Decentralizing Health and Family Planning Services

Editors’ Note

In recent years, some ministries of health around the world have embarked on a process of decentralization. Many non-governmental organizations are also interested in transferring decision-making powers to the field level, and donors are promoting decentralization by supporting initiatives that increase the management capacity of field-level managers, so they can use their new powers wisely and effectively.

Whether your government or organization is planning a decentralization initiative or decentralization has already begun, you should know what the goals of the decentralization initiative are, how it can benefit your clients, and how your job and your role in the overall program will be affected. This issue of *The Family Planning Manager* explores the changing roles of managers at the central and local levels and the management skills they must have to function effectively in a decentralized environment.

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—The Editors
Decentralizing Family Planning Program Management: Look Before You Leap

Decentralization is about power. The term is usually used to describe the transfer of power from higher to lower management levels in diverse organizational settings, although the degree of power that is transferred varies widely. It can mean transferring only control over specific management functions, such as planning and budgeting, from a central office to field offices, or shifting the responsibility for an entire program to an institution with a distinct geographic boundary, such as a provincial or district government.

The rationale for any decentralization initiative is to increase efficiency, cost effectiveness, and program performance. Decentralization is also expected to improve intersectoral coordination and promote community participation. Although decentralization may be initiated with the best of intentions, it may take many years to develop the skills of and support from managers at the central and field levels before these objectives are achieved.

Some experts warn that some governments decentralize simply to pass off the responsibility for managing programs to the field because the central level has run out of options for improving health services. In such situations, the lack of political commitment and insufficient resources will impede the ability of field-level managers to plan and manage their programs successfully. If help is not available to build field-level capabilities, managers at the local level will not be able to make good use of their new leadership role.

Decentralization works if several key elements are in place. These include formulating clear goals, carefully defining the boundaries between the functions controlled by central-level managers and those controlled by their field-level counterparts, and helping to build local-level capacity by providing technical and material support to field staff. Issues that are specifically related to family planning will have to be addressed, such as how standards of care will be set and monitored; how national and local information, education and communication (IEC) activities will be integrated and coordinated; and how local service delivery strategies will support national population goals. To find appropriate ways to address these issues, managers at the central and field levels will have to collaborate closely as they redesign and implement their family planning programs.

This issue of The Family Planning Manager will help you to assess both the opportunities and the risks inherent in decentralizing your program. It will help you identify the new relationships that must exist between the central- and local-level managers, and the types of skills that local-level managers must have in order for decentralization to have a positive impact on family planning program performance.
Understanding Decentralization

Decentralization can occur as a result of policies set by the highest levels of government; administrative orders issued by a single ministry or directorate that is responsible for implementing the program; or, a strategic decision made by a private organization. When a government agency or private organization decides to decentralize, it may use a combination of approaches to reach its goal. This issue of The Family Planning Manager discusses approaches to decentralization in the public and private sectors.

Public-sector decentralization. Decentralization in the public sector can be introduced by means of a broad national policy to decentralize one or more public service sectors or it can take place incrementally, by transferring responsibility for specific management functions to lower levels over a period of time. In the public sector, decentralization can be carried out by transferring varying degrees of power from the central level to:

- field divisions or units within the same ministry or agency;
- other government levels, such as regional, provincial, or local government units;
- semi-autonomous public authorities (such as hospital boards), or private for-profit or non-profit organizations.

In the first case, limited power is transferred to lower field levels within the ministry or agency. In the second case, substantial power for managing programs and activities is transferred to one or more lower-level government units, leaving only limited functions under the control of the central ministry or agency. In the third case, the government relinquishes responsibility for specific programs by handing these programs over to a public entity or private organization.

Private-sector decentralization. In the private sector, a large organization may decide to transfer the management of specific programs or functions to one or more field departments within the organization, or to other private groups that can carry out those programs. The impetus for this change may be to streamline services, to make decisions faster and more relevant to the local level, or to coordinate programs at the local level so that services are not duplicated. Private-sector decentralization, which can occur independently of any government initiative, may even inspire the public sector to decentralize.

Understanding Decentralization Terms

Four terms are commonly used to describe and categorize the means by which decentralization occurs: deconcentration, delegation, devolution, and privatization. Although this issue of The Family Planning Manager does not use these terms, the methods for transferring power defined by these terms are treated in the discussion.

Deconcentration means that some management functions, such as developing program budgets, are transferred from the central level to lower-level field units within the same agency or organization, but overall control of the program remains at the central level.

Delegation describes an approach in which the central level transfers the responsibility for specific managerial functions, such as developing and conducting management training, to organizations that are outside the regular bureaucratic structure, and thus only indirectly controlled by the central government.

Devolution refers to the transfer of power to newly created or strengthened sub-national units of government, the activities of which are outside the central government’s direct control. In this approach, responsibility, authority, and accountability for a family planning program is usually transferred to a provincial or municipal government.

Privatization refers to the transfer of specific management functions, such as contraceptive procurement, logistics, and training, to private non-profit or commercial organizations outside the government structure. Some experts believe that privatization is not a means of decentralization because in privatizing, a government relinquishes responsibility, rather than transferring powers to lower levels.
Recognizing Opportunities in Decentralization

Many initiatives to decentralize family planning programs come from the central or headquarters level of an organization or agency. But occasionally, when local managers demonstrate their capacity to achieve high levels of performance in large-scale family planning programs, such as in Bangladesh, their success may convince the central level to decentralize. Central managers may recognize that it is in their interest for programs to be able to respond rapidly to client needs and will transfer more and wider power to the field.

When an agency or organization decides to decentralize, local managers should seize the opportunity to have a larger leadership role in the program. Local managers will need to analyze the situation by asking the right questions and, with the answers, develop the necessary skills to use their new powers effectively. In the long run, by successfully advancing program goals and by producing good results, local managers can prove that decentralization is the right way to go.

Answering the Key Questions

Enthusiasm to pursue decentralization must be accompanied by clear goals and adequate planning. Whether decentralization has already begun or is about to begin, all managers should obtain the answers to several key questions to get a better understanding of who will be responsible for planning programs, who will have the authority for allocating and managing resources, and who will be accountable for financial and program performance.

What are the stated goals of the decentralization initiative? Managers must understand the reasons why the agency or organization is decentralizing. These reasons may be to cut costs, reduce bureaucracy, improve efficiency, increase community participation, or make services more client-oriented. Having a thorough understanding of the reasons for decentralization will be helpful in developing strategies for achieving the goals of the decentralization initiative.

How will the decentralization initiative be authorized and implemented? Managers need to know if decentralization will be instituted by passing a constitutional law or through an administrative order. For example, if decentralization is instituted by an administrative order, the scope could be changed more easily in the future. In either case, managers must know whether the powers will be transferred incrementally or all at once.

What programs or functions are being decentralized? Managers need to know which functions are being decentralized and how decentralization will affect the management of their programs. For example, when the responsibility for logistics is transferred, lower levels may find they have to deal with many agencies and get approvals from customs or other agencies before procurement can take place or contracts can be issued.

To whom are these programs or functions being transferred? In order to assess the impact of these changes on their programs and on the overall role of their organization, managers must know where the responsibility, authority, and accountability for specific management functions or for entire programs will reside after decentralization. When management functions are transferred to another level, organizational relationships and reporting requirements may be permanently altered. For example, decentralization may mean that family planning services will be taken over by maternal and child health (MCH) centers at the local level, or that contraceptive logistics may be transferred to the district hospital.

What impact will these changes have on service-related jobs? The transfer of power often comes with new expectations regarding roles and responsibilities of staff in the field. Family planning
supervisors may, for the first time, be required to supervise maternal health activities or to oversee the work of traditional birth attendants. New referral procedures may place additional burdens on primary-care units and may require managers to monitor health-post activities more closely. For these reasons, managers need to look at how decentralization will affect the jobs of their staff and decide whether their staff have the necessary skills to carry out their new responsibilities.

What skills will managers need to have?
Decentralization changes the roles and responsibilities of managers at all levels. Central- and local-level managers need to know what their new roles will be in the program, what new powers they will have, and what new skills they and their staff will need to acquire in order to perform their jobs effectively. For example, increased accountability may require the field manager to be more actively involved in managing finances or information systems, while the central level manager may need to take on a new teaching and technical assistance role.

Identifying the Necessary Conditions for Successful Decentralization
A number of conditions must be present for decentralization to be successful. Without these basic requirements, managers at the central and local levels risk seeing their good intentions fail. At a recent meeting of the Francophone Regional Advisory Committee (FRAC), members from Haiti and sixteen Francophone countries in Africa met to share their experiences and concerns about decentralizing family planning program management. At the meeting, the participants identified the following prerequisites for decentralization:

- sufficient political will at the central and local levels of governments to support the initiative and the process;
- adequate management skills at all levels;
- clear implementation plan;
- legal administrative framework that sets limits to authority;
- adequate resources;
- interest, involvement, and commitment of local leaders.

Having identified the prerequisites for decentralization, FRAC members developed a list of management actions that would help make decentralization successful. This list included:

- defining the powers that are being transferred and the mechanisms for the transfer. (Responsibility, authority, and accountability for management functions should always go together);
- maintaining a regular dialogue between central-level resource planners and local-level health care planners and program managers;
- articulating the goals and objectives for the decentralized programs;
- making a commitment to providing annual financing that corresponds to program needs;
- developing accounting procedures that allow managers to monitor the flow of money between central and local levels;
- making a list of the skills that managers at the central and local levels will need in order to function in their new roles, and making sure that managers receive the necessary training;
- developing personnel policies, appropriate salary scales, and performance compensation mechanisms that will allow managers to retain qualified staff;
- instituting adequate supervisory systems that reflect local-level problems and needs.
Making Community Participation a Goal of Decentralization

In Bangladesh, an initiative that started as a means of supporting government decentralization efforts eventually became the means by which the government now carries out its national family planning program at the local level. In just eight years, the Local Initiatives Program (LIP) in Bangladesh has grown from a small program experimenting with giving communities a role in managing local family planning activities, to a program that covers nearly 20 percent of the country. From its inception, the LIP has focused exclusively on the community.

The national policy to decentralize the planning and financial management of family planning programs to the sub-district level greatly helped to start the process. But even when national decentralization policies were rescinded and local administrative powers were withdrawn, the community approach remained strong and was a crucial factor in furthering family planning program decentralization. By then, community participation had demonstrated a measurable impact on performance: In the community-managed programs, contraceptive prevalence had increased on average by 20 percent.

Program successes convinced government officials and program managers at the district, regional, and central levels that community participation was the route to achieving national goals. They continued the policy of allowing local governments to allocate locally-generated funds to their family planning program, so that local plans could be implemented. This practice became increasingly popular and in November 1994 it became national policy.

Forming a Local Family Planning Management Team

Working within the framework of the national family planning program, the decentralization process followed a philosophy of community-based action to support government service providers. To support communication and collaboration between all administrative levels of the program, the LIP designed a management structure that brought together people from various walks of life and professions to plan and deliver family planning services to the community.

The team is composed of elected community leaders, the local government administrator, and professionals of the government family planning program (the Family Welfare Visitor, Family Planning Inspector, and Family Welfare Assistant). These team members work together pooling their resources, knowledge, and expertise. Working together, the team has a sound knowledge base of the family planning and maternal and child health needs and customs of the community, and has the commitment and active support from government officials.

Developing Action Plans

The tool that serves to coordinate all the facets of the family planning program is the Action Plan. Community leaders develop the Action Plans and are encouraged to put new ideas for improving program performance into their plans. For the communities, it provides a blueprint for action, specifying activities to be carried out and the roles and responsibilities of community members. For the program administrators at the local government level, it serves as a tool for identifying and addressing problems as they occur and for monitoring the performance of the program.
Recognizing the Potential Benefits and Problems of Decentralization

The transfer of power in a decentralization initiative can create both benefits and risks at the central level, at the local level, and for the family planning client. There are many potential benefits of decentralization, but decentralization will not necessarily solve existing problems, and the anticipated benefits will not always be realized. With this in mind, the benefits summarized on the next page should be viewed with caution, and decisions to decentralize should be made only after carefully examining both the potential benefits and the potential problems.

The Action Plans have since become the basis for the sub-district family planning program. In areas covered by the LIP, local-level government officials and community members now work together to develop annual Action Plans, manage program finances, and arrange for or provide training to program staff and volunteers. In addition, they have assumed accountability for program performance based on objectives established in their Action Plans. The result is effective action plans that provide greater access to high-quality services.

Providing Effective Support

A host of interventions were necessary to support the initiative in its early days and to give it a chance to show results:

- The National Family Planning Directorate provides guidance and support in setting up local management systems, training local personnel, supervising local family planning managers, and helping to solve problems to sustain local management initiatives through various difficult transitions.

- USAID provides small grant incentives to help community leaders implement the Action Plans they prepare after visiting other sites. Now, developing Action Plans has become an annual event for the communities, and other donors are joining in to provide incentives to other communities.

- Initially, community leaders were introduced to other successful community participation programs in a south-to-south collaborative arrangement with the family planning program in Indonesia. The process of learning from other successful programs has been institutionalized and is now carried out entirely within Bangladesh through in-country study tours.

- The communities mobilize volunteers to support government workers, so that the government officials can concentrate on developing strategies, planning programs, and solving problems. The number of volunteers has now grown to more than 25,000 women. These women are successfully helping their neighbors become active, satisfied contraceptive users, while their role in the family planning program has significantly increased their social status in their communities and families.

As the LIP coverage grows and communities assume a greater share of program costs, the LIP strategy is being expanded to entire sub-districts to make this approach the standard for decentralized family planning program management in Bangladesh.
### Potential Benefits and Problems of Decentralization

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<thead>
<tr>
<th>Activity</th>
<th>Potential Benefits</th>
<th>Potential Problems</th>
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<tbody>
<tr>
<td><strong>Strategic Planning</strong></td>
<td>Greater emphasis can be placed on strategic planning and program performance.</td>
<td>Local ownership or control of the program can conflict with leadership from the central level.</td>
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<tr>
<td><strong>Decision Making</strong></td>
<td>Local decisions can be made more quickly with less bureaucratic restrictions, and are usually more relevant to regional/local needs.</td>
<td>Local decisions may not support the national family planning program goals. Decisions may be strongly influenced by local politics.</td>
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<tr>
<td><strong>Coordination</strong></td>
<td>Central level can pay more attention to improving inter-sectoral coordination and collaboration at all levels.</td>
<td>Too many organizations working at the local level can make coordination unmanageable.</td>
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<tr>
<td><strong>Local Participation</strong></td>
<td>Local service providers can participate in the program and coordinate their programs.</td>
<td>Local participants may divert program activities from national goals.</td>
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<td><strong>Performance Planning</strong></td>
<td>Local-level staff can establish performance objectives and be held accountable for meeting those objectives.</td>
<td>Local objectives may not be consistent with national program goals.</td>
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<tr>
<td><strong>Financial Sustainability</strong></td>
<td>The government is compelled to seriously address the issue of financial sustainability as it reduces the subsidization of family planning programs.</td>
<td>Less money may be available for implementing the program, which can worsen regional and local inequities and compromise the quality and availability of services.</td>
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<tr>
<td><strong>Financial Management</strong></td>
<td>Program coverage can be expanded and local revenue generation can be increased.</td>
<td>Local-level staff may not have the skills to manage finances and/or funds may be misused.</td>
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<tr>
<td><strong>Resource Use</strong></td>
<td>Determination of resources needed for IEC, clinic services, logistics, and supervision activities can be more appropriate.</td>
<td>Central level may not agree with local priorities and may not be willing to finance local initiatives.</td>
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<tr>
<td><strong>Staffing</strong></td>
<td>Staff recruitment can be done at the local level and within the communities served by the program.</td>
<td>Local loyalties and affiliations may inappropriately influence the selection and promotion of staff.</td>
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<tr>
<td><strong>Supervision</strong></td>
<td>Supervision can be directly linked to and influence planning at the local level.</td>
<td>Weak supervisory skills may result in mistakes in applying national standards of care.</td>
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<tr>
<td><strong>Service Standards</strong></td>
<td>Central level can focus more on national issues such as service standards and norms, and program evaluation criteria.</td>
<td>National service standards and norms may be inappropriate or non-implementable at the local level.</td>
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<tr>
<td><strong>Client Satisfaction</strong></td>
<td>Family planning services can be more easily integrated or coordinated with other health services and better organized to meet client needs and convenience.</td>
<td>Referral systems may break down and outreach activities may be cut if the local government doesn’t have sufficient funds to cover transportation costs.</td>
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<tr>
<td><strong>New Services</strong></td>
<td>Opportunities are greater for developing new or innovative services or service delivery mechanisms.</td>
<td>Inadequate local planning capacities or lack of vision may lead to unrealistic service delivery objectives and strategies.</td>
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Assessing the Impact of Decentralization

Decentralizing health and family planning programs can include several management functions or be limited to only a single function. It is common for organizations or agencies to have some decentralized management functions and some centralized functions. For example, although the Philippines government transferred most service delivery functions to provinces and municipalities, the central office of the Department of Health continues to manage contraceptive procurement and distribution.

Organizations or agencies that have already begun to decentralize some management functions should periodically assess the impact of the changes on program performance. They should also analyze the potential for advancing organizational objectives by transferring further responsibility for management functions to lower levels. Without systematically reviewing the results of their efforts, managers will not know if and how the changes are helping or hindering program performance, or if improvements in skills are having a positive impact.

The following “Working Solution” from Honduras provides an example of how one organization is dealing with the complexities of regionalizing their program and increasing the management responsibilities of their regional managers in an effort to improve the quality and efficiency of their programs and services.

ASHONPLAFA Analyzes the Management Functions of Central and Regional Managers

ASHONPLAFA is the principal provider of family planning services in Honduras. Presently, ASHONPLAFA has 260 employees, runs six medical centers and 1,900 community distribution service sites in six regions of the country, and administers a social marketing program from its head office in Tegucigalpa. As a mark of success, ASHONPLAFA has grown significantly in the last several years. To respond to their increased growth and make sure that ASHONPLAFA’s programs were able to respond quickly and effectively to clients’ needs, senior managers at ASHONPLAFA began considering ways in which the organization could increase efficiency, expand service coverage, and recover more program costs.

In order to expand service coverage and continue to provide high-quality services, ASHONPLAFA initially created regional centers, staffed by a regional manager and several technical staff. The central organization was restructured so that the work was distributed by functional area and delegated some functions to mid-level managers within the central office. ASHONPLAFA soon realized that in order to move forward with the process and have real service delivery impact, they needed to create a more participatory decision-making process that included the regional managers. Although the initiative is still in the early stages, the changes meant that ASHONPLAFA staff needed to analyze not only the systems they used to manage their programs, but also the various management styles of their staff and the institutional culture in which they had become accustomed to working.

Through this process, ASHONPLAFA has consistently examined the extent to which program functions were being successfully managed by the central and regional managers, assess the impact of the changes on program performance, and determine what additional training might be necessary for managers given their new roles.

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General issues:

- ASHONPLAFA analyzed the appropriateness of how program functions were allocated between the central and regional levels. Some functions within the organization were centralized, such as strategic planning, information systems management, and setting prices for services. Other functions had begun to be managed by the regional centers, such as income generation, marketing, and IEC campaigns.

- The management styles and skills of regional managers were not uniform. This created some inequality and inequity between regional centers, as some managers took more control of their programs and developed new initiatives, while others continued to depend on the central level for direction.

- The strengthening of local management capabilities in some areas, such as marketing, created a positive impact on organizational performance, while the strengthening of other management capabilities at the local level, such as fund raising, did not significantly influence performance.

- ASHONPLAFA staff realized that the change process is slow. Creating a new institutional culture in which managers at the central and regional levels share decision-making power requires making difficult changes in management styles and practices and how staff relate to one another in order to adapt to a more participatory approach to managing a large organization.

Analysis of specific management functions:

**Strategic and operational planning.** Strategic planning was identified as a central-level function with opportunities for regional staff participation. Operational planning already took place at the regional level. Their assessment recommended improving the operational planning process at the regional level so that regional managers would be more involved in the strategic planning process, and their operational plans would relate more closely to the overall strategic plan.

**Information systems.** Their analysis revealed that the information system needed to be modified so that it would be more appropriate to the new structure and so that managers could use the information to develop their operational plans. In addition, modified financial systems were needed so that central and regional managers could more easily project financial needs, monitor cash flow, and keep more accurate accounts of expenditures.

**Mass media communication.** The planning and management of family planning IEC activities was conducted by the regional centers, but the activities needed to be coordinated with the centrally-managed social marketing program that developed mass media promotional campaigns.

**Income generation and fund raising.** Regional managers had the authority to raise funds, receive donations, and designate the use of those funds. But in most regional centers, fund raising generated very little money. It was recommended that regional managers continue to generate funds at the local level as much as possible, but not make fund raising a priority activity.

**Marketing.** Regional managers were responsible for developing campaigns to market program services. They encouraged regional managers to conduct marketing campaigns at their level, as this would likely result in expanding the scope and increasing the use of services.

**New services.** Regional managers were free to suggest such initiatives as constructing birth facilities, but for a variety of reasons diversifying services beyond those directly associated with family planning was difficult. It was felt that because these activities involved significant investments, such decisions should be made by the central office.
Service fees and clinic hours. The central level normally determined pricing structures and hours of operation. The regional managers have begun to participate in making these decisions because they are more likely to know and be able to respond to the needs of their specific client groups. ASHONPLAFA feels that this change will help to advance the overall organizational objectives.

ASHONPLAFA’s plans to strengthen regional management:

As a result of their analysis, ASHONPLAFA is planning to gradually transfer more management responsibilities to the regional centers and will provide additional support for others that have already been transferred. The following initiatives were determined to be those that would directly support the achievement of ASHONPLAFA’s objectives for 1995:

Transfer of new responsibilities. The regional centers are now participating in making decisions about the prices of services, the hours of operation for clinics, and the types of program data to be collected. Final decisions are made jointly with the central level.

Technical assistance. To support the change process, the central office agreed to provide technical assistance and regular management training to help the regional managers develop and carry out their new responsibilities.

New initiatives. New initiatives, such as setting up laboratory services, would be planned jointly by central and regional managers. The central level would provide financial and technical assistance, and once the new service was established, the regional managers would be responsible for daily management of the service and accountable for the quality of the service.

Evaluation. Regional and central managers will share the responsibility for measuring the effect of the changes on performance.

Transferring Management Functions

For decentralization to work well, senior managers and policy makers must make decisions about the kinds of management functions to transfer to lower levels and to whom those functions will be transferred. The chart on the next page presents various ways that organizations can decentralize program management. It illustrates differing degrees of central-level involvement in relation to the amount of control that is transferred to the field level. For each of the eight management functions listed on the far left, each column describes a different degree of decentralization by describing how that management function is carried out or by whom, what the managers are in charge of, and how much autonomy they have.

- **The first column** represents a situation in which minimum responsibility for implementing programs is transferred to lower field divisions or units within the same agency or organization. In this situation, the central level retains considerable control over the program.

- **The second column** represents a situation in which the responsibility to plan and implement programs is transferred to lower government or organizational levels. They may have a large degree of autonomy, but the central level still retains some degree of oversight for the programs.

- **The third column** represents a situation in which considerable responsibility to plan and implement programs is transferred to one or more public or private entities. These entities or organizations are to a large extent autonomous and operate their programs independently of the government, but within the overall context of national program goals and strategies.
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<thead>
<tr>
<th>Management Function</th>
<th>Degree of Decentralization</th>
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<tbody>
<tr>
<td><strong>Program Planning and Implementation</strong></td>
<td><strong>Low</strong></td>
</tr>
<tr>
<td>Planning is done at the central level. Field units of the agency or organization are responsible for implementation. Programs are fully managed by central-level employees with the central level handling all administrative, research, and training functions.</td>
<td>Semi-autonomous or autonomous local/government units are responsible for planning and implementing programs. Programs are managed by a mix of government and private employees through wage or service contracts for certain services.</td>
</tr>
<tr>
<td>Financial Planning/Management</td>
<td>Program budgets are developed at the local level. Funds are allocated to field units by the central level. Field units submit financial reports; the central level usually manages finances.</td>
</tr>
<tr>
<td>Staffing</td>
<td>The central level hires and assigns staff to central or local-level posts. Terms and conditions of employment are set by the central level.</td>
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<tr>
<td>Staff Supervision</td>
<td>The central level sets performance objectives; supervision is done by the field level.</td>
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<tr>
<td>Logistics/ Vehicle Management</td>
<td>Commodities and equipment are procured and stored at the central level. Ordering by requisition is done by the field units.</td>
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<tr>
<td>Quality of Care/Service Standards</td>
<td>Standards of care are set and monitored by the central level.</td>
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<tr>
<td>MIS/ Reporting and Program Monitoring</td>
<td>Data-collection requirements are set at the central level. The local level submits reports to the central level. Program monitoring is performed by the central and local levels.</td>
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<tr>
<td>Program Evaluation</td>
<td>Central-level staff or consultants conduct evaluations.</td>
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Identifying the Skills Managers Will Need at the Central and Local Levels

Decentralization can take a variety of forms depending on how much control is being transferred to lower levels and which functions are being decentralized. Because decentralization can be achieved in many different ways, managers need to be aware of the wide range of implications for their own roles and functions. Managers at the central level must understand that it is not enough to transfer program management and control to the lower levels. They must also make sure that lower-level managers have the necessary management skills to take an effective leadership role in the family planning program.

Local-level managers need to know how much control they will have and what control will be retained by the central level. The central level, being the level that transfers power to the field, can never really give up everything. The central level should always retain a degree of oversight for the program, and must see to it that the powers invested in the field level effectively support a common goal, even if the pathways to that common goal are diverse.

Managers’ Skill Set for Decentralization

In order for decentralization to work, central- and field-level managers need to have complementary roles and skills. Managers at both levels must master skills in the key management areas that will be most affected by decentralization. Following is a summary of the major skills that family planning managers at the central and local levels must have in a decentralized setting. Each section begins with selected comments from the International Review Board of The Family Planning Manager.

Program Planning and Implementation

Review Board members pointed out that the primary role of the central level is to define policy and strategy. They noted the need for national policies that define service standards and norms and evaluation criteria. They also emphasized the importance of helping local-level managers develop the necessary skills in program planning and implementation.

Central-level managers should be able to:

• Make major demographic projections and use those projections for setting long-range goals and strategies for the national population and reproductive health programs;
• Establish national goals for reducing fertility rates, improving the health status of women and children, and increasing contraceptive prevalence;
• Develop strategies for stabilizing population growth including reducing unmet need, encouraging smaller family size, and raising the age of marriage;
• Analyze and use research and survey data to develop a national strategic plan;
• Involve local-level managers in formulating a strategic plan that is based on realistic objectives and feasible strategies that can be implemented at the local level;
• Determine performance standards in order to achieve national goals and evaluate the degree of achievement against these standards;
• Conduct special national IEC campaigns and determine when a campaign would help to invigorate programs that are not performing well.

Local-level managers should be able to:

• Analyze clients and services and know how to use the information to make program improvements;
• Manage integrated services and develop or target services for special groups such as adolescents and men;

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Determine an optimum contraceptive method mix and set total fertility reduction and contraceptive prevalence targets for their local government units that are consistent with national goals;

Create conditions that encourage community members to participate in planning and implementing the local family planning program.

Financial Planning/Management

Review Board members stressed that when resources are limited, as they usually are, the central level can help to distribute the resources equitably. Nevertheless, lower levels should be encouraged to raise and manage other resources obtainable at their level. One reviewer warned that the central level may not agree with local priorities and may be unwilling to finance local initiatives.

Central-level managers should be able to:

- Make long-range projections for financial needs and determine how family planning program performance will influence future expenditures in other development sectors, such as education, housing, urban development, and agriculture;
- Set up systems that allow for funds to be allocated to local levels on an equitable and timely basis;
- Establish guidelines that allow local managers to have access to central, local, and private funds for covering their capital and operating costs;
- Mobilize additional resources from bilateral and multilateral donors to support local initiatives.

Local-level managers should be able to:

- Analyze and estimate service costs, prepare budgets, and manage funds allocated to them by the central level;
- Control expenditures in accordance with accepted accounting practices;
- Identify and initiate new sources of revenue for the programs from local government or private sources;
- Introduce and manage income-generating projects to supplement their financial resources;
- Manage contracts for personnel, transportation, procurement, and other outside services.

Staffing

Most reviewers felt that staffing should be decentralized. They pointed out that local managers are in a better position to evaluate their staffing needs and decisions can be made more quickly.

Central-level managers should be able to:

- Review and establish professional standards for key technical and administrative staff involved in service delivery. (This responsibility is particularly important, since these standards affect hiring practices and training requirements at the local level. For instance, by establishing standards that allow paramedical staff to provide clinical and long-term methods, managers can help to increase access to these methods in areas where medical staff are scarce.)
- Offer training and resources at the central level or lend trainers to the local level so they can provide training locally;
- Negotiate with medical, midwife, and pharmaceutical associations to gain agreement on clinical service standards and to determine how each profession will support the others;
- Communicate these professional norms and standards to all local-level managers.
Local-level managers should be able to:

- Use established guidelines to recruit and hire qualified staff for the various service delivery and administrative positions at the local level;
- Analyze the structure of the organization and determine the appropriate balance of job functions, staff skills, and experience that will increase program performance;
- Assess training needs and develop realistic plans for training staff;
- Work with professional associations to integrate appropriate pre-service and refresher clinical and management training into the programs.

**Staff Supervision**

*All reviewers thought that supervision should be decentralized because it is more efficient, more timely, and more effective.*

Central-level managers should be able to:

- Organize and coordinate training programs for supervisors;
- Develop new tools and materials that support the routine tasks of supervisors and encourage innovative thinking and problem solving;
- Evaluate how their supervision efforts have improved staff and program performance.

Local-level managers should be able to:

- Understand the importance of supervision and allocate appropriate resources for supervisory activities;
- Establish a supervisory system that can be carried out in a timely and supportive manner;
- Establish appropriate guidelines for supervisors to use in solving problems and developing the skills of their staff.

**Logistics and Vehicles Management**

*Several reviewers felt that it was more advantageous for the central level to manage logistics and vehicles, including the procurement and storage of spare parts and maintenance of equipment. Some reviewers felt that commodities purchased from local sources were likely to be more expensive and that centralized bulk purchasing was preferable. Still others thought that decentralizing logistics and vehicle management might lead to more rapid and appropriate solutions to problems.*

Central-level managers should be able to:

- Set up systems for maintaining contraceptive product mix and for setting up ordering and delivery schedules that are consistent with local usage;
- Determine when it is in the national interest and most cost-effective to manufacture contraceptives in-country;
- Monitor the efficiency of the entire logistics system, identify problems that can adversely affect timely orders and deliveries, and decide under what circumstances it might be appropriate to centralize logistics management or to contract logistics out to an outside organization;
- Set guidelines for purchasing vehicles or maintaining and replacing equipment as necessary;
- Provide assistance to local managers in determining minimum stock levels and managing inventories of contraceptives.

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**Local-level managers should be able to:**

- Determine both the appropriate contraceptive method mix and the ordering and delivery schedules that are consistent with local contraceptive usage patterns;
- Ascertain under what circumstances it would be appropriate to contract with private transport companies for delivering supplies, and negotiate contracts for those services;
- Determine the type of transport that is most suitable for activities requiring travel, such as delivering supplies to clinic sites or making supervisory visits, and manage the use of vehicles in the most efficient way.

**Quality of Care/Service Standards**

_Reviewers noted the need for quality of care standards and policies to be set by the central level. When they are in place, local-level managers could incorporate them into local service policies and standards. Since decentralization encourages providers to seek feedback from their clients, they can improve quality to meet clients’ needs._

**Central-level managers should be able to:**

- Establish quality of care standards for the national program;
- Develop incentives, such as clinic accreditation, to encourage local programs and clinics to maintain high-quality services;
- Analyze and use the results from studies of clinical and non-clinical services and other components of family planning programs, such as IEC campaigns;
- Determine whether service quality problems are due to poor techniques, old or outdated equipment, client attitudes, community relationships, or local politics, and assess the impact of these deficiencies on program performance;
- Identify solutions to problems and develop general strategies for involving local-level managers in finding solutions and mobilizing resources to improve service quality.

**Local-level managers should be able to:**

- Adapt national guidelines to local conditions and maintain standards of care in their programs that are consistent with national guidelines;
- Carry out continuous quality improvement (CQI) programs and use the results of their CQI efforts to reorganize services, modify staff functions, revise job descriptions, and develop refresher or continuous education programs to support program performance;
- Incorporate the CQI process in the monitoring and supervisory systems to transform CQI into an essential management system.

**MIS/Reporting and Program Monitoring**

_Most reviewers felt that local managers should define MIS needs and use the information in planning and implementing local programs. The central level can help the local level by providing guidelines and mechanisms for collecting and analyzing data. Data collected at the local level could be used by the central level to compare program performance, analyze trends, and maintain performance standards._

**Central-level managers should be able to:**

- Determine a basic set of indicators required for maintaining essential national data, and establish a reporting system so that local managers can easily report these data. (These indicators are used for making demographic and programmatic projections and for establishing long-term goals.)
Monitor the efficacy of the information flow and the quality of the information provided, and update or revise systems as needed;

Determine when progress has begun to level off (or plateau) and when major strategic changes may be necessary.

**Local-level managers should be able to:**

- Determine the indicators that are useful in planning, monitoring, and evaluating local program performance. (These may include indicators concerning client characteristics, attitudes, and practices, or types of service delivery systems.)
- Maintain the information systems and use the results to plan new or improve current programs.

**Program Evaluation**

_Most reviewers thought that evaluation should be centralized. One reviewer commented that the central level should evaluate programs at all levels and undertake a review for the purposes of developing future program strategies. Another reviewer pointed out that local managers should take part in evaluating programs in order to improve local-level program implementation._

**Central-level managers should be able to:**

- Determine whether local and national program strategies are contributing to the achievement of national goals;
- Evaluate the appropriate balance of strategies for stabilizing population growth, such as fulfilling unmet need, modifying family size desires, and raising the age of marriage;
- Determine what levels of resources are necessary to achieve the goals, and how to mobilize these resources effectively.

**Local-level managers should be able to:**

- Evaluate the ways the different components of the family planning program are contributing to program goals;
- Identify critical indicators that will provide the most useful information on program achievements, including those that relate to program inputs, processes, results and impact.

Central and local-level managers must be able to understand and use the results of routine monitoring systems and periodic national surveys. They must know how to analyze the results of national surveys, such as Demographic and Health Surveys, Contraceptive Prevalence Surveys, or Situation Analyses of service delivery. Finally, they must know how to design and implement program changes based on survey results to improve the programs or functions for which they are responsible.

When decentralization occurs, local staff may find themselves overburdened with their new management responsibilities, while being expected to continue to carry out their regular work. Transforming doctors, nurses, and administrative staff into managers is a slow process. However the process can be made easier by carefully analyzing their new roles and responsibilities and the corresponding skills they need to perform their jobs, and providing them with the appropriate training.

For more information about developing strategic thinking skills, involving the community in managing family planning programs, and integrating family planning services with other types of services, please refer to Volume III, Number 1 of _The Family Planning Manager_, “Learning to Think Strategically;” Volume III, Number 2, “Increasing Community Participation in Family Planning;” and Volume III, Number 3, “Managing Integrated Services.”
**Strengthening Decentralization at the Local Level**

Good planning and strategic thinking are essential skills for all managers who work in a decentralized environment. The authority and accountability that come with decentralization place a great responsibility on the local manager. How successfully a manager can create a cohesive team of co-workers and other members of the community will influence how well the family planning program performs in the new environment. Local managers need to work together with their colleagues to formulate clear goals for their programs, establish reasonable objectives, allocate resources for the various objectives, and find and motivate staff to implement program activities as efficiently as possible.

All decentralization initiatives require making changes in the structure of the agency or organization, which means making changes in how the work gets done. It means developing new management systems, training staff in the skills that they will need to perform in their new roles, designing or modifying service delivery systems, and developing strategies for enhancing the long-term sustainability of the program. The following guidelines can help you, the local manager, assess the status and implications of a decentralized environment so that you can function effectively in the new organizational environment.

**Know the purpose of decentralization.** Local managers must understand the reasons why their organization or government service decided to decentralize. Knowing this will help you and your staff to understand the purpose of decentralization and what needs to be done to make it work. It is important to know if the goals are to reduce costs or levels of bureaucracy, or to increase community participation and make program planning more responsive to local needs. If the goals are to increase community participation or make program planning more responsive to local needs, you may need to train your staff in assessing community needs or create new jobs that can be performed by community members.

**Determine how the organizational structure and job functions will change.** As in any reorganization process, it is important to determine how the new structure will affect the type of work to be carried out and the way it will be accomplished. Some departments may need to be merged and others may have to be created. It may be necessary to formally change job functions and job descriptions, as well as supervisory and reporting requirements. As you review your organizational chart and determine the changes that have to made, it is important to keep in mind the purposes of the decentralization initiative, as well as the national and local goals of the family planning program.

**Reallocate responsibilities to existing staff members.** The process of reallocating responsibilities must be carefully thought out as though you were hiring a completely new staff. Under decentralization, some staff may be able to continue to do what they have done in the past. Other staff may need to take on new responsibilities, work in new departments or divisions, or change their job functions. The reorganization may involve giving people more power than they have had in the past, or even the power to make some decisions that you formerly had to make yourself.

**Use available resources.** To make decentralization work, local managers must be able to make decisions about acquiring, allocating, and using financial, human, and material resources. You need to know how to access and use all the resources available, including:

- central program money for program operations, capital expenditures, or special activities;
- local government funds;
- revenues from income-generation activities or outside donors;
- human resources (technical and administrative) and the good will of community and local government leaders;
- contraceptive supplies and clinic equipment.

Knowing what resources exist and how to take the most advantage of them creates opportunities for strengthening local family planning programs.
Determine the impact on the health care delivery system. Decentralization can affect the relationship between the different levels of a family planning program. For example, referral systems for providing long-term methods will not work if two levels are unable to coordinate services effectively. Local managers may be given the responsibility for managing primary and secondary health care facilities such as health posts and health centers, while the central level may retain control over the district hospital where sterilizations or contraceptive implants are performed. Such divisions can potentially complicate reporting and supervisory relationships, block communication, and impede rapid referrals between the primary, secondary, and tertiary levels.

For these reasons, local managers need to carefully consider how their relationships with staff at other levels of the service delivery system can affect the clients’ ability to receive high-quality services. In some instances, new mechanisms for guaranteeing effective referrals may have to be put in place, such as special meetings that allow managers from health centers and district-level hospitals to regularly meet and discuss their mutual concerns about providing high-quality services.

Increase staff skills. Decentralization works best when local managers can use the powers given to them to make good decisions. If local managers are not capable, senior-level managers may rescind authority, find new people to replace them, or start micro-managing the activities. Therefore, central and local managers need to carefully consider how to strengthen the skills of their staff in all departments.

Under decentralization, local managers may be responsible not only for preparing program budgets, but also for projecting revenues, monitoring cash flows, keeping multiple bank accounts for different sources of revenue, establishing financial controls, and determining the cost of services. You will have to analyze the skills and knowledge of current staff and provide or arrange for training in these areas or hire new staff.

Strengthening staff competence requires knowing what training programs are available, finding ways to take advantage of local, national, and international training opportunities, and being able to develop continuing-education programs for local staff. This requires close collaboration with other government agencies, negotiating with local government officials, and learning how to court donors and develop proposals for additional resources for training and skills development. When it is necessary to hire new staff, you will need to develop your own skills in writing job descriptions, recruiting and interviewing candidates, and performing other human resource management functions that may have formerly been the responsibility of central-level managers.

Determine the types of support needed. Frequently, local managers who feel empowered by decentralization think they can do everything by themselves. In reality, they will need material and technical support from the central level to make decentralization work. Therefore, it is important to assess local weaknesses and to differentiate between those problems that can be solved locally and those problems that need outside help.

Even when a considerable amount of control has been transferred, some support from the central level is advisable, and frequently is available. Often this support is in the form of technical assistance from central departments or regional subdivisions, which a local manager can request if she or he is open to seeking assistance. For example, help in analyzing family planning data or determining contraceptive prevalence rates or calculating discontinuation rates is often available from the central level.

In addition to asking for technical support, local managers should focus on ways to obtain material support such as equipment, and special funds that can support specific high-priority activities in the family planning program. Such resources are often available and only require doing the research and taking the initiative to find them.
Local-level managers should remember that decentralization has a better chance of working effectively when the central and other levels in the hierarchy have a vested interest in seeing that it works. By actively seeking support and establishing cooperative and collaborative relationships with the central government, local managers can create supportive relationships that benefit local staff and program performance.

**Gain local-level commitment to family planning goals.** When decentralization occurs, managers and their staff may be cut off from the support of the larger organization that is dedicated to family planning program goals and may find themselves at the mercy of local governments, which may have other priorities. For a variety of religious, economic, and philosophical reasons, local government officials may not necessarily support family planning programs. Some may believe that “economic development is the best contraceptive.” Others may feel that an integrated maternal and child health and family planning program is the best approach.

For these reasons, you and your staff need to assess the level of local support for family planning, and develop strategies for maintaining or increasing the support. For example, you need to establish good working relationships with local government authorities, become active in leadership circles, solicit support from community members who are in favor of family planning, and persistently try to put family planning and reproductive health at the top of the local development agenda.

**Anticipate problems and be prepared to address them.** To encourage the likelihood of success, managers need to anticipate the range of potential problems that decentralization can cause, and develop strategies for overcoming these problems if they arise. One strategy is to involve more local government officials and community members in planning and implementing the program. By creating more opportunities for the community to actively participate in the future of the family planning program, managers can mobilize a broader range of expertise and experience in identifying and solving potential problems.

Below are some of the common problems associated with decentralization that managers at all levels must be prepared to address:

- The degree of responsibility, authority, and accountability transferred has not been clearly spelled out;
- Major problems that the central level cannot solve are transferred along with only minor powers;
- Reporting requirements are unchanged despite the transfer of powers;
- Local-level providers cannot get enough equipment or materials to deliver services;
- Local practitioners have difficulty obtaining enough experience to be certified to insert IUDs or provide Norplant® and sterilization services;
- Staff do not get their salaries on time;
- Training funds are not received in time to pay the trainer or to buy materials;
- Equity problems between the regions that are receiving resources persist or get worse;
- Other ministries that family planning programs rely on, such as education, are not decentralized.
Institutionalizing Democracy: Decentralization in the Philippines

The decentralization effort in the Philippines was initiated as a means for institutionalizing democracy at the local level. With the adoption of the Local Government Code in 1991, the Local Government Units (LGUs) were made responsible and accountable for providing basic health services, including family planning, to their communities. For the first time, family planning and child survival services would be managed by the individual LGUs, rather than by the Department of Health.

Acting on the belief that local problems can be best addressed by the community, the Local Government Code gave local government officials the power to plan and implement their programs so that they would address the needs of their individual communities. The Code specifically states that provinces and cities are responsible and accountable for planning and coordinating population and development activities, including family planning services, which are provided through the provincial and city health facilities.

The Code made the LGUs responsible for planning their entire population and family planning programs, setting the program goals and objectives, developing budgets, and managing their finances. The LGUs were also made responsible for delivering services, coordinating and monitoring activities, and providing IEC to the communities. At the central level, the Department of Health retained the responsibility for monitoring and evaluating the performance of the local programs, for setting service standards, protocols and guidelines, and for providing technical assistance to the LGUs.

To support the decentralization process and make sure that staff at all levels have the necessary skills to perform in their new roles the Department of Health is implementing the LGU Performance Program. This program provides technical assistance and support to staff at the LGU level to increase their managerial skills and assists national-level managers in defining and adapting to their new responsibilities. As a result of decentralization, the LGUs will be allowed greater flexibility to tailor their programs to best meet the needs of their local communities.

Several key features are helping to enhance the success of the decentralization process:

**Progressive benchmarks.** Performance benchmarks are set for each of four stages of development: start-up, capacity building, service delivery, and performance. Each LGU must meet the benchmarks of one stage before receiving new funding for implementing the activities of the next stage.

**Grants.** Once a year, upon the achievement of their performance benchmarks, LGUs receive government grants to design and implement new activities that support the integration of their population, family planning, and child survival programs.

**Technical assistance.** Through the LGU Performance Program, staff from the central or regional level provide necessary technical assistance to staff at the LGU level in such areas as program planning, budgeting, financial management, monitoring, and supervision.

**Local-level problem solving.** Problems are identified and solved at the local level by the staff of the LGUs.

**Integration of services.** To provide a wider range of reproductive health services to their communities, local managers are encouraged to integrate family planning and maternal and child health services, and to share resources and management tasks across programs.

The decentralization process in the Philippines is expected to increase the managerial capacity of managers at both the central level and the LGU level, and to rapidly expand access to family planning and child survival services throughout the Philippines.
Making Decentralization Work

There are many reasons for decentralizing large public and private organizations and transferring a variety of powers to the field level. Perhaps the most important factor in making decentralization work in the family planning environment is involving the community in planning and implementing the program.

Allowing local staff to manage programs increases local interest and commitment and helps to make services more accessible because local managers know the needs of their local communities and can develop programs to meet these needs. Programs can be more sustainable because local commitment builds demand and encourages community financing. But these goals can be realized only if managers at the central and local levels are committed to sharing power and resources and if local-level managers are given the responsibility and authority to make decisions about their programs’ directions and activities.

As the community takes ownership, managers can expect to see new approaches in service delivery, program financing, IEC activities, and other areas. Central-level managers can greatly increase the benefits derived from decentralization by looking to local-level managers for innovative ideas. Local-level managers can similarly prove the wisdom of decentralization by giving the community the opportunity to contribute resources for implementing programs. Decentralization works well when communication links are forged between central- and local-level government officials and between local managers and community members. These conditions will be seen as important ingredients to developing national family planning policies and strategies when local action leads to high performance.

Decentralization is often proposed as a solution to making programs more effective. In reality, it is a complex process, which requires central and local managers to coordinate and cooperate with one another, new skills and roles for both groups, and new ways of thinking about how a manager’s responsibility, authority, and accountability can best serve the family planning and reproductive health interests of the client.

Reviewers’ Corner

The editors of The Family Planning Manager asked the members of their International Review Board to comment on why decentralization was introduced in their countries, what the goals of decentralization were, and how the roles and functions of the central and local levels changed. Their comments on these questions are summarized on the next two pages, followed by comments on a number of other issues concerning decentralization.

“With the implementation of democracy, we have developed a sectoral policy for health in which decentralization plays an important role. One of our big problems was a weak management system that was partially the result of ineffective supervision of health centers from the central level. Our decentralization efforts have led to developing new roles and responsibilities. The central level has the role of defining strategy and policy. The provincial level provides technical assistance to the district. The district level provides services and is responsible for specific population areas.”

“In my country, decentralizing the Ministry of Health advanced the national decentralization program. The main goal was to create new local health units that would manage finances, select local staff, and define performance objectives. These new health units were given the responsibility for all health activities. The only unit of the MOH remaining in the provinces is the regional health inspector office, which continues to oversee financial management. Each local health unit has a team that is responsible for managing financial, human, and material resources. Budgets, however, are still determined by the central level with allocation of funds to the field units.”
“Decentralization was introduced in recognition of the diverse nature of the country. The main goal was to bring government development programs closer to the people and to make their participation in the programs more effective. Decentralization has been a continuous process which has been rooted in the federal system of the country. Most programs including health and family planning are taking their cue from the decentralization that has taken place nationally. The national system has three levels: National, State and Local Governments. Our NGO has adopted the same levels. At each level we have tried to:

- Share power and responsibilities;
- Define exclusive and concurrent areas of responsibility;
- Clearly define roles, functions, and structure;
- Maintain communication between the central and other levels to improve program implementation and coordination;
- Articulate goals, objectives, and strategies clearly;
- Develop financial policies and accounting procedures;
- Develop personnel policies, guidelines, and procedures;
- Develop strategic thinking and strategic management skills;
- Increase responsibility for supervision.”

“Decentralization has been a response to general mismanagement at the central level. It has facilitated the privatization of some services that can no longer be provided free of charge. One of the principal goals of the decentralization effort was to get hospitals and health centers to study costs and services. Under the decentralized system they will be paid for what they actually do. Another goal was to finance the demand for services instead of the supply of services.”

“In my country, decentralization was implemented for the purpose of improving the access to and quality of family planning services. We decentralized a number of management functions to the provincial and district levels, and pilot-tested the changes before any functions were completely decentralized. What we found was that decentralization is a long process. It took a while for people to understand and appreciate their new roles. Initially, there was a lot of interference from the central level (which didn’t want to let go) and resistance from lower levels (which thought there was no need for support from the center). Some structural changes were necessary; some departments had to be relocated to lower levels and some positions had to be abolished. For the staff the changes were traumatic.”

“At the government level, a process of decentralizing the National Health Program has already been initiated. In this process, only 10 of 32 states in the country have benefitted and it has been a very lengthy process. It is necessary to carefully analyze the factors that could prevent decentralization from having a positive impact. These include management factors (planning, administration, and training); political factors (resistance to change and resistance to giving up power); and economic factors (those interests that are affected by the changes). Nevertheless, I believe that the process of decentralization will have a positive impact in the end and will create a more equal and just sharing of resources and programs that are operated by local people who know the local or regional realities. In the end, they will be able to respond better and more appropriately to the local and regional needs.”

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On transferring responsibility and authority...One reviewer warns, “Decentralization will not work when the responsibility for planning and management is decentralized but financial control, particularly resource allocation, is retained at the central level. This leads to managers having responsibility without real power.”

On the range of skills required of local managers...One reviewer stresses, “Frequently supporters of decentralization underestimate the skills that local managers must have in a decentralized system. The range of skills required inevitably expands. For example, clinic managers may be forced to spend more time in meetings, which may affect their clinical responsibilities.”

On the need to change skills and roles of managers at the central level...One reviewer emphasizes, “Decentralization requires different, not necessarily less, skills at the central level. For example, contracting for outside services requires new skills in drawing up contracts and managing contractors. Setting norms and policies are also often new and different skills for managers who are used to making operational decisions.”

On understanding and adapting to new roles at the central level...One reviewer advises, “It is just as important to deal with effects of taking away responsibilities from some people as it is to deal with giving new responsibilities to others. Central-level managers may tend to cling to former ways of doing their work and thereby slow the decentralization process. The decentralization process works better when central-level managers learn to relate to local managers as colleagues and partners rather than as subordinates and when they understand that they still can have influence over the program, even if they no longer have control over it.”

On the benefits of decentralization...One reviewer comments, “In one region of the country, one of our clinic directors developed a very comprehensive community program in conjunction with the local public health program. This was the first time our organization really worked closely with the public sector as partners to solve the problems in the city.”

On being able to respond effectively to local needs...One reviewer writes, “One benefit of decentralization in our program was the decision to use traditional birth attendants for providing community-based IEC services and for distributing contraceptives. This change is allowing the local level to respond to local situations and is helping to reach women in purdah.”

On involving key stakeholders...One reviewer stresses, “I cannot overemphasize the importance of making sure that all the key stakeholders clearly understand and support the goals of decentralization before it is implemented. Particular attention should be paid to the policy makers, the board of directors, and senior management in the Ministry or private organization headquarters. Attempts should be made to clearly articulate the benefits of decentralization such as increased community participation, improved program performance, and long-range program sustainability.”

On having access to and using local data...One reviewer emphasizes, “Census data for small areas is very important, especially for local governments and population officers, who often need to use the data to inform local decision-makers about the implications of population growth, size of catchment areas, prevalence of high-risk births, school drop-out rates for girls and the potential implications for adolescent fertility.”
References


Checklist of Issues Concerning Decentralization

Managers who are planning to decentralize health and family planning services, or those who are already involved in a decentralization initiative, should answer the following set of questions. Your answers will help you to make informed decisions that will be useful in planning or implementing the management changes that are required for developing a more dynamic organization and one that is responsive to client needs.

- What are the major goals of the decentralization initiative?
- How will decentralization advance the national population program?
- Is there support and commitment from the regional/local level and the national level to decentralize?
- What organizational instruments (laws, administrative orders, etc.) will be employed to institute decentralization?
- To which level or entity will the responsibility for planning and managing the health and family planning programs be transferred?
- Which managerial functions will be transferred to the lower level?
- Do local managers have the responsibility and authority to perform their jobs effectively?
- What changes will be required in the organizational/program structure and what are the new roles and responsibilities of staff at all levels?
- Do staff at the central and regional/local levels have the skills to carry out their new responsibilities?
- How will the necessary skills be developed in planning, budgeting, managing financial and human resources, logistics, MIS, continuous quality improvement, etc.?
- How will the success of decentralization and its impact on program performance be measured?
- How will conflicts in resource allocation between the decentralized management levels be resolved?
- How will the new management levels collaborate with each other and with other sectors or non-governmental organizations?