AN ASSESSMENT OF THE EFFICACY OF DECENTRALISATION ON PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF THE OMAHEKE REGION

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER IN PUBLIC ADMINISTRATION

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Abstract

This study assesses the impact of decentralisation on healthcare service delivery in the Omaheke Region, Namibia. The study employed a qualitative approach, incorporating data from a targeted sample of 30 participants out of a population of 406. Data collection was conducted through semi-structured interviews, which allowed participants to share their experiences and perceptions regarding the accessibility, resource challenges, and engagement within the decentralised healthcare framework. The findings indicate that decentralisation has made healthcare services more accessible, especially in rural areas, due to the introduction of community health workers and outreach programs. Participants noted that healthcare services are now more reachable, which has reduced travel times for many residents and increased engagement in preventive care. However, resource inconsistencies, particularly medication shortages and insufficient staffing, emerged as significant challenges, affecting the quality and reliability of services in the decentralised system. These resource issues were commonly reported, underscoring the need for more consistent supply chains and improved staffing levels to ensure effective healthcare delivery. The study further found that decentralisation has empowered communities by fostering greater engagement and local involvement in healthcare processes, enhancing accountability and making services more responsive to local needs. Based on these findings, the study recommends strengthening supply chains for essential medical resources to mitigate shortages and implementing staffing improvements to address service gaps. Additionally, investing in healthcare infrastructure by building more clinics in underserved areas is advised to improve accessibility.

Keywords: Healthcare services, accessible, responsive, medication, shortage.

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Dedication

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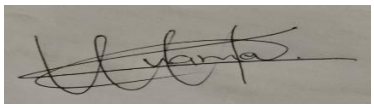
Above all, I dedicate this accomplishment to God, whose grace and guidance have sustained me throughout, with the hope that this work serves as a testament to his faithfulness and a tool for positive change.

Declarations

I, Hilde Vahavi Hikuama, hereby declare that this study is my own work and is a true reflection of my research, and that this work, or any part thereof has not been submitted for a degree at any other institution.



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List of Acronyms

CBOs – Community-Based Organisations

CSOs – Civil Society Organisations

IMF – International Monetary Fund

LGAs – Local Government Authorities

MDGs – Millennium Development Goals

MoHSS – Ministry of Health and Social Services

MRLGH – Ministry of Regional and Local Government and Housing

NGOs – Non-Governmental Organisations

NPM – New Public Management

RCA – Regional Councils Act

UNDP – United Nations Development Programme

WB – World Bank

WHO – World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

Decentralisation is the process of granting local government entities (LGAs) supplementary authority to improve the quality and accessibility of public services. Local government units possess the most pertinent information regarding the requirements and preferences of their residents, according to the fundamental theory. More decentralisation was intended to increase public engagement, improve service delivery, respond to assistance requests, and increase the accountability of local government officials (Kessy and Mc Court, 2020; Rider, 2021; Noiset and Rider, 2021; Nyamuhanga, 2019; Hope, 2015).

The actual implementation of decentralisation has resulted in conflicting outcomes with respect to its efficacy in providing public services (Gilson, 2018; Conyers, 2017; World Bank, 2018; Robinson, 2017). Decentralisation outcomes are substantially determined by institutional arrangements and characteristics, power dynamics, and the consistency of decentralisation policies within specific frameworks. Decentralisation is a strategy that aims to enhance the quality, accessibility, and control of public services by the citizens (Mpambije, 2020). Abimbola, Baatiema, and Bigdeli (2019) assert that LGAs are the most informed about the requirements and desires of their citizens. This chapter addressed the following topics: the problem description, research objectives, and the significance of the study, limitations, and constraints.

1.2 Background of the study

Decentralisation of public services, including healthcare, has been a critical policy component in numerous countries worldwide for an extended period. Decentralisation is typically justified by the need to enhance the overall efficacy of governance, the responsiveness of local demand, and the efficiency of service delivery (Bossert, 2021). Decentralisation has been a successful strategy in Namibia's efforts to improve public health care, particularly in isolated and underdeveloped regions such as the Omaheke Region. Decentralisation and the provision of public health services have been purposefully implemented in both industrialised and developing countries through the use of institutional strategies and innovative public management frameworks (Batley, 2021; Larbi, 2020; Masanyiwa et al, 2029; Bossert, 2021). The subsidiary principle was linked to the concept of decentralisation, as it posits that the lowest level of government should be responsible for executing tasks that are both efficient and effective, rather than the highest levels (World Bank, 2018; Isaac, 2020). The World Bank Report asserts that citizens have a greater influence over decisions because decision-makers are members of their local constituency, which represents their preferences (World Bank, 2018). As a result of local government reforms and decentralisation, public health care delivery has garnered significant attention in academic discourse, policy, and development research (Olowu, 2021; Andrews and de Vries, 2017; Boex and Yilmaz, 2020).

According to Hope (2021), governments may implement decentralisation in order to provide residents with services that are both desirable and essential. Subnational administrations are able to provide public services as a result of increased independence, particularly in the form of fewer central administrative restrictions. Decentralisation must "reach the local clinic, classroom, and local water utilities in a

manner that creates opportunities for strengthening accountability," as the World Bank (2020) has stated. In a decentralised system, locals have direct or indirect control over decisions regarding service design, resource allocation, and service delivery.

Consequently, public services will be more accessible and responsive to local requirements (Hope, 2021; Bossert, 2020). Nevertheless, the anticipated outcomes of public services vary significantly between and within countries, despite these legislative modifications. Decentralisation has been the subject of various studies, with some demonstrating its advantages (Faguet, 2022; Albornoz-Crespo & Cabrales, 2023); others have emphasised its disadvantages (Treisman, 2021); still others have found no effect (Khaleghian, 2023); and still others have found conflicting results (Smith & Revell, 2021).

Several nations have prioritised health sector reform and decentralisation of authority to enhance the readiness of local governments in addressing the healthcare concerns of the twenty-first century. Decentralisation was employed as a solution to address challenges associated with providing public health services in remote regions (Herrera and Post, 2020). This programme has prompted a considerable theoretical and practical discussion over the impact of decentralisation on the delivery of public health services. Moreover, these programmes acknowledged Africa's position in the global community (Herrera and Post, 2020). A significant proportion of African governments have decentralised their political, fiscal, and administrative responsibilities from the central to the local levels in order to effectively serve the needs and demands of local constituents (World Bank, 2021; Yilmaz, 2019). As stated by Foquet (2020), African nations have actively undertaken the task of reorganising

their public services, mostly with the aim of improving the provision of services to citizens by granting greater authority to local government officials.

Decentralisation initiatives have been pursued quite enthusiastically in Africa. In close to half of Africa, the new local governments are now vested with quite substantial political, economic, and administrative powers compared to the numerous federal governments. Public service reforms in many countries in Africa aim at revitalizing the service delivery through an enhanced level of autonomy afforded to personnel of local governments. Irrespective of every legal reform, the concept of decentralisation itself varies between and within countries. Various research efforts have yielded conflicting findings on the future of public services in decentralisation. Whereas many studies have focusing on strengths of the decentralisation, other studies are arguing the process is costly or too unpredictable in its outcomes (Abimbola et al., 2019).

Decentralisation in Namibia was triggered primarily by the passing of the Regional Councils Act of 1992. This act was meant to grant powers and equip the regional councils with the relevant resources to handle issues at the local level, including health care. In other words, its purpose was to enhance access to services, resource allocation, and responsiveness to local health needs by devolving administrative and decision-making powers to the local level-that is, closer to the communities it serves.

The Omaheke Region is one of Namibia's thirteen administrative regions. Omaheke is a region in eastern Namibia that is home to 102,881 residents and is divided into seven constituencies. Gobabis serves as the administrative and capital of the region. The primary causes of the slow service delivery in the region are the substandard living conditions of staff members, the lack of medications and vaccinations, and the

scarcity of hospital beds and ambulances (National Council Standing Committee on Health, Social Welfare, and Labour Affairs, Report, 2023).

The Parliamentary Standing Committee on Gender Equality, Social Development, and Family Affairs addressed these topics during its visit to the Gobabis. Namibia has been committed to enhancing its services since its independence in 1990. Consequently, efforts have been initiated to determine the extent to which decentralisation improves the delivery of healthcare services in the Omaheke Region (MRLGH, 1997).

1.3 Statement of the Problem

The current state of public health care provision in Namibia's Omaheke Region continues to be a significant and widely discussed matter, despite the ongoing efforts to improve the health sector through decentralisation measures. There have been inquiries over the availability of drugs at the Central Medical Store. The region's ability to provide outstanding public health services is significantly impacted by this (National Council Standing Committee on Health, Social Welfare, and Labour Affairs Report, 2023).

According to the National Council's Standing Committee on Health, Social Welfare and Labour Affairs (2023), the use of parallel drugs in place on patients can adversely affect their treatment programs. As a result of their inadequately available housing facilities, the Omaheke region cannot provide any efficient solution to the severe issue at hand - the scarcity of medical workers. The professionalism and service in adequate amount by the surviving staff in the region distinctly show that they are at an exhausted state.

Another ineffective practice is the dependence of the Epukiro Post 3 clinic on inappropriate boreholes for brackish water, not intended for human use or

consumption. The effectiveness of decentralisation is also an important issue in Namibia's public health care system. While much theoretical discussion and debate has taken place, remarkably little empirical study has actually been undertaken into the consequences of decentralisation on localised service provision. Even though evidence exists to the contrary, the present system often fails to respond to the needs of the local population, as flagged by the National Council Standing Committee on Health, Social Welfare, and Labour Affairs in (2023) (Channa and Faguet, 2020).

The basis of this research paper is to give solid evidence if the decentralisation of healthcare service delivery functions well or not in the Omaheke Region. However, at this point, it is necessary to ascertain that housing conditions, strained relationships between patients and providers, and problems in delivering medication contribute significantly to staff turnover. By applying these factors, this study hopes to determine to what extent decentralisation has enhanced health delivery services in the Omaheke Region and also present an educative outlook.

1.4 Objectives of the Study

The main objective of the study is to assess the efficacy of decentralisation in improving service delivery in the healthcare sector in Omaheke Region.

The following are the specific objectives of the study:

- To evaluate the impact of decentralisation on the accessibility and availability of public health services in the Omaheke Region.
- To discuss the challenges and benefits experienced by health service providers and recipients due to decentralisation in the Omaheke Region.
- To investigate strategies that can be implemented to improve healthcare services to Omaheke Region residents

1.5 Significance of the Study

The study provides a better understanding of what aspects require further study concerning the body of knowledge concerning the efficacy of service delivery during decentralisation.

This study has practical and policy-oriented implications. The first objective of the study is to generate empirical evidence regarding the influence of decentralisation on healthcare delivery in the subnational level (i.e. Omaheke Region). More importantly, decentralisation still shapes governance structures in most developing countries, including Namibia. Hence, the findings from this study may provide useful information for policymakers attempting to improve on existing decentralisation policies and frameworks. This is the process that may make public health systems more responsive to the needs of rural and underserved populations that are often sidelined in centralised systems.

Additionally, understanding the strengths and weaknesses of the decentralised health system of the Omaheke Region as detailed in the study contributes to the strengthening of the system. On the one hand, it might uncover instances where decentralisation has resulted in more efficient resource allocation, greater access to essential health services, or improved health outcomes. On the flip side, it may also highlight existing gaps that warrant immediate attention like inadequate funding at the regional level, limited human resource capacity or lack of coordination between national and local authorities. In this way, through evaluating both enablers and features of the current system which can be constraining, the analysis should illuminate targeted interventions that can be useful in supporting more equitable and effective public health service delivery. It is hoped that, in the end, this research will feed into that overarching goal of health system strengthening when it comes to increasing accountability, improving quality of services, and increasing the

responsiveness of health reforms to the specific socio-economic and geographic realities of decentralised areas.

Decentralisation, in a nutshell, is about community empowerment through participation in decision-making processes. Measuring perceptions and actual participation by the community in health governance can show how decentralisation increases local ownership and responsiveness of the health system to community needs.

Beyond its regional focus, the study aims to gain a comparative dimension by studying decentralisation processes in other regions and countries. This comparative lens is particularly useful, as it can help provide important lessons and best practices that can be drawn from different contexts. Not only will this help define what has worked and what has not around the world, but it adds contextual factors related to success or failure of decentralisation that informs its impact in the Omaheke Region within an international context. Thus, this perspective expands on the understanding of decentralisation as a policy tool and helps formulate a more nuanced understanding that can inform global health governance, especially in low- and middle-income countries.

In addition, the study aims to fill a gap in the existing academic literature on decentralisation and health service provision, which lie within the sub-Saharan African setting. In both these capacities it will provide a launching point for future studies, as an empirically-grounded basis for scholars to explore. In particular, it will contribute to our understanding of how decentralisation policies impact healthcare outcomes and in doing so it will advance theoretical and practical understandings of how governance structures can shape public service provision in poorer resource environments.

Finally, the research aims to produce practical recommendations based on the results. These recommendations will be aimed at stakeholders such as policymakers and healthcare administrators who are brought into relationship in the process of implementing decentralised health systems. In particular, it will identify measures for better implementation of policy, more effective management of financial and human resources, and improved governance mechanisms. These recommendations will be focused on enhancing the delivery of health care in decentralised settings, thereby making sure that the districts benefit from these reforms by having better access, equity, and quality of healthcare.

1.6 Limitation of the Study

The study covers only the top and middle management within the Directorate of Health at Omaheke Region due to financial constraints and the limited time prescribed to complete the study. To mitigate financial constraints and time limitations, the study employed efficient resource management. To address the lack of generalisability, a detailed contextual analysis of the Omaheke Region was provided, allowing for cautious extrapolation and identifying areas for future research in other regions.

1.7 Delimitations of the Study

This study sought to focus on Omaheke region as an individual region. In Omaheke the study focus on the assessing of the efficacy of decentralisation in improving healthcare service delivery in Omaheke region. However, the researcher considers these limitations carefully to avoid compromising the results of the study.

1.8 Conclusion

Chapter One presents decentralisation as a governance approach aimed at improving public service delivery by shifting authority to local governments, enhancing accessibility, accountability, and responsiveness. It outlines the policy's global and

national relevance, especially through Namibia's Regional Councils Act 22 of 1992, and its role in addressing challenges in remote areas like Omaheke.

Despite these efforts, the chapter identifies persistent issues such as drug shortages, inadequate infrastructure, and limited staffing, prompting the need to evaluate decentralisation's real impact. It sets out to assess this impact, examine related challenges and benefits, and suggest ways to improve healthcare delivery. The chapter concludes by highlighting the study's value for policy, academic discourse, and practical reforms in decentralised health systems.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The aim of this study was to assess the impact of decentralisation on the provision of healthcare services in the Omaheke Region, as stated in the first chapter. Decentralisation has numerous applications and the interpretation of the term may vary among different African states. The legal profession, politics, and banking are some of the industries that have experienced advantages as a result of decentralisation. Sumah, Baatiema, and Abimbola (2020) state that forms can be used to transfer decision-making power from higher levels of government to lower levels or local governments, as well as to delegate and devolve authority.

The purpose of decentralisation was to enable the involvement of community members in decision-making, so aiding Namibia in the creation of a government that is both attentive to gender issues and responsive. The Ministry of Regional and Local Government and Housing (2012) states that Namibia's decentralisation principles need a redistribution of responsibilities and powers between national and subnational entities. This chapter examines multiple definitions of decentralisation proposed by different researchers to improve readers' understanding of the subject area.

It also deals with the advantages and disadvantages of decentralised systems, both for and against the points. The second chapter considers the challenges Namibia, like many other African countries, has faced in the implementation of decentralisation systems. The final part deals with decentralisation and service delivery. Also, it highlights the importance of community involvement and cooperation in strengthening the capacities of the decentralised system.

Governance structures are the pivotal strategies, with decentralisation flowing from the public health sectors in most African nations. The concept of decentralisation presupposes a process that transfers decision-making powers from the center to the sub-national levels of government, with community participation and increased effectiveness in the delivery of services. In the case of Namibia, the powers and responsibilities are divided between national and sub-national levels to establish an accountable and participatory governance framework.

2.2 Empirical review

Decentralisation, according to Conyers (2019), is "the process by which authority and responsibility for planning, decision-making, and the administration of public functions are transferred or delegated from a higher level of government to lower levels." Similarly, Dubois and Fattore (2019) referred to decentralisation as "the condition of being dispersed or the process of being dispersed." The same phrase covers other defining characteristics of decentralisation, such as fiscal, administrative, and political decentralisation, which this study has found to be very important. In reviewing Namibia's policy on decentralisation and highlighting the processes and outcomes of decentralisation, these concepts are applicable in this article.

Other authors have explored different ways of decentralisation.

In this respect, Crook and Manor (2018) and Agrawal and Ribot (2019) have defined it as the transfer of authority from the central government to subordinate branches within a political-administrative-geographic hierarchy. Decentralisation refers to the transfer of certain tasks, including administrative, economic, and political aspects, from the national government to local authorities (Faguet, 2017). The latter refers to entities that possess full authority and control over a specifically defined geographical area, and do not rely on a central governing body for their decision-making and

operations. The subsidiary principle, as defined by UNDP (2017), involves restructuring or reorganising authority to establish a system of co-responsibility between institutions of governance at the central, regional, and local levels. This aims to enhance the overall quality and effectiveness of the governance system while increasing authority and capacity at sub-national levels.

The governments of both rich and developing nations have expressed concerns about the past efforts to reform public institutions. The goal has been to improve the quality of the service. It is crucial to bear in mind that introducing reforms in public sector organisations and public administration as a whole is a difficult process that requires both political determination and managerial backing (Corkey, 2018). It also acknowledges that implementing more comprehensive reforms requires more difficult changes, which in turn require extra administrative work and certainty to achieve satisfying outcomes. Mutahaba and Kiragu (2016) argue that for a nation to successfully implement public service reforms, it is crucial to have a workforce that has the necessary technical skills, substantial experience, and adequate resources. When implementing changes, it is important to take into account the sustainability of the current systems, institutions, and policies, as well as the availability of financial and human resources (Bossert, 2015).

During the 1990s, there was a notable overhaul in the administration of the public sector in Africa and other parts of the world. Many African nations made efforts to reform their public sectors in response to wider political, economic, social, and technical changes. One of the changes made to increase the economy, efficiency, and effectiveness of service delivery was the decentralisation of services to (LGAs) (Bossert, 2015).

The New Public Management (NPM) movement accelerated reforms during the nineteenth century. Osborne and Gaebler (2022) suggested that decentralisation was a recommended technique for enhancing the delivery of local public services. The World Bank and the International Monetary Fund endorsed these institutional reforms due to their perception of the previous administration as being bound by rules, having a hierarchical structure, being unresponsive, and lacking efficiency. According to Hope (2021), decentralised management is more efficient in guaranteeing the accessibility and excellence of public services, as well as being more receptive to the needs of the populace. Instead of dismantling state institutions and creating a gap between them and the people, as seen in past reforms, the present focus is on integrating state institutions with the people (Beall, 2015).

The reforms were implemented by intentional efforts to alter the organisational structure, policy, and institutional support for decentralisation and process management. These changes had an impact on the delivery of services (Pollitt, 2021). Industrialised and developing countries have implemented decentralisation and public health care delivery through creative institutional and public management strategies (Hope, 2021; Batley, 2019; Larbi, 2015).

According to Andrews and de Vries (2017), countries have made advancements in reforming local government to enhance service delivery, namely in the area of public healthcare. The core principle of this reform is the transfer of administrative, political, and budgetary duties from higher-level governments to lower-tier governments. According to the World Bank (2020), decentralisation should extend to the local clinic, classroom, and water utilities to increase accountability among citizens, legislators, and politicians. The idea is that public services should be easily reachable

and adaptable to the specific requirements of the local community under a decentralised framework.

The main argument is that residents have either direct or indirect control over decisions related to the distribution of resources and the provision of services. "According to a 2018 World Bank report, it is crucial to enhance services for lower-income groups as it is a widespread practice," the report added.

Ng'ethe (2018) argues that the effectiveness of decentralisation relies on the transfer of political and legal authority from the federal government and its agencies to the local level. There is still a notable lack of relevant authorities, as most of them are still located in the central part of Africa. Mollel (2020) and Massoi and Norman (2019) have noted that reviews of decentralisation projects in African states have often had poor results, with only a few exceptions.

According to Azfar et al. (2020), Batley (2019), Eaton and Schroeder (2020), de Palencia and Pérez-Foguet (2021), and Masanyiwa et al. (2013), the decentralisation of health services leads to the creation of new institutions or the restructuring of current ones. The reason for this is that the expected outcomes are shaped by institutional frameworks and power dynamics.

The World Bank (2020) states that in order to provide high-quality healthcare to the general population, it is necessary to have infrastructure that is available and accessible. The aforementioned investigation revealed that health clinics, namely public clinics situated in rural regions, often suffer from a deficiency of essential infrastructure. However, Pariyo et al. (2022) argue that decentralisation efforts face obstacles because economically disadvantaged individuals are unable to avail healthcare services due to their geographical remoteness from health centres.

O'Donnell (2017) notes that there exist multiple meanings pertaining to access to healthcare. Strictly speaking, it may refer to the geographical extent of the services. The four dimensions of access that are more comprehensively delineated are availability, accessibility, cost, and acceptability. Similarly, Ensor and Cooper (2019) and Peters et al. (2018) observed that characteristics such as acceptability, acceptance, financial resource availability, and service quality play a role in determining access to health services.

Scholz et al. (2015) argue that the health-care infrastructure of a health system has a substantial impact on its structural quality. Literature and research have revealed shortcomings in the infrastructure of health care. Their influence is experienced in relation to the amount, excellence, ease of access, and presence. Healthcare facilities are crucial because they play an essential role in the management and delivery of healthcare.

The WHO Alliance for Health Policy and Systems Research proposes six indispensable components for healthcare systems. "Service delivery" is composed of various components, including infrastructure. The term "infrastructure" is used to describe the structural components of systems in various contexts. Infrastructure encompasses all organisational, technological, and physical components or assets required for the provision of healthcare services, including hospital structures, within the context of administering and delivering a healthcare system (Bossert, 2015).

2.3 Impact of Decentralisation on Service Delivery

Decentralisation is an important pillar in international governance as it strengthens service delivery systems for the various departments, such as healthcare and education, which make up the public administration. The literature review examines exactly what effects this decentralisation has on service delivery in order to gain

insight into its results and the many added advantages and challenges, and varyingly degrees of accomplishments which are possible in different conditions (O'Donnell, 2017).

Decentralisation is the process of transferring powers of decision-making, resources, and responsibilities from central government authorities to regional or sub-national levels. Theoretically, the underpinning for decentralisation, according to Conyers, (2019), and Dubois and Fattore, (2019), supports that through decentralisation, sub-national levels are empowered to enhance local governance and enhance the efficiency of public service delivery by conforming to the diverse needs and priorities of the locality.

Research also enumerates a number of benefits associated with the process of decentralisation. For example, a study by Bossert et al., (2015) notes that decentralisation enhances responsiveness and accountability at the local level, hence improving service delivery outcomes. Decentralisation allows decision-makers at the local level to be in a position to strengthen health care services through taking into consideration the unique health needs of the individual, as well as demographic attributes in their setting. This helps avail service delivery to the less-end locations.

While decentralisation may thus have its attendant advantages, it also has quite significant challenges. In light of Willis (2015), for instance, major challenges include administrative burdens, resource limitations, and a requirement to strengthen local capacity. In the process of decentralisation in providing services, there may be an emergence of fragmentation and disparities in service quality within geographical space, that will further deplete the potential of having equitable and uniform service provision (UNDP, 2017). Efficient solving of these challenges is critical to realizing

the gains in decentralisation that can help in raising attainment levels of service delivery outcomes.

Empirical evidence from these diverse case studies provides important lessons with regards to how decentralisation works on the ground, in respect to tangible impacts on service provision. For instance, decentralisation in health systems has contributed to improved access, quality, and equity in health services, among others (Faguet, 2017; Meagher, 2019). Contextual elements and local dynamics remain key in these studies when accounting for the level of success of the decentralisation effort.

In this connection, decentralisation is said to work well when relevant institutional frameworks are in place, when policy guidelines are clearly laid out, when enough financial resources are invested, and when activities aimed at building the capacities of local entities are pursued. For instance, Mutahaba and Kiragu (2016); OECD (2015) note that addressing specific challenges of implementation, and ensuring sustainability of reforms over the longer term, requires collaborative governance structures involving stakeholders from the central government, the local government, and the community representatives.

Decentralisation is, therefore, a key strategy towards the improvement of the delivery of services, increasing responsiveness, accountability, and innovation at the local level. Challenges persist, but especially in governance and resource management, and the documented successes of decentralisation in improving access to services and their quality make it a potential transformative tool to address emerging needs of society and improve welfare outcomes. Any future research and policy efforts should be directed at the establishment of best practices, taming implementation challenges, and ultimately achieving the full benefits from decentralisation for responsive and efficient public service systems (O'Donnell, 2017).

2.4 Challenges and Benefits of Decentralisation in Healthcare

On one hand, there are many challenges that are facing healthcare decentralisation and that need artful navigation. According to Willis (2015), there are significant administrative, financial, and managerial barriers, in which usually the efforts of decentralisation find very difficult to overcome. In fact, such challenges might impede the effective delivery of healthcare services through the complication of decision-making processes and the introduction of inefficiencies in the process. These issues are different in the sense that local authorities differently possess administrative capacities, the mechanisms of resource allocation may not be clearly elaborated, and disparities in managerial capacities undermine the smooth implementation of decentralised healthcare systems (UNDP, 2017).

This also calls for strong capacity-building processes at the local level to decentralize health services. For instance, the capacity building should be enhanced well enough within the local health authorities and staff to guarantee their competence with regard to acquisition and management of health care. The coordination between central and local authorities also continues to be a problem that affects the overall effectiveness and sustainability of the health programmes. Such issues, too, require smoother channels of communication and harmonization of policies at various administrative levels. Full potential realization of decentralisation and overcoming such challenges in healthcare require smooth channels of communication and harmonization of policies at different administrative levels (O'Donnell, 2017).

In spite of these setbacks, there are some considerable benefits that come with decentralisation as regards health. Indeed, decentralisation promotes innovation since local stakeholders are able to develop context-sensitive healthcare delivery models by better responding to unique community needs and preferences (Faguet, 2017). Because of this, it allows flexibility and puts in place the implementation of health

care solutions that are responsive to unique demographic, cultural, and geographic variables. Secondly, decentralisation increases accountability and responsiveness within health care systems. That is, locally led decisions of the providers in the local level, with an active participation of community stakeholders, may result in an improved outcome for patients, including satisfaction and trust in health services (Rob and Richard, 2017).

Decentralisation of health care comes along with serious challenges; the potential benefit may be significant. For instance, it can better respond to local health needs and hence increase innovation and accountability in decentralised settings, which could yield better outcomes from the general health care delivery. In particular, such benefits require effective management of administrative, financial, and coordination challenges; otherwise, health systems will not ensure any positive contributions to public health outcomes (O'Donnell, 2017).

2.5 Strategies for Improving Healthcare Services

All these challenges regarding accessibility, quality, and equity have actually encouraged many initiatives on health service improvement in the global effort to improve healthcare services. This literature study reviews various tactics that have been employed to enhance healthcare services, critically analyzing their efficacy, difficulties, and potential for significant change (Berwick, 2022).

The basic strategy in investing for the improvement of healthcare infrastructural services is the key to improvement. There is a dire need for building new health facilities, improvement of the already existing ones, state-of-the-art medical technologies, and equipment. Improvement in the infrastructure would definitely ensure increased availability of health care services, more so in these neglected and

rural parts where either health facilities might not exist or be inadequate (Bossert et al., 2015).

Improvement in health services can't be achieved without strengthening human resources. This strategy mainly focuses on the recruitment, training, and retention of highly competent health professionals, including doctors, nurses, and allied health workers. Adequate staffing and continuous professional development remain critical in ensuring high-quality treatment and meeting diverse community health needs (WHO 2016).

Technological innovations are a fast and neccesary evolution in the delivery of healthcare services to improve efficiencies in service. Telemedicine, EHR, and Health applications are among the latest development that are revolutionizing how healthcare services are accessed and delivered today. This advance enables consultations to be done remotely, enhances patient monitoring, and allows for better coordination of care by practitioners, hence better service delivery (Bossert et al., 2015).

Education and awareness are the key component in improving health care services. There is a great demand for education that focuses on preventive healthcare and people who can make wiser choices for their health. Community-based education programmes, public health campaigns, and school activities have a crucial role in spreading awareness about disease prevention, nutrition, cleanliness, and regular health check-ups (WHO, 2019).

Improvement initiatives are usually the backbone of increasing quality health care services. It has to do with the adoption of evidenced-based practices, clinical guidelines, and protocols that ensure patient safety. Continuous assessment of quality, mechanisms of feedback, and programs on accreditation assist the health facility in

finding out the areas for improvement and enforcing the implementation of best practices to assure safe and effective care of the patients (Berwick, 2022).

Access to quality health care in a sustainable manner requires effective health care financing mechanisms at its core. Some of the strategies include increased public investment in health, expansion in health insurance cover, and innovative financing mechanisms. Adequate funding supports health facilities in maintaining infrastructure, procuring necessary supplies, and delivering comprehensive health services to the population at large (WHO, 2020).

Improving intersectoral collaboration is thus vital to enact better healthcare services. Collaboration across various sectors, including health, education, housing, and social welfare sectors, includes approaches that address health promotion and disease prevention in a holistic manner. Addressing the social determinants of health by different sectors together helps synergise the efforts towards creating supportive environments for promoting health and well-being (WHO, 2018).

Health services development will be multi-faceted in infrastructure, human resources, technological advancement, and health education, improvement of quality, financing mechanism, and intersectoral collaboration. Even though each has different benefits, the actual implementation of these strategies could occur in how well the given challenges of resource limitations, policies, and inefficiency of systems are met. Future research and policies, therefore, need to be directed toward the integration of these strategies in a way that would ensure equal access to quality health services, thus enhancing overall health outcomes globally.

2.6 Effectiveness of decentralisation in improving health system performance

Of equal importance is ascertaining whether decentralisation meets its objectives for the health sector and makes the health system more efficient, as stated by Cobos

Muñoz et al., (2017). In a few well-conducted studies, delegation, or decentralisation, was seen to enhance care delivery in programs that are especially targeted to deal with just a few diseases. A review of effectiveness of decentralising treatment for multi-drug-resistant tuberculosis-or, rather, the transference of treatment from central to peripheral facilities-was conducted; it reported a higher rate of treatment success among patients who received care using a decentralised approach. Another specific general analysis showed that the rate of loss to follow-up was less in patients receiving decentralised therapy compared to those receiving centrally delivered HIV treatment, meaning initiation of treatment at a central facility followed by transfer to a peripheral facility for continued care (Ho et al. 2017).

When the focus of the review is broadened to include more general forms of decentralisation-e.g., devolution, which transfers multiple functions to local levels in addition to disease-specific treatment programmes-the evidence for efficacy appears to become more ambiguous rather than clear (Kredo et al., 2019).

The "six building blocks" of health systems, in the light of decentralisation of such systems across LMICs, have shown both positive and negative consequences resulting from a comprehensive investigation. Among the few comprehensive studies on the subject, it has been found that decentralizing governance of health care often shows great variability and is highly context-dependent in its effectiveness, especially regarding improvement or deterioration concerning health-related inequalities. According to Dwicaksono and Fox (2018), there is "limited empirical evidence regarding the influence of decentralisation on the performance of health systems."

A limited number of quantitative studies have established a correlation between decentralisation and specific population health outcomes. For example, a 30-year study that utilised panel data from 20 OECD nations demonstrated that fiscal and

revenue decentralisation policies were associated with reduced infant mortality rates, but only in instances where local governments were granted significant autonomy over their revenue sources (Rubio Jimenez, 2021).

Additionally, the proportion of health expenditure in the country's GDP was more strongly correlated with the reduction in neonatal mortality in this study. A comparable panel data analysis demonstrated that the decentralisation of health care resulted in a decrease in the newborn and neonatal death rates of 50 Spanish provinces over a 20-year period. Improvements were most prevalent in provinces with entire political and budgetary authority (Jiménez-Rubio and García-Gómez, 2017). However, a 17-year analysis of data from 20 Italian regions has demonstrated that the assignment of financial management responsibilities is correlated with reduced infant mortality rates, particularly when accompanied by greater autonomy and less reliance on central payments (Cavalieri and Ferrante, 2016). Nevertheless, the investigation determined that the marginal benefits of decentralisation were contingent upon the degree of affluence in the region.

Decentralisation was found to enhance the performance of the health system in only five of the 22 performance indicators, as indicated by a separate study conducted in a Brazilian state (Atkinson and Haran, 2017). In a separate study conducted in Colombia over a ten-year period, fiscal decentralisation was discovered to be associated with reduced infant mortality rates; however, the effect was more apparent in non-poor cities (Soto et al., 2022).

What conclusions regarding the efficacy of decentralisation can these studies draw?? Most importantly, it is imperative to underscore that the efficacy statistics appear to be influenced by the type of decentralisation being discussed. Secondly, despite the fact that other factors beyond the decentralisation of health services have been

suggested to influence this relationship, decentralisation appears to be positively correlated with a variety of population health outcomes. Thirdly, the efficacy data is frequently inconsistent, particularly when assessing the decentralisation of various services, due to the absence of comprehensive assessments. Consequently, it appears that the efficacy of the expansion of the local decision space is contingent upon other contextual factors. Furthermore, there is disagreement regarding the most effective metrics for evaluating efficacy (Cobos Muñoz et al., 2017).

2.7 Broader Reforms, Local Government Reforms and Decentralisation

Authors from different backgrounds have examined the concept of decentralisation from multiple viewpoints. Crook and Manor (2018) and Agrawal and Ribot (2019) define it as the delegation of 28 authorities from the central government to lower-level branches, which are structured in a hierarchical manner based on political, administrative, and geographic factors. Decentralisation refers to the transfer of certain tasks, including administrative, economic, and political aspects, from the national government to local authorities (Faguet, 2017). The latter refers to entities that possess full authority and control over a specifically defined geographical area, and do not rely on a central governing body. The subsidiary principle, as defined by UNDP (2017), involves restructuring or reorganising authority to establish a system of co-responsibility between governance institutions at the central, regional, and local levels. This aims to enhance the overall quality and effectiveness of the governance system while increasing authority and capacity at sub-national levels.

Governments, both from developed and developing countries have been raising concerns regarding the previous attempts to reform public institutions. This has aimed at enhancing the quality of the service. Every stakeholder has to put in mind that implementing changes to the public sector organisations and the entire public

administration has been an arduous task in many instances and involves both political will and managerial support that is needed. Corkey, (2018). The statement realizes that comprehensive changes require difficult adjustments, and these result in more additional administrative efforts and confidence to be able to produce proper results. According to Mutahaba and Kiragu, (2016), a nation has to have the technical skills, experience and other resources required for the successful implementing of the public service reforms. All these reforms look towards the sustainability of present systems, structures, and policies concerning financial and human resources.

There was marked remodeling of the public sector administration in the 1990s, both in Africa and beyond. Many countries in Africa attempted to reform their public sectors as part of wider changes that were political, economic, social, and technical in nature. One of these changes made in an attempt to economize on efficiency and effectiveness of service delivery was decentralisation of services to LGAs.

The New Public Management (NPM) movement accelerated reforms during the nineteenth century. Osborne and Gaebler (2016) suggested that decentralisation may be used as a method to enhance the delivery of local public services. The World Bank and the International Monetary Fund endorsed these institutional reforms due to their perception of the previous administration as being bound by rules, having a hierarchical structure, being unresponsive, and lacking efficiency. According to Hope (2001 and 2015), decentralised management is more efficient in guaranteeing the accessibility and excellence of public services, as well as being more adaptable to the needs of the population. Contrary to prior reforms that involved reducing the influence of state institutions and creating distance between them and the people, the present focus is on integrating state institutions with the people (Beall, 2015).

The reforms were implemented by intentional efforts to alter the organisational structure, policies, and institutional support for decentralisation and process management. These changes had an impact on the delivery of services (Pollitt, 2021). Industrialised and developing countries have implemented decentralisation and public health care delivery through creative institutional and public management strategies (Hope, 2021; Batley, 2015; Larbi, 2015).

According to Andrews and de Vries (2017), nations have achieved advancements in local government reform with the aim of enhancing service delivery, namely in the field of public healthcare. The core principle of this reform is the transfer of administrative, political, and budgetary duties from higher-level governments to lower-tier governments. According to the World Bank (2020), decentralisation should extend to the local clinic, classroom, and water utilities in order to increase accountability among citizens, legislators, and policymakers. The idea is that public services should be easily reachable and adaptable to the specific requirements of the local community within a decentralised framework. The main argument is that residents have either direct or indirect impact on decisions related to the distribution of resources and provision of services. The 2008 World Bank study emphasised the need of increasing services for lower-income populations by stating that "everyone is doing it."

Ng'ethe (2018) argues that the effectiveness of decentralisation depends on the transfer of political and legal authority from the federal government and its agencies to the local level. There is still a notable lack of relevant authority in the central part of Africa, which creates a serious deficiency. Mollel (2020) and Massoi and Norman (2019) have noted that reviews of decentralisation projects in African states have generally led to poor outcomes, with only a few exceptions. According to Azfar et al.

(2020), Batley (2020), Eaton and Schroeder (2020), de Palencia and Pérez-Foguet (2021), and Masanyiwa et al. (2019), the decentralisation of health services leads to the creation of new institutions or the restructuring of existing ones. The reason for this is that the expected outcomes are shaped by institutional frameworks and power dynamics.

The World Bank (2020) states that in order to provide high-quality healthcare to the general population, it is necessary to have infrastructure that is available and accessible. The aforementioned investigation revealed that health clinics, namely public clinics situated in rural regions, often suffer from a deficiency of essential infrastructure. However, Pariyo et al. (2022) argue that decentralisation efforts face obstacles because disadvantaged individuals are unable to receive healthcare services due to their remote location from health centres. O'Donnell (2017) states that there exist multiple meanings of healthcare access. Strictly speaking, it may refer to the geographical extent of the services. The four dimensions of access that are more comprehensively delineated are availability, accessibility, cost, and acceptability. Similarly, Ensor and Cooper (2020) and Peters et al. (2018) observed that criteria such as acceptability, acceptance, financial resource availability, and service quality play a role in determining access to health services.

Scholz et al. (2015) argue that the health-care infrastructure of a health system has a substantial impact on its structural quality. Studies and scholarly investigations have revealed shortcomings in the healthcare system's architecture. Their influence is experienced in relation to the amount, excellence, ease of use, and presence. Healthcare facilities are crucial because they play an essential role in the management and delivery of healthcare.

The WHO Alliance for Health Policy and Systems Research presents six essential elements for healthcare systems. The concept of "service delivery" encompasses multiple elements, one of which is infrastructure. The term "infrastructure" refers to the fundamental elements of systems in many situations. Infrastructure refers to the complete collection of organisational, technological, and physical elements or resources needed to provide healthcare services, including hospital buildings, within the framework of managing and delivering a healthcare system (Cobos Muñoz et al., 2017).

2.8 Local Government Reforms in Africa

Over the past three decades, the majority of African governments have initiated significant public service reform initiatives, which include subnational government reform. Despite the substantial financial and labour commitments, this project has yielded minimal results (Willis, 2015).

The World Bank's structural adjustment programmes (SAPs) were the primary source of public service reform initiatives that were implemented in developing nations during the 1980s. The majority of the reforms were driven by a combination of political, social, economic, and technical factors, which resulted in the goal of reducing the costs of public services and increasing efficiency (OECD, 2015).

Other African funders and the World Bank have expressed apprehensions regarding novel approaches to public service management and organisation that prioritise markets and competition while integrating the nonprofit and commercial sectors in service delivery. The alternative vision was to establish a company that was democratic, liberalised, compact, decentralised, customer-focused, managerial, and market-friendly. It is founded on the principles of accountability, involvement, representation, and efficacy (Cobos Muñoz et al., 2017).

Rob and Richard (2017) utilised case studies from Sub-Saharan Africa to address the issue of establishing (or reestablishing) a public service that is competent, efficient, and obedient. Complaints have been lodged regarding civil services that are excessively large, unresponsive, rule-bound, or unreliable. Their motivation has been sapped by corruption, bureaucracy, and cronyism.

In order to execute their development plans and agendas, African nations have consistently had the public sector including ministries, departments, and local governments at their disposal. In order for African economies to flourish, destitution to be eradicated, and citizen welfare to be enhanced, LGAs are considered indispensable (World Bank, 2020). It is the responsibility of LGAs to create an environment that is both advantageous and suitable for the optimal performance of all economic sectors. Governments throughout Africa are encouraged to consistently strive for stable economies and enhanced public service delivery excellence through the public service.

2.9 Theoretical framework

The study is founded on the governance notion. According to governance theory, effective decentralisation encourages accountability among public servants and elicits a variety of responses. This is true especially in situations when government actions are transparent and civil society is permitted to operate without restrictions (Bossert et al., 2015). According to governance theory, decentralisation enhances resource recovery, equitable resource distribution, heightened accountability, and a reduction in corrupt service supply. Cavalieri and Ferrante (2016) argue that the impact of public goods on surrounding jurisdictions is limited.

Decentralisation through the governance paradigm is widely believed to enhance the proximity between the people and the government (Devas, 2015). Decentralisation

can address the challenges of ethnic or historical divisions that hinder the effectiveness of national public services. By distributing decision-making power, it can overcome barriers and foster popular support for government decisions. In addition to promoting collaboration and teamwork among all relevant stakeholders, it also nurtures it within the target audience. This is because homogeneous groups typically have higher levels of trust, ability to work together as a group, and credibility in decision-making (Meagher, 2019).

The perspective of governance theory is that, under the context of free civil society and openness of government activities, decentralisation promotes accountability among the government officials and encourages different forms of responsiveness. Proponents of governance theory in the context of decentralisation explain that the public goods having little spillover effects on other jurisdictions enhance resource allocation, accountability, and cost recovery, thus reduce the corruption service delivery. Apart from that, it also gives not less than three more reasons justifying this appeal for stricter regulation to be exercised in the delivery of public service, to wit: increasing cost recovery, increasing accountability, and reducing governmental corruption enhance the efficiency of resource allocation (Osborne and Gaebler, 2019). However, the institutionalists lacuna this theory for being unable to consider the effects that structural and system arrangements are having on decentralisation as well as its consequences related to service delivery. Similar evaluations concerning the contribution of systems, structures, and processes are made for their influence on the timeliness and accountability of services (Osborne and Gaebler, 2019).

Governance strategy should, therefore, critically consider how the institutional structures influence the decentralised delivery of public services. Institutions, in this context, are either formal or informal settings that provide scope for predefined

protocols and rules to guide and shape human behavior. Following the definition provided by Stoker (2018), institutions would mean political systems, patterns of jurisdiction and organisational frameworks through which government operates.

On the other hand, while promoting these concepts, studies on decentralisation and public service delivery diminish public accountability. The fundamental basis of this concept is established by the fundamental research conducted by Wallis and Oates (2018), who contend that decentralisation fosters accountability by empowering individuals at lower levels of government to determine the course of action for local authorities. Decentralisation leads to a restructuring of the power hierarchy, where local authorities are accountable directly to the local population they serve in their respective areas, rather than to the central government. Residents' ability to monitor the quantity and quality of services provided and subsequently hold politicians and other local leaders accountable in highly competitive elections enhances accountability. Considering the potential for "exit," local authorities deliver public services with efficiency and efficacy, hence decreasing the probability of their removal (De Figueriredo and Weingest, 2017).

Local authorities respond to public requests in order to enhance their performance and increase their chances of re-election or promotion, as the electorate has a direct impact on their professional opportunities and advancement in politics or administration. According to Faguet (2019), this technique tries to manipulate the public through politics while concealing the means by which this control is maintained. It disregards the societal structure and context in which it operates.

Smith and Revell (2016) argue that decentralisation enhances responsiveness to local demands and has positive effects on political rivalry and downward responsibility by improving the supply of public goods and services. This is due to increased frequency

of communication between local inhabitants and governmental authorities, as well as greater dissemination of information. The concept of decentralisation aims to mitigate information asymmetry by creating subnational entities. The numerous hierarchical tiers of government in centralised systems hinder the transmission of information due to challenges in coordination and divergent objectives among bureaucrats (Treisman et al., 2019).

Converse, public authorities in systems that are decentralised have the advantage of estimating the peoples' demands owing to proximity and lower costs of collecting and verifying information. Therefore, some public goods and services are delegated to meet the needs and expectations of different demographic segments at the local level (Leeson 2023). Moreover, subnational, bureaucrats have the advantage of being in a far better position than national bureaucrats might be to engage with CBOs and CSOs in the identification of present issues and in generating ground-breaking ideas.

This argument has some similarities, within the public choice framework, with Hirschman's "voice"; the latter had argued that decentralisation increases the opportunity for local people to voice their preferences, choices, and to create services to their satisfaction.

The study recognizes the institutions that influence individuals' behaviors and actions and vice versa: individuals' behaviors and actions are influencing the formation of institutions. According to Kimaro and Sahay, (2017), there is a very vital role played by institutions in the decentralisation framework. They will allow the discernment and investigation of the permitted and prohibited interactions as well as the circumstances in which they occur between the agents and actors. Institutional theory is primarily connected to the systems theory, which recognizes the distinct functions played by

diverse structures, processes, and activities. Decentralisation in system theory is an aggregation of inter-related systems (Leeson 2023).

The principal agent hypothesis has been considered fundamental in understanding how the different parties control access to public services for various users and enable accountability between the citizenry and their elected representatives. According to Bossert (2018), the two theories have been identified for the significance that they bear in analysing decentralisation strategies. The two theories have major emphases on the potential decentralisation effects and the trade-offs among the different players. Its thematic area of intervention was to increase access, quality, responsiveness, affordability, and equity of the public service provided. The policy of decentralisation should be implemented at local government levels to improve health service accessibility (Leeson 2023).

Bossert (2018) emphasises that the establishment of institutional frameworks, such as national standards, norms, and rules, guarantees improved service delivery. Local legislators and service users primarily bear the duty for determining the most effective means of delivering local services in accordance with needs and priorities (Batley, 2020). The study focuses on the major establishments within the central system, as well as the minor institutional systems, and their interconnections. Additionally, we have examined the impacts of these arrangements on decentralisation, the methods employed to deliver public services, decision-making, and local outcomes.

Kimenyi and Meagher (2021) define institutions as "frameworks of regulations, processes, and establishments, whether established by the state or otherwise." Decentralisation for service delivery involves the creation of new institutions and the restructuring of existing ones, as it relies on institutional structures and power dynamics (Azfar et al., 2020; Batley, 2020).

The underlying premise is that the proper institutional framework facilitates the efficient allocation and utilisation of resources, hence improving the delivery of community health services (Mubyazi et al., 2019). Therefore, it is crucial to examine decentralisation from the perspective of institutional organisation. Integrity encompasses the provision of public health services through efficient institutional systems.

The general assessment of the effectiveness and results of decentralisation in the provision of public health services views the most dominant factor as having to do with the institutional framework, including power relations and sustainability of decentralisation policies in a given context. This notion is based on and draws support from institutional theory, which does explain what kinds of data are to be collected and analysed. Decentralisation allows LGAs the discretion to make decisions on their own, and being institutions or representatives, they are accountable for their actions and plans. This has been pointed out by scholars like Mawhood (2019), Shah (2019), and Ribot (2022).

Following the above carefully considered decentralisation and service provision approaches, this study is bound by institutional and principal-agent theories. Institutional and principal-agent theories are comprehensive in respect of the research being conducted, the nature of the study, and the types of data suitable for analysis as they consider the interests and roles of multiple stakeholders.

2.10 Conceptual framework

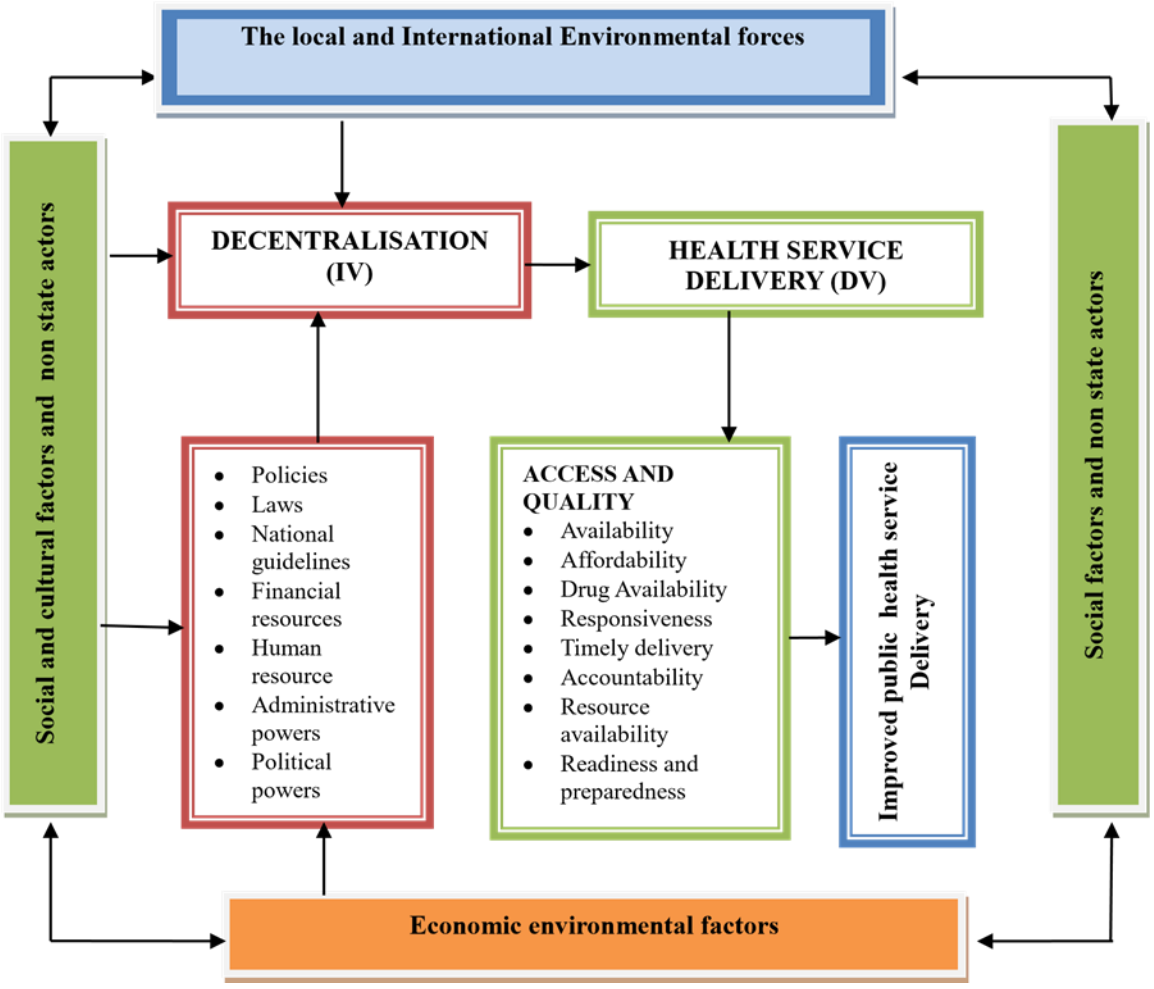

Figure 2.1: conceptual framework (Cheema and Rondinelli, 1984)

The relationships among principal-agent interdependence, institutional establishment, and independent and dependent variables are shown in Figure 2.1.

The conceptual framework of the study states that certain circumstances must be addressed by decentralisation strategies in order to enhance service delivery. The main aim of the conceptual framework is to transmit the theoretical understanding of decentralisation in the framework of public health service provision. The framework shows how decentralisation and the creation of a supportive environment relate to the advantages for Local Government Authorities. It also offers a chance to improve relationships among the many players in the decentralisation of public health care. An actor includes principals and agents since they operate both inside and outside of organisations. The framework creates organisational capability to support health care delivery in terms of accessibility, quantity, quality, cost, responsiveness, and accountability in order to enhance public health services (Cheema and Rondinelli, 2018).

Important elements are the socioeconomic environment, resource availability, financial autonomy in local governments (LGAs), policy and legal frameworks, and stakeholder involvement. Reforms for decentralisation function as inputs and these components as facilitators. Better access and quality, decentralised administration of health care delivery, and enhanced user involvement are among the institutional frameworks that follow. Better service delivery is the result in the end. Together with its theoretical foundations, we evaluated the results and drew conclusions from our study using this conceptual structure.

The main claim of these study paper is that the importance of pertinent institutions in the provision of public services should not be undervalued in the quest of decentralisation for service delivery. Global decentralisation cannot be advanced without the application of state-of-the-art public management techniques. Decentralised public health service delivery is further supported by the worldwide

challenge of reaching the third Sustainable Development Goals (SDG's) which is the most cross-cutting objectives that ensuring a healthy life and promoting well-being for all ages, which is linked to the other SDGs. This goal is to promote health and well-being, which are also the outcome of other objectives that enable individuals to advance in various social, economic, and productive spheres. The SDG 3 is a multifaceted and universal resource that can serve as the foundation for sustainable development policies, especially for the most underdeveloped nations, and can result in the long-term preservation of health and well-being (Suzan, 2018).

The National Vision 2025 served as much of an inspiration for decentralisation, which was seen as the best course of action. The framework recognises that the structure and features of the institutions significantly influence the effectiveness of decentralisation and how it affects the Omaheke Region of Namibia's public health service provision.

The institutions include the national directives, policies, government structure, operational procedures, and legislative foundation. To find out how decentralisation affected the provision of public health services, this study evaluated its access and quality. Accessibility, service provider response, dependability, facility proximity, and price (depending on the users' financial capacity) were the features taken into account. Additional important considerations were the presence and expertise of the personnel, the availability of prescription medications, medical supplies, and other supplies, the promptness of service providers, and their degree of decision-making autonomy.

'Access' is regarded as a useful and easily understood notion by Standing (2017) and Scholz and Flessa (2015). This is brought about by the focus on client expenses and distance from medical facilities. Examining how users interpret changes in particular features might help to determine the causal relationship between decentralisation and

improved public health care quality. Among these are user satisfaction, building quality, medical personnel competency, equipment and facility availability, and pharmaceutical accessibility. We shall give user-experienced care quality evaluation priority over the technical aspects of therapy (Gilson et al., 2019; Atkinson and Haran, 2015).

Six basic elements are offered by the WHO Alliance for Health Policy and Systems Research to assess the effectiveness of a healthcare system. In this paper, "infrastructure" refers to the several definitions of structural elements in health systems. "Infrastructure" in the context of managing and delivering health care systems includes the organisational, technological, and physical resources required to deliver health care services.

Three aspects of the decentralisation process political, financial and administrative all reach subnational governmental levels. One aspect of political decentralisation is giving laws and regulations to lower governmental levels. Local councils are thus given the ability to exercise the main political power in a certain region (Cobos Muñoz et al., 2017). Subnational governments are able to create policies that satisfy local needs and preferences, diversify revenue sources, and tax and collect. Administrative decentralisation is the process of removing central government oversight from local government officials on hiring, posting, performance assessments, promotions, and disciplinary actions (Cobos Muñoz et al., 2017). These three factors are important to the research and have a big influence on the kind, composition, and final outcome of public health service provision in institutions, claims this study.

2.11 Conclusion

From the literature review, decentralisation is a multi-dimensional concept with political, administrative, and fiscal dimensions, all relevant to good governance. Indeed, authors like Conyers, Dubois, Fattore, amongst others, variably define decentralisation; however, they all emphasize decentralisation as the real sharing of powers to ensure that services are provided efficiently. Indeed, the reform of public institutions has been an affair around the globe, particularly considering that efficiency and responsiveness were needed or required towards the needs of the citizens. The process of decentralisation, while contextualized by the likes of Mutahaba, Kiragu, and others as being quite complex, remains an important element for restructuring governmental machinery toward accountability and efficiency. In this light, a conceptual framework is adopted for the study that presents a broad perspective in which to view the dynamics of decentralisation and its transformational role at the local levels of governance and service delivery in Namibia.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discussed and analysed the blueprint of the research project. The entire research design, research population, sampling techniques, research instruments, data collection and analysis techniques, and ethical issues were addressed.

3.2 Research design

Notably, a descriptive survey research design was used to cater for the qualitative dimension of the study, while a descriptive research design was also utilised to evaluate qualitative data about participants' experiences and opinions in relation to the decentralization in improving service delivery in Omaheke Region of Namibia. Additionally, research design may be described as the blueprint that coordinates various elements of a study that coordinate data collection, analysis, and measurement (Thakur, 2021). Also, descriptive research design enabled the researcher to reduce time wastage during the study process, while descriptive research design also improved the ability to effectively examine factual data, which essentially contributed to the advancement of comprehensively developing solutions that may be aligned with research problems (Sharma, 2019).

A qualitative research methodology was utilised in this study. Shukla (2020) asserts that qualitative research involves collecting and analysing non-numerical data to understand concepts, opinions or experiences. In the realm of research methodology, a research design functions as a detailed blueprint that guides the investigator through the entire process of data collection, outlining specific procedures to be adhered to (Boru, 2018). For this study, a case study design methodology was adopted to gather

insights from various units of analysis across different levels within the Directorate of Health within the Ministry of Health and Social Services and the general public. The case study approach proved instrumental in providing a nuanced understanding of intersecting issues across these diverse levels (Boru, 2018).

Primary data for the investigation was predominantly collected through the use of in-depth interview guides. These methods were chosen for their effectiveness in eliciting detailed responses directly from participants. Additionally, secondary data was gathered from a wide array of sources including government reports, regulations, policies, guidelines, literature reviews, publications, and previous research projects. This systematic method allowed the study to draw on both original observations as well as previously established evidence, increasing both the depth and scope of the research conclusions.

3.3 Research Population

According to Shukla (2020), a research population is all the units that a researcher can generalize to his findings. It could be the variables or the bigger group of people used to survey their information with a view to giving the researcher an insight into what he is looking for. The population used in this research included approximately 406 permanent staff working within the Directorate of Health within the Ministry of Health and Social Services. The population also targeted the 102,881 residents of the Omaheke Region, as they were important in realizing the research objectives that touch on the impact, accessibility, and availability of the public health services in the region (Shukla, 2020). The overall target population for the study consisted of 103,287 which included permanent employees based in the Directorate of Health

within the Ministry of Health and Social Services at the Omaheke Region, and inhabitants of the Omaheke Region.

3.4 Sampling procedures

In this study the population is divided into different categories such as from the different Clinics, Health Centre, State Hospital, Head Office of the Ministry of Health and Social Services specifically, the Directorate of Health and the Community. According to Bhardwaj (2019), sampling can be regarded as selecting a sample of participants from the overall research population that will be studied. Non-probability purposive sampling was targeted for this study in the Directorate of Health as well as from the Community in the Omaheke Region. The participants were chosen through judgment according to the specific criteria considered relevant for the purpose of the study and where the required characteristics that are significant to the study are targeted.

For this study, a total of thirty participants were selected from various categories within the health sector in the Omaheke Region. The sample included:

- Five registered nurses
- One chief medical officer
- One director of health
- One chief matron
- Eleven community members
- One pharmacist
- One chief pharmacist
- One control administrative officer
- Seven sisters/nurses

Each of the 30 participant was deliberately chosen based on their relevance to the research questions and their capacity to provide valuable insights into the impact, accessibility, and availability of public health services in the Omaheke Region.

3.5 Research Instruments

According to Discover PhDs, (2020), a research instrument is a tool used in gathering, analyzing, and interpreting data. In relation to the present research, the research instruments applicable in this study are the interview guides, which have been selected to capture the objectives of the research and inquiries involved. The research also employed document analyses, to be able to have a situational background of the study's subject matter (Roopa and Satya, 2012). This included examination of official documents such as the Decentralisation Enabling Act 33 of 2000 Act, policies, rules and regulations, and other related records that complement the primary data obtained through interviews. Thus, these combined instruments allowed the researcher to bring together diversity of views and information related to the investigation carried out within this study.

3.6 Data Collect Procedures

The methods used in collecting the data in this study are well informed by articulation, describing how information was obtained and the various strategies and methods used to do so (Bitonio, 2014). The methods adopted for primary data collection were mainly in-depth interview guides. These methods were adopted because they can acquire complex responses directly from the subjects, thus providing effective information on the research issue. The secondary data were collected through a critical review of different articles, research studies, government reports, legislations, policies, guidelines, and literature reviews. This secondary data provided evidence from various settings and improved contextual understanding of the research.

The current study has sought a robust combination of methods of data collection; therefore, it can be regarded as an investigation into the subject matter that is detailed and multidimensional, with greater depth and reliability of results.

3.7 Data analysis

Data analysis was an important stage in the research for transforming data collected from participants into information that helps further the study. Data obtained from interviews and the review of documents were subjected to content analysis. This approach has given the current study the ability to identify conceptual occurrences and word occurrences within qualitative data, hence shedding light on patterns and themes answering the research question at hand (University of Pretoria, 2022).

More specifically, data from interview guides was analysed using thematic analysis. Thematic analysis involves identifying, analyzing, and reporting patterns or themes within the qualitative data from interviews. Basically, this approach provided a systematic way through which meanings hidden beneath what the respondents said during the interview could be elicited and deeply interpreted for rich insights into the research topic (DiscoverPhDs, 2020).

Such a methodological approach, which combines the two-analytical procedure of content and thematic analyses, ensures comprehensiveness in exploration and interpretation of the collected data, thus contributing to deeper understanding of the investigated phenomena (DiscoverPhDs, 2020).

3.8 Ethical issues

The right to anonymity, privacy, and confidentiality of information was certified in which the research instrument used did not require participants of the research to revile confidential and private information. Data collected from all participants were only used for academic purposes; the researcher was able to present proof in a form of

a letter that state that he is indeed collecting data for academic purposes only. Notably, the researcher was issued an ethical clearance certificate by the University of Namibia Ethics Committee with the ethical clearance reference number DEC FOC/20/09/16. To ensure that the right to privacy is adhered to the researcher and to refrained from recording names of participants, and also to ensure that there was anonymity.

The researcher obtained permission from the Executive Director of the Ministry of Health and Social Services to conduct this study in the Omaheke region. Before the actual interviews, all participants ensured that they understood the objective of this study and the researcher got their acceptance. Also, the interview questions were discussed with them before the interview started.

Consent letters were presented to the Directorate of Health in the Omaheke Region for the study objectives, which informed the Director of Health of the research, as well as all respondents who participated. Besides integrity, privacy, and anonymity, the identity of each respondent was kept confidential and protected by the researcher. Also, the researchers working on this study gave due credit for contributions from other writers whose works enriched the study through citation in the study report, which indicates that their contribution is valued and that academic integrity is ensured. These steps were important in terms of ethical protection and further encouraged cooperation and respect for everyone who has been part of the research process.

3.9 Conclusion

This chapter on the methodology intends to structurally lay down the investigation into public health services within the Omaheke Region: complete in design, data collection, analysis, and ethical consideration. Each of the methodological options has

been justified regarding its appropriateness for the stated research objectives and forms an integral part of this enlightening research effort in all aspects.

CHAPTER FOUR

DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the results and findings of the study on the impact of decentralisation on healthcare service delivery in the Omaheke Region. The study employed a qualitative approach, and the targeted sample size for the study was 30 respondents out of 406 population. Data collection was conducted through semi-structured interviews, which allowed participants to share their experiences and perceptions regarding the accessibility, resource challenges, and engagement within the decentralised healthcare framework. Thus, the chapter presents the discussion of the results and the findings from the analysis of the data collected through interviews.

4.2 Interview findings

4.2.1 Decentralisation has made healthcare services more accessible

Participants generally expressed that decentralisation has made healthcare services more accessible, especially in rural areas. Community health workers and outreach programs were credited for bringing healthcare closer to residents. However, a minority felt that despite decentralisation, some communities still face accessibility challenges, often due to transportation issues.

The study also found that decentralisation has positively impacted healthcare accessibility by bringing services closer to rural residents through community health workers. For instance, respondents viewed this increased accessibility as a vital improvement, emphasizing that community health workers make regular check-ups and essential care more reachable. Together, these respondents felt that the presence of health workers within the community not only eased physical access to care but

also reinforced a more inclusive healthcare approach tailored to local needs. However, some respondents noted that while the presence of health workers is beneficial, challenges such as emergency transport and medication shortages still limit accessibility. Overall, the consensus reflects that decentralisation has successfully embedded healthcare within rural communities, making it more accessible and community-centered, albeit with some logistical gaps remaining.

4.2.2 The impact of decentralisation in improving public health service accessibility

This section presents the interview results as reflected by the questions responded by the research participants regarding their general knowledge on the impact of decentralisation in improving healthcare accessibility. The views of the respondents about knowledge on decentralisation varied from individuals. The respondents briefly described decentralisation as it is more on bringing the decision-making processes and resources closer to local communities, allowing for more responsive and efficient healthcare delivery. This statement underscores the substantial impact of decentralisation in improving healthcare accessibility, particularly by expanding services into underserved areas. For the health assistant who shared this perspective, decentralisation has been instrumental in reaching communities that previously lacked sufficient healthcare access.

This positive view was echoed by three respondents, who similarly observed that decentralisation has broadened the reach of healthcare services, making them more inclusive for rural populations. The study found out that this sentiment, highlighting that services are now better distributed across remote areas, reducing travel times for many residents. However, some respondents felt that while accessibility has improved, other barriers, such as limited transport options, still hinder full access to

care. Despite these remaining challenges, there was broad agreement among participants that decentralisation has played a crucial role in extending healthcare coverage to previously underserved regions, fostering a more equitable healthcare system.

The response from the respondents also reflects a broad approval of healthcare accessibility improvements following decentralisation, with participants noting that services are now within reach for most community members. Many participants felt that healthcare access had significantly improved, with services now readily available in local communities.

The findings analysed the positive outlook was also shared by the six respondents that decentralisation has successfully minimized previous barriers, particularly by establishing more accessible health posts and increasing community health worker support. However, respondents felt that while accessibility has improved overall, some remote areas still face challenges, particularly in emergency care. Overall, the consensus highlights that decentralisation has largely achieved its goal of bringing healthcare closer to residents, making it more accessible and convenient for most community members in Omaheke.

4.2.3 Decentralisation enhanced sustainable development and delegate functions to different authorities.

The study found out that decentralisation fostered sustainable health practices by bringing decision-making closer to the community level, thus supporting greater accessibility. Twenty seven participants felt that localized decision-making has led to more responsive and relevant healthcare services. This sentiment was echoed by respondents, who shared that decentralisation has empowered local healthcare providers to better address community-specific health needs, making services more adaptable and sustainable. However, respondents pointed out that while local

decision-making has had positive effects, certain structural issues, such as limited resources and transport, continue to restrict full accessibility. Despite these challenges, there was a general agreement that placing decision-making at the community level has been beneficial, allowing for healthcare strategies that are both sustainable and more closely aligned with the specific needs of Omaheke's communities.

4.2.4 Despite decentralisation resources like medical supplies and medications remain inconsistent.

The respondents stated their views on how decentralisation impacted the availability and accessibility of medical resources. Comments from twenty eight of the respondents highlighted that the availability of specific medical resources within their local area, marking a positive shift in healthcare accessibility due to decentralisation. Twenty seven participants viewed this localized availability as a significant improvement, with resources like medications and essential equipment now more readily accessible.

The study noted that decentralisation has led to a consistent presence of necessary medical supplies, reducing the need for residents to travel long distances for basic healthcare. However, seven respondents noted that despite these improvements, shortages of some medications and supplies still occur, occasionally requiring patients to seek care elsewhere. Overall, participants agreed that decentralisation has enhanced the accessibility of medical resources in local communities, though some gaps in supply continuity remain.

Briefly, the study found out that decentralisation has geographically brought healthcare services closer to clients, enabling easier access for patients who once had to travel long distances to collect the medication. Eight participants highlighted this

reduction in travel as a key benefit, as health services are now conveniently located within or near their communities.

These eight respondents also expressed their appreciation for the shorter travel distances and noting that this proximity encourages more frequent and timely healthcare visits with availability of medication closer to them. Conversely, two respondents pointed out that, while services are generally closer, certain remote areas still lack adequate access to medication in some cases, especially in emergencies. Overall, the consensus among participants emphasizes that decentralisation has effectively made medical resources more accessible by reducing travel requirements, a change that has significantly improved healthcare engagement for many residents in Omaheke.

The study revealed a shared perspective that decentralisation has greatly expanded medical resources availability, particularly benefiting rural communities that now experience a level of access previously out of reach.

Twenty five responses indicated that while decentralisation has made healthcare facilities more available, resources like medical supplies and medications remain inconsistent. Twenty eight Participants from both groups highlighted frequent shortages of medication and essential supplies, which affect service quality.

The study found out that even though that the decentralisation impacted positively the availability of healthcare services, there is still a significant lack of medicine.

This statement reflects a core resource issue within decentralised healthcare, where the inconsistent availability of essential medicines creates significant gaps in patient care. Twenty participants identified these shortages as a primary challenge, as patients often cannot access necessary medications locally and are forced to seek alternatives, sometimes at considerable distance or cost. This view was similarly expressed by six

respondents who emphasized that while decentralisation has improved physical access to healthcare facilities, inconsistent medication supplies continue to undermine service reliability. Eight respondents also noted that these shortages particularly impact chronic illness patients, who depend on regular access to medications. Overall, participants largely agreed that while decentralisation has brought services closer to communities, addressing these resource shortages remains essential to achieving a fully functional decentralised healthcare system.

Twenty two respondents further pointed out that “there’s is lack of medications in the hospitals even though they say that it is now decentralised."

This shared sentiment highlights that medication shortages are a recurring issue, significantly affecting the community’s perception of the healthcare system’s reliability. Seven participants felt that the frequent lack of essential medications erodes trust in local healthcare, as patients often leave facilities without the necessary treatments. This concern was similarly voiced by respondents, who noted that medication gaps are a persistent issue, particularly impacting those with chronic health conditions. Nine respondents further echoed this view, expressing frustration over the unpredictability of medication availability, which leads some residents to seek care in distant facilities. Overall, participants widely agreed that ongoing medication shortages are a major barrier to establishing a dependable healthcare system, as they undermine the progress decentralisation has made in improving accessibility. Here, the participant underscores the ongoing demand for a consistent supply of medications, reflecting a common expectation that decentralised services should reliably maintain essential drug stocks. Eight participants expressed similar concerns, noting that medication availability is fundamental to meeting community health needs and sustaining trust in local healthcare.

Six respondents also shared this perspective, highlighting that without a steady supply of medications, the promise of accessible care through decentralisation remains unmet. They also emphasized that medication shortages particularly affect patients managing chronic conditions, as they rely on a dependable supply of essential drugs. Overall, participants agreed that decentralised healthcare must prioritize consistent medication availability to fulfill community expectations and support the effectiveness of localized healthcare services.

Both community and key informants consistently cited shortages in medication and staff as significant issues under decentralised healthcare. Additionally, twelve key informants pointed to delays in procurement processes as a contributing factor. The sentiment across responses indicates that while decentralisation has brought facilities closer, without sufficient resources, these facilities struggle to provide comprehensive care. The availability of healthcare resources, particularly medications, remains a critical challenge in the decentralised healthcare framework. While facilities and basic services are present, inadequate staffing and supply shortages undermine the potential benefits. This suggests that further improvement in supply chain management, budgeting, and staffing is essential to achieving a fully functional decentralised healthcare model.

These findings align with Bossert et al. (2015), who observed that resource inconsistencies, particularly in the availability of essential medical supplies, pose significant barriers to the effectiveness of decentralised healthcare systems. Their study highlighted that without a steady supply chain, decentralisation efforts can falter, creating gaps in healthcare service quality and reliability. This aligns with the experiences of Omaheke Region participants, who cited frequent shortages in medical supplies as a critical issue undermining the benefits of decentralisation. Similarly,

Ng'ethe (2018) reported that the scarcity of essential resources, including medications, significantly impairs service delivery in decentralised settings, often requiring patients to seek healthcare services elsewhere, sometimes at additional cost or inconvenience. Mutahaba and Kiragu (2016) underscored the necessity of adequate resources to meet the needs of communities under decentralised governance, emphasizing that decentralisation must be supported by robust financial and material provisions to fulfill its intended goals. This aligns with participants' perspectives in the current study, who observed that inconsistent supply levels, particularly in medications, directly impact the reliability and perception of healthcare services. Additionally, O'Donnell (2017) examined decentralisation in low-resource settings, finding that sustained resource availability is essential for ensuring service continuity and maintaining trust in decentralised systems. O'Donnell's findings support participants' views that despite improved geographic access, a lack of consistent medical supplies diminishes the effectiveness of decentralised healthcare in Omaheke.

Further supporting these findings, Pariyo et al. (2022) observed that resource limitations are a recurring challenge in decentralised healthcare models, especially in rural and underserved regions. Their research concluded that without dependable resource flows; decentralised systems cannot achieve consistent service delivery, a conclusion that resonates with the concerns expressed by study participants regarding medical supply shortages. Similarly, Willis (2015) emphasized that for decentralisation to succeed, resource allocation and management need to be reliable, as insufficient resource distribution can lead to disparities in healthcare quality and access. Finally, Pollitt (2021) suggested that efficient procurement and supply chain management are crucial for decentralised healthcare to function effectively, as supply

inconsistencies can erode the quality of care and patient trust in local health systems, echoing the experiences of Omaheke Region participants.

Nevertheless, despite that, the study found that those respondents, who gave a different picture regarding the availability of medical resources, also highlighted that decentralisation allows locals to improve on responding to health issues and manage the resources.

This quote suggests that decentralisation has not only made healthcare services more accessible but has also empowered local communities to respond to health needs more efficiently and manage resources effectively. Twenty participants echoed this sentiment, observing that decentralisation enables local decision-making, which results in healthcare solutions that are better aligned with community needs. Despite the beneficial of decentralisation in relation to the availability of medical resources, twenty respondents pointed out that the limitations of resources and supply inconsistencies still hinder the full potential of decentralised health management. Overall, twenty eight participants largely agreed that decentralisation enhances both accessibility and community empowerment, creating a healthcare system that is more responsive and better equipped to address specific local needs.

Across the responses, both community and key informants consistently indicated improvements in healthcare accessibility. Commonly referenced aspects included the introduction of community health workers and mobile outreach programmes, which ensure that healthcare reaches even isolated areas. Twenty participants, however, expressed that more infrastructure or transport options would further improve accessibility, especially during emergencies. Overall, decentralisation appears to have positively impacted healthcare accessibility in the Omaheke Region. By bringing health services closer to residents, especially in rural areas, decentralisation has

reduced travel barriers. Community health workers play a pivotal role in this success. However, the feedback also suggests that accessibility could be further enhanced by addressing transport limitations and expanding infrastructure.

These findings align with Rob and Richard (2017), who observed that decentralisation significantly, enhances healthcare access by positioning services closer to communities, especially in underserved areas. Their study indicated that decentralisation minimizes travel barriers, a key factor that participants in the current study identified as improving healthcare accessibility. Similarly, Ng'ethe (2018) found that decentralisation not only increases the availability of healthcare services but also fosters a sense of community ownership and accountability. This perspective is reinforced by Bossert (2015), who emphasized the role of community health workers within decentralised systems as essential in extending healthcare reach to rural and marginalized areas. Bossert's findings resonate with participants' observations in Omaheke, where community health workers were noted as a primary factor in reducing access disparities.

Pollitt (2021) further supported these conclusions by highlighting that decentralisation shifts the geographical focus of healthcare delivery to more accessible, localized settings. Pollitt's study observed that by dispersing healthcare services across communities, decentralisation allows local health systems to respond more effectively to regional healthcare demands, thus aligning with the participants' experiences of reduced travel times and increased healthcare availability. Additionally, the World Bank (2020) reported that decentralised healthcare systems are particularly beneficial for rural and marginalized populations. Their findings indicate that when services are decentralised, they can be more responsive to the unique cultural, geographic, and

economic needs of these communities, directly supporting the feedback from Omaheke participants.

Further supporting these findings, Faguet (2017) noted that decentralisation facilitates better alignment of healthcare services with local health priorities, a process that also empowers community health workers to engage in preventive and outreach initiatives. According to Andrews and de Vries (2017), decentralised systems in healthcare foster increased community engagement, thereby enabling healthcare delivery to adapt to the specific needs of diverse regions, consistent with participants' views on how community health workers cater to local health demands. Moreover, the UNDP (2017) argued that decentralisation encourages co-responsibility in service delivery between central and local governments, enhancing healthcare access in peripheral areas through better governance structures and service coordination, mirroring participants' observations of improved accessibility due to structured outreach by local health workers. Overall, these findings support the consensus among study participants that decentralisation has successfully improved healthcare accessibility through the establishment of locally relevant and geographically closer services.

4.2.5 Despite the existence of decentralised healthcare staff still under staffed and few hospitals

The study revealed that despite the existence of decentralised, the healthcare staff still under staffed and in some cases, they overwork. As a result, the lack of adequate staffing, a vital resource, is contributing to burnout among healthcare providers, which may in turn impact the availability and quality of services. The study found out that there is a concern of understaffing places excessive strain on current staff, that leading to fatigue and reduced morale. This concern was raised by seven respondents, who highlighted that healthcare workers are often overextended, particularly in high-demand areas, making it challenging to maintain consistent service levels. The study

also observed that this shortage affects rural areas disproportionately, where fewer healthcare workers struggle to meet the needs of large communities. Overall, participants agreed that addressing staffing shortages is essential to support the well-being of healthcare providers and ensure continuous, reliable healthcare service availability in a decentralised system.

Twelve respondents further highlighted that. “Healthcare facilities are closer but are few, so the idea of decentralisation is not working since we still do not have many hospitals here."

This statement suggests that although decentralisation has brought healthcare facilities closer to communities, the limited number of facilities and constrained resources continue to restrict service availability. Twenty participants echoed this concern, noting that while physical access to healthcare has improved, the shortage of facilities and resources often results in long wait times and insufficient care for patients. This view was similarly expressed by respondents who also observed that the few available facilities are often stretched thin, leading to challenges in providing timely and comprehensive care. The study findings also highlighted that smaller communities, in particular, feel the impact of limited facility availability, as they rely heavily on the few accessible healthcare centers. Overall, participants agreed that decentralisation has succeeded in bringing healthcare closer to residents, but expanding facility numbers and resources remains crucial to achieving adequate service coverage in all areas.

4.2.6 Decentralisation has brought about community engagement in healthcare

Twenty eight respondents highlighted increased community engagement and empowerment as a benefit of decentralisation, with many more measureable that their voices are now more represented in health decisions. Community health assistants

play a key role in engaging residents, especially in preventive care and health education.

Eight respondents further stated "due the recent decentralisation the infrastructure has been improved and hospitals have been upgraded."

The study found out that improved infrastructure through decentralisation is viewed as empowering for local communities, as enhanced facilities enable more comprehensive healthcare options within the region. Twelve participants echoed this sentiment, noting that new or upgraded healthcare facilities provide greater capacity for treating a wider range of conditions and improve overall care quality. The respondents further shared similar views, emphasizing that better infrastructure helps reduce travel times and allows communities to access more specialized care locally. The study revealed that improved facilities foster a sense of self-sufficiency within the community, as they no longer have to depend solely on distant hospitals for complex treatments. Overall, participants agreed that infrastructure advancements under decentralisation significantly enhance healthcare service capabilities, empowering communities with more robust and locally accessible care options.

Nevertheless, the study pointed out that "decentralisation has come with idea that community members can help each other in the time of need since people now have a say in how the hospitals here operated."

This reflects a sense of community responsibility and self-reliance fostered by decentralisation, where individuals are increasingly involved in healthcare initiatives and decision-making. Twenty one participants shared this view, noting that decentralisation has encouraged residents to take a proactive role in addressing community health needs. The respondents further emphasized that community involvement has strengthened as local healthcare services have become more

accessible, fostering collaboration between healthcare providers and residents. The study findings revealed that this self-reliance is evident in health awareness campaigns and local support networks that address specific health concerns collectively. Overall, participants agreed that decentralisation has empowered communities to participate actively in healthcare, promoting a culture of shared responsibility and resilience in managing health challenges.

The study further pointed out that "decentralisation has brought about and helping in creating community engagement in relations to the healthcare here since decisions are made on a regional local level not from the central government in Windhoek."

This statement underscores a core goal of decentralisation: to empower communities by actively involving them in healthcare initiatives. Twelve respondents expressed similar sentiments, noting that decentralisation has shifted healthcare from a top-down approach to one that invites community participation and input. The respondents further shared this perspective, highlighting that community involvement has led to more relevant and responsive healthcare initiatives tailored to local needs. The study findings observed that this empowerment fosters a stronger sense of ownership among residents, making healthcare a collaborative effort rather than solely the responsibility of providers. Overall, participants agreed that a key success of decentralisation lies in its ability to engage communities in health initiatives, thereby promoting a healthcare model that is inclusive and attuned to the unique needs of each community.

4.2.7 The Beneficial aspect of decentralisation

The study revealed that decentralisation helps the community to seek medical help on time, since the healthcare is localized to the specific needs. This reflects the proactive role health workers play in promoting timely healthcare access, thereby fostering a culture of preventive care within the community. Twenty eight participants noted that

through decentralisation, health workers have become more involved in preventive outreach, encouraging residents to seek care before issues escalate. The respondents further shared similar observations, emphasizing that health workers regularly engage with communities, offering health education and conducting follow-ups to prevent common health issues. The study observed that this approach has increased awareness of preventive practices, reducing the burden of treatable conditions. Overall, participants agreed that decentralisation has enabled health workers to foster a preventive care mindset within the community, strengthening public health and encouraging early intervention.

Both community and key informants view community engagement positively, with several noting that decentralisation has fostered a closer relationship between healthcare providers and residents. Community health workers and outreach programs are frequently credited for this improvement. Additionally, participants emphasized the importance of training healthcare staff and providing continuous education to keep engagement efforts effective. Decentralisation appears to have succeeded in enhancing community engagement, giving residents a greater sense of ownership over their healthcare. The presence of community health workers and outreach programs fosters preventive care practices and strengthens community resilience. Continued investment in training and community education is likely to sustain this positive trend and further empower residents.

These findings align with Faguet (2017), who argued that decentralisation is instrumental in fostering community participation and empowerment within healthcare systems. Faguet's research demonstrated that when healthcare governance is decentralised, local communities gain a greater role in decision-making, which results in services that are more attuned to the unique needs of each area. This is

consistent with the experiences of participants in the current study, who highlighted the increased community engagement and sense of ownership over healthcare services in the Omaheke Region. Rob and Richard (2017) similarly observed that community engagement rises significantly when healthcare decisions are made locally, as people feel more invested and involved in healthcare outcomes that directly affect their communities.

Bossert (2015) also supported these findings, noting that decentralised systems foster healthcare solutions that are relevant to local populations. In Bossert's study, decentralised healthcare allowed for more customized and responsive services due to the input and participation of community members—a dynamic that Omaheke participants noted as beneficial, particularly in preventive and community-focused health initiatives. Ng'ethe (2018) added that decentralisation supports local-level decision-making, empowering communities to reflect their specific needs in healthcare policies and practices. This perspective aligns with participants' views, who observed that having decision-making powers closer to the community level enhances the relevancy and efficacy of healthcare services.

Furthermore, Mutahaba and Kiragu (2016) emphasized that community engagement through decentralisation enhances both accountability and responsiveness, as local healthcare providers and authorities are more attuned to the needs and expectations of the communities they serve. This aligns closely with the feedback from Omaheke's participants, who reported that decentralised healthcare has improved local responsiveness to health issues, fostering a stronger relationship between healthcare providers and the community. Similarly, Pollitt (2021) argued that decentralisation encourages community involvement and builds trust in healthcare services, as communities feel their concerns and needs are acknowledged and acted upon. Finally,

Osborne and Gaebler (2022) observed that local participation in decentralised systems strengthens community commitment to healthcare initiatives, resulting in greater accountability and shared responsibility, reinforcing the findings from the Omaheke Region.

4.2.8 Conclusion

The study findings indicate that decentralisation has enhanced healthcare accessibility in the Omaheke Region, particularly in rural communities, by bringing services closer through community health workers and mobile outreach programs. Respondents expressed that while accessibility has generally improved, challenges such as inconsistent resource availability and limited infrastructure continue to affect service quality. The study also highlighted increased community engagement as a benefit of decentralisation, fostering a sense of local ownership and active participation in healthcare processes. However, resource constraints—such as medication shortages and understaffing remain significant issues that limit the full potential of decentralised healthcare. Overall, the findings underscore that while decentralisation has achieved meaningful improvements, further resource investment and infrastructure expansion are necessary to fully realize its intended benefits.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the conclusions and recommendations based on the findings of the study on the impact of decentralisation on healthcare service delivery in the Omaheke Region.

5.2 Conclusions

The study revealed that decentralisation has positively influenced healthcare accessibility in the Omaheke Region by bringing services closer to rural communities. Participants consistently noted that the presence of community health workers and mobile outreach programs has improved access, particularly for underserved populations. While the benefits of decentralisation were widely acknowledged, some participants highlighted that accessibility challenges persist, primarily due to transportation limitations and resource constraints. This suggests that while decentralisation has achieved some of its goals, further enhancements are needed to address gaps in access, especially for emergency healthcare services in remote areas.

Another significant finding was the issue of resource inconsistency within decentralised healthcare facilities, with participants frequently citing shortages in medical supplies and staff. Despite the closer proximity of healthcare services, the lack of reliable medication supplies and limited staffing continues to affect the quality and dependability of healthcare. These findings align with existing literature that emphasizes the need for consistent resources to support the effectiveness of decentralised systems. The study underscores the necessity of strengthening supply chains and resource allocation to ensure that healthcare facilities in Omaheke can meet the needs of the community effectively.

The study also highlighted the empowering effect of decentralisation on community engagement and participation in healthcare. Participants reported feeling more represented in health-related decisions and noted the importance of community health workers in promoting preventive care. The increased involvement of local residents in healthcare processes fosters a sense of responsibility and shared ownership over health outcomes. This engagement is crucial for sustaining healthcare improvements, as it enhances accountability and aligns healthcare services with the specific needs of the community. Such active community participation is a valuable outcome of decentralisation that can be further leveraged to enhance healthcare resilience and responsiveness.

However, the study also found that while decentralisation has improved accessibility and community involvement, it has not fully addressed the need for infrastructural and resource expansion. Participants pointed out that there are still too few facilities to meet demand, especially in rural and remote areas. The limited number of facilities creates an imbalance in healthcare provision, with some communities still facing longer travel times or limited access to specialized care. This suggests that decentralisation, though beneficial, must be accompanied by investment in physical infrastructure and resources to realize its full potential in improving healthcare equity and quality.

5.3 Recommendations

To further enhance the effectiveness of decentralised healthcare in the Omaheke Region, it is recommended that local authorities prioritize strengthening supply chains to ensure consistent availability of essential medications and supplies. Establishing reliable procurement systems and securing additional funding for medical resources will address a key limitation identified in the study.

Investment in healthcare infrastructure is also recommended, particularly by increasing the number of healthcare facilities in underserved and remote areas. Building more clinics and upgrading existing facilities will reduce travel times and improve access to specialized care, creating a more balanced and comprehensive healthcare system in Omaheke.

To maintain and expand community engagement, continuous training programs for healthcare workers, especially community health assistants, should be implemented. These programs should focus on preventive care, health education, and community collaboration to sustain the positive outcomes of decentralisation while adapting to the evolving healthcare needs of Omaheke's communities.

Finally, the study recommends that it is essential to conduct annual reviews of the implemented function of decentralisation to ensure it remains aligned with the benefits and the needs of the community. These annual reviews would allow for necessary updates and adjustments to address the changing needs and challenges faced by the community in Namibia. Based on the findings of the study, the study conclusively recommends for more studies to be conducted as a way to evaluate the impact of decentralisation on the accessibility and availability of public health services in Namibia; to examine the challenges and benefits experienced by health service providers and recipients due to decentralisation in Namibia as well as to investigate strategies that can be implemented to improve healthcare services to the Namibian residents.

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APPENDIX 1: Ethical Clearance Certificate

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: DEC FOC/20/09/ 16 Date: 20/09/2024

This Ethical Clearance Certificate is issued by the University of Namibia Ethics Committee (REC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the ethics committee.

Title of Project: **AN ASSESSMENT OF THE EFFICACY OF DECENTRALISATION ON PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF THE OMAHEKE REGION.**

Student: HILDE VAHAVI HIKUAMA

Student Number: 200606166

Supervisor(s): *Dr. BRIAN LWENDO* **Centre for**

Research Services

Take note of the following:

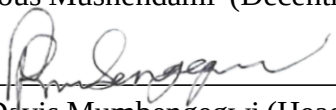
1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

ii) Request for an ethical compliance report at any point during the course of the research.

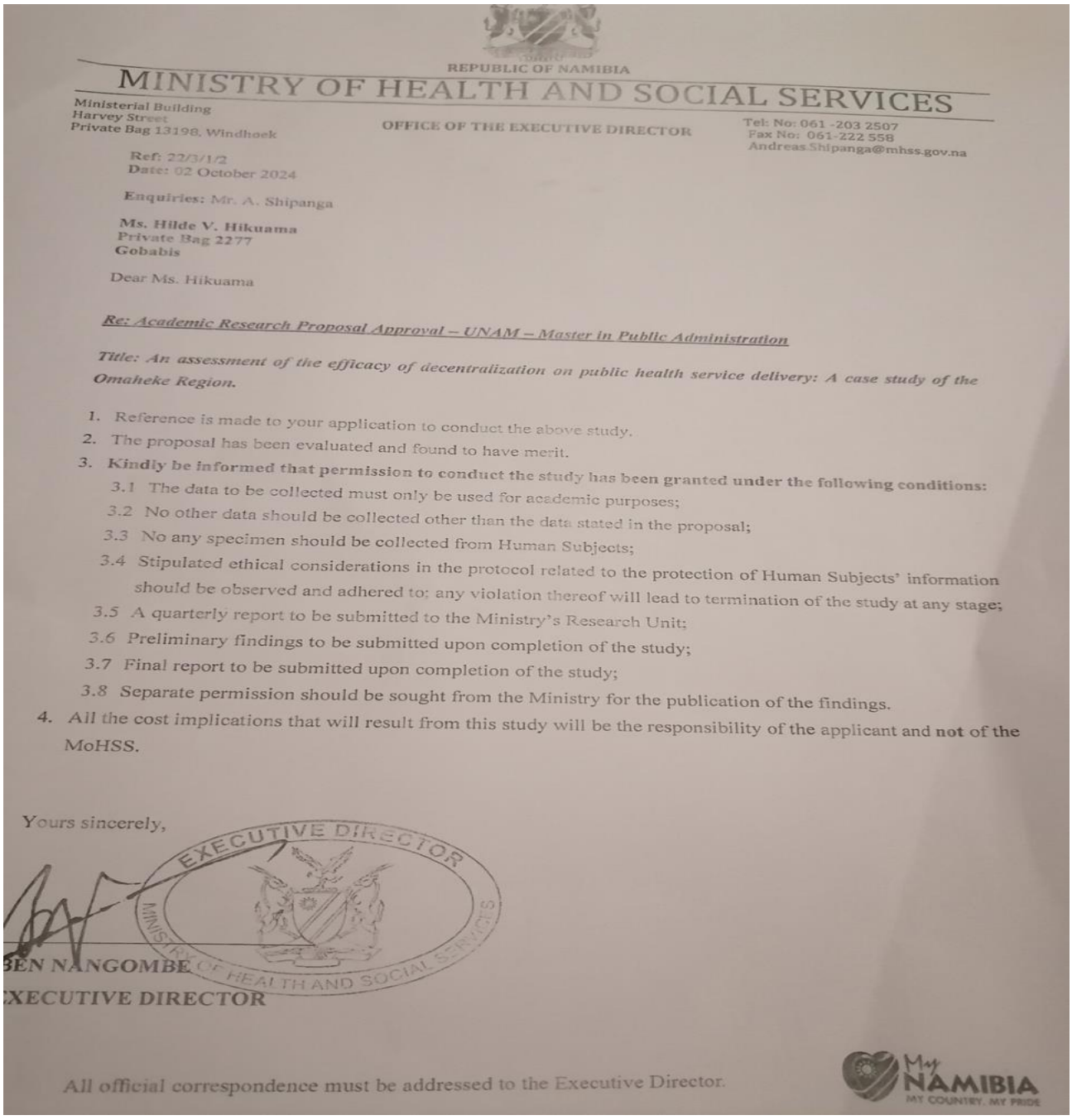
The ethics committee wishes you the best in your research.

Precious Mushendami (Decentralised Research Ethics Committee)



Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

APPENDIX 2: Research Permission letter



REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -203 2507
Fax No: 061-222 558
Andreas.Shipanga@mhss.gov.na

Ref: 22/3/1/2
Date: 02 October 2024

Enquiries: Mr. A. Shipanga

Ms. Hilde V. Hikuama
Private Bag 2277
Gobabis

Dear Ms. Hikuama

Re: Academic Research Proposal Approval – UNAM – Master in Public Administration

Title: An assessment of the efficacy of decentralization on public health service delivery: A case study of the Omaheke Region.

1. Reference is made to your application to conduct the above study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   - 3.1 The data to be collected must only be used for academic purposes;
   - 3.2 No other data should be collected other than the data stated in the proposal;
   - 3.3 No any specimen should be collected from Human Subjects;
   - 3.4 Stipulated ethical considerations in the protocol related to the protection of Human Subjects' information should be observed and adhered to; any violation thereof will lead to termination of the study at any stage;
   - 3.5 A quarterly report to be submitted to the Ministry's Research Unit;
   - 3.6 Preliminary findings to be submitted upon completion of the study;
   - 3.7 Final report to be submitted upon completion of the study;
   - 3.8 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely,

EXECUTIVE DIRECTOR
MINISTRY OF HEALTH AND SOCIAL SERVICES

BEN NANGOMBE
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director.

My NAMIBIA
MY COUNTRY, MY PRIDE

APPENDIX 3: Informed Consent

PARTICIPANT INFORMED CONSENT/ ASSENT FORM FOR STAFF
TITLE OF THE RESEARCH PROJECT: PROJECT TITLE AN ASSESSMENT OF THE EFFICACY OF DECENTRALISATION ON PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF THE OMAHEKE REGION

REFERENCE NUMBER: SBMGE/HDB/2024/07/02

PRINCIPAL INVESTIGATOR: ADDRESS: Erf 140, George Hugo Street, Nossobville, Gobabis

CONTACT NUMBER: + 264 81 2146053

1. What is this research study all about?

This research paper explores the role of decentralisation in improving service delivery with a focus on healthcare sector in Omaheke Region. The healthcare sector is important to the community because it provides essential services such as: screenings, social support, counseling and medical support. The public health sector provide access to resources such as affordable medical, dental, and mental health care services.

.

The paper aims to investigation the tangible evidence of the efficacy of the decentralisation of the healthcare service delivery system in the Omaheke Region. In the interim, it is crucial to acknowledge that staff turnover is significantly influenced by challenging housing conditions, tense interactions between patients and providers, and issues with medication delivery. By utilising these factors, the objective of this investigation is to assess the extent to which decentralisation has enhanced the delivery of healthcare services in the Omaheke Region and to provide an educational perspective. A sample of 30 participants will be purposefully selected from Directorate of Health workforce in Omaheke Region as well as from the community to provide broader overview of the efficacy of the decentralisation.

The study shall benefit policymakers and governance actors by providing new knowledge as a way to provide solutions to the issues surrounding poor service delivery that came about because of the decentralisation process. The findings of the study might serve as suggestions to the future work to examining the implementation of the devolution phase.

2. Why have you been invited to participate?

You occupy a position that has exposed you to healthcare sector at the Directorate of Health. Thus, your involvement within Directorate of Health, makes you a resourceful participant in this study.

3. What will your responsibilities be?

Our session will last for approximately 45 minutes. You shall be asked questions that will require you to extensively share and elaborate on your observations, knowledge and experience in relationto the asked questions.

4. Will you benefit from taking part in this research?

There are no personal benefits to be accrued by participating in this study. Participants relations will be enhanced and recommendations of the study may reform some public healthcare sector practices towards attaining effective public service delivery within healthcare sector, which might lead to effective accessibility and availability of public health services in the Omaheke Region.

5. Are there in risks involved in your taking part in this research?

There are no risks associated with your participation in the study.

6. If you do not agree to take part, what alternatives do you have?

Your participation in this study is voluntary. Therefore, you reserve the right to withdraw from participation at any stage of the interviews.

7. Who will have access to your medical record?

You will not be required to present any personal medical records during this study.

8. What will happen in the unlikely event of some form of injury incurred as a direct result ofyour taking part in this research study?

The nature of the study requires participants to respond to questions, without being exposed to environments that may cause them injury.

9. Will you be paid to take part in this study and are there any costs involved?

There is no payment that shall be made to participants in the study.

10. Is there anything else that you should know or do?

The information collected from you is for academic purpose and it will not be divulged to other participants, employer or employees. You will receive a copy of this information and consent form

for your records. Should you have any matter that is not thoroughly explained, you are encouraged to contact the University of Namibia's Research Ethics Committee at **+ 264 61 206 3061**.

11. Declaration by participant

By signing below, I ……. agree to take part in a research study entitled (**An Assessment of the Efficacy of Decentralisation on Public Health Service Delivery: A Case Study of the Omaheke Region)**

I declare that:

a. I have read or had read to me this information and consent form and it is writtenin a language with which I am fluent and comfortable.

b. I have had a chance to ask questions and all my questions have been adequatelyanswered.

c. I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.

d. I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

e. I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) .....……..…….. on (*date*)..... 20….

…… **……**

Signature of participant Signature of witness

12. Declaration by investigator

I declare that:

- I explained the information in this document to ……
- I encouraged him/her to ask questions and took adequate time to answer them

- I am satisfied that he/she adequately understands all aspects of the research, as discussedabove.

- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must signthe declaration below.*

Signed at (*place*) .....…..…….. on (*date*) ……...…….20…..

..... ……

Signature of investigator Signature of witness

13. Declaration
by interpreter

I *(name)* declare
that:

I assisted the investigator (*name*) ……. to explain the information in this document to (*name participant*) ……..……
using the language medium of (Afrikaans, Rukwangali,Otjiherero

APPENDIX 4: Interview Schedule

QUESTIONNAIRE TO BE ANSWERED BY OFFICIALS FROM THE MINITRY OF HEALTH AND SOCIAL SERVICES OF THE OMAHEKE REGION.

I, Hilde Vahavi Hikuama**,** a MASTR OF PUBLIC ADMINISTRATION (PMT-5972) Student, (Student Number 200606166) a postgraduate student at the University of Namibia (UNAM) School of Postgraduate Studies. I am carrying out a thesis on **"AN ASSESSMENT OF THE EFFICACY OF DECENTRALISATION ON PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF THE OMAHEKE REGION"**

The main research questions of the thesis study:

1. Could you please introduce yourself and describe your role and responsibilities related to public health services in the Omaheke Region?
2. How long have you been involved in healthcare administration or service provision within the Omaheke Region?
3. From your perspective, what impact has decentralisation had on the accessibility of public health services in the Omaheke Region?
4. In your experience, have there been noticeable changes in the availability of healthcare facilities or services following the implementation of decentralisation? If so, can you elaborate on these changes?
5. What are the main challenges that health service providers have encountered as a result of decentralisation in the Omaheke Region?
6. From your viewpoint, what are the primary benefits that decentralisation has brought to healthcare recipients in the Omaheke Region?

7. Based on your expertise, what strategies or initiatives do you believe could enhance the quality of healthcare services for residents of the Omaheke Region?
8. Are there specific recommendations you would propose to address the current challenges in healthcare delivery in light of your experience?
9. Is there any additional information or perspectives you would like to share regarding the impact of decentralisation on public health service delivery in the Omaheke Region?

APPENDIX 5: Interview Schedule

QUESTIONNAIRE TO BE ANSWERED BY RESIDENTS OF THE OMAHEKE REGION.

I, Hilde Vahavi Hikuama**,** a MASTR OF PUBLIC ADMINISTRATION (PMT-5972) Student, (Student Number 200606166) a postgraduate student at the University of Namibia (UNAM) School of Postgraduate Studies. I am carrying out a thesis on **"AN ASSESSMENT OF THE EFFICACY OF DECENTRALISATION ON PUBLIC HEALTH SERVICE DELIVERY: A CASE STUDY OF THE OMAHEKE REGION"**

The main research questions of the thesis study:

1. Can you please describe your involvement or interaction with public health services in the Omaheke Region?
2. How long have you been residing in the Omaheke Region, and what changes have you observed in healthcare services during this time?
3. From your perspective, how has decentralisation affected the accessibility of healthcare services in your community?
4. Have you noticed any changes in the availability of healthcare facilities or services since decentralisation was implemented? If so, could you describe these changes?
5. What challenges, if any, have health service providers faced as a result of decentralisation in the Omaheke Region?
6. In your opinion, what are the main benefits that decentralisation has brought to healthcare recipients in your community?
7. Based on your experiences, what strategies do you believe could enhance the quality of healthcare services available to residents of the Omaheke Region?

8. Are there any specific initiatives or improvements you would recommend to address the current challenges in healthcare delivery?
9. Is there anything else you would like to share regarding the impact of decentralisation on public health services in the Omaheke Region?