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The Potential of Decentralized Health Service Delivery in Enhancing the Performance of Primary Health Care Workers in Uganda

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ABSTRACT

Purpose: This study aimed to analyze the potential of decentralized health service delivery in addressing the performance of healthcare workers in Uganda.

Methodology: We adopted desk research in which relevant secondary literature was reviewed throughout to identify the link and gaps existing therein. This is a qualitative research method adopted with a view of understanding the complexities of decentralized healthcare service delivery and its impact on Primary Health Care worker performance. Four research questions are asked and answered in line with resource allocation, training, recruitment, and supervision.

Findings: The outcomes reveal that decentralized practices may influence healthcare worker performance. We argue that decentralization fosters improved healthcare delivery and worker effectiveness thus highlighting decentralization as a critical strategy for strengthening primary healthcare systems and addressing community-specific health needs in Uganda.

Unique Contribution to Theory, Policy and Practice: This study contributes to the strategic shift towards decentralized service delivery, particularly in healthcare, as an empowering tool to local governments and communities, by transferring authority from central administrations as a modus operandi to improved service delivery. It is encouraged that policy makers strengthen strategies that promote decentralization in health service delivery.

Keywords: *Local Governments, Decentralization, Healthcare Services, Resources, Training, Recruitment*

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1.0 INTRODUCTION

The strategic shift towards decentralized service delivery, particularly in healthcare, empowers local governments and communities, transferring authority from central administrations. This approach is fundamentally designed to foster responsiveness, enhance accessibility, and elevate the quality of services by enabling localized decision-making that is precisely tailored to the unique exigencies of specific populations (Bosch & De Jong, 2021; Mwesigwa, Wahid & Sohheng, 2021). Across Europe, decentralized healthcare systems exhibit a rich tapestry of implementations and outcomes, each characterized by nuanced local governance and robust community involvement. In Sweden, county councils hold stewardship over health services, fostering enhanced public health and active citizen participation (Bergman et al., 2022; Mwesigwa, Bogere & Ogwal, 2022; Mwesigwa, 2021; Mwesigwa & Mubangizi, 2015). Denmark's model empowers municipalities to prioritize health policies, cultivating a culture of local decision-making (Bergman et al., 2022). Finland's strategic approach grants local authorities the mandate to organize primary healthcare services, resulting in tangible improvements in service delivery (Rissanen & Rantanen, 2021). In Spain, autonomous communities manage health services, meticulously tailoring them to regional needs and achieving varying, yet impactful, health outcomes (Wenzl & Pond, 2021). Germany's decentralized framework confers substantial power to states over healthcare allocation, promoting the development of bespoke, locally relevant solutions (Busse & Blümel, 2020). In the United Kingdom, the National Health Service (NHS) underwent significant decentralization, notably through Clinical Commissioning Groups in England, thereby refining local health decision-making (Harrison et al., 2022). Scotland enjoys considerable autonomy in health service management, enabling the delivery of finely tuned healthcare services (McKee & Mackenzie, 2021). Wales prioritizes local decision-making within its national health service (Harker, 2022), while Northern Ireland's Department of Health integrates community engagement into local healthcare decisions (O'Halloran, 2021).

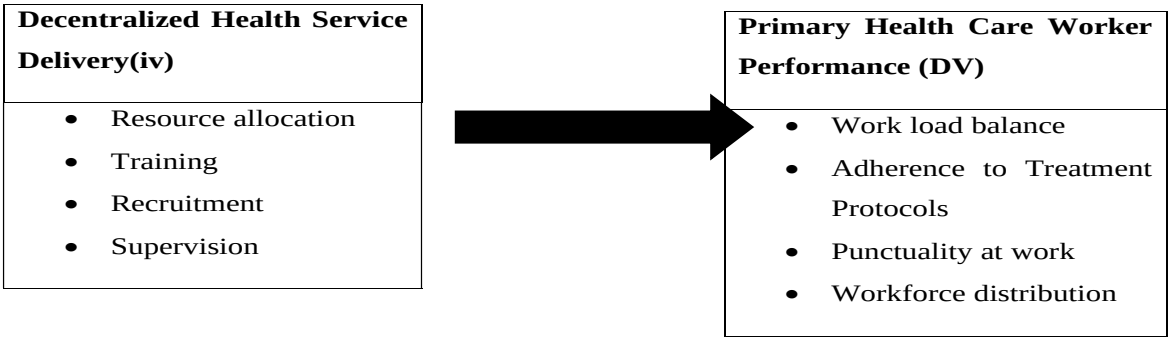
Within the broader Sub-Saharan African context, nations such as Ghana have embraced decentralization since the 1990s as a cornerstone of comprehensive public sector reform (Agyepong & Nagai, 2022), while Nigeria's health sector initiated substantial decentralization efforts with the 2005 National Health Bill (Ogunbekun et al., 2018). Egypt embarked on a deliberate decentralization process for its healthcare system in 2006, emphasizing local administration of health services (El-Sayed et al., 2019). Furthermore, Ethiopia implemented transformative decentralized health service reforms in the early 2000s, strengthening community-based health programs (Abebaw & Fekadu, 2020). While these initiatives are designed to enhance local governance, persistent challenges, including resource constraints and variations in local government capacity, continue to impact these countries (Agyepong & Nagai, 2022; Muzee et al., 2022). That is probably why Uganda, and other several countries, have opted for a rigorous e-government strategy (Acanga, Mwesigwa, Oryang & Oboi, 2022a&b; Karinda, Nursin, Sawir, & Sriyakul, 2024; Adoko, Anume, Okello, Okullu, Anyono, Akidi1, Alemo, Angwen, Abuka, Were,

Owera, Okello, Okuna & Mwesigwa, 2024) aimed at improving and consolidating the quality-of-service delivery including health services.

1.1 Problem Statement

Although community engagement offers some satisfaction, inconsistent support and resource provision, highlighted by interviews from 2023, disrupt service delivery. These issues, consistent with broader research on resource constraints, training gaps, recruitment and supervision challenges (Akinyemi et al., 2015; Bennett et al., 2011; Gilson, 2012), suggest that the intended benefits of decentralization are not being fully realized. This study focuses on Lira City's struggling healthcare system, specifically aiming to pinpoint how decentralized resource distribution, recruitment, training, and organizational supervision affect primary healthcare worker performance and patient results. This research seeks to understand why the system is not working well. Consequently, four research questions are asked and answered, namely: [a] What is the effect of decentralized resource allocation on the performance of primary healthcare workers? [b] What is the effect of decentralized training on the performance of primary healthcare workers? [c] To determine the effect of decentralized recruitment on the performance of the primary health workers? and [d] What is the effect of decentralized supervision on the performance of primary healthcare workers?

1.2 Conceptual framework



Source: Constructed by the researcher (2025)

Explanatory Notes

Adequate resource allocation directly impacts a healthcare worker's **work load balance** by ensuring they have the necessary staffing to do the job. Effective **training** enhances a healthcare worker's skills, leading to increased **adherence to treatment protocols** in healthcare service delivery.

Adequate manpower **recruitmen**t enhances workforce distribution where vacant positions will be filled. Supervision can also improve health workers' attendance, adherence to treatment protocol and thus impacting on performance.

This study will provide empirical evidence on the impact of resource allocation, training, recruitment, and supervision on primary healthcare (PHC) worker performance in Lira City's decentralized system. The findings will guide policymakers at both local and national levels in refining healthcare strategies and optimizing resource allocation to address key performance challenges.

- By reviewing the specific factors affecting PHC worker performance, this research will offer practical strategies to enhance efficiency. It will recommend improvements in resource distribution, targeted training programs, and stronger community engagement to improve service delivery, patient outcomes, and public trust in Uganda's healthcare system.
- The review will contribute to scholarly research on decentralized healthcare in Uganda by presenting a case study of Lira City. Its findings will offer comparative insights for other districts, helping to shape national healthcare policies in resource-constrained settings.
- By analyzing the role of local supervision, this research will assess how political and technical leaders influence PHC worker performance. It will propose strategies to strengthen supervision mechanisms, ensuring more effective and sustainable healthcare service delivery.
- Overall, this review will provide evidence-based recommendations to enhance PHC worker effectiveness, improve service delivery, and strengthen Uganda's decentralized healthcare system.

2. REVIEW OF LITERATURE

2.1 Primary Health Care Worker Performance

Primary Health Care (PHC) worker performance refers to the effectiveness, efficiency, quality, and responsiveness of health workers involved in delivering primary health care services, which serve as the initial point of contact within the health system (World Health Organization, 2018). These services encompass promotive, preventive, curative, rehabilitative, and palliative care (Starfield, 2011). Workload balance in primary health care is the fair allocation of tasks to prevent burnout and optimize productivity (WHO, 2020). Imbalances can decrease job satisfaction and patient outcomes (Hayes et al., 2018), necessitating strategies like task shifting and adequate staffing (van Ginneken et al., 2013). Adherence to treatment protocols involves consistently applying evidence-based guidelines, crucial for quality and safety (NICE, 2019). Factors influencing this include knowledge and support (Francke et al., 2008), and it can be improved through training and clear communication (Proctor et al., 2011). Punctuality, or arriving on time for work (Oxford English Dictionary, 2024), is essential for efficient health services and timely patient access. Lateness disrupts workflows and impacts satisfaction (Luoma et al., 2009), influenced by individual and workplace factors (Steel, 1990). Promoting it requires clear expectations and addressing underlying issues (Harrison & Martocchio, 1998). Workforce distribution refers to the equitable

spread of health workers to ensure access for all (WHO, 2010). Imbalances between urban and rural areas are common (Chen et al., 2004), limiting access. Influenced by various factors (Dovlo, 2005), strategies like incentives and telemedicine aim to improve distribution, which is vital for universal health coverage (Humphreys et al., 2008; Scheffler et al., 2011).

2.2 Decentralized Health Service Delivery

Decentralization can take various forms, ranging from deconcentration(transfer of administrative responsibility within the central government structure) to delegation (transfer of specific functions to semi-autonomous organizations), devolution (transfer of power and functions to elected sub-national governments), and privatization (transfer of ownership and management to private entities, though this is less commonly considered a form of governmental decentralization in the traditional sense) (Gilson et al., 1999). Resource allocation in primary health care involves distributing financial, human, and material resources equitably to maximize health outcomes and access (WHO, 2019; Bryant & Jowett, 2010). Effective allocation considers population needs, disease burden, cost-effectiveness, and equity, requiring transparency, especially in decentralized systems (Mooney, 2002; Akachi & Kruk, 2017). Inadequate allocation leads to compromised care (Travis et al., 2004). Therefore, training equips PHC workers with necessary skills and knowledge through pre-service and in-service programs (Frenk et al., 2010; WHO, 2020). Effective training, relevant to the local context and utilizing sound pedagogy (Bhutta et al., 2014; Bloom et al., 2011), and continuous professional development (Grant, 2002) are vital for competent care and improved patient outcomes. Recruitment focuses on attracting and selecting qualified individuals for PHC positions, particularly in underserved areas (WHO, 2016; Anand & Bärnighausen, 2007). Fair and transparent processes (Dovlo, 2005) are key, but challenges include attracting workers to remote areas and ensuring diversity (Humphreys et al., 2008). Strategies involve incentives and career pathways (Lehmann et al., 2008). Supervision provides ongoing support and guidance to PHC workers to enhance performance and well-being (WHO, 2013; Marston & лимон, 2018). Effective supervision includes feedback, identifying needs, and fostering a supportive environment, improving care quality and retention (Bradley et al., 2013). Various models exist (WHO, 2017), and regular, constructive supervision is crucial for accountability and quality improvement (Hill et al., 2014).

3. ANSWERS TO THE RESEARCH QUESTIONS

3.1 What is the effect of decentralized resource allocation on the performance of primary healthcare workers?

In European countries, empirical studies have shown that decentralized resource allocation can lead to improved performance of primary healthcare workers by allowing local authorities to tailor resource distribution to the specific needs of their communities (Komakech, Obici & Mwesigwa, 2021a,b,c). Abimbola & Baatiema, 2019). For example, a study by Dougherty et al. (2021) found

that decentralized resource allocation in several European countries led to better allocation of resources and improved health outcomes. In the UK, decentralized resource allocation has been associated with increased job satisfaction and retention among primary healthcare workers. Sianesi (2002) reviewed the impact of decentralized resource allocation on the performance of healthcare workers in the UK and found that it allowed for more flexible and responsive resource distribution practices, which in turn led to higher levels of job satisfaction and lower turnover rates. This study highlights the importance of local control in resource allocation processes to address the unique needs of different regions.

Saidi et al. (2023) conducted a study in Nigeria and found that decentralized resource allocation led to better distribution of healthcare workers in rural areas, improving access to healthcare services. Similarly, a study by Go et al. (2007) in Ghana revealed that decentralized resource allocation helped to address the shortage of healthcare workers in remote regions, leading to improved health outcomes. Ibrahim and Jairo (2020) examined the effects of decentralized resource allocation in Kenya and found that it led to more efficient allocation of healthcare workers, resulting in better healthcare delivery. Additionally, a study by Boiwo et al. (2013) in Tanzania highlighted the benefits of decentralized resource allocation in improving the retention of healthcare workers in underserved areas.

In Uganda, including Lira City, decentralized resource allocation has been associated with improved performance of primary healthcare workers. Davoodi et al. (2013) conducted a study in Uganda and found that decentralized resource allocation allowed for more targeted resource distribution practices, leading to better allocation of healthcare workers and improved healthcare services. This study underscores the importance of local control in resource allocation processes to address the specific needs of different regions. Overall, empirical literature from various regions highlights the positive effects of decentralized resource allocation on the performance of primary healthcare workers. By allowing local authorities to tailor resource distribution strategies to the unique needs of their communities, decentralized resource allocation can lead to better allocation of healthcare workers, improved job satisfaction, and enhanced healthcare delivery. These findings suggest that decentralized resource allocation can be an effective strategy for addressing the challenges faced by primary healthcare workers in different regions.

3.2 What is the effect of decentralized training on the performance of primary healthcare workers?

In European countries, empirical studies have shown that decentralized training can lead to improved performance of primary healthcare workers by allowing local authorities to tailor training programs to the specific needs of their communities (Msacky, 2024). For example, a study by Abimbola et al. (2019) found that decentralized training in several European countries led to better allocation of resources and improved health outcomes. Sianesi (2002) reviewed the impact

of decentralized training on the performance of healthcare workers in the UK and found that it allowed for more flexible and responsive training practices, which in turn led to higher levels of job satisfaction and lower turnover rates. This study highlights the importance of local control in training processes to address the unique needs of different regions.

Saidi et al. (2023) conducted a study in Nigeria and found that decentralized training led to better distribution of healthcare workers in rural areas, improving access to healthcare services. Similarly, a study by Go et al. (2007) in Ghana revealed that decentralized training helped to address the shortage of healthcare workers in remote regions, leading to improved health outcomes. In East African countries like Kenya, Tanzania, Burundi, and Uganda, decentralized training has been shown to have a positive impact on the performance of primary healthcare workers (Kesale & Mahonge, 2022). Ibrahim and Jairo (2020) examined the effects of decentralized training in Kenya and found that it led to more efficient allocation of healthcare workers, resulting in better healthcare delivery. Additionally, a study by Boiwo et al. (2013) in Tanzania highlighted the benefits of decentralized training in improving the retention of healthcare workers in underserved areas.

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3.3 What is the effect of decentralized recruitment on the performance of the primary health workers?

In European countries, empirical studies have shown that decentralized recruitment can lead to improved performance of primary health workers by allowing local authorities to tailor recruitment strategies to the specific needs of their communities (Abimbola & Baatiema,2019). For example, a study by González-Sánchez et al. (2020) found that decentralized recruitment in Spain led to better allocation of health workers in underserved areas, resulting in improved health outcomes. In the UK, decentralized recruitment has been associated with increased job satisfaction and retention among primary health workers (Durairaj & Zurn, 2020). Sianesi (2002) reviewed the impact of decentralized recruitment on the performance of health workers in the UK and found

that it allowed for more flexible and responsive hiring practices, which in turn led to higher levels of job satisfaction and lower turnover rates. This study highlights the importance of local control in recruitment processes to address the unique needs of different regions.

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3.4 What is the effect of decentralized supervision on the performance of primary healthcare workers?

In European countries, empirical studies have shown that decentralized supervision can lead to improved performance of primary healthcare workers by allowing local authorities to tailor supervision strategies to the specific needs of their communities (Thakur, 2016). For example, a study by Dougherty et al. (2021) found that decentralized supervision in several European countries led to better allocation of resources and improved health outcomes. In the UK, decentralized supervision has been associated with increased job satisfaction and retention among primary healthcare workers. Sianesi (2002) reviewed the impact of decentralized supervision on the performance of healthcare workers in the UK and found that it allowed for more flexible and responsive supervision practices, which in turn led to higher levels of job satisfaction and lower turnover rates. This study highlights the importance of local control in supervision processes to address the unique needs of different regions. Sub-Saharan African countries, such as Ghana, Nigeria, and Ethiopia, have also explored the effects of decentralized supervision on the

performance of primary healthcare workers (Eboreime & Nxumalo, 2018). Saidi et al. (2023) conducted a study in Nigeria and found that decentralized supervision led to better distribution of healthcare workers in rural areas, improving access to healthcare services. Similarly, a study by Go et al. (2007) in Ghana revealed that decentralized supervision helped to address the shortage of healthcare workers in remote regions, leading to improved health outcomes.

In East African countries like Kenya, Tanzania, Burundi, and Uganda, decentralized supervision has been shown to have a positive impact on the performance of primary healthcare workers (Kesale & Mahonge,2022). Ibrahim and Jairo (2020) examined the effects of decentralized supervision in Kenya and found that it led to more efficient allocation of healthcare workers, resulting in better healthcare delivery. Additionally, the benefits of decentralized supervision in improving the retention of healthcare workers in underserved areas. In Uganda, including Lira City, decentralized supervision has been associated with improved performance of primary healthcare workers. besides, Davoodi et al. (2013) conducted a study in Uganda and found that decentralized supervision allowed for more targeted supervision practices, leading to better allocation of healthcare workers and improved healthcare services. This study underscores the importance of local control in supervision processes to address the specific needs of different regions.

Overall, empirical literature from various regions highlights the positive effects of decentralized supervision on the performance of primary healthcare workers. By allowing local authorities to tailor supervision strategies to the unique needs of their communities, decentralized supervision can lead to better allocation of healthcare workers, improved job satisfaction, and enhanced healthcare delivery. These findings suggest that decentralized supervision can be an effective strategy for addressing the challenges faced by primary healthcare workers in different regions. Despite the consistent positive correlation observed between decentralized practices and improved primary healthcare worker performance across diverse regions, significant literature gaps persist. These include a lack of in-depth understanding of the mechanisms driving these improvements, an absence of critical evaluation acknowledging potential drawbacks, limited methodological diversity and rigor, under-exploration of contextual factors, insufficient research specific to local contexts like Lira City. Others are a dearth of comparative analysis between different decentralization types, a reliance on cross-sectional studies lacking long-term perspectives, and a deficiency of robust quantitative data to measure performance improvements. Therefore, further research is crucial to comprehensively understand the nuances, complexities, and contextual influences impacting decentralized healthcare practices, particularly within specific local settings.

4. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

4.1 Discussion

The various literature highlights the view that decentralized supervision allows local leaders to

better understand and respond to unique community challenges, such as resource shortages and cultural barriers. The proximity of supervisors to health facilities facilitates more timely and relevant support. However, excessive supervision without adequate resources can be frustrating, even though overall supervision contributed positively to performance improvement. Particularly, regarding the effect of decentralized resource allocation on the performance of primary healthcare workers; we reviewed literature on the influence of decentralized resource allocation on the performance of primary healthcare workers. It is revealed that a correlation between decentralized resource allocation and performance does exist suggesting that improvements in decentralized resource allocation are associated with better performance outcomes among healthcare workers. Regarding, the effect of decentralized training on the performance of primary healthcare workers, obtainable literature suggests that decentralized training has a significant positive effect on the performance of primary healthcare workers hence, decentralized training appears to play a key role in enhancing the effectiveness of primary healthcare workers. On the effect of decentralized recruitment on the performance of the primary health workers; obtainable literature offers a moderate, statistically significant positive relationship between decentralized recruitment and the performance of primary healthcare workers suggesting that improved recruitment practices are associated with better performance outcomes, which highlights the important role of decentralized hiring in strengthening healthcare service delivery. Concerning the effect of decentralized supervision on the performance of primary healthcare workers, outcomes indicate a significant positive correlation between decentralized supervision and the performance of primary healthcare workers thus, suggesting that as supervision improves at the local level, healthcare worker performance also increases. In short, these analyses highlight that decentralized supervision plays a moderate but meaningful role in enhancing healthcare worker effectiveness.

4.2 Conclusion

The significant relationship indicates that when resources are allocated at the local level in a timely and adequate manner, healthcare workers are better equipped to deliver quality services. Although the explanatory power is moderate, the results underscore the importance of empowering local health units with direct control over resources to improve efficiency and service outcomes. Also, locally tailored training programs not only improve skills and competencies but also increase worker motivation and job satisfaction. Given that decentralized training explained a substantial portion of the variation in performance, it is clear that empowering districts to design and implement context-specific training has a direct and meaningful impact on service delivery quality. Further, by enabling health facilities or districts to hire staff directly, recruitment becomes more responsive to local needs, ensuring that skilled and motivated workers are placed where they are most needed. The results highlight that timely and context-aware hiring processes are vital for strengthening healthcare delivery and addressing local staffing gaps. Thus, effective local supervision enhances accountability, provides timely feedback, and fosters continuous

improvement in service delivery. Strengthening supervision at the community or facility level remains essential for sustaining high performance among primary healthcare workers. Indeed, decentralized training and recruitment show the strongest influence, highlighting the importance of locally tailored capacity building and context-responsive staffing. While resource allocation and supervision also play vital roles, their moderate explanatory power suggests that a balanced approach integrating all four factors is essential. Empowering local health systems with decision-making authority in these areas can substantially enhance healthcare worker effectiveness and service delivery outcomes.

4.3 Recommendations

It is recommended policymakers should allow for autonomy of the city's human resource departments to fill the staffing gaps without strong control from the central government. And Healthcare Workers should engage actively in decentralized training and supervision opportunities to improve professional skills and job performance but also provide feedback to supervisors and managers on challenges faced, to improve resource allocation and workplace support.

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Declaration of conflict of interest

No conflict of interest was registered.

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