

Global Health Day

Decision Space of Health Facility Managers in Uganda and Associations With Managerial Performance

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Since the 1990's, the country of Uganda's healthcare system has undergone an extensive period of devolution, or a decentralization of administrative power away from the central government towards more distal entities in the public sector. Decision space “ or the decision-making autonomy demonstrated by entities in an administrative hierarchy “ has previously been used to assess the degree of decentralization in healthcare systems. This study aimed to determine how, in the Ugandan healthcare system, decision space enumerated by national policies (de jure) differs from that reported by managers of individual facilities (de facto). Additionally, it sought to determine associations between decision space and indicators of managerial performance. Using quantitative primary healthcare (PHC) data from Ugandan healthcare facilities, our study determined the decision space expressed by facility managers and the performance of their facilities on measures of essential drug availability, quality improvement, and performance management.

We found that the reported de facto decision space of public facilities was generally narrower for personnel management functions and wider for tasks pertaining to everyday facility management, while private facilities expressed wide de facto decision space for both of these domains. However; we also found that public facilities perceived greater decision space in personnel management decisions relating to discipline rather than recruitment or promotion.

We conclude that, in a decentralized healthcare system, managerial decisions that require greater financial or logistical investment are more susceptible to disparities in de jure and de facto decision space. Additionally, we found a significant positive association between de facto decision space for healthcare managers and essential drug availability. However, seeing as associations between de facto decision space and other managerial performance outcomes were neither always positive nor statistically significant, we conclude that increasing managerial autonomy alone is not sufficient for improving overall healthcare managerial performance.

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