

An institutional perspective on the process of decentralization of health information systems: A case study from Tanzania

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Abstract

Attempts to decentralize Health Information Systems (HISs) are ongoing in various developing countries as a part of health sector reforms. Donor communities in particular have often insisted on decentralization of health care systems as a mechanism to encourage quality and sustainability of health services and availability of timely resources at local levels by removing layers of bureaucracy. The decentralization of HISs along with the system of health care delivery is emphasized to support the efficiency and management of health services by incorporating local use of information in decision making and planning. However, these goals of decentralization are not easily achieved because of the complexity of the institutional context in which the decentralization is being carried out. Drawing from institutional theory, we study the process of decentralizing HIS in Tanzania. We identify three key sets of institutional influences on the HIS originating from the political administrative, health management, and health service delivery systems. Through an ongoing empirical analysis, we identify the gaps between the formal rules that govern the reform process and the informal constraints that operate on the ground and “keep the show going.” The existence of these gaps contributes to the ineffective results obtained through the reform process. The need for both vertical and horizontal alignment is emphasized as an approach to addressing these gaps in the future.

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