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**Decentralization of
Population Programs in
Sub-Saharan Africa:**

Concepts and Issues

by

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Cynthia Woodsong
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OPTIONS for Population Policy II is a five-year project funded by the Office of Population of the U.S. Agency for International Development. The goal of the project is to help A.I.D.-assisted countries formulate and implement policies that address the need to mobilize and effectively allocate resources for expanding family planning services. The project provides technical assistance to:

- improve the analytic capacity of developing country institutions to design, manage, and monitor family planning programs;
- assess legal and regulatory policies affecting the delivery of family planning services;
- promote efficient use of public sector resources in family planning programs; and
- increase private sector participation in service delivery.

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DECENTRALIZATION OF POPULATION PROGRAMS IN SUB-SAHARAN AFRICA

Fertility in sub-Saharan Africa remains the highest of any region in the world. In countries with available data, modern contraceptive prevalence has been found to be greater than 6 percent in only six countries: Zimbabwe, Botswana, Kenya, Swaziland, Namibia, and South Africa. Most African governments are aware of the socioeconomic and health consequences of rapid population growth and have established population programs to promote birth spacing and/or fertility reduction. However, given the diverse cultural, socioeconomic and regional differences found within as well as across countries, decision makers and program planners are challenged to develop population programs that can suit local community needs. Decentralized family planning programs, by allowing local communities to adapt family planning services to local needs, may assist countries to expand services and increase contraceptive use among populations with diverse interests.

The purpose of the African regional workshop, *Strategic Planning for Decentralization of Population Programs*, is to explore alternative ways for countries to expand and facilitate the role of district or local governments and other community level groups in population program formulation and implementation. This process will be stimulated by an exchange of experiences and ideas about alternative strategies to promote decentralized family planning programs. The primary objectives of this paper are to: a) provide workshop participants with a common understanding of decentralization concepts, and b) generate ideas about ways that decentralization can be employed to promote the implementation of national population programs, as well as local level programs and projects. We begin with a definition of decentralization.

I. The Concept of Decentralization

Decentralization has been defined as the transfer of planning, decision-making, and administrative authority from the central government to regional branch offices, local governments, and/or non-governmental organizations (Rondinelli and Cheema, 1983). There are various approaches to decentralization, including: (a) **deconcentration**, where select administrative functions are shifted from a central government ministry to its field staff in regional or district offices; (b) **devolution**, where the central government transfers to local governments decision-making authority, select public sector development activities and the power to secure resources and/or make expenditure decisions; (c) **delegation to parastatal organizations, or non-government institutions**, where decision-making and management authority for specific functions are delegated to organizations that are not part of the central government; and (d) and **privatization** where government

functions are transferred to the private sector (Rondinelli, 1983). The approaches vary according to their degree of decentralization and legal context. Governments may use one or a combination of approaches in their efforts to decentralize government functions (see Example 1).

In Nigeria, three forms of decentralization exist in the delivery of health and family planning services. The government has gradually *deconcentrated* or reduced the Federal Ministry of Health administrative functions by giving State Ministries of Health increased management and supervision responsibilities. In 1992, the government *delegated* select primary health care management and technical assistance to a parastatal organization, the Primary Health Care Agency. The responsibility for implementing primary health care, including family planning, and the power to secure and allocate resources have been *devolved* to local government authorities by constitutional decree.

Example 1: Decentralization in Nigeria

Decentralization should not be confused with the geographic dispersion of services such as the expansion of health services and facilities to areas not previously served by government facilities. Decentralization occurs when the central government transfers some degree of authority for managing and delivering the services to the local authorities or field offices in the geographical or administrative areas where the services are provided.

Deconcentration is the least extensive form of decentralization and it may be the first step that a highly centralized government takes toward increased decentralization. Each field office represents a clearly defined geographic area (e.g., provinces, districts), has one or more persons responsible for managing activities, has an identifiable staffing structure and budget for its activities, and has a means of communicating with the next level up in the hierarchy (Mills et al., 1990). Members of the staff of field offices remain employees of the central ministry. The national government transfers some authority for decision making, planning and budgeting to the local level. Administrative functions of the field office might include planning for day-to-day management of the program, collecting and analyzing information relevant to that level, developing budgets to carry out activities, and recruiting and training staff for the field office.

Devolution is a political action involving national policy or law in which the government transfers authority to local government units for carrying out a variety of public sector development activities, and provides them with the authority to raise resources and make expenditure decisions. The local government units are largely

independent of the central government rather than subordinate administrative units as with deconcentration. The local government units have, in most cases, a legal status, recognized geographic boundaries, specific functions to perform, and authority to raise revenues and make expenditures (Mills et al., 1990).

With delegation, the national government transfers decision-making and management authority for specific government functions to an organization that is not part of, or is only indirectly controlled by, the central government, such as a parastatal organization or a non-governmental organization. Often, governments limit delegation to a few ministries. While delegation involves increased autonomy of the parastatal organization from the central government, it entails less extensive change to the overall structure of government than does devolution. National governments may use parastatals to avoid the inefficiencies associated with direct government management, to achieve better cost control, or to put control in the hands of an organization that can be more responsive or flexible.

Privatization entails the transfer of government functions to the private sector or a private voluntary organization. The basic assumption is that the private sector can carry out a government function in a more cost efficient manner. For example, a government may contract with a private organization to provide health care services for the poor. In a number of countries, governments are involving or exploring ways to include various private sector actors in family planning services, such as non-government agencies, the commercial sector and private doctors, so that government resources can focus on couples who cannot afford to pay for family planning services and commodities. Governments may use this approach to decentralization while other approaches are in operation.

In sub-Saharan Africa, decentralization policies or strategies have been implemented for more than 20 years, primarily in local government administration of rural development programs, as in Zimbabwe, Zambia, Kenya, Tanzania, Botswana, the Sudan, Cameroon and Nigeria (De Valk and Wekwete, 1990). In some countries, such as Nigeria and Uganda, decentralization is a legislative mandate where local government authorities are given responsibilities for specific functions, while in other countries decentralized services result from administrative decisions within select ministries. Whether initiated through legislative powers or administrative devices, the advantages of decentralized rural development programs have been many, especially in countries with distinct cultural, ethnic and religious beliefs. Governments have developed programs better suited to local needs and conditions; district administrators with increased authority have been able to respond more quickly to changes in the local environment; and governments have been able to mobilize local human and financial resources to expand development programs (Rondinelli, 1983).

There have also been a number of problems associated with decentralized rural development programs. Often times, local staff did not have the capacity to fully carry out their responsibilities subsequent to decentralization. New responsibilities associated with decentralization became a burden in areas that did not receive adequate staff and technical assistance. In some cases, when central government failed to provide the necessary financial resources to local governments, the quality of services actually deteriorated following decentralization. It is also questioned whether or not decentralization increased access to services to all segments of the population, in particular poor rural farmers (Reilly, 1983).

A major problem that most countries face with decentralization is that it is difficult to achieve national targets when local government or districts have varied local priorities and interests. The problems mentioned stress the need to plan for decentralization, learn from experiences through monitoring and evaluation, and constantly modify approaches employed to suit changes in the environment.

The experience of decentralized rural development efforts in sub-Saharan Africa raises issues about its value to promote other human development programs, such as family planning. Paul (1983) suggests that officials of development programs should consider decentralized services under the following circumstances:

- a) beneficiaries have diverse requirements and local adaptation is needed;
- b) demand for the service depends on speedy program response;
- c) vital information for decision making is provided primarily through direct consultation with the beneficiaries; and
- d) responsible participation of field staff and beneficiaries leads to good use of services.

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Paul's guidelines suggest that national population programs operate in an environment that is well suited for the various approaches to decentralization.

In recent years, a number of African countries have pursued decentralization as a way to strengthen and expand national family planning programs, including Kenya, Tanzania, Nigeria, Uganda, and Botswana. As a planning and management tool, decentralization can promote the implementation of national population plans at the district or local level. Box 1 indicates potential ways that decentralization can help expand population programs.

Box 1: Ways that Decentralization can Expand Population Programs

- Adapt service delivery to suit local needs;
- Facilitate the coordination of local agencies and institutions involved in population programs;
- Increase the capabilities of regional and local organizations to plan, implement, and coordinate population and health projects and programs;
- Reduce the amount of time and resources required to respond to problems or changes in the environment;
- Mobilize resources and political support within local communities to expand family planning services.

II. National Level Decisions for Decentralization

To develop decentralized family planning programs or redesign existing efforts, government officials at the national level should consider the following:

- **Identify the level and to whom authority will be transferred:** Powers can be transferred to regions, districts, states, or local governments. Within the level of government, decentralized functions can be transferred to elected leaders or councilors, political appointees, local government employees, non-government organizations or a combination of actors. The selection of an appropriate administrative level and actors should be determined by the potential capabilities of individuals and organizations to plan and implement decentralized functions at the selected level. The smaller the administrative area, the less likely it is to have both the financial resource base and the skilled personnel required for implementation (Conyers, 1990).
- **Select strategies to transfer power, authority and resources:** Early in the process of decentralization, national officials should explore alternative strategies to transfer responsibility. Mechanisms for transfer can be through legislation or non-legislative activities. Legislative mechanisms

include constitutional and ordinary legislation, the former being common in federal systems. Non-legislative mechanisms include political directives and administrative devices, including financial and public service rules and regulations, and ad hoc instructions from headquarters staff to their officers in the field (Conyers, 1990). Legislation is likely to be more effective and more permanent than political or administrative directives. However, legislation is less flexible because it is more difficult to change.

- **Identify the types of training required to build the capabilities to plan, implement and evaluate projects and programs:** The decentralized unit, whether local government officials or non-government organizations, must assess the supply and demand for services and develop and implement plans to meet needs within the community. Therefore, local officials need skills to: 1) identify problems and opportunities, 2) identify or create possible solutions to these problems, 3) make decisions and resolve conflicts, 4) mobilize, allocate and monitor resources effectively, 5) manage and coordinate agencies involved in local implementation activities, and 6) gain political support among government and traditional leaders at the local level to promote program implementation. Specific skill needs are highlighted in Box 2.

Box 2: Building Skills at the Local Level

Supply Issues:

- (a) **Developing Targets** for contraceptive use.
- (b) **Building Support** among influence groups.
- (c) **Identifying Clients** such as male vs. female; postponers, spacers or limiters; low vs. high parity; newly married; youth.
- (d) **Identifying Needs** for particular methods among temporary methods (such as pills and condoms), terminal (sterilization), long-term (IUD, implant), and traditional methods.
- (e) **Sequencing** by adding services; and/or clinic/community approaches.
- (f) **Phasing** by geographic areas; and/or segments of the population.
- (g) **Planning, Monitoring and Evaluating** by designing information systems, collecting information, and using data to monitor performance and make strategic planning decisions about new program directions.
- (h) **Mobilizing Resources** including financial resources, buildings and labor from other public agencies, village councils, voluntary organizations and the private sector.
- (i) **Coordinating** with government agencies and the private sector including private providers, the commercial sector, and non-government organizations to provide and expand services.

Demand Issues:

- (a) **Generating Demand** by selecting media approaches; levels of community involvement; and message strategies.
- (b) **Meeting the Demand** by adding or expanding clinics; mobile vans; field workers, community workers; community supply depots; pharmacies and medical stores; the marketplace, and place of work.
- (c) **Identifying Clients** such as male vs. female; postponers, spacers or limiters; low vs. high parity; newly married; youth.

III. National Strategies to Promote Successful Decentralization

This section suggests strategies that national officials can pursue to promote the success of decentralized population and family planning programs (see Box 3). The strategies are addressed in more detail below.

Box 3: National Strategies for Successful Decentralization of Population Programs

- Develop a strategic plan for implementing decentralization that includes goals, objectives, targets, evaluation criteria, stages of and procedures for implementation, and strategies for monitoring and evaluation.
- Define activities that would be retained at national level.
- Develop effective strategies to coordinate activities among levels of government and between the public and private sector.
- Build and sustain political support at local and national levels for population programs.
- Estimate financial and technical support capacities of decentralized units and allocate appropriate resources.
- Develop guidelines to mobilize local resources for family planning.
- Promote quality standards for family planning service delivery.
- Build monitoring and evaluation systems to meet national and local needs.

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A key factor for success is the **development of a national strategic plan** for implementing decentralization that includes clear and realistic goals and measurable objectives. In addition, the plan should clearly define the method of transferring authority and financial resources to the decentralized unit. The plan should be disseminated on a continuous basis to a broad range of actors at both the local and national levels. Opposition may be reduced when agencies and individuals understand the purpose, benefits and potential achievements of decentralization from the beginning. Patience is required. It can take many years to develop a decentralized program that is well received at all levels of government and among non-government organizations, traditional organizations and the population in general.

The development and implementation of a plan for decentralization is easier to accomplish when an agency or unit within an agency is assigned the responsibility of designing, coordinating, implementing, evaluating and allocating human and financial resources to ensure that the needs of the decentralized unit are met.

The role of the central government in implementing decentralized family planning programs must also be defined. The roles of national or federal government officials can include supervision, allocation of resources, and technical assistance. Depending on the form of decentralization, national government may retain some or all of the following responsibilities:

- a) develop, revise and manage the national population program;
- b) issue general directives and guides from time to time;
- c) develop and enforce quality standards for family planning service delivery;
- d) train local staff and, where advisable, elected officials;
- e) provide technical assistance as needed;
- f) allocate financial and manpower resources;
- g) specify minimum qualifications for technical and professional officers to be employed at the local level; and
- h) supervise efforts at the local level.

Population programs require the interaction, coordination and communication of a large number of organizations at different levels of government, as well as non-government organizations, providers and groups of intended beneficiaries. The various groups will have their own goals, objectives and priorities. It is important to **develop effective strategies for coordination and communication** among the various agencies and sectors at the national and regional level. Flexible guidelines should also be developed at the national level to assist local staff and leaders to better coordinate public and private family planning services within their communities.

Family planning is still a sensitive issue in most sub-Saharan African countries. Dialogue on the importance of family planning for maternal and child health and the overall well being of the family is needed on a continuous basis to **build and sustain political and financial support for family planning programs.**

National and local level governments need to ensure that advocacy activities are undertaken so that financial, technical and human resources are mobilized and allocated to population programs.

The **provision of resources** to local levels is also a key factor. This includes the extent to which local implementing agencies and organizations and elected political leaders receive sufficient financial, administrative, and technical support and training from the central government or other higher administrative levels. In devolved programs, governments will also need to reorient the way in which donor assistance will be provided. The commitment to decentralized family planning should be backed up by sufficient resources, and linkages must be in place to facilitate the transfer of resources. Although no program can be successful without resources, adequate funding is especially important for family planning services (Satia, 1990). The service delivery system must be fully functional with regard to personnel, equipment, logistical support, and facilities, and also have an adequate supply of family planning commodities.

Governments must also mobilize resources within local communities to support and sustain family planning programs. A difficult task is in **providing guidelines to local governments** or districts that assist local officials in developing strategies to tap into human, physical and financial resources in the community. This will be especially important in multi-ethnic settings where different groups may not have equal access to local level resources. Mechanisms must be in place through which local resources can be mobilized to build the capacity to sustain and/or expand the program. Since family planning services are often provided from multiple sources, inter-organizational linkages can make more effective use of available resources.

Family planning program success also depends on the quality of services and contraceptives provided. National officials can play an important role by **providing guidelines and mechanisms to ensure that high standards** are maintained in local facilities.

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It is important to **develop monitoring and evaluation** systems to track program performance, identify gaps in service delivery, and identify under-served populations. This includes collecting and using service statistics and national sample surveys, and developing databases to track trained personnel. While management information systems and evaluation strategies are needed at the national level to monitor program activities and the achievement of objectives and targets, systems are also needed at the local level to help communities assess program performance and make strategic changes in program activities to address the demand for family planning.

IV. Local Level Considerations

Decentralization provides an excellent opportunity for designing and implementing programs that will be well-received by the local community. The following section looks at program considerations, with a special focus on participation, cultural relevance, resources and data needs at the local level. Box 4 identifies some of the local level strategies for decentralization of family planning programs.

Box 4: Local Level Strategies for Successful Decentralization of Population Programs

- Identify existing groups and individuals likely to have an interest in population issues, and get them involved in the program.
- Develop linkages between the local government and local level agencies working on population programs.
- Ensure that variations in local customs are considered in program design and implementation.
- Distinguish those resources (monetary, material, human) which will be provided and those which the local level will be asked to contribute.
- Make use of population-based data and bring it to bear in program design.

Participation

Participation of the local community, including community leaders and organizations, is an important key to successful decentralization. The WHO Alma Atma 1978 declaration emphasized that effective health care must be participative, in both planning and implementation. When dealing with a subject matter as culturally and politically sensitive as fertility regulation, it is important to have the direct involvement of the recipients. Participation in the decentralization process can have the effect of improving local level support for government functions.

It has been repeatedly shown that participation at the local level enhances the sense of ownership, and can increase the chance that a program will be sustained (Askew and Kahn, 1990). This sense of ownership can also occur at the mid-

management and/or administrative level if real authority has been delegated. Personnel at the regional or district level should work with local level officials, organizations, and health care workers to arrive at a plan for the local level. Areas for local level participation include: a) degree, extent, and style of outreach, b) the selection of service delivery site, c) construction of service facility, and d) identification of persons from the local level to receive training in family planning outreach and delivery. There should also be allowances for feedback, so that local level groups have a voice to express their degree of satisfaction with the process, and can make suggestions for changes.

It is important to recognize groups and agencies which might already be working at the local level. Linkages should be developed between existing groups which are involved in family planning (i.e., NGOs, women's groups, traditional health practitioners, or local traders) and those which might become directly involved in broader aspects of population programs (i.e., social and athletic clubs, school organizations). These groups can be useful in the decentralization process, for they may be mobilized for outreach, IEC, or resource generation (see Example 2).

Local level groups constitute a resource that can be mobilized for outreach, IEC, and resource generation in decentralized family planning programs. These may include women's groups, traditional healers, or local traders. In Kenya, the government established a standing committee in each district to ensure the participation of women's groups in the decentralized program for rural development (Wanyande, 1987). Traditional healers in Sokoto State, Nigeria, and local traders in the city of Ibadan, received training in primary health care and family planning methods (Tahzib, 1988; Lacey, 1988). These groups may be mobilized, or others identified, by program managers in Nigeria to extend the provision of family planning services in local government areas.

Example 2: Involvement of Local Groups

With decentralization, outreach can be better tailored to local conditions. Culturally appropriate family planning motivational campaigns will be needed to spark local level interest in the program. No family planning program can expect to succeed if it does not take into account the cultural diversity of the population (Cleland, 1990; Warwick, 1982).

Resources: Mobilization, Generation, and Allocation

One possible benefit of decentralization is the potential for communities to generate their own resources for the maintenance of the service facility and outreach activities. This has great appeal for government. The chances for local level resource generation are increased if the community has been encouraged to participate in the process, if strong linkages with existing groups have been established, and if the community has some say about how resources are to be used. Still, it is important to have realistic expectations for the amount of resources that can be generated at the local level. Success with community involvement in construction of the service facility does not free higher levels of government of the responsibility for providing sufficient resources to assure that the physical structure actually becomes a service center. Often services fail to achieve their goals because of a lack of resources for recurrent costs (Conyers, 1990).

In decentralized programs, careful attention must also be paid to the resources provided to health care workers drawn from the community. The community health worker approach has proven successful in a number of countries. However, lack of supplies has often thwarted the efforts of these workers. The allocation of family planning commodities to local level providers is potentially a weak link in a decentralized program, and therefore requires careful planning and monitoring at all levels. In some settings village health workers have been willing to work without compensation, but this is not always the case. The selection of community workers and the incentives to motivate them must be carefully planned.

Furthermore, local level service providers should be recognized as important resource persons for the decentralized program. They are well positioned to share knowledge about the local population's perceptions of and levels of interest in the program. Mid-level program management should have regular contact with service providers. Service providers include not only persons working in government clinics and community-based delivery services, but also private, NGO, and traditional service providers.

Local Level Data

While management information systems and evaluation strategies are needed at the national level to monitor program activities and the achievement of objectives and targets, systems are also needed at the local level to help communities assess program performance and make strategic changes in program activities to meet changes in the demand for family planning. Local level planners and managers

must know what is going on in their area in order to manage resources effectively. With decentralization, local level sources of information will be useful for planning activities, allocating and reallocating resources within a planning cycle, evaluating the effect of strategies, and tracking progress and achievement of objectives.

Both general population data (which includes information on the size and characteristics of the local population) and family planning service statistics can be useful at the local level. Sources for such data include census data and clinic records, as well as surveys and service statistics maintained by government ministries of health, education, and agriculture. Local level planners and program managers will need training in how to use such data. Rapid assessment data collection techniques could also be used at the local level (Bilsborrow et al., 1993; Scrimshaw and Hurtado, 1987).

Benefits to Communities

Although decentralization is not free of challenges and problems, it can facilitate the types of approaches which have been advocated for community development. Benefits of decentralization to local communities include the following:

- Programs can be tailored to local conditions.
- Linkages with local health providers can be developed.
- Community support can be mobilized.
- The relationship between providers and clients can be improved.
- Programs can enhance a sense of community "ownership".

These benefits can have the effect of building and strengthening local level institutions, which in turn has implications for sustainability.

V. Sustainability

The approaches and program elements mentioned in this paper have considerable potential for improving cost effectiveness and sustainability. The concept of sustainability includes considerations of cost recovery, and local level capacity-building. Decentralization improves the potential for sustainability when it builds upon or strengthens local level institutions (Cheema and Rondinelli, 1983). As local level institutions are strengthened, they will be more likely to generate their own resources for sustaining family planning and other development programs (Steinmo, 1982).

The mobilization of community resources, collection of local level data, and training of local individuals, will all be good investments for sustainability. Putting data back in the hands of program managers working in the areas from which the data come is essential for planning, for the feedback thus received can show what is working and what is not. This will allow local level goals and priorities for population programs to be based not only on national goals but also on an assessment of what is feasible at the local level.

When local level program managers develop the ability to operate their own programs, the government must be prepared to scale back its involvement and to ultimately "let go," according to the decentralization plan. Sustainability will be eroded if control by higher levels of government continues after it is no longer needed.

Governments increasingly look to NGOs and the private sector to meet some of the demand for contraceptive services. Commercial outlets, private doctors, and providers of traditional health care can all be considered as potentially appropriate for private sector delivery. Linkages to traditional health regimes may simultaneously address both cost and efficacy concerns (Steinmo, 1982). Although some duplication of services may be necessary for broad coverage of family planning services, local level planners need to be aware of what is available so as to coordinate diverse activities.

VI. Summary

The ideas presented in this paper are designed to generate discussions regarding decentralized population and family planning programs. At the beginning of the paper, we identified four approaches to decentralization: deconcentration, devolution, delegation, and privatization. Each approach has different implications for the issues considered herein. Furthermore, the different approaches to decentralization will have varying degrees of impact on each level of government authority (i.e., national, regional, district/province, and village/community). Finally, it is important to bear in mind that several forms of decentralization may be implemented within a country at the same time (Silverman, 1992).

Experiences with decentralized population and family planning programs are just beginning to accumulate. We have tried to pull together some of the issues that have emerged to date in this paper.

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