How district health decision-making is shaped within decentralised contexts: A qualitative research in Malawi, Uganda and Ghana

Susan Bulthuis, Maryse Kok, Samuel Amon, Samuel Agyei Agyemang, Xavier Nsabagasani, Lifah Sanudi, Joanna Raven, Mairead Finn, Jana Gerold, Olivia Tulloch and Marjolein Dieleman (Perform2Scale consortium members)
Introduction

District Health Management Teams (DHMTs) are often **entry points** for the implementation of health interventions.

Insight into decision-making and power relationships at district level could assist DHMTs **to make better use of their decision space**.

How is district-level health system decision-making shaped by power dynamics in different decentralised contexts in Ghana, Malawi and Uganda?
### Methods

<table>
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<th>82 in-depth interviews</th>
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<td>National level stakeholders (Ministry of Health, Ministry of Local Government, NGOs).</td>
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<th>Dispositional power</th>
<th>Power based on resources, hierarchy &amp; knowledge</th>
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<tbody>
<tr>
<td>Structural power</td>
<td>Power based on ethnicity, where you come from, cultural or organizational norms and practices</td>
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<tr>
<td>Relational power</td>
<td>Power based on zero-sum games and bargaining</td>
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Different types of power (Arts & Van Tatenhove, 2004).
Results

- In Ghana and Malawi, the national-level Ministry of Health substantially influenced district-level decision-making, because of dispositive power based on financial resources and hierarchy.

  You find the DHO is reporting to the Ministry of Health instead of the District Council […]. They still feel the powers are within their respective ministries not with the District Council. (Ministry of Local Government, Malawi)

- In Uganda and Malawi, devolution led to decision-making being strongly influenced by relational power, in the form of politics, particularly by district-level political bodies.

- Structural power based on societal structures was less visible, however, the origin, ethnicity or gender of decision makers could make them more or less credible, thereby influencing distribution of power.
Conclusion

• Depending upon the stage and type of decentralisation, certain forms of power were more predominant than others.

• As a result of these different power dynamics, DHMTs experienced a narrow decision space and expressed feelings of disempowerment.

• DHMTs’ decision-making power can be expanded through using their unique insights into the health realities of their districts and through collaborations with political bodies in the district.

• S.Bulthuis@kit.nl
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• @Perform2Scale