MOTIVATION AND RETENTION OF HEALTH WORKERS WORKING IN DISTRICT HEALTH UNITS UNDER A DECENTRALISED SYSTEM AND ITS IMPACT ON HEALTH SERVICE DELIVERY. A CASE POINT OF NAKASEKE HOSPITAL, NAKASEKE DISTRICT

By

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DECLARATION

I, Senfuka Matthias, declare that the dissertation hereby submitted to Nkumba University for the award of Masters Degree in Public Administration and Management has not previously been submitted by me or any other person for a degree at this or any other university; that this is my work in design and execution, and that all materials contained herein have been duly acknowledged.

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APPROVAL

I certify that, Senfuka Matthias carried out this study and wrote this dissertation under my supervision. This dissertation has been submitted for examination with my approval. Where it is indebted to the work of others, due acknowledgement has been done.

DEDICATION

I dedicate this work to my mother, Mrs. Anastanzia Namubiru Kasule for her relentless efforts in seeing me educated. Secondly, to all my children who have always given me inspiration to get more educated.

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I convey my heart- felt recognition and thanks to different categories of people without whose inspiration and support this work would not have been a success. They are many, but the following deserve mention; The Almighty God for giving me life and resources throughout this course. All my employers at the Office of the President and Ministry of Education and Sports, for the financial support and time you extended to me, specifically, I thank Haji Yunus Kakande, Undersecretary, Office of the President and Mr. Mayengo Musoke John, Principal Accountant, for always leaving your doors open to me whenever I needed financial help. My lecturers at Nkumba University for always accepting to disturb you with various consultations here and there in the course of my study. Above all, I am so grateful to Mr. George Mugisha Barenzi, my lecturer and supervisor for his parental and professional guidance in ensuring that I produce this quality work. I am so indebted to my classmates for discussion groups that we formed which gave us a wealth of materials we successfully used in class throughout this course. To my family, wife and children for the conducive environment you created for me at home when carrying on with this academic struggle. May God reward each one of you abundantly.

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LIST OF ABBREVIATIONS

CAO	Chief Administrative Officer
CVI	Content Validity Index
DC	District Council
DDP	District Development Plan
DHC	District Health Committee
DHO	District Health Officer
DHT	District Health Team
DLC	District Local
DRC	Democratic Republic of Congo
DSC	District Service Commission
HRM	Human Resource Management
LC	Local Council
LG	Local Government
LGs	Local Governments
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoPS	Ministry of Public Service
NRM	National Resistance Movement
PEAP	Poverty Eradication Action Plan
PHRO	Principal Human Resource Officer
LC	Local Council
RDC	Resident District Commissioner
SPSS	Statistical Package for Social Scientists
WB	World Bank

Operational definitions

Decentralization: The delegation by the central government to LGs the powers to plan for development initiatives, mobilize resources for implementing the initiatives, overseeing their implementations and being accountable for any success or failures related to the execution of the plans. It also involves the transfer of the above powers from higher LGs to lower LGs or points of service delivery.

Staff performance: The measurement of employees' attainment of the goals, development plans in a decentralized setting by way of improved service delivery such as reduced maternal mortality, reduced infant mortality, reduced absenteeism, increased immunization coverage and reduced average waiting time of patients.

Fiscal decentralization: The transfer of the powers to levy, collect and manage revenues to LGs by Central Government including allocation of resources to LGs from the centre for their development needs.

Personnel decentralization: The transfer of human resource management responsibilities of manpower planning, recruitment, staff development, employee management, discipline and grievance management and management of terminal benefits from the centre to the LGs through an independent appointing authority.

Administrative decentralization: The transfer of decision making powers both administrative and political to LGs and Lower Local Government including holding local leaders accountable for their actions and inactions.

ABSTRACT

The study focused on the impact created by decentralization of health workers in view of motivation and retention under the themes of Governance, Human Resource Management (HRM) and Financial Decentralization and how performance and service delivery is affected in Nakaseke Hospital, Nakaseke District. Decentralization, motivation and retention constituted the independent variable while staff performance and health service delivery constituted the dependent variable. The quantity, quality, personnel accessibility to local people and clients' satisfaction of personnel services under decentralization was studied. Personnel performance factors such as job expectation, performance facilitation and encouragement, and the quality of service were similarly examined. Questionnaires and interviews were used to gather primary data which was corroborated with secondary data from the district identified by use of a documentary review checklist.

A cross-sectional design was used, where both quantitative and qualitative data collection methods were employed. The study found out that decentralization of the HRM functions have contributed significantly to employee performance and thus improved service delivery at Nakaseke Hospital. However, there is continued reliance on Central Government grants/ releases, to fund the Local Government, as locally generated revenues are not forthcoming. Budget cuts, delayed release of funds and poor accountability were found to negatively affect the performance of the employees and service delivery. It was noted that the stakeholders are involved in the planning process which makes decision making quicker. Decentralized governance has provided numerous local opportunities of bringing services like recruitment, local contracts and staff management nearer to the people.

The study recommended that not only should full decentralization of HRM be adopted as a policy issue but it will also reduce the cost of public administration. The other benefits will be that it will remove duplication between the centre and the Local Governments and solve problems of mismanagement of the wage bill, payroll, pensions and scholarships. The study recommended that

establishment of a salary review commission be done in order to provide for adequate remuneration and uniform terms and conditions of service, including provision of motivational schemes, across all levels of government. The study recommended that Local Governments be allowed to identify, develop and implement taxation policies based on their local situations without undue influence.

CHAPTER ONE

INTRODUCTION

1.1.Introduction

This study assessed the effects of governance, human resource and financial decentralization on staff retention and performance and health service delivery in Nakaseke hospital in Nakaseke District. Effects of decentralization constituted the independent variable while staff performance and health service delivery, the dependent variable. The chapter presents background to the study, statement of the problem, purpose and objectives of the study, the research questions; significance of the study, justification of the study and, scope of the study.

1.2.Background to the study

Decentralization of governance is reported to be one of the most ambitious reforms undertaken by Uganda since its independence in 1962 (Ndegwa, 2002). Uganda promoted decentralization with the objective of empowering its nationals to participate in the process of development to improve their livelihood, specifically to contribute to poverty reduction and encouraging participatory local democracy (Bitarabeho, 2008).

The legislative framework of decentralization in Uganda emanates from the Local Government (Local Governments) Statute of 1993 which facilitated administrative and financial decentralization. This was later included in chapter eleven of the 1995 Constitution of the Republic of Uganda and further strengthened by the enactment of the Local Governments Act, 1997, and 2001 amendment to 1997 Act. The above legislations effected decentralization, devolved functions, powers and services to Local Governments.

Decentralization promised efficient and accountable governance through the increased involvement of the people in the way they are governed. That is, decentralization was meant to promote people's

participation in important government functions such as decision making, the identification of problems, priority setting, planning and monitoring the implementation of any programmes, which in effect was to promote and ensure the better allocation and utilization of resources as well as accountability. Decentralization also promised greater respect for human rights through the involvement of people in the design, planning and implementation of government programmes/ policies. Over all, decentralization was meant to enhance the process of governance.

It is now over two decades since Uganda adopted decentralization, a system of government considered as a pathway to improving governance in terms of democratization and service delivery. According to Ndegwa's stocktaking analysis of Uganda's performance in the different aspects of decentralization, the country appears to be in the best category on the continent.

1.2.1. Historical background

The wave of decentralization in Africa started between the late 1980s and early 1990s, often in the context of public sector reforms associated with structural adjustment program. Countries like Uganda, Ghana, Nigeria, Botswana, Côte d'Ivoire, Kenya and Tanzania, were among the first to include decentralization in their public sector reform packages. There are important research gaps on decentralization in Africa though. Few studies review decentralization experiences across the region in a comprehensive and comparative way. Much of the available evidence is anecdotal or focused on a very specific set of issues, such as participation, empowerment or fiscal autonomy Cabral (2011).

The history of Uganda from the colonial period has been patched by different forms of governance (Lubanga, 1996:49). There has been emphasis on either centralized or decentralized form of governance in Uganda, this varied from one political regime to another or even within the same regime. The present day Uganda state is a colonial creation. Before colonization, each ethnic group had its own independent system of governance. Scholars argue that, like in many parts of Africa, Buganda, Bunyoro and other kingdom areas had highly centralized hierarchical systems (Kauzya,

2007), while some of the non-kingdom areas such as parts of North, North East and South Western Uganda had decentralized system, where power and authority was in the hands of clan heads, some of whom were elected for specific functions.

Local governance in Uganda was established even before colonization. The country's decentralization process has passed through various phases: the pre-colonial phase, the colonial phase, and the post-independence Local Governments, as argues Lubanga (1996). The post-independence Uganda experienced policy change from decentralization (1962-1966) centralization (1967-1985) and then back to decentralization (1986) to present. The current phase of decentralization was institutionalized by the 1995 Constitution and the 1997 Local Governments Act, which gave it a legal backing following a series of political and administrative commissions (ibid).

The pre-colonial governance plan changed with the British Colonial Government attempting to set up an African (Native) Authority in 1919, as the first local administrations (Lubanga, 1996:47). This was also the time (1914) when West Nile was annexed from Congo Kinshasa, present day Democratic Republic of Congo (DRC) to become part of Uganda. The African Native Authority gave chiefs the clout to collect taxes (revenue), preside over native courts, maintain law and order and constitute the native councils at the district and lower levels. In Buganda, chiefs were appointed by and were answerable to the Kabaka (king of Buganda) while in three (3) non-kingdom areas, chiefs were appointed by and were accountable to the District Commissioner (DC), who in turn was answerable to the centre (ibid). Their (DC and King and Chiefs) roles were executive, administrative, and at the same time judicial.

Immediately after independence, (1962-1966) local governments grew with the majority of the kingdom assemblies and district council members being directly elected. They had powers to set their own priorities. It should, however, be noted that this expansion did not go without challenges. In 1963, district councils lost powers to appoint their political heads to the centre (ibid). In 1967, a

new constitution was promulgated, and the Local Administration Act was enacted, removing local decision making and every power was centralized.

During the period 1967-1985, Centralized System of Administration became the modus operandi. The National Resistance Movement (NRM) came to power in 1986 and this was at the peak of the World Bank's Structural Adjustment Programs, with its New Public Management reforms. Like in many of the African and Asian countries that had obtained political independence a few decades ago, the NRM immediately embarked on a decentralization path, starting with the election of Resistance Councils (RCs). Lubanga (1996:50) contends that, apart from serving as a political method of empowerment, decentralization was regarded as a policy aimed at improving local democracy, accountability, efficiency intra and inter-district equality, effectiveness and sustainability. The current decentralization reform was officially launched in October 1992 through a presidential policy statement. It was first enshrined in the Local Governments (RC) Statute of 1993 and later in the Constitution of 1995 and the Local Governments Act of 1997. The Local Governments system is formed by a five-tier pyramidal structure, which consists of the Local Council I (LC1), parish council (LC 2), sub-county (LC3), county (LC4), and district (LC5) in rural areas, and the village (LC1), ward or parish (LC2), municipal division.

Accordingly, the 1995 Constitution of Uganda and subsequently the 1997 Local Governments Act, gave impetus and legal backing for the Decentralized Local Governance in Uganda. Article 176 (1) stipulates that: "The system of Local Governments in Uganda shall be based on the district as a unit under which there shall be such lower Local Governments and administrative units as parliament may by law provide". Similarly Article 176 (2) b specifies that "decentralization shall be the principle applying to all local government and in particular, from higher to lower Local Governments units to ensure people's participation and democratic control in decision making" (Uganda, 1995:117).

Decentralization in Uganda therefore like in the rest of the world, came at a time when the Word Bank through Structural Adjustment programs embarked on Decentralization Policy in Africa, Asia and other parts of the world, with political and fiscal devolution (Martinez-Vazquez & Vaillacourt, 2011:1). As a recipe on the New Public Management reforms menu, decentralization became a key concept to be adopted and followed in the developed and developing countries. Developed States such as United Kingdom, Belgium, Spain and Italy have had a stronghold on decentralization (ibid); as such, most of the developing countries were compelled to take the path of decentralization as it became a craze, which was tied to aid conditionality.

1.2.2. Theoretical Background

The liberal theory, the economic theory/public choice theory and the Marxist theory, formed the basis of the theories that the researcher used, to discuss the effects of decentralization on employee performance and service delivery, at Nakaseke Hospital, in Nakaseke District. These theories have informed much of contemporary academic, practitioner and political arguments about local government issues. The liberal theory has been found to be the most relevant by this study as it advocates for the goodness of personnel decentralization for better performance. Lubanga (1998, p. 70-71) supported the above argument when quoting Vincent Ostrom maintain that under personnel decentralization, because of the proximity of the employer and the employee and given their mutual interest, effective attachment is likely to develop and, along with it, reciprocal accountability i.e. improving performance and eliminating organizational failure".

1.2.2.1.The liberal theory

Liberal democracy which traces its origins and name to the 18th-century age of enlightenment developed a forceful case for autonomous, elected local authorities. It first maintains that Local Governments are grounded in the belief that there is value in the spread of power and the involvement of many decision-makers in many different localities. The second argument is that there

is strength in the diversity of response. That needs vary from locality to locality; as do wishes and concerns; local governments allow these differences to be accommodated. The third argument rests on the view that the local government is local, which facilitates accessibility and responsiveness because councillors and officers live close to the decisions they have to make; to the people whose lives they affect and to the areas whose environment they shape.

The theory further argues that its small scale makes local government more vulnerable to challenge than central government. Its visibility makes it open to pressure when it fails to meet the needs of those that live and work in its area. Lastly, that local government has the capacity to win public loyalty. It can better meet local needs and win support for public service provision because it allows choice. It facilitates a matching of local resources with local needs Lubanga (1998, p. 70-72).

1.2.2.2.Public-choice theory

The public- choice theory assumes that decentralization, as a mode of governance will enhance speedy delivery of social services. The theory is built on the proposition that individual preferences for local public services vary from place to place, because tastes and willingness to pay differ for geographic, cultural and historical reasons (and that preferences within each locality are reasonably homogenous).

It is therefore argued that central provision of local public good, (if it tends to be uniform across the country), is likely to please nobody. It therefore is argued, that States should only offer those services that correspond to local needs (Klugman, 1994). Information is thus an important factor bearing on social service delivery. When there is insufficient or asymmetrical information, it is difficult for government decision-makers' to predict the consequences of their decisions. The probability of disparities between decision-makers ideas and the actual local impact of the decision is much greater

in a centralized context. This problem can be alleviated by virtue of having autonomous centres of decision-making which function independently of the central authority.

These reasoning were supported by economists who explored the issues of efficiency and decentralization in neo-classical theoretical terms by arguing that decentralization reduces the unit cost of providing public goods and services. That it tends to lower unit costs, through simpler delivery procedures and building upon existing local resources, knowledge, technology and institutional capacities (Allen, 1987; Klugman, 1994).

Therefore, from a 'public-choice' angle, decentralization is a situation in which public goods and services are provided through the revealed preferences of individuals by market mechanisms. "Public-choice' theorists contend that under conditions of reasonably free choice, the provision of some public goods is more economically efficient when a large number of local institutions are involved than when the central government is the provider. The argument here is that a larger number of providers of goods and services offer citizens more options and choices that they need.

1.2.2.3.The Marxist theory

The main ideas of this theory were put forward by among others by Katzelson, Cowson and Saunders. According to this theory, provision and consumption of goods and services are influenced by class differences. It is in light of this that the theory contends that any local government with intentions of implementing decentralization programs must take into account the issue of the local state and the reproduction of the capitalist class.

The theory argues that local government institutions play a role in the state's reproduction of the conditions in which capitalist accumulation can take place. The theory tackles the distinction between social consumption functions and social investment policies. The argument is that social

investment policies are aimed at maintaining the production of goods and services in the economy by supporting the profitability of the private sector. Social consumption policies, in contrast, are aimed primarily at supporting the consumption needs of diverse groups in the population who for various reasons cannot fulfill all their requirements through market purchase. In the Marxist theory point of view, local authorities are therefore seen as fundamentally constrained by the dominance of politics at the centre (Ibid)

1.2.3. Conceptual background

Development partners and scholars define decentralization variedly. The study conceptualized decentralization as the devolution to lower administrative units from the upper ones, the power to manage human resources, financial resources and decision making (Governance). Tulia, 2005 defines decentralization as a process of state reform composed of a set of public policies that transfer responsibilities, resources, or authority from higher to lower levels of government in the context of a specific type of state. While Schneider, 2003 defines decentralization in terms of three core dimensions of the decentralization concept, namely fiscal, administrative, and political. He refers to fiscal decentralization as how much the central governments cedes fiscal impact to non-central government entities; administrative decentralization as how much autonomy non-central government entities possess relative to central control and finally, political decentralization as the degree to which central governments allow non central government entities to undertake the political functions of governance, such as representation. In his view decentralized systems are those in which central entities play a lesser role in any or all of these dimensions and in such systems, central governments possess a smaller share of fiscal resources, grant more administrative autonomy, and/or cede a higher degree of responsibility for political functions (Schneider, 2003)

Staff performance is conceptualized in this study as being reflected on the indicators / outputs on reduced maternal mortality, reduced infant mortality, reduced absenteeism, increased immunization

coverage and reduced average waiting time of patients. This should translate into better quantity (number), quality (value), time (speed) and cost (value for money or efficiency) of the services delivered to the populace. According to Armstrong (2009), Employee performance refers to the level of employee productivity defined by; quality of service delivered, levels of customer's service, growth, profits and the delivery of increased shareholder value.

Uganda's decentralization therefore focuses on democratization, participation, accountability, responsibility, efficiency and effectiveness. The system is based on the District as units under which are lower Local Governments and Administrative Units. The Local Government is based on a Council which is the highest political authority within its area of jurisdiction and which has legislative and executive powers (Article 180 of the 1995 Constitution).

Personnel decentralization on the other hand is manifested in two classic typologies: the separate personnel system, and the unified personnel system (Lubanga, 1998, p.69). In the separate personnel system, Local Governments become the ultimate employers and have powers to hire and fire their employees. While in a unified personnel system, the Local Governments service runs parallel to that of the central government. Here the local employees are appointed, promoted and disciplined by a national or Local Government Service Commission. Another typology is the hybrid system, which tends to blend the separate and unified personnel systems. Uganda, like many developing countries, that have adopted a separate personnel system, at the same time has some traces of the unified system. As a result, it has taken systemic precautions against possible irregular practices by the District Service Commissions which replaced the Public Service Commission in handling districts' personnel matters (Lubanga, 1998, p.70).

The staff in Local Governments has to interact and work with the political leaders much more closely than ever before. It also changed reporting relationships and the working environment for

staff in the Local Governments. Personnel performance is a policy-propelled process that culminates into outputs/services to intended beneficiaries (Cascio 1986, p.423). Cascio's three key factors of personnel performance, that is; performance definition, facilitation, and encouragement, are well taken care of in the Ugandan Decentralization Policy through the powers and functions spelt out in the Local Governments Act, 1997. The Central Government establishes terms and conditions of service; seconds staff requested by District or Urban Councils; the Public Service Commission approves, guides and coordinates members of District Service Commissions. The Public Service Commission also hears and determines grievances from persons appointed by District Service Commissions and its ruling on appeals is final.

The District/Municipal/Town Council determines the structure, establish or abolish offices in the District Public Service; pay salaries of established staff; responsible for HRM including staff training:

On service delivery; the Central Government sets national standards, national policy and issues guidelines; handles arms and defense; the judiciary, foreign relations and external trade; taxation and taxation policy; banks and banking; referral hospitals; national elections, epidemics and disasters, and demonstration/pilot projects, among others. The District Councils in relation to service delivery are mandated to manage nursery, primary schools, secondary schools, trade schools, special schools and technical schools; District hospitals, health centres IV, III, II and I; maternal and child welfare; control of communicable diseases; primary health care; vector control; provision and maintenance of water supplies. They also manage construction, rehabilitation and maintenance of feeder roads; all decentralised services including crop, animal and fisheries; husbandry extension; entomological services and vermin control; land administration; land surveying; physical planning; forests and wetlands; licensing of produce buying; district information etc. They monitor the administration and provision of services in the District;

Though the Decentralization policy intended to improve performance, there are studies that have found results to the contrary. Jitta, Nangendo & Sekiwunga, (2002, p.vi) while studying health service delivery in Gulu district found out: "The free government health services were generally poor such that people went to Mission health units. Staff was generally few and undertrained, drugs were not available and politicians sometimes divert funds meant for health activities. In Moroto district, the team reported "the drugs were inadequate in health units due to erratic release of funds, drugs take long and some people get discouraged to seek health services. The capacities of staff are poor and, need to be strengthened" (Jitta, Higenyi, Nangendo & Sekiwunga, 2002, p.v).

1.2.4. Contextual background

Decentralization in Uganda involved three main components: political, administrative, and financial decentralization (Villadsen 1996). Political decentralization was based on the Resistance Councils, later renamed Local Councils, and was implemented throughout the country immediately after the NRM government was formed in 1986 (RC and Committees Statute of 1987).

Administrative decentralization was gradually introduced from 1993 on with the Local Governments Statute (Uganda Gazette 1993), and comprised new administrative structures with a non-subordinated, comprehensive, and judicially accountable local administration.

Financial decentralization was carried out in phases with the introduction of an unconditional block-grant to each district in conjunction with the introduction of locally-approved budgets. In the Constitution of the Republic of Uganda (1995), the system of local government was further consolidated, and the process continued with the adoption of the Local Governments Act of 1997.

Decentralization has transferred all political and administrative authority from the central government to the Local Governments authorities, including the power to approve district budgets (Kisubi 1996). The function of the central government has thus been directed exclusively to policy formulation, planning, inspection, management of national programmes and projects, security, defense, and foreign policy. The responsibility for the delivery of health services now lies within the districts. The role of the line ministries is to formulate policies and guidelines provide technical supervision, set standards, and carry out inspections to ensure appropriate quality. It also includes logistical support as needed.

Decentralization is expected to contribute to development by empowering the people and institutions at every level of society including public, private and civic institutions; improving access to basic services; increasing people's participation in decision-making; assisting in developing people's capacities; and enhancing government's responsiveness, transparency and accountability. For these reasons, decentralization is providing the framework within which Uganda is implementing its Poverty Eradication Action Plan (PEAP).

Currently, the responsibilities for managing personnel fully reside with the district administration. The District Service Commission (DSC) recruit staff considered necessary to manage their daily duties more effectively. The reality is, however, different. The Local Governments are required to raise funds to recruit staff , but most Local Governments are suffering from severe shortage of funds. The Local Governments cannot therefore easily have additional manpower, even though decentralization has increased the amount of public services provided by Local Governments. Most employees now advocate for recentralization as they claim decentralization blocks the prospect of their promotion within the central government. Furthermore, while civil servants previously enjoyed free transport and accommodation, this is no longer the case. Instead, they can receive an augmented

salary payment. This message is not always clearly understood by civil servants particularly in remote areas, and some of them still show resentment to decentralization.

On financial decentralization, the resource base of Local Governments is very limited. They thus depend heavily on central government transfers. First, the attitude of the central government toward Local Governments on financial autonomy still appears to be ambiguous. It was the recurrent expenditures, which have been decentralized. Financial support by the central government to local authorities includes conditional, unconditional and equalization grants. The conditional grant is delegated funds by the central government to Local Governments for the use of certain specific purposes. The main activities include education, health, feeder roads, agricultural production, and the salary of local personnel. The unconditional grant is also called the block grant, and this is for unspecified purposes. The equalization grant is given for the disadvantaged local governments whose living standard is below the national average. The authority that the Local Governments are entitled to levy taxes and duties is really limited. The amount of actual tax collection is therefore very small.

Regarding the dimension of governance, in principle, power has been effectively transferred from the technical domain at the central level to the political domain at the district and lower levels. Technical staffs are in favour of independence from the centre, but at the same time are not comfortable with their new proximity to local political leaders, all of whom have become very influential. Politicians are unambiguous in favouring the decentralization, as their own autonomy gives them more power over resources at the local level (Lubanga 1998).

Each district government now consists of a District Local Council (DLC), headed by its directly-elected chairperson, has its own legislature, and the Chief Administrative Officer (CAO) and his/her staff as its executive branch. There is also a Resident District Commissioner (RDC) appointed by the President to handle matters of national importance, such as security, and to monitor the

implementation of government programmes and projects. Former central government departments that operated on the district level are now integrated units headed by the DLC and supervised by the CAO. Each district has the power to employ, discipline, and dismiss staff through its DSC. However, for purposes of uniformity, the Public Service Standing Orders, issued by the central government, still govern the conditions of service country-wide at the district level. The central government continues to provide block grants to the districts for services planned for and delivered by the districts (Uganda, 1997).

Nakaseke District is comprised of 9 (nine) sub counties, 36 parishes and 331 villages. The nine sub counties are; Kapeeka, Kasangombe, Kikamulo, Nakaseke, Ngoma, Semuto, Wakyato, Kinyogoga and Kinoni.

1.3.Statement of the Problem

Since its inauguration as a district in the year 2005 after the enactment of the LGs Act, 1997 and passing of the Parliamentary resolution with a view of bringing services nearer to the people, Nakaseke District and Nakaseke Hospital in particular has witnessed continued dissatisfaction and outcry of poor health service delivery by the community served. This outcry has been on and on since Nakaseke became a hospital in 1969, yet the proponents of Decentralization urged that it was being opted for to improve service delivery, especially health services by bring them closer to the people. It was also envisaged to improve accountability and transparency when offering services to the masses. Furthermore, as part of the administrative structure, personnel management was decentralized as stipulated in Article 176 section 2 (g). Consequently, decentralization of the health sector was part of the key government reforms undertaken.

However, all the above said, the researcher was propelled to investigate why, despite decentralization of health workers at District, Health sub district and unit level, poor service delivery has continued to be the order of the day, yet it is said that staff are now more motivated for retention and offering of improved health service delivery. This is further supported by the fact that, although many studies have been made on the status of Decentralization in general, little focus has been put

on assessing the effect of decentralization on retention and personnel performance in a hospital setting. There is glaring evidence of challenges poor motivation and retention, as reported by Steiner, 2006, manifested in the decentralized system that could affect personnel performance and subsequently lead to poor service delivery. This study therefore intends to assess the real situation on ground with a view of ascertaining whether decentralized staff in Local governments are well motivated and retained to offer improved health services to the population, giving Nakaseke Hospital as a representative case study. It should be noted that on a number of occasions, poor health service delivery has resulted into loss of many lives in our country.

1.4.Purpose of the Study

The general objective of the study is to assess how decentralized health workers are motivated and retained in the Local government Health units with a view of offering improved health service delivery giving Nakaseke Hospital in Nakaseke District as a case study.

1.5.Specific Objectives of the Study

The study aimed at examining the effects of:

1. Motivation and retention of health workers under decentralization and its impact on staff performance and health service delivery to the masses.
2. Financial decentralization and its impact on staff performance and health service delivery.
3. Decentralization of governance and its impact on staff performance and health service delivery.

1.6.Research Questions

The following questions were used:

1. How has decentralization affected motivation and retention of health workers in view of their performance and provision of health service to the people?

2. What are the implications of financial decentralization on staff performance and health service delivery?
3. What are the implications of decentralization of governance on staff Performance and health service delivery?

1.7.Significance of the Study

The findings of the study shall provide insights that can be used by District managers to improve HRM practices like planning, acquisition, motivation, retention, development, and other performance management aspects for improved productivity and service delivery which will restore public confidence in government health units and service delivery in general.

It shall be useful to policy makers in reviewing some of the HRM policies within the decentralization framework that have impacted negatively on service delivery. The findings can also provide the required information for formulation of new personnel policies, specific to decentralized Local Governments to address issues of staff management and improved productivity.

Furthermore, it shall add on the existing body of knowledge concerning performance of staff under decentralization. This knowledge can support other researchers, students, and academicians as they may require use it to fit to their needs.

1.8.Justification

The study will enable the researcher obtain partial fulfillment for the requirements leading to the award of the Degree of Masters in Public Administration and Management of Nkumba University.

1.9.Scope of the Study

1.9.1. Geographical Scope

The study was restricted to Nakaseke hospital in Nakaseke District, located in the Central part of Uganda. It is named after Nakaseke, the largest town in the district. However, the district headquarters are located at Butalangu Town Council. Nakaseke District is bordered by Nakasongola District to the north and northeast, Luweero District to the southeast, Wakiso District to the south, Mityana District to the southwest. Kiboga District and Kyankwanzi District lie to the west and Masindi District lies to the northwest. Butalangu, the location of the district headquarters, lies approximately 66 kilometres (41 miles), by road, north of Kampala, the capital of Uganda and the largest city in the country. The coordinates of the district are: 00 44N, 32 25E.

1.9.2 Interviewee Scope

The researcher will interact with the following key persons as the respondents of the study: The Chief Administrative Officer, District Health Officer, The Medical Superintendent, Hospital Management Committee, Member of Local Council III, Principal Human Resource Officer, Health workers, Clients (Consumers/ Patients)

1.9.3Time Scope

The period of interest in this study shall be from 2012-2017.

1.9.4. Content Scope

The selection of Nakaseke hospital is because, it is the only government hospital in Nakaseke district, while Nakaseke district was chosen because it was among the districts to be decentralized later ,after the enactment of the LGs Act, 1997, that clearly provided a framework of decentralization.

The study shall focus on assessing the effects of human resource, fiscal and administrative decentralization on performance of hospital staff and health service delivery. This is because the three forms of decentralization implemented by government of Uganda have significant implication on the staff and service delivery.

CHAPTER TWO

LETERATURE REVIEW

2.1.Introduction

4. This chapter discusses how the three forms of decentralization in Uganda affect employee motivation, retention and performance in Nakaseke District particularly Nakaseke hospital, later on service delivery. The literature focused on three major parameters derived from the research objectives. These included personnel decentralization (manpower planning, recruitment, staff development, employee management, discipline and grievance management and exit/ pension management), Fiscal decentralization (planning, revenue collection, expenditure and accountability and Governance (autonomy, decision making powers and monitoring and supervision) how they influenced employee performance and ultimately service delivery quality in the form of reduced maternal mortality, reduced infant mortality, reduced absenteeism, increased immunization coverage, increased bed occupancy rates and reduced average waiting time of patients.

Motivation and retention of health workers under decentralization and its impact on staff performance and health service delivery to the masses.

2.1 Article 176 Section 2 (g) of 1995 Uganda Constitution states; “the local Governments shall oversee performance of persons employed by Government to provide services in their areas and to monitor provision of Government services or the implementation of projects in their areas”. This provision of the constitution envisaged an efficient and effective management of personnel (Uganda, 1995).

The liberal theory of decentralization strongly believes that decentralization brings four things; first that LGs are grounded in the belief that there is value in the spread of power and the involvement of many decision makers in many different localities. Secondly, that variation of needs and problems

allows flexibility in addressing them hence diversity. Thirdly, that local government is local, meaning local solutions can be sought to address needs and problems, and that it is easy to access services. Lastly, the theory argues that local governments have the capacity to win public loyalty at the grassroots.

The arguments raised by this theory are valid but best be described as ideal. It is rare that you will find all regions with the same resource endowments to support/provide local solutions and hence devolution of power may not work with limited resources. The liberal theory pays little attention to factors that affect access of district personnel so as to able to assess efficient service delivery in a decentralized framework. This is much so given massive underdevelopment of the countryside in Uganda. The theory further provides a good framework, but it does not address access and scarcity of some of personnel to provide services in decentralized system especially rural areas. This study shall attempt to assess some of the factors affecting acquisition of district personnel to deliver services.

Section 54 of the Local Governments Act, 1997establishes a DSC and Section 55 outlines the functions of a district service commission which among others includes; appointment of persons to hold or act in any office in the service of a district or urban council, including the power to confirm appointments, to exercise disciplinary control over persons holding or acting in such offices and to remove those persons from office, is vested in the DSC (Uganda, 1997)

The Commission while considering recruitment of staff in a specialized discipline, other than education or health services, is the seek guidance from the Public Service Commission (PSC) and co-opt at least two persons specialized in that discipline on the commission. The act further gives the commission independence and autonomy on all matters of HRM (ibid). Therefore given the very clear functions of the DCS in the Act, it would be interesting to find out whether they have lived to the mandate given to them.

Lubanga (1998) also emphasizes the fact that decentralization facilitates a matching of local resources and local needs. This is true. The problem is that he is not detailed on who and how this can be done. Even then, his findings ignore the fact that some of the decentralization lack adequate local resources both human and financial. Hence this study shall look at the availability of competent personnel to match the available resources to local needs.

Price water house Coopers (2003), noted that there is a general lack of staff in district local governments. Office of the Prime Minister Peace Recovery and Development Programme (PRDP) district staffing needs assessment (2012) discovered overwhelming attrition in the new districts which was attributed to poor working environment since most of them are rural and remote. Health workers have been reported to be hard to attract and retain in most rural facilities generally. The researcher shall assess how the staffing situation may be attributed to decentralization of HRM.

Asiimwe et al (2000), points out that decentralization has been implemented alongside other national reforms like Universal Primary Education (UPE), Modernization of agriculture among others. At the time of their research it was found that decentralization of personnel had affected performance of staff negatively through bureaucratic management of staff right from entry to exit. It is likely that the health sector workers have been equally affected. The reason at the time could have been due to non-functionality of DSC and now may have changed over time. The research shall try to investigate whether there is still bureaucracy and how it affects staff performance.

The Public Service Commission (PSC) Annual Report (June: 2010) notes delays in handling cases by various DSC. Such cases included appointment, study leave, promotion, and disciplinary. The report cited absence low funding, influence peddling by politicians in commission work. This may imply that the commissions are not operating effectively and this may have a direct bearing on

personnel performance at any level. The Researcher will therefore attempt to investigate the operation state of the DSC and how this has impacted on staff performance.

Ministry of Public Service (PSC) Inspection Report (July, 2011), reveals that staff in local governments have been demotivated due to constricted staff structures limiting promotions and transfers. Under the LGs Act, 1997, staff employed by a particular District Local Government (DLG) cannot freely transfer to another at the same level without being subjected to an interview. This is however not the case with their counterparts in Central Governments who easily switch to different Ministries, Departments and Agencies (MDAs) under normal posting without interview. This implies that career mindful personnel get bored and may fail to perform well.

Financial decentralization and its impact on staff performance and health service delivery.

2.2. The National Forum on the Implementation of Decentralization (Report: 1998), at Kampala, revealed problems which interfere with the prudent financial management at LGs. This included poorly informed district leaders on financial management systems, excessive powers by district councils, influence peddling especially on awarding of district tenders, inability of accounting staff to present correct financial statements, improper budget management practices. This implies that the resultant would be diversion of funds, conflict of interest among others that greatly impact on the performance of personnel. It was further reported that there is a consistent delay in the release of Primary Health Care (PHC) funds from Ministry of Finance, Planning and Economic Development (MoFPED) as well as the funds being insufficient. Health service delivery is hence affected It is therefore prudent to find out how this impacts on staff performance.

Uganda Debt Network Review Report No.7 (2005), on the implementation of the Fiscal decentralization strategy in Bushenyi and Tororo equally pointed to several challenges ranging from

delays in disbursing funds from central government, misappropriation, poor accountability, to insufficiency of funds allocated to district local governments. Such revelations may have direct effect on personnel performance and general service delivery.

Steiner (2006), looks at the fiscal elements of decentralization and says, "in order to empower LGs to fulfill their responsibilities, they are entitled to levy, charge, and collect local taxes and fees, and to receive a number of intergovernmental grants". She further notes that these proceeds from taxes and other collections are retained and utilized by LGs and are usually very low especially for infant local LGs. Districts hence rely mostly on intergovernmental transfers in form of conditional grants and non-conditional grants for facilitation which is limited amidst "budget cuts" and is sent late to DLGs. Steiner's argument is in line with the LGs Act, 1997, that gives powers to LGs to raise revenue and spend it. This could have implications on the district and hospital operations as well as personnel performance which Steiner does not discuss especially in line with logistical facilitation to personnel and their general working environment.

The Financial Management and Accountability Regulations 1997 indicate that the allocations are still done by central government as well as determining the priorities for expenditure. Whereas this is good for a uniform national development agenda, retention of such a function by central government may at times defeat the essence of decentralization since the national priorities may not address the most pressing local needs of a given District local government. The researcher will attempt to establish how retention of such a function affects performance of staff in the hospital (Uganda, 1997).

Assessment of the Community Health Fund in Hanang District, Tanzania (July 2002) revealed that the Tanzanian Community Health Fund (CHF) was established by the Ministry of Health on a pilot basis in December 1995. Its purpose was to ensure the availability of quality health services at affordable prices and to mobilize additional resources for the provision of health care. The CHF is

essentially a district-level prepayment scheme for primary care services targeted at the rural population and the informal sector. A household joins the CHF by paying an annual membership fee, which provides unlimited access to outpatient services at CHF-participating facilities. User fees at health centers and dispensaries are implemented as part of the introduction of the CHF, as is an exemption policy to ensure that families who cannot afford to pay the membership fees obtain a free CHF card. CHF providers are mainly public sector facilities, although the intention of the scheme is to include private sector and mission providers. The CHF is currently operating in 23 districts, with the goal of implementation in all districts by 2003. In 2001, the CHF Act established the CHF as a key component of the health financing strategy. This financing alternative can go a long way to address the funding gap in many countries. This is in line with the results of this study which recommends among other things introduction of private wing and cost sharing.

The International Conference on Improving use of Medicines (April 1, 2004) Chiang Mia, Thailand discussed the findings of a study conducted on two hospitals in two districts of Uganda (Lira and Apac) and the findings were entirely in agreement with Nakaseke hospital research results. From the study, the conference discovered a general increase in patient attendance in both hospitals, although the initial increase later declined in Apac district. Drug availability was erratic and not always adequate in both districts. This was much better in Lira district, where funding for drug procurement was more accessible. Prescribing patterns varied, with improvement in some indicators, while other indicators showed no change or even worsened. The findings concluded that decentralization policy increased health facility utilization. All stakeholders considered the policy to be good. However, it has so far failed to solve drug shortages, inefficient utilization of resources, and general low morale among hospital staff. It recommended as it was the case for Nakaseke Hospital, retraining and better remuneration of hospital staff in order to cope with the implementation of decentralization policy, training of local politicians on their roles and responsibility and efficient utilization of funds at all levels of the district administrative structure.

Decentralization of governance and its impact on staff performance and health service delivery.

2.3. Decentralization—the transfer of authority and responsibility for public functions from the central government to subordinate or quasi-independent government organizations and/or the private sector—is a complex multifaceted concept. Different types of decentralization should be distinguished because they have different characteristics, policy implications, and conditions for success. Types of decentralization include political, administrative, fiscal, and market decentralization. Drawing distinctions between these various concepts is useful for highlighting the many dimensions to successful decentralization and the need for coordination among them. Nevertheless, there is clearly overlap in defining any of these terms and the precise definitions are not as important as the need for a comprehensive approach.

Political decentralization aims to give citizens or their elected representatives more power in public decision-making. It is often associated with pluralistic politics and representative government, but it can also support democratization by giving citizens, or their representatives, more influence in the formulation and implementation of policies. Advocates of political decentralization assume that decisions made with greater participation will be better informed and more relevant to diverse interests in society than those made only by national political authorities. In Uganda, a series of legislations were enacted to address this requirement, including the Local Governments Act, 1997. These leaders are purportedly expected to make good policies for the people they represent. On many occasions, this has not been the case, and hence this research shall set out as well to establish the role of such leaders in enhancing policies that promote performance of staff in the hospital under a decentralized setting (Schneider, 2003).

Anders (2004) gives a set up of political decentralization in the health sector with Secretary for Health working with the technical team at the district, then Secretary for Social Services at sub county level, Secretary for Women at parish level as well as the village level. This political

participation would mean increase in health service demand and delivery. This research hence will find out how the involvement of these political leaders affects the performance of staff in the hospital. Here decentralization seeks to redistribute authority, responsibility and financial resources for providing public services among different levels of government. It is the transfer of responsibility for the planning, financing and management of certain public functions from the central government and its agencies to field units of government agencies, subordinate units or levels of government, semi-autonomous public authorities or corporations, or area-wide, regional or functional authorities (Ibid).

Anders (2004) underscores decentralization of the health sector as an integral part of the Uganda's government reforms. He reveals that the Administrative body governing the health sector is the district health committee (DHC), whose members are drawn from the Local Council Five (LCV), non-hospital based care is headed by the district director for health services. He reports to the Chief administrative officer who is a civil servant in charge of all civil servants in the district. He/she is assisted by the District Health Team (DHT) comprising technical officers in the office. He further reveals that since the fiscal year 1998/1999, the management responsibilities of district hospitals were all transferred to the districts under District Health Officer (DHO). This state of affair has a direct effect on performance of health workers and hence the researcher will establish how this structure affects performance of staff.

Boating (1993), discovered immense successes of decentralized service delivery in Uganda. He noted improvements in vaccination rates, Successful implementation of the immunization program resulting from the role of the sub-county health committees in making health-related information available; data on demographics and prevalence of diseases compiled by the health unit provided local governments with a guide to a more effective intervention. The findings also show that control, support and supervision from higher levels played a major role in effective preventive health service delivery. Finally, success was accomplished through extensive community mobilization, and a high

degree of flexibility and coordination in the use of alternative service providers. This finding varies from that of Nakaseke District Local Government, because his analysis was based on an urban district where politicians and other local leaders strongly conduct mobilization of health service consumption. The study further acknowledge the fact that other than the three forms of decentralization, there is political decentralization which highlights the manner in which local representatives are elected to various levels of governments under decentralization and economic decentralization focusing more on transferring the management of public institutions (privatization) from government ownership to private (local and international investors) and deregulation. While these forms of decentralization affect the employee performance under the decentralized regime, they fall outside the scope of the study. Similarly effects of HR policies, systems and procedures mostly developed at the central government level and availability of work tools and equipments which contribute to employee performance either positively or negatively were not considered in this study.

2.5Conceptual Framework

Independent Variables

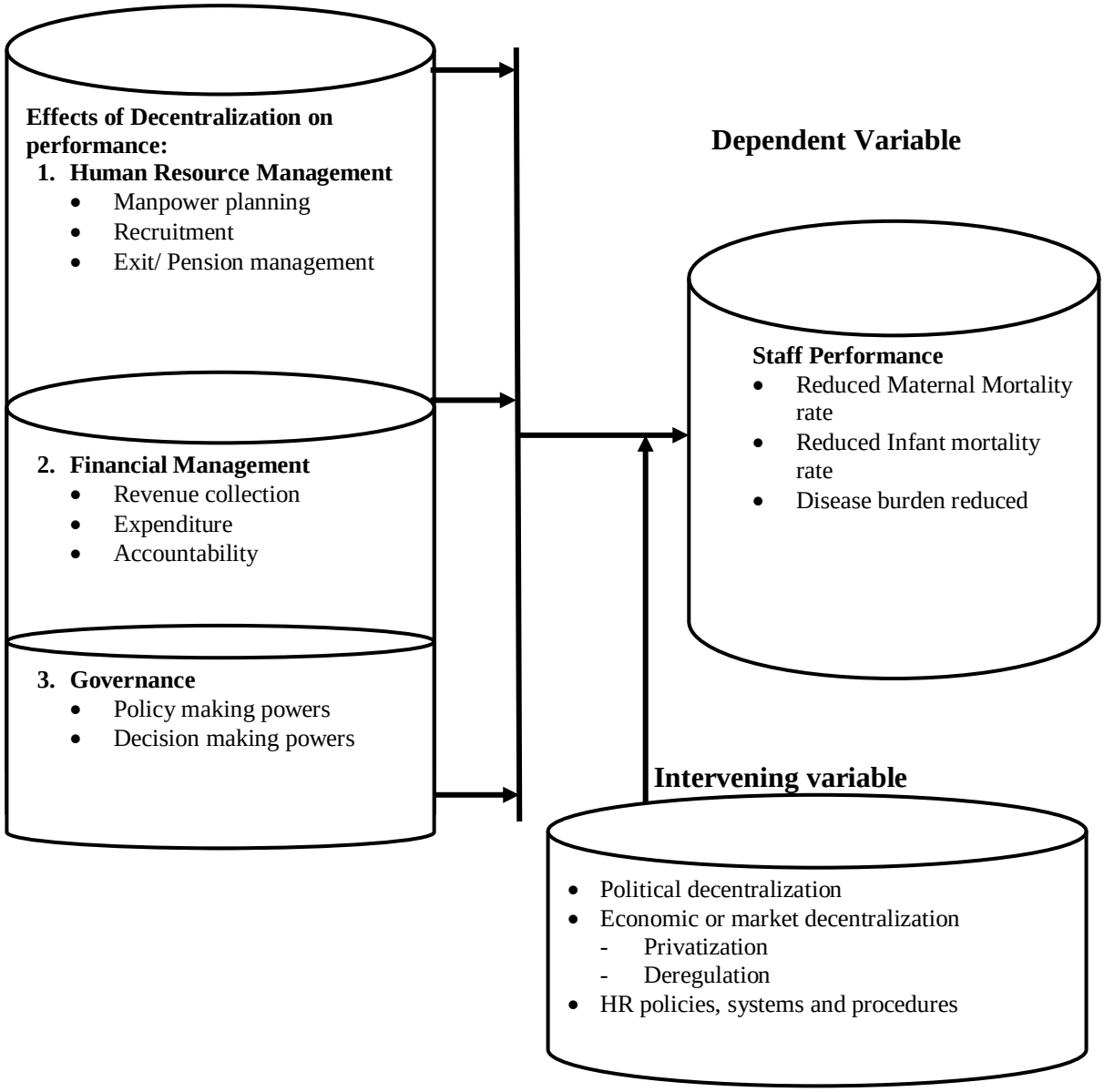

Figure 1: Conceptual Framework showing the effects of decentralization on staff performance.

Source: Adopted from the LG Act, 1997, and modified by the researcher.

Figure 1 is built on the premises that, the decentralization of human HRM through separate personnel management system (Man power planning, recruitment and exit management), financial management through the identification of revenue sources, its collection, expenditure and accountability. Governance on the other hand, involves (Policy making powers and decision

making), all aiming at monitoring, supervision and overseeing service delivery standards by local leaders.

All the above elements put together, lead to significant effects on staff motivation, retention which in turn impact on performance and health service delivery in Nakaseke hospital inform of reduced maternal mortality rate, reduced infant mortality rate and reduction of the disease burden from the community.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

The Methodology chapter contains an introduction to the chapter, the research design, the study population, the determination of sample size, sampling techniques, data collection methods and instruments, validity and reliability testing, data collection tools and procedures, data analysis and ethical rations and challenges/ limitations.

3.2. Research Design

This part details the plan or means of obtaining data for this specific study. The design therefore, is to look at the quality and quantity of respondents, the size of the sample size, the number of comparison groups, sources of subjects/ respondents, the mode of treating/ manipulating data, relevant criteria used in selecting the subject, the tools used in collecting data and the mode of answering research questions.

Therefore, the researcher used the following methods to determine the study design;
Cross sectional study design
Before and after study design
Longitudinal study design
Retrospective- Prospective study design
Quantitative study design
Explanatory study design
Descriptive design
Case study design.

The researcher used **a cross sectional study design** since it is a one point in time study. Varkevisser, Pathmanathan & Brownlee (1991), refers to this design as one that describes in-depth the characteristics of one or a limited number of cases. This design was chosen to enable in-depth assessment of decentralization on staff performance in the health sector. It was also considered cost effective to the researcher. Both quantitative and qualitative approaches were applied. This method as recommended by Amin (2005) enabled the researcher to study each parameter of the study variables in details while isolating extraneous factors to employee performance.

Denscombe (1998) and Amin (2005) assert that case study provides an in-depth study of a problem in a natural setting within limited time scale and allows the researcher to get closer to the whole. The quantitative approach allowed the researcher to solicit information that have been expressed numerically while the qualitative approach enabled the researcher to solicit narrative and descriptive information which were expressed in textual format (Mugenda & Mugenda, 1999). The study sought to assess the effects of Decentralization in the Health Sector on Personnel Performance at Nakaseke Hospital in Nakaseke District. Furthermore, quantitative approach which emphasizes use of numerical and quantifiable data was found essential in that, it collected and statistically analyzed explained, predicted and controlled the phenomena of interest while the qualitative approach obtained detailed non-numerical information about phenomenon under study, established patterns, trends and relationships from information gathered as demonstrated in Mugenda & Mugenda, (2003) and Sekaran, (2003).

Before and after study design was also used. Here a pre-test and a post-test design was used, where a study of one population at two different points in time was made to establish change in a phenomenon or variables.

Longitudinal study design is another design used. This study design was adopted because the research question to be answered involved the pattern of change in relation to time in a given phenomenon.

Retrospective-prospective study design was also used. The researcher investigated the future by focusing on the past trends in a phenomenon.

Quantitative study design was also used. Here, the researcher sought to get research findings mainly in numbers. So findings were presented in ordinal, ratio and categorical data.

Explanatory study design was also used. Since the research intended at focusing described event and tried to inquire the causes of that phenomenon.

Descriptive study design was also used. Here the researcher aimed at establishing how has motivation and retention of health workers been affected by decentralization of the same at district level.

Case study design was another design used. The researcher wanted to study a big picture of the situation by confining the study to studying an in-depth smaller portion but representative picture of the big situation.

3.3. Sample size

The sample frame included hospital stakeholders stratified according to roles 91. A sample size of 74 was identified using Yamane's formula of $n= N/1 + Ne^2$ using a significance level of 0.05 which translated to 74 as presented hereunder and the breakdown is shown in table 1 below. From Yamane's formula where: - n = sample size, N = population size and e = significance level; we can say $n = 91 \div 1+ 91 \times (0.05^2) = 91 \div 1.2275$ = Therefore n = 74.

Table 1: Population and Sample size

Category (Strata of the respondents)		**Target Population**	**Sample size**	**Sampling technique**
CAO	01	01	01	Purposive
DHO	01	01	01	Purposive
Hospital Management Committee	07	03	02	Random probability sampling
Member of Local Council III	11	05	04	Random probability sampling
PHRO	01	01	01	Purposive
Health workers	100	37	30	Random probability sampling
Clients (Consumers)	120	43	35	Random probability sampling
TOTAL	**239**	**91**	**74**	

Source: Nakaseke District staff list as at March, 2017 and modified by the researcher.

3.4. Sampling Techniques

A stratified, purposive and random probability sampling methods were used. The samples constituted stakeholder categories whose sizes were determined by Yamane's formula. These methods gave every member in each stratum an equal opportunity of being selected as shown in figure 2 thereby representing a well-balanced study of the population.

3.5. Data Collection Methods

This research involved the use of different research methods and tools, which included the following;

3.5.1. Questionnaire surveys

Primary data was collected using questionnaires administered to respondents identified using Yamane's formula. Six (06) open ended and thirty eight (38) closed-ended questions were used as recommended by Amin (2005) and Sekaran (2003). This ensured the efficient and convenient collection of the qualitative and quantitative data. In addition, as observed by Mugenda and Mugenda (1999), using questionnaires enabled a wider circulation and conclusion of the data collection exercise within the stipulated one month with over 74% response rate. Documentary Review

Secondary data and facts were collected from the database of Ministry of Local Government (MoLG), Ministry of Health (MoH), Nakaseke DLG and Nakaseke hospital. Policy documents, reports, annual work plans and District Development Plan (DDP) of the LG, International Journals and publications, HRM publications, Organizational Behavior books and various websites and other publications were used. This enabled the collection of a large volume of accurate data within a short time.

3.6. Data Collection Instruments/ tools

3.6.1. Questionnaires

Questionnaire with open-ended questions were used for collecting primary data. This enabled the collection of 55 questionnaires within only one month from the respondents randomly selected from stakeholders in Nakaseke LG who participate in health service delivery in the hospital. The question format included the **funnel method**, **box method** and **mixed format method**. The questionnaires were designed to present open ended questions which provides for free responses in the respondents own words. The collected data were checked for errors and omissions before they were considered.

3.6.2. Interview method

This was prepared to interview the consumers who in this case were the clients who attend health care service at Nakaseke hospital. They were interviewed on their perception and level of satisfaction with the quality of service delivered by the hospital staff under a decentralized setting. The researcher administered individual interviews, group interviews and structured interviews. The findings were not corroborated with that of the general staff body.

3.6.3. Documentary Review

Documentary review check list was prepared and used for accessing secondary data from Nakaseke district LG, MoLG sites, MoH. The secondary data includes staff list, DDP, employee performance data from the performance appraisal forms, LG annual performance assessment report, reports on decentralization. These were used to understand the employee performance standards over time and health service delivery and performance in decentralized settings. It ensured the collection of accurate data on the respondents as documented in their files which was used to verify the responses from the questionnaire especially on the performance levels.

3.6.4 Focus group discussions

Here, the researcher formed discussion groups of 6-8 people who were brought together and encouraged to talk about their motivation and retention strategies under a decentralized system of service delivery. This allowed staff to discuss freely with flexibility. The researcher later internalized and examined the different views presented to come up with conclusions.

3.6.5 Observation Method

This method required the researcher to physically get involved in the whole process of research to get first-hand information. Indeed this was achieved when the researcher fully participated in all activities and was noting all relevant points which largely informed his findings.

3.7. Ensuring Quality of Data

3.7.1. Validity

The Questionnaires were developed and reviewed by my supervisors who provided quality assurance. Content Validity Index (CVI) was 0.95 (95%). This meant high degree of validity of the questionnaire in measuring the study variables as recommended in (Amin, 2005) and Sekaran (2003) who recommend an index of 0.7 or above to accept an instrument. This value is as demonstrated below from the formula CVI= no of item declared relevant/ total number of items rated by judges.

Table 2: Measurement of validity of the questionnaire

Questions rated	**Declared relevant**	**Not relevant**
Section A (Question): 1,2, 3, 4, 5 and 6	4	2
Section B (Questions): 1- 19 and 2 & 3	21	0
Section C (Question): 1- 11 and 2 & 3	13	0
Section D (Questions): 1- 4	4	0
Total	**42**	**2**

Source: Primary Data

CVI from the above formulae = 42/44= 0.95

3.7.2. Reliability

Reliability was guaranteed by pre-testing which ensured that the research design, data collection instruments, respondents and timeframe were valid as suggested by Mugenda and Mugenda (1999, p.99). The researcher who clearly appreciates the subject matter and the study objectives was personally involved in the data collection. This addressed issues of administration of questionnaires where on-spot quality check was done before leaving the respondents and during interviews proper guidance was provided. This further guaranteed quality of the data.

3.8. Procedures of Data Collection

Questionnaires were designed with the support of my Supervisors, pretested and permission/ authorization given by the Nkumba University to proceed with the data collection. Research Assistants were trained on the data collection instrument and the ethical issues involved.

3.9. Data Analysis

3.9.1. Quantitative Data Analysis

Quantitative data from the questionnaire were examined for errors & non-responses, coded and responses captured in the SPSS version 16. This was then analyzed using statistical methods of frequency distributions and percentages. Analysis and interpretation were presented objective by objective with reference to the qualitative data and the research problems.

3.9.2. Qualitative Data Analysis

Qualitative data on the other hand from the open ended questions of the questionnaire were edited, examined and sorted or grouped together to generate common themes in relation to the objectives of the study. The emerging consistent themes were presented and interpreted to strengthen the results of the quantitative data which was further corroborated with the secondary data.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.1. Introduction

This chapter presents the findings of the study according to the following themes: The effects of governance, human resource and financial decentralization on personnel performance and service delivery in Nakaseke hospital in Nakaseke District. It then provides an interpretation of the findings as they relate to the study objectives. Presentation begins with background characteristics and then both descriptive and inferential data.

4.2. Response Rate

Out of the 74 questionnaires distributed 55 were returned as shown in table 3 below, representing a response rate of 74.3% far above the recommended two-thirds (67%) response rate for any researcher to start analysing data (Amin, 2005). The reason for the non-response of 25.7% could not be established although; the nature of work of the hospital staff of working in swifts meant that those on night duty were missed and the hospital management committee members are not full time and therefore were not easy to trace from their homes within the short time frame.

Table 3: Presentation of response rate according to Strata

Category (Strata of the respondents)	Sample size	Response	Non response
CAO	01	01	0
DHO	01	01	0
Hospital Management Committee	02	01	50%
Member of Local Council III	03	01	33%
PHRO	01	01	0

Health workers	31	30	3.3%
Clients (Consumers)	35	20	42.8%
TOTAL	**74**	**55 (74.3%)**	25.7%

Source: Researcher

There was excellent response overall except from the hospital management committee, clients and the LC due to the fact that these are not full time staff at the facility and the clients/ consumers were selected based on availability so the researcher was unable to reach them within the short time frame in the remote Sub- Counties.

4.3. Background Information of the Respondents

The section provides a brief description of the demographic variables used in the study and some background information which included sex, age group, marital status, religion, tribe and the professional group. The motivation for these parameters is the assessment of their possible influence on the study variables.

4.3.1. Sex of the Respondents

The table below presents the summary of respondent's according to sex. Following the table is the analysis and interpretation.

Table 4: Gender of respondents

Employees (Staff)				**Consumers/ Clients**		
Gender	**Frequency**	**Percent**		**Gender**	**Frequency**	**Percent**
Male	19	63.3		Male	7	35.0
Female	11	36.7		Female	13	65.0
Total	**30**	**100.0**		Total	20	100.0

Source: Primary data

From the finding shown in table 4, more males are employed into the service of the hospital represented at 63.3% and females were only represented at 36.7%. This finding contrasts grateful when it comes to access to services where females constitute the biggest beneficiaries of the services offered at the hospital compared to the male counterparts at 65% and 25% respectively. This calls for more participation of females in planning at the hospital as they are the most affected by service standards.

4.3.2. Age group of the respondents

The table below presents the summary of respondent's according to age group. Following the table is the analysis and interpretation.

Table 5 Age group of the respondents

Employees/ staff				**Consumers**		
Age group	**Frequency**	**Percent**		**Age group**	**Frequency**	**Percent**
18 to 25 years	2	6.7		18 to 25 years	6	30.0
26 to 35 years	15	50.0		26 to 35 years	7	35.0
36 to 45 years	7	23.3		36 to 45 years	1	5.0
46 and above	5	16.7		46 and above	6	30.0
Missing	1	3.3		Missing	**0**	**0**
Total	**30**	**100**		**Total**	**20**	**100.0**

Source: Primary data

From the finding in table 5, majority of the staff (50%) are in their youthful age group of 26 to 35 years, 23.3% are aged 36 to 45 years, 16.7% are above 45 years, 6.7% are aged 18 to 25 years while 3.3% declined the question. On the other hand, youthful clients aged 26 to 35 years formed the

majority, followed by clients above 45 years and those in 18 to 25 years at 30%. Those aged 36 to 45 seek health services least at only 5%. The implications of the above finding is that, there is a good mix of experience and young blood into the workforce which presents a good picture on continuity of good service. Health delivery policies and strategies as well should aim at the aged and the mid aged clients who should be involved in decision making process as well.

4.3.3. Tribe of the respondents

The table below presents the summary of respondent's according to tribes. Following the table is the analysis and interpretation.

Table 6 Tribe of the respondent

Employees (Staff)				Consumers		
Tribe	**Frequency**	**Percent**		**Tribe**	**Frequency**	**Percent**
Baganda	18	60.0		Baganda	13	65.0
Baruli	2	6.7		Baruli	4	20.0
Banyarwanda	4	13.3		Banyarwanda	1	5.0
Others	6	20.0		Others	1	5.0
Missing	0	0		Missing	1	5.0
Total	**30**	**100.0**		**Total**	**20**	**100**

Source: Primary Data

Majority of the employees are Baganda (60%) who are also the major recipients of services at the hospital (65%). Other tribes constitute 20% of the workforce, followed by Banyarwanda at 13.3% and the Baruli at 6.7%. In terms of hospital clients, the Baruli though least employed at the facility are second in accessing services at the facility (20%), then Banyarwanda and others at 5% each. 5% of the clients declined to mention their tribe. The representation above is due to the fact the Baganda

are the majority in Nakaseke, however there should be deliberate effort to recruit more Baruli who are the second largest beneficiaries of services at the hospital.

4.3.4. Religion of the respondents

The table below presents the summary of respondent's according to religious affiliation. Following the table is the analysis and interpretation.

Table 7: religion of the respondents

Employees (Staff)				Consumers (Clients)		
Religion	**Frequency**	**Percent**		**Religion**	**Frequency**	**Percent**
Anglican	9	30.0		Anglican	11	55.0
Catholic	10	33.3		Islamic	1	5.0
Others	4	13.3		Catholic	3	15.0
Islamic	1	3.3		Pentecostal	4	20.0
Pentecostal	4	13.3		Others	1	5.0
Missing	2	6.7		Missing	0	0
Total	**30**	**30**		**Total**	**20**	**100**

Source: Primary data

Thirty three point three percent (33.3%) of the staff are Catholics; 30% are Anglicans; Pentecostals are 13.3%; 13% are other faiths; 6.7% did not indicate their faith and 3.3% are Muslims. 55% of the consumers on the other hand are Anglicans, 20% are Pentecostals, 15% are Catholics, 5% each are Muslims and other faiths. Religious affiliation is found to have insignificant influence on the study variables though.

4.3.5. Marital Status of the Respondents

The table below presents the summary of respondent's according to marital status. Following the table is the analysis and interpretation.

Table 8: Marital Status of respondents

Employees (Staff)				Consumers (Clients)		
Marital status	**Frequency**	**Percent**		**Marital status**	**Frequency**	**Percent**
Married	24	80.0		Married	16	80.0
Single	4	13.3		Single	2	10.0
Cohabiting	1	3.3		Cohabiting	0	0
Widowed	1	3.3		Widowed	0	0
Divorced	0	0		Divorced	2	10.0
Total	**30**	**100.0**		**Total**	**20**	**100.0**

Source: Primary data

An overwhelming majority of the staff respondents were married (80%), only 13.3% are single, 3.3% cohabiting and 3.3% widowed. Similarly 80% of the client respondents are married and 10% in each case are single and divorced. The finding suggests the need to involve the married more in decision making on matters affecting service delivery at the hospital.

4.3.6. Cadre of the respondents

The table below presents the summary of respondent's according to employment cadres. Following the table is the analysis and interpretation.

Table 9: Cadre of respondents

Cadre	Frequency	Percent
Medical Officer	3	10.0
Allied Health Professional	8	26.7
Nurse	10	33.3
Administrative	2	6.7
Support Staff	6	20.0

Missing	1	3.3
Total	**30**	**30**

Source: Primary data

From the research findings in table 9, 33.3% of the respondents are Nurses; 26.7% Allied Health professionals; 20% support staff; 10% Medical Officers; 6.7% Administrative cadre and 3.3% declined to indicate their cadre. The result of this finding is reflective of the staffing norm at the hospital. It also shows a holistic representation based on the different categories and hence an unbiased results.

PRESENTATION OF ACTUAL FINDINGS AS PER OBJECTIVES OF THE STUDY

4.4 Motivation and retention of health workers under decentralization and its impact on staff performance and health service delivery to the masses.

The figure below presents the finding of multiple questions that sought to establish the level of employee performance from both the employees and the customers as a result of decentralizing the HRM function to the LGs and the consequent contribution towards health service delivery in Nakaseke hospital in Nakaseke district. Following it is the analysis and interpretation.

Employee perspectives

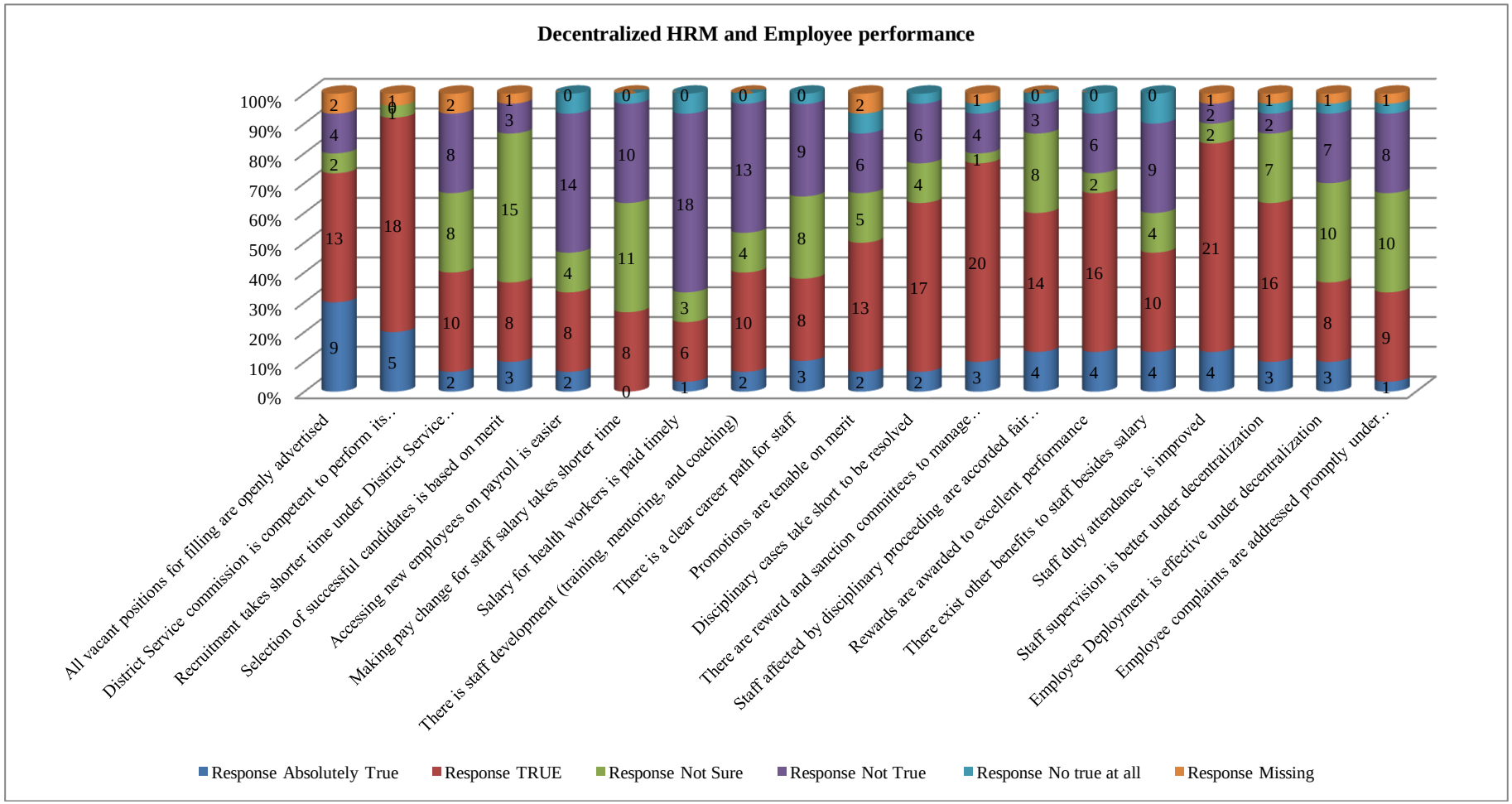

Figure 2: HRM and employee performance; employees' perspective

Source: Primary DataFigure 2: HRM and employee performance from Employees' perspective

A cumulative response for affirmation from the employees indicate that, the DSC is competent enough to manage HRM, representing 76.6%, those believing that the rewards and sanction committee are functioning well was 76.6%, those believing that there is improved attendance to duty were 83.3%, those agreeing that all vacant posts are declared and competed for openly were 70%, that rewards are awarded for excellent performance were 66.6% , that staff supervision is good were 63.3%, that disciplinary cases take shorter time to be resolved were 63.3%, that promotions are tenable on merit were 50% under decentralization of HRM. These views were further strengthened by the qualitative response from employees on the benefits of a decentralized HRM such as bringing service nearer to the people through employment, local contracts and decision making by local leaders which was represented by 56.6% of all respondents, that better resources are allocated based on local priorities were 43.3%, that the speed at which employee complaints/ challenges are easily sorted was 30% and proper monitoring and supervision of employees was 43.3%.

Employees however expressed dissatisfaction with management of salary payroll generally with a lot of irregularities which was represented by 68%, this included the delay to access new staff on payroll. Provision of additional benefits other than salary was represented by 30%. The above results from the quantity responses were further strengthened by the open ended assessment by the employees that; biases exists in the HRM processes like recruitment, promotion, discipline and deployment which was represented by 70%, that corruption is on the increase in the recruitment exercise was 70% of all respondents and that there is lack of employee mobility and limited opportunity for career development was represented by 62%.

Ignorance was expressed in the manner in which candidates are selected for jobs and this was represented by 46.6%. Irregularities were also cited in deployments and transfers of staff which was 44%.

The employees thus from the open ended responses recommended among other things general improvement of HRM by increasing the manpower in the structure, increasing employee pay, offering training to staff and increasing their motivation. This was represented by 90 %. 90.2% of respondents demanded for increased funding to the Hospital if services are to improve.

4.3.7. Customers/ Clients' perspectives

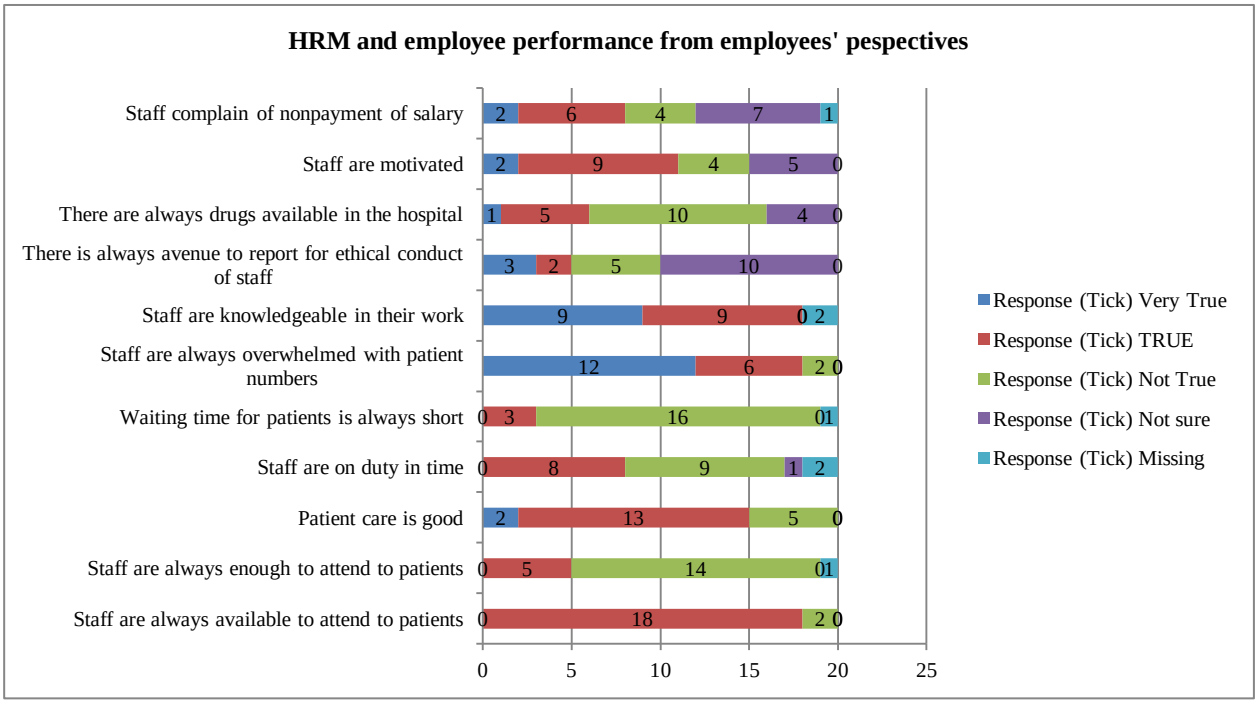

Figure 3: HRM and employees performance clients' perspectives

Source: Primary Data

From the results of the finding in figure 3 on the effect of decentralization of HRM on employee performance and service delivery at Nakaseke hospital, the customers/ clients expressed the following opinions. In affirmation, clients maintain that staffs are always available to attend to them (18/20); staffs are knowledgeable in their work (18/20); good patient care (15/20) and that the staff are always motivated to work (11/20). The clients further feel the staffs are always overwhelmed by the number of patients (18/20). Clients from the qualitative responses further maintained that under decentralization, employees are easily accessible (7/20); the recruitment function has been made easier (5/20) and supervision and monitoring of staff made easier (3/20).

On a negative point however, clients think, waiting time by patients is too long (15/20); limited number of staff to attend to patients (15/20); drugs are sometimes not there (15/20); late reporting for duty by staff (11/20) and staff complaint on salary are not addressed (8/20). The clients maintain that decentralization of HRM has led to:- understaffing and too much work load on staff (14/20); lack of essential supplies e.g. drugs and sundries due to underfunding and inability to raise local revenue (11/20); poor service delivery standards and slow response to clients (8/20) and low employee morale due to low salary and lack of motivation (7/20). Ignorance was expressed on the avenues for reporting unethical conduct among staff (10/20).

They thus recommend improvement in the HRM function to address manpower problems, increase employee pay and offer trainings (20/20); improvement in clients-employee relationship (8/20); timely release of funds from the centre (3/20) and introduction of cost sharing to increase funding to the hospital (2/20).

4.5. Financial decentralization and its impact on staff performance and Health Service delivery

The figure below presents the finding of multiple questions that sought to establish the level of employee performance as a result of fiscal/ financial decentralizing and the consequent contribution towards health service delivery in Nakaseke hospital in Nakaseke district. Following it is the analysis and interpretation.

4.5.1. Employees' Perspectives

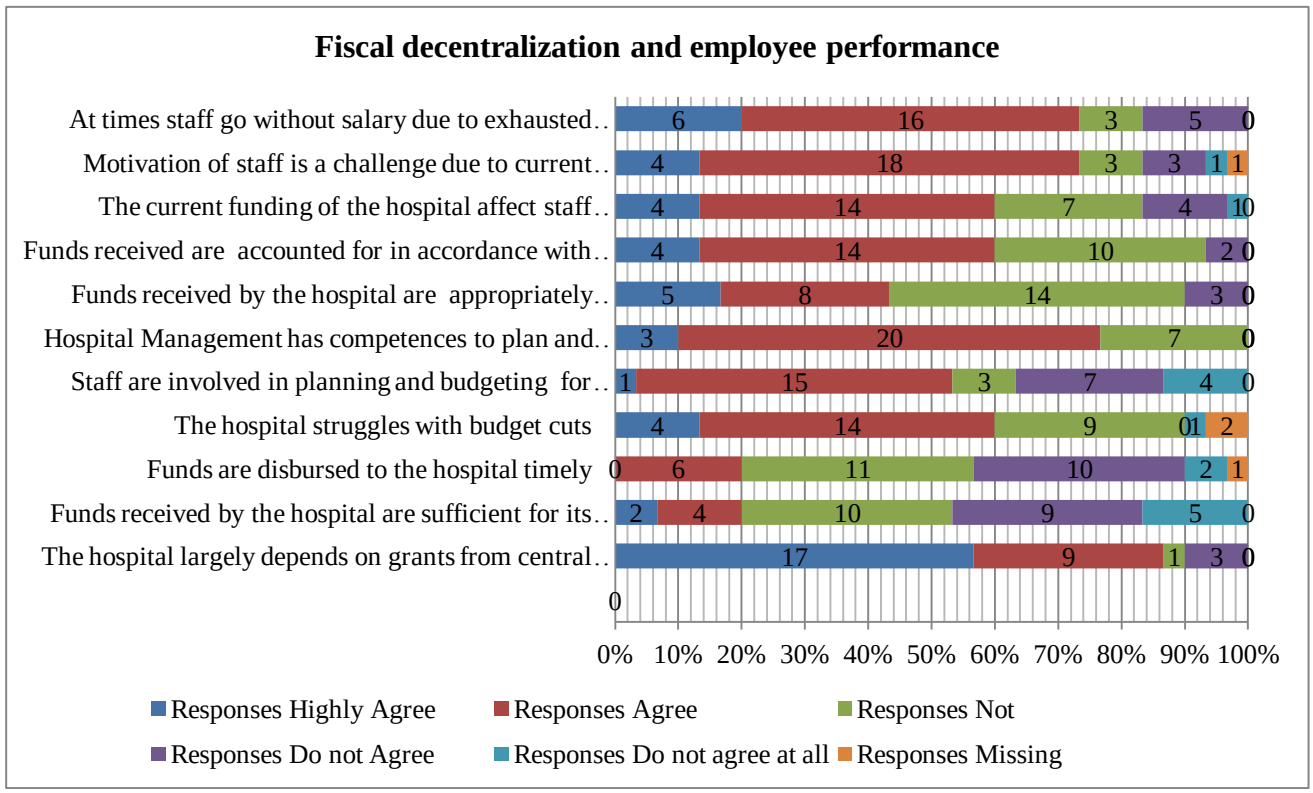

Figure 4: Fiscal decentralization and employee performance, staff perspectives

Source: Primary data

From the research finding represented in figure 4, 86.6% of the respondents agree that the hospital largely depend on grants from the centre and that hospital management has the capacity to plan. 76.6% respondents submitted that motivation of staff is lacking due to funding problems. 73.3% agree that staff sometimes going on without salaries due to numerous irregularities and abrupt salary policies brought up by Ministry of Public Service. 75.5% agreed that the current funding to the hospital has negative effect on employee performance and required supplies and drugs are not enough and sometimes completely out of stock.

Insufficiency of funds and delayed disbursement was represented by 79.7%. Consequently 77.3% supported the idea of introducing the private wing in the Hospital. 33.3% advocated for improvement in the internal control system of the hospital, while 41.2% advocated for training of section heads in financial management.

4.5.2. Customers' Perspectives

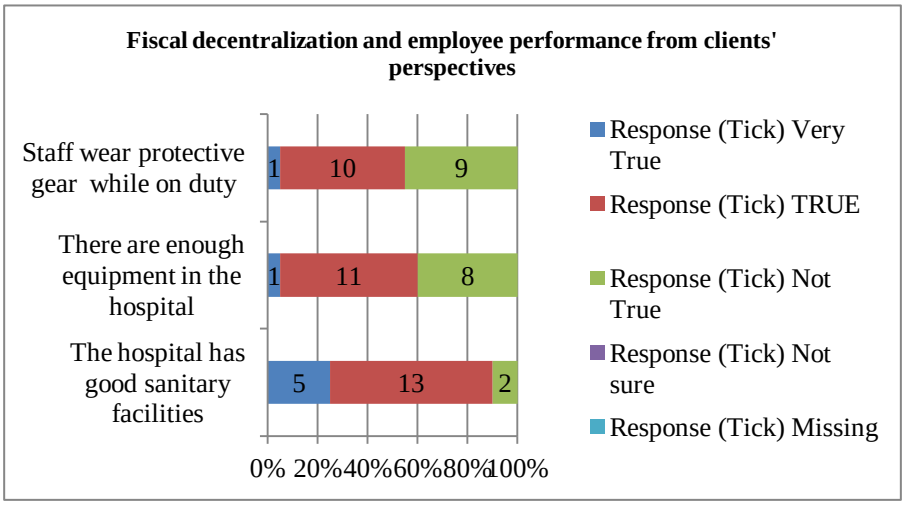

Figure 5: Fiscal decentralization and employee performance, clients; perspectives

Source: Primary data

82% of clients on the other hand were satisfied with the sanitary facilities at the hospital. 66.6% expressed the need to procure and enable staff use protective gears so as to control infections.

Decentralization of governance and its impact on staff performance and health service delivery

The figure below presents the findings of multiple questions that sought to establish the level of employee performance as a result of decentralizing governance and the consequent contribution towards health service delivery in Nakaseke hospital in Nakaseke district. Following it is the analysis and interpretation.

Table 10: whether hospital management committee exists

Responses	Frequency	Percent
Yes	24	80.0
No	0	0
Missing	6	20.0
Total	**30**	**100.0**

Source: Primary Data

There is general agreement of 80% that the hospital has a hospital management committee although 20% declined to answer the question. They therefore remained neutral.

4.5.3. Employees' Perspectives

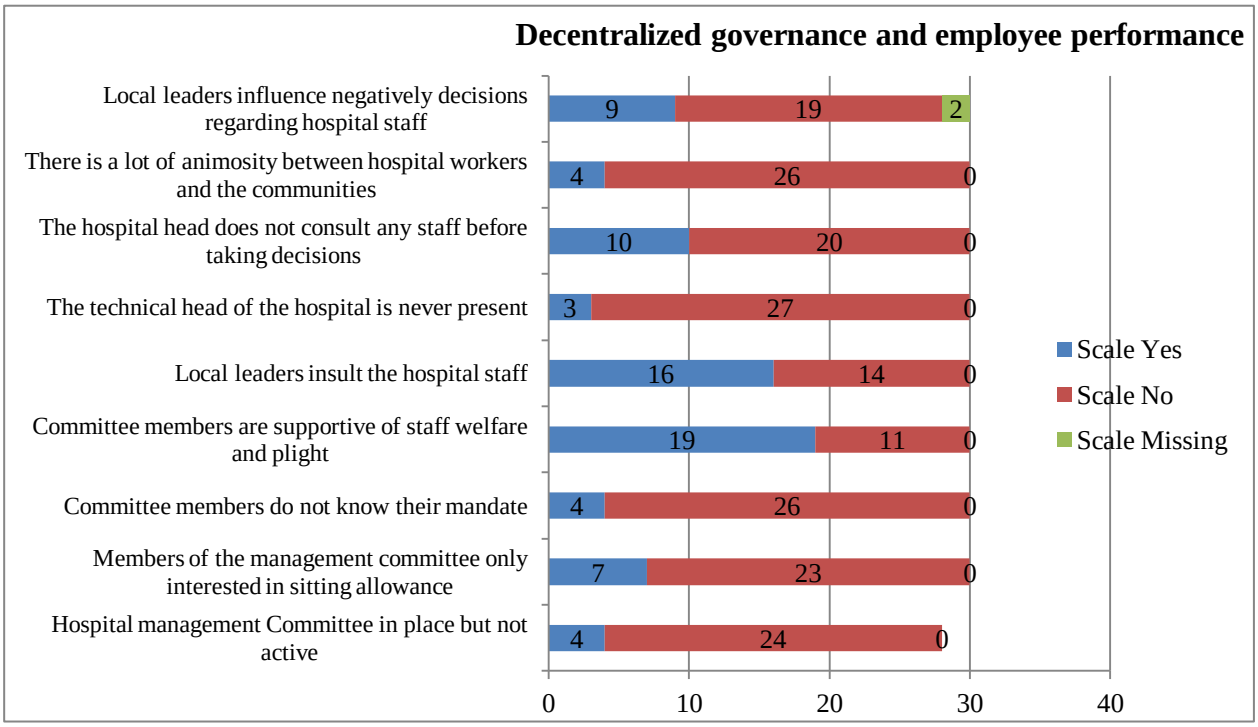

Figure 6: Governance and employee performance, employee perspectives

Source: Primary data

86.6% of all employees felt that the hospital management committee and the staff have positive working relationship, while 86.1% agreed that the hospital head is always present and works well with the rest of staff. On a negative note however, there is a feeling that the hospital management committee members do not know their mandate and this is represented by 87%. More to this 46.6% staff submitted Local leaders and the community insult them without listening to them. These last two findings greatly affect service delivery.

Customers' Perspectives

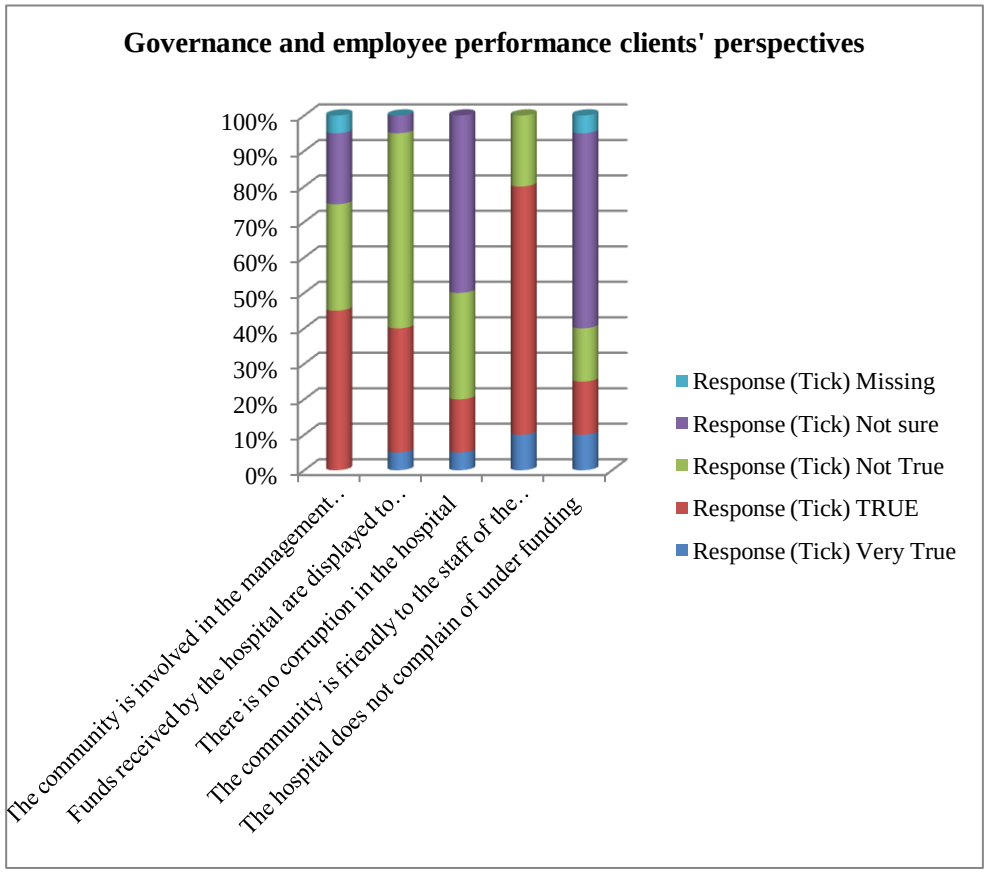

Figure 7: Governance and employee performance, clients' perspectives

Source: Primary Data

On governance, 53.3% of the clients/ customers reported a friendly workforce at the hospital. However, 36.6% expressed dissatisfaction with transparency in disclosing funding information to the community.

From the qualitative responses, clients recommended the following actions in order to enhance employee performance: - improvement of staff welfare 95%, monitoring employee performance 65%, establishment of an excellent disciplinary mechanism69%), participatory budgeting 55%, provision of staff accommodation 70%, lobbying for increased funding 81% and award to best performing employees 60%.

Table 11: Summary of the Objective Testing

No	Objectives	Result
Obj1	HRM decentralization has significant effect on employee performance and health service delivery	Supported and accepted
Obj2	Fiscal decentralization has significant effect on employee performance and health service delivery	Partially supported and accepted
Obj3	Decentralized Governance has significant effect on employee performance and health service delivery	Supported and accepted

Source: Primary Data

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This Chapter presents the study summary, discussions, conclusions and recommendations. The summary provides the context which includes the objectives of the study, methodology and findings, it presents the discussion of the findings, conclusion and recommendations, it then states the contribution to the body of knowledge and thereafter suggests areas for further research.

5.2. Summary of the findings

The impact of decentralization on the motivation and retention of health workers in regard to their performance at Nakaseke hospital in Nakaseke District was examined. Four main variables: Motivation, retention governance and financial decentralization viz-a-viz employee performance and health service delivery were studied. Three specific objectives were formulated to guide the study and a research question was formulated as shown in chapter one. Questionnaire was used to gather primary data which was corroborated with secondary data from the district identified by use of documentary review checklist. Several interesting relationships arose, representing a paradigm shift in understanding the effects of decentralization on staff motivation, retention in regard to employee performance and service delivery. The study thus found out that;

5.2.1. Decentralization and its impact on motivation, retention and Staff performance and health service delivery: Decentralization of the HRM functions have contributed significantly to employee performance and somehow improved service delivery at Nakaseke Hospital. The DSC is competent enough in performing her functions related to human resource function. Staff monitoring and supervision are effectively conducted under a decentralized setting and decision making is quicker.

5.2.2. There is however, identified challenges which continue to negatively affect service delivery by the hospital staff to the population. These include;

Limited hospital supplies and drugs

Under funding to the hospital

Political harassment to the staff

Overcrowding numbers of clients leading to a big work load to staff

Lack of adequate housing facilities

Inadequate salaries

Irregularities in payment of salaries

Delayed access of gratuity and pension to retired staff

Limited mobility of staff and opportunity for career progression

Staff development opportunities do not exist

Employee motivation schemes pose serious challenges on employee morale and somewhat affect service delivery negatively.

5.2.3. Financial Decentralization and its impact on Staff performance and health service delivery:

There is continued reliance on central government grants/ release to fund the LGs as they are not able to realize enough locally generated revenues to deliver services to the population. Budget cuts, delayed release of funds and poor accountability are found to negatively affect the performance of the employees and service delivery.

5.2.4. Decentralization of governance and its impact on Staff performance and health service delivery:

The LGs have adequate capacity to plan, implement and monitor its plans. There is involvement of all stakeholders in the planning process and decision making is quicker. Decentralized governance

has provided numerous local opportunities of bringing services like planning, recruitment, local contracts and staff management nearer.

5.3. Discussion of Results

This study discusses its findings according to the major themes that were derived from the objectives. I have as much as possible tried to use cross-referencing in the course of the discussion to link the findings with existing literatures.

Decentralization and its impact on motivation and retention of health workers and Staff performance and health service delivery:

From this study we establish that decentralized HRM contributed positively to enhanced employee performance and hence improved service delivery. The recruitment processes are transparently and timely managed and employee supervision is easier however, decentralized employees suffer from limited opportunity for promotion, staff development and absence of scheme for employee motivation. These are attributed to lack of adequate local revenue and the management of certain human resource functions such as the payroll from the centre. This analysis is supported by Schneider (2003) who maintained that, if administrative decentralization improves local and state bureaucracies, fosters training of local officials, or facilitates learning through the practice of delivering new responsibilities, it will increase the organizational capacities of sub national governments. However, if administrative decentralization takes place without the transfer of funds, this reform may decrease the autonomy of sub national officials, who will be more dependent on subsequent national fiscal transfers or sub national debt for the delivery of public social services.

The continued management of salaries and pensions of Local Governments from the centre, the recentralization of the technical heads, the Chief Administrative Officers (CAOs) in 2005 and the reliance on the centre for scholarships and training opportunities are clear manifestations of lack of confidence and partial decentralization of the HRM functions.

5.3.1. Financial decentralization and its impact on staff performance and health service delivery:

The LGs do not have adequate local revenues to fund its plans. They thus rely on central government grants to recruit and manage its human resources, finance the DDP, and health care. These have greatly undermined the autonomy of the LGs whose priorities more often than not are imposed from the centre through quotas. The Article published in Daily Monitor newspaper on 1st May, 2014 titled "Mbabazi launches new LG guidelines" justifies the above point of view. Central government through the guideline among other things aims at changing the way the LGs conduct its businesses. It shall stripe LG of their planning powers as they will be required to align their LG development plans to the national development plans.

According to Schneider (2003), fiscal decentralization works favourably where the LGs have the capacity and access to wide range of local revenue sources but where these are lacking, the delegation of taxing authority to sub national units that lack the administrative capacity to collect new taxes can set serious constraints on the local budgets and increase the dependence of the local officials on the transfers from the center. Prosperous sub national units prefer to collect their own taxes, but poor states or municipalities are negatively affected every time the collection of taxes is decentralized and, as a consequence, the horizontal redistribution of transfers from rich to poor sub national units is affected.

5.3.2. Decentralization of governance and its impact on staff performance and health service delivery:

Olowu and Wunsch, 2004: 7) maintain that decentralized governance sees LGs as agents for effective management as they are able to solve problems effectively. Their key role is seen in identification of problems, setting priorities, resource mobilization, implementation of programs, evaluation of results as well as maintenance of popular legitimacy with the authority and resources

within the available institutional framework. Accountability to the population, widespread participation and set rules to organize the local affairs are important elements for any local government in order to be considered functional. The finding of this study is that, there is effective representation of the local actors at all levels of LG administration, the planning function is participatory and management and supervision of service delivery is effective. The biggest challenge however lies in the LGs ability to raise enough local revenues to implement its plans and manage and motivate its human resources. Accountability is as well a very big challenge facing the LGs due to technical and financial capacity. The central government continue to impose policies and dictate on the plans of the LGs inform of quotas and guidelines which undermine the autonomy of the LGs.

We can thus argue that decentralization which was established on the ideal that a spate local body that is constitutionally separate from the central government and responsible for a range of significant local services shall be created. That this body shall have its own treasury, budget and accounts along with substantial authority to raise its own revenue. That it shall employ its own competent staff whom it can hire, fire and promote, that a majority elected council, operating on party lines, shall decide policy and determine internal procedures and that Central government administrators shall serve purely as external advisors and inspectors and have a role within the local authority. The above blue prints have, however, remained speculative and at times offering no details leaving a big gap for variation in the implementation of the policy and ensuring that it results in improvement of employee performance and enhanced service delivery.

5.4. Conclusion of the study

The researcher was able to draw the following important conclusions from the results of this study based on the four key themes of motivation, retention, decentralization and employee performance and service delivery in Nakaseke DLG.

Uganda promoted decentralization with the objective of empowering its nationals to participate in the process of development to improve their livelihood, specifically to contribute to poverty reduction and encouraging participatory local democracy. Decentralization promises efficient and accountable governance through the increased involvement of the people in the way they are governed. That is, decentralization promotes people's participation in important government functions such as decision making, the identification of problems, priority setting, planning and monitoring the implementation of any programmes, which in effect promotes and ensures the better allocation and utilization of resources as well as accountability. Decentralization also promises greater respect for human rights through the involvement of people in the design, planning and implementation of government programmes/ policies. Over all, decentralization enhances the process of governance.

5.4.1. Decentralization of health workers and its impact on staff performance and Health service delivery

Decentralization of the HRM function has significantly resulted in improvement of employee performance and enhanced service delivery in Nakaseke DLG. The DSC have the requisite competency to manage the human resources of the district, however the quality of services still managed by central governments such as the payroll, pensions, staff development programs affect LG employees negatively. There is delayed access to the payroll (salary and pension), underpayment and sometimes non payment of salaries, marginalization in offering training and development opportunities among other negative effects.

5.4.2. Financial decentralization and its impact on staff performance and health service delivery

Fiscal decentralization has negative implications on the performance of the DDP, the employees and service delivery in the DLG. The LGs do not have many avenues for generating local revenues and

therefore have failed to fund its local priorities. They rely entirely on central government grants which greatly undermines their autonomy and powers as enshrined in the Constitution and the LGs Act.

5.4.3. Decentralization of governance and its impact on staff performance and Health service delivery

Local governance has been a strong tool for effective functioning of the HRM functions through local participation, monitoring and supervision, political and administrative accountability which ensures enhanced employee performance and better service delivery to the population. The local structures at all levels (higher local governments, lower local governments and functional units) are effectively playing their oversight roles especially in the health sector through the hospital management committee whose roles involve, planning, monitoring and supervision of employees and service delivery standards including the promotion of accountability.

However, in spite of all the above would be desired roles and goals of decentralization in the health service delivery, a lot more still lacking in motivation and retention of staff to serve clients in the local government health units effectively and efficiently. There is low morale due to low salaries, irregularities leading to delayed payment of salaries, Lack of enough supplies like drugs and sundries, Lack of adequate housing facilities, remoteness of some health units and lack of social amenities like transport and electricity. These have greatly affected health service delivery and death has sometimes been the result. In order to mitigate this, enhancement of salaries, provision of housing facilities, top up allowances, supply of adequate drugs and other utilities, would greatly help to salvage the situation and improve service delivery to the population of Nakaseke District and Uganda at large.

5.5. Recommendations

The following recommendations under the various themes (objectives) based on a representative, unbiased data, analysis/ interpretation and discussions on the effects of decentralization on employee performance and service delivery can be made. These are based on the notion that fundamentally man is the key to all problems. Therefore a framework needs to be put in place and a complete strategic, systematic and implementation shift is paramount. This will ensure that the intentions and values of decentralization result in enhancing employee performance and improvement in services.

5.5.1. Decentralization of health workers and its impact on staff performance and service delivery

Both Ministries of Public Service and Local government should fully decentralize the HRM functions as a matter of policy to local governments, but also to mitigate the increasing cost of public administration and cut the gaps or overlap between the centre and the LGs. The management and control over recruitment and wage bill, payroll, pensions and scholarships should be fully managed by the HR units of local governments for efficiency.

MoPS and policy makers should establish a salary review commission to provide for adequate remuneration and uniforms terms and conditions of service including provision of motivational schemes across all levels of government.

Some areas of Nakaseke District like Ngoma, Kinyogoga and Kinoni should be declared hard-to-reach, so that staff working there can be paid hard-to-reach allowances.

5.5.2. Financial decentralization and its impact on staff performance and service delivery

Central Government political institutions should allow LGs indentify, develop and implement taxation policies based on their local situations without undue influence or direction from the centre

as mandated by the Constitution and the LGs Act. For example the reintroduction of graduated tax which constituted a bigger sources of funding for the LGs and the reintroduction of user charges/ fees in hospitals and schools. Evidence has proved that central government releases are irregular, inadequate and subjected to regular cuts and have not been helpful in addressing local priorities as they are tied to national priorities with limited flexibility options.

MoLG, Nakaseke DLG and MoFPED should invest in training local leaders (both political and administrative heads) in planning and financial management and accountability. This will enable them play crucial role in identifying new sources of revenue, collect and manage them and account for service delivery quality to the citizens.

5.5.3. Decentralization of governance and its impact on staff performance and service delivery

Effective governance is built on a strong legal and policy frameworks, mandates, knowledge, power and access to information and participation. There is therefore need by policy makers to increase the powers of the local leaders and the population to ensure their full participation in decision making and implementation of plans and demand for accountable leaders.

5.6. Contribution to a body of knowledge

These results can have some apparent implications and add value to the understanding of how decentralization can influence employee performance and thus service quality. Examining the effects of human and financial decentralization; and governance on employee performance reveals that, it is not a guarantee that bringing these services nearer to the population shall automatically result in increased performance.

This imposes very serious policy obligations on MoLG, policy makers and the academia with regards to the paradigm shift and in as far as the fragmentation of LGs to create more others reduces remittances and local revenue base which grossly affect their performance. These if not addressed especially fiscal decentralization may negatively impact the effective attainment of Uganda's vision 2040.

5.7. Limitations of the Study

The research notes that while the study brought some encouraging findings through elaborate methodological approach (using questionnaire and documentary review); it is subject to limitations arising in part from the study design and on the methodology employed. These limitations includes; the small portion of dimensions of decentralization and employee performance and service delivery considered, therefore, it is hard to be sure that only these dimensions are enough to test the effects of decentralization on employee performance moreover other factors that may have implications on employee performance were not discussed in-depth.

The selection of a sample size from only one LG out of 112 and from only 55 respondents from a population of over 200 constitutes another limitation given that it was relatively small for comparisons. This though was due to resource constraints (time and funds). As Sekaran (2003) observed, sometimes because of time and costs involved, a researcher might be constrained to settle for less than ideal research design. Thus there is trade-off between rigor and resource, deliberate and conscious decision by the researcher based on the scope of and reason for the study.

5.8. Areas for further research

Owing to the constraints noted above, a further research aimed at expanding the role of decentralization in specifically enhancing employee performance is apparent.

A further research is also warranted in exploring how financial autonomy of LGs can be ensured without transfers from the central government.

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APPENDICES

Appendix 1: Questionnaire

NKUMBA UNIVERSITY, ENTEBBE

Motivation and retention of health workers working in district health units under a decentralized system and its impact on Health service delivery in Nakaseke Hospital, Nakaseke District

Interview schedule for Respondents

Serial No.

I am Matthias Senfuka, a student of Nkumba University, undertaking a masters degree in Public Administration and Management (MAPAM), I have chosen to

undertake a study to assess the impact of decentralization on motivation and retention of health workers in the health units with Nakaseke hospital in Nakaseke district as a case study, as a partial requirement for the above award.

You have been chosen to participate in the study due to the vital contribution you make in service delivery at Nakaseke hospital. The study is purely academic and hence your responses will be treated as so and confidential. No victimization shall arise out of your participation in the study. All responses are right so long as they reflect your feelings on the questions and your participation is optional.

General Information

1. Indicate your sex ☐ Male ☐ Female

2. Age category ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46 and above

3. Tribe ☐ Other ☐ Muganda ☐ Muruli ☐ Munyarwanda ☐

4. Religious affiliation ☐ Anglican ☐ Islamic

☐ Catholic ☐ Pentecostal

☐ Others (Specify)……..

5. Marital Status

☐ Married ☐ Single ☐ Cohabiting

☐ Widowed ☐ Separated

6. Indicate the cadre you belong

☐ Medical Officer ☐ Allied Health Professionals ☐ Nurses

☐ Administrative ☐ Support Staff.

Section B: Decentralization and human resource management

1. The following statements explain the state of human resource management under decentralization in the health sector. Tick against the response option you deem appropriate for each statement.

S	Statement	Response options

N						
		Absolutely True	True	Not Sure	Not True	No true at all
1	All vacant positions for filling are openly advertised					
2	District Service commission is competent to perform its mandate					
3	Recruitment takes shorter time under District Service Commission					
4	Selection of successful candidates is based on merit					
5	Accessing new employees on payroll is easier					
6	Making pay change for staff salary takes shorter time					
7	Salary for health workers is paid timely					
8	There is staff development (training,					

	mentoring, and coaching)					
9	There is a clear career path for staff					
10	Promotions are tenable on merit					
11	Disciplinary cases take short to be resolved					
12	There are reward and sanction committees to manage discipline					
13	Staff affected by disciplinary proceeding are accorded fair hearing					
14	Rewards are awarded to excellent performance					
15	There exist other benefits to staff besides salary					
16	Staff duty attendance is improved					
17	Staff supervision is better under decentralization					
18	Employee Deployment is effective under decentralization					
19	Employee complaints are addressed					

	promptly under decentralization					

2. What in your view are the benefits of decentralization of human resource management function(List any 3)

   i) ……

   ii) ……

   iii) ……

3. Mention any 3 challenges you face as a result of decentralization of human resource

   i) ……

   ii) ……

   iii) ……

Section C: Fiscal (Financial) Decentralization and staff performance

1. Indicate your level agreement about financial management practices in local governments under decentralization based on the following parameters. (Indicate your option by ticking).

Sn	**Practice**	**Optional Responses**

		Highly Agree	Agree	Not sure	Do not Agree	Do not agree at all
1	The hospital largely depends on grants from central government as its source of revenue					
2	Funds received by the hospital are sufficient for its operations					
3	Funds are disbursed to the hospital timely					
4	The hospital struggles with budget cuts					
5	Staff are involved in planning and budgeting for hospital resources					
6	Hospital Management has competences to plan and budget for hospital priorities					
7	Funds received by the hospital are appropriately utilized					
8	Funds received are accounted for in accordance with the law					
9	The current funding of the hospital affect staff performance negatively					

10	Motivation of staff is a challenge due to current funding					
11	At times staff go without salary due to exhausted wage allocation					

2. Propose some of the ways to improve funding for the hospital (Any three)

i) ……

ii) ……

iii) ……

3. Suggest any 3 ways of improving financial management in the hospital

i) ……

ii) ……

iii) ……

Section D: Governance under decentralization and staff performance

1. Does the hospital have Hospital Management Committee Yes/No (tick)

2. If yes, give 3 key roles they play to enhance staff performance

a) ……

b) ……

c) ……

d) ……

e) ……

3. Do we have instances when they interfere with the work of staff of the hospital? If yes, list and explain any instance of interference.

i) ……..

ii) ……

iii) ……

iv) ……

4. Which of the under listed situations apply to your hospital. (Tick as many as possible as they may appeal to you).

- ☐ Hospital management Committee in place but not active
- ☐ Members of the management committee only interested in sitting allowance
- ☐ Committee members do not know their mandate

- ☐ Committee members are supportive of staff welfare and plight
- ☐ Local leaders insult the hospital staff
- ☐ The technical head of the hospital is never present
- ☐ The hospital head does not consult any staff before taking decisions
- ☐ There is a lot of animosity between hospital workers and the communities
- ☐ Local leaders influence negatively decisions regarding hospital staff

Thank you so much for your time and participation in the study

Appendix 2: Interview guide

NKUMBA UNIVERSITY

The impact of Decentralization on motivation and retention of health workers under a decentralized system in the Health units and how it affects service delivery giving Nakaseke Hospital in Nakaseke District as a case study.

Interview guide for Service Consumers

Interview Date……. **Serial No**

1. Record Sex of the respondent ☐ Male ☐ Female

2. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separate ☐ Cohabiting

3. Age category ☐ 18-25 ☐ ☐ ☐ 46 and above

4. Tribe ☐ Other ☐ Muganda ☐ Muruli ☐ Munyarwanda

5. Religious affiliation ☐ Anglican ☐ Islamic ☐ Catholic ☐ Pentecostal ☐ Others (Specify)…….

1. Tick the respondent's response

Sn	Issue	Response (Tick)			
		Very True	True	Not True	Not sure
1	Staff are always available to attend to patients				
2	Staff are always enough to attend to patients				
3	Patient care is good				
4	Staff are on duty in time				
5	Waiting time for patients is always short				
6	Staff are always overwhelmed with patient numbers				
7	Staff are knowledgeable in their work				
8	There is always avenue to report for ethical conduct of staff				
9	There are always drugs available in the hospital				
10	Staff are motivated				
11	Staff complain of nonpayment of salary				
12	The hospital has good sanitary facilities				
13	There are enough equipment in the hospital				
14	Staff wear protective gear while on duty				
15	The community is involved in the management of the hospital				
16	Funds received by the hospital are displayed to the public				
17	There is no corruption in the hospital				
18	The community is friendly to the staff of the hospital				
19	The hospital does not complain of under funding				

2. What are the benefits did decentralization have on staff performance

   i) ……

   ii) ……..

   iii) ……

3. What do you think are the challenges of the hospital
   i) ……..
   ii) ……
   iii) ……
   iv) ……
   v) ……

4. In your view, what should be done to improve performance of staff in this hospital
   i) ……
   ii) ……
   iii) ……
   iv) ……
   v) ……

Thank you so much for your time and participation
God bless you

Appendix 3: Employees' Data analysis

Sex of the respondent

Sex	Frequency	Percent
Male	19	63.3

Female	11	36.7
Total	**30**	**100.0**

Age of the respondent

Age group	Frequency	Percent
18 to 25 years	2	6.7
26 to 35 years	15	50.0
36 to 45 years	7	23.3
46 and above	5	16.7
Missing	1	3.3
Total	**30**	**100**

Tribe of the respondent

Tribe	Frequency	Percent
Baganda	18	60.0
Baruli	2	6.7
Banyarwanda	4	13.3
others	6	20.0
Total	**30**	**100.0**

Religion of the respondent

Religion	Frequency	Percent
Anglican	9	30.0
Catholic	10	33.3
Others	4	13.3
Islamic	1	3.3
Pentecostal	4	13.3
Missing	2	6.7
Missing	30	30

Marital Status of the respondent

Marital status	Frequency	Percent
Married	24	80.0
Single	4	13.3
Cohabiting	1	3.3
Widowed	1	3.3
Total	**30**	**100.0**

Cadre of the respondent

Cadre	Frequency	Percent
Medical Officer	3	10.0
Allied Health Professional	8	26.7
Nurse	10	33.3
Administrative	2	6.7
Support Staff	6	20.0
Missing	1	3.3
Total	**30**	**30**

Human Resource Management at Nakaseke Hospital

SN	Statement	Response					
		Absolutely True	True	Not Sure	Not True	No true at all	Missing
1	All vacant positions for filling are openly advertised	9	13	2	4	0	2
2	District Service commission is competent to perform its mandate	5	18	1	0	0	1
3	Recruitment takes shorter time under District Service Commission	2	10	8	8	0	2
4	Selection of successful candidates is based on merit	3	8	15	3	0	1
5	Accessing new employees on payroll is easier	2	8	4	14	2	0
6	Making pay change for staff salary takes shorter time	0	8	11	10	1	0
7	Salary for health workers is paid timely	1	6	3	18	2	0
8	There is staff development (training, mentoring, and coaching)	2	10	4	13	1	0

9	There is a clear career path for staff	3	8	8	9	1	0
10	Promotions are tenable on merit	2	13	5	6	2	2
11	Disciplinary cases take short to be resolved	2	17	4	6	01	
12	There are reward and sanction committees to manage discipline	3	20	1	4	1	1
13	Staff affected by disciplinary proceeding are accorded fair hearing	4	14	8	3	1	0
14	Rewards are awarded to excellent performance	4	16	2	6	2	0
15	There exist other benefits to staff besides salary	4	10	4	9	3	0
16	Staff duty attendance is improved	4	21	2	2	0	1
17	Staff supervision is better under decentralization	3	16	7	2	1	1
18	Employee Deployment is effective under decentralization	3	8	10	7	1	1
19	Employee complaints are addressed promptly under decentralization	1	9	10	8	1	1

Opinion on the benefits of decentralization

S/ No	Benefits of decentralization	Frequency	Percent
1	Bringing service nearer to the people e.g. employment, local contracts and decision making by local leaders	17	37
2	Employee complaints/ challenges are easily sorted	9	20
3	Better resource allocation based on local priorities	13	28
4	Proper monitoring and supervision of employees	7	15

Challenges faced as a result of decentralization

S/No	Challenges of Decentralization	Frequency	Percent
1	Bias in Human resource processes e.g. recruitment, promotion, discipline and deployment	21	42
2	Increase in corruption	9	18
3	Delays in accessing staff on payroll and promotion (mismanagement of human resource functions)	15	30
4	Lack of employee mobility and limited opportunity for career development	5	10

Fiscal (Financial) Decentralization and staff performance

S/N	Practice	Responses

o		Highly Agree	Agree	Not sure	Do not Agree	Do not agree at all	Missing
1	The hospital largely depends on grants from central government as its source of revenue	17	9	1	3	0	0
2	Funds received by the hospital are sufficient for its operations	2	4	10	9	5	0
3	Funds are disbursed to the hospital timely	0	6	11	10	2	1
4	The hospital struggles with budget cuts	4	14	9	0	1	2
5	Staff are involved in planning and budgeting for hospital resources	1	15	3	7	4	0
6	Hospital Management has competences to plan and budget for hospital priorities	3	20	7	0	0	0
7	Funds received by the hospital are appropriately utilized	5	8	14	3	0	0
8	Funds received are accounted for in accordance with the law	4	14	10	2	0	0
9	The current funding of the hospital affect staff performance negatively	4	14	7	4	1	0
10	Motivation of staff is a challenge due to current funding	4	18	3	3	1	1
11	At times staff go without salary due to exhausted wage allocation	6	16	3	5	0	0

Proposals to improve funding to the hospital

S/ No	Proposals to increase hospital funding	Frequency	Percent
1	Introduce cost sharing	13	24
2	Government should increase budget allocation	11	20
3	Allocation of more resources by the district from its local revenue	9	16
4	Lobbying for donations	5	9
5	Create a private wing within the hospital to generate revenue	12	22
6	Involve staff in planning	5	9

Suggestions to improve financial management in the hospital

S/ No	Suggestions to improve financial management	Frequency	Percent
1	Proper accountability framework	13	27
2	Display all disbursements and contract awards	9	18
3	Put in place a financial management committee	7	14
4	Appropriate training of section heads in financial management and procurement	7	14

5	Improve the internal controls in the hospital	10	20
6	Enforce proper records management system	3	6

Decentralized governance and employee performance

Whether Hospital management committee exists

Responses	Frequency	Percent
Yes	24	80.0
No	0	0
Missing	6	20.0
Total	**30**	**100.0**

Roles the hospital management committee plays in enhancing staff performance

S/ No	How the hospital management committee can enhance employee performance	Frequency	Percent
1	Monitoring employee performance	13	15
2	Award best performing employees	6	7
3	Proper participatory budgeting for the hospital	11	13
4	Improve welfare of staff	21	25
5	Provision of accommodation	9	11
6	Lobbying for increased funding and identifying more revenue sources	7	8
7	Improve human resource management generally	5	6
8	Establishing an excellent disciplinary mechanism	12	14

Instances of interference by the Hospital management committee

S/No	Instances of interference	Frequency	Percent
1	Creation of intrigue and infighting amongst staff	2	67
2	Influence deployment	1	33

Governance and employee performance

S/No	Aspects of Governance	Scale		
		Yes	No	Missing
1	Hospital management Committee in place but not active	4	24	0
2	Members of the management committee only interested in sitting allowance	7	23	0
3	Committee members do not know their mandate	4	26	0

4	Committee members are supportive of staff welfare and plight	19	11	0
5	Local leaders insult the hospital staff	16	14	0
6	The technical head of the hospital is never present	3	27	0
7	The hospital head does not consult any staff before taking decisions	10	20	0
8	There is a lot of animosity between hospital workers and the communities	4	26	0
9	Local leaders influence negatively decisions regarding hospital staff	9	19	2

Appendix 4: Consumers'/ Clients' Data analysis

Sex of the respondent

Sex	Frequency	Percent
Male	7	35.0
Female	13	65.0
Total	20	100.0

Marital status of the respondent

Marital status	Frequency	Percent
Single	2	10.0
Married	16	80.0
Divorced	2	10.0
Total	**20**	**100.0**

Age of the respondent

Age group	Frequency	Percent
18-25	6	30.0
26-35	7	35.0
36-45	1	5.0
46 and above	6	30.0
Total	**20**	**100.0**

Tribe of the respondent

Tribe	Frequency	Percent

Baganda	13	65.0
Baruli	4	20.0
Banyarwanda	1	5.0
others	1	5.0
Missing	1	5.0
Total	**20**	**100**

Religion of the respondent

Religion	**Frequency**	**Percent**
Anglican	11	55.0
Islamic	1	5.0
Catholic	3	15.0
Pentecostal	4	20.0
Others	1	5.0
Total	**20**	**100.0**

Decentralization and employee performance in Nakaseke Hospital

S/ No	**Issue**	**Response (Tick)**				
		Very True	**True**	**Not True**	**Not sure**	**Missing**
1	Staff are always available to attend to patients	0	18	2	0	0
2	Staff are always enough to attend to patients	0	5	14	0	1
3	Patient care is good	2	13	5	0	0
4	Staff are on duty in time	0	8	9	1	2
5	Waiting time for patients is always short	0	3	16	0	1
6	Staff are always overwhelmed with patient numbers	12	6	2	0	0
7	Staff are knowledgeable in their work	9	9	0	0	2
8	There is always avenue to report for ethical conduct of staff	3	2	5	10	0
9	There are always drugs available in the hospital	1	5	10	4	0
10	Staff are motivated	2	9	4	5	0

11	Staff complain of nonpayment of salary	2	6	4	7	1
12	The hospital has good sanitary facilities	5	13	2	0	0
13	There are enough equipment in the hospital	1	11	8	0	0
14	Staff wear protective gear while on duty	1	10	9	0	0
15	The community is involved in the management of the hospital	0	9	6	4	1
16	Funds received by the hospital are displayed to the public	1	7	11	1	0
17	There is no corruption in the hospital	1	3	6	10	0
18	The community is friendly to the staff of the hospital	2	14	4	0	0
19	The hospital does not complain of under funding	2	3	3	11	1

Benefits of decentralization on staff performance

S/ No	Benefits	Frequency	Percent
1	Easy recruitment of staff	5	33
2	Supervision and monitoring of staff made easier	3	20
3	Staff are within reach/ easily accessible	7	47

Challenges facing the hospital

S/No	Challenges	Frequency	Percent
1	Lack of essential supplies e.g. drugs and sundries	6	15
2	Understaffing and too much work load	14	35
3	Low employee morale due to low salary and lack of motivation	7	18
4	Underfunding	5	13
5	Poor service delivery standards and slow response to clients	8	20

How to improve staff performance in the hospital

S/ No	Suggestions to improve staff performance	Frequency	Percent
1	Increase manpower, increase employee pay, offer training to staff and increase their motivation	24	62

2	Increase funding to the hospital and procure drugs and supplies	8	21
3	Improve staff and client relationship	3	8
4	Timely release of funds to the hospital	2	5
5	Introduce cost sharing to increase funding to the hospital	2	5

MAP OF NAKASEKE DISTRICT