defines the term decentralization as break up a concentration of (governmental authority, industry, population, etc.) in a main center and distribute more widely. It refers to the transfer of authority on geographical bases. Central or local government transfer their power, resources, budget, etc. to local level with different features and degree. A movement towards decentralization has featured prominently as part of the broader institutional transformation for engendering efficiency, accommodating pluralism and promoting democracy. Decentralization as a process has several variations in the approaches to developing legal and constitutional frameworks, promoting democratization and popular participation, as well as improving intergovernmental fiscal transfers and capacities.

Decentralization in the continent (Africa) has focused on the existence and overall operation of institutions and structures of governance, administration and fiscal control at the local level. While moderate advances are revealed by these criteria, it is acknowledged, however, that as yet very few countries have attained a significant degree of devolution and empowerment of local communities. Some of the countries that have strived to elaborate constitutional frameworks that devolve power away from the center have ended up giving significant authority to regions and not to local governments.

A similar pattern is noted with administrative decentralization as observed through the clarity of roles for national and local governments provided by the law, the locus of responsibility for service delivery and the responsibility for managing civil servants. (Devas, 2004: 26).

Decentralization in its various forms has been advocated for as a fundamental political agenda for democratic self-governance, administrative and fiscal instrument and socio-economic development for over three decades (Meheret, 1998).It is a concept which is surrounded by a variety of complexities, dynamism and confusion which should be cautiously analyzed in any particular situation, setting, context and country/region before using it as a development policy for reorganization of political, fiscal, and administrative and service delivery responsibilities to lower levels.

Decentralization is defined as a process of transferring political power, administrative, and fiscal responsibilities from central government to lower levels of governmental (Derrese, 2003:1). The practice is then occurring worldwide for different reasons, at different paces, and through different means. Decentralization, in developing countries, has been practiced for the last three decades. More recently transferring power to local governments has gained momentum to address not only political stability and contribute to democratic governance, but also improve economic development, service delivery and attaining of equity. Reassigning of decision making power and execution authorities from the central government to sub-national bodies particularly local self-governing organization is necessary on important grounds (Tanzi, 1999).

A major objective of decentralization needs to be the fostering of subsidiary with the aim of maximizing the potential of inclusion of the citizenry and improving the responsiveness of policies and initiatives to the priorities and needs of citizens. Similarly, while attention has been given to gender issues in the various decentralization programs in the continent, more emphasis should be directed at ensuring that such initiatives lead to the empowerment of women in local decision-making and improvement of local government services for women. Where fiscal decentralization is concerned, efforts to improve financial management (namely, planning, budgeting and accounting) appear to have been more successful than others, but fundamental improvements are also needed in the generation and control of local governments' own resources

Decentralization of decision making makes decisions relevant to local needs and conditions; encourages commitment from local people; achieves speed and flexibility; encourages local initiatives and places greater responsibility on local leaders. Coordination between government agencies at

regional or local level brings less duplication of work between different agencies; enables integrated planning for the development of an area; increases the efficiency of resource utilization and brings ease and flexibility in transferring resources (Conyers, 1981).

The government sector of every country consists of more than one level of government. Typically, a country has a Central government that exercises a jurisdiction over the entire national territory. Many countries have one or more levels of governments, which only exercise jurisdiction over a particular region, district, or locality. While some countries have two levels of government (central and local), many others have three levels of government including a Central (or Federal) government, Regional (or State) government, and local governments (Boex, 2001:12). In Ethiopian context, for example, proclamation number 7 of 1992 created and defined the powers of three levels of government- Central, Regional and Woreda level (Proc. No.7/1992:7-8).

Ethiopia has had a long tradition of centralist government structures. However, the situation changed, at least in theory, when the current government assumed power in 1991, proclaiming a decentralized form of government in its 1995 constitution and making the country a federal democratic republic. The constitution called for the establishment of a government structure that has four tiers: federal, regional, woreda (district) and kebele

One of the strategies set by the Federal Democratic Republic of Ethiopia (FDRE) in the year 2000, to realize the Interim Poverty Reduction Strategy Paper (I-PRSP), was the District Level Decentralization Program (DLDP). I-PRSPs are, tailored papers prepared by member countries of the International Monitory Fund (IMF) as interim poverty reduction strategy documents.

These papers were mainly aimed at facilitating the preconditions for Sustainable Development and Poverty Reduction Program (SDPRP). To this effect, the goal set in the I-PRSP of Ethiopia was to begin exercising fiscal decentralization at district levels in the years 2001-2002. With the conviction that the decentralization strategy is a means of adopting and strengthening the federal system, the government of Ethiopia included this program in its SDPRP as one of the four pillars/building blocks to accelerate development, enhance democratic practices, and bring about peace (FDRE, 2002:x).

Decentralization is the basic platform and instrument for addressing the development, democratic and governance needs of the country. Ethiopia, with no exception is among federal countries embarking on the process and it has a long and complex history of regional and local administration.

It was immediately after the restoration of independence from Italian occupation (1935-1941) that Emperor Haile Selassie initiated to bring a system of local government throughout the country. Thus, decree No.1, 1942 created local government administrations (Daniel, 1994: 99 cited in Mebratu, 2008). Accordingly, the Ministry of the Interior was given t h e authority t o supervise provincial administrations and governors at all levels that were appointed by the Emperor.

It was in 1966 that the first ever attempt to decentralize power to lower levels of administration were made by the Imperial regime (Meheret, 2002: 134). And the second experiment to decentralize power was made by the military civilian dictatorship that ruled Ethiopia from 1974-1991, popularly also known as the Derg. As it is stated in the works of Meheret (1998) the Derg established the institute of nationalities as the government think-tank to draft a national constitution and advise it on the reorganization of the Ethiopian State.

The 1991 government change in Ethiopia has ushered in a decentralized system of governance. This is a departure from the past political system which did not allow for self-rule and institutional development and harmony between the different ethnic groups. Decentralization to Regional States was accompanied with the formation of the Federal Government structure in 1992. The decentralization drive in Ethiopia has proceeded in two phases. The first wave of decentralization (1991-2001) was centered on creating and empowering National/Regional Governments and hence was termed as mid-level decentralization (Tegegne, 1998). During this period, National/Regional Governments were established with changes in the local and central government system (Yigremew, 2001

The National/Regional Governments are entrusted with legislative, executive and judicial powers in respect of all matters within their areas, and with the exception of those that fall under the jurisdiction of the Federal Government like defense, foreign affairs, economic policy, etc (Kassahun and Tegegne, 2004). In particular, they are empowered, among others, to issue regional constitutions and other laws, plan and execute social and economic development. The second wave of decentralization has been introduced in 2001, for deepening power to lower tiers of government to districts and urban administrations by rationalizing the powers earlier vested to Regional States.

Following the promulgation of the Transitional Period Charter (TGE, 1991) which contains pertinent provisions (Chapter I, Article: a, b, and c), Gambella Peoples National Regional State (GPNRS) has acquired the right to administer its own affairs within its own defined territory and to effectively participate on the basis of fair and proper representation with the central government. Thus, it is this Charter that gave the right to GPNRS to self-administer and establish its own Regional Government. However, a lot of problems and challenges were faced to set up the regional state and to actually exercise the power acquired during the transitional charter in 1991

Some of these problems and challenges during the years from 1991 to actual year of establishment of the regional state in (1992) include: (i) ethnic conflict among the nations and nationalities of the region, i.e., between Agnuak and Nuer (nuer themselves) as a result of disagreement on sharing of power on key political positions of executive offices and control of resources; (ii) lack of infrastructure facilities, limited and/or lack of skilled human power and (iii) conflicts with the highlanders and the indigenous people especially the Agnuak and recently the conflict in Majang zone were the major bottlenecks since the establishment of the regional state. Nonetheless, ethnic discord, lack of skilled manpower, absence of political commitment of higher regional officials and limited potential and opportunity of revenue raising capacities of woredas in the region are not yet solved.

In general, there is broad consensus that DLDP is a key to improve local economic development by enhancing service delivery and local empowerment. However, the full impact of woreda decentralization and the challenges faced in its implementation requires an area specific and thorough assessment (Kumera, 2006). Therefore, the focus of this study is to assess the implementation of woreda decentralization in GPNRS. The aim of this proposal is to examine the evolution, practices, constraints and prospects of woreda decentralization in two local governments: Godere and Mangashe woredas in GPNRS

## 1.2 Problem statement

The main motive of decentralization is to transfer decision-making power in the hands of the local people and empower them to determine their own development process. It is also to provide an opportunity for establishing transparency, local accountability and the rule of law, as well as bring together stakeholders from all levels for dialogue, decision-making, budgeting and reporting (TGE, 1992).

After decades of highly centralized and unitary political system and administrative setup, Ethiopia has been following federal system of government and decentralization policy of regional and local governance and democratization process immediately after the downfall of the military regime (the Dergue) in 1991. Ethiopia, which had experienced a concentrated political, administrative, fiscal and planning system for a long time, initiated in 1992 (Proclamation No. 7/1992) far-reaching institutional and political transformations. Important measures have been taken to decentralize the government and restructure it along federal lines (Van der Loop, 2000)

The decentralization process of Ethiopia has two phases. The first was practiced from 1991-2001 which was known as mid-level decentralization; and the second phase which has been practiced since 2001/02, is the District-Level Decentralization Program to expand the process of decentralization to woreda level.

The woreda decentralization program in Ethiopia was initially launched in 430 woredas covering the four major regions of Amhara, Oromia, Tigray and SNNPR, but was subsequently to be implemented in the other regions as well (Meheret, 2007). Following the implementation of the woreda decentralization program, there has been some progress in enhancing the administrative and budgetary capacity of woreda administrations with a view to creating local governance institutions with a greater degree of accountability and responsiveness to the needs and concerns of the community at the grassroots level (Lissane and Mohammed, 2005).

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However, there have been challenges in instituting possible woreda administrations with the requisite capacity for self-government and local economic development.

As Mohammed (2006) pointed out that most of the problems at woreda level governments are poor and inadequate revenue base to undertake meaningful local economic development, shortage of skilled manpower in public service delivery, lack of experience in decentralized governance, absence of effective legal and policy framework for woreda decentralization and lack of popular participation and consultation in place.

The most serious problems faced in the process of implementing the woreda decentralization program as: lack of an integrated system of procedure in service delivery, lack of efficient organizational structure, well- coordinated structure and locally adopted working system for planning and budgeting are among the constraints challenging the performance of woreda decentralization in Ethiopia. Furthermore, insufficient experiences in managing federalism, wide gap in administrative and institutional capacity among the regions have posed serious challenges to the success of Ethiopia's decentralization policy MCB (2004). Especially, regions like Gambella, Afar, Benishangul Gumuz and Somali suffer from common problems related to administrative and institutional capacity to undertake development on their own and exercise self-rule (Fenta, 1998).

Assessments made by independent institutions and researchers do not yet given sufficient insight into the practice of decentralization in the Gambella region. There is no major study that focuses on the practice of woreda decentralization in the region. The extent to which DLDP has been implemented and whether it had brought any meaningful changes in GPNRS is not yet well known.

## 1.3. Objectives of the Study

### 1.3.1. General Objective

The general objective of the study is to assess the process, implementation and progress of decentralization in general and of woreda decentralization in particular in Gambella Peoples National Regional State for selected study areas by concentrating on education and health service delivery and level of community participation.

## 1.3.2. Specific Objectives

The specific objectives of the study are:

☞ To what extent decentralization has provided real opportunities for establishing local accountability, transparency and inter-governmental relations among the lower levels of government?

☞ To evaluate accountability and transparency of service providers (i.e. education and health centers) to beneficiaries (community) in the woredas

☞ To assess community and other stakeholders involvement in education and health service improvement and provision in majang zone.

☞ To identify major problems that hinder effective education and health services delivery in Majang zone.

## 1.4. Research Questions

The research seeks to give answer for the following basic questions:

1. Does the regional government of GPNRS transfer adequate authorities to woredas in order to make necessary decisions, taking appropriate actions and utilizing resources?

2. To what extent decentralization has provided real opportunities for establishing local accountability, transparency and inter-governmental relations among the lower levels of government?

3. Do the local government units (service providers) involve community and civil society (NGOs) in the improvement of education and health service delivery?

4. What are the major problems and opportunities of decentralization program in the improvement of education and health service delivery at Godere and Mangashe woredas?

5. Do service providers serve the public in accountable and transparent way?

## 1.5. Significance of the Study

This study may contribute to a better understanding of the current status and process of decentralization in general and implementation of woreda education and health sservic delivery within decentralized frame work in particular. This study, it is hoped, also contributes to a deeper understanding of the problems and possible prospects of the implementation of woreda decentralization in health and education sector in Godere and Mangashe woredas.

## 1.6 Scope of the Study

In assessing the implementation of decentralization process, the study were primarily focused on how Woreda decentralization is being implementation in the region; what achievements and problems are encountered in education and health  sector in the woredas so far. The study is geographically limited to two Woredas of GPNRS of Ethiopia. Additionally, community participation in education and health service delivery of the study Woredas were assessed in the study.

### 1.7. Delimitation of the Study

The domain of this study is conceptually delimited in studying the process of decentralization in Gambella region in general and education and health service delivery in Godere and Mngashe Woreda and identifying the challenges and implementation its legal process.

 On the other hand, financial and time limitations, the study is constrained by the following limitations:

❖ There is frequency conflict and lack of security in the majang zone especially in Mangashe woreda makes the data collection very difficult.

❖ Financial constraints.

❖ There is no Prior study in the woredas to be used as a spring board,

❖ Lack of organized secondary data due to the absence of documentation and organized database system in the region in general and the study woredas in particular,

❖  Lack of willingness of respondents to give first hand (primary data) information,

❖ Absence of officials and some experts from office during data collection, and

❖  High staff turnover and frequent restructuring of the woreda government offices also made the data collection tedious.

# CHAPTER TWO

## Review Related Literatures

### 2.1.   Conceptual and Theoretical Framework

#### 2.1.1.  The Concept of Decentralization

The term decentralization is an ever-changing concept in terms of meaning and content as well as the degree of its application. It may mean different things to different people and countries at different times. Nowadays, there are varied definitions of decentralization by different scholars. Conscious of the ensuing debate over the definition of decentralization, this discussion subscribes to Mawhood's (1983:2) assertion, which states that it is not the validity of a definition, or theory that makes it preferable for adoption, but its usefulness. As such, this discussion will not immerse itself in this endless debate, but follow Mawhood's analysis to find useful definitions for the concept.

Decentralization entails the sharing of central government powers with other institutions, especially those geographically separated or responsible for specific functions, or those given jurisdiction over specific physical locations (Makumbe, 1998). Mawhood (1983:18) defines decentralization as the "sharing of part of governmental power by a central ruling group with other groups, each having authority within a specific area of the state". Fundamental areas in the decentralization process according to Mawhood are power, authority and responsibility, which start from the center and are then diffused to the periphery (ibid). Kasfir (1983:25), while adhering to Mawhood's spatial aspect of a decentralized power structure, argues, "Decentralization means distributing authority and power horizontally rather than hierarchically."  Nevertheless, it is not validity that makes a definition or a theory preferable for adoption. Decentralization embraces a variety of concepts, which must be carefully analyzed in any particular country before determining if projects or programs should support reorganization of financial, administrative or service delivery systems (World Bank, 2003).

Commonly understood, decentralization is the distribution of decision making power and responsibilities to levels of government and the private sector. Contrary to this generalization

of the term, decentralization is complex and multidimensional, and has various forms and types (Litvack et al, 1998).

Decentralization is a means to ensure the participation of the public in the diverse affairs of their locality. It is not only allows local governments to effectively attend to the tastes and needs of local residents but also enhances inter-jurisdictional competition and innovations in the provision of public services and ensures consistency of level and mix of public services with votes pretenses (Litvack and Seddon, 1999).

Decentralization connotes generally the transfer of political power from central governments to sub-national governments. In principle, decentralization is perceived as a means of improving the efficiency and responsiveness of the public sectors. By transferring decision making power to levels of government that are close to beneficiaries, decentralization can give citizens greater influence over the level and mix of government services they consume and greater ability to hold their officials accountable (Akpan, 2007).

### 2.2. The fundamental objectives of the Decentralization Policy

- The framework of the policy emphasized on the need for a participatory process in which government, the civil society and the private sector organize themselves to explore grassroots solutions to poverty
- Create a democratic environment and institutions in Ethiopia for governance and Development at the local level, which facilitates the participation of the grassroots in decision-making.
- Eliminate dual administration (field administration and government) at the District level with the aim of making the Public Service more efficient, more Economical and cost effective.
- Promote accountability and good governance at the local level in order to help government reduce poverty.
- Mobilize the masses for socio economic development at the local level

## 2.3.  Argument on decentralization

### 2.3.1. Argument against decentralization

Naturally, the advantages and disadvantages of decentralization will vary greatly with the Intended objectives. Possible arguments in favor of decentralization include (Boex, 2001:8):

1) Central Government control results in more control over all fiscal policy, economic stability and better macroeconomic conditions (Boex, 2001:9).
2) Decentralization could undermine efficiency, because it assumes several hypotheses that are very unlikely to be met in a developing country. And it focuses on demand efficiency and ignorance supply efficiency (Prud'homme, 1995:207)
3)  There are probably more opportunities for corruption at the local level. Local politicians and bureaucrats are likely to be more subject to pressing demands from local interest groups (who's money and votes count) in matters such as taxation and authorization. The fact that national bureaucrats, at least in some countries, are moved from place to place and never stay long in the same location makes it difficult for them to establish unethical relationships with local interest groups, unlike local bureaucrats whose careers are spent in the same location (Prudhomme, 1995:211).
4) Central Government has a better control over income distribution, and politically, decentralization might discourage national unity, and decentralization reforms might lead to calls for even greater regional autonomy and ultimately, possibly regional independence (Boex, 2001:9).

As it has been seen in the above, a number of theoretical and empirical issues stand as a rationale (advocate) for decentralization practice. Contrary to these notions, some scholars noted some points as critics to against decentralization. Here it is worth to note Saito (2001) and Fallati (2004) works. Saito (2001:2) has pointed out some of these criticisms against decentralization by stating that decentralization may foster more local royalty to regional identities than the national identity and this may encourage more autonomy from the central government and even a territorial secession in multi ethnic and multi religious societies, particularly in Africa. This puts the national integrity itself at risk. Newly created autonomy may be manipulated by local

elites for seeking their narrow personal benefits at the cost of general population who are in dare need have improved livelihood.

Decentralization may increase corruption at local level and thus this would not improve accountability. The increased efficiency and effectiveness of the public resources may not be realized, since resources (capital, human and even social) available at local level in low income countries are very limited. These scarce resources are more effectively utilized when they are more concentrated at the national level. Decentralization may also jeopardize equity among different localities. Resourceful areas may take advantage of opportunities created by decentralization while relatively areas cannot. Falleti (2004:1) also noted the following critics of decentralization which leads to soft budget constraints, macroeconomic instability, clientilism and enlargement of bureaucracies.

### 2.3.2. Argument for decentralization

Robert Ebel (1998) points out that the western world has adopted decentralization because they see it as a cost effective way of providing public services and the developing countries are pursuing decentralization reforms to offset macroeconomic instability, ineffective governance and economic inefficiencies. In addition: Braathen.E, Chaligha. A and Fjeldstad H. Odd cite that decentralization is expected to address the following crucial aspects:

1. The mix of services provided will better match the demands of the local population.
2. Government officials will become more accountable to voters for the quality of services they provide
3. Local populations will be more willing to pay for public services, since their preferences will be honored.
4. Decentralization may enhance revenue mobilization, as local governments may be in better position to raise certain types of revenues.
5. Decentralization allows fiscal experiments in regions thereby creating an environment for fiscal and budgetary innovations.
6. Politically, a decentralized system of governance may be considered more democratic, and might accommodate calls for greater regional autonomy and thus prevent centrifugal

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forces and national fragmentation.

## 2.3.2. Type and Dimensions of Decentralization

There are no prescribed rules and regulations governing the decentralization process that apply to all countries. Decentralization tends to takes different forms in different countries according to the objectives driving the change in structure of government. The different forms of decentralization are discussed as follows:

### A. Political Decentralization

Political decentralization is the process of shifting from the central government to the local government and communities, the:

- Power to choose the political leadership and representatives: and
- Power and authority to make social, political and economic decisions

Political decentralization aims to give citizens and their elected representatives more power in public decision making. It is often associated with pluralistic politics and representative government, but it can also support democratization by giving citizens or their representatives more influence in formulating and implementing policies (Rondinelli, 1998).

Political decentralization can support democratization by giving citizens, or their representatives, more influence in the formulation and implementation of policies. Thus, decentralization is conceptualized on the belief that election of the local representatives allows the citizens to have a better knowledge of their political representatives and also the elected officials to have a better knowledge of his constituent's needs and desires.

### B. Administrative Decentralization

Generally, administrative decentralization is the process of transfer of planning, financing and management responsibilities and functions from the central government, regional governments and its agencies to local governments, semi-autonomous public authorities and regional or functional authorities.

It seeks to redistribute authority, responsibility, and financial resources for providing public services among different levels of government. It is the transfer of for planning, financing, and managing certain public functions from the central government and its agencies to field units of government agencies, subordinate units or levels of government, sem-autonomous public authorities or corporations, or area wide, regional, or functional authorities (Meheret, 1998).

According to (Rondinelli,1998), Administrative decentralization has three major forms (de-

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concentration, delegation, and devolution) each with different characteristics.

**Delegation**

Delegation is more common form of administrative decentralization. It is through delegation that a central government transfers the decision making responsibility for public function to semi-autonomous organizations which are not fully controlled by the central government, but they are ultimately accountable to it. Thus, delegation as per World Bank, 2007 is the transfer of ad ministrative and decision making authority for the carefully spelled out task from the over moment to the semi-autonomous organizations.

**Devolution**: It is the transfer of for decision making, finance, and management to quasi-autonomous units of local government with corporate status. Devolution usually transfers responsibilities for services to municipalities that elect their own mayors and councils, raise their own revenues, and have independent to make investment decisions. In a devolved system, local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions.

### C. Market or Economic Decentralization

Economic decentralization outlines the intervention of government for decentralizing economic planning and development functions with the ultimate goal of utilizing country's resources fully for maximum and low inflationary outputs with efficiency and economy.

According to (Litvack and Seddon, 1999), privatization and deregulation are usually accompanied by economic liberalization and market development policies.

### 2.3.3. Rationale for decentralization

Decentralization helps to alleviate the tail backs in decision making that are often a result of centralized governance system where planning and control of important economic and social activities were done by the central government. The major rationale for decentralization is the transfer of significant amounts of power or authority, functions and capacity (financial and human resource base) from the central government to the local institutions to ensure efficient and effective local decision making based on local knowledge without changing the socio-cultural, political and natural environment of these local areas. Decentralization also aims at promoting high level community participation, democratic governance and maximum accountability of decision-making. Thus, decentralized system of governance seeks to instill

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in the local people commitment and understanding of their development process so as to make them contribute positively to it (Kwasi, 2005).

As per the International Development Research Centre (IDRC), the case for decentralization made on various ground are:

Local authorities are mostly associated with the local preferences and conditions and they respond to the local needs timely and swiftly. Decentralization encourages the marginalized sectors of the community like the women, minorities etc, to participate at the local level facilitating a more sensitive approach to policy formulation and execution.

- ❖ Decentralization often enhances the transparency and accountability and thus, the misuse and misappropriation of the money for development activities reduces.
- ❖ Decentralization reduces the absenteeism among the government employees, like in local schools and health clinics as the elected officials receive complaints from their constituents and can improve discipline. Thus, it increases the effectiveness in service delivery
- ❖ Decentralization can lead to reduction in the disasters as it provides bureaucrats with early warnings of potential disasters, enabling quick remedial action.
- ❖ It is through the decentralization process that the development projects become more sustainable and cost effective because local people are mostly involved in their design, execution, and monitoring and they develop a sense of ownership in those developmental activities.
- ❖ Decentralization encourages communities to find solutions to their everyday problems, yielding innovative ideas, which are more accustomed to local conditions.

Where local economies are intrinsically open and many resources, especially key human resources, are mobile, only limited success should be expected from jurisdictionally focused distributional programs. Still, local governments can and do play very important roles in implementing central distributional programs and in determining a host of tax, expenditure, and intra-locality transfer schemes (Litvack and Seddon, 1999).

## 2.4. Factors Affecting the Implementation of Decentralization

Decentralization is desirable but where the ingredients necessary for its proper implementation are lacking then decentralization at lower levels of government remains problematic. According to

(Akpan, 2007) and (Litvack and Seddon, 1999), certain necessary ingredients for decentralization to be implemented successfully include:

- Full commitment from national and sub-national government in addition to adequate resources. The central government must be willing to give up control and recognize the importance of sub-national government in service delivery, among other matters.

- It requires an appropriate legislative framework which clearly defines responsibilities and powers of sub-national governments as well as the expected relationship between central and lower levels of government. It also necessitates the structure of service delivery responsibilities and the intergovernmental fiscal system which must be designed to support the political objectives.

- There is a need for accountability and transparency. Decentralization must be accompanied by checks and balances so that there is no abuse of power. This is one way of fighting corruption and clientelism. Corruption implies a breakdown of cooperative behavior in which few collude to the detriment of all. Thus, devolving functions to smaller units that are closer to the population should in theory increase consensus and legitimacy concerning the choice of public services. This, in turn, can be expected to foster cooperation, vigilance, as well as acceptance of and adherence to rules of public sector integrity (ule-obedience').

- Effective decentralization needs adequate financial and staff resources. Sub-national governments must have the legal authority to raise revenue to support its expenditure requirements. Thus, the fiscal relationship between the center and lower-levels of government must be clearly worked out on the basis of equity, fairness and justice.

- Communities need a mechanism for expressing their preferences in a way that is binding on politicians, so that there is a credible incentive for people to participate.

- It is useful that both the center and lower levels of government engage in dialogue to reduce tension and areas of conflict; more importantly, dialogue is necessary in trying to resolve new challenges. Dialogue is crucial to ensure co-ordination between the center and sub-national governments; in the final analysis, there is one economy but different layers of government.

Local communities must be informed about the costs of services and delivery options and the resource envelope and its sources, so that the decisions they make are meaningful. Participatory budgeting is one way to create this condition. (Ahmed et al, 2005).

On the other hand, according to Cheema and Rondinelli (1983) the degree of implementation and the degree of accomplishment of intended goals of decentralization policy depends on a range of political, social, behavioral, economical and organizational factors. These all put together will lead to performance and achievement of policy goals, local capacity improvement, productivity participation and better service delivery. Since these factors are interrelated, it implies that, if some of these conditions (as the case is in most circumstances) are missing which in turn implies that, the program is limping and may not produce desired outcomes.

In addition to the above mentioned issues influencing decentralization policy, practical experience as well as scholarly studies (e.g.WB) publications and Kalin, 1998) point out various conditions which are indispensable for successful decentralization which among other things include: (a) secure existence of local government, (b) availability of adequate resources (financial, human, material, etc) and autonomy to use and manage it, (c) accountability and transparency, (d) political will and partnership, and (e) strong legal framework- setting out the powers, rights and duties of local governments clearly.

## 2.5.    Decentralization and Basic Service Delivery: Empirical Evidences

In the decentralization of governance and development Bardhan (2002) has described the experience of different countries empirically. In his work, he indicates two successful cases of decentralization in Latin America; there is some evidence available on the "before-after" comparison of service delivery outcomes. One is the widely noted case of participatory budgeting in municipal government in the city of Porto Alegre in Brazil; the other is the less well-known but quite dramatic success of the post-1994 decentralization initiative in Bolivia. In Porto Alegre, where assembly meetings of local citizens and neighborhood associations in different regions discuss investment priorities, review accounts and elect representatives to a city wide council that allocates available resources across wards, impressive results have followed: between 1989 and 1996, access to basic sanitation (water and sewage) as well as enrollment in elementary or secondary schools nearly doubled, while increasing revenue collection by 48 percent (Santos, 1998).

Although it is difficult from this study to isolate the impact of participatory budgeting reforms from those of other ongoing changes, it seems likely that there has been a substantial impact on the pattern of resource allocation across localities, particularly to poor ones, and in the lessening of the misappropriation of resources compared to the past and to other areas in Brazil. In Bolivia in 1994, the number of municipalities as well as the share of national tax revenue allocated to municipalities doubled, along with devolution to the municipalities of administrative authority, investment responsibility and title to local infrastructural facilities. This change has been associated with a massive shift of public resources in favor of the smaller and poorer municipalities and from large-scale production to social sectors. Faguet (2001) finds that public investment in education, water and sanitation rose significantly in three-quarters of all municipalities, and investments responded to measures of local need; for example, the expansion in public education spending was larger on average in municipalities with a lower literacy rate or with fewer private schools. Faguet's analysis is in terms of levels of public spending, rather than outcome variables like school enrollments or school performance or access to water and sanitation services. In the studies of Porto Alegre or Bolivia, not much information is available on the allocation of resources within a community across households in different socioeconomic classes. This means that issues like cost-effectiveness of programs, targeting performance or the extent of capture of local governments cannot be addressed. Without household-level data on access to public services, these crucial aspects of the impact of decentralization cannot be properly assessed. There is hardly any household-level analysis in the literature of the comparative effects of centralized versus decentralized delivery.

One detailed study of targeting performance of a decentralized program using household-level information in a developing country is that of Galasso and Ravallion (2001) studying a decentralized food-for-education program in Bangladesh. In this central government program, in which two million children participated in 1995–1996, the identification of beneficiary households within a selected community was made typically by a local school management committee consisting of parents, teachers, education specialists and school donors. Galasso and Ravallion use data from a 1995–1996 Household Expenditure Survey to assess the targeting performance of the program.

They find that the program was mildly pro-poor; that is, taking all villages, a somewhat larger fraction of the poor received benefits from the program than did the non -poor. They also find some evidence of local capture.

For example, within the set of participating villages, targeting performance was worse in communities with larger land inequality or in remote locations. But the targeting improved as the program expanded, suggesting that the program shifted the balance of power in favor of the poor. It is also clearly the case that the level of targeting within communities was superior to that achieved across communities by central allocation, thus offering little support for the view that the central government is more accountable to the poor than local communities. This finding is in some contrast to the experience of the widely acclaimed antipoverty transfer program of Progresa in Mexico. The program follows a two-stage targeting process. Coady (2001) finds that most of Progresa's targeting effectiveness is achieved at the first stage when poor localities are selected, rather than in the second stage when households are selected within localities, not on the basis of identification of beneficiaries by local communities as in the food-for-education program in Bangladesh, but on the basis of information collected from a census undertaken for this purpose.

In the 1990s, Nicaragua started a program of transferring key management tasks in public schools from central authorities to local councils involving parents. An evaluation of this program by King and Ozler (1998) on the basis of school and household surveys and student achievement tests suggests that de facto autonomy has not yet been given to many of the councils, but where it has been, there is a significant positive effect on student performance. A similar story on accountability can be told in the field of education and health, comparing north India with some authoritarian countries. Institutions of local accountability are rather weak in large parts of north India, and it is common to observe, for example, the serious problem of absenteeism of salaried teachers in village public schools and of doctors in rural public health clinics. The villagers are usually aware of the problem but do not have the institutional means of correcting it, as the state-funded teachers and doctors are not answerable to the villagers in the insufficiently decentralized system.

## 2.6. Decentralization in Ethiopia

### 2.6.1. The Imperial Regime

In the past, Ethiopia had made some preliminary attempts at decentralization. The Imperial Regime recognized provincial administration by creating a four-tier local government structure that included teklay gizat, awraja, woreda and mekitil woreda level administrations. The first comprehensive administrative decree No. 1 of 1942 defined the power and role of the Ministry of Interior as the principal central government department to supervise local government throughout the country. Governor Generals Enderasses) for Teklay Gizats (Amharic word) (and Governors for awraja, woreda governments were appointed by the central government to act as the representatives of the Imperial throne in the periphery (Meheret, 2007).

The first move towards institutional decentralization in Ethiopia dates back to the Imperial era when the Haile Selassie I government submitted to the parliament, the *awraja* local self-administration No. 43 of 1966. The draft bill proposed to grant administrative autonomy to 50 *awraja* governments drawn from the majority of the country, 14 provinces on the basis of their potential to be self- sufficient. Despite strong resistance from parliament, the program was implemented in **17** selected *awrajas* on experimental basis (Meheret, 1998).

Previously, Ethiopia was a highly centralized unitary state because the politics of nation building has been anchored on a strong centralist state that jealously guarded its sacrosanct central power (Meheret, 2002). Emperor Menelik II was regarded as the founder of modern system of governance in the history of Ethiopia. He was a pioneer of central administration. The foundation for a modern local government system was laid by Emperor Haile Selassie I more than half a century ago (Meheret,2007).

### 2.6.2. The Military (Derg) Regime

Following the collapse of Imperial rule, the Derg government assumed power in 1974. But, it too did not have a better record at decentralizing power from the center to the periphery than the Imperial regime (Meheret, 2007). The Provincial Military Administrative Council attempted to solve the problem of self-administration as reflected in its National Democratic Revolution (NDR) Program. The most significant part of this commitment towards decentralization was the establishment of lower level local government elected by the dwellers of their areas of jurisdiction. But later elected council members were member of the Worker's

Party of Ethiopia and was accountable to the party than to the people. As a result, they were not serving the interest of the local people rather they were serving as policy implementers and defenders of the central government and they were acting as if they were appointed than elected (Fenta, 1998).

The Dreg's plan was a response to political pressure intended to give some kind of autonomy to groups fiercely opposed to central rule.
Hence, Derg established autonomous and administrative regions by proclamation No.14 of 1987. This proclamation was necessitated by increasing instability in some provinces of the country notably, Eritrea, Dire Dawa, Asseb, Tigray and Ogaden areas.

These were the troubled areas where both ethnic/civil conflicts were raging and sentiments for separation were running high throughout most of the 19970s and 1980s.These regions were given autonomous status while the rest of the country was divided in to 25 administrative regions. The autonomous and administrative regions were further divided in to *awrajas* thus establishing three-tier divisions of center, regions and *awraja* (Meheret, 1998; Tegegne, 1998).

### 2.6.3. The EPRDF Rule

Immediately after the EPRDF come into being, the Transitional Government of Ethiopia (TGE) was established with a transitional period charter in which the rights of nations, nationalities and peoples are confirmed. Among the rights guaranteed to nations, nationalities and peoples of Ethiopia by the new TGE and its charter (Chapter I, Article two, Sub-Article a, b, c) included that every nation or nationality has the right to **(a)** preserve its identity and promote its culture and history, use and develop its language; **(b)** administer its own affairs within its defined territory and effectively participate in the central government on the basis of freedom, fair and proper representation; **(c)** exercise its right to self-determination of independence, when the concerned nation, nationality and people is convinced that the above right are denied, abridged or abrogated (TGE, 1991). This brought a new era in decentralization in the country.

Subsequently afterwards proclamation No.7/1992 has provided the legal basis for the establishment of regional governments which can also be considered as the beginning of the real

implementation of the decentralization. Then come proclamation No.33/1992 which stipulated the sharing of revenue between the national and regional government; and proclamation No.41/1993 which defined the powers, duties and responsibilities of the national and regional executive organs. Up until 1995 when FDRE constitution comes into being in a full-fledged manner, the country was divided in to fourteen transitional regional governments. But, this was later reduced to nine regional states and two city administrations (Kassahun and Tegegne, 2004; Yigremew et al, 2005).

The 1995 constitution of the Federal Democratic Republic of Ethiopia indicates that regions are formed on the basis of population, settlement, language and identity.

The constitution also recognized nine regional states with equal powers and rights as member states of the Ethiopian Federation. The regions are divided into zones and the zones into woredas. However, zones were established by regions to coordinate and monitor administrative and development issue of woredas under their jurisdiction without clear reference to this by the constitution. The nine regions of Ethiopia are: Tigray, Afar, Amhara, Oromia, Somali, Benshangul-Gumuz, SNNP, Gambella and Harari. All of the regional states can be considered to have semi-sovereign status because each has its own flag, a constitution, a government, defined territory and population (Meheret, 1998; Kassahun and Tegegne, 2004; Yigremew etal, 2005.

# CHAPTER THREE

## Methodology of the Study

### 3.1. The Research Method/Design

There are several types of research methods in social research to choose from. For the purpose of this study, comparative study approach is found appropriate. The approach is chosen because it has many advantages. Like it is both intensive and comprehensive in nature and allows deep and thorough study in exploring and analyzing the unit. It has the strength of dealing with and a full variety of evidence from documents, interviews and focus group discussion. The study were employed both qualitative and quantitative case study approach.

### 3.1.1. Sampling Design and Selection of Study Area

The implementation of decentralization in general and woreda education and health service delivery in a decentralized frame work in particular have not been deeply and widely studied in GPNRS. In order to assess the process and state of decentralization, the woreda level administration and sector offices were taken as units of analysis for the study. At Woreda level two preparatory school and two health centers are taken for the study purposively.
The respondents of the study were grouped into different categories. These are planners and, top officials and sector office heads and experts at the regional level, assigned officials and sector office heads and experts as well as professionals from health and education at woreda levels and a sample students and community members at woreda level.

Gambella region has three administrative zones, Agnuak zone with five woredas  Nuer zone with

five woredas and Majang zone with two woredas totally Twelve woredas, and one additional and special woreda and the administrative town. According to the 2007 population census, both Agnuak and Nuer zones represent almost 70% of the total population living in the region. Out of this population, two Woredas (Godere and Mangashe Woredas from Majang Zone) are being chosen purposively as the sample of the study in order to assess the process and implementation of Woreda decentralization in the region.

The two Woredas have been selected for reasons that the researcher has been working in the region as teacher in different Woredas and the fact he has full knowledge of the region in general and the Woredas in particular. In addition to that convenience to the researcher in view of data collection is due to its accessibility and proximity especially to each other. Furthermore, even though the Woredas are far away from the Gambella town they are closer to each other and Majang zone is better infrastructure facilities than the rest of the Woredas in the Region. On the other hand, Mangashe Woreda is the remotest and is seen as one of the poorly operating Woredas in political, economic and social activities. The type of sampling technique proposed for this study were both probable sampling and non-probability sampling in which purposive sampling were applied to select respondents, the concerned offices and officials at Regional and Woreda levels some from respective two Kebel chair Men.

### 3.1.2. Data Types and Sources

To achieve the objectives of the study, data were collected from both primary and secondary sources. The primary data were collected from in-depth interview of selected informants; focus group discussions were made with representative from community and for field observation check list prepared to conduct observation of the whole environment of the center. In-depth interviews were made with key informants semi structured questions were employed for FGD that were made with groups formed from the village members.

### 3.2.    Methods of Data Collection

### 3.2.1. In-depth Interviews

In-depth interviews were conducted with key informants who are from different tiers of government bureaus/offices. They were selected according to their expertise in the subject

matter. It were targeted those with the right information or knowledge on issues of decentralization and its implementation at the woreda level due to their experience or professional capacity concerning the achievements, challenges and prospects of the implementation of woreda decentralization in the study areas.

Six Personal interviews were conducted to gather information from experts and higher officials with the knowledge relating to decentralization and service delivery.

At Majang Zone (Godere and Mangashe Woredas, six personal interviews were conducted from each with heads and experts of woreda sector offices. The questions here were semi- structured and an in-depth interview (for key-informants like heads of line sector offices) both open ended and closed ended questions were used.

At kebele levels, two kebele chairpersons in the woredas were interviewed. These interviews were intended to get local views of the decentralization process in services delivery at kebele levels. Questions here were open ended and included issues such as the relationship between them and woreda officials.

### 3.2.2. Actual number respondents

Table 3.1 Actual number respondents

| No | Name of lists of Offices | No of Key Informants Interviewed | Levels of the office |
|---|---|---|---|
| 1 | Administration Office | 2 | Woreda |
| 2 | Administration Office | 1 | Zone |
| 3 | Bureau of Education | 2 | Regional |
| 4 | Bureau of Health | 2 | Regional |
| 5 | Council Bureau | 2 | Regional |
| 6 | Education and Capacity Building Office | 2 | Woreda |
| 7 | Health Office | 2 | Woreda |
| 8 | Kebele chairman | 1 | Kebele |
| 9 | Teachers | 25 | Each woreda |
| 10 | Health professional | 25 | Each woreda |
| | **Total** | **114** | |

*Source: own sample*

### 3.2.3. Focus Group Discussions

Two focus group discussions were held in Godere and Mangashe Woredas with the community members from different backgrounds to get sufficient information on basic services delivery such as access to education and health services, quality of services and the level of community participation in planning and other.

### 3.2.4. Field Observation and document analysis

Field observation: check list were prepared to study the overall physical built condition and working environment of the service centers and the way how customers treated in the centers and the researcher were watch, listen and communicate informally with the staff members of various offices at various levels at the Woreda.

### 3.2.5. Questionnaires

By using the two sampling methods the researcher has collected data from respondents. These respondents have been selected from four areas which are two education centers from both Woredas and two health centers for each. Selection of respondents could be described as:

First group from Godere Tinishu Metti high school 23 respondents from total 46 teachers were randomly selected for Education Service Delivery questionnaires. 1 School directors and vice directors were purposively selected total 25. Second group from total 40 teachers , 23 respondents were randomly selected form Mangashe Kumii high school 1 director and vice directors were purposively selected. For health service deliveries questionnaires.2 Health centers were purposively selected 25 respondents from total 50 (nurse, medical laboratory, pharmacists) from both woredas were selected. Health center head were purposively selected.

## 3.3. Method of Data Analysis

The researcher will analyze data in both qualitative and quantitative.

The researcher was used comparative method to analyze the primary and secondary data.

This research relies on both quantitative and qualitative data analyses. Tables, percentages, simple averages and figures were applied to organize, analyze and interpret the study. The quantitative data were analyzed using SPSS version 20 to find percent, simple cumulative and frequency Narration and explanation of information and/or data obtained using key-informants interview and physical observation were put into place. Triangulation method also employed.

### 3.4. Ethical Considerations

In order to ensure the confidentiality of data collection and to keep the right of the respondents the following ethical protocols were carefully observed:

  1) The respondents were asked for their willingness

  2) Based on their permission they were oriented or informed with the objectives and aim of the research

  3) Letter of confirmation for conducting the research was presented for respondents.

## 3.5. Organization of the Study

The researcher has organized this research in five chapters: chapter one is introduction which presents the background of the study, chapter two is reviews of related literature, chapter three is description of study area and methodology of the study, chapter four is data presentation, discussion and chapter five is summer of finding ,conclusions and recommendations.

## 3.6.    General background of the study areas

The Gambella Peoples National Regional State (GPNRS) is one of the nine federal states of the Country that are provided with power of autonomy under the Federal Government of Ethiopia. The region is located in the Southwestern part of the country at $7_05'$ – $8_045'$ N Latitude and 33E Longitude bordering with Benishangul-Gumuz and Oromia regions to the North, the Southern Nations, Nationalities and Peoples 'Regional State (SNNPRS) and the south Sudan to the South, Oromia and SNNPRS to the East and the Sudan Republic to the West. The regional state has a total land area of 34,063km $2$ with a total population of about 307,096. The distance of the region is 777 km away from Addis Ababa, the capital city of Ethiopia. It is one of the regions with a very low population density of 9 people per square kilometers (Regional State Council, 2010).
 Gambella is rich with various ethnic compositions. The indigenous nationalities include the Agnuak, Nuer, Mejenger, Oppo and Komo. Their location varies according to the ethnic group. Agnuak, Nuer and Mejenger languages are being used as medium of instruction in primary schools. Gambella is also a home for migrant people who come from different parts of the country at various times that belong to diversified ethnic groups mainly Oromo, Amhara, Tigray and SNNP. The migrants do not form an ethnic group per se. They are referred by the generic term Degegna ('Highlanders'), in reference to their place of origin that is the highland regions of the country (Tsegaye, 2008).

Although the GPNRS is well known for its desert climatic condition, it has a lot of green plants coverage, rainfall and underground water availability. The common produced cereals in the region are maize and sorghum and widely practiced by Agnuak people along the Baro, Gilo and Akobo rivers. Sesame, ground nut, rice, cotton, other oil seeds and different fruits and vegetation are also produced in the region. As the region is generally not cereal self-sufficient, alternative

income sources such as fishing are important sources of food. Wild food consumption is part of the daily dietary intake given the still partly untouched bush land and natural forest resources. Most of the Nuer population reside along the Ethio-Sudanese border (Lare, Akobo and Jikawo woredas), where it is too dry for rain fed agriculture. Therefore, livestock constitutes the primary source of income (Abraham, 2002).

The GPNRS has a substantial and varied natural resource base. It has suitable agricultural land and a considerable number of livestock, which is not yet utilized to the expected level. The region also has vast water resources like rivers (Baro, Alwero, Akobo and Gilo rivers, which flow throughout the year), lakes and streams. Baro, the only navigable river in Ethiopia, is found in the region. Various types of minerals that could be used for industrial and construction purposes, gold and petroleum are also found in the region.

Gambella National Park is safari in the western savannah lowlands of Ethiopia which covers approximately 5061 square kilometers or 19.6% of the region's territory. The fauna of the region include Elephants, Buffaloes, Monkeys and Parrots. Hot spring and mineral waters, waterfalls, dense natural forests are among the few resources and tourist attractions of the region (Regional State Council, 2010).

Gambella has rich potential for the production of cotton, groundnut, sesame and other oil seeds. Fishing, mining gold and exploring petroleum, mineral water and construction materials are other important areas of investment in the region. Despite the presence of immense exploitable natural resources in the region, it has not been fully assessed and documented in a way to attract the potential investors. As a result of lack of information on the availability of resources and other factors the participation of private investment has not been encouraging (Ibid).

## 3.7. Physical and Socio-Economic Background of Gambella Region

### 3.7.1. Topography, Climate and Land Features

The Gambella Regional State is situated between altitude ranges of 3000-2300 meter above sea level and characterized by different topographic feature. The eastern part is characterized by high mountainous rugged terrain (about 10% of the area lies in the highlands at altitude of over 1500m). The upper reaches have Peak Mountains and steep slopes with the elevation of which is over 2000m. Most of flashing rivers and streams originates from these areas and move to

western direction. These areas include the highland of Godere and Dimma woredas (Eastern part), East and Northern parts of Gambella woreda.

The central part of the region, which is estimated to cover about 44% of the total area, is characterized by an undulating plain, lies between elevations of 500-1000m. It includes most part of Gambella, Abobo, Etang, South Eastern parts of Godere, Eastern part of Jikawo and some part of Gog and Jor woredas. Low-lying flat plain land is found on the Western part and estimated to occupy some 48% of the total area. Here the elevation is between 300-500m. It is characterized by its seasonal or perennial swamps and flat to very flat. These different topographical features influence the climatic, vegetation cover, soil characteristics, etc. of the area.

The Gambella Peoples National Regional State is characterized by different climatic features. Accordingly, it is divided into three agro-climatic zones namely, Woina-dega, Kola and Bereha. Godere and part of Dimma woredas falls in Woina-dega zones while Gambella town, Abol, Abobo, Etang and Gog woredas falls in Kola zone. Jor, Lare, Jikawo and Akobo woredas are found in the Bereha climatic zones.

Regional mean temperature and rainfall decreases from East to West (mountainous to plain areas) depending on the agro-ecology of the area. Hence, the mean temperature of the region is between 27 c and $33_0$ c. The highest monthly temperature is found in March reaches up to 45c and the lowest temperature in August registered to $41_0$c. Rainfall in the region is available once in a year which cover from the end of April up to October in a large amount. The kola Zone areas lie between elevations of 400-500m and areas with an altitude of 500-2000m are expected to get rainfall from 900-500mm.

### 3.7.2. Administrative Structure

The Gambella Peoples National Regional State is one of the nine regions that are provided with power of autonomy under federal government of Ethiopia. The region is currently divided into three administrative zones, eleven woredas, one special woreda and one town administration. The three zones are the Agnuak zone which contains five woredas namely Gambella Zuria (Abol), Abobo, Gog, Jor and Dimma, the Nuer zone with four woredas that are called Lare, Jikawo, Wanthoa and Akobo and Mejenger zone encompassing two woredas of Godere and Mengeshi. The special woreda goes to Etang woreda because of its mingled settlement. Etang

woreda is inhabited by the Nuer and Agnuak communities. The Gambella town falls to the category of city administration (Regional State Council). At the regional level government powers are formally divided into three pillars of government bodies. The legislative organ that makes law is the highest body. The executive organ implements and enforces such laws and decisions and the judicial power is vested to the court that interprets s law.

The flag of the region has four horizontal stripes of black, green, white and red with a black 5-pointed star in the center of the white stripe. Each color has its own meaning. The red color represents the heroes of the region, their sacrifice and struggle for freedom; the white color embraces peace which comes from the struggle and sacrifice; the black star represents brotherhood of the Gambella peoples with the rest of the nations, nationalities and peoples of Ethiopia; the green color is to show the region's natural resource, plants availability y and its future hopes; and finally the black color is related to color of five indigenous groups of Nilotes who form the GPNRS (Ibid).

### 3.7.3. Population Size and Structure

Data on population are very essential for socio-economic development planning. Population growth, its composition and distribution are among the important factors in determining the present and future development needs. The population and housing census is the main source of these data.

*Table 3.2 population in gambella*

| Group | Urban | Percent | Rural | Percent | Total | Percent |
|---|---|---|---|---|---|---|
| Indigenous people | | | | | | |
| Agnuak | 20,092 | 25.8% | 44,894 | 19.6% | 64,986 | 21.2% |
| Nuer | 25,950 | 33.3% | 117,336 | 51.2% | 143,286 | 46.7% |
| Majanger | 837 | 1% | 11,443 | 5% | 12,280 | 4% |
| Opo and como | 156 | 0.2% | 1,072 | 0.5% | 1,228 | 0.4% |
| **People from Various Highland Areas  (Highlanders)** | | | | | | |
| Amharas | 10,972 | 14% | 14,890 | 6.5% | 25,862 | 8.4% |
| Kefficho | 1,203 | 1.54% | 14,287 | 6.2% | 15,490 | 5% |
| SNNPR | 5,112 | 6.56% | 9,936 | 4.3% | 15,048 | 4.9% |
| Oromos | 9,605 | 12.3% | 5,228 | 2.3% | 14,833 | 4.8% |
| Shekichoo | 244 | 0.3% | 6,732 | 2.9% | 6,976 | 2.3% |
| Tigrayans | 2,194 | 3% | 1,858 | 0.8% | 4,052 | 1.3% |
| Others | 1,560 | 2% | 1,495 | 0.7% | 3,055 | 1% |
| Total | 77,925 | 100% | 229,171 | 100% | 307,096 | 100% |

**Source**: *Housing and Population Census, 2007*

According to the 2007 census, the region's population was estimated at 307,096. There are different groups of people who live in the Gambella region. The main nationalities of the region are Nuer, Agnuak, Mejenger, Oppo and Komo. Moreover, the Oromo, Amhara, Shekecho, Keffa, Tigray and other nations and nationalities live in the region. As can be seen from Table 3.1, of the total ethnic composition the Nuer consists 46.7%, the Agnuak (21.2%), Amhara (8.4%), Kefficho (5%), Oromo (4.8%), Mejenger (4%), Shakicho (2.3%), Tigray (1.3%), Oppo and Komo (0.4%) and other ethnic groups predominantly from Southern Ethiopia (4.9%). Amharic is the working language of the region.

## 3.8. Majang zone ( Godere and Godere Mangashe)



Fig. 3.1: Map of G P N R S.

*Retrieved from:http://ochaonline.un.org/ethiopia/Maps/downloadables/ETHIOPIA.pdf*

Majang zone is one of the 3 Zones in the Gambella region of Ethiopia. There are 2 woredas in Majang zone. It is located at 305 kilometers away from Gambella town (the regional capital city). Majang zone is bordered on the southeast by the aguwa zone, on the south by Gog woreda, on the southwest by Jor woreda, on the west by SPNN, on the northwest by Abobo woreda,on

the north by Gambella, and on the east by the Oromia region; part of its northern boundary is defined by the Akobo river. The major town in Godere woreda is Metti.

Major bodies of water in this woreda include LakeKabo (bishan waqa) word from afan Oromo "meaning Gods' river". According to the Atlas of the Ethiopian Rural Economy published by the Central Statistical Agency (CSA), around 30% of the woreda is forest.

Based on the 2007 census conducted by the CSA, this zone has a total population of 15,741, an increase of 12.65% over the 1994 census, of whom 8,184 are men and 7,557 women. With an area of 3,116.17 square kilometers, majang zone has a population density of 5.05, which is greater than the zone average of 4.83 persons per square kilometer. The census reported 4,090 (26%) are urban inhabitants while the remaining 11,651 (74%) are found in rural areas. A total of 3,867 households were counted in this woreda, which results in an average of 4.1 persons to a household, and 3,663 housing units. Majang zone is divided into 31in Godere woreda and 14 in Mangashe woreda total 45 administrative kebeles and one town. The Mejenger are hunter gatherer people settled in the coffee-rich natural forests of Godere Woreda. The economy of Majang zone is predominantly agricultural. Majang zone is a better production area of crops like maize, coffee and sorghum in the region. These crops are better produced than other crops with large holding subsistence farming system in the woreda. Majang zone has a lot of green plants coverage, rainfall and underground water availability and huge areas of dense natural forests.

# CHAPTER FOUR

## ASSESSMENT OF WOREDAS EDUCATION AND HEALTH SERVICE DELIVERY WITHIN DECENTRALIZED FRAMEWORK.WITH EMPHASIS ON GODERE AND MANGASHE WOREDAS

### 4.1.    General Background of the Respondents

The study has incorporated 114 respondents from this ,top officials and sector office heads and experts at the regional level, elected and assigned officials and sector office heads education and health centers. From total samples size of each woredas 43.86% (n=50) are teachers, 43.86% (n=50) are health personnel (nurse, medical laboratory, pharmacists), the rest 12.28% are officials from the higher government bodies and head offices. The discussion has been blended with the data obtained from key informant interview and the document investigated and focus group discussion has been conducted with community representatives.

As the research was conducted at two high schools, 10%,are masters level,72 % of the respondents out of 50 are degree holders and18% are diploma holders.  In the study work experience of the respondents are also taken into consideration as it contribute its part in expressing their opinion. The majority of the respondents i.e. 44 % out of 50 stated that they have 5 to 9 year work experience, 30% of them claimed that they have 10 to 14 year work experience, 20% of the respondents said that they have below 4 year work experience and only 6% of the respondents claimed that their work experience is above 15 year. From this figures it has been learnt the study has incorporated those senior education personnel i.e. teachers.

With regard to educational level and work experience of the respondents, 58 % out of 50 respondents are diploma holders, 32% out of 50 are degree holder and 8% of these respondents are above degree level.  This condition helps to get relevant information on the issue under consideration. It is generally assumed that educated person has better exposure and awareness on decentralization issues.

The majority of the respondents i.e. 42 % out of 50 stated that their work experience is 5 to 9 year, 34% of them claimed that they have 10 to 14 year work experience, 14% of the respondents said that their work experience is above 15 year and only 10% of the respondents claimed that

their work experience is below 4 year. From this, it has been learnt the study has incorporated those senior health personnel.

The study also integrated small number of different sex ratio of the respondent. From the total respondents the majority (i.e. 83.2.% ) are male whereas 16.8 % are females.

## 4.2. The effect of decentralization on education and health service delivery

The question of which functional activities  are to be decentralized from higher level  to lower level  of government entirely depend on the situation and purpose of decentralization (Mahat, 2007).    The structures and powers of various organs (council, cabinet and courts) at regional, zonal, woreda and kebele levels are clearly stated in the revised 2002 constitution of the GPNRS.

But the constitution has not mentioned clearly the functional responsibilities between the regional and woreda levels, zonal and woreda levels and between the woreda and kebele levels. Moreover,there is no any other official document stating the functional assignment among levels of the  regional governments. This implies that there is no clear demarcation of responsibilities among   the tiers of the regional administrative units.

*Table 4.1 activities decentralized in woredas.*

| Functional activities | Mangashe and Godere woredas |
|---|---|
| **EDUCATION** | ☞ Expand and promote expansion of educational coverage 1$^{st}$ and 2nd cycles of primary education, primary school management<br><br>☞ Ensuring all the schools in woreda get the necessary books, supplies and necessary facilities<br><br>☞ Supervising the quality of education at all levels hiring teachers for schools |
| **HEALTH** | ☞ Organize, administer and controls health centers, clinics and health posts<br><br>☞ Coordinate the HIV/AIDS, prevention and control efforts<br><br>☞ Evaluate the performance of government and private health care service<br><br>☞ Implement national and regional family planning services |

*Source: DLDP Training Assessment Document, 2010 with adjustment by the author.*

As mentioned in literature review, decentralization has significant impact on the service delivery. It improves service in terms of quality, accountability and responsiveness by developing community (citizen) participation [Devas (2004), Rondenellli (1983), Selee & Tulchin (2004), Wittenberg (2003), and World Bank (2000)]. Thus the research has tried to assess these issues particularly in education and health service delivery by taking into account the performance of service provider and opinion of service receiver (community).

### 4.2.1. Decentralized education service delivery

As of the interview made with officials, Gambella regional administration has given priority to improve both the quality and coverage of education at all level. It had made a substantial progress in the educational sphere. With regards to expansion of educational sector in the region, the number of primary schools which were about 199 in 2012/13 has increased to 233 by the end of 2014. Similarly the number of secondary schools which were only 9 by the year 2012/13 reached to 19 by 2014/15. There are also one TVET, one ATVET called Gambella university now and one Teachers' Education and Health Science College in the region.

The net enrollment rate of primary school (1-8) increased from **53,865** by 2012/13 to **76,414** by the year 2014/15 which marked a difference of 22,549. In terms of gender variation boys count 56.7% while the percentage of girls reached to 43.3%. On the other hand, net enrollment rate of high school students also shows significant progress. By the year 2012/13 it was 4,460 and increased to 9,040 by 2014/15 in high school level the gender stat shows huge gap where the number of boys is about 72.8% and girls is only about 27.2%.

In this study the impact of decentralization on education service delivery has been assessed by taking into account the following variables: quality indicator, degree of autonomy, community involvement and accountability issues.

### 4.2.2. School effectiveness and quality indicators

The efficiency and quality of education has been assessed based on the country education policy which has formulated as standard. According to MoE education policy (2010), for effective teaching learning process the number of students should be 1:40 in the second span of elementary school (i.e. from 5 to 8 grade) and in the first cycle of secondary school (i.e. from 9 to grade 10 that focuses on general secondary school.

From the national education policy document (MoE, 2010): pupil-teacher ratio, pupil-textbook ratio, student-class (i.e. number of students in a class), rate of drop out, rate of repetition, teacher training, student center approach and parent (community) involvement, teachers' capacity development, employment of information communication technology and civics and ethics education are taken as determinant variables among others .

 According to officials, In light of this, the Gambella National Regional Education Bureau has given emphasis for quality and efficient education service by working toward meeting the national policy standard. Therefore teaching learning process has to be student center and supported by continuous teacher training program as well as utilization of information communication technology, among others.

*Table 4.2 schools dropouts and repetition rate.*

| NO | | School name | Grade 9 2012 | | | Grade 9 2013 | | | Grade 10 2014 | | |
|----|------------|-------------|---|---|---|---|---|---|---|---|---|
| 1 | Repetition | TINISHU METTI | M | F | T | M | F | T | M | F | T |
|   |            |       | 29 | 33 | 62 | 41 | 60 | 101 | 40 | 66 | 106 |
| 2 | Dropout | TINISHU METTI | M | F | T | M | F | T | M | F | T |
|   |         |       | 18 | 12 | 30 | 20 | 31 | 51 | 29 | 41 | 70 |
| | | | | | | | | | | | |
| No | Indicator | School name | Grade 9 2012 | | | Grade 9 2013 | | | Grade 10 2014 | | |
| 1 | Repetition | JEYIN | M | F | T | M | F | T | M | F | T |
|   |            |       | 31 | 40 | 71 | 34 | 40 | 74 | 37 | 60 | 97 |
| 2 | Drop out | JEYIN | M | F | T | M | F | T | M | F | T |
|   |          |       | 22 | 14 | 36 | 27 | 33 | 60 | 27 | 36 | 63 |

*Source: from the schools' document*

In terms of student repetition and dropout rate is improved or not, inquiry were presented for the respondents. Accordingly, 64% of the respondents claimed that repetition rate of students is high and 36% also perceived the rate as very high .This result has been cross checked with the obtained school's documents.

From document examination, for instance, it has been learned that repetition rate of grade 9 student in both Tinishu Metti and Jeyin high school is high (table 4.2 above ). As shown in the table, repetition rate of student increased from 62 to 101, and 106 in 2014 this means that within three academic year students who repeat grade 9 were increased by percent year after year.

 On the other hand the number of students who dropout in the school  increased  from 30 to51 in grade 9 and 70 in grade 10 in 2014/15.Compared to that of Tnishu metti the number of students in both repetition and drop out in Mangashe woreda is higher than that of Godere Woredas' students.

As depicted in table 4.2, student school dropout rate perceived as high rate by 54% of respondents and as very high by 24% of respondents. This condition also cross checked from the both School's document, school dropout rate was increased by more than 100% in grade 9 and grade 10. From this table (4.3) it can be understood that female students' repetition 2012 and was 61% in 2012) and dropout rate were relatively very high (i.e. 61% in 2014) when compared to male students. (i.e.53.23%).

In line with the national education policy , questions were presented to assess whether continuous teacher training program and ICT workable or not at the schools level. The majority of the respondents, 84% (n=21), claimed that continuous teacher training program is available in their school.

When asked how they perceived this training program in terms of quality, 54.8% rated that the training program as poor, 19% rated as good and 26.2% rated as very poor. When asked why they perceived training program as poor, 36.4% stated that the training program could not be implemented effectively, 36.4% of these respondents felt that the school has no mandate to run its training program according to the plan, 18.2% claimed that the shortage of fund has hindered the training program to run effectively and the rest 9.1% stated that the training plan is not objectively developed and sometimes the officials are replacing and using for their selfish benefit.

Another question was presented to determine the participation of teacher in various up grading training program that are delivered by their school. The majority of respondents (82%) claimed that they participated in various training program whereas 18% did not participate in such teacher upgrading training program.

With regard to ICT employment in school activities, 86% out of 25 claimed that the inaccessible computer service in the school for teaching learning process. Teachers also asked if they have access to computer service, 64.6% (disagree) and 14.6% (strongly disagree) denied the availability of computer service for instructional purpose.

This condition was assessed by the researcher when he personally ascertains the fact in two selected schools. In these schools the application of computer was absolutely insignificant or none. The number of computer and its related ratio of students unbalanced and in both high

school all computers are placed on the desk and attracting dusts and are not in use. Concerning teaching learning approach of the schools question was asked the staffs to understand the existing system. Accordingly, 22% out of 25 staff respondents asserted that teaching learning process in both woreda is student center whereas 78% disproved the approach as student center approach. Similarly 58.3% and 16.7% students' respondents refuted that teaching learning process is not student center in the schools.

The researcher interviewed school director and personal observation was made to assess the implementations of plasma **TV** service in both high school and there are about 15 (fifteen) plasma **TV** in Tinishu Metti high school and 13, plasma TV in Jeiyn school but in both school there is no plasma teaching since 2003 E.C plasma services is at 0% level. Students in both woreda are learning in the old method of teaching which is through chalk by using black boards.

This also made teaches uninterested and teaching learning process ineffective compared to other parts of country. This is be proved by the number of students who sit for national examination and pass to grade 11 for the preparatory class.

*Table 4.3 Students pass fail in year from 2012-2014/15 in both woredas.*

| Godere  woreda | | | | | | | Mangashe  woreda | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Year | 2012/13 | | 2013/14 | | 2014/15 | | | 2012/13 | | 2013/14 | | 2014/15 | |
| Grade level | Grade 10 | To 11 | Grad e 10 | To 11 | Grad e 10 | To 11 | | Grade 10 | To 11 | Grade 10 | To 11 | Grade 10 | To 11 |
| Female | 200 | 18 | 156 | 18 | 350 | 50 | | 222 | 43 | 218 | 53 | 250 | 40 |
| Male | 195 | 59 | 207 | 38 | 250 | 36 | | 250 | 58 | 260 | 40 | 218 | 51 |
| Total | 395 | 77 | 363 | 56 | 600 | 80 | | 472 | 101 | 478 | 73 | 468 | 91 |

*Source: from the schools' document*

In godere woreda within three years total number of 1358 students sat on national examination in grade 10 and only 213 students pass the exam and joined preparatory programme. As can be seen in the table above total male and female of  77 (19.5%) from 395 students ,56 (15.42%) from total 363male and female  and 80(13.33 %) students from total  600 students has passed the

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examination for grade 11 programme in the year 2012,1013 and 2014 respectively. These numbers shows decreasing order in each year. And average of (16.08) students pass the examination.

In Magashe woreda within three years total number of 1418 students sat for national examination 0in grade 10 and only 265 students pass the exam and joined preparatory programme. As can be seen in the same table total male and female of 101(21.4%) from 472 students ,73(15.27%) from total 478male and female and 91 19.44%) students from total 468 students has passed the examination for grade 11 programme in the year 2012,1013 and 2014 respectively. Compered to each other relatively Mangashe woreda is better in the statistics of students than that of Gopdere woreda. Average 18.7% students passed the examination. This shows how quality of education is at very low level.

*Table 4.4 Students distribution of Tinishu Metti school (each grade has 9 sections) and Jeyin Schools (each grade has 6 sections).*

| Grade level | | 2012/13 | | | 2013/14 | | | 2014/15 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | F | M | T | F | M | T | F | M | T |
| Grade 9 | | 300 | 400 | 700 | 280 | 320 | 600 | 235 | 335 | 577 |
| Grade 10 | | 280 | 421 | 701 | 299 | 310 | 609 | 250 | 350 | 600 |
| Mangah (Jeyin ) | | | | | | | | | | |
| Grade level | | 2012 | | | 2013 | | | 2014 | | |
| | | F | M | T | F | M | T | F | M | T |
| Grade 9 | | 200 | 250 | 450 | 200 | 210 | 410 | 250 | 300 | 450 |
| Grade 10 | | 222 | 250 | 472 | 180 | 261 | 421 | 218 | 250 | 468 |

*Source: from the schools' document*

When the question of "how many students are attending in given class?", majority of the respondents i.e. 70% out of 25 claimed that the students-classroom ratio was 1:70 and the other 20% stated that the ratio was being 1:65. This fact has been confirmed from the schools documents.

For instance at Tinishu Metti School (2012 academic calendar) the average strength of students in grade 9 is 77.7, and in grade 10 is 77.8. Table above depicted the number of students who enrolled and attend class in two schools is higher.

With regard to Mangashe woreda the average students number enrolled in the school in 2012 is 75 and for grade 10 it is 78.3.and from these we can conclude that in both woredas student's ratio in school do not match with the national standard and students are learning in a crowed manner .

On the question of "Is teacher–student ratio standard (or 1:25) in this school?" As of sown on the above table, most of staff respondents 84% (n=21) claimed that teacher–student ratio in their school do not meet the standard. When asked these respondents what do they perceived the cause of this deficiency, the majority (47.5% of 25) indicated that unbalanced growth on number of students, 28.6% of respondents stated that turnover of teacher as a major cause for not meeting the standard and teachers movement from the school as well as from the woreda is high because of the lacks of good governance and un evenly paid monthly salary of the woreda civil servants specially teachers , unavailability of adequate classrooms in the school (i.e. 11.9%) and financial constraints to recruit appropriate number of teacher (i.e. 11.9%) when compare to the ever increasing number of students and hence students learn in crowding manner.

For example from 2012-2014/15 high number of teachers left the woredas. In Godere woreda total 98 teachers left the woreda from different school which is about 1/4th of the total teachers in the woreda.in Mangashe woreda within three years 101 teachers gone which is more than 1/4th of the total number of teachers in the woreda.one of the woreda official during his interviews with the researcher attributed this attestation that the major Cause for the turnover of the teachers are lack of good governance, irregular paid monthly salary for civil servants specially teachers, un conducive woreda teaching environments, problems of transportation, absence peace and security specially since the past year conflict between the native Majang peoples and the rest of highlanders of the woreda

*Table 4.5 Awareness on decentralization*

| | MANGASHE | | | | GODERE | | | |
|---|---|---|---|---|---|---|---|---|
| No | Description | Value | Frequency | Percentage | Cumulative | value | Frequency | percentage | Cumulative |
| 1 | Have you heard  good governance principle | Yes | 24 | 96 % | 96.0 | Yes | 25 | 100 % | 100.0 |
| | | No | 1 | 4 % | 4.0 | no | 0 | 0 % | 0.0 |
| | | total | 25 | 100 % | | total | 25 | 100 % | |
| 2 | Is there good governance practice in the education sectors? | Yes | 4 | 16 % | 16.0 | yes | 5 | 20 % | 20.0 |
| | | No | 21 | 84 % | 84.0 | no | 20 | 80 % | 80.0 |
| | | Total | 25 | 100 % | | total | 25 | 100 % | |
| 3 | Education service is decentralized in school | Yes | 4 | 16 % | 16.0 | Yes | 0 | 0 % | 0.0 |
| | | No | 21 | 84 % | 84.0 | No | 25 | 100 % | 100.0 |
| | | Total | | 100 % | | total | 25 | 100 % | |
| 4 | Decentralization improves service delivery. | Yes | 4 | 16 % | 16.0 | Yes | 2 | 8 % | 8.0 |
| | | No | 21 | 84 % | 86.0 | No | 23 | 82 % | 82.0 |
| | | total | 25 | 100 % | | total | 25 | 100 % | |

*Sources own survey*

'Have you heard (know) about the principle of good governance?' was forwarded to assess the awareness of respondents about good governance.  As one can see from the above table 96 % and 94% (respectively for Mangashe and Godere woreda) of the staff respondents stated that they have knowledge on (know) principle of good governance. This indicates that the research participants had good awareness on governance elements: accountability, transparency and participation. Surprisingly when asked these respondents "Is there good governance practice in your school?" 84% in both woredas stated absence of good governance in the education sectors. Their reasons were: lack of participatory approach (i.e. 45%), slight information flow (transparency) (i.e. 21.1%), no clear accountability of the officials (i.e. 18.2) and no public response. the questions relating to transparency of information on tenders, fairness of decision making and llegal side payments are recorded as the lowest averages in the woredas.

On the other hand for the third question "Education service is decentralized in school" 84% and 100%, of the respondents respectively disprove the de centralization of service in the school and the improvements of service delivery in the school. Finally Decentralization improves service delivery? Question is forwarded and as of the above table 84% and 82 %of respondents

disproved the decentralization brought service delivery. Their reasons were: lack of slight information flow (transparency) arbitrary rule of woreda and school officials (i.e. 45%), (i.e. 21.1%), no clear accountability of the officials (i.e. 18.2) and no public response and working for common good.

## 4.3. Degree of decentralization in education service

Scholars also examine the efficiency argument supporting decentralization from the perspective of consumers' gains due to allocate efficiency and producers' (e.g., government) gains in technical efficiency in delivering goods and services. Allocate efficiency may arise due to a more fitted bundle (i.e., set and composition) of services provided by the local government to their citizens; in other words, through the adjustment that may take place in the proportions of public spending geared to services such as education and health provision. The national education policy on the other hands emphasizes decentralization for quality education service improvement. Therefore schools at regional level are organized in self-directed manner to improve their service delivery. This condition create good opportunities for schools since the system enable them to involve different interest groups in service improvement process particularly in the planning, decision, implementing and monitoring activities.

Table 4.6.self-directed (autonomous) decision making

| No | Description | \multicolumn{4}{l\|}{Godere woreda (Tinishu metti school)} | \multicolumn{4}{l\|}{Mangashe(Jeyin shhool)} |
| | | Value | Frequency | Percentage | Cumulative | Value | Frequency | Percent | Cumulative |
|---|---|---|---|---|---|---|---|---|---|
| 1 | school direct its day to day activities in autonomous way | Yes | 10 | 40 % | 40.0 | Yes | 9 | 36 % | 36.0 |
| | | No | 15 | 60 % | 60.0 | No | 16 | 64 % | 64.0 |
| | | Total | 25 | 100 | | Total | 25 | 100 | |
| 2 | school management unit have authority to recruit teacher | Yes | 6 | 24 % | 24.0 | Yes | 5 | 20 % | 20.0 |
| | | No | 19 | 76 % | 76.0 | No | 20 | 80 % | 80.0 |
| | | Total | 25 | 100 | | Total | 25 | 100 | |
| 3 | school generate its own income, other than annual budget grant | Yes | 9 | 36 % | 36.0 | Yes | 8 | 32 % | 32.0 |
| | | No | 16 | 64 % | 64.0 | No | 17 | 68% | 68.0 |
| | | Total | 25 | 100 | | Total | 25 | 100 | |

*Source own survey*

The figures shown the attitude of the respondents with regard to decision making process decision and the autonomy the schools enjoy of the school. The main objective of the researcher was to assess the autonomy of school in making decision.

The following questions were presented to assess whether school centers have autonomous in decision making, staff recruitment and income generation. When respondents asked, "Does school center direct its day to day activities in autonomous way?" The majority, 60 % and 64 % (Godere and Mangashe woredas) denied school activities in autonomous way. Contrary to this 40 % and 36 %out of 50 claimed that the school performs its activities independently. The logic behind for such response were: high level of interference from the top hierarchical level (44.5% out of 25), the system is top down approach (41.4%), the school center has no power to decide (6.9%) and the school center has no adequate financial resources (6.9%).

76% and 80% out of 50 (Godere and Mmangashe respectively) claimed that the school center management unit has no authority to recruit staff. This condition explains that school center has no significant authority to work by their bureaucratic procedures.

From similar table to examine whether decentralization improved school financial capacity or not, the next inquiry was presented "Does school center generate its own revenue (income), other than annual budget subsidy/grant?" Accordingly, the majority respondents that are 64 % and 68 % out of 50 disproved school centers generate its own income but 36 % and 32 % out of 50 confirmed schools has its own income.

*Table 4.7community participation on decision making*

| | | Godere woreda | | | | Mangashe woreda | | | |
|---|---|---|---|---|---|---|---|---|---|
| No | Description | Value | Frequency | Percent | Cumulative | Value | Frequency | Percent | Cumulative |
| 1 | Teachers participates in school planning and decision making process | Yes | 13 | 52 % | 52.0 | Yes | 13 | 52 % | 52.0 |
| | | No | 12 | 48 % | 48.0 | No | 12 | 48 % | 48.0 |
| | | total | 25 | 100 % | | Total | 50 | 100 % | |
| 2 | local community involve in school decision making process | Yes | 12 | 48 % | 48.0 | Yes | 5 | 20 % | 40.0 |
| | | No | 13 | 52 % | 52.0 | No | 20 | 80 % | 80.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 3 | Management unit use community input in school's decision making | Yes | 12 | 48 % | 48.0 | Yes | 5 | 40% | 40.0 |
| | | No | 13 | 52 % | 52.0 | No | 20 | 60 % | 60.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 4 | Civil societies (NGOs) participate in School service improvement process? | yes | 24 | 96 % | 96.0 | Yes | 25 | 100 % | 100.0 |
| | | no | 1 | 4 % | 10.0 | No | 0 | 0 % | 0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |

*Source: own survey*

From the Interview result it has been learnt that schools' directors are complained the staffing mechanism of the woreda education office of the godere woreda which has the ultimate authority to place teachers at each school.

As these school principals stated the placement of teachers are not transparent, objective, do not work on priority and are not merit based.

The researcher interviewed the community members and also the officials connected with the school's activities to ascertain the level of community participation in the school activities.

Participation of public or community plays positive role and can suggest measures to improve the education service but the woreda higher officials interrupt and discourage the participation of the community in improving the school. During the interview and group discussion in 2015 the

researcher gathered information that kebel residences were contributed 400,000(four hundred thousand birr to complete two blocks of constructed classroom which has not been completed because of the contractor. But the woreda administration office was took the money from the school and kebele committee.

The subsequent questions were offered to evaluate whether schools management allow teachers, local community and civil society in decision making process. As it is depicted in table above, more than half-staff 52 % (n=13), claimed that the management unit of the school encourages teacher in the planning and decision making process. This situation is similar with that of Mangashe woreds respondents were 52% of the respondent positive about   the participation whereas 48 % dis agree on this .From this we can conclude teacher's participation in school planning and decision making in Godere woreda is similar with  that of Mangashe woreda.

The above table also indicates the involvement of the local people in decision making process. 48% and 20 % of the respondents agreed that the local communities take part in the decision making process of the school.

That the local communities take part in the decision making process of the school however the majority 52% (n=13) dis agree with the involvements of the community in decision making process. For the same question in Mnagashe woreda 40% of respondents agreed on the questions and the rest majority number dis agree on the involvement of the community in decisions making process in the school. Their main reasons were the presence of top down approach and School system is not participatory

In addition to this when the researcher    examined he involvement of civil societies, 96% and 100% of the respondents confirmed the participation of civil society (i.e. NGOs) in school improvement process (Godere and Mangashe respectively). The major inter-governmental organization    are the (WB) World Bank which supports schools in improving qualities of education offering funds on the basis of the presence of number of  students in the school. In mangashe woreda  Kabo Coffee Plantation  Plc.  Is another institution which contributes a lot in improving schools facilities and constructing house for teachers? When it comes to the effective use of the funds majority of the respondents are questioned. The main reasons that were provided to the researcher by these respondents were: the interruption by the woreda officials including the

Administration offices (41.5%), corrupt school administration and woreda officials (36.5%), give little concern to contribution of NGOs (12.2%) and the schools are hesitant in involving NGOs in service improvement activities (9.8%). This situation affect school performance negatively particularly in the availability of funds and educational facilities such as computer, academic reference books, absence of plasma TV teaching ,absence of laboratory services…etc.

The School Improvement Plan and the School Grant Programme are key tools to be used strategically to encourage locally appropriate responses to inequity.  Joint community/school projects based on a more holistic approach that combines food, shelter, psychosocial support along with education-specific interventions could be funded by the SGP. For example, the SGP could be weighted so that such projects receive a higher subvention for  targeting, special needs children, girls' exclusion, other excluded groups than the current flat rate of Birr **15** per student in primary school and Birr 20 in high school. A range of pilot projects could be undertaken e.g. to encourage working children, children with special needs, young mothers etc., to attend school. Other social protection measures, still under design, could be used to support vulnerable individual children.

This NGOs' major objective is to help orphan students who have no supporter in their education. In mangashe woreda  Kabo coffee plantation  is another institution which contributes a lot in improving schools facilities and constructing house for teachers.

When it comes to the effectiveness of the funds majority of the respondents are questioning the effectiveness .the main reasons that provided by these 78% respondents were: the interruption of worred officials including the Administration offices (41.5%), corrupt school and woreda officials (36.5%), give little concern to contribution of NGOs (12.2%) and the school has constraints to involve NGOs in service improvement activities (9.8%) This situation affect school performance negatively particularly in the availability of funds and educational facilities such as computer, academic reference books, absence of plasma TV teaching ,absence of laboratory services…etc.

## 4.4.  Governance value: accountability

It is argued that the delivery of services needs strong relationships of accountability between the actors in the service delivery scheme.  The delivery of public services involves at least two relationships of accountability. (i)   Clients as citizens have to hold policy makers or politicians accountable for allocating resources towards these services and; (ii) policymakers in return need to hold the service providers accountable for delivering the service.  (Ahmed et al, 2005) refer to this as the "long route of accountability" as opposed to the "shot route" which connotes the direct responsibility of providers of clients.  If one or both of the links the long route of accountability has a breakdown that there will be weaknesses in service delivery outcomes.

For example if public spending on health and education mainly benefits the non-poor the implication is that poor citizens are unable to hold politicians accountable for resource allocation decision.  Assuming that the poor citizens can hold the politicians accountable, the politician at the sub-national level may find it extremely difficult to hold the provider accountable.  There must be a mechanism in which clients can monitor and discipline the providers (that is the short route accountability is working) for the frame work to function properly.

The absence of accountability of woreda government is mainly due to the lack of awareness or orientation and indifference of the community over the operations of woreda governments. In other words, the community has not yet assumed the program as their own which undermines the sustainability of the program.

The other reason for less accountability or rather upward accountability of woreda officials is because of strong influence and interference from regional organs and officials to the extent of ousting the woreda governments or officials who resist against the will and command of the regional officials even if their will is against the established legal norms such as, autonomy of the local governments to operate in their own ways and discretion, and not to the dictations of the regional officials. It seems the existing political structure at lower levels of government has become personalized rather than being institutional which promotes upward accountability.

The researcher while interviewing the both woreda capacities building head argument, the systemic problems of primary and secondary school in Majang zone is due to inadequate accountability relations in service provision. The report prepared by their office documents the systemic problems with public production of schooling – unaffordable or unequal access, dysfunctional schools (due to, in part, high levels of un proper payments of salary for teachers and other civil servants), low technical quality, misallocation of resources (because of corrupt officials of the woreda leaders) by level of education and across inputs, stagnant productivity, and low client responsiveness.

The school director also argues that these failures are not just happenstance but are the result of the weak accountabilities in the typical system of education offices of higher level. For example when the school-guarantee money is released by the GEQIP the woreda Administration Office ordered the school director to submit the money to the wored finance office. In a whole, those above mentioned problems are an undeniable picture which proves that decentralization in Majang zone does not come yet with satisfactory outcomes in improving the governments' performance and bureaucracy efficiency in delivering public services, especially for education sector.

## 4.5.  Decentralized Health Service Delivery (quality indicators)

The health status of the region's population is one of the lowest in the country. Infant and under five mortality rates are much higher than the national average. The climate and topography of the region is favorable for tropical diseases. Malaria is one of the major causes for high mortality. Unsafe drinking water, poor hygiene, and nutrition are also in poor condition which exacerbating the situation.

According to head office of health, Securing health condition in the region is one of the other important strategic plans. To this effect the total health coverage in the region which was 63% (2012/13) increased to 69% in 2014/15 .The federal ministry of health and the regional government in collaboration with the community has been building health centers and health posts with equipment and man power. The total number of health post is 116; there are 4 hospitals three of them are on construction and 31 health centers in the region. With regard to man power in the region 1386 health professionals among these14 doctors. the region's teachers'

education and health h science college is graduating health extension officers ,nurses and laboratory technicians are working in the region and now giving service in all rural areas of the woredas community

In order to cope up with the existing demand of man power, the region health bureau has sent different professionals for further training in degree programs. Those, more than 96 are graduated and started their work. In addition to this, health officers who have entered into universities in 2012/ will also contribute a lot for the demand of trained manpower problem when they finish their training.

Generally, the number of health professionals which was only about 880 in 2012/13 has reached to 1,114 in 2014/15.

In the strategic plan it was intended to decrease infant mortality rate by promoting child health and it reached from 80/1000 in 2012/13 to 77/1000 in 2014/15. The death of children under the age of five was 113/1000 in 2012/13-14 which doesn't have a significant change still now. Overall different measures have been taken to alleviate the number of mortality rate caused by different diseases and enhance the capacity of health sector in the region. Some of them are:


☞ Enabling children's to take vaccine,
☞  Increasing the distribution of Vitamin A,
☞  Improving child care and preventing women's death while giving birth,
☞ Educating the society about the importance of family planning,
☞  Reducing the number of people who died because of malaria infection by distributing nets, drugs and using different chemicals,
☞ Controlling the spread and effect of HIV/AIDS through opening different centers that could provide voluntary counseling and testing services and
☞ Prevent the spread of HIV/AIDS from mother to child.

The efficiency and quality of health has been assessed based on the country health policy standard. From the transitional government health policy document, health service shall be provided based on democratization and decentralization system and for the development of the preventive and promotes components of health care. The policy underlines on 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.

Thus the following are taken as indicator variables for standard service delivery among others: population to medical equipment, nurse to population ratio, health officer training, and utilization of ICT in health service and community involvement.

Table.4.8 Indicators for quality health service delivery

| | | GODERE (Metti health center) | | | | MANGASHE (Kumi health center) | | | |
|---|---|---|---|---|---|---|---|---|---|
| No | Descriptions | Value | Frequency | Percentile | Cumulative | Value | frequency | Percentile | Cumulative |
| 1 | is there adequate health professionals in the center | Yes | 7 | 28 % | 28.0 | Yes | 5 | 20 % | 20.0 |
| | | No | 18 | 72 % | 72.0 | No | 20 | 80 % | 80.0 |
| | | total | 25 | 100 % | | total | 25 | 100 % | |
| 2 | Is there medical equipment (medical laboratory kits in the health center | Yes | 10 | 40 % | 40.0 | Yes | 10 | 40 % | 40.0 |
| | | No | 15 | 60 % | 60.0 | No | 15 | 60 % | 60.0 |
| | | total | 50 | 100 % | | total | 25 | 100 % | |
| 3 | Beneficiary get medication (drug) in the health center's pharmacy | yes | 10 | 40 % | 40.0 | Yes | 7 | 28 % | 28.0 |
| | | No | 15 | 60 % | 60.0 | No | 18 | 72 % | 72.0 |
| | | total | 25 | 100 % | | total | 25 | 100 % | |
| 4 | Is health service treatment delivered in reasonable cost? | yes | 5 | 20 % | 20.0 | Yes | 7 | 28 % | 28. 0 |
| | | No | 20 | 80 % | 80.0 | No | 18 | 72 % | 72. 0 |
| | | total | 25 | 100 % | | total | 25 | 100 % | |

*Source: own survey*

On the question of "are there adequate health professionals in this center?", as it is depicted in table 4.9 most of the respondents 72% (n=18) and 80% (Godere and Mamngashe woreda respectively) claimed the prevalence of shortage of health worker in the center.

These respondents reasoned out the following factors that were perceived as cause for manpower deficiency in the center: financial constraint of the center that hinder to hire health personnel in desired amount (19.4% and 22.2%), the presence of turnover for the sake of better salary (36.1% and 34%), unfavorable working environment of the center that discourage employee to work the center (41.7% and 39.9 ) and scarcity of health workers in the local market to fill the vacant post as soon as possible (2.8 % 3.8 %).

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"Is there medical equipment (medical laboratory kits in the health center?" 60% of the respondents from both woredas confirmed the absence of medical equipment in the health centers. Similarly 60% and 72% of the staff respondents claimed that clients (or health service beneficiaries) do not get prescribed drugs in the health center's Pharmacy. While the rest 40% and 28% of the respondents respectively from Godere and Mangashe Woredas Admitted that the medical equipment are available in the health centers.

Of the question "Is health service treatment delivered in reasonable cost?"80 % (n=20) and 72 % (n=18) denied the reasonable fee. The rest 20% and 28% agree with the reasonable cost of the health centers.

In order to assess whether health centers utilize information communication technology in health service delivery a Staff respondents were asked question "does the health center utilize information communication technology (computer) in its daily services delivery?" As indicated in figure above the all of the respondents, 100% (n=25), claimed that the inaccessibility of computer service in the health center. The researchers himself observed that computers were not being utilized in both the health centers.

It is also mandatory for any organization, especially who are involved in service providing, to give training to its employees from time to time.

Keeping this in mind the researcher specifically asked "Is there various training program for upgrading health worker in the health center?" 84 % and 78 %out of 50 asserted that availability of various up grading training program for health worker most of the respondents (84 % and 80 %out of 5o) affirmed that they participated in various training programs in both Godere and Mangashe Woredas respectively. To assess the relevance of such upgrading training programs to health workers, respondents were asked to rate its Significance to their career development. Accordingly 45.2%and 40% rated training programs as good, 2.4% 4 %out of 25rated as very good and 52.4%and 56% rated as poor. When asked respondents why they perceived the training program as poor, 48.1% of them stated that the training programs were not their professional interest, 29.6% out of 27 claimed that the training programs were not significant to their career development, 18.5% of these respondents felt that the not prepared well and the rest 3.7% claimed that the programs were not clearly stated.

## 4.6. Awareness on decentralization

Table 4.9 Awareness on decentralization

| Metti health center (GODERE) | | | | | | Kumi health center (MANGASHE) | | | |
|---|---|---|---|---|---|---|---|---|---|
| No | Description | Value | Freq uenc y | Percen tile | cumu lative | Value | Fre qu en cy | Percen tile | Cumu lative |
| 1 | Define good governance principles | Yes | 25 | 100 % | 100 | Yes | 23 | 92 % | 92.0 |
| | | No | 0 | 0 % | 0 | No | 2 | 8 % | 8.0 |
| | | Total | 25 | 100 | | Total | 25 | 100 % | |
| 2 | Health service is decentralized in the center | Yes | 6 | 24 % | 24.0 | Yes | 10 | 40 % | 40.0 |
| | | No | 19 | 76 % | 76.0 | No | 15 | 60 % | 60.0 |
| | | Total | 25 | 100 | | Total | 25 | 100 % | |
| 3 | Decentralization improve health service delivery | Yes | 7 | 28 % | 28.0 | Yes | 9 | 36 % | 36.0 |
| | | No | 18 | 72 % | 72.0 | No | 16 | 64 % | 64.0 |
| | | Total | 25 | 25 % | | Total | 25 | 100 % | |

*Source: own survey (2015)*

To assess the awareness of respondents about good governance, the researcher asked a simple question, "do you define (know) the principle good governance?"

The response was very encouraging. From table above 100 %, and 92 % (Godere and Mangashe respectively) out of 50 respondents stated that they have knowledge on (knowhow) principle of good governance. This result indicates that the research participants had good awareness on governance principles: accountability, transparency and participation. But when asked these respondents (72%) "Do you think the health center work according to these governance principles?" 69.4% of them stated that governance principle nonexistence in their health center. Their reasons are: lack of participatory approach (i.e. 14%), no open information flow (transparency) (i.e. 20%), no public response (i.e. 12%) and no clear accountability of the officials (i.e. 54%).

From similar table it is also observed that, 76% and 60% (Godere and Mangashe Woredas respectively) out of 50 disproved that health service is decentralized in their center.

When asked a question, "Does decentralization improve health service delivery?" 72% and 64% (Godere and Mangashe woredas respectively) out of (n=50) respondents dis agree on the positive

change of decentralization in the health service delivery. These respondents (16%) reasoning out the interference from higher government body (i.e. 62.5%), the health center management follows top down approach (i.e. 25%) and the health center has no power to make decision on its day to day activities (i.e. 12.5%) .On the other hand 28 % and 36 % affirmed the positive change of decentralization in the centers.

## 4.7.    Degree of decentralization in health service

Table 4.10 Respondents attitude toward decision making process

| Godere (Metti health center ) | | | | | | Mangashe (Kumi health center) | | | |
|---|---|---|---|---|---|---|---|---|---|
| No | Description | Value | Freque ncy | Percen tage | Cumu lative | Value | Frequ ency | percen tage | Cumu lative |
| 1 | health center direct its day to day activities in autonomous (self-direct) way | Yes | 12 | 48 % | 48.0 | Yes | 6 | 24 % | 24.0 |
| | | No | 13 | 52 % | 52.0 | No | 19 | 76 % | 76.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 2 | health center management unit have authority recruit health personnel | Yes | 7 | 28 % | 28.0 | Yes | 8 | 32 % | 32.0 |
| | | No | 18 | 72 % | 72.0 | No | 17 | 68 % | 68.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 3 | health worker participate in planning and decision making process | Yes | 10 | 40 % | 40.0 | Yes | 8 | 32 % | 32.0 |
| | | No | 15 | 60 % | 60.0 | No | 17 | 68 % | 68.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 4 | health center generate its own revenue (income) | Yes | 6 | 24 % | 24.0 | Yes | 1 | 4 % | 4.0 |
| | | No | 19 | 76 % | 76.0 | No | 24 | 96 % | 96.0 |
| | | total | 25 | 100 % | | Total | 25 | 100% | |

*Source: own survey*

The above table presented questions whether health centers have autonomous in decision making, staff recruitment and financial allocation. When respondents asked, "Does health center direct its day to day activities in autonomous way?" The majority, 52% and 76% (Godere & Mangashe) respectively, stated that the health center do not direct its day to day activities in autonomous way.

Contrary to this 48% and 24% (Godere&Mangashe) respectively claimed that the health center performs its activities independently (table 4.10). The logic behind for such response were: high level of interference from the top hierarchical level (44.5% out of 29), the system is top down

approach (41.4%), the health center has no power to decide (6.9%) and the health center has no adequate financial resources (6.9%)

As shown in above table 72% and 68% out of 50 claimed that the health center management unit has no authority to recruit staff. This condition explains that health center has no significant authority to employ health worker by their own bureaucratic procedures.

The next inquiry was presented "Does health center generate its own revenue (income), other than annual budget subsidy/grant?" Accordingly, the majority respondents that is 76 % and 66 % out of 50) Godere and Mangashe respectively) claimed that the health center do not generate its own income but 14% out of 50 confirmed that health center has its own income.

The interview made with both Metii and Kumi health center head; researcher found that the budgeting systems of center are heavily dependent on woreda administration office decision. This office has mandate to oversight the overall financial and other activities flow of the center. Every medical material, stationary such as print paper, toner, pen, pencil, cleaning materials and other facilities can be procure by the approval and order of the head of woreda health office.

Both head of the health center argue that there is over all systemic problems in the woreda health sectors. The major problems are arising due to inadequate accountability relations in service provision which includes Unaffordable and unequal access, dysfunctional health center and offices due to high levels of health professional absenteeism, low technical quality, mis-allocation of resources and low client responsiveness.

In the context of health service delivery in Majang zone the disarticulation of the accountability relationships—unclear delegation and performance standards, finance unrelated to specific performance, lack of widespread, relevant information about performance either internally or externally, and little enforceability over either organizational or front-line providers—are the root causes of poor service delivery. These all are the result of the weak accountabilities in the typical system of health and corruption in every level.

Table 4.11 community involvement in health service center

| Metti health center(GODERE) | | | | | | Kumi health center(MANGASHE) | | | |
|---|---|---|---|---|---|---|---|---|---|
| No | Description | Value | Frequency | Percentile | cumulative | Value | Frequency | Percentile | cumulative |
| 1 | health center involve local community in planning and decision making in process | Yes | 6 | 24 % | 24.0 | Yes | 4 | 16 % | 16.0 |
| | | No | 19 | 76 % | 76.0 | No | 21 | 84 % | 84.0 |
| | | total | 25 | 100% | | Total | 25 | 100 % | |
| 2 | health center's management unit use community input in decision making | Yes | 6 | 24 % | 24.0 | Yes | 7 | 28 % | 28.0 |
| | | No | 19 | 76 % | 76.0 | No | 18 | 72 % | 72.0 |
| | | total | 25 | 100 % | | Total | 25 | 100 % | |
| 3 | health center participate civil society (NGOs) in service improvement process | Yes | 21 | 84 % | 84.0 | Yes | 20 | 80 % | 80.0 |
| | | No | 4 | 16 % | 16.0 | No | 5 | 20 % | 20.0 |
| | | total | 25 | 100% | | Total | 25 | 100 % | |

*Sources: own survey*

As it is indicted in table 4.11, the majority of the respondents, 76%, 84% (Godere and Mangashe respectively) stated that health workers do not participate in decision making process. 76% and 72% (Godere and Mangashe respectively) out of 50 respondents also claimed that the health center does not involve local community in the planning and decision making process.

When respondents asked, "Does health center management unit use community input in decision making process?" 76% and 68% (Godere and Mangashe respectively) out of 50 refuted to confirm use of community input for decision making process in the health center, while the rest 24%),28% (Godere and Mangashe respectively asserted that management unit of the health center consider community input in the decision making process.

The major reasons that were cited (i.e. by 74% respondents) as hindrance to use community input in decision making process: top down structure of health center (28.6%), management unit want to control the agenda (31%), management unit do not trust community local expertise or knowledge (11.9%), have no time to participate community in decision making process (21.4%) and also community has no time to participate (7.1%).

This statistical result explains that the management unit and other head officials hardly excluded the community input in the planning and decision making process. On the other hand when we examined the involvement of civil societies in the health center, 84% and 80 % out of 50 respondents affirmed that the health center participate civil society (i.e. NGOs) in considerable manner for its service improvement activities. According to the interviews made with the head of the health bureau of both woredas there are many NGOs in the region as well as in the woredas such as WHO (world health organization) UNICEF (United Nation Children's International Emergency Fund), ARRA (American Recovery and Reinvestment Act)  are the major one who is contributing a lot in the improvements of community health in the region as well as in the woredas.

## 4.8. Governance value: accountability

Decentralization improves local government supervision (accountability) and responsiveness. To assess whether this premise hold true in health centers or not, variables such as responsibility description, monitoring mechanism, audit practice and information flow were used as determinant indicators for accountability.

As indicated in the table 4.12 blow, to evaluate whether accountability issues improved in both Metti and Kumi   health centers or not, the next inquiries were presented to 50 health personnel of both woredas.

Table 4.12.Respondents' attitude toward health center accountability and transparency issues

| Metti health center (GODERE) | | | | | Kumi health center(MANGASHE) | | | |
|---|---|---|---|---|---|---|---|---|
| Descriptions | Value | Frequency | Percent | Cumulative | Value | Frequency | Percent | Cumulative |
| Health activities discharge with a clear description of responsibility for its professional | Yes | 10 | 40 % | 40.0 | Yes | 7 | 28 % | 28.0 |
| | No | 15 | 60 % | 60.0 | No | 18 | 72 % | 72.0 |
| | Total | 25 | 100% | | total | 25 | 100% | |
| There is mechanism to monitor the responsibility of higher officials of the health | Yes | 2 | 8 % | 8.0 | Yes | 3 | 12 % | 22.0 |
| | No | 23 | 92 % | 92.0 | No | 22 | 88 % | 88.0 |
| | Total | 25 | 100% | | total | 25 | 100% | |
| Health center disseminate information to the public | Yes | 11 | 44 % | 44.0 | Yes | 12 | 38 % | 38.0 |
| | No | 14 | 56 % | 56.0 | No | 13 | 52 % | 52.0 |
| | Total | 25 | 10% | | total | 25 | 100% | |

*Source: own survey*

 To evaluate whether accountability issues improved in the health center or not, the next inquiries were presented to 50 health personnel. Consequently, the majority respondents that is 60% and 72% (Godere and Mangashe respectively) ( out of 50) claimed that health professionals have no clear description of responsibility by which they do what the health center expect from them, but 40%, and 28% (Godere and Mangashe respectively)  out of 50 confirmed that center  provide them clear description of responsibility.

From similar table, 92 % and 88 % (Godere and Mangashe respectively) respondents affirmed that the center has no controlling mechanism to hold higher officials accountable for their responsibilities. According to staff respondents 8%  and 12% claimed that management unit hold responsible for their actions by health center's directive that is working procedure,'gimgema' (self-critics program) (29.4%) and by reporting to higher level official.

## 4.9.    Trend service delivery and its improvements of both woredas`

Table 4.13 trend service delivery in both woredas

| No | | Godere woreda | | Mangashe woreda | |
|---|---|---|---|---|---|
| | | To 2012 | End of 2014 | To 1012 | End of 2014 |
| 1 | Number of primary school | 14 | 16 | 16 | 19 |
| 2 | No of high school | 3 | 4 | 2 | 2 |
| 3 | Formal | 14 | 14 | 13 | 17 |
| 4 | Non-formal | 4 | 4 | 6 | 6 |
| 5 | Non-governmental | 4 | 4 | ------- | ------ |
| 6 | Qualified teachers | 395 | 409 | 400 | 428 |
| 7 | Text book per students | 1:3 | 1:1 | 1:4 | 1:1 |
| 8 | Education coverage interns of enrolled | 78 % | 88 % | 70 % | 86 % |
| 9 | Teachers' Turn over | 68 | 78 | 84 | 97 |

*Source: Godre and Mangashe wreda capacity building*

As it can be seen from the table, the number of primary schools in Godere and Mangashe woredas has gone up from 14 to 16 and 16 to19 schools after the implementation of woreda decentralization, while the gross enrollment ratio increased from mere 78 % to around 88 % and 70% to 86% respectively. And text book per student shows significant change which is 1:3 to1:1and 1:4 to 1:1 respectively for Godere and Mangashe woredas within two years. In both woredas woreda statistics of basic service delivery trends show a better improvement and Mangashe woreda is relatively better in all aspects. On the other hand the number of teachers in both woredas is increasing within two years from 395 to409 and 400 to 428 respectively for Godere and Mangashe woredas. Relatively Mangashe woreda is better in number of teachers and number of schools this is because Mangashe woreda is larger than Godere Woreda in geographical area.

Local governments in the Gambella region suffer from capacity problems in all dimensions ranging resources (human, financial, material), administrative, technical, political and legal aspects.

According to information from some interview officials) Shortage of skilled manpower is one of the most pronounced and frequently mentioned by regional as well as local government officials in the Gambella region

Thus, for instance, in between two years 68 to 78 and 84 to 97 (Godere and Mmangashe respectively) teachers have gone from both woreds. This brought of deficiency of skilled manpower, some of the schools and health posts built by woredas are not functioning and giving the needed services to the local community. This has been exacerbated by the fact that most of the devolved manpower returned back from woredas (due to reasons ranging from remoteness of the woreda, to hostile reception, lack of fairness of woreda officials, absence of work to do and un evenly paid monthly salary), and most were reemployed by the regional bureaus at regional level while others joined NGOs and UN agencies working in the region and majority goes to the nearest sheka zone in SNNP in Yeki woreda . Yet others have been dismissed wrongly by woreda governments because of the devolved employee may be seen as an obstacle to the interests of the elected woreda cabinet and/or stakeholders at regional level.

## 4.10.  Community participation

Participation according to Jacob (2005 cited in Mahat, 2007) may be defined as: the capacity and the ability of the community to contribute, to share in and benefit from diverse social, economic, political or other processes of the society.

Participation in development is an indicator of decentralization and involves in the first place the local community. Participation is therefore a continuum, a permanent state which can only be achieved through providing the means for effective involvement of people in all facets of the society and actively promoting this as a matter of policy and practice.

 Molekane and Mothae (2009:14) add that when citizens have confidence and trust in government they are willing to participate openly in government activities. Participation of citizens increases government resource base that will ensure the optimum use of available public resources. Effective use of resources, participation and having trust and confidence in government will therefore promote good governance, which will ensure sustainable development.

The contributions of a given community include, among others, planning and designing, prioritizing, funding (financing), implementing, monitoring and evaluating of their development programs. In realizing these community contributions, the commitments of both government and local society are inevitable. The government should design community-based national policy and open its door to community to involve in their own issues starting from planning to final evaluation.

While it is clear that decentralization theoretically provides opportunities for greater participation, these opportunities for greater participation have not been realized in most cases. In the study  woredas, participation is more associated with development projects. Community participation at kebele levels is perceived as a contribution of materials and labor to development projects when either a higher authority or influential kebele officials demand such tasks for local development projects.

The kebele performs only coordinating the community to support developmental projects in terms of free labor and local materials such as collection of sand, stones and poles; in short, anything  that can be found locally, which also includes money and free labor.

Respondents in both woredas indicated that the level of involvement of the larger community in identifying and setting priorities was ***too weak or almost nil***. During the discussion, discussants revealed that there was no trend of involving the community to participate in planning and prioritizing their needs and deciding on different public sector delivery activities. Usually the community called for discussions and meetings for political and security agendas not for development. For instance, in education sector, the community was involved in some activities such as construction of teachers 'house and caring school materials from town to rural schools. Hence, the community involvement is only limited in contribution of labor and local materials insignificantly in a very rear times. Local communities were not involved in the management of schools to ensure that schools provide appropriate education to children. Like education sector the community participation in health sector is inadequate or almost none.

According to the information obtained from woreda health officials, in both woredas there was no    even single health project that was implemented by involving the community. All health

centers and health posts were constructed by the government. All construction projects were implemented and supervised by the regional health bureau like that of the education sector.

Officials in the *woreda* recognise the importance of community participation in the local development process. However, so far, there are no clear and established modalities of involving the community in the process of local development. This is with knowledge that there is a coordinating office for community mobilization and participation in the structure of all *woredas*. But, according to the heads of the office in both Godere and Mangashe *woredas*, the office does not have the slightest idea of how to involve the community in the planning and implementing development projects among other things, due to financial, human capacity constraints as well as lack of commitment to the principles of community participation by woreda officials.

Moreover, the major job done so far by the community mobilization and participation office is that of peace and security monitoring of kebeles as other cabinet members. Thus, community participation in the planning, budgeting and operations of the *woreda* government is weak and community members do not have access to the operations and undertakings of the *woreda* governments. However, sometimes, projects formulated and planned by *woreda* cabinet are ratified (sometimes with adjustments) by the community at implementation stage and they are told to contribute certain proportion of the cost of the project through free labor and local materials.

Thus, the community has very low awareness in participating in different development and service activities. In the study areas also we see that very little effort is made from the local authority, to mobilize and coordinate the community to enhance their role in different development activities.

The establishment of the system (like establishing each kebele community health committee, PTAs) to address and mobilize was also realized recently. According to interviewed officials, factors as barriers for the community participation in service delivery in the study woredas include lack of awareness, lack of systems to participate in the community, lack of capacity and experience for mobilizing the community, provide more attention for political issues, weak administrative structure at kebele level, lack of strong association or forums at community level and budget constraint to empower the community (at least representative of the community).

Therefore, the scope of local community participation in the region in general and local level in particular is limited and sometimes missing.

The absence of comprehensive trust, legal and political frameworks and the weak organizational capacity at the grassroots level are affecting negatively the community participation in the process of local planning, budgeting, decision-making and service delivery activities in the region.

## 4.11. Major problems identified in education and health service delivery

Although the regional constitution put the powers of the woreda and kebele administrations, findings of the study indicate that the authorities of both administration units do not enjoy their decision making power; because resources and power is not devolved in the real sense. For instance, in GPNRS still woredas are accountable to zones. However, woredas report their activity performance or other issues to regional state. Due to this there is no good relationship between the woreda and zone. This indicates there are no clear inter-governmental relations between woreda and zones. This creates confusion of accountability.

According to the law, woredas are formally declared to be independent local government authorities but in reality there is a great deal of supervision and control by regional governments over woredas affairs. In the study woredas, most capital projects (construction of schools, digging wells and health units) have been carried out by regional state. Regarding this, Meheret (2007) noted that in Ethiopian situation where local governments are heavily dependent on regional and central governments for budgets and single party dominance; the independence and autonomy of woreda governments as well as their accountability and responsiveness to local communities will be much to be desired.

In the discussion time woreda officials raised both zonal and regional administration interfered and ordered the woredas. It was also found that there was not enough decision-making power transferred to lower level governments. Studies showed that inspire of the existence of a system which aspires to decentralize power to democratically elected political executives at the district level, woredas were found acting as de- concentrated administrative units of regional and zonal

sector bureaus and administrations. Woredas enjoyed little fiscal or administrative autonomy to respond to the local needs of their constituencies.

Interviewed kebele officials were also pointed out that most of the kebeles did not have office furniture and archives, officials were neither permanently employed nor paid anything; they just give free service with their free time. There is no budget allocated to the kebeles nor they have revenue sources; all kebeles collect revenues but submitted all to the woredas. Kebeles were highly engaged in peace keeping and order and community mobilization for administrative and political purpose rather than mobilizing the community to participate in different development activities.

Hence, the field data revealed that power is de -concentrated not devolved fully on main issues like revenue generating, manpower recruitment, education and health service delivery and to fill the capacity gaps (woredas cannot give trainings for their employees).

The education office coordinates and implements primary educational services of the woreda in different kebeles. Similarly, the health office also coordinates and implements health care activities through health centers and health posts. By the same token, the structure of different sector offices has similar arrangements with the exception of some modification in restructuring or reorganizing the services of support staff in a pool system.

In the interviews, woreda officials explained that the pool system is a system or an arrangement to deploy staff at woreda levels to reduce the cost of decentralization and improve efficiency.

Accordingly, administrative service is provided only with one pool system. The first pool for administrative service is located under the woreda administration office while the second is located under the Finance and Economic Development office. All administrative matters related to personnel administration is handled by these offices and all the woreda offices get services from the two main offices so that they don't have their own administrative sect ion.

One can easily see the difficulty for decentralization programs and policies to be properly implemented in the woreda. As it mentioned in the literature part genuine decentralization has to be institutionalized and integrating their own organization policies in to practice. The nature and capacity of that agency determine the outcome of decentralization policy. The idea of bringing

service closer to the client is appealing but it has been found that local governments lack skilled manpower for managing and implementing different public services. It is also challenging to bring about effective devolution of responsibilities has been the limited administrative and resource capacity of woreda governments.

On the other hand, the woreda council and other head offices complied that there is no significant relationship with regional council even to extent the woreda administration has with the regional government except sending orders and commands to the woreda council to do what they are told to do. In short, the woreda-regional relationship in general and among the woredas in particular (in terms of administration and service delivery and other basic infrastructures is not smooth and most of the time exists with no end in sight for its improvement in the near future if the currently existing woreda-region relationship trend remains this way.

### 4.11.1. Education service delivery related problems

Decentralized education services improve transparency, accountability, participation, the quality and accessibility of services and hence delivered efficient services (UNESCO, 2005).

Educational decentralization involves transfer of decision making powers form the central ministry of education to intermediate government, local governments, communities and schools (USAID, 2005). Decision making process of educational institutions should be transferred to lower layers such as primary and secondary schools by sharing responsibilities with community.

### A. Poor physical conditions of the schools

In teaching learning process several factors should be considered to create conducive environment. To list some of these: availability of school facilities (such as communication, electricity, water, first aid, toilet, teacher and student lounge), conditions of the physical building of classrooms, presence of teaching learning materials such as teaching aids, administrative materials such as toner, paper, and other stationary materials. These factors determine the general conditions of schools.

According to observation conducted in the two educational institutions, no one has favorable building to carry on teaching learning process. The physical conditions of both are not conducive for teaching learning process. The schools' sections are too old that threat for dilapidation

specially Tinishu metti schools' building are constructed in 1956 E.C which means it served more than 50 years. And hence this condition may threat the life of students and teachers who prime become possible victims for accidents. By considering this into account the researcher made discussion with teachers, , parents and school principals particularly at Tinishu Metti and Jeyin school . As a result the researcher documented the school community perception (teachers, students, principals and parents) toward the dilapidated condition of their schools. Most of the school community especially teachers hold the school principal as liable for not taking active actions in solving this conditions.

The interview result with Tinishu Metti principal presented in the following.

*Q1- How do you express the physical condition of your school?*

Ans: *The school has involved in teaching learning process for above 50 years. As you observe, the physical condition of our school is very terrible to carry on teaching learning activities. Currently the classrooms are not only too old but also narrow ones which make teaching learning activities to be carrying out in harsh situation. We, therefore, have threat for unexpected accident that may hurt members of the school community.*

As the school principal explained the school management had made various efforts to renovate the building. Since the situation is above the financial capacity of the school, they reported report to education office of the woreda counsel and to the community and even to students counsel. In addition to this to make the renovation real, the school prepared various events to collect money from the community and other interest group. Nevertheless of these efforts, the school still couldn't get adequate financial resources to make construction activities. However, currently new classrooms are being constructed by education office of the regional bureau.

In addition to that the schools have no office for department heads and teachers. Furthermore these schools do not provide adequate library service, computer Assessment of the effects of decentralization on education service delivery service and science laboratory demonstration effectively. The laboratory class is full of outdated chemical and producing bad smell around the class this condition makes teaching learning process conducted within unfavorable environment.

### B. Poor quality of education, student-teacher ratio, and student-class ratio

According to MoE (2010) policy, teacher to student ratio should be in 1:25 ratio. However, in the selected two schools, the study has identified the inadequate number of teachers when compare to student population. Because of this constraint, teacher load become on average 24 periods.

Even though students-text book ratio shows improvement, still the distribution is not as such satisfactory. The study has identified that student text book ratio was beyond the standard; it has been recorded as one to four. Similarly the number of students per section determines quality education service. Accordingly the research identified that students-section ratio of the schools were beyond the national standard in both woredas. The schools experienced high rate of drop out and repetition, high teachers turnover and weak public response in the two schools and in the woreda as the whole.

### C. Inaccessibility of information technology and plasma education

The national education policy of Ethiopia has taken emphasis on the employment of information communication technology for service improvement (MoE, 2002). Nevertheless of this, when observation was conducted in two schools, the researcher observed that the absence of meaningful employment of computer service in teaching learning process. At In these two schools, the number of computer is very small (i.e. 13 or 14) and internet service are not acknowledged at all in both woredas. Plasma **TV**s and the teaching learning have stopped functioning three years ago. This situation hinders teaching learning process of schools as teachers are expected to upgrading their knowledge and skills by acquainting themselves with new technology application.

### D. High student dropout rate and repetition rate

The study assessed whether the efficiency of schools performance in terms of student Repetition and dropout rate improved or not. As a result repetition rate of students were high in both woredas. From document examination, for instance, it has been learned that repetition rate of grade 9 student in both Tinishu Metti and Jeyin high school is high, and even repetition rate of student increased from 62 to 101, and 106 in 2014 this means that within three academic year students who repeat grade 9 were increased by percent year after year.

### E .Low level of community participation and low level of autonomous decision making

In principle within decentralization framework power and resources transfer to school to make decisions and work with community, civil society (NGOs) and other interest groups. In the study it has been identified that the local community involvement in education services activities has been not experienced.  In those two schools, according to staff respondents' perception the management unit does not consult community to ascertain their interest. According to  key informant discussion, as the structure of education institution is top down approach, the management unit of the school remains undecided to consult community by its own initiative. According to staff respondents' views dues to the existence of top down approach in education service delivery schools do not use community input in the decision making processes. On the other hand the schools have no authority to perform day to day activities their own. He said that some activities mandate has been interrupted by education office by higher governmental organ namely education bureau of the region. On the normal sate the power of this office are performs administrative task such as promotion, demotion, salary scale and transferring. In these activities schools roles are only limited to report the manpower demand to the office.

### 4.11.2. Problems in Health Sectors

In the study, the efficiency and quality of health service delivery were assessed based on the country health policy indicators: among these the major one are: health officer training and governance value: community involvement in decision making, level of decentralization, accountability and transparency. Accordingly, the following major problems were identified, among others. These are:

### A.  Inadequate number of health professional and medication (drug)

In both health centers (i.e. KUMI and MITTI)  key interview, the two health center has to serve high number of beneficiaries (patients) with minimum number of health professionals. To aggravate this condition, health workers resign for the sake of better salary and good working environment.

 According to staff respondents' statement, clients (or health service beneficiaries) do not get prescribed drugs in the health center's pharmacy. This is also was confirmed from health service

beneficiaries whether they get prescribed medicine (drugs) from the health centers or not, the majority confirmed that the unavailability of medicine in the health centers' pharmacy and even they are told to buy gloves from private pharmacy in the town. Thus health service receivers forced to find drugs from private pharmacy centers by which they incurred for higher cost.

## B Inadequate financial capacity and absence of information technology (IT)

In principle decentralized health service delivery promote health center to design various payment scheme according to the ability of patient. In line to this the study assessed the financial conditions of the two centers. Accordingly as most staff respondents stated and as it is known majang zone is the leading zone in HIV prevalence but the health center has not designed special cost for poor, people who live with HIV/AIDS and TB counseling and testing and mother –child treatment services. These services have been delivered with insignificant cost.

On the other hand the computer service in the health centers is absent. Some of the benefits of ICT in health services delivery are: for identification of patient care, financial management, planning and budgeting activities, handling staff and health beneficiary profile and preparing accurate report. Nevertheless of this, when observation was conducted in the two health centers, the researcher observed that the absence of meaningful employment of computer service in health service delivery.

## C .Poor quality of training program

According to staff respondents, there is training (up grading) and available in some case but the training program were not their professional interest, significant to their career development, not prepared well and clearly stated.

## D. High prevalence of HIV AIDS

According to the officials in health sectors Gambella regional is known with High rate of HIV/AIDS prevalence and malaria, which claim the lives of many people, the most vulnerable of which are female, in the region. And from all zones in the region Majang zone took the highest rate of HIV/AIDS which is 13.6%.

### E. No autonomous (self- direct)

According to key information, the health centers have little autonomous to direct their administrative issues particularly in the procurement activities. Some of the reasons the key informants quoted were: high level of interference from the top and usually decision made on top down approach. He said that although the health centers have mandate to propose what to be procured, decision made only from the health office or the health centers management board or head. As these units do not act promptly for such administrative routines, some constraints have created on health service performances especially in getting medicine and other related materials at the right time to the right person.

### F.No community involvement in decision making process

In decentralization framework, the participation of community for effective service delivery and for the improvement service considered as pillar. By taking this point into account, the study assessed the participation of community in decision making process. Accordingly, as the majority of the respondents stated there is no slight involvement of health personnel, health service beneficiaries and local community in the planning and decision making process.

### G. Low governance value: accountability

In the study accountability issue were assessed in clarity of description of responsibility, audit practice, reporting system, information flows and public consultation programs of the two centers, the following problems were identified.

Accordingly absence of accountability of woreda government is mainly due to the lack of awareness or orientation and indifference of the community over the operations of woreda governments. In other words, the community has not yet assumed the program as their own which undermines the sustainability of the program. The other reason for less accountability or rather upward accountability of woreda officials is because of strong influence and interference from regional organs and officials to the extent of ousting the woreda governments or officials who resist against the will and command of the regional officials even if their will is against the established legal norms such as, autonomy of the local governments to operate in their own ways and discretion, and not to the dictations of the regional officials. It seems the existing political structure at lower levels of government has become personalized rather than being institutional which promotes upward accountability

# CHAPTER FIVE

# CONCLUSIONS AND RECOMMENDATIONS

## 5.1 Findings

The study has assessed various aspect of decentralization in the provision of quality service in the Majang Zone (Godere and Mangashe woredas). Under the study ten different governmental institutions were incorporated. These were from regional bureau, zona offices, woreda education institutions capacity building of both woredas,Kebele offices of both woredas, and two high schools from each woredas and two health institutions(health centers) from each woredas. The major aim of the study was to understand the relevance of decentralization in devolving resources for the improvement of service delivery (i.e. education and health services). When awareness (know how) of the education and health service providers to service the service receivers in the comparative manners.

The study portrays with facts that the impacts of decentralization efforts have on good governance in GPNRS is poor. There is absence Zone accountability of woreda government. There exists upward accountability of woreda government because of strong influence and interference from regional organs and officials. The existing political structure at different levels of government has become personalized rather than being institutional which promotes upward accountability. There is also lack of awareness or orientation and indifference of the community over the operations of woreda governments. Central tradition, the political culture i.e. the culture of silence among the people on political issues and the culture of unaccountability among the officials and ethnicity greatly influences people's perception and behavior in the Zone.

One of the arguments for decentralization is brings government closer to the people; community and other stakeholders involvement may be, therefore, a determinant factor that play vital role in the implementation of decentralization for effective education and health service delivery.
Under the study the extent of community involvement in education and health service provision were assessed. The majority of the staffs and service beneficiaries respondents perceived that the

community participation in the decision making process improved in the decentralization framework.

The study revealed that under decentralization framework the involvement of higher local government (that is education office and health office) become very limited in education and health services delivery. The research has identified that the variation of degree of interference in education and health service. According to the findings the level of decentralization in education institutions (schools) are lower than that of health service. Compered to Mangashe wored, Godere woreda is relatively better in both school and health service delivery. In school the management unit could to small extent decide on its financial resources, runs teaching learning process independently whereas health center has not such mandate. Similarly to this the health center has no higher power in the recruitment process of health workers to fill the vacant position.

The majority of the staffs and FGD respondents perceived that the participation in the decision making process limited in the decentralization framework. This is because of the top down approach of the service centers management unit hardly forced the officials to not use community input in the decision making process. With regard to civil society (NGOs) involvement in the service provision and coverage, both in health and education sectors there is high involvement of NGOs and has showed little improvement and became relatively inclusive than education institutions in both Godere and Mangashe woredas. As FGD and some respondents confirmed the major problems in participation of NGOs is not from funding or limitation but the presences of the fund is being used. The official's lacks Transparency and accountability. There is lack of transparency in the activities of lower level governments. The community is unsatisfied about the transparency of financial and service delivery process in both woredas.

## 5.2. Conclusion

Despite the many challenges mentioned in the chapters and sections above, most of the case study woredas have nevertheless been able to make some limited progress, particularly in areas such as the expansion of access to services, the more economic use of resources, increases in administrative efficiency by streamlining bureaucratic processes, and the mobilization of local resources for development purposes. However, none of the case study woredas have showed signs of achieving the most important claimed benefits of decentralization, in particular the establishment of an efficient, effective, responsive, accountable and participatory system of local governance and administration, in which plans and budgets for service delivery development are designed, implemented and monitored in a participatory manner, in line with the expressed needs of local communities. As the findings of this study show, there has been little or no involvement of citizens in local resource allocation and utilization decisions, and few opportunities for citizens to hold their elected and appointed leaders and officials to account.

This study has identified a range of factors that have been responsible for the weaknesses and shortcomings that have characterized as the decentralization process in the gambella region in general and Majang zone in particular, the operation of the decentralized governance and service delivery and administration systems that have been put in place as a key part of the process. These include the lack of clarity in the constitutional and legislation framework for decentralization, the serious human resource capacity constraints that face the vast majority of *woredas*, and the low level of responsiveness in good governance and service delivery.

According to the findings, school effectiveness in terms of quality indicators was not significant. Student repetition rate, student dropout rate, teacher to student ratio, students to section ratio, and student to text book ratio, the employment of information technology were in poor standard that slightly met the national standard for quality indicators. Hence we can conclude schools that are found at Majang zone have to do so many things to meet the national quality standards.

According to statistical report of schools, female enrolment rate has been improved. The percentage distribution of female students has reached to 51%. From this, it can be conclude that gender gap on access to education service has been reduced to a significant way.

The management unit of school undermines the participation teachers and students as well as the involvement of local community in planning and decision making process. Because of the top down structure of education system school management unit slightly does not use community input in the decision making process. School Furth more, the involvement of civil society particularly NGOs in the service improvement and coverage were inconsiderable. This condition indicates that school management unit was passively involving such organizations in the school activities.

Teaching learning process of school was not student centered. This condition affects quality of instruction and achievement of students negatively. Contrary to this teachers have taken continuous training program to upgrade their qualification, academic capacity and teaching skill. This indicates that the performance of school in teacher capacity development was positive but not in its teaching learning approach.

In decentralized education service, school act independently but the accountability of management unit and staffs were poor. This expresses that school lack clear description of responsibility, poor financial management system, slightly publicize plans and decisions to community and hardly consult local community to ascertain their interest. From this we conclude that in school education service was delivered with low governance value.

Health centers do not fully disseminate health related information to educate the people or beneficiaries about the preventive and curative actions. These centers have no clear description of responsibility by which the officials hold accountable for what they have done. In the health center there few numbers of health professionals and little or no medicine (drugs). This indicates that high number of beneficiaries (patients) have got insufficient health service treatment. From This condition it can be conclude that the efficiency and quality health service delivery is poor.

Health service treatments of the centers are not customer oriented. These conditions undermine the condition of service provision. In addition to this, health personnel have not taken continuous training program to upgrade their qualification and skill. This indicates that the performance of health center in treatment was negative. There is no Special payment mechanism designed for poor who especially could not afford the treatment cost like HIV/AIDS and TB. Sector coordination does not make possible particularly with 'kebele' office to screen, to identify and to approve the target groups. From this we can conclude that decentralization does not serve to balance different needs of diverse people.

On the other hand, in the health centers there were relatively little autonomous (self- direct), insignificant participation of health personnel, health service beneficiary and local community in strategic planning and decision making process, hardly use community input in decision making process and insignificant power to make decision on financial capacity. From these we can conclude that in these health centers level of decentralization have not achieved a remarkable performance. In health center the accountability of management unit and staffs were poor. This shows that health center slightly publicize plans and decisions to community and hardly consult local community to ascertain their interest. From this we, again, conclude that in health center service was provided with low governance value.

Generally, it can be concluded that decentralization evidently does not shown improvement in service delivery particularly in schools' and health centers' activities. To mention some of these outcomes: it does not enabled the local service providers (education and health centers) to perform their duties with autonomy, to provide quality and efficient service (i.e. in terms of access and coverage) to their clients. It is also important to note that administrative constraints such as manpower, clarity of responsibility, open information flows and financial management system has made the services provisions inadequate.

From the research findings, it can be said that the local service providers in Magang zone has several limitations to implement decentralization in its full context. Therefore the following recommendations are drawn to improve the education and health services delivery by alleviating some of those identified troubles.

## 5.3 Recommendations

❖ For successful implementation of decentralization, the regional government in collaboration with local governments should formulate a strong legal framework setting out the powers, rights and duties of different government tiers in the region. Without such a framework, it is often impossible to know who is responsible for what. This allows zonal and regional governments to interfere easily with local affairs and leaves woreda and kebele authorities with no possibility of stopping such interferences. Thus, legal norms must be adapted to local needs and to the circumstances of the local area.

❖ To ensure the successful and sustainable implementation of woreda decentralization in service delivery in GPNRS, there should be strong professional commitment, leadership and dedication from the relevant government institutions and personnel, and other stakeholders as well as support from top level management, both politically and in the allocation of the necessary human, material and financial resources.

❖ For making local governments and their members accountable and transparent to the people; citizens should have the possibility to assess their performance. This requires transparency of government actions and the possibility to have access to relevant information such as budgets, accounts and plans.

❖ Accountability to several authorities might create confusion and insecurity at lower levels that would be detrimental to the idea of efficient administration. Thus, well defined responsibilities provide for the degree of transparency and security needed by authorities at lower levels who have to make certain decisions on their own. Therefore, a high degree of transparency in the relations between different regional governments, i.e., region-woreda, zone-woreda, woreda- kebele and with the community have to be established to encourage discussion and exchange of ideas.

❖ Among the problems facing the region and woreda administrations, shortage of trained human resource is crucial. Therefore, the decentralization effort should first capacitate the region and local woredas with resources (human and material), administrative and technical capacities to help them evolve as viable and autonomous units of self-ruled administrations. In addition, in order to minimize high staff turnover, the regional government should introduce positive and staff motivating incentive mechanisms so that employees should be dedicated to the job for which they are assigned.

❖ In the public service centers management system should be participatory in service provision so as to include various views of internal and external customers (i.e. workers, stakeholders and service beneficiaries)

❖ Service delivery should be transparent and hence the customer (i.e. service beneficiary) should have free access to information and also public service centers should be audited equally by internal and external auditor on a regular time schedule.

❖ Public service provider should be more empowered and authorized to decide in the overall administrative issues autonomously: budget allocation, procurement and staffing activities. In addition to this there should be clear description of responsibility in public service center in order to hold or to develop its management unit and worker accountable

❖ There should be a system to identify community interest or preference to recognize their rights to get proper service and access to basic (i.e. education and health) services as well as there should be a workable framework to include community and other interest groups (i.e. NGOs) input in the improvement, strategic planning and decision making process

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Appendixes

JIMMA UNIVERSITY

COLLEGE OF LAW AND GOVERNANCE

DEPARTMENT OF GOVERNANCE AND    DEVELOPMENT STUDIES

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Dear Respondents,

The purpose of these research questionnaires is  for academic  reasons  which  are prepared  for the fulfillment  of  Master's   thesis.   The  research   studies  in   majang zone Godere and Mangashe woredas   education  and health  services  delivery condition   within a decentralization  frame work .the  data  collected  will  be   employed   for   the  partial fulfillment  of  the masters  of  Arts in Governance  and  Development  Studies  Program of Jimma  University.  Therefore  you,  the  respondent,   kindly   requested  to  give the right information  and  responses  for   the   questions.

The  format contains  *TWO  SECTIONS*:  the   first  part dealt on  your  personal  information, the  second   section  dealt  about  education  center  (i.e. School)  performance  in line  with decentralization  program.  To this end, to make this research real and objective, your answers are in dispensable. I would  like  to express    my    deepest   gratitude   for   your sincere cooperation in advance!!

## **Personal   Information**

Instruction:  Please select and write the letter that represents your personal information

1. Age-------------    A=below20        B=21-30         C=31-40         D=above41

2. Sex---------------  A=Male                          B=Female

3. Educational level--------A=above  degree    B=Degree level  C=Diploma level       D=below diploma level

4. Work experience---------------A=  below  5 years      B=  5-9 years     C=10-14 years

D   above15 years.

_____

## SECTION I-2

### Instruction

The following questions are presented in multiple choice and open end type. Please select (circle) your best choice(s) as per the nature of the questions.

I. Regarding school service delivery (i.e. teaching-learning activities)

1. Does teacher to student ratio is standard* at this school?

      a) Yes      b) No      c) I do not know

2. If your response to question 1 is no, what do you think the cause of this to happen? (Hint:-you can select at least one option, if necessary)

a. The increasing number of students

b. turnover of teachers

c. The unavailability of additional class rooms

d. Financial constraint to employee teacher

e. if other, please specify_____

3. Does student to text book ratio is standard** at this education center?

      a) Yes      b) No      c) I do not know

4. If your response to question 3 is no, what do you think the reason behind? Because (Hint:-you can select at least one option, if necessary)

a. deficiency of text book in the store

b. Financial constraint to acquire text book on time

c. The increasing number of students

d. The unbalanced nature of demand-supply of text book

e. If other, please specify_____

5. Does the education center employ information technology (computer) service (i.e. internet service) in its teaching-learning activities?

      a) Yes      b) No      c) I do not know

6. Is teaching learning process active (student centered) in the school?

a) Yes      b) No      c) I do not know

7. Which area has problem in your education center service delivery? (Hint:-you can select at least one option, if necessary)

a) Finance and procurement

b) Teaching experience (skills)

c) Human resources administration

d) Physical built and facilities

 e) If there is other, please specify_____

8. How many students are there in a given class (i.e. students-class ratio)?

    a) Below 25 (1:25)     b) 26-40 (1:40)     c) 41-60 (1:50)      d) above 61 (1:60)

The repetition rate of students in this school is?

    a)   very high            b) high            c) very low     d) low

10. The dropout rate of students in this school is

a) Very high             b) high            c) very low     d) low


11. Is there teacher training program in the education center?

    a)  Yes          b) No           c)  I do not know

11.1   If your response to question 11 is yes, how do you rate the  program? (i.e. in terms of quality)           a) Good           b) poor           c) very good

11.2    If your response to question 11.1 is poor, your reason is (Hint: here you can select more than one, if it is necessary)

a)  The training program is not objectively developed

a) The training plan could not be implemented

b) The center has not mandate to run its training program

c) Shortage of fund to cover the training cost

d) If other, please specify_____

12. Have you ever participated training program prepared by the school or education office (for your professional development)?      a)  Yes          b) No           c)  I do not know

12.1 If your response to question 12 is yes, how do you rate the relevance of training  program? (i.e. in terms of quality)            a) Good            b) poor           c) very good

12.2 If your response to question 12.1 is poor, why? Because the training program (Hint: here you can select more than one, if it is necessary)

   a. is not prepared well

   b. is not your professional interest

   c. is not clearly stated

   d. is not significant to your career development

   e. if other, please specify_____

## II. Concerning Degree (level) of decentralization

13. Do you know (define) the principle of good governance (i.e. for instance, accountability, responsiveness, participative)?　　a) Yes　　　b) No　　　c) I do not know

13.1 If your response to question 13 is yes, do you think (believe) that there is good governance in your education center in the service delivery?

 a) Yes　　　b) No　　　c) I do not know

13.2 If your response to question 13.1 is no, what is your reason? Because in the education center (Hint:-you can select at least one option, if necessary)

a. there is no transparency

b. there is lack of participatory approach

c. there is no public responsiveness

d. there is no clear accountability of the officials e. if other, please

specify_____

14. Is education service decentralized in your school?

a) Yes　　　b) No　　　c) I do not know

14.1 If your response to question 14 is yes, does decentralization enable teacher to make decision in teaching learning activities?　a) Yes　　　b) No　　　c) I do not know

14.2 If your response to question 14 is no, why? Because in the school

   (Hint:-you can select at least one option, if necessary)

a. there is top down approach

b. there is no participatory approach

c. there is no empowerment

d. there is no clear accountability

e. if other, please specify_____

15. Does the education center have an authority to recruit professional (teachers) in the school level?          a)  Yes          b) No          c) I do not know

16. Does the education center generate its own revenue (income) sources?

   a)  Yes          b) No          c) I do not know

17. If your response to question 16 is yes, the sources of revenue (income) are from ( Hint: here you can select more than one, if it is necessary)

a) The education center services fee

b) External donor like civil society

c) Community aid (contribution)

d) From various sale income such as tree, grass, old  (Damaged) office equipment

e) If other, please specify_____

18.  Which units decide the financial allocation of the education center?

a)  The education office of the city          b) The center management board

c) The community (via kebele unit)          d) the town (city) council

e)   If other, please specify_____

19. Does the education center perform its day to day activities in autonomous (self-directed) manner?          a)  Yes          b) No          c) I do not know

20. If your response to question 19 is no, the reasons behind is (Hint:-you can select at least one option, if necessary)

a. The presence of high level of interference

b. The existing system is top down approach

c. The education center has not power to decide

d. The center has no adequate financial resources

e. if other, please specify_____

21. Does decentralization improves or brings positive change in education services delivery of the school?          a)  Yes          b) No          c)  I do not know

21.1 If your response to question 21 is yes, why? Because decentralization

(Hint:-you can select at least one option, if necessary)

a. improve quality and access of education

b. develop common understanding on decision making process and accountability

c. makes the school's activities transparent

e. empower teachers

d. if other reasons, please specify_____

21.2 If your response to question 21 is no, the reason behind is

a) The presence of high level of interference

b) The existing system is top down approach

c) The education center has not power to decide

d) The center has no adequate financial resources

e) if other, please specify_____

22. Does school management unit participate teacher in decision making process?

 a) Yes          b) No

22.1 if your response to question 22 is no, your reason is

a) School management is top down approach

b) The management system is not participatory

c) Because teachers are not empowered

d) if other, please specify_____

23. Does school involves the local community (i.e. through kebele office) in decision making

process?.               a) Yes          b) No

23.1 If your response to question 23 is yes, why the community is being involved in the center

program? Because (Hint: here you can select more than one, if it is necessary)

a) They could contribute financial and labor

b) To create common understanding in development goal

c) To develop a sense of commonness in education service delivery

d) To develop responsiveness and accountability

e) If other, please specify_____

23.2 If your response to question 23 is no, why because the school management system

e) Is not participatory

f) Follows top down approach

g) Give little concerns to community contribution

h) Work to accomplish the politic mission

i) If other, please specify_____

24. Does management unit of the school participate civil society (NGOs) in the improvement processes of education service delivery?     a)  Yes          b) No

24.1 If your response to question 24 is no, why? Because the management unit. (Hint: here you can select more than one, if it is necessary)

a. Is not participatory

b. follows top down approach

c. give little concern to NGOs support

d. has constrain to work with NGOs

e. if other, please specify_____

**I.    Concerning accountability and   transparency issue**

25.  Does the  education  center  discharge  activities  with  a clear  description of responsibility for  its  professional?     a) Yes          b) No           c) I   do not know

26.  is there a mechanism to monitor the responsibility of management unit (higher officials?) of the center?          a)  Yes          b) No

27.  If  your  response  to   question  26  is  yes, the mechanism to supervise the responsibility   of   management unit of the school is through

a)   Working procedures (administrative manual) of the school

b)   Teacher parents association

c)   Evaluative (i.e. critics) action of the school community (teacher, student, staff, parents and director) or 'gimgema' program

d)   Education office of the city (By reporting to higher official)

e)   If other please specify,

28.   Is there internal auditing action on financial statement of the school to community or other stakeholders in accordance with required schedules?          a)  Yes          b) No

29. Is there external auditing action (i.e.by education office or 'kebele' audit unit) on financial statement of the school to community or other stakeholders in accordance with required schedules?                    a) Yes          b) No

30.Do you think woreda and zonal education officials practicing good governance?

a. yes          b.no          * if yes how do you evaluate it?

a. Very good.    B. good     c .Poor     d. very poor

31. Does the education center disseminate information (i.e. through mass media, in annual school events, magazines or booklet) regarding its teaching learning performances to the community?                    a) Yes          b) No


**Thank you!**

_____

**SECTION I-3**

In-depth Interview Guideline

Prepared for education officer (principal)

- Name of the interviewee_____
- Age_____ Sex _____ Place of work_____
- Your position title? _____

1. In Ethiopia decentralization has been implemented to accelerate service delivery and hence to meet the millennium development goal i.e. End Poverty. So what do you say the impact of decentralization toward education services?

2. Does the education sector work in line with decentralization principle? If No why?

3. Does the education sector have adequate mandate and power to make decision on the improvement and development of the education services? If No why?

4. Does the education sector decentralize its power and mandate to education centers like school, and college?

5. Does the education sector work in accountability and transparent manner? If no why?
6. Do you believe that decentralized education service delivery improve the performance of school? If no, why?
7. Does the education sector prepare capacity building (upgrading) training program? If No, why?
8. Is there interference from higher organs like regional education offices?
   Yes                            No                            I do not know
9. If yes, at what area do these governmental organs interference become high?

10. Is the current education service delivery condition adequate when you compare to the growing number of urban population? If no, why? If yes, how?

11. Does the education center work together with local community in improving service delivery? If no, why? If yes how?

12. Does the education center work together with non-governmental organization in improving service delivery? If no, why? If yes how?

13. What problems hinder the education sector in performing its tasks successfully?

14. What mechanism do you suppose to improve the local education service delivery status?

<div align="center">Thank you!</div>

_____

# Attitudinal question

Please read the following statements and select only one which indicate your best choice by using a symbol **x** or **y** under each row and column.

| No | Description | Strongly dis agree | Dis agree | Agre e | Strongly agree |
|---|---|---|---|---|---|
| | | **A** | **B** | **C** | **D** |
| **1** | in this school teacher to students ratio is 1 to 25 | | | | |
| **2** | in this school textbook are delivered in 1 to 1 ratio | | | | |
| **3** | teaching learning process of the school is student center | | | | |
| **4** | In this school teaching learning process is supported by computer service | | | | |
| **5** | education service is decentralized in the school | | | | |
| 6 | the school participate students in planning and decision making process | | | | |
| **7** | the school use students input in decision making process | | | | |
| **8** | The physical built (i.e. building) of the school is conducive for teaching learning process | | | | |
| **9** | the school disseminate information freely to community | | | | |
| **10** | Decentralization enable the education center to work together with the community | | | | |
| **11** | Decentralization improve education service delivery of the school | | | | |

The following check list intends to conduct observation of the whole environment of the education center.

| No | Observed activities | value | | condition | |
|---|---|---|---|---|---|
| 1 | Is teaching learning process run in conducive buildings or are the classrooms in good conditions? | yes | no | Good | poor |
| 2 | Is there internet service for teaching learning activities in school? | | | | |
| 3 | Is there adequate number of computer for teaching learning activities in school? | | | | |
| 4 | Is the center has delivery library service to clients? | | | | |
| 5 | Is the center has science laboratory? | | | | |
| 6 | Is there customers complain handling system in the center? | | | | |
| 7 | Does the education center have adequate space to serve its clients in a proper way? | | | | |
| 8 | Is the school plasma TV functional? | | | | |

Thank you!

_____

# HEALTH

Dear Respondents,

The purpose of these research questionnaires is for academic reasons which are prepared for the fulfillment of **Master's** thesis. The research studies in majang zone Godere and Mangashe woredas education and health services delivery condition within a decentralization frame work .the data collected will be employed for the partial fulfillment of the masters of Arts in Governance and Development Studies Program of Jimma University. Therefore you, the respondent, kindly requested to give the right information and responses for the questions.

The format contains *TWO SECTIONS*: the first part dealt on your personal information, the second section dealt about health center performance in line with decentralization program. To this end, to make this research real and objective, your answers are in dispensable. I would like to express my deepest gratitude for your sincere cooperation in advance!!

**Instruction**

The following questions are presented in multiple choice and open end type.

You, the respondent, circle your best choice(s) as per the nature of the questions.

## Personal Information

Instruction: Please select and write the letter that represents your personal information

1. Age------------- A=below20 B=21-30 C=31-40 D=above41

2. Sex--------------- A=Male B=Female

3. Educational level--------A=above degree B=Degree level C=Diploma level D=below diploma level

4. Work experience---------------A= below 5 years B= 5-9years C=10-14 years D above15 years

_____

**Regarding general condition of health service delivery**

1. Are there adequate\*\* health professionals in the health center?   a)  Yes     b) No

2. If your response to question 1 is no, what do you think the cause of the deficiency?

a) Financial problem to hire worker

b)  the Presence of turn over

c)  Health center is not conducive for work

d) The unavailability of health professionals in the market

e) if other, please specify_____

3. Are there medical equipments such as laboratory kits in the health center?

                a)  Yes          b)  No

4. Does the health center utilize information communication technology (computer) in its daily services delivery activities?     a)  Yes          b)  No

5. Does the management unit participate health professional in service improvement planning program?           a)  Yes          b) No

6. Does a beneficiary or customer get medication in the health center's pharmacy?

      a)  Yes          b)  No

7. Does the health center disseminate health concern information (health) to the public?

              a)  Yes          b) No

8. Which area has problem in your health center service delivery? (Hint:-you can select at least one option, if necessary)

a) Finance and procurement

b) Professional experience (skills)

c) Human resources administration

d) Physical built and facilities

 e) If there is other, please specify_____

9. Is there training program in the health center        a)  Yes          b)  No

  9.1   If your response to question 11 is yes, how do you rate the  program? (i.e. in terms of quality)        a) Good            b) poor           c) very good

 9.2     If your response to question 11.1 is poor, your reason is (Hint: here you can select more than one, if it is necessary)

a) the training program is not objectively developed

b. The training plan could not be implemented

c. the center has not mandate to run its training program

d. shortage of fund to cover the training cost

e. if other, please specify_____

10. Have you ever participated training program prepared by health office (for your professional development)?     a)  Yes            b)  No

10.1 If your response to question 13 is yes, how do you rate the relevance of training program? (i.e. in terms of quality)

a) Good              b) poor           c) very good

 10.2 If your response to question 13.1 is poor, why? Because the training program (Hint: here you can select more than one, if it is necessary)

  a. is not prepared well
  b. is not your professional interest
  c. is not clearly stated
  d. is not significant to your career development
  e. if other, please specify_____

_____

Concerning degree (level) of decentralization

11. Do you know (define) the principle of good governance (i.e. transparent, accountability, responsiveness, participative)?   a) Yes   b) No

11.1 If your response to question 14 is yes, do you think (believe) that there is good governance in your health center in the service delivery?   a) Yes   b) No

11.2 If your response to question 14.1 is no, what is your reason? Because in the health center (Hint:-you can select at least one option, if necessary)

a. there is no transparency

b. there is lack of participatory approach

c. there is no public responsiveness

d. there is no clear accountability of the officials

 e. if other, please specify_____

13. Is health service delivery decentralized in your center?   a) Yes   b) No

13.1 If your response to question 15 is yes, does decentralization enable health personnel to make decision in the center?   a) Yes   b) No

13.2 If your response to question 15 is no, why? Because in the center

(Hint:-you can select at least one option, if necessary)

a) there is top down approach

b) there is no participatory approach

c) there is no empowerment

d) There is no clear accountability

e) if other, please specify_____

14. Do you think (believe) that the decentralization program improve the health service delivery?

   a) Yes   b) No

15. Does the health center have authority to recruit professional in the center level?
        a) Yes   b) No

16. Does the health center generate its own revenue (income) sources?   a) Yes   b) No

17. If your response to question 18 is yes, the sources of revenue (income) are from ( Hint: here you can select more than one, if it is necessary)

a) the health center services fee

b) external donor like civil society

c) community aid (contribution)

d) from various sale income such as tree, grass, old (damaged) office equipment

e) if other, please specify_____

18. Which units decide the financial allocation of the health center?

a)  The health office of the city        b) The center management unit

c) The community (via kebele unit)   d) The town (city) council (mayor office)

e)   if other, please specify_____

19. Does the health center perform its day to day activities in autonomous (self-directed) manner?     a)  Yes          b)  No

20. If your response to question 19 is no, the reasons behind is (Hint:-you can select at least one option, if necessary)

a. The presence of high level of interference

b. The existing system is top down approach

c. The health center has not power to decide
d. The center has no adequate financial resources
e. if other, please specify_____

21. Do you think that decentralization brings positive change in health services delivery?
     a)  Yes          b)  No
 21.1 If your response to question 23 is yes, why? Because decentralization
(Hint:-you can select at least one option, if necessary)

a. improve quality and access of health service

b. develop common understanding on decision making process and  accountability

c. makes the center's activities transparent

d. empower health personnel

e. if other reasons, please specify_____

21.2 If your response to question 23 is no, the reason behind is

a. The presence of high level of interference

b. The existing system is top down approach

c. The health center has not power to decide

d. The center has no adequate financial resources

e. if other, please specify_____

22. Does the health center participate the local community (i.e. through kebele office) in decision making process?          a) Yes          b) No

22.1 If your response to question 24 is yes, why the community is being involved in the center program? Because (Hint: here you can select more than one, if it is necessary)

 a)   They could contribute financial and labor

 b)  To create common understanding in development goal

 c)  To develop a sense of commonness in health service delivery

 d)  To develop responsiveness and accountability

 e)  If other, please specify_____

22.2 If your response to question 24 is no, why because the center management system

a) Is not participatory

b) Follows top down approach

c) Give little concerns to community contribution

d) Work to accomplish the politic mission

e) If other, please specify_____

23. Does management unit of the center par ticipate civil society (NGOs) in the improvement processes of health service delivery?

          a)  Yes          b)  No

23.1 If your response to question 25 is no, why? Because the management unit ( Hint: here you can select more than one, if it is necessary)

a. Is not participatory

b. follows top down approach

c. give little concern to NGOs support

d. has constrain to work with NGOs

e. if other, please specify_____

**Concerning accountability and transparency issue**

24. Does the health center discharge activities with a clear description of responsibility for its professional?       a)  Yes            b)  No

25. Are there mechanisms to monitor the responsibility of management unit (higher officials) of the center?     a)  Yes            b) No

26. If your response to question 27 is yes, the mechanism to supervise the responsibility of management unit of the school is through (Hint:-you can select at least one option, if necessary)

a) Working procedures (administrative manual) of the center

b) Evaluative (i.e. critics) action of the center  or 'gimgema' program

c) Health office of the city (By reporting to higher official)

d) If other please specify,_____

27.  Is there internal auditing action on financial statement of the center to community or other stakeholders in accordance with required schedules?            a)  Yes            b) No

 28.  Is there external auditing action (i.e. by health or 'kebele' audit unit) on financial statement of the center to community or other stakeholders in accordance with required schedules?

    a)  Yes            b) No

29. Does the health center disseminate information (i.e. through mass media, in annual events, magazines or booklet) regarding its performances to the community?     a)  Yes            b) No


30. Do customers present complain freely on the condition of service delivery?
        a)  Yes            b) No
 31. How do you rate the response provided by the concerned (higher) official (referring to question 33.)?     a) Good            b) poor              c) very good

32. If your response to question 33 is no, why? Because (Hint:-you can select at least one options, if necessary)
 a. Lack of awareness in handling customer's complain
b. lack of professionalism
c. there is no public responsiveness
d. there is no clear responsibilities of the officials
e. if other, please specify_____

**Thank you!**

**SECTION I-b**

Interview guideline: in-depth Interview Questions
Prepared for health center office heads

- Name of the interviewee_____ Sex _____
- Work Experience_____ Educational level( your grade and profession trained)_____
- Your current work position (title)? _____

1. In Ethiopia decentralization has been implemented to accelerate service delivery. So what do you say the impact of decentralization toward health services?

2. Does the health sector work in line with decentralization principle? If No why?

3. Does the health sector have adequate mandate and power to make decision on the improvement and development of the health services?   If No why?

4. Does the health sector work in accountability and transparent manner?

              If no why?

5. Does the health office decentralize its power and mandate to health centers?

6.  Do you believe that decentralized health service delivery improve the performance of the centers?  If no, why? If yes, what are the positive changes?

7. Is there interference from higher organs like health bureau or regional health offices?

        A. Yes                    B. No                  C. I do not know

8. If yes, at what area do these governmental organs interference become high?

9. Does the health center work together with local community in improving service delivery? If no why?  If yes how?

10. Does the health center work together with non-governmental organization in improving service delivery?     If no why?    If yes how?

11. Do you believe that the current health service delivery system is adequate when you compare to the growing number of population? If no, why? If yes, how?

12.  What problems hinder the health center in performing its tasks successfully?

13. What mechanism do you suppose to improve the local health service delivery status?

**Thank you!**

_____

# B- Attitudinal question

Please read the following statements and select only one which indicate your best choice by using a symbol 'x' or 'y' under each row and column

| no | Description | Strongly agree | Agree | Dis agree | Strongly dis agree |
|----|-------------|----------------|-------|-----------|--------------------|
|    |             | A | B | C | D |
| 1 | The health center has medical materials such as laboratory kits, etc. | | | | |
| 2 | In this health center services are delivered in transparent way | | | | |
| 3 | Customer get prescribed drugs (medicine) in the center | | | | |
| 4 | There is adequate health professionals in the center | | | | |
| 5 | the center disseminate information to its client through media | | | | |
| 6 | the health center service delivery is decentralized | | | | |
| 7 | Health service beneficiary pay reasonable cost for treatment | | | | |
| 8 | There is a system to check the accountability of the management officials | | | | |
| 9 | This health center provide better health service treatment to its client | | | | |
| 10 | The center participate the local community in decision making process | | | | |
| 11 | The management use community input in decision making process (participatory approach) | | | | |

# SECTION I-6

## Check list for field observation

The following check list intend to conduct observation to study health center's service delivery conditions

| no | Observed activities (functions) | Value | | Level if 'yes' | |
|---|---|---|---|---|---|
| | | Yes | no | Good | poor |
| 1 | Does the health center have well equipped medical laboratory unit? | | | | |
| 2 | Does the health center have adequate medicine in stock or pharmacy unit? | | | | |
| 3 | Is there adequate nurse or medical doctors in the health center? | | | | |
| 4 | Is there daily public health care health (lesson) in the center? | | | | |
| 5 | Do clients spend difficult time to get health treatment in the center? | | | | |
| 6 | Is the cost of health center service affordable | | | | |
| 7 | There is a system to check the accountability of the management officials | | | | |
| 8 | The center participate the local community in decision making process | | | | |
| 9 | The management use community input in decision making process (participatory approach) | | | | |

**Points Addressed in the Focus Group Discussion with Community Representatives**

1. How do the communities participate in different development activities in the woredas?

2. Community access to information such as budgets, reports, resources and assessment, service delivery.

3. Do the community needs and priorities match/mismatch with government initiatives and operations?

4. What are the community expectations from the local government?

5. How do you see woreda government accountability and transparency to the community?

6. How do you evaluate the role of community participation in planning, budgeting and  reviewing the  performance and effectiveness of woreda government in service delivery in public sectors?

7. How do you participate in public sector delivery like health and education services? At what stage do the communities participate in (planning, implementing, monitoring, and evaluating)? How?

8. In what way the communities exchange information with woreda officials, kebeles administrators and civil servants?

9. Is the existing public service delivery adequate? How? Why?

10. On which issues/activities have the community powers to decide?

11.What are the roles of the community in the construction of schools, health posts and ground water holes?

12. What are the obstacles for community participation in different development activities in the woredas? What are solutions?