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

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PERFORM 2SCALE
IMPROVING HEALTH WORKFORCE PERFORMANCE

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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

82 in-depth interviews	
National level stakeholders (Ministry of Health, Ministry of Local Government, NGOs).	District level stakeholders (DHMTs, local government, NGOs)

Dispositional power	Power based on resources, hierarchy & knowledge
Structural power	Power based on ethnicity, where you come from, cultural or organizational norms and practices
Relational power	Power based on zero-sum games and bargaining

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 **dispositional 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.**