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The Status of District level of Government in Amhara State, Ethiopia: From the perspective of primary health care service delivery

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Abstract
The existence of district level government was constitutionally recognized at regional level with legislative, executive and judicial power so as to make law centered on in its particular jurisdiction, enforce and adjudicate local cases with first instance court level respectively. They are also empowered to rendered important social services such as education, health, road and water etc for their electorate. Practically speaking, however, the kind of law they make need strict observance of the law of the upper levels of government and the quality and quantity of services they render are largely determined by the available funds they received from the above. Since they have limited resource availability, they could not provide and meet the intended objectives of decentralization in Ethiopia. Regardless of this fact, district level of government have entrusted health care service delivery related powers and responsibilities for instance, Undertake Building of HCs and health posts, health workers recruitment, provide in-service training and promotion to the health workers, management and Supervision of health institutions, and collect user fee and finance health institutions are given to the district government in Amhara state.
Keywords: District Government, Health Center, Health post, Health Care Service

Introduction

A dejure decentralization process was held since 1991 following the adoption of federal state structure and implementation of first wave of decentralization which is commonly recognized as '*regional level decentralization'*. During this historic event, nine self-administered regional governments were established by taking settlement pattern, consent of the people concerned, language and identity criteria in to consideration (FDRE Constitution, Art. 46 (2)). Accordingly, significant political, fiscal and administrative powers were devolved from the centre to the regions with the objectives to keep the country from disintegration via addressing a long standing nationalities question (Negalegn, 2010; Tegegne, 1998). The 1995 FDRE constitution also grant to each nation, nationalities and people of Ethiopia unconditional rights to self-determination including the right to secession under Art.39. Moreover, each regional government has the power to form their government, make constitution, organize court system and to use their language, preserve their history and develop their culture. Under Art 52 of FDRE constitution, regional governments are entrusted power to formulate and execute economic, social and development policies, strategies and plans of the State; to establish and administer a state police force, and to maintain public order and peace within the State; to administer land and other natural resources. Though social service provision is supposed to be rendered concurrently, but the lion share of such tasks are lay on the shoulder of the regional tiers of government. Financially, regional governments also has power to levy and collect taxes and duties on those revenue sources that are reserved to the States and are empowered to prepare and administer the State budget.

After a decade, another decentralization phase "district level decentralization" was practiced since 2000s (Hashim, 2010; Alemu, 2011). Although the existence of district government federal constitutional lack an explicit provision in it, but there is an implied provision that allowed regional government to devolve part of their power and established district and local level of government under Article 54 which read as:

The State government shall be established other administrative levels if they find necessary and adequate power shall be granted to them to enable the People to participate directly in the administration of such units" (Federal constitution Art.50/4).

Based on this constitutional provision, the regional governments have established local governments in a way that fits their specific circumstances. Accordingly, Heterogeneous states have formed Zones or special Districts on ethnic bases whereas relatively homogenous states established District governments (Tesfay, 2007). The powers and functions of Local Governments (includes Zonal, District and kebele) therefore, derive from the states' functions and powers. Accordingly, the revised constitutions of Amhara regional state has been arranged its administration sphere in to nationality administrations, District and Kebele level. The Awi, Himra, and Oromo people are recognized as nationality Zonal administrations (Amhara proc. No 59/2001, Art. 45 (2)). Hence, there are 11 functional zonal administrations in the region.

The purpose of District level decentralization was to improve social service delivery, to have more

participatory governance, and to promote economic development through empowering local communities by shifting decision-making powers down to the grass-root level (Alene, 2014; Hashim, 2010; Dickovick and Tegegn, 2010). Under the tasks of district level of government to deliver social services, they are empowered to plan, finance and implement basic public services such as education, health, water supply and sanitary services at local level. This article is therefore investigates the powers and tasks related to health care service provision given to the district tiers of government in Amhara state administration.

Methodologically, intensive federal and regional health proclamations, district health office serious annual reports were reviewed. Supplementary to this, interview with district health office director is also administered in order to access relevant powers and responsibilities entrusted to the district health office.

Discussion and Result

Site description

Gozamin District is one of the 18 Districts found in the East Gojjam Administrative Zone of Amhara regional State. It is located at 300 Km and 265 km away from Addis Ababa and Bahir Dar cities respectively. And bordered by Senan District in the North, Basso-liben District and Oromia state in the South; Debaye Telatgin and Aneded Districts in the East; and Machakel and Debre Alias Districts in the West. The total area of the Districts is 1217.8 square KM. The land form is characterized by plains (74%), highlands (16%), mountains (9%), and valley (1%) . The altitude ranges from 900m to 2640 meter above Sea level (District Health Office, 2013).

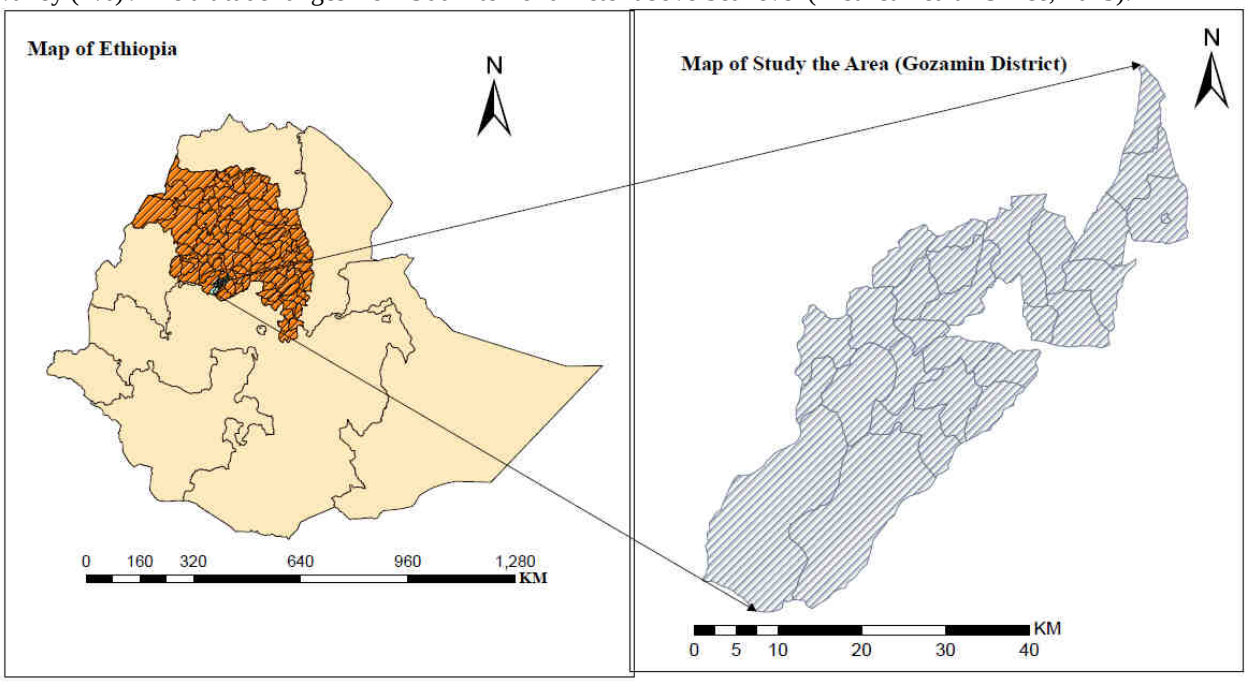


Figure 1: Map of the study area (extracted by arc of Geographic Information System)

Power and Responsibilities bestowed to the District Health Office

It is indeed true that health management system was characterized by highly centralized prior to the formulation of first national health policy during the transitional period 1993. It is the central government that determined issues related to policy, budget, construction of health institutions, recruitment of health workers, and provisions of logistic supply like drug and other materials. However, things were changing subsequent to the formulation of health policy which give priority for decentralization and democratization of health system. Consequently, the health system of the country is structured along a decentralized setting with nine regions and two city administrations (Ministry Of Health (MoH), 2010/11; Wamai, 2004). The FDRE government under proc. No. 475/1995 defines the Powers and Duties of the each level of government. Large amount responsibilities were devolved to the District health units. Accordingly, the District Health Offices are certified to manage and coordinate the function of primary health care services at District levels. Moreover, they are in charge of planning, financing, monitoring and evaluating of all health programmes and service deliveries in the District (MOH, 2010/11).

Following the second phase of decentralization, health care service delivery responsibilities were decentralized from the regional health bureau to the District health office. The District Health Offices are empowered to manage, plane, coordinate, finance, monitor and evaluate the function of primary health care services at District levels (MoH, 2010/11).

According to the constitution of Amhara Regional State (ANRS), District level of government have the powers to prepare and decide annual economic development and, social service plan within its jurisdiction. Thus, the tasks of administering primary health care institutions are the responsibilities of District administration (ANRSC, 2001 Art. 83 and 86 of). Hierarchically, health centers that existed within the District jurisdiction are responsible to District health office, and health posts are accountable to the nearby health centers.

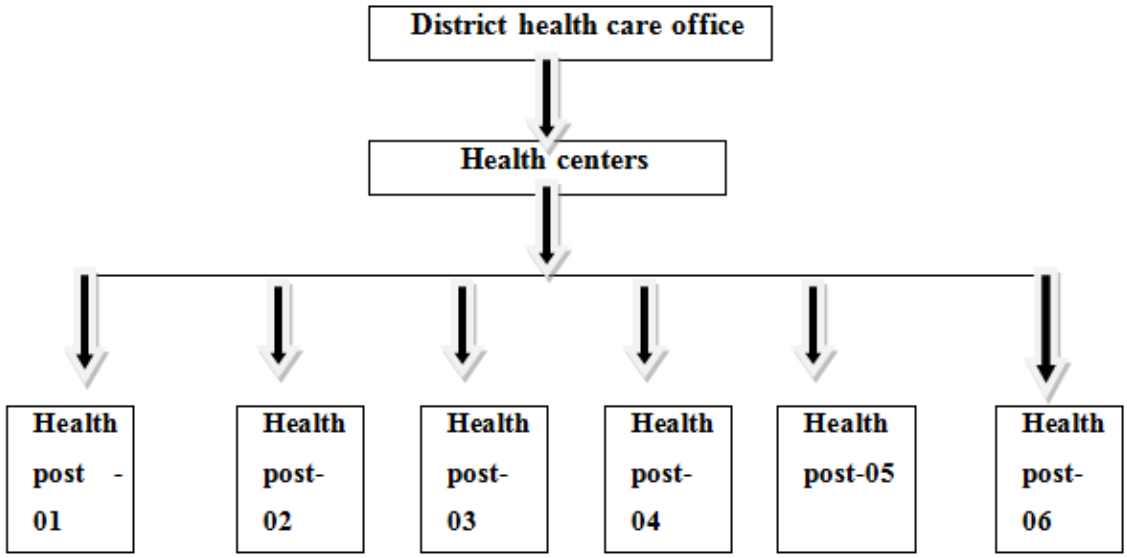


Fig.2. *Organizational structure of health system in the Gozamin District.*

On the bases of this general legal provision given to the District, the study site, Gozamin District health office has the following powers and responsibilities:

1) Undertake Building of Health Center (HCs) and Health Posts- building primary health institutions is delegated to the District authority. In fact, the constructions costs are financed by the regional and or federal government budget. Minimum standards for construction of health posts, health centers and district hospitals are available for use by District health offices. Hence, what is expected from the District health office is to identify the area (kebele) where the health centers are established on the bases of the standards given to them. In the process of selecting sites where health institutions (HCs) is established, the number of population size and administrative centrality are the criteria. Also, it has duties to maintain and rehabilitate or recover old health centers buildings, furniture and other medical equipments as well as administer the construction of HCs' and health posts' toilet via mobilize and organizing the community.

2) Administrative powers- the scope of the administrative powers of the district health office includes the following sphere of competences:

i. Health workers Recruitment- the District has the duties to ensure that the District's health institutions have adequate man power. The mandate of health personnels recruitment and hiring is devolved to District level. According to District health office director, surveillance was first made by the District health office in collaboration with HCs regarding how many personnel are needed, the number of vacant place and unfulfilled profession exist at each Health Center, and then the proposal is submitted to the District council for approval in order to determine the annual budget. Initially, Health Centers identify their vacant positions and then inform to the District health office to fill the vacant professions. Based on the proposed plan collected from HCs, the District health office can post vacancy notice in order to hire the required health workers. But at a time when there is no available candidate apply to the District, the District can formally ask the Zonal Health Department to fill the gap through increasing posts to searching the required numbers of staffs. In addition, because of unavailability of qualified candidate on health sectors, most of the time the regional governments directly hire health personnel graduated from higher institutions so as to minimize shortages of staffs. Furthermore, the District health office in accordance with quota given by the zone health department, can recruit eligible health workers for further professional development. Hiring of health personnel is therefore, a devolved power of the District health office.

ii. Provide in-service training and promotion to the health workers- in this regard, the District has the responsibilities to provide in service training to health personnel in order to develop to scale up their skills and awareness on their field of specialization. Moreover, by creating good sprite of competition among health extension worker and health institutions, it gives promotional rewards to those who have better performance in their work. The HCs have the power to fill the performance evaluation of the staffs. The promotional rewards (give education opportunity, financial incentives) are done based on this evaluation.

iii. Management and Supervision of health institutions- the District health office has a responsibility to supervise health institutions established within the District jurisdiction. In addition, the District health office required to share its experience to health center and provide technical support for health centers and posts; and shall develop the capacity of health workers through in-service training and professional development by organizing or arranging experience sharing forum, and manage the health extension program by organizing health development team and people participation and mobilization.

In addition, the District has also the responsibilities to distribute health equipments offered by the Zone Health Department to health centers. By organizing people in to development team[6], it can strengthen disease preventive role of health extension tasks, monitor, evaluate and give remedial actions or decisions; Forecast and prevent the occurrences of epidemic disease; if once it appears the District attempt to make it under control.

3) Generating internal revenue

Collect user fee and finance health institutions

According to proclamation No. 117/2006 of the ANRS health service provision and administration, the District health office is empowered to collect user fee and finance health institutions. The proclamation declared that, health institutions, besides to government budget allocate to them, they can collect and use internal revenue as an additional budget aimed at improving the quality of health service provisions, and to improve their economic capacity. Improving the quality[7] of services is the central and the ultimate objectives of health centers while utilizing their internal revenue. The proclamation under Article 4, further lists down the following sources of internal revenue of District health institutions.

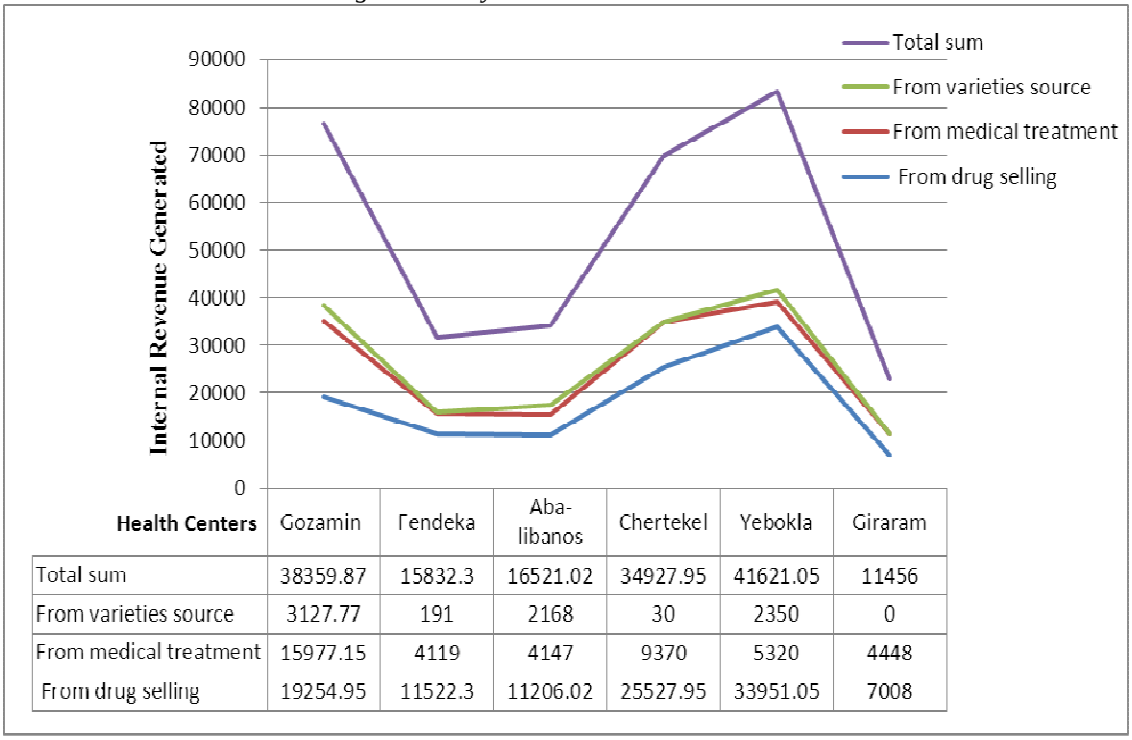
- From varieties of health treatment services, and bed service from in-patients,
- Services that has direct relation with medical services,
- From drugs sale and laboratory treatment, finite – terminated medical equipment sell,
- Revenue generated from free service and from sale of non-clinical equipments, for example, house rent, sale of grass, and from contract income,
- Revenue directly donates by partners organizations in the form of cash or in kind etc.

Once the money is collected from the above sources, it must be kept in a special bank account opened in the name of health institution in collaboration with the District economy and finance office. HCs can put in use all revenues that they generate from service provision. The procedure of opening an account requires three staffs whose names are announce to the bank and have an deposited by the joint name of the two representative. Accordingly, the medical director of the health center, purchasing and finance administration officer, and a case team leader who is appointed by the medical director of the health center is the three persons responsible to sign and open health center bank account by their name on behalf of health center.

The purpose of using internal revenue is to realize the many aims: *first*, to provide standardized, quality, prompt and sustainable health services; *second*, to enhance the culture of people to use health institutions and to develop sense of ownership by improving the quality of health service provision; *third*, to organize health institutions by necessary drug and medical equipments; and *lastly*, to enhance work motivation and develop sense of ownership through building the capacity of health institution's manpower (Proc. 117/2006).

[6] is a team work or group composed of five households (one to five) and thirty households (one to thirty) who resides in the same villages so as to facilitate health care information exchange and awareness.

Chart 1. *Internal revenue generated by the District at the health centers level.*



Health Centers	Gozamin	Tendeka	Aba-libanos	Chertekel	Yebokla	Giraram
Total sum	38359.87	15832.3	16521.02	34927.95	41621.05	11456
From varieties source	3127.77	191	2168	30	2350	0
From medical treatment	15977.15	4119	4147	9370	5320	4448
From drug selling	19254.95	11522.3	11206.02	25527.95	33951.05	7008

Source*: Compiled from Gozamin District health office, 2014.*

As one see from the chart 1, within the last six months the District has collected 158,718.19 birr from different source. However, there are wide variations among health centers in generating internal revenue. For example, the difference in income collected between Gozamin and Giraram is ranging 38359 and 11456. As far as the autonomy of HCs over their internal finance is concerned, they have the right to use the whole collected money for the following specific tasks listed by ranks based on its necessity to the health centers as it was stated under Article 4 (9) of proc. No.117/2006.

Table 1- Activities done by health centers using internally collected revenue

First priority given	Second priority given	Third priority
• To purchase drugs and re-agents, • to cover transport costs, • to purchase medical equipment • for infrastructural facility construction (such as water, electric light, for sewerage and fence building), • to improve the clean and safety environment of the health institutions, and • to cover the costs of non-medical service (food, security and hygienic) transfer to third party.	• To improve health system information or evidence, • for building additional rooms constructions and rehabilitation, • for training purpose (for laboratory, pharmacy and counseling), and • to computerized the finance and drug storage system of the health institution's etc	• To Purchase necessary office materials (pen, paper, etc.); • To pay transport cost; • Building additional construction, and rehabilitation purpose; • To cover the salary of contractual workers who employed not more than 3 month; • to cover other recurrent costs related to improving the quality of health institutions; • For non-medical training (computer, purchasing, office administration and management) expenses.

Source*: Authors own compilation from District health office.*

There are however, tasks which are not covered by internal sources of health institutions. For instance, for every scholarship training and its transport cost, domestic training that takes more than a month, every payments in the form of gift for third party, employing and pay salary for advisors (including research work), and any activities outside the aims planned to perform by own internal source and priority given etc are some of costs that are not covered by internal sources.

As far as financial matter is concerned, the District health office has no direct contact with the nearby Zonal health department but has a direct relation with regional health bureau. The regional government directly

finances its subsidy to District without the need for intermediary body (zone). The only relation the District has with zonal health department however, is in the sphere of reporting (prior to the submission of reports to regional health bureau, whatever it may be, it shall reported first to the zone), training to upgrade the capacity of District organized either by the zone or by the region.

ii. Other sources of District Health Financing

In addition to health treatment fees, like other Districts, Gozamin District's health institutions get finance from 1) District block grant transferred by the regional government, 2) external loans and assistances in kind and or cash from donor organization, 3) other sources.

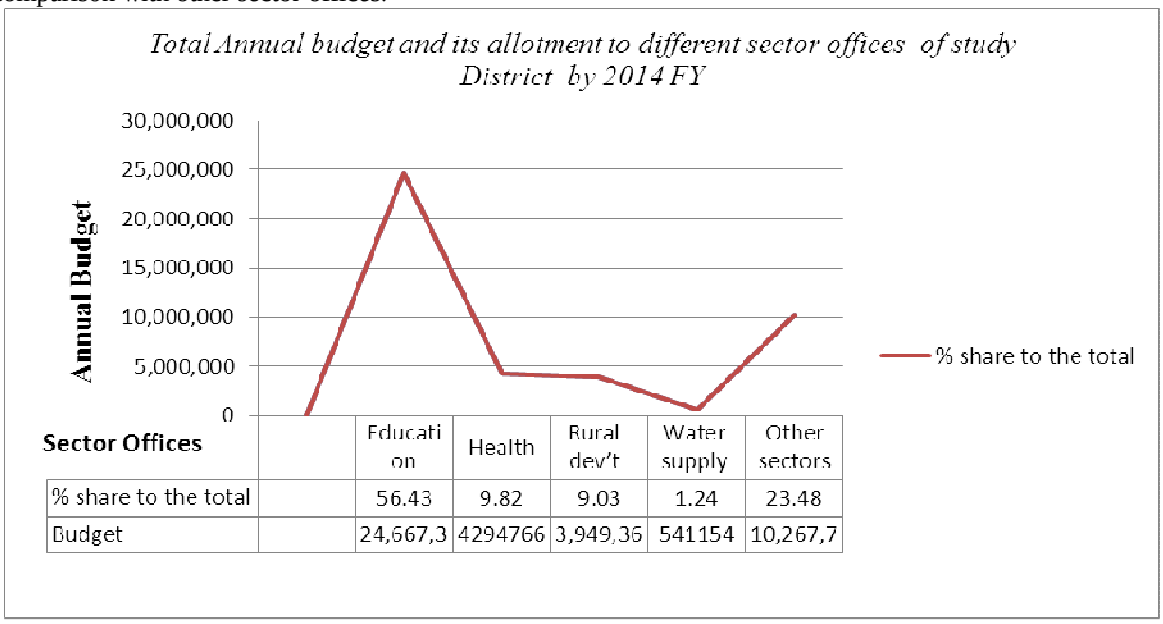
From District block grant

Table-2. *Budget allocation of Gozamin District health care office by the given year.*

Years	*Total Annual health sectorbudget*	*Growth rate*
2011	3,076725	1.1%
2012	3,385 715	1.3%
2013	4,428,817	1.08%
2014	4,794,766	-

Source*: Own compilation from District economic and finance office.*

Although the amount of budget assigned to the health sector show a linear increment, but when we compared it with the existing inflation rate (two digits, for example this year), it has a nominal increment or growth rate. In the current budget year, the Gozamin District approved a total budget of 54,396,269. Of these 11, 330,000 EB were collected from internal sources, 42,740,744 birr were from regional grant, and the remaining 325,525 birr is promised foreign donors. To make it more pithy, the chart below depicts the share of health sector in comparison with other sector offices.



Source*-Own compilation from District economic and finance office 2014.*

As shown in the above chart, comparatively speaking, education sector is the highest receiver of budget than the other sectors. Numerically, education sector alone accounts more than 56 of the total annual budget. This is so because the sector has the highest manpower in take than others. The health sector, however, receives six times less than what education sector has received. Its total share from the gross District budget is not more than 10%. Even the majority share of the budget however goes to the workers' wages and salaries. The share of capital budget by 2014 is 500,000 Ethiopian Birr (EB). This inadequate capital budget has an impact on the improvement of and provision of quality health care service delivery and other infrastructures.

From donors

Besides to government budget, health budget is also financed through foreign aids directly given to the District. For example, in 2011, 166,324 EB were promised by donors and by 2014, 325,525 EB was again promised by the donors. However, the promised money was not yet given the District. The amount of money offered directly to the District by donors is as such not significant.

Conclusion

The district level of government has been granted an important powers and functions. The tasks of constructing health centers and health posts, recruiting health workers, providing professional as well as in-service training, generating revenue from use fee and finance health institutions etc are some of the competences of district tier government in general and district health offices in particular entrusted. The result of the study also highlights the problem of inadequate budget which hampered the quality of health care service provision and the quantity of buildings and other related infrastructures in the district. Though, the district health offices has the power to generate internal revenue from user fee, they cannot spend it in performing tasks they want like for example, to pay for worker salary and per-diem fee. But instead, they are subjected to pre determined tasks in which they are bound to do with internal revenue.

Recommendation

On the bases of the above discussion, the following recommendations are deemed necessary that we are eager to forward so as to reinforce the ability of district ties:

- The assignment of responsibility given to the district level of government is highly decentralized in its nature but assignments of revenue remain centralized. As a result, the majority of district budget were granted either from regional or federal government in the form of conditional and rarely unconditional one. Hence, it seems plausible to balance the assignment of responsibilities with revenue assignment.
- The regional government has to give discretion power to the district health office to use their internal revenue to cover the per-diem and monthly salary of the workers. It indeed enhance the motivation of the health workers, reduced the existing budget gap and to improve the quality of health care service at local government.

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