



**FINANCING AND HEALTH SERVICE DELIVERY IN UGANDA GOVERNMENT
HOSPITALS
A CASE OF MASINDI GENERAL HOSPITAL**

By

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Declaration

I Patrick Byamukama, hereby declare that the work presented in this report is my original piece, and confirm to the best of my knowledge that it has never been submitted either in part or in full for publication or award of any academic award in any other institution

Signature: Date:

Approval

This dissertation has been submitted for examination with our approval as supervisors.

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Dedication

This study is dedicated to my parents- Mr. Safan Byaruhanga and Ms. Margret Kiiza; my wife Brenda and children Patience, Patricia and Patrick.

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Abstract

The study captures the major purpose of the study which was to assess the effect of financing onto health Service delivery in Masindi government hospital; to determine how primary health care non-wage fund affects health service delivery in Masindi government hospital, to investigate the extent to which primary health care wage fund affects health service delivery in Masindi government hospital, to assess the effect of primary health care development fund on health service delivery in in Masindi government hospital. This study adopted a design of descriptive cross-sectional techniques in which both qualitative and quantitative approaches were used. At a population of 120 respondents. The quantitative data was analyzed using the Statistical Package for Social Scientists (SPSS version 16) that was used to generate descriptive statistics such as frequencies and percentages in form of tables and charts. Pearson's correlation coefficient and regression analysis were used to determine the strength of the relationships among the variables of the study. Qualitative data was analyzed using content analysis. Findings revealed that due to, Pearson correlation coefficient value is 0.712 this shows that there is a strong positive relationship between PHC Non-wage fund and health service delivery in Masindi government hospital. Also, the P-Value is 0.00 which is less than 0.05 this shows that the correlation between service delivery and PHC Non – wage is significant. Thus, in one or the other PHC non-wage funds have significant relations with service delivery in Masindi government hospital, Pearson correlation coefficient value is 0.516, this shows that a moderate relationship between service delivery and PHC wage fund, PHC Development fund leads to 15% increase in health service delivery in Masindi government hospital and looking at P-value is less than 0.05 the level of significant which implies the coefficient on the PHC development fund significant. The “Beta Standardized Coefficients” is 0.204 which is positive this shows that PHC development variables positively affects service delivery in Masindi government hospital

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This study examined the relationship between financing and health Service delivery in government district hospitals and Masindi Hospital in particular'. Financing in this study was conceived as independent variable while health service delivery was the dependable variable. Financing will be measured inform of conducive macroeconomic conditions, health sector-specific sources of revenue, re-prioritizing health within the government budget, increasing efficiency for health outlays while health Service delivery will be measured in form of; information, medical products, technologies, health work force, financing, leadership and governance as explained in the conceptual frame work. This chapter will cover the background to the study, the statement of the problem, the purpose or general objectives the objectives of the study, the research questions, the hypothesis, the scope of the study, the significance, justification and operational definition of terms and concepts.

1.2 Background

This research examined at historical, theoretical, conceptual and contextual background.

1.2.1 Historical background

During the past few decades, the concept of primary health care has had significant influence on the health workers in many less developed countries. However, there is little understanding of the origins of the term. Even less is known of the transition to another version of primary health care, best known as selective primary health care. The origins and the interaction between four crucial factors for international health programs; the context in which they appeared, the actors (personal and institutional leaders), the targets that were set, and the techniques proposed. Much

emphasise the role played by the World Health Organization (WHO) and United Nations International Children Education Fund (UNICEF) in primary health care and selective primary health care. The examples are mainly drawn from Latin America. The work is complementary to recent studies on the origin of primary health care.

Brant, 1970) “Large numbers of the world’s people, perhaps more than half, have no access to health care at all, and for many of the rest, the care they receive does not answer the problems they have the most serious health needs cannot be met by teams with spray guns and vaccinating syringes.” This is in line with Taylor (1967), emphasises the same. Another influential piece of work was by Newell (1967) World Health Organization

According to World Bank, Government of Uganda, Ministry of finance, planning and economic development and ministry of health fiscal space for health in Uganda 2009, the health service delivery system in Uganda is decentralised with districts and sub districts playing a key role in the provision of health care. The private sector also plays a large role in the provision of health care. The private sectors also play role in the provision of services through private not for profit organisations and practitioners. Public health facilities account for more than half (55%) of all 5,200 facilities in Uganda, while private not for profit and private facilities account for 17% and 29%. While the bigger percentage 85% resides in rural areas most of health facilities are highly concentrated in rural areas. It is further indicated by the (WHO) Global Health Expenditure Database, (2013) general government expenditure on health as percentage of total expenditure on health is 23.9% private 76.1%, expenditure on health as percentage of total expenditure on health is 23.9%, external resources for health as a percentage of total expenditure is 28.6%, out of pocket expenditures as a percentage of private expenditure on health is 64.8% (World Health Organization (WHO) Global Health Observatory, (2013). From the data above, it is evident that the level of public financing compared to private health financing is low which indicates a big

problem affecting health financing. Although funds allocated to the health sector steadily increased to UGX 735 billion in FY 2009/10, in an attempt by the Ugandan government to re-prioritize health within the government budget, there is still not enough to fund delivery of the Uganda National Minimum Health Care Package, estimated at over US\$47.9 per capita. Benchmarking for reprioritization and earmarking of funds is essential hence a very huge indicator of insufficient health service delivery system in Uganda government hospitals. Much emphasis has been put on Government planning and budgeting processes as well as monitoring government programs so as to influence allocation of, and accountability for, the limited resources. Partly as a result of these efforts, Government has over the years increased funding to the health sector to improve the delivery of the minimum health care package, and increased the national budget for family planning commodities, among other investments. In spite of this positive trend, the financing of Local Government health services remains inadequate. Primary health care (PHC) grants have not improved – with the construction of new health facilities and upgrading of existing ones actually declining – and, since FY 2008/09, budget monitoring reports have identified inadequate financing of the non-wage recurrent budget as a key factor crippling healthcare service delivery in Uganda. This is also supported by the (Daily Monitor, Monday January 21st 2013) “There are persistent problems of limited space, lack of enough personnel, failure to pay for utilities (water and electricity) drug stock outs, demotivated staffs, insufficient funding (currently less than 20% of the expected)”. Therefore, This study therefore sought to assess the effect of financing onto health Service delivery with particular study of Masindi government hospital thereafter came up with strong policy recommendations that might see a scaled public financing in Masindi government hospitals hence improved health service delivery

1.2.2 Theoretical Background

This research was guided by the three-model approach of health care and financing as advanced by Roger et.al (1993) and discussed by Harvard University. The first is the market-driven or “survival of the fittest” model or “the market model”. The second is the "social welfare maximization" model or "the professional model"). The third is the bureaucracy-based self-interest maximization model or the "Niskanen model”. The first model is more traditional fee-for-service model and the managed care model, with the former often complemented with third party insurance. Under the second category are various designs which vary in quality and effectiveness but which are all aimed at maximizing social welfare as perceived by welfare-minded professionals and bureaucrats. Under the third category is the bureaucracy-dominated, self-interest maximization model/Niskanen, (1971) under which the welfare of medical service suppliers and that of patients are subordinated to the self-interest of regulator-bureaucrats. The first two models are always seen to be competing with each other in terms of social welfare maximization. The market driven model is not by design social welfare maximizing, but there is widespread belief among many economists that the invisible hand of the market will be more effective in enhancing social welfare than any system that sets out to maximize social welfare in the first place. The third model, as it is not meant to compete with the other two models in terms of social welfare maximization, beyond the mention the private and public sectors, which is seen to engender waste and effectiveness. It asserts situations where the Hospital Authority is seen to be at the same time a supplier of health care services thus by nature a guardian of hospitals’ interests and a buyer on behalf of the public for health services that is to say., at the same time a guardian of patients' interests. In such a mixed capacity, the hospital authority cannot be expected to serve the best interest of society. The solution, according to the Harvard consultants, is to give patients command over the funds with which to buy services from the hospital of their own choice, which may be a public or a private hospital.

In this study there were two variables financing and health service delivery. Financing was perceived as an independent variables while health service delivery was the dependent variable. Financing was being perceived in terms of Primary Health Care Non-wage, This was used to mean the money allocated for immunisation, drug stock outs water and electricity, Sanitary costs and others in that category, Primary Health Care, This was used to mean the money allocated for salaries, overtime and other expenditures directly related to staff of a given hospital such as salaries, allowances, lack of enough personnel, demotivated staffs, insufficient funding, primary health care development such as limited space, insufficient facilities while health service delivery was perceived as dependent variable inform of; emergency handling systems, the number of staff, competences, availability of drugs in the required categories.

1.2.3. Conceptual Background

A key proposal of The Harvard Team (1999) was to set up a Health Security Plan, under which the working class have to contributed up 1.5 to 2 per cent of their salaries into the Plan (subject to a ceiling}, and they have been entitled to would they know whether they got a "good deal" from a doctor. Colton (1993) pointed out consumers' ability to avail themselves of the necessary information is a precondition to the emergence of "workable competition." It is well known that the market for health care services is characterized by "asymmetric information," that is doctors and hospital administrators know many things that patients do not, particularly whether they are providing a good service or not. Lacking the professional knowledge, patients often rely on doctors and administrators to tell them what is the best treatment for them. Indeed, this aspect of health care markets is the first topic students are introduced in standard health economics texts (see Chapter One in Phelps (1992).

1.2.4. Contextual Background

The health service delivery system in Uganda is decentralized, with districts and sub-districts playing a key role in the provision of health care. The private sector also plays a large role in the provision of services through private not-for-profit organizations and practitioners. Public health facilities account for more than half (55%) of all 5,200 facilities in Uganda, while private-not-for-profit and private-for-profit facilities account for 17% and 29% respectively. While 85% of the population resides in rural areas and mostly utilizes public facilities, providers are inequitably concentrated in urban areas and health workers in rural areas. The approach of the Government of Uganda (GoU) to national planning for health has evolved over the last decade. Reforms to the country's public expenditure management have resulted in new institutional arrangements for planning and budgeting, including: sector-wide approaches (SWAs), the medium-term expenditure framework (MTEF), the Poverty Action Fund (PAF), the fiscal decentralization process, and the National Development Plan (NDP). The NDP provides a national medium-term planning framework.

1.3. Problem Statement

Funding remains the single most important constraint facing the health sector service delivery in Uganda government hospitals. Although the government budget allocation to the health sector has increased from UGX 660 billion in 2010/11 to UGX 1,271 billion in 2015/16. However, the growth in the sector budget is not commensurate with the population growth as well as the service delivery to the patients. To provide the minimum health care, government needs to spend at least USD 28 percent capita however, the government only spent USD 12 per capita according to Lukwago (2016).

Due to low funding the health sector, the amount of funds (non-wage) allocated to the health service delivery units (hospitals and units) is alarmingly low and this has a huge impact on the

service delivery. For instance, on average per quarter general hospitals received UGX 32 million, Health centre fours receive UGX 3 million, Health centre threes received 0.8 million.

Besides funding being low, timely disbursement of these funds is still a challenge. There are significant delays in the release of funds to the health sector service delivery units.

In the same context Masindi Government Hospital's mission is to provide the highest possible level of health services to all people in Masindi through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels. Masindi Hospital Annual Report (2014). In striving to fulfill its mission, Masindi Government hospital is supposed to be the leading health delivery provider in Masindi, reaching out to the rural poor so that they can have access to medical services. Masindi Government hospital of late has taken bigger strides in expanding its operations by upgrading health centre twos and threes. This rapid expansion has been followed by massive employment of staff to run the many Health centre outlets. Several service delivery strategies have been put in place by the hospital to improve health service delivery systems like partnerships with other medical service providers like The AIDS Support Organisation (TASO) Infectious Disease Institute (IDI) been increase of other Primary Health Care like better salaries, increased trainings, increasing staffing, improved infrastructure development for instance the two hundred hospital renovation recently done, equipping medical facilities like x-ray and so on.(Masindi Hospital report and Manual 2014).

Despite all the above attempts to improve financing and health service delivery in Masindi government hospital, there were still signs of low health service delivery leading to slow services being offered to patients, hence taking long to get services, like fluctuating drug stock outs, growing number of referrals to lower health Centres, staff absenteeism, congestion rates, grounded essential medical equipment, on real time emergency handling, ever increasing overhead costs, general poor sanitary facilities and so on. %. These worrying situations inspired

the researcher to find out what effect of financing on health service delivery in Masindi government hospital and come up with possible recommendations to improve health service delivery.

1.4. Purpose of the study

The major purpose of the study was to assess the effect of financing onto health Service delivery in Masindi government hospital

1.5. Objectives

- i. To determine how primary health care non-wage fund affected health service delivery in Masindi government hospital
- ii. To investigate the extent to which primary health care wage fund affected health service delivery in Masindi government hospital
- iii. To assess the effect of primary health care development fund on health service delivery in in Masindi government hospital

1.6. Research Questions

- i. How did primary health care non-wage fund affect health service delivery in Masindi government hospital?
- ii. What was the effect of primary health care wage fund on health service delivery in Masindi government hospital?
- iii. To what primary health care development fund do relations affected health service delivery in Masindi government hospital

1.7. Hypotheses of the Study

H1: Primary health care non-wage fund greatly affected health service delivery in Masindi government hospital

H2: Primary health care wage fund greatly affected health service delivery in Masindi government hospital

H3: Primary health care development fund greatly affected health service delivery in Masindi government hospital

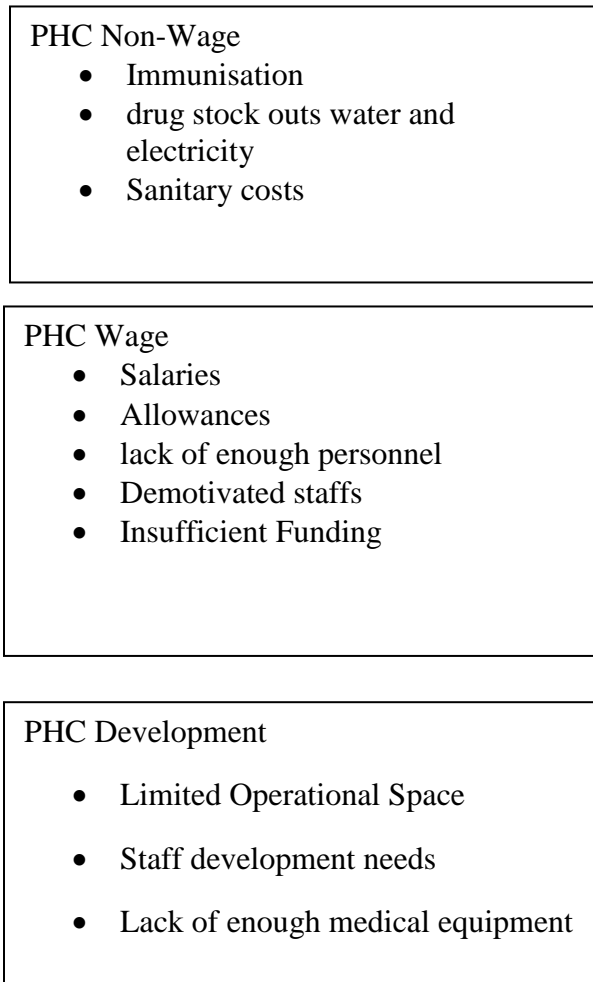
1.8. The Conceptual Frame Work

Conceptual frame work looked at the variables under study. The variables were independent variables and dependent variables and the diagrammatical representation of these variables under study were expressed as below.

Independent Variable(IV)

Dependent Variable (DV)

Financing



Health Service Delivery

- Real time emergency handling systems
- The number of patients served by medical staff
- The level of staff competences/technical competences
- Availability of essential drugs in the required categories
- The effectiveness of the referral system
- Capacity to follow up referrals

Source: Deweye, (2002) and modification was done by the researcher owing to information he got from primary and secondary sources.

From the conceptual frame work above, it was assumed by the researcher that there was significant relationship between financing in terms of the PHC Non-wage, PHC wage, PHC development and health service delivery in Masindi Government Hospital.

1.9. Significance of the study

Government medical institutions in Uganda currently have similar working conditions, similar remunerations and very many aspects of the Job. The findings of this study were to benefit the regulatory authority like Ministry of Health of Uganda to standardize certain aspects of the work to help protect patients get the basic primary health care. It also helped Masindi government hospital and other government hospitals to seek the best way to motivate their staff and hence dispense the best primary health care. The patients trust in government hospitals. The government hospitals through the findings will be able to benefit from whatever positive change better primary health care will introduce. Also, this study would help some other persons who want to carry out research in this field.

1.10. Justification of the Study

From the above problem statement, financing was found responsible for the alarming level of health service delivery in Masindi government hospital, delays in in accessing medical care and further noted by medical superintendent report (2015) hence it left the researcher guessing what a miss is in Masindi government hospital.

1.11. Scope of the study

This study coverage or the boundary of the intended study expressed was in terms of Geographical, Content, and Time Scopes.

1.11.1. Geographical Scope

The study was carried out in Masindi hospital which is located in Masindi municipality. Masindi General hospital is a government owned hospital with a status of a district hospital. The choice for this locality was that the hospital is believed to extend services to a projected annually 400,000 in patient and out patients that come from the areas of Masindi, Nakasongola, Buliisa and Kiryandongo districts

1.11.2. Content Scope

This study also assessed the effect financing on the health service delivery through a case study of Masindi government hospital. The study focused on identifying the factors that contribute to better health service delivery in Masindi Governmental hospital

1.11.3. Time Scope

The period under study ranged from 2010 to 2016. This was because during this period health the Uganda Health System Strengthening Project set out to assist the country achieve the Uganda minimum health care package (UNMHCP) with a focus on maternal health, new born care and family planning therefore, this formed our major basis of study.

1.12. Operational Definitions

PHC-NW: This was used to mean the money allocated for Immunisation, drug stock outs water and electricity, Sanitary costs and others in that category

PHC wage: This was used to mean the money allocated for salaries, overtime and other expenditures directly related to staff of a given hospital

PHC development: This was used to refer to money allocated to developments at the hospitals like renovation, machines and many of that kind

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter looked at what other scholars have written about how financing affected health service delivery in government hospitals. The literature was reviewed it was based on the effect of financing on health service delivery in government hospitals. It involved analysing financing comprising of Primary Health Care (PHC) Non-wage, Primary Health Care (PHC) wage, PHC development and their effects on health service delivery in Masindi government hospital. The review of the literature was examined practically and empirically evidence on the effect of financing and health service delivery and focused on Masindi Government Hospital.

The review of these literatures helped to show that financing could help Masindi government hospitals to achieve sustained high level of health delivery. The aim was to developed to better financing and health service delivery that would help to ensure that patients receive in accordance with the expectation of a health institution.

2.1. Theoretical review

This research was guided by the three-model approach of health care and financing as advanced by Roger et.al (1993) and discussed by Harvard University. The first is the market-driven or "survival of the fittest" model or "the market model". The second is the "social welfare maximization" model or "the professional model"). The third is the bureaucracy-based self-interest maximization model or the "Niskanen model".

The three-model approach of health care and financing guided this study because the objectives of this study seem to perfectly fitted in this model and the model expresses a fact of that the

better the financing of the health hospitals the better the improved health service delivery to the patients.

2.2. Determination of financing' effects on health service delivery in Uganda government hospitals

According to Lukwago (2016), public spending in the health sector occurs both at the national and local government levels. At the national level, the key institutions include; MoH headquarters, Uganda AIDS Commission, Uganda Blood transfusion services (UBTS), Health service commission, Butiaba hospital, Mulago hospital, Uganda cancer institute, Uganda heart institute, National Medical Stores and KCCA. At the Local Government level, spending is mainly through conditional grants which include PHC salaries, PHC non wage, District Hospitals, PHC NGO Hospital non wage, NGO wage subvention, and PHC Development and regional referral hospital.

In absolute, governments budget allocation to the health sector has increased from UGX 660 billion in 2010/11 to UGX 1,271 billion in 2015/16. However, the sector share of the total national budget averaged 7.8% during the same period which is 2 percentage points short of the HSSIP target of 9.8%. Donor funding represents a substantial contribution to the health sector financing. During the FYs 2010/11-2012/14, donor funding accounted for about 26% of the entire sector budget (ACODE policy briefing paper, No;32, 2016). Dependence on donor projects in supporting Uganda's health system is a big challenge in ensuring sustainability of the health interventions. The amount of donor funds (on and off budget) poses sustainability concerns given the fact that external funding is usually unpredictable in several ways; (i) it is not always evident when the funds will be disbursed; (ii) the period over which funds commitment will be sustained is always clear. (iii) in some cases failure of sector development partners to disburse aid commitments that are recorded in the government's medium term expenditure

framework causes uncertainty in operations funds and disrupts implementation of programs; (iv) aid may be politically tied, thus any funding cuts by donors can adversely affect service delivery.

2.2.2. PHC non-wage and health service delivery hospitals

Primary Health Care Non-wage is Unconditional grant can be referred to the minimum grant that is extended to a local government to run decentralised services. Such as Administrative expenses, Fuel and maintenance of ambulances, utilities, Drugs and other Supplies this is called (PHC Non-Wage) However for a district hospital like Masindi General Hospital Drugs take 50% of the annual PHC Non-Wage budget allocation fund is deposited with National Medical Stores who disburses drugs to the Hospitals and 50% is sent to the hospital account to run the hospital business on quarterly basis.

PHC Non-wage allocations to health is purposely required to ensure smooth running of health business, and this forms key component in service delivery activities which must be done to ensure quality service outcomes. Proper accountability is required to the funders through the existing reporting channels of the existing structures to ensure that stake holders are satisfied with their resources management.

Under the decentralization policy framework, local governments are required to provide most of the health care services. To enable local governments, provide health services, the central government provides funding through transfers in form of conditional grants to local governments. on average over the period 2010/11-2013/14, the central government transferred about UGX 216 billion. This constituted about 14% of the total central government transfers to local government during the same period. The districts receive conditional grants whose amounts are predetermined by the MoFPED. The conditional grants do not give chance for flexibility in terms of budgeting for specific and unique needs at health service delivery unit (HSDU).

Consequently, the performance of health care services at local government levels is generally poor, there is over preference for selective primary health care. (This approach refers to elimination of disease by mobilizing health services to curb the most prevalent disease) to comprehensive health care. Therefore, much of the funding goes into construction of health facilities.

There is less focus on strengthening the health promotion and disease preventive measures as indicated in the Uganda Debt Network. The situation is worsened by the weak capacity at local government levels to implement primary health care services-low staffing levels and inadequate facilities at health Centres. The amount of funds allocated at health service delivery units is very low. For example, public expenditure governance. These funds are supposed to cater for general running of the facility, outreaches and immunisation, fuel for ambulance, pay for utilities, support supervision of lower facilities, Health unit management committees allowances, among others. Besides being meagre, funding for health facilities are conditional in nature and this limits the flexibility of managers in the utilization of these funds. Due to low funding, health facilities are unable to provide effective health services for citizens.

2.2.3 Primary Health Care –Wage

Primary Health Care Wage are Conditional grants transferred for a specific purpose that may not be used for any other project. (World Bank, 2014). These funds are mainly transferred for Salaries in this case wages for health workers. This source of Financing was a key driver to service delivery for example minimum and affordable wage motivates health workers to work harder to the benefit of the patients. Below are some of the secondary information that are provided which further explains the PHC Wage funding to service delivery.

2.2.4. PHC Development and health service delivery

Primary Health Care Development is one of the conditional Grants Central Government extends to hospitals through the Decentralized system of Governance where priority development expenditures are determined by local leaders in pull and push budgeting scenario, there has been several interventions by Government in last decade to improve on health infrastructure to construct a health centre 11 in every parish and also offer accommodation to health workers to enable them live near their places of work this has not been fully done and more so the aim of decongesting big hospitals like Masindi with functionality of those lower health units has not yielded much results due to the fact that the lower health units don't have experienced staff to handle complicated illness and even then there is a lot of absenteeism in those lower health units.

Infrastructure in those old hospitals have become dilapidated and obsolete to the extent that most of the equipment are nonfunctional and if they are functional they are out dated all this affects service delivery, save for the Government intervention through the World bank some major hospitals are now being rehabilitated my worry is if they are going to fully equip these hospitals good enough Masindi main hospital was among them. The mandate of the health infrastructure division is to oversee development and implementation of standards and guidelines on health infrastructure, and to ensure availability of a network of functional efficient

2.3. Summary of literature review

According to (Odaga & Lochoro, 2006), with the current level of funding, the health sector would not achieve the targets indicated in the HSSP II. Almost every item of the budget was suffering from the resource constraint. The effect of the funding constrain has been described by various stakeholders within the sector as frustrating because it is systematic affecting both service delivery at the districts as well as supportive services at the Ministry of Health. With this level of funding it is envisaged that the sector was probably going to achieve less during the than

it was expected to achieve. This is specifically because the allocation to the sector is likely to be less over the coming years in real terms, yet the cost of service delivery and the population are rising. The inputs most affected by low affected by low sector funding are mainly human resources, drugs and other medical supplies the essentials for any basic healthcare interventions. Inadequate staffing and drug shortages in public health care facilities imply that poor people will continue to pay for health care services. The recent Uganda health accounts report, per capita out of pocket expenditure increased from UGX 41,026 in 2008/09 to UGX 60,385 in 2012/13 (MoH 2012). This is probably due to relatively poor quality of health services in public facilities. Other factors include inflation and exchange rate developments which can adversely affect the prices or volumes of imported medicines and equipment.

Due to budget constraints the sector has not been able to recruit health workers. In most cases the health staffs are overburdened are unable to deliver services. In addition, supportive services such as support supervision are not being effectively done because there are no funds provided for them the report asserts. At the health service delivery units, the quality of facilities (such as beds, wards and delivery beds) are very poor and in most cases not functioning. In addition, the health centre lack effective emergence services such as ambulances. Most of them do not have an ambulance and those who have the ambulances are not functioning well and lack funds to repair them. The situation is further worsened by the fact government policy stipulates that funding and staffing should be based on the level of health facility rather than the population served and demand. For instance, Luwero health centre five being on the highway and in urban centre was receiving funding for health centre four yet; the services provided were that of a hospital with the current level of health sector funding, Uganda is on track to meet the health related sustainable development goals such as reduce under five child mortality ratios by two thirds and combating HIV/AIDS, malaria and other diseases but the process of reducing maternal mortality ratio by three quarters between 1990 and 2015 is stagnant (MoFPED, September 2013).

CHAPTER THREE

METHODOLOGY

3.0. Introduction

Methodology refers to the approaches that the researcher used in the process of data collection, generalization and analysis of the study results. It reflected the course of action that the researcher will go through to the end.

Different researchers employ different approaches and Procedures while carrying out research activities (Amin 2005; Tull and Hawkins, 1993). The approaches and procedures are what we refer to as research methodology. The methods the researcher intends to use includes among others the research design, study population, Study area, sample size selection, sampling technique and procedures, data collection methods and instruments, instruments, data collection procedures.

Data analysis and Measurement of variables by (Mugenda and Mugenda,2003; Sekaran,2003; Tull and Hawkins, 1993).

In order to come out with an appropriate research results, data collection, analysis and presentation should be properly carried out using the appropriate techniques otherwise the intended result will not be arrived at in the event that the right techniques are not used.

3.1. Research Design

The researcher used a cross sectional design in the study because it would provide an in depth study of the problem within the limited time scale (Amin 2005). A cross sectional study research method is an empirical inquiry that investigates a contemporary phenomenon within its real life context; when boundaries between phenomenon and context are not evident; and in which multiple sources of evidence are used (Yin 1984). This study was cross-sectional in nature

because it was carried out at a particular time across various categories of respondents as suggested by (Amin 2005). Both quantitative and qualitative data was collected and analyzed hence it will be a mixed method study (Kothari, 1999; Sekaran, 2003).The use of qualitative approach is to help gain a deep understanding of effect of motivation strategies on staff performance in Masindi Hospital, while the use of quantitative approach involved the collection of numerical data from the many respondents in a shorter given time in order to explain, predict, control phenomenon of interest and carry out data analysis.

3.2. Study Population

3.3 Determination of The Sample Size

A sample is a portion that is extracted from the sampled population for the purposes of investigation and inferring the results to the population. Determination of sample size from a given population is usually difficult in any research. Sample size determination can be done in many ways such as use of formulae or by use of table; in this research, the researcher intends to employ specifically sample size determination table by Morgan and Krejcie (1970).

The reasons for the use of this table was because of its being easy to determine the sample, it was also an internationally recognized and tested method of determining samples whose inferred results are similar to the one of the population and lastly it does not give fractional respondents as it was the case with other methods.

Table 1: Sample size and selections

Category Respondents	Entire Population	Target population	Size	Sampling Technique
District health teams	5	5	5	Purposive
Senior Hospital Managers	5	5	5	Purposive
Middle managers (Heads of departments)	10	10	10	Purposive
Nurses and midwives	10	10	10	Purposive
Support staff	10	10	10	Purposive
Patients	80	66	66	Simple random
Total	120	106	106	

Source: **Primary Data**

3.4 Sampling Techniques Procedures

There were many sampling methods that were at the disposal of the researcher to use but for this study the researcher intended to use the random simple sampling and purposive sampling methods. (Sekaran, 2003) states that purposive sampling which involved the choice of objects which are advantageously placed to provide the information required. They could be reasonably expected to have provide the information required. They could be reasonably expected to have expert knowledge by the virtue of having gone through experiences and processes themselves and might perhaps be able to provide data or information to the researcher. Random sampling

involved picking a sample at random without discrimination and all samples were given equal chances of being selected for the study. (Mugenda and Mugenda, 1999) further explain that the goal for simple random is to achieve desired presentation from the members of accessible population. This sampling method involved picking a sample at a random without discrimination and all samples are given equal chances of being selected for the study.

3.5. Data Collection Methods

This section indicates the methods the researcher were used in collecting information for studies. was divided into primary and secondary data collection technique technique.

3.5.1. Primary data collection

Primary data refers to the first-hand information which the researcher intends to collect from the respondents. The appropriate methods the researcher intends to use is questionnaires for employees because bankers are busy and may not be appropriate to use other methods because of their limited time. Also, key informant interview was used where respondents are believed to have the needed information for example people who have worked for long in Masindi Hospital or who are by virtue of the positions they are holding are supposed to have certain information.

3.5.2: Questioning

Questions were asked as a method of getting information from respondents. Self-administered Questionnaires were used to collect data from all the respondents in the study sample in table 1 above. Questionnaires were used because they are easy to employ to big numbers of respondents and require the presence of the researcher or research assistant by less extent.

3.5.3 Interviewing

An interview is a face to face interaction between the interviewer and the interviewee. The interview permits the researcher to follow up leads and thus obtain more and greater clarity. The

respondents in the sample in table 1 above were interviewed so as to get an in-depth understanding of the study theme.

3.5.4. Secondary Data Collection

Secondary data refers to the information the researcher generates using already established information within the organization. The secondary data collection methods the researcher used was document review such as branch monthly performance reports, departmental, annual reports were always documented, reviewed and kept by Masindi Hospital.

3.5.5 Documentary review.

This is the method through which information is collected by reviewing documents. According to Baver (2000), documentary analysis is one way of interpreting textual data. He further said, texts contain records of events, values, rules and norms, and traces of conflict and argument. Documentary review therefore provided the researcher with an insight of what financing affect health service delivery in Masindi hospital. Using the above method, Reports, journals and other related documents were reviewed by the researcher.

The method aimed at collecting information from the already existing sources by different scholars about a study phenomenon (Bruce, 1994). The chief sources of documentary review were broadly be classified into two groups namely, published sources and unpublished sources. The use of documentary sources was important in relating the study and its findings with other published and sometimes unpublished information. The information from secondary data was collected by visiting the libraries in different institutions, internet for related data about the impact of financing onto health service delivery in Masindi District Hospital. Some of the documents reviewed before field data collection exercise while some will be picked during field data collection especially during interviews with key respondents and were used to enrich the study discussions.

3.6. Data Collection Instruments

Given the fact that the researcher used questionnaires, interviews and documents review. The corresponding data collection instruments he used were questionnaire guide, interview guides and document review checklist to correspond to the data collection methods he has chosen from above. Questionnaires were the main instrument and method for collecting data from various respondents of the samples and perceptions and beliefs were sought to a five point Likert scale, five being the highest. (Tull and Hawkins,1993).

3.6.1 Questionnaires

The questionnaire was designed and administered to the targeted respondents. The questionnaire was semi structured in nature embracing both open and closed ended questions whereby they read and wrote besides ensuring confidentiality. Questionnaire is one of the primary sources of data collection. The tool is designed to collect information or data using both open and closed ended questionnaire. Amin (2005) describes a questionnaire as a self report instrument used for gathering information about the variables of interest under investigation. The researcher prepared set of interrelated questions about the subject based on the objectives and hypothesis of the study. Both open and closed ended questions will be used. Open ended questions were provided the respondents an opportunity to give deeper understanding of the phenomena compared to the closed ended. The structured questions were used to collect data sets of respondents as mentioned earlier above. Mugenda and Mugenda, (1999), show that questionnaire method is valuable in collecting data from a large number of respondents. In this study, a five-headed response rating using the Likert scale; 1 Strongly Agree, 2. Disagree, 3. Neither Agree nor Disagree, 4. Agree, 5 Strongly Agree will be used to ease the filling of the questionnaire. The researcher designed and used one questionnaire, since all the respondents are literate to the level of interpreting the same questionnaire. The questionnaire contained related questions about the

subject being investigated, and was based on the objective and hypotheses of the study. The questionnaires were self-administered since the Masindi Hospital staffing is characterized by literates. In each questionnaire, two broad categories of questions were formulated: structured or closed-ended questions to collect quantitative data, and unstructured or open-ended questions for qualitative data hence in line with (Mugenda and Mugenda, 1999).

3.6.2 Interview guide

Interview guide was carried out in order to gain an in-depth understanding on the effects of motivation strategies on staff performance of Masindi Hospital. These were conducted with selected senior level managers, and office of Masindi District Chief Administrative officer because this office has a direct bearing on how financial resources are channelled in the District. This interview guide helped to confirm responses collected by the questionnaire.

3.6.3 Documents review checklist

Assortments of relevant official documents were reviewed. This helped to augment information that was gathered using other research instruments stated above.

3.7. Validity

Validity shows the extent of the appropriateness of the instrument in collecting the required information by the researcher. It can be established by expert judgment were questioners which were given to professional to check the relevance of the questions. Content validity indices (CVIs) verified validity (Amin 2005; Kothari, 1999). (Mugenda & Mugenda, 2003) also agrees that validity as how accurately instruments capture data that gives meaningful inferences. In this study, validity of the instrument was obtained through subjecting the data collection instrument to scrutiny from experts. (academics and practitioners) to establish relevance of the questions/items in instrument using the Content Validity Index (CVI) as follows;

CVI= $\frac{\text{Number of items in the data collection instrument declared by valid judges (n)}}{\text{Total number of items in the data collection instrument (N)}}$

CVI= n/N

Where n= Number of items in the data collection instrument declared valid by judges (n)

N = Total number of items in the data collection instrument (N)

Table 2: Showing the Validity Index

Number of valid items in the instrument	Total number of items in the instrument	CVI
39	40	0.98

Note: Overall average CVI=0.98

From the above illustration, the questionnaire had 40 questions, the group experts qualified that 39 out of 40 were valid items by computation that makes 98%. This instrument was considered valid to collect desirable data from the respondents hence it was found to be valid.

3.7.1 Reliability

Reliability refers to the degree to which the instruments consistently measure whatever it is measuring (Amin 2005: 293). An instrument is reliable if it produces the same results whenever it is repeatedly used to measure trait or concept from the same respondents even by other researchers. To ensure reliability of research instruments, the interview guide was piloted on purposively selected respondents and where need arises; adjustments were made before the real research process. The questionnaires were pretested equally and revised if it becomes necessary before the research process begins. The Cronbach's consistency of the items. Reliability will be obtained by using Cronbach's coefficient.

Table 1: Showing Cronbach's Alpha Coefficient for the Study Variables

Study Variables	Anchor	Cronbach's Alpha
PHC Non wage	5 point	0.712
PHC Wage	5 point	0.880
PHC Development	5 point	0.851
Heath service delivery	5 point	0.851

Source: Primary data

3.8. Procedure of Data Collection

The researcher went through the following process before actual data collection takes place:

A letter from UMI introducing the researcher to Masindi Hospital as seeking permission to allow him/her carry out the research in Masindi Hospital was successfully secured as at 23rd, October 2017.

Upon getting the letter, the researcher meet the management of Masindi Hospital administration and acknowledged receipt and cleared to start data collection. I reassured the management that the research was purely for academic purpose and that no financial gain should be expected in return. However, the outcomes of the research would be shared out with Masindi Hospital.

After the approval and acceptance by Masindi Hospital to allow the research to go on, distribution of the research questionnaires to the selected samples for filling was carried out.

Collection of the distributed questionnaires was done after so as to ascertain the response rate of the respondents.

Thereafter i involvement the services of a qualified statistician in the arranging, sorting, entering of the data in to the Statistical Package for Social Scientists (SPSS), coding, charting, analysing and interpreting of the data collected.

3.9. Data Analysis

Data analysis refers to the way was processed and managed. Based on the research design, the needs of each research variable and the assumption of the study, the researcher analysed the data using frequencies and percentages.

The researcher sorted the data collected. Sorting of data involved arranging questionnaires according to the category of respondents and having the invalid questionnaires removed. After sorting is done, the valid questionnaires were entered in to the Statistical Package for Social Scientists (SPSS). Upon entering of the data into SPSS, the data was coded, that is assigning codes to responses. Coded data was then be analyzed that is correlated and after analysing the data was presented, that is having it charted, tabulated and putting them into percentages. The presented data was interpreted so that meanings were attached to the data. Conclusion were arrived at basing on the meaning given to the data at presentation stage and eventually recommendation was made.

3.9.1 Quantitative Data Analysis

Quantitative data was analysed using SPSS to derive relevant descriptive statistics (frequencies, pie chart, and percentages) which were further analysed in order to arrive at relevant conclusions. It was presented using tables. The relationship between variables were computed using Pearson's correlation coefficient.

3.9.2 Qualitative Data Analysis

This involved employing methods that are non-qualitative, and aimed at exploration of social relations, and described reality as experienced and presented by respondents. Its major purpose was to promote greater understanding of not just the way things are, but also why they were the way they are (Amin, 2005). Other qualitative methods were included in the study, observation results, and relevant deductions from the respondents in addition to secondary data to compare with the primary data.

3.10. Measurements of Variables

The researcher had at his disposal four scales to measure variables. And these scales were nominal scale, ordinal scale, interval scale and ratio scale. researcher used to measure variables using Ratio scale because it had all the available statistical techniques and also because other scales have weaknesses which could only be addressed by the ratio scale.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.0. Introduction

This chapter gives the presentation, analysis and interpretation of the results of the study. The trend of the discussion was focussed on the relationship between and among the study variables in an attempt to answer the research questions. The variables of the study and their percentages were presented in tables, graphs and statistical tests to show the relationship between research variables. Descriptive statistics were presented later in the chapter to explore the results pertaining to the study based on the research objectives as stated below:

1. To determine how primary health care non-wage fund affected health service delivery in Masindi government hospital
2. To investigate the extent to which primary health care wage fund affected health service delivery in Masindi government hospital
3. To assess the effect of primary health care development fund on health service delivery in in Masindi government hospital

4.1 Response Rate

Frederick and Wiseman (2003) assert that a response rate has to be presented in research findings as they presented the validity of the study and failure to do so put the validity of the study findings into question. Response rate was frequently used to compare study quality. The study targeted a sample of 120 respondents. A total of 120 questionnaires were distributed and 99 responses were received back thus, accounting for 99% response rate.

Primary Health Care Non-Wage (PHC Non-Wage and Service Delivery)

To carry out this analysis, correlation method has been employed. Both the independent variable (PHC Non wage) and Dependent Variable (Health Service delivery) have been tested for normality using the one sample Kolmogorov – Smirnov test and the results were shown on the table below.

One-Sample Kolmogorov-Smirnov Test

		PHC NON-WAGE	Service delivery
N		124	124
Normal Parameters ^{a,b}	Mean	2.7903	3.1392
	Std. Deviation	.74811	.85108
Most Extreme Differences	Absolute	.094	.106
	Positive	.094	.091
	Negative	-.063	-.106
Kolmogorov-Smirnov Z		1.049	1.184
Asymp. Sig. (2-tailed)		.221	.121

a. Test distribution is Normal

b. Calculated from the data.

From the above table , both the independent and dependent variable are normally distributed since the P-values are greater than 0.05 which implies we could proceed to use Pearson correlation method to test the correlation between financing and Service delivery as well as PHC Non wage fund.

Table showing the correlation results for PHC Non – wage fund and Health service delivery in Masindi government hospital

	PHC NON-WAGE	HEALTH SERVICE DELIVERY
Pearson correlation	1	0.712**
Sig. (2-tailed)		0.000
N	124	124
Pearson Correlation	0.712**	1
Sig. (2-tailed)	0.000	
N	124	124

From the above table, Pearson correlation coefficient value is 0.712 this showed that there was a strong positive relationship between PHC Non-wage fund and health service delivery in Masindi government hospital. Also, the P-Values 0.00 which is less than 0.05 this showed that the correlation between service delivery and PHC Non – wage was significant. Thus, in one or the other PHC non-wage funds have significant relations with service delivery in Masindi government hospital.

Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.712 ^a	0.506	0.502	0.60034

a. Predictors: (Constant) PHC NON-WAGE

From the above table, the R Square value is 0.506, this showed that 51% variations in health service delivery at Masindi government hospital could be explained by PHC non wage factors significantly.

Table: Linear Regression Model for Service delivery and PHC non-wage fund

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	0.880	0.209		4.212	.000
	PHC NON-WAGE	0.810	0.072	0.712	11.189	.000

a. Dependent Variable: Health service delivery

From the above table the linear regression equation could be obtained as follows

$$\text{Health service delivery} = 0.88 + 0.81 * \text{PHC Non-wage}$$

The equation shows that a unit increase in PHC Non-wage fund leads to 81% increase in health service delivery in Masindi government hospital and looking at P-value of mode coefficient it is significant which implies the coefficient on the PHC Non – wage is significant.

The “Beta Standardized Coefficients” is 0.712 which is positive this shows that PHC Non-wage funds greatly affects service delivery in Masindi government hospital positively.

Testing Hypothesis One

To test whether PHC Non-wage fund have greatly affects health service delivery in Masindi government hospital, the following hypothesis are tested at 95% confidence intervals using the significant value of F statistics.

- a) Null Hypothesis: Primary health care non-wage fund does not greatly affects health service delivery in Masindi government hospital.
- b) Alternative Hypothesis: Primary health care non-wage fund greatly affects health service delivery in Masindi government hospital.

Anova^a

Model		Sum of squares	df	Mean square	F	Sig.
1	Regression	45.124	1	45.124	125.203	.000 ^b
	Residual	43.970	122	.360		
	Total	89.093	123			

a. Dependent Variable: Health service delivery

b. Predictors: (Constant), PHC Non-Wage

From the above table, the P-value on the F – statistics is less than 0.05 there for we reject the first hypothesis and we accept the second hypothesis that Primary health care non-wage fund greatly affects health service delivery in Masindi government hospital.

There for in an effort to improve levels of service delivery in Masindi government hospital it is recommended that we improve on the PHC Non-wage fund.

Primary Health Care Wage (PHC -Wage)

Relationship between primary health care wage (PHC -WAGE) and Service delivery

To carry out this analysis, correlation method has been employed. Both the independent variable (PHC wage) and dependent variable (Service delivery) have been tested for normality using the one sample Kolmogorov – Smirnov test and the results are shown on the table below.

One-Sample Kolmogorov-Smirnov Test

		Health service delivery	PHC Wage
N		124	41
Normal Parameters ^{a,b}	Mean	3.1392	2.2699
	Std. Deviation	.85108	.60414
Most Extreme Differences	Absolute	.106	.093
	Positive	.091	.093
	Negative	-.106	-.064
Kolmogorov-Smirnov Z		1.184	.593
Asymp.Sig. (2 tailed)		.121	.874

a. Test distribution is Normal

b. Calculated from data

From the above table , the P-value for both the independent and dependent variable are not greater than 0.05 thus they are not significant, therefore both variables are normally distributed.

In the analysis we are going to use Pearson correlation method in analysing the above relationship.

Table: Correlation of PHC wage fund and Healthily service delivery

		PHC Wage	Health service delivery
PHC Wage	Pearson Correlation	1	.518
	Sig. (2-tailed)		.001
	N	41	41
Health service delivery	Pearson Correlation	.518	1
	Sig. (2-tailed)	.001	
	N	41	124

From the above table, Pearson correlation coefficient value is 0.516, this shows that a moderate relationship between service delivery and PHC wage fund

Model Summary

Mode	R	R Square	Adjusted R Square	Std. Error of the Estimate
1				
1	.518 ^a	.268	.250	.70539

a. Predictors: (Constant), PHC Wage

From the able table, the R Sqaure value is 0.268, this show that 26% variations in service delivery at Masindi government hospital can be explained by PHC wage factors.

Table: Linear regression

Coefficient^s

Model	Unstandardized Coefficients		Standardised Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.771	.433		4.088	.000
PHC Wage	0.70	.185	.518	3.782	.001

a. Dependent Variable: Health service delivery

From the above table the linear regression equation can be obtained as follows

$$\text{Health service delivery} = 1.77 + 0.7 * \text{PHC - wage}$$

The equation is shows that a unit increase in PHC wage leads to 70% increase in health service delivery in Masindi government hospital and looking at P-value it is less than 0.05 the level of significance, which implies the coefficient on the PHC wage fund is significant.

The “Beta Standardized Coefficients” is 0.518 which is positive this shows that PHC wage moderately affects service delivery in Masindi government hospital positively.

Testing Hypothesis Two

To test whether PHC Wage have greatly affects health service delivery in Masindi government hospital, the following hypothesis are tested at 95% confidence intervals using the significant value of F statistics.

- a) Null Hypothesis: Primary health care wage fund does not greatly affects health service delivery in Masindi government hospital.
- b) Alternative Hypothesis: Primary health care wage fund greatly affects health service delivery in Masindi government hospital.

Anova^a

Model	Sum of squares	df	Mean square	F	Sig.
1 Regression	7.116	1	7.116	14.301	.001 ^b
Residual	19.405	39	.498		
Total	26.521	40			

a. Dependent Variable: Health service delivery

b. Predictors: (Constant), PHC Wage

From the above table, the P-value on the F – statistics is less than 0.05 there for we reject the first hypothesis and we accept the hypothesis that Primary health care wage fund greatly affects health service delivery in Masindi government hospital.

There for in an effort to improve levels of service delivery in Masindi government hospital it is recommended that we improve on the PHC wage variables like salaries, Motivations, allowance.

PHC Development and Health Service delivery

To carry out this analysis, correlation method has been employed. Both the independent variable (PHC development) and dependent variable (Service delivery) have been tested for normality using the sample Kolmogorov – Smirnov test. The results are shown on the table below.

One-Sample Kolmogorov-Smirnov Test

		Health service delivery	PHC Development	PHC Development log10
N		124	122	122
Normal Parameters				
	Mean	3.1392	.3356	.3356
	Std. Deviation	.85108	.22616	.22616
Most Extreme Differences				
	Absolute	.106	.169	.169
	Positive	.091	.169	.169
	Negative	-.106	-.169	.169
Kolmogorov-Smirnov Z		1.184	1.867	1.864
Asymp. Sig. (2-tailed)		.121	.002	.002

From the above table, the P-value for Health service delivery not significant therefore it normally distributed while the P-value for PHC development is significant even after getting it logarithm which means that PHC Development data is not normally distributed. Therefore, in the analysis Spearman correlation method is used in whether the above PHC Development and healthy service delivery are correlated.

Correlations

		PHC Development	Health service delivery
Spearman's rho	PHC Development		
	Correlation Coefficient	1.000	.162
	Sig. (2-tailed)	.	.074
	N	122	122
	Health service delivery		
	Correlation Coefficient	.162	1.000
	Sig. (2-tailed)	.074	.
	N	122	124

From the above table the Spearman correlation coefficient value is 0.162, this means that there is a positive weak relationship between PHC development variables and Health service delivery in Masindi government hospital.

Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.204 ^a	.041	.033	.83191

Predictors: (Constant), PHC Development

From the above table, the R square value is 0.41 which implies that 4% variations in health service delivery in Masindi government hospital can be explained by PHC Development fund

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficient	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.781	.178		15.660	.000
	PHC Development	.149	.066	.204	2.278	.024

a. Dependent Variable: Health service delivery

From the above table, the linear regression equation can be obtained as follows

$$\text{Health service delivery} = 2.781 + 0.149 * \text{PHC - Development}$$

The equation shows that a unit increase in PHC Development fund leads to 15% increase in health service delivery in Masindi government hospital and looking at P-value is less than 0.05 the level of significant which implies the coefficient on the PHC development fund significant.

The “Beta Standardized Coefficients” is 0.204 which is positive this shows that PHC development variables positively affects service delivery in Masindi government hospital

Testing Hypothesis three

To test whether PHC Development fund have greatly affects health service delivery in Masindi government hospital, the following hypothesis are tested at 95% confidence intervals using the significant value of F statistics.

- a) Null Hypothesis: Primary health care development fund does not greatly affects health service delivery in Masindi government hospital.
- b) Alternative Hypothesis Primary health care development fund greatly affects health service delivery in Masindi government hospital.

Anova^a

Model		Sum of squares	df	Mean of square	F	Sig.
1	Regression	3.591	1	3.591	5.189	.024 ^b
	Residual	83.048	120	.692		
	Total	86.639	121			

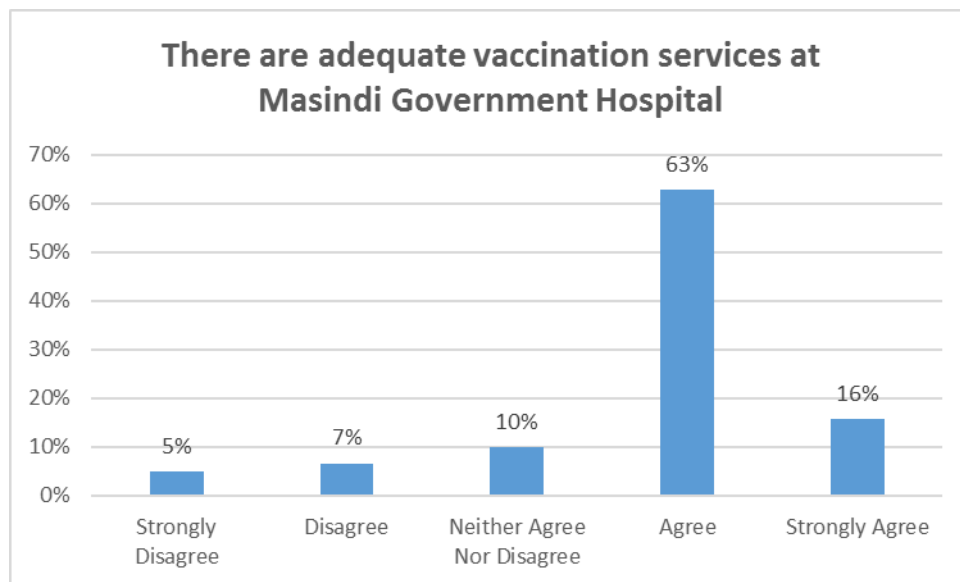
From the above table, the P-value on the F – statistics is less than 0.05 there for we reject the first hypothesis and we accept the hypothesis that Primary health care development fund greatly affects health service delivery in Masindi government hospital.

This shows that though currently there is a weak relationship between health service delivery and PHC development, the effect of PHC development on healthy service delivery, because currently little effort is currently put on PHC development that is why it has a weak relationship with service delivery but if strengthen the relationship can be even made more stronger as from the hypothesis testing we have discovered that the effect of PHC service delivery is significant.

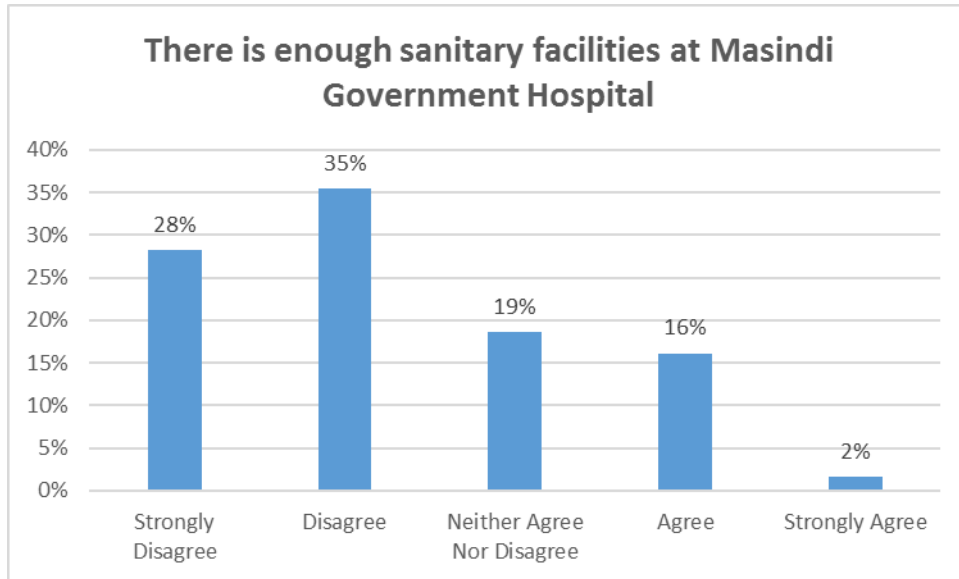
From the above results for the there 3 PHC funds greatly affects Healthy service delivery in Masindi government hospital.

It has been discovered that currently PHC Non wage has the strongest relationship with service delivery followed by PHC wage and PHC development funds' relationship still weak.

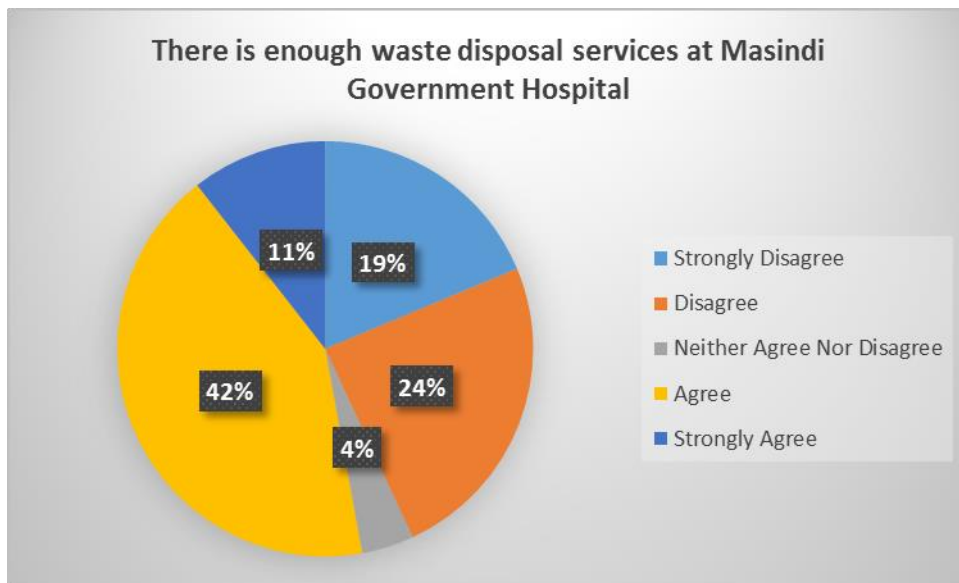
Therefore, to improve health service delivery we must also think working on things which affects PHC development fund and PHC wage factor as currently there relationship with service delivery is not strong they are greatly affect service delivery positively in Masindi government hospital



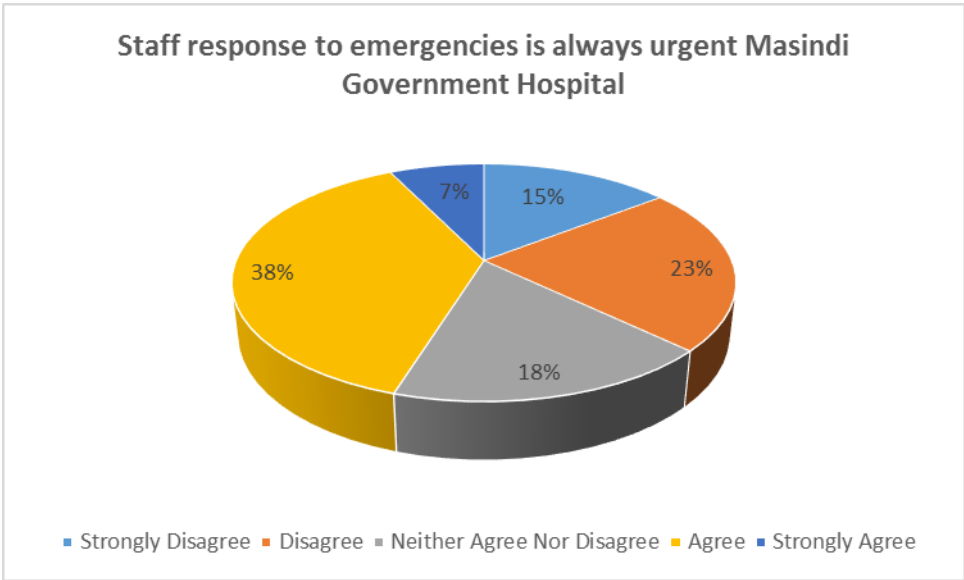
From the above findings, It can be seen that many agree that the vaccination services are adequate at Masindi Government Hospital; this illustrates that Masindi Government hospital



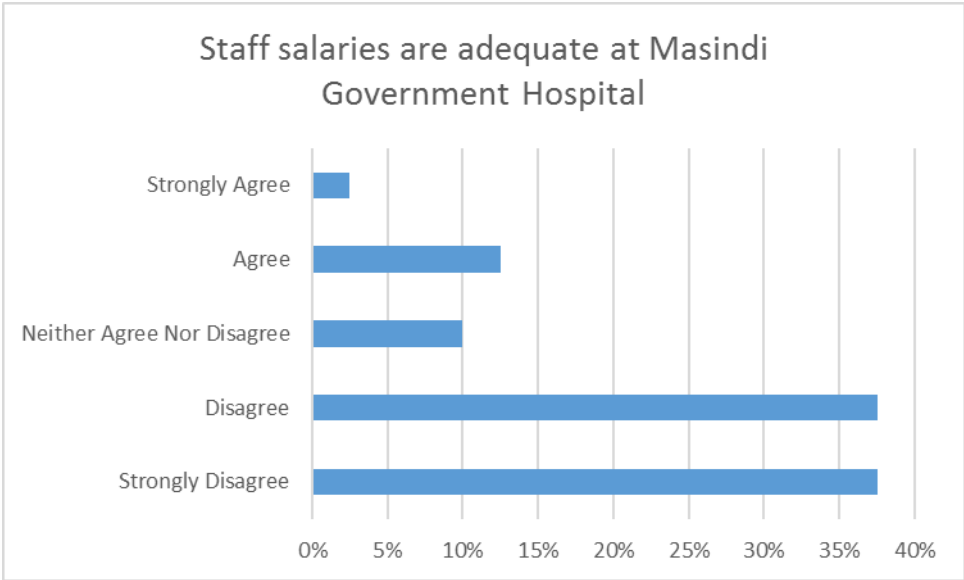
From the above graph, it can be seen that there is a lot missing in ensuring proper sanitary conditions at Masindi Government Hospital. This illustrates the need for more non wage funding so that such key items can be secured.



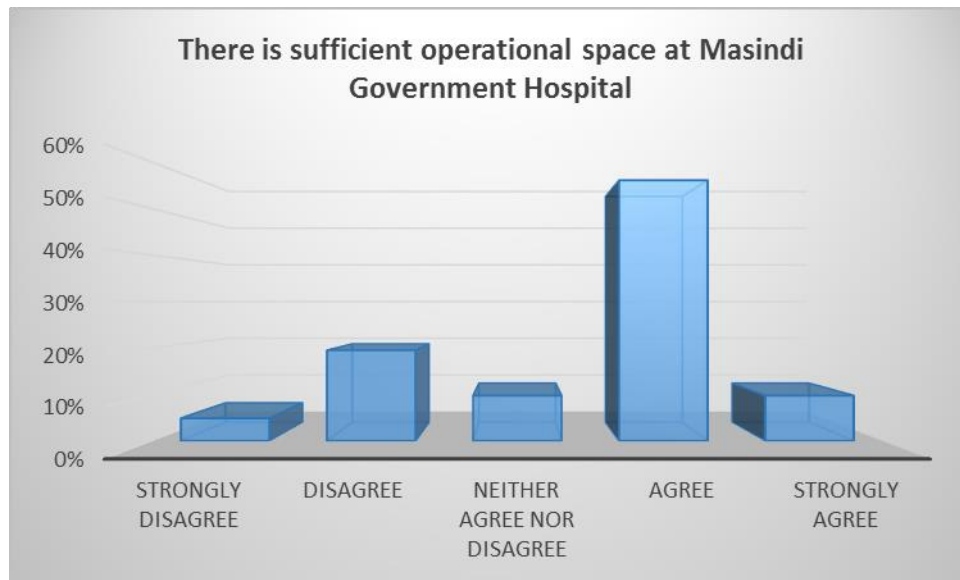
From the chart above the study reveals that a bigger percentage agree that the sanitation of Masindi Government hospital are showing improvement. This is a clear improvement in PHC non wage facilities at the government hospital



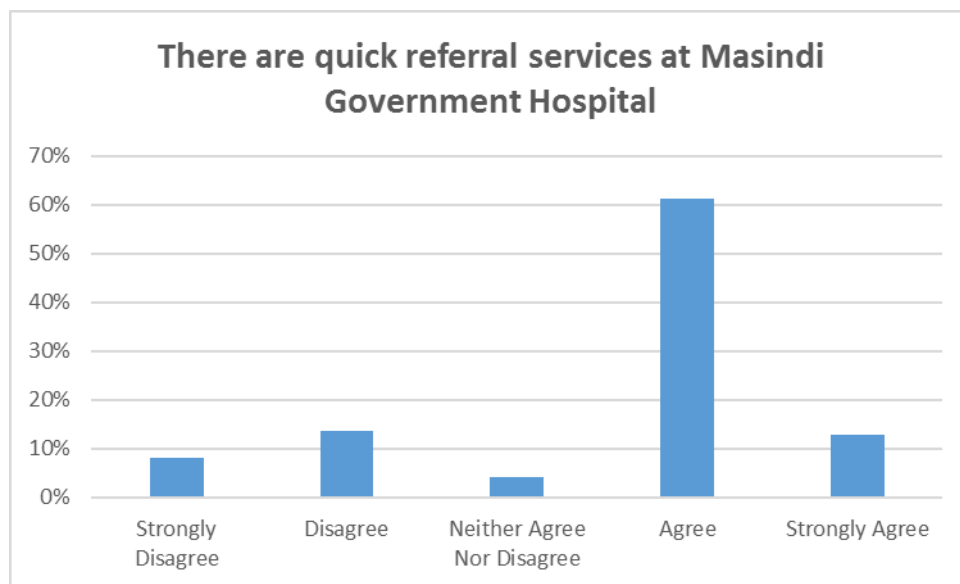
The above chart also shows that there was steady progress in response towards emergencies in Masindi Government hospital. This illustrates an improved PHC non wage at the government hospital



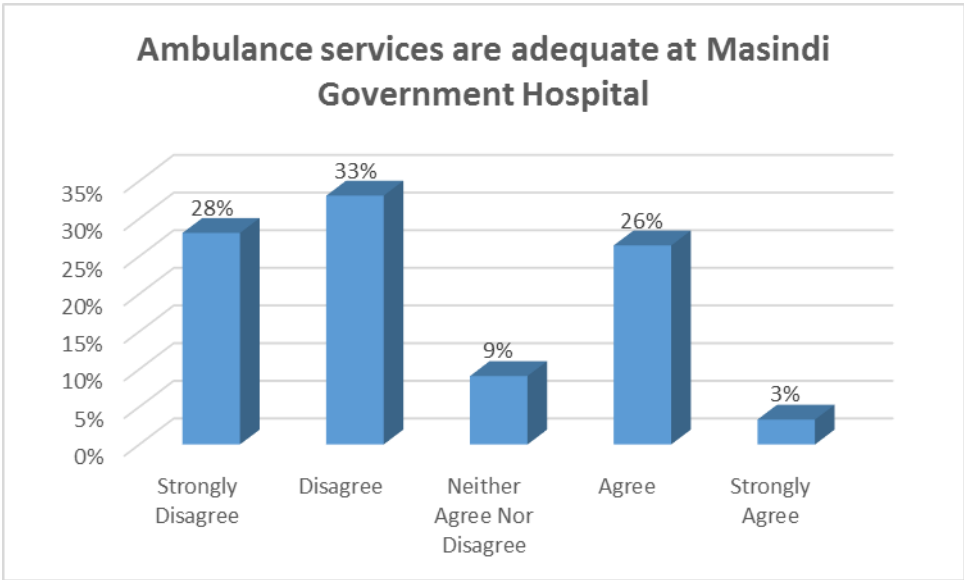
From the a chart above, staff have got a real concern that the quality of their service delivery is being affected by the inadequate staff salaries. This illustrates that their performance is rather affected by this factor by a very significant margin.



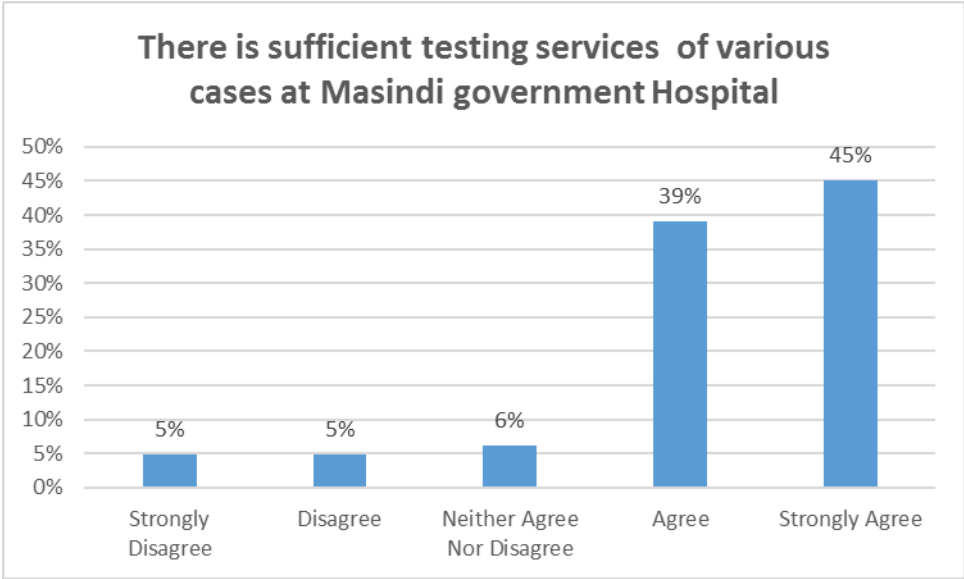
Responses showed an improvement in the PHC development in terms of adequate operational space. This is illustrated by the 60% who agreed that there was sufficient operational place at Masindi government hospital.



From graph above, there was a very percentage of respondents who acknowledge that referral services were adequate. Whereas this may be a good signal of response to emergencies, it could also be a signal of inadequate facilities to handle the clients who are referred.



From the graph above it is evident that Masindi government hospital did not have enough ambulance services at the time of this reseaeach. This is a clear indication of delayed referrals at Masindi government hospital.



Responses in the above graph showed that there were adequate testing services at Masindi government hospital

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0. Introductions

This chapter presents the summary of the study, discussion of the findings, conclusion and recommendation. The chapter also shows the limitations of the study and areas suggested for further research. The discussion, conclusions and recommendations are drawn from the research findings obtained from primary and secondary data.

5.1 Summary of the Findings

5.1.1 Primary health care non-wage fund affected health service delivery in Masindi government hospital

Pearson correlation coefficient value is 0.712 this showed that there was a strong positive relationship between PHC Non-wage fund and health service delivery in Masindi government hospital. Also, the P-Values 0.00 which is less than 0.05 this showed that the correlation between service delivery and PHC Non – wage was significant. Thus, in one or the other PHC non-wage funds have significant relations with service delivery in Masindi government hospital.

Linear regression equation could be obtained as follows. Health service delivery = $0.88 + 0.81 * \text{PHC Non wage}$. The equation shows that a unit increase in PHC Non wage fund leads to 81% increase in health service delivery in Masindi government hospital and looking at P-value of mode coefficient it is significant which implies the coefficient on the PHC Non wage is significant.

The “Beta Standardized Coefficients” was 0.712 which is positive this showed that PHC Non wage funds greatly affected health service delivery in Masindi government hospital positively.

Testing Hypothesis One

To test whether PHC Non wage fund have greatly affects health service delivery in Masindi government hospital, the following hypothesis are tested at 95% confidence intervals using the significant value of F statistics.

- a) Null Hypothesis: Primary health care non-wage fund does not greatly affect health service delivery in Masindi government hospital.
- b) Alternative Hypothesis: Primary health care non-wage fund greatly affects health service delivery in Masindi government hospital.

5.1.2 Primary health care wage fund affected health service delivery in Masindi government hospital

Spearman correlation coefficient value is 0.162, this means that there was a positive relationship between PHC development variables and Health service delivery in Masindi government hospital.

The P-value (0.074) which is greater than 0.05 the level of significant implied that the correlation between PHC Development variables and Health service delivery in Masindi government hospital.

P-value on the F – statistics is more than 0.05 there for we can deduce that Primary health care wage fund greatly affects health service delivery in Masindi government hospital.

There for in an effort to improve levels of service delivery in Masindi government hospital it is recommended that we improve on the PHC wage variables like salaries, Motivations, allowance

5.1.3 Primary health care development fund on health service delivery in in Masindi government hospital

Spearman correlation coefficient value is 0.162, this means that there is a positive relationship between PHC development variables and Health service delivery in Masindi government hospital.

The P-value (0.074) which is greater than 0.05 the level of significant this means that the correlation between PHC Development variables and Health service delivery in Masindi government hospital.

This shows that though currently there is a weak relationship between health service delivery and PHC development, the effect of PHC development on healthy service delivery, because currently little effort is currently put on PHC development that is why it has a weak relationship with service delivery but if strengthen the relationship can be even made more stronger as from the hypothesis testing we have discovered that the effect of PHC service delivery is significant.

From the above results for the there 3 PHC funds greatly affects Healthy service delivery in Masindi government hospital.

It has been discovered that currently PHC Non wage has the strongest relationship with service delivery followed by PHC wage and PHC development funds' relationship still weak.

Therefore, to improve health service delivery we must also think working on things which affects PHC development fund and PHC wage factor as currently there relationship with service delivery is not strong they are greatly affect service delivery positively in Masindi government hospital

5.2 Discussion of Research Findings

The discussion of the research findings was guided by the objectives of the study in comparison with the reviewed literature.

5.2.1 Primary health care non-wage fund affected health service delivery in Masindi government hospital

Given that from Pearson correlation coefficient value is 0.712 this showed that there was a strong positive relationship between PHC Non-wage fund and health service delivery in Masindi government hospital. Also, the P-Values 0.00 which is less than 0.05 this showed that the correlation between service delivery and PHC Non – wage was significant. Thus, in one or the other PHC non-wage funds have significant relations with service delivery in Masindi government hospital. There was a high bearing found between the PHC non-wage and therefore for better health services, this needed to be improved for better health service in Masindi government hospital.

5.2.2 Primary health care wage fund affected health service delivery in Masindi government hospital

Spearman correlation coefficient value is 0.162, this means that there was a positive relationship between PHC development variables and Health service delivery in Masindi government hospital.

The P-value (0.074) which is greater than 0.05 the level of significant this implied that the correlation between PHC Development variables and Health service delivery in Masindi government hospital.

P-value on the F – statistics is more than 0.05 there for we can deduce that Primary health care wage fund greatly affects health service delivery in Masindi government hospital.

There for in an effort to improve levels of service delivery in Masindi government hospital it is recommended that we improve on the PHC wage variables like salaries, Motivations, allowance.

There was low human capacity at Masindi government hospital, which affected EMHS management. The most affected were out patient departments, which were largely affected by Nursing Assistants.

There appeared to be general laxity and low morale amongst the health workers at all levels; and absenteeism by senior staff was rampant, which exacerbated the already existing problem of low capacity in human resources. When probed, staff who preferred conditions of anonymity attributed this to the low and delayed payments which leave them with low alternatives to find time for finding means of survival

5.2.3 Primary health care development fund on health service delivery in in Masindi government hospital

From the above results for the there 3 PHC funds greatly affects Healthy service delivery in Masindi government hospital.

It has been discovered that currently PHC Non wage has the strongest relationship with service delivery followed by PHC wage and PHC development funds' relationship still weak.

Therefore, to improve health service delivery we must also think working on things which affects PHC development fund and PHC wage factor as currently there relationship with service delivery is not strong they are greatly affect service delivery positively in Masindi government hospital

5.3 Conclusions

5.3.1 primary health care non-wage fund affected health service delivery in Masindi government hospital

Pearson correlation coefficient value is 0.712 this showed that there was a strong positive relationship between PHC Non-wage fund and health service delivery in Masindi government hospital. Also, the P-Values 0.00 which is less than 0.05 this showed that the correlation between service delivery and PHC Non – wage was significant. Thus, in one or the other PHC non-wage funds have significant relations with service delivery in Masindi government hospital. Basing on the above findings it can be concluded that there is high significance of improving the non PHC for better health service delivery in Masindi government hospital

5.3.2 primary health care wage fund affected health service delivery in Masindi government hospital

The P-value (0.074) which is greater than 0.05 the level of significant this implied that the correlation between PHC Development variables and Health service delivery in Masindi government hospital.

P-value on the F – statistics is more than 0.05 there for we can deduce that Primary health care wage fund greatly affects health service delivery in Masindi government hospital.

There for in an effort to improve levels of service delivery in Masindi government hospital it is recommended that we improve on the PHC wage variables like salaries, Motivations, allowance.

There was low human resource capacity at Masindi government hospital, which affected EMHS management. The most affected were out patient departments, which were largely managed by Nursing Assistants. There appeared to be general laxity and low morale amongst the health workers at all levels; and absenteeism by senior staff rampant, which exacerbated the already existing problem of low capacity in human resources.

5.3.3 Primary health care development fund on health service delivery in in Masindi government hospital

Therefore, to improve health service delivery we must also think working on things which affects PHC development fund and PHC wage factor as currently there relationship with service delivery is not strong they are greatly affect service delivery positively in Masindi government hospital

5.4 Recommendations

5.4.1 Primary health care non-wage fund affected health service delivery in Masindi government hospital

The health sector budget should be increased to match the health care needs of the population in Masindi government hospital, the increase should be consistent with the Abuja Declaration (15% of National Budget to be spent on health). This has a very bearing on the quality of health services the Masindi populous is likely to continue accessing from the government hospital Health units should plan early but also ensure implementation of the plans. Improve on efficiency in management of Essential medicines and health supplies to ensure a coordinated supply chain system.

Enforce the Public Procurement and Disposal of Public Assets PPDA guidelines with vigilance specially to ensure use of the open tender system when purchasing from PFPs. enact serious sanctions against noncompliance to regulations.

Strengthen internal audit investigations into use of PHC funds on Essential Medicines and Health Supplies EMHS

The MoH/MoFPED should check non-compliance to regulations by instituting sanctions especially against districts/RRHs/GGHs that flout guidelines on PHC-NW expenditure . penalties should include heavy sanctions on unscrupulous individuals diverting EMHS funds

including prosecution, imprisonment and recovery of the diverted funds and other measures that make non-compliance a high cost undertaking. The Anti-corruption that was recently established can greatly facilitate this.

5.4.2 Primary health care wage fund affected health service delivery in Masindi government hospital

The Ministry of Health should consider bonding health workers in Masindi government hospital that have been sponsored for community management training. There is need to enforce work regulations and effective sanctions to reduce an absenteeism of health workers but also audit their views that come in their monthly reports in relation to human resource issues. The Government should improve the payments of health workers staff to commitment and performance and enhance transparency and accountability of the available funding and ensure that districts abide by guidelines governing central governments grants including timely accountability of previous disbursements. Government must renew commitment to funding health towards meeting the Abuja Declaration.

5.4.3 Primary health care development fund on health service delivery in in Masindi government hospital

There is need to empower the local government of Masindi District to ensure that they negotiate with the Ministry of Health so that the hospital can benefit from the District Health strengthening systems so that it can benefit from available opportunities.

5.5 Limitations and Contributions of the Study

This study was limited to only Masindi government hospital therefore, making it hard to generalise the findings to other government hospitals all over Uganda.

Furthermore, the study was cross-sectional, thus limiting itself to a snapshot investigation of the sample under study. The characteristics of our sample which could be observed over a long period of time in longitudinal study were impossible.

Besides, there was difficulty experienced in obtaining documentary evidence on financing and quality of health service delivery achieves since these were confidential documents.

Items in questionnaires were fixed limiting opportunity to collect additional information, although questionnaires allowed little probing. Also motivating respondents was hard when one some respondents expected financial benefits in return in spite of having put it clear to them.

The researcher identified respondents and were concealed making it hard to know whether the questionnaires were answered by respondents from the target sample. Structural limitations also caused some respondents to withhold vital information due to fear of exposing organizational data, for example during structural process such as change in policy of the organization causing high response failure. It was a rainy season and year coming to an end, many claimed to be very busy in report writing and actually some questionnaires were lost and I was asked to supply others.

The researcher used the expert clients and staff of the hospital which made data collection from staff a little bit smooth although it took a bit long due to the fact that others were away for training and other workshops. Recent strikes by the medical workers also affected data collection given that most of the staff were found in a slightly retarded mood but through perseverance much was achieved in the success of data collection.

5.6. Ethical Considerations

In keeping with standard research ethical requirements, immediately after the research proposal will be approved, the researcher obtained a letter of introduction from UMI. Using this letter, he

will then have introduced himself to the local government and civic leaders in the study area to seek permission to conduct the study in their areas of jurisdiction. These leaders were subsequently introduced the researcher to the potential participants in the study.

The researcher then explained the nature and purpose of the study, and inform the respondents that they were free to participate in the study or not to. He also assured them that whatever information they would provide, would be treated with utmost confidentiality and that it would be used exclusively for purposes of the study. In addition, the researcher assured the respondents that their identities would remain anonymous, and that if they so wished, they would have access to the final study report copies of which would be made available to Masindi Hospital. All this was done partly to win the confidence and trust of the respondents and to ensure that their rights were observed

5.7 Areas for Further Research

Further studies could be carried out to establish the impact of the Uganda Health systems straightening project on the quality of health service delivery in Uganda government hospitals. Besides, a study examining the impact HSSP II interventions on availability and management of EMHS in health facilities in Uganda government hospitals could also be carried out. Furthermore, a study investigating the impact of National Minimum Health Care Package on the quality of health service delivery in Uganda government hospitals could also be another area for further research.

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Appendix I: Questionnaire (to be filled by TECHNICAL STAFF)

UGANDA MANAGEMENT ISTITUTE

FACULTY OF MANAGEMENT

Dear participant,

This questionnaire is designed to study how financing affects health service delivery in Masindi General Hospital. The information you provide will help us better understand the quality of health service delivery in Masindi government hospital. Because you are the one who can give us a correct picture of how you experience health service delivery in Masindi Government hospital, i request you to respond to the questions frankly and honestly. Your response will be kept strictly confidential. Only members of the research team will have access to the information you give. In order to ensure utmost privacy, we have provided an identification number for each participant. this number will be used by us only for follow up procedures. The numbers, names, and the completed questionnaires will not be made available to anyone other than the research team. A summary of the results will be shared with you after the data are analysed. Thank you very much for your time and cooperation. I greatly appreciate the help of your organisation and yourself in furthering this research endeavour.

Cordially,
Patrick Byamukama
MBA

SECTION ONE: ABOUT YOUR SELF

Please circle the numbers representing the most appropriate responses for you in respect of the following items.

1. Your age(years)

1.Under 20 2.20-35 4.51-65 5.Over 65

2. your highest completed level of education

1. Elementary school

2. High School

3. College degree

4. Graduate degree

5. Other (Specify)

3. Your gender

1. Female

2. Male

4. your marital status

1. Married

2. Single

3. Widowed

4. Divorced/separated

5. Other (Specify)

5. Number pf preschool children (under 5 years of age)

1. None

2. One

3. Two

4. Three

5. Four or more

6. Age of the eldest child in your care

1.Under 5

2. 5-12

3. 13-19

4. 20-26

5. Over 19

SECTION B: PRIMARY HEALTH CARE NON- WAGE SIGNIFICANTLY AFFECTS SERVICE DELIVERY IN GOVERNMENT HOSPITAL.

Please rank the following statement on like scale ranging from Strongly Disagree to Strongly Agree; Where; **Strongly Disagree (SD) = 1, Disagree(D) =2, Neither Disagree Nor Agree (NA) = 3., Agree(A) = 4, Strongly Agree(SA) =5**

NO	ITEMS	SD 1	D 2	NS 3	A 4	SA 5
	PRIMARY HEALTH CARE NON-WAGE (PHC NON-WAGE)					
1	There are adequate vaccination services at Masindi Government Hospital					
2	Essential drugs are always available at every visit of Masindi Government Hospital					

3	There is enough water services at Masindi Government Hospital					
4	There is always standby electricity services at Masindi Government Hospital					
5	There are enough sanitary facilities at Masindi Government Hospital					
6	There are enough waste disposal services at Masindi Government Hospital					
7	Staff response to emergencies is always urgent at Masindi Government Hospital					
8	There is adequate bedding facilities at Masindi Government Hospital					
	PRIMARY HEALTH CARE WAGE (PHC -WAGE)	SD 1	D 2	NS 3	A 4	SA 5
9	Staff salaries are adequate at Masindi Government Hospital					
10	Staff are paid all allowances for the extra time assigned at Masindi Government Hospital					
11	There is adequate staffing at Masindi Government Hospital					
12	Medical staff are accessible at any time one needs them Masindi Government Hospital					
13	There is timely disbursement of administration funds Masindi Government Hospital					
14	Staff are well motivated at Masindi Government Hospital					
15	Hospital administration is efficient Masindi Government Hospital					
	PRIMARY HEALTH CARE DEVELOPMENT	SD 1	D 2	NS 3	A 4	SA 5

16	There is sufficient operational space at Masindi Government Hospital					
17	Staff training and refreshers are always done at Masindi Government Hospital					
18	There are enough medical equipment at Masindi Government Hospital					
19	Ambulance services are adequate at Masindi Government Hospital					
20	Departments are well functional at Masindi Government Hospital					
21	There are quick referral services at Masindi Government Hospital					
<p>I sincerely appreciate your time and cooperation. Please check to make sure that you have not skipped any questions inadvertently, and then drop the questionnaire at your reception. Thank you</p>						

Appendix II: Guided Questionnaire (to be filled by Research Assistant after probing the PATIENTS)

UGANDA MANAGEMENT INSTITUTE

FACULTY OF MANAGEMENT

Dear participant,

This questionnaire is designed to study how financing affects health service delivery in Masindi General Hospital. The information you provide will help us better understand the quality of health service delivery in Masindi government hospital. Because you are the one who can give us a correct picture of how you experience health service delivery in Masindi Government hospital, I request you to respond to the questions frankly and honestly. Your response will be kept strictly confidential. Only members of the research team will have access to the information you give. In order to ensure utmost privacy, we have provided an identification number for each participant. This number will be used by us only for follow up procedures. The numbers, names, and the completed questionnaires will not be made available to anyone other than the research team. A summary of the results will be shared with you after the data are analysed. Thank you very much for your time and cooperation. I greatly appreciate the help of your organisation and yourself in furthering this research endeavour.

Cordially,
Patrick Byamukama
MBA

1.	There are adequate vaccination services at Masindi Government Hospital					
2.	Essential drugs are always available at every visit of Masindi Government Hospital					
3.	There is enough water services at Masindi Government Hospital					
4.	There is always standby electricity services at Masindi Government Hospital					
5.	There is enough sanitary facilities at Masindi Government Hospital					
6.	There is enough waste disposal services at Masindi Government Hospital					
7.	Staff response to emergencies is always urgent Masindi Government Hospital					
8.	There is enough bedding facilities Masindi Government Hospital					
9.	Good mortuary services are available at Masindi government Hospital					
10.	Ambulance services are adequate at Masindi Government Hospital					
11.	There are reliable quick referral services at Masindi Government Hospital					
12.	There are adequate testing services of various cases at Masindi Government Hospital					

13.	There is adequate space to sit as you wait for services at Masindi Government Hospital					
<p>I sincerely appreciate your time and cooperation. Please check to make sure that you have not skipped any questions inadvertently, and then drop the questionnaire at your reception. Thank you</p>						

Appendix III: An Interview Guide for Masindi Government Hospital Staff

UGANDA MANAGEMENT ISTITUTE

FACULTY OF MANAGEMENT

Dear participant,

This interview guide is designed to study how financing affects health service delivery in Masindi General Hospital. The information you provide will help us better understand the quality of health service delivery in Masindi government hospital. Because you are the one who can give us a correct picture of how you experience health service delivery in Masindi Government hospital, i request you to respond to the questions frankly and honestly. Your response will be kept strictly confidential. Only members of the research team will have access to the information you give. In order to ensure utmost privacy, we have provided an identification number for each participant. this number will be used by us only for follow up procedures. The numbers, names, and the completed interview guide will not be made available to anyone other than the research team. A summary of the results will be shared with you after the data are analysed. Thank you very much for your time and cooperation. I greatly appreciate the help of your organisation and yourself in furthering this research endeavour.

Cordially,
Patrick Byamukama
MBA

What is your view on the following as regards Financing and health service delivery at Masindi government hospital;

Primary Health Care Non-Wage (PHC NON-WAGE)

1. Comment on the vaccination services at Masindi Government Hospital

2. What is your view on Essential drugs availability at very visit of Masindi Government Hospital
3. Would you say there is enough water services at Masindi Government Hospital
4. Would you say there is standby electricity services at Masindi Government Hospital
5. Would you say there is enough sanitary facilities at Masindi Government Hospital
6. Would you say there is enough waste disposal services at Masindi Government Hospital
7. Would you say there emergencies are always urgent Masindi Government Hospital
8. There is enough bedding facilities Masindi Government Hospital

Primary Health Care Wage (PHC -WAGE)

1. What is your comment on staff salaries and allowances at Masindi Government Hospital
2. What is your view on the timely disbursement of administration funds Masindi Government Hospital
3. What is your view on the Hospital administration efficiency at Masindi Government Hospital
4. Would you say staff are well motivated at Masindi Government Hospital?

Primary Health Care Development

1. Would you say There is sufficient operational space at Masindi Government Hospital
2. Would you say there is Staff training and refreshers are always done at Masindi Government Hospital
3. Would you say there are enough medical equipment at Masindi Government Hospital
4. Would you say there is Ambulance services are adequate at Masindi Government Hospital
5. Would you say the Departments are well functional at Masindi Government Hospital?
6. Would you say there are quick referral services at Masindi Government Hospital

I sincerely appreciate your time and cooperation. Please check to make sure that you have not skipped any questions inadvertently, and then drop the questionnaire at your reception. Thank you

Appendix IV: Documentary review checklist

UGANDA MANAGEMENT INSTITUTE

FACULTY OF MANAGEMENT

1. Masindi Hospital Annual Reports from 2014 to 2015
2. Uganda Health System Strengthening Project (UHSSP) reports
3. Local government finance commission report October 2012
4. Health care delivery and financing of an ideal model-reflections on the Harvard Report
5. Health spending in Uganda implications on the National Minimum Health Care Package:
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6. African strategies for health, health financing profile: www.africanstrategies4health.org

Appendix V: GLOSSARY

WHO:	World Health Organisation
AHSPR:	Annual Health Sector Performance Report
DHO:	District Health Officer
PAF:	Poverty Action Fund
CFO:	Chief Finance Officer
CHI	Community Health Insurance
DCA	District Collection Account
DHO	District Health Officer
FY	Financial Year
GoU	Government of Uganda
HC	Health Centre
HSDs	Health Sub-Districts
HSDU	Health Service Delivery Unit
HSSP	Health Sector Strategic Plan
HUMC	Health Unit Management Committees
LG	Local Government
LGFC	Local Government Finance Commission

MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MTEF	Medium-Term Expenditure Framework
NHP	National Health Policy
NRH	National Referral Hospitals
OOP	Out-of-Pocket
PEG	Public Expenditure Governance
PHC	Primary Health Care
KCCA	Kampala City Council Authority
RRHs	Regional Referral Hospitals
UBOS	Uganda Bureau of Statistics
UGX	Uganda Shillings
UNMHCP	Uganda National Minimum Health Care Package
WHO	World Health Organisation
ACODE	Advocates Coalition for Development and Environment

Appendix VI: Educational and Psychological Measurement

TABLE 1

Table for Determining Sample Size from a Given Population

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	168	2000	322
55	48	310	171	2100	325
60	52	320	174	2200	327
65	56	330	177	2300	330
70	59	340	180	2400	331
75	63	350	183	2500	334
80	66	360	186	2600	335
85	70	370	189	2700	338
90	73	380	192	2800	338
95	76	390	195	2900	341
100	80	400	198	3000	341
110	86	420	204	3200	346
120	92	440	210	3400	351
130	97	460	216	3600	354
140	103	480	222	3800	357
150	108	500	228	4000	361
160	113	520	234	4200	364
170	118	540	240	4400	367
180	123	560	246	4600	368
190	127	580	252	4800	370
200	132	600	258	5000	375
210	136	620	264	5200	377
		640	270	5400	379
		660	276	5600	380
		680	282	5800	381
		700	288	6000	382
		720	294	6200	384
		740	300	6400	
		760	306	6600	
		780	312	6800	
		800	318	7000	
		820	324	7200	
		840	330	7400	
		860	336	7600	
		880	342	7800	
		900	348	8000	
		920	354	8200	
		940	360	8400	
		960	366	8600	
		980	372	8800	
		1000	378	9000	
		1020	384	9200	
		1040	390	9400	
		1060	396	9600	
		1080	402	9800	
		1100	408	10000	

Note: N = population size

S = sample size

***Educational and Psychological Measurement, Krejcie & Morgan**

Appendix VII: Field Research letter



UGANDA MANAGEMENT INSTITUTE

Telephones: 256-41-4259722 /4223748 /4346620
256-31-2265138 /39 /40
256-75-2259722
Telefax: 256-41-4259581 /314
E-mail: admin@umi.ac.ug

Plot 44-52, Jinja Road
P.O. Box 20131
Kampala, Uganda
Website: <http://www.umi.ac.ug>

Your Ref:

Our Ref: G/35

23rd October, 2017

Mr. Patrick Byamukama
15/MBA/KLA/WKD/0027

Dear Mr. Byamukama,

FIELD RESEARCH

Following a successful defense of your proposal before a panel of Masters Defense Committee and the inclusion of suggested comments, I wish to recommend you to proceed for fieldwork.

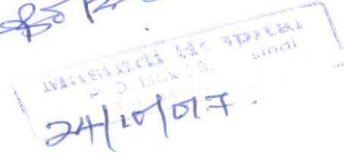
Please note that the previous chapters 1, 2 and 3 will need to be continuously improved and updated as you progress in your research work.

Wishing you the best in the field.

Yours Sincerely,

Oluka Pross Nagitta
AG. HEAD, DEPARTMENT OF ECONOMICS AND MANAGERIAL SCIENCE

This is OK - Success.
Allowed and wished
Bateganya George
MBA/MPH CAS
Jumbo K Babu



Appendix VII: Field Research letter



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23rd October, 2017

TO WHOM IT MAY CONCERN

MASTERS IN BUSINESS ADMINISTRATION DEGREE RESEARCH

Mr. Patrick Byamukama is a student of the Master of Business Administration of Uganda Management Institute 13th Intake 2015/2016, **Registration Number 15/MBA/KLA/WKD/0027.**

The purpose of this letter is to formally request you to allow this participant to access any information in your custody/organization, which is relevant to his research.

His research Topic is: *"Financing and Health Service Delivery in Uganda Government Hospitals: A case of Masindi General Hospital"*.

Yours Sincerely,

Oluka Pross Nagitta
AG. HEAD, DEPARTMENT OF ECONOMICS AND MANAGERIAL
SCIENCE

*Allowed and wished
Success
Dr Bateganya George
M.BCHB MPA CAS
James B. B. Bolo*

