

**FACILITATOR'S NOTES ON:
"Decentralization Drivers": what are they and what influence do they have on
the objectives and form of decentralization?**

1. Objectives

The primary objective of this exercise is to get participants to think about the different actors or stakeholders that might be directly or indirectly involved in decentralisation, and these actors' differing objectives. It also requires participants to think about the differences between the explicit (or formally stated) and implicit (perhaps covert or less clearly identified) objectives for decentralization.

This exercise also provides a foundation for further discussions about the factors influencing decentralisation, as well as the particular influence of actors (and their objectives) over the design and implementation of any decentralisation initiatives. It, therefore, uses some key concepts and approaches drawn from policy analysis to consider decentralisation experience.

Overall the intention is to emphasise the complex and political nature of any decentralisation process. This clearly also has relevance to other forms of health care reform.

2. Description

Participants work mainly in small groups, discussing the case management brief outline. These groups are charged with functioning in the role of the chairperson of a task team recently appointed by the President of a hypothetical country to develop a strategy for moving forward decentralization in that country.

The first step for each group member is to read the outline – this is best done on an individually basis. Then, as a group, they are asked to draw up a table that summarises the key actors identified in the outline as influencing decentralization, as well as the actors' position (support or oppose) on the proposed decentralization, their underlying interests and their explicit and implicit objectives in relation to decentralization. This table then provides the basis for the group's development of a strategy for moving forward decentralization. The brief lists a series of questions to be considered in developing this strategy.

3. Preparation and linkages

This exercise can usefully form part of a set of introductory sessions to decentralisation in the health sector. However, it is important that is only used *after* broader introductions to the nature and forms of decentralization, and the types of objectives routinely established for decentralization. Such introduction should also cover the reality that decentralization is always a controversial reform, subject to considerable opposition from those who see it as a threat to their existing powerbases. And often pursued for party or personal political goals rather than equity, efficiency or participation.

4. Timing and logistics

A total time of between 2-3 hours is required for the exercise (depending on the number of small groups working, and so the length of report-back time required).

Three main steps need to be undertaken in small groups, and of these priority should be given to the actors' table. These steps and possible time allocations are:

- initial reading (20 mins);
- preparation of the actors' summary table (30-45 mins);
- group discussion of a strategy, using the listed questions (15-20 mins).

Finally, report backs are likely to take 10-15 minutes per groups, with a final 10-15 minutes wrap up by the facilitator.

It is important to encourage small groups to work effectively by a) encouraging individuals to prepare for small group discussions by thinking about the actor table and b) giving the small groups' time reminders of when to be moving on to the next task. Groups can, for example, quite easily get bogged down on the actors' table and so have too little time to discuss the strategy. However, preparing the actors table is at the heart of the exercise so it is worth spending enough time on this task and, if necessary, allowing at least some groups to ignore the strategy question.

A first option for the feed-back from small groups is that each group presents either the actors' table only, OR the actors' table and strategy ideas. Only a limited time should be allowed for clarification after each group input and groups should be encouraged to make the links between their own presentation and those that have gone before. The facilitator also has an important role to play in highlighting the similarities and differences between the small group inputs.

An alternative approach to the feed-back session can be to split it into two parts. In the first part each small group discusses in some detail one or two actors, and the groups can either consider different actors and/or compare their analysis of an actor with that of other groups. In the second part of the feed-back each group can present an outline of the strategy they have developed.

Following either form of feed-back session, the facilitator should wrap up the discussions by a) summarising the groups' analyses, b) linking the discussions back to the exercise objectives and c) linking the discussions to the sessions that came before or will follow this exercise.

5. Points for discussion

The two main outputs from the small group discussions are a) a summary of actors and their interests and b) proposals concerning the strategy of addressing the stakeholders and their concerns, or of ignoring them.

Actors and interests

The main actors identified in the outline include:

The recently elected political party and constituency MPs from it

The previous ruling party

The new Minister of Health

The new President

The Ministry of Finance

Middle level managers in the Ministry of Health

Local government officials

Local government politicians

Front-line health workers

Bilateral and Multilateral donor agency representatives

However, the problem statement on page 1 of the outline also suggests that the adviser to the President is herself/himself an actor, and the task team members (some of whom are discussed in a little more detail on pages 3-6) may also have specific positions to take on the tasks. Groups might be encouraged to recognize that the task team members are also likely to have views and positions on decentralization that will affect the strategy they propose.

The information presented across pages 3-6 speaks to the likely support/opposition of each actor to decentralization, as well as to their concerns and interests and likely preferred objectives. Pages 5-6 are particularly helpful for the starred actors in the list above. For other actors more imagination is required – and for all actors, groups may find it most difficult to think about implicit objectives. But these might include:

Group	Implicit objective
The recently elected political party and constituency MPs from it	re-election in office
The previous ruling party	protecting their gains from their time in office
The new Minister of Health	promotion in government; furthering Presidential aspirations
The new President	re-election; protecting himself from colleagues with Presidential aspirations
The Ministry of Finance	promotion in government; furthering Presidential aspirations
Middle level managers in the Ministry of Health	protecting their turf; concern that they might have to work in rural areas if radical decentralization is implemented
Local government officials and politicians	having resources to dispense as patronage
Front-line health workers	limiting future workloads; developing more interesting job profiles
Bilateral and Multilateral donor agency representatives	spending the money allocated to them in their budgets; promotion within the organisation

Strategy

There are a wide range of potential strategies that might be suggested, and no right answers to the questions posed in the outline. One specific point to encourage groups to think about is how the form of decentralisation may itself become part of the strategy of implementation. For example, decentralisation to local government might be a way of securing the support of local government officials and politicians, ensuring that they have greater access to resources than in the past. In contrast, deconcentration to district health managers might secure the support of middle managers in the central Ministry of Health because their jobs would change very little over time. Groups need to think through which actors they want to gain support from, and how the form of decentralisation might attract their support – whilst recognising that every form will also generate some opposition.

In terms of the specific questions posed the issues of relevance include:

How will you identify and address the varying groups' concerns and interests?

- Bringing people together to debate publicly? Separate meetings with different groups?

Which groups and interests are most likely to influence your deliberations and why?

- Different people will give different answers – the critical issue is that they provide justification for their views – and that the potential for different views is emphasised

How do you think these groups' interests will affect your proposals concerning the first steps in decentralisation?

- For example, can the implementation strategy take advantage of their support, bring them on board in some way or neutralise their opposition?

How might different forms of decentralisation enable different interests and concerns to be met? And would you use particularly forms of decentralisation in your strategy proposals?

- For example, might the form of decentralisation allow stakeholder opposition to be offset?