

**TECHNICAL ASSISTANCE TO
THE NATIONAL TRAINING ON
MANAGING DECENTRALIZED
HEALTH SYSTEMS IN ETHIOPIA**

Addis Ababa, Ethiopia

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ACRONYMS

BASICS	Basic Support For Institutionalizing Child Survival
COP	Chief Of Party
COPE	Client Oriented, Provider Efficient
HSPD	Health Sector Development Program
MSH	Management Sciences For Health
MOST	Management and Organizational Sustainability Tool
SNNPR	Southern Nations, Nationalities and People's Region
TIE	Training Impact Evaluation
USAID	United States Agency for International Development
WHO	World Health Organization

C

EXECUTIVE SUMMARY

Ethiopia is in the midst of a profound transition from a totalitarian state with a highly centralized bureaucracy toward a democratic and decentralized form of governance. The purpose of the assignment was to assist in the facilitation of a National Course on Planning and Managing Decentralized Health Systems. The course is to take place in two parts. The first part, which is the subject of this report, targeted the top managers of Regional Health Bureaus and focused on concepts and issues.

The assignment consisted of a week in Addis Ababa for course preparation and a week in Nazareth to facilitate the course. My particular responsibility was for the decentralization and human resources components of the curriculum.

The course evaluations by the participants were positive. The educational background of the participants varied widely, and thus their capacity to fully benefit from the training also varied. The course appeared to be a rare opportunity for the regional health managers to get together over common issues. Group discussions revealed many unaddressed issues of decentralization, but while the questions were important, the course was not the appropriate venue to attempt to solve them.

BASICS had supported four Ethiopian participants to an earlier MSH course in South Africa, with the intention that they would help in planning and facilitating the national course. This original intention was less than successful. Only two of the four attended the workshop, and their participation was very limited.

The management training needs of the Ethiopian health managers are considerable, but the BASICS project has only limited resources and time to address them. The current plan of providing a training on health financing/financial management issues, as well as the second 'skills' part of the national course, intended for regional trainers, should be supported. The 'skills' course should focus on concrete management tools that the regional, zonal, and woreda managers can put into immediate action.

PURPOSE OF VISIT

The purpose of the assignment was to assist in facilitating a National Course on Planning and Managing Decentralized Health Systems for the top managers of Regional Health Bureaus in Ethiopia.

BACKGROUND

Ethiopia is undergoing a profound transition from a totalitarian state with a highly centralized bureaucracy toward a democratic and decentralized form of governance. The health policy document formulated by the Transitional Government of Ethiopia in 1993, states that "decentralization shall be realized through transfer of the major parts of decisionmaking, health care organization, capacity building, planning, implementation, and monitoring to the regions."

The country is now divided on the basis of ethnic lines into 11 regional states, which together form the Federal Democratic Republic of Ethiopia. These regions are further divided into zones and woredas. The regional states have been given the responsibility and authority to plan and implement their own health care system through Regional Health Bureaus, which report to regional councils. Zonal Health Departments and Woreda Health Offices manage zonal- and woreda-level health services. While this is the general plan for the country as a whole, its execution varies between regions. Some of the regions have already decentralized considerable powers to the Woreda Health Offices, while other regions do not yet even have woredas.

The BASICS project provides support to the Southern Nations, Nationalities, and People's Region (SNNPR) in essential primary health care services, as well as targeted technical assistance and training opportunities at the national level. BASICS organized the National Course on Planning and Managing Decentralized Health System in order to improve national management capacity. The expectation is that this will help make annual action plans more accurate and the Health Sector Development Program (HSDP) implementation more rational and efficient. (The HSDP is still being finalized, but will form the blueprint for the development of Ethiopia's health sector during the next five years.)

The national course is to be conducted in two parts. The first part, which is the subject of this report, focused on concepts and issues. It was targeted at the senior regional management team members (head of the regional health bureau, head of health planning, and head of health services and training). Four Ethiopian counterparts, whom BASICS funded in 1997 to attend an MSH course on Managing Decentralized Health Services in Pretoria, were to serve as co-facilitators. The second part is to be a two-week training course focusing on methodologies and tools for decentralized management, targeting regional trainers. It is tentatively scheduled for late June or late July 1998.

TRIP ACTIVITIES

The first week of the trip was spent in Addis Ababa preparing the course, in collaboration with the BASICS staff. The second week was devoted to facilitating the course in Nazareth. I had particular responsibility for the decentralization and human resources components of the curriculum. Appendix C includes the session guides for these sessions.

A full set of session guides, trainers notes, and course handouts and overheads was left with the BASICS chief of party

RESULTS AND CONCLUSIONS

The educational background of the participants varied widely. At one end of the spectrum, the head of a regional bureau was a physician with a masters degree in public health, at the other end of the spectrum, the bureau head was reported to have no health background at all. Thus, the familiarity of the regional managers with the concepts that the course was intended to impart and their ability to benefit from the course readings also varied greatly. While this posed some limitations to the amount and level of information that could be shared, the course evaluations were still quite positive. The participants were appreciative of the training and it appeared that the course was a rare opportunity for the regional health managers to share experiences and explore common issues.

Group discussions during the training revealed that many complex issues of decentralization have not been addressed. For example, How can the more disadvantaged regions be supported so that they do not fall further behind? On what basis are highly trained technical staff deployed by the central Ministry to the regions, and what happens if they refuse to go? Etc. Much further debate and discussion is required between the central Ministry of Health and the Regional Bureaus to resolve such issues. Given the goals of the course and the limited representation of the central Ministry of Health among the participants, it was neither appropriate nor possible to attempt to solve these issues during the course. They are, however, crucially important issues, and it is not clear what mechanisms exist at the moment to address them.

The original intention of using the four Ethiopian counterparts who had attended the South Africa course to plan and facilitate the course was less than successful. Two of them were not available to participate at all, and the participation of the other two was sporadic due to competing demands on their time. It was also clear that moving from a traditional, hierarchical mode of training to modern adult learning through facilitation techniques was still an alien concept to local counterparts.

RECOMMENDATIONS

At this early stage of decentralization, the management training needs of Ethiopian health managers are considerable. The BASICS project has, however, only limited resources and time to devote to addressing them. The current plan is to provide a training course narrowly focused on health financing/financial management issues, as well as the second 'skills' part of this course, intended for regional trainers. This plan should be supported, and both courses focused on concrete management tools that regional, zonal, and woreda managers can put into immediate action.

The Health and Family Planning Manager's Toolkit on MSH's Electronic Resource Center Web page ([http //erc msh org/toolkit/index html](http://erc.msh.org/toolkit/index.html)) includes descriptions of a number of management tools Trainers planning the 'skills' course might wish to assess the applicability of these tools for Ethiopia Of possible usefulness are the Rapid Pharmaceutical Management Assessment Tool, the Management and Organizational Sustainability Tool (MOST), COPE, and the Training Impact Evaluation (TIE) Process

APPENDIXES

APPENDIX A
PERSONS CONTACTED

PERSONS CONTACTED

Dr Vincent David, BASICS/COP

Staff of the BASICS project in Ethiopia

APPENDIX B
SCOPE OF WORK

SCOPE OF WORK

SCOPE OF WORK TO CONDUCT A NATIONAL TRAINING ON MANAGING DECENTRALIZED HEALTH SYSTEMS IN ETHIOPIA

(o/a 27 April - 9 May 1998 and a/o 10 - 30 June 1998)

Background

Like many countries in Africa, Ethiopia is in the process of decentralizing its health care system. Regional teams currently have the authority to design their programs and manage their overall financial budget (coming from both central level allocations and regional budgets). However, a major constraint for the regions, especially in smaller and peripheral regions, is the lack of skilled human resources at all levels.

The BASICS Project in Ethiopia in support of the USAID/Mission provides support to the Southern Nations, Nationalities and Peoples Region of the country (SNNPR) to increase the use of essential primary health care services in the region. At the national level BASICS provides technical assistance and training opportunities in support of the Mission's Intermediate Result "Increased resources for the health sector".

BASICS funded four Ethiopian counterparts to attend a MSH course on Managing Decentralized Health Services in Pretoria in 1997. In order to ensure that a large number of regional planners and managers benefit from this experience, a similar course will be conducted in Ethiopia. The course is expected to contribute to the improvement of regional management teams' capacity and lead towards a more rational implementation of the Health Sector Development Program, which now constitutes the overall guideline for the sector's activities (as well as for donor support).

The course will be facilitated by the BASICS Chief of party in Ethiopia and by an external facilitator. The Ethiopian participants who attended the course in Pretoria will serve as co-facilitators. The co-facilitators have reviewed the contents of the Pretoria course and suggested adaptations needed to fit the Ethiopian context. The national course will be done in two parts:

- a one-week seminar focusing on concepts and issues. The target audience will be the regional management team: head of regional bureau, head of planning, head of health services and training, from all eleven regions of the country,
- a two-week training for regional trainers. This training will focus on methodologies and tools for decentralized management, as agreed upon during the first round with the regional management teams. The regional trainers will be responsible for the dissemination of the course's contents to lower level managers, with the support from the management teams trained during the initial seminar.

Objective

An external facilitator to assist BASICS and the Ministry of Health to conduct a course on Managing Decentralized Health Systems from a/o April 25 - May 9, 1998 and June 10 - 30, 1998. The timetable include one week in-country preparation before each part of the course.

Specific tasks include

- Review the modules for training that have been designed for the Ethiopian Context and make necessary changes
- Work with the co-facilitators to develop materials for distribution for the training
- Assist with the final development of the training schedule
- Facilitate the training, with emphasis on bringing to participants the experiences from other countries and discussing concepts and issues linked to the decentralization process
- Debrief the USAID/Ethiopia mission and BASICS project
- Prepare a short trip report for BASICS according to the format provided to the consultant

APPENDIX C
LIST OF COURSE PARTICIPANTS

List of participants

Name	Region	Position	Telephone
Ato Taffere Haile selassie	Tigray	Head, P&PD, RHB	(03)-40-02-21
Ato Mohammed Ahmed	Afar	Head, RHB	(03)-11-30-53
Dr Zelalem Tesfaye	Afar	Head, P&PD, RHB	(03)-11-30-53
Ato Haymanot Assefa	Afar	RHB Advisor	(03)-11-30-53
Dr Daniel Argaw	Amhara	Head, RHB	(08)-20-09-22
Ato Mohammed Hassen	Amhara	Head, Adm & Fin Ser ,RHB	(08)-20-17-22
Ato Wondwossen Temiess	Amhara	Head, P&PD, RHB	(08)-20-17-22
Dr Ibrahim Ahmed	Oromia	Head, RHB	(01)-15-41-55
Dr Ibrahim Hussein	Oromia	Head, HS&T, RHB	(01)-15-90-41
Dr Mulugeta Awas	Oromia	Head, P&PD, RHB	(01)-15-89-55
Dr Jemal Adem	Oromia	Acting Head, ZHD, Adama	(02)-11-31-45
Dr Ahmed Mohammed	Somali	Head, RHB	(05)-75-08-44
Ms Elisabeth Schuele	Somali	Head, HS&TD, RHB	(05)-75-08-44
Dr Estifanos Biru	SNNPR	Head, RHB	(06)-20-05-94
Dr Sahlemariam Gebresenbet	SNNPR	Head, DPC, RHB	(06)-20-10-61
Ato Bassamo Deka	SNNPR	Head, HS&TD, RHB	(06)-20-10-61
Dr Wehib Bekri	Harar	Head, RHB	(05)-66-17-33
Ato Addis Kassa	Harar	Head, P&PD, RHB	(05)-66-21-00
Dr Manyazewal Dessie	Dire Dawa	Head, P&PD, RHB	(05)-11-18-42
Sr Mitike Molla	Addis Ababa	Head, P&PD, RHB	(01)-15-39-31
Dr Asefu Wolde Tsadik	Addis Ababa	Head, HS&T, RHB	(01)-15-39-31
Ato Abduletif Abas	MOH	Head, P&PD	(01)-15-17-91
Sr Manna Haile Selassie	MOH	Senior Expert, P&PD	(01)-15-17-91
Ato Gadissa Lamecha	MOH	HIS Expert, P&PD	(01)-15-95-51

P&PD Planning & Programming Dpt HS&TD, Health Services & Training Dpt , DPC Disease Prevention & Control

APPENDIX D
SESSION GUIDES

Session Guide

Session 2 1: Decentralization: Concepts and Issues

Purpose

The aim of this session is to lay the groundwork for the workshop by defining concepts and sharing international experiences with health sector decentralization. We will define the different forms and types of decentralization and consider the forces that fuel the interest in health sector decentralization around the world. We will review the benefits that countries expect from decentralizing their health services and discuss the problems that poorly planned or hastily implemented decentralization may generate. We conclude by exploring what the international experience teaches us about influences toward a successful institutionalization of a decentralized way of managing health services.

Duration 1 hour and 50 minutes

Session Questions

By the end of this session, participants should be able to answer the following questions

- 1 What are the main forms of decentralization? What are the types of administrative decentralization?
- 2 What influences have been important in promoting health sector decentralization?
- 3 What benefits are anticipated from health sector decentralization? What problems can it generate?
- 4 What are the ingredients that you need to consider when planning and implementing a decentralized health system in your region and country?

Session Guide

Session 2.2: Decentralization: the Zambian Experience

Purpose

The purpose of this session is to learn from the decentralization experience of Zambia and to assess its relevance to Ethiopia

Duration 1 hour and 50 minutes

Session Questions

By the end of this session, participants should be able to answer the following questions

- 1 What are the key features of health sector decentralization in Zambia?
- 2 What are its most important challenges?
- 3 What are its most important successes?
- 4 Which of these challenges and successes are most relevant for my region and Ethiopia?

Session Guide

Session 2.3: Decentralization: the Ethiopian Experience

Purpose

The purpose of this session is to undertake an in-depth analysis of the varied decentralization experiences in each of the regions represented. The emphasis will be on discovering the most important implementation successes and challenges in the regions. Each region analyzes its own experience and shares this information in Session 2.4. These discussions will also provide important input for the last day's session 10.3, titled "Where Next?"

Duration 1 hour and 50 minutes

Session Questions

By the end of this session, participants should be able to answer the following questions

- 1 Which management functions have been retained as the responsibility of the central Ministry of Health?
- 2 In my region, which management functions are the responsibility of the Regional Health Bureau and which have been further decentralized to the Zonal Health Department and/or the Woreda Health Office?
- 3 What are the most important challenges to decentralization in my region?
- 4 What are my most important decentralization successes that I should share with my colleagues from other regions?

Session Guide

Session 2 4: Decentralization: Discussion of the Ethiopian Experience

Purpose

The purpose of this session is to review together the analyses of regional decentralization experiences. We aim to uncover the challenges that are common to all regions, as well as the successes that our colleagues in other regions have had. We will discover what lessons have been learned internationally about decentralizing health care systems and explore their relevance to Ethiopia.

Duration 3 hours and 25 minutes

Session Questions

By the end of this session, participants should be able to answer the following questions

- 1 What are the most important challenges to decentralization that are common to most regions?
- 2 What are the most important decentralization successes that regions have experienced so far?
- 3 What lessons have been learned internationally about decentralizing health care systems?
- 4 How relevant are these lessons to Ethiopia?

Session Guide

Session 4.2: Human Resource Development Self-Assessment

Purpose

Availability of skilled and motivated staff is essential for high-performing health services. Human resource development is thus important for all health organizations, regardless of their size, degree of complexity of the health problems they address or the level of sophistication of their internal management systems.

In this session, the participants conduct a rapid self-assessment of their own regions' characteristics with respect to the core functions of an HRD system. The information gained will be useful for each participant in improving those HRD areas which need strengthening in their region. It will also help pinpoint areas, where national level action is required. The session concludes with a brief introduction to the *WHO Human Resources for Health: A Toolkit for Planning, Training and Management*.

Duration 3 hours and 25 minutes

Session Questions

By the end of this session, participants should be able to answer the following questions:

- 1 What HRD areas within my region should be targeted for improvement?
- 2 What HRD areas within my region are functioning well?
- 3 What HRD areas that need improvement are beyond the scope of the region to solve and must be addressed at the national level?