ASSESSING THE EFFECTIVENESS OF DECENTRALIZED HUMAN RESOURCE FUNCTION IN IMPROVING HEALTH SERVICE DELIVERY IN MUKONO HEALTH CENTER IV

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A PROJECT REPORT SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF PUBLIC ADMINISTRATION AND MANAGEMENT OF UGANDA CHRISTIAN UNIVERSITY

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I Ohuriire Beatrice hereby declare that this project report is a direct result of my own original ideas and no part of it has been presented for another degree in this University or elsewhere

Sign.....Ohuriire..... Date.....19th June 2024.....

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RS22M12/009

APPROVAL

This is to certify that this project report has been carried out under our supervision as university supervisor.

Sign.....

Date.....19th/6/2024.....

MADAM EDITH NAGADIYA

DEDICATION

I dedicate this project report to my family, employer, supervisors, colleagues, friends and everybody who has worked tirelessly to ensure that I complete it.

ACKNOWLEDGEMENT

I would like to extend my gratitude to the Almighty God who has granted me the wisdom, courage and good health that have been instrumental in helping me do this work.

Secondly, I extend my sincere appreciation to my husband for the continued moral and financial support. May God reward you abundantly.

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ABSTRACT

The study assessed the effectiveness of decentralized human resource function in improving health service delivery in Mukono Health Center IV. It specifically focused on; establishing the effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV, examining the effectiveness of career management control on the quality of health service delivery in MHC IV and establishing the effectiveness of performance management on the quality of health service delivery in MHC IV.

The study was carried out using a cross sectional survey research design where quantitative research approach was also used. The data was collected using questionnaires during the data collection, stratified sampling method was used. A sample size of 36 staff members of MHC IV was also used in the study.

The study findings reveal significant correlations between recruitment autonomy ($r = .653^{**}$, $p < .05$), career management control ($r = .699^{**}$, $p < .05$), and performance management ($r = .705^{**}$, $p < .05$) with the quality of health service delivery at MHC IV. Regression analyses further confirm the importance of these factors, showing significant coefficients for recruitment autonomy ($\beta = 0.201$, $p = 0.000$), career management control ($\beta = 0.251$, $p = 0.000$), and performance management ($\beta = 0.323$, $p = 0.000$), underscoring their critical roles in enhancing service delivery effectiveness.

Lastly, the study recommends the need for MHC IV to enhance recruitment autonomy by refining the process to align with local healthcare needs, strengthen career management control by empowering staff in career development, maintain performance management practices for clear expectations and feedback, integrate performance incentives based on objective measures, and ensure supervisors are adequately trained to support staff. These measures collectively aim to improve service quality, foster a supportive work environment, and promote continuous improvement in healthcare delivery at MHC IV.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Health service delivery has attained worldwide recognition as a crucial component of human development and poverty eradication over the past few decades. In Uganda, Policy-makers have been seeking alternative ways to provide services that are responsive to communities, especially at the local level. In this regard, a number of reforms have been pursued to mitigate some of the problems in the health sector, partially through the government's broader decentralization policy (Boissoneau, 2016). Decentralization is presumed to be the best way through health services are delivered to the local population because the leaders at the grassroots are able to identify better ways of serving their people (Boissoneau, 2016). Thus, this study seeks to assess the effectiveness of human resource function as an integral component of administrative decentralization in improving health service delivery in Uganda with a specific focus on Mukono Health Center IV.

1.1 Background to the Study

1.1.1 Historical Background

The concept of decentralization is traced back to 1980s when state reforms were adopted by governments to transfer authority, resources and responsibilities to local governments (Geddes & Sullivan, 2017). A wide range of governments embarked on state reform processes aimed at transferring responsibilities, resources and authority from higher to lower levels of government. Each country followed its own trajectory related to historic legacies, geographic features, political factors, and prevailing socio-economic conditions and culture. Decentralization has occurred in unitary systems as well as in federal/quasi-federal systems (Geddes & Sullivan, 2017).

The factors driving decentralization have varied from region to region. In Latin America, the main push towards decentralization originated in the need to transform

political systems from military dictatorships to democracies. In Eastern Europe and the former Soviet Union, decentralization has been part of the political and economic transformation process from a socialist system to a market economy (Nickson, 2011). In Africa, decentralization was generally promoted from the outside and linked to the dual imperative of structural adjustment and democratization/ good governance following the end of the Cold War (Nickson, 2011).

In Uganda, decentralization traces way back to the colonial days when the colonialists established a hybrid system of administration in most of their colonies including Uganda, where some powers were granted to the native leaders while the colonial government reserved overriding powers through the representatives of the colonial government. Under this system, chiefs were appointed at the village, sub-county and county levels with powers to collect taxes, preside over native courts, and maintain law and order. These chiefs were, however, accountable to the District Commissioner, the executive head of the district and the principal representative of the central government (Steiner, 2006).

The current decentralization reforms in Uganda were officially launched in October 1992 through a presidential policy statement (Steffensen et al., 2004). It was first enshrined in the Local Government (Resistance Councils) Statute of 1993 and later in the Constitution of 1995 and the Local Governments Act of 1997. The local government system is formed by a five-tier pyramidal structure, which consists of the village (LC1), parish (LC2), sub-county (LC3), county (LC4), and district (LC5) in rural areas, and the village (LC1), ward or parish (LC2), municipal division, town, or city division (LC3), municipality (LC4), and city (LC5) in urban areas (Deininger & Mpuga, 2013). Uganda's framework of local government entails three different forms of devolution of power, namely: 1) political decentralization (as evidenced by the election of council members), 2) administrative decentralization (as evidenced by the appointment of local administration personnel by council), and 3) fiscal decentralization (as evidenced by the powers granted to local councils to raise local revenue and receive funds from the central government for the implementation of agreed-upon national programmes) (Deininger & Mpuga, 2013).

Human resource management is one of the components of administrative decentralization and it entails employment policies covering budget transparency (paying staff from one's budget), pay policy autonomy (setting overall wage rates as well as local hardship and remote also winces), budget and establishment control (handoff management of staff numbers and autonomy to reduce or remove surplus staffs), career management control (vertical and horizontal mobility, transfers to deconcentrated units within the local government system) recruitment autonomy (recognized as the formal employer), and performance management (directing and supervising activities and tasks, conducting evaluations, and exercising the ability to discipline, fire, and demote) (Yilmaz et al., 2018). Decentralized human resource function is, the foci of this paper.

1.1.2 Theoretical Background

The study will be informed by the Souffle Theory of Decentralization which postulates that each of the different forms of decentralization leads to a total improvement in the service delivery to the citizens. The model is developed from the idea of a Souffle that requires just the right combination of milk, eggs, and heat to rise. Hence a successful program of decentralization must include just the right combination of political, fiscal, and institutional elements to improve local government development outcomes (Parker, 1995). All these functions, spheres, departments and offices have to work together so that they can offer synergy in the provision of better services to citizens.

1.1.3 Conceptual Background

Human resource management is a process for staffing the organization and sustaining high employee performance (Yahiaoui et al., 2015). Human resource management discretion is the competency and discretion of local government over civil service and employment policies preferably entail pay policy discretion, budget transparency, budget and establishment control, recruitment autonomy, career management control, and performance management (Yilmaz et al., 2018). This study adopts the definition of decentralized human resource management function and defines is using

such indicators as recruitment autonomy, career management control and performance management. Recruitment autonomy is the degree to which local governments are independent in recruitment and selection functions. Career management control is about taking control of employees' career path to fulfill their aspirations and achieve long-term professional satisfaction. Performance management is the directing and supervising activities and tasks, conducting evaluations, and exercising the ability to discipline, fire, and demote (Yilmaz et al., 2018).

Health service delivery according to WHO (2015) is the obligatory decision by the health officials to serve or deliver medical supplies like drugs to the petients. Huston et al. (2021) define health service delivery in terms of quality of health services, availability, reliability and accessibility of health services to communities. In this study, health service delivery refers to the provision and method of making health care services available to a population. It is operationalized in terms of availability, accessibility and quality of health care service.

1.1.4 Contextual Background

In Uganda, decentralization was aimed at bringing services nearer to the people; reduce tedious administrative and bureaucratic procedures; make services to suit local needs and conditions; improve accountability by local scrutiny; and to enable the process of capacity building of local institutions. To achieve the above objective, two extreme approaches of devolution and decongestion were adopted (Deininger & Mpuga, 2013). Administrative decentralization has proved to be the best way through health services are delivered to the local population because the leaders at the grassroots are able to identify better ways of serving their people (Boissoneau, 2016). One of the components of administrative decentralization is human resource function that entails employment policies preferably entail pay policy discretion, budget transparency, budget and establishment control, recruitment autonomy, career management control, and performance management (Yilmaz et al., 2018).

In Uganda, the decentralization of health services has been a key strategy for improving health outcomes and service delivery. The government has devolved health

services to district and local levels to enhance responsiveness and accountability. Mukono Health Center IV, the main public healthcare facility in the Mukono District, serves as a case study for assessing the effectiveness of decentralized HR functions in improving health service delivery (Mayanja & Akunda, 2023). Preliminary data suggests that decentralized HR functions at Mukono Health Center IV have led to more efficient staffing, better resource allocation, and improved patient care, demonstrating the potential benefits of this approach in the Ugandan healthcare context. However challenges still persist when it comes to the quality of health services delivered to the patients in this health facility although it is unknown whether this is as a result of discrepancies in the effectiveness of the decentralized human resource function which sets the need to conduct this study (Hassan et al., 2022).

1.2 Statement of Problem

Ideally, decentralized human resource (HR) functions should improve health service delivery by aligning staffing and resources with local needs, enhancing availability, accessibility, patient satisfaction, and timeliness of care (Chen et al., 2021). However, there has been a gradual decline in the quality of health services provided by public health facilities like Mukono HCIV over the years. For example, according to a report by the Uganda Ministry of Health (2023), the availability of essential medicines dropped from 80% in 2020 to 60% in 2023. Patient surveys indicate a 30% increase in waiting times for consultations over the past two years, while patient satisfaction ratings have fallen from 75% in 2019 to 50% in 2023 (Mayanja & Akunda, 2023). Emergency response times now exceed acceptable limits by an average of 40 minutes. All this could be attributed to inefficiencies in HR management, such as inadequate staffing and poor resource allocation. If unaddressed, these problems could lead to worsening health outcomes, decreased patient trust, and strain on the healthcare system (Hassan et al., 2022).

Furthermore, while existing research by scholars like Mansour et al. (2022) and Martineau et al. (2022) examined decentralized health systems and HR management

broadly, there was a significant gap in studies focused specifically on the effectiveness of decentralized HR functions in local Ugandan health centers like MHC IV. Most studies have not directly linked HR decentralization to key quality dimensions such as availability, accessibility, patient satisfaction, and timeliness of healthcare services. This study aimed at filling this gap by providing insights into how decentralized HR functions impact the quality of health service delivery at Mukono Health Center IV.

1.3 Purpose of the Study

To examine the effectiveness of decentralized human resource function in improving the quality of health service delivery in Uganda with a specific focus on Mukono Health Center IV (MHC IV).

1.4 Specific Objectives of the Study

1) To establish the effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV.
2) To examine the effectiveness of career management control on the quality of health service delivery in MHC IV.
3) To establish the effectiveness of performance management on the quality of health service delivery in MHC IV.

1.5 Research Questions

1) How effective is recruitment autonomy on the quality of health service delivery in MHC IV?
2) How effective is career management control on the quality of health service delivery in MHC IV?
3) How effective is performance management on the quality of health service delivery in MHC IV?

1.6 Scope of the Study

1.6.1 Content Scope

In terms of content, the study was limited to assessing effectiveness decentralized human resource function in improving the quality health service delivery in MHC IV. Decentralized human resource was conceptualized in terms of recruitment autonomy, career management control and performance management. On the other hand, quality health service delivery was conceptualized in terms of availability and access of health services, patient satisfaction and timeliness of healthcare provision.

1.6.2 Geographical Scope

The study was carried out in Mukono Health Center IV located along Kampala-Jinja Highway in Mukono Town. Mukono Health Center IV was selected due to its representative challenges in decentralized health service delivery within Uganda's healthcare system.

1.6.3 Time Scope

The study reviewed content about the decentralized human resource function and health service delivery for the period of 5 years from 2019 to 2023.

1.7 Justification of the study

Various studies have been done linking decentralization and service delivery, although resourceful and insightful, it has remained general as there is no clear evidence related to health service delivery consideration in the decentralized public health facilities in Mukono district local government specifically Mukono Health Center IV. Most of the studies in this area have been conducted in other countries other than Uganda (Raghabendra & Dulfo, 2013; Neven, 2013; Bardhan, 2012). In addition, these studies were general with no focus on health service delivery in relation to decentralized human resource function. The identified gaps act as the motivation for

this study that strives to assess the effectiveness of decentralized human resource function in improving the quality of health service delivery in MHC IV.

1.8 Significance of the Study

The study may be of great importance to various entities like; policy makers, future researchers and academicians in the following ways.

1.8.1 Public Health Facilities

The findings of the study shall provide baseline information about the loopholes in public health service delivery at the local governments under the decentralization system and thus give them a basis on which to hinge and refine the avenues for streamlining the same.

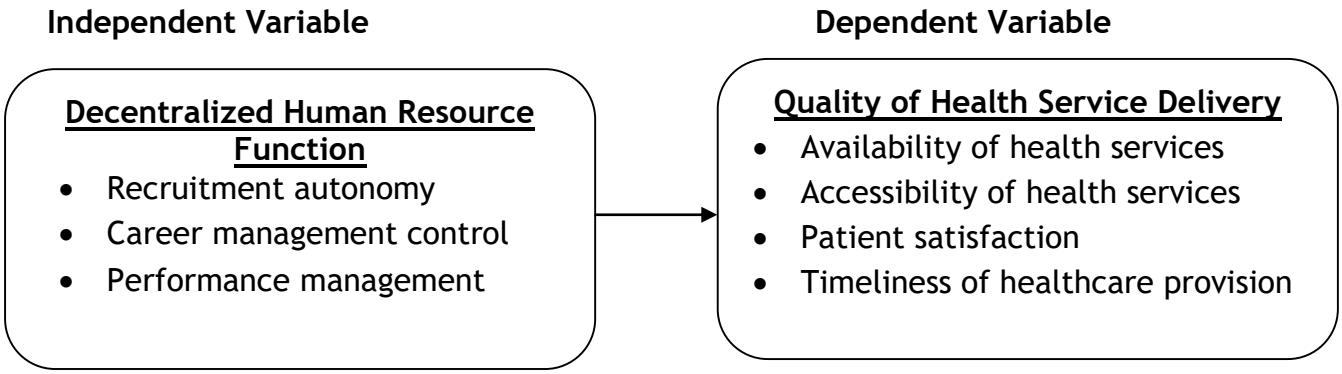
1.8.2 The Government of Uganda

The study shall help the Government of Uganda with information which will help them come up with policies and legislations on the management of public health service delivery in the local governments.

1.8.3 Researchers and Academicians

The research is anticipated to add on to the growing body of knowledge regarding the decentralized human resource function and public health service delivery in the decentralized health systems.

1.9 Conceptual Framework



Source: *Adopted with modification from Yilmaz et al. (2008) and Parasuraman et al. (1985).*

The conceptual framework indicates that once decentralized human resource function takes place through recruitment autonomy, career management function and performance management, there will be improved quality of health service delivery indicated with availability of health services, accessibility of health services, patient satisfaction and timeliness of healthcare provision. The conceptual framework shows that decentralized human resource function is directly associated with health service delivery, for instance effective management of human resources at the local governments may improve the quality of health service delivery and vice versa.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provided a review of existing literature on the effectiveness of decentralized human resource function in improving the quality of health service delivery. The chapter begun by defining key terms and concepts related to the topic, followed by the theoretical Review and the studies conducted before in this area. This chapter then showed the research objectives and information about the scope of the study, before concluding with a summary of the key points.

2.1 Theoretical review

The study reviewed the Public-Choice Theory of Decentralization and the Souffle Theory of Decentralization to understand the impact of decentralized human resource functions on health service delivery.

Public-choice theory of decentralisation and efficient service delivery

The public choice theory of decentralisation bases its argument on efficiency and effectiveness in local service delivery. To test this efficiency in decentralised service provision, a comparison is made between the central and the local governments (Oates, Citation1972). Lockwood (Citation2006) assumes that both central and local governments are benevolent, as they all seek to maximise citizens' welfare. Lockwood further assumes that all communities will have uniform public programmes. Based on these assumptions, Lockwood coined two terms: the political economy and the standard approaches. This study focuses on the standard model since it describes the service provision functions of governments. The standard model gave birth to the decentralisation hypothesis. The central argument supporting efficient public service provision here is seen using these scenarios (Lockwood, Citation2006; Oates, Citation1972):

- If localities are equal and no spill-over effects of service provision are reported, then both decentralised and centralised service deliveries are successful.
- If the areas are unequal and there is no spill-over effects of service provision are reported, decentralisation is more successful.
- Central provision is effective if similar positions are reported (equal and unequal localities) with spill-over effect on service provision.

Efficiency in decentralized public service provision refers to economic efficiency, which is concerned with the use of public resources to achieve optimum outcomes. This addresses policymakers' biggest task of reconciling rising demands in service provision with limited public funds (Lockwood, Citation2006). Economic efficiency refers to the choices made by a society, which maximises the results of public service delivery, measured in quality healthcare outcomes. In essence, efficiency is concerned with the relationship between the use of scarce resources (capital cost, labour cost, equipment, etc.), calculated in the form of expenditure, and their intermediate production (e.g., shortened waiting times) or outcomes of service (e.g., quality of life) (Lockwood, Citation2006).

On the contrary, the political economy model explains the government's actions. The model takes into consideration the actions of a government from structural and political perspectives. This political economy approach ensures the achievement of two key decentralisation bedrocks: efficiency and accountability, through the preference matching advantage (allocative efficiency) and accountability. According to Besley and Coate (Citation2003), the advantage of the political economy approach, over the standard approach, is that it nullifies the advantages of spill-over effects from the provision of public service in favour of the central government. The authors argue that the central government adopt a strategic choice of the delegate by voters to deal with the provision of public service in heterogeneous districts, which leads to less preference matching efficiency for centralised forms of government (Besley & Coate, Citation2003).

From these public-choice theory explanations, it can be said that the theory seeks to empower local people, especially the poor, in the provision of public services by their local governments. The proponents of public choice theory (see Tiebout, Citation1956; Musgrave, Citation1959) suggest decentralisation on economic priorities, such as lowering the welfare state and cutting public spending. The democratic nature of local government structure allows public officials to offer social accountability to the local people. Studies on local accountability show that public officials and local politicians have provided public goods that meet the needs of the poor (Dick-Sagoe & Asare-Nuamah, Citation2020; Hindricks & Lockwood, Citation2006; Lockwood, Citation2006).

Increased public participation increases efficiency in providing the right balance of public goods that meet local people's needs. In this case, limited public resources are spent on products that represent local preferences and needs, thereby improving efficiency. While it is noteworthy that decentralisation has more significant benefits for increased public service provision, it has, however, not improved the quality and equity of public services in developing countries, especially in Africa (Crook, Citation2003; Dickovick & Riedl, Citation2010; Fox et al., Citation2011). Nevertheless, this paper believes that decentralised healthcare delivery will improve healthcare services through the information advantage of localities through demand and supply for local healthcare services. Hence, we expect to see an improved healthcare delivery, from the perspective of both health professionals and users (patients) in Uganda.

2.2 Decentralized Human Resource Function

Decentralized human resource management (HRM) involves transferring HR-related decision-making authority from central to local government levels. This approach aims to enhance responsiveness and tailor HR practices to local contexts, ultimately improving service delivery. Key components of decentralized HRM include recruitment autonomy, career management control, and performance management.

Recruitment Autonomy: Recruitment autonomy refers to the degree to which local governments have the freedom to manage their hiring processes, including the selection and appointment of staff. This autonomy is believed to lead to better alignment between the needs of the community and the skills of the health workforce. According to Yilmaz et al. (2018), recruitment autonomy allows local governments to respond quickly to staffing needs and adapt to local conditions, which can improve the effectiveness of health service delivery.

One of the significant benefits of recruitment autonomy is the ability to attract and retain personnel who are well-suited to the specific needs of the local population. For example, local hiring practices can prioritize candidates with knowledge of the local language and culture, which is crucial in providing effective healthcare services (Dickinson & Sullivan, 2020). Additionally, decentralization can reduce the bureaucratic delays associated with central recruitment processes, allowing for faster filling of vacancies (Tulloch et al., 2018).

However, the effectiveness of recruitment autonomy can be limited by local governments' capacity and resources. In regions where local governance structures are weak or under-resourced, recruitment processes may still face significant challenges, such as corruption or lack of expertise in HRM (Ahmad et al., 2020). Therefore, while recruitment autonomy holds potential benefits for improving health service delivery, its success largely depends on the local context and governance capacity.

Career Management Control: Career management control involves managing the career paths of employees, including promotions, transfers, and professional development. Effective career management can enhance employee satisfaction and retention, which are critical for maintaining a stable and experienced workforce in the health sector. Yilmaz et al. (2018) suggest that local governments with control over career management can tailor professional development opportunities to meet local needs and priorities, thereby improving service delivery.

Decentralized career management allows for more personalized and context-specific professional growth plans. For instance, local governments can identify skill gaps and

provide targeted training programs to address these deficiencies, enhancing the overall competency of the health workforce (Huston et al., 2021). Furthermore, career management control can foster a sense of ownership and commitment among health workers, as they perceive greater opportunities for advancement and professional growth within their local context (Munga et al., 2009).

However, similar to recruitment autonomy, the effectiveness of career management control depends on the local government's capacity to implement robust HRM practices. In areas with limited resources, there may be insufficient funding for training programs or career development initiatives, which can hinder the potential benefits of decentralized career management (Frumence et al., 2013). Moreover, ensuring equity and fairness in career advancement opportunities remains a challenge, particularly in regions with high levels of favoritism or nepotism.

Performance Management: Performance management represents a relatively new management concept with its roots traceable to Anglo-Saxon management (Sparrow and Hiltrop, 1994). It was not until the 1980s that it truly emerged as a standalone concept. In simple terms, performance management is a process that enables employees to perform their roles to the best of their abilities with the aim of achieving or exceeding established targets and standards that are directly linked with the organization’s objectives. Performance management is posited as a strategic management technique that supports the overall business goals of the firm through linking each individual’s work goals to the overall mission of the firm (Costello, 1994;

Sparrow & Hiltrop (1994) further hypothesized it as an integrated system where management and employees work together in setting objectives, assessing and reviewing how these are being met and rewarding good performance.

Performance management in a decentralized context involves the appraisal and supervision of staff performance, setting objectives, and providing feedback to improve employee effectiveness. Effective performance management systems are essential for ensuring that health workers are accountable and motivated to deliver high-quality services. Yilmaz et al. (2018) highlight that decentralized performance

management allows for more frequent and context-specific evaluations, which can lead to more relevant and actionable feedback.

One of the key advantages of decentralized performance management is the ability to set performance targets that are closely aligned with local health priorities and needs. This alignment can drive improvements in health service delivery by ensuring that health workers focus on locally relevant health outcomes (Bossert & Mitchell, 2011). Additionally, decentralized performance management can facilitate more timely and tailored interventions to address performance issues, such as additional training or resources for underperforming staff (Agyepong et al., 2004).

However, the effectiveness of performance management in decentralized settings is contingent upon the availability of accurate and timely performance data. In many low-resource settings, the lack of robust data systems can impede the ability to conduct meaningful performance evaluations (Bossert & Beauvais, 2002). Furthermore, local governments must have the capacity to enforce performance standards and implement corrective actions, which may be challenging in contexts with weak administrative structures.

In summary, the decentralization of human resource functions, including recruitment autonomy, career management control, and performance management, has the potential to enhance health service delivery by tailoring HR practices to local needs and contexts. However, the effectiveness of these decentralized HR functions depends heavily on the local government's capacity and resources. Ensuring adequate support and capacity-building for local governments is crucial for realizing the full benefits of decentralized HRM in improving health service delivery.

2.3 Health Service Delivery

Health service delivery encompasses the provision of healthcare services to individuals and communities. Evaluating health service delivery involves assessing its availability, accessibility, and quality. These dimensions are critical for understanding

the effectiveness of health systems, particularly in resource-constrained environments.

Availability of Services: Availability refers to the presence of health services and resources required to meet the health needs of a population. This includes the presence of healthcare facilities, medical supplies, and healthcare professionals. According to WHO (2018), availability is a fundamental component of health service delivery as it ensures that the necessary infrastructure and resources are in place to provide essential health services.

In decentralized health systems, local governments often have greater control over resource allocation, which can enhance the availability of services. For instance, a study by Edwards et al. (2019) found that decentralized health systems in Ghana improved the availability of essential drugs and health services by allowing local governments to address specific local needs and priorities.

Accessibility of Services: Accessibility is the ease with which individuals can obtain healthcare services. It involves physical accessibility (proximity to healthcare facilities), financial accessibility (affordability of services), and social accessibility (acceptability and non-discrimination). Accessibility is crucial for ensuring that health services reach all segments of the population, particularly vulnerable and marginalized groups.

Decentralized health systems can enhance accessibility by tailoring health services to the specific needs of local communities. A study by Kolehmainen-Aitken (2004) in Latin America and the Caribbean found that decentralization led to improved geographic accessibility of services, as local authorities could establish health facilities in underserved areas. Additionally, decentralization can help reduce financial barriers by enabling local governments to implement targeted subsidies and exemptions for low-income populations.

Quality of Services: Quality of health services is measured by the extent to which healthcare services improve health outcomes. Key aspects of quality include the

competence of healthcare providers, the effectiveness of medical treatments, patient safety, and patient satisfaction. High-quality health services are essential for achieving positive health outcomes and ensuring patient trust in the healthcare system.

Decentralization can impact the quality of health services by allowing local governments to oversee and improve service delivery processes. For example, research by Akin et al. (2005) in Uganda demonstrated that decentralization improved the quality of primary healthcare services through better supervision, training, and resource allocation at the district level. Additionally, local governments can be more responsive to feedback from the community, leading to continuous improvements in service quality.

2.4 Recruitment Autonomy and Health Service Delivery

Recruitment autonomy at the local level refers to the power and discretion that local governments or health institutions have in hiring and managing their workforce. This aspect of decentralized governance can significantly influence health service delivery outcomes. The following review explores the impacts of recruitment autonomy on the effectiveness, efficiency, and equity of health service delivery.

Local recruitment autonomy can enhance the efficiency of health service delivery by allowing local authorities to tailor their workforce to meet specific community needs. When local health institutions have the freedom to recruit based on local demands, they can address gaps in healthcare provision more swiftly and effectively. For example, a study by Edwards et al. (2019) found that in decentralized health systems in Ghana, local governments could hire healthcare workers who were better suited to local health priorities, thus improving service delivery efficiency.

Recruitment autonomy also fosters greater responsiveness to local health issues. Local managers, who are more familiar with the specific health challenges in their communities, can recruit professionals with the required expertise. This localized approach can lead to quicker adjustments in staffing based on changing health needs

and emergencies, thereby enhancing the overall responsiveness of the health system (Bossert et al., 2007).

The quality of health services can be significantly impacted by the level of recruitment autonomy. Local authorities can implement rigorous selection criteria to ensure that only qualified and competent health professionals are hired. This can lead to improved patient care and better health outcomes. According to a study by Kolehmainen-Aitken (2004), decentralization in Latin America allowed for more stringent recruitment processes at the local level, resulting in a higher quality of health services.

Moreover, local recruitment can enable continuous professional development tailored to local health needs. Local health managers can identify skill gaps and provide targeted training and support to their workforce, enhancing the overall quality of care. For example, in the Philippines, decentralization allowed local governments to organize training programs for health workers based on prevalent local diseases and health conditions, which significantly improved health service delivery (Bossert et al., 2007).

Recruitment autonomy can also influence equity in health service delivery. By allowing local governments to hire health workers from within the community, decentralized systems can promote a workforce that is more culturally and linguistically aligned with the population they serve. This can improve communication, trust, and ultimately, health outcomes, particularly for marginalized and underserved populations.

A study by Akin et al. (2015) in Uganda highlighted that local recruitment policies helped in hiring health workers who were more familiar with local customs and languages, which improved patient-provider interactions and increased the utilization of health services among minority groups. This approach can also mitigate urban-rural disparities by enabling rural areas to attract and retain healthcare professionals through locally designed incentives and support systems.

Furthermore, decentralized recruitment can empower local authorities to implement affirmative action policies to address historical inequities and ensure that disadvantaged groups are adequately represented in the health workforce. This can lead to a more inclusive and equitable health system, as seen in South Africa, where decentralized recruitment practices have been used to address racial and gender imbalances in the health workforce (Lehmann & Gilson, 2013).

While recruitment autonomy can bring significant benefits, it also poses challenges. Local governments may face difficulties in attracting and retaining skilled health workers due to limited resources and competition from urban areas. Additionally, without adequate oversight, there is a risk of nepotism and corruption in the hiring process (World Health Organization, 2018).

Ensuring that local recruitment practices align with national health goals and standards is crucial. Effective decentralization requires a balance between local autonomy and central oversight to maintain consistent quality and equity in health services across regions. For instance, in Indonesia, a lack of coordination between central and local governments led to disparities in health worker distribution and service quality (Heywood & Harahap, 2009).

Moreover, local recruitment autonomy needs to be supported by adequate capacity-building and resources. Local authorities must have the necessary skills and tools to effectively manage the recruitment process and ensure that health workers are well-trained and motivated. This includes investing in human resource management systems, providing continuous professional development opportunities, and offering competitive remuneration and benefits to attract and retain skilled health professionals (World Health Organization, 2018).

2.5 Career Management Control and Health Service Delivery

It is a life-long process of investing resources to accomplish employee future career goals. It is also considered to be a continuing process that allows an employee to adapt to the changing demands of the economy (Yldz, Bozbura & Bekese 2015).

Career management control refers to the strategies and practices used by organizations to manage the career progression of their employees. In the context of health service delivery, career management control encompasses aspects such as promotions, professional development, performance appraisals, and succession planning. Effective career management control can significantly influence the performance and satisfaction of healthcare professionals, which in turn affects the quality and efficiency of health services provided to the population. This section explores the impact of career management control on health service delivery, focusing on key areas such as employee motivation, retention, and performance.

Career management control can play a crucial role in enhancing employee motivation and job satisfaction. When healthcare professionals perceive that there are clear and attainable career advancement opportunities, they are more likely to be motivated and committed to their roles. This motivation can lead to increased productivity and a higher quality of patient care. According to a study by Armstrong et al. (2009), effective career management practices, including regular performance appraisals and opportunities for professional development, were associated with higher levels of job satisfaction among healthcare workers in the UK.

Providing opportunities for continuous professional development is a key component of career management control. Healthcare professionals who have access to training and development programs are better equipped to handle the evolving demands of their jobs, leading to improved service delivery. For instance, a study by Dieleman et al. (2013) found that in Vietnam, career development initiatives such as specialized training programs significantly improved the skills and competencies of healthcare workers, which in turn enhanced the quality of healthcare services.

Effective career management control can also improve the retention of healthcare professionals. High turnover rates in the healthcare sector can disrupt service delivery and lead to gaps in patient care. Career management strategies that provide clear career pathways, recognition, and rewards can help retain skilled healthcare workers. A study by Dussault and Franceschini (2016) highlighted that in Mozambique,

implementing structured career paths and providing regular promotions and incentives significantly reduced the turnover rates of healthcare professionals.

Retention is particularly important in rural and underserved areas, where attracting and retaining healthcare workers is often challenging. Career management practices that include incentives such as rural allowances, opportunities for career advancement, and support for further education can encourage healthcare professionals to remain in these areas. For example, in Malawi, the introduction of career management practices that focused on providing incentives for rural healthcare workers led to improved retention rates and better health service delivery in rural communities (Muula & Maseko, 2016).

Career management control can enhance the performance of healthcare professionals by ensuring that they are appropriately matched to roles that suit their skills and career aspirations. Performance appraisals and feedback mechanisms are essential components of career management control, helping to identify areas for improvement and development. Regular performance evaluations can also ensure that healthcare workers are meeting the required standards of care and are held accountable for their performance.

Effective career management control includes succession planning to ensure continuity in service delivery. Succession planning involves identifying and developing future leaders within the organization to fill key positions when they become vacant. This proactive approach can prevent disruptions in service delivery and maintain the quality of care. A study by Groves (2007) in the United States highlighted that healthcare organizations that implemented robust succession planning practices experienced smoother transitions and sustained high levels of service quality.

While career management control offers numerous benefits, it also presents challenges that need to be addressed to maximize its impact on health service delivery. One challenge is the potential for perceived favoritism and bias in career advancement opportunities, which can demotivate employees and create a toxic work environment. Ensuring transparency and fairness in career management practices is

crucial to maintaining employee trust and morale. For example, in Kenya, implementing transparent and merit-based promotion practices helped improve employee satisfaction and performance in the health sector (Nzinga et al., 2009).

Another challenge is the need for adequate resources and support for career management initiatives. Investing in professional development programs, performance management systems, and succession planning requires financial and organizational commitment. Ensuring that these resources are available, especially in resource-constrained settings, is essential for the success of career management control practices. In South Africa, inadequate funding for career development programs was identified as a barrier to effective career management in the public health sector (George et al., 2013).

Career management control is a critical factor in enhancing the effectiveness of health service delivery. By providing clear career pathways, opportunities for professional development, and fair performance appraisals, healthcare organizations can improve employee motivation, retention, and performance. Addressing challenges such as perceived bias and resource constraints is essential to fully realize the benefits of career management control. Overall, effective career management practices can lead to a more satisfied, skilled, and stable healthcare workforce, ultimately improving the quality of health services provided to the population.

2.6 Performance Management and Health Service Delivery

Performance management in the healthcare sector involves systematically evaluating and improving the performance of healthcare professionals and organizations to enhance service delivery. Effective performance management practices can significantly impact the quality of care, patient outcomes, and overall efficiency of health services. This section analyzes the relationship between performance management practices and health service delivery, focusing on performance appraisal, feedback mechanisms, and the integration of performance data in decision-making.

Performance appraisal systems are a fundamental component of performance management. They provide a structured way to evaluate the performance of healthcare professionals, identify strengths and weaknesses, and set goals for improvement. A well-designed performance appraisal system can lead to improved healthcare delivery by ensuring that healthcare workers are meeting established standards of care and are continuously developing their skills.

Performance appraisals can improve health service delivery by promoting accountability and transparency. For example, in the United Kingdom, the National Health Service (NHS) has implemented regular performance appraisals for healthcare workers, which include setting clear objectives, reviewing progress, and providing constructive feedback. This approach has been shown to enhance the quality of patient care and improve staff satisfaction (Mannion & Braithwaite, 2012).

However, the effectiveness of performance appraisals depends on their implementation. In some settings, performance appraisals can be perceived as bureaucratic exercises with little impact on actual performance. Ensuring that appraisals are meaningful and linked to professional development opportunities is crucial. A study by Ohemeng and Kessey (2021) in Ghana found that when performance appraisals were coupled with training and development programs, there was a significant improvement in healthcare worker performance and patient care quality.

Regular feedback is essential for effective performance management. Constructive feedback helps healthcare professionals understand their performance, recognize areas for improvement, and reinforce positive behaviors. Feedback mechanisms should be continuous and integrated into the daily operations of healthcare organizations to be most effective.

Feedback can be provided through various channels, including one-on-one meetings, peer reviews, and patient feedback. For instance, patient feedback has been increasingly recognized as a valuable tool for improving healthcare delivery. In the Netherlands, healthcare organizations have implemented systems where patient

feedback is routinely collected and used to inform performance evaluations. This practice has led to improvements in patient satisfaction and care quality (Smits et al., 2009).

Moreover, feedback should be specific, actionable, and timely to be effective. General or delayed feedback is less likely to lead to meaningful changes in behavior. A study by Arnetz et al. (2011) in Sweden highlighted that timely and specific feedback to healthcare workers resulted in better compliance with clinical guidelines and improved patient outcomes.

The integration of performance data into organizational decision-making processes is a critical aspect of performance management. Performance data can provide insights into areas that require improvement, identify trends, and support evidence-based decision-making. By leveraging performance data, healthcare organizations can implement targeted interventions to enhance service delivery.

For example, in the United States, many healthcare organizations use electronic health records (EHRs) to collect and analyze performance data. This data is used to monitor healthcare worker performance, track patient outcomes, and identify areas for quality improvement. Studies have shown that the use of EHRs for performance management has led to significant improvements in patient care and operational efficiency (Jones et al., 2014).

Performance data can also be used to inform policy decisions at the organizational and national levels. In Rwanda, the government has implemented a performance-based financing (PBF) system that ties funding to healthcare facilities based on their performance metrics. This system has led to improved health outcomes, increased accountability, and more efficient use of resources (Basinga et al., 2011).

Despite the benefits, performance management in healthcare faces several challenges. One major challenge is resistance to change. Healthcare professionals may be skeptical of new performance management practices, especially if they perceive them as burdensome or unfair. Engaging healthcare workers in the design

and implementation of performance management systems can help mitigate resistance and ensure buy-in. According to Nutley, Davies, and Mannion (2000), involving staff in the development process can enhance acceptance and improve the effectiveness of performance management interventions.

Another challenge is the potential for performance management to be perceived as punitive rather than developmental. To address this, performance management should focus on continuous improvement and professional development rather than solely on identifying shortcomings. Providing support, training, and resources to help healthcare workers improve their performance is essential. A study by Dudley et al. (1998) emphasizes the importance of a supportive environment that fosters learning and development rather than one that simply penalizes poor performance.

Additionally, the reliability and validity of performance data can be a concern. Ensuring that performance metrics accurately reflect the quality of care and are not influenced by external factors is crucial. Developing robust and fair performance indicators is necessary to provide a true picture of healthcare worker performance. The World Health Organization (WHO) highlights the need for reliable data collection and analysis methods to ensure that performance evaluations are both fair and effective (WHO, 2006).

Performance management is a vital component of health service delivery. Effective performance management practices, including performance appraisals, regular feedback mechanisms, and the integration of performance data into decision-making, can significantly enhance the quality and efficiency of healthcare services. Addressing challenges such as resistance to change, the perception of punitive measures, and ensuring the reliability of performance data is essential to maximizing the benefits of performance management in healthcare. By focusing on continuous improvement and professional development, healthcare organizations can create a motivated, competent, and high-performing workforce, ultimately leading to better health outcomes for patients.

2.7 Research Gap

A Plethora of studies have been undertaken on health service delivery and human resource management, there is a notable lack of comprehensive research specifically focusing on the impact of decentralized human resource functions on health service delivery in Uganda, particularly within public health facilities in Mukono District. Existing literature tends to generalize findings or focuses on broader aspects of human resource management, often overlooking the unique challenges and opportunities posed by decentralized HR functions in the healthcare sector of Uganda.

This research aims to bridge this gap by delving into the specific dynamics of decentralized HR functions and their direct influence on health service delivery within the context of Mukono District's public health facilities. It seeks to provide empirical evidence and insights that can contribute to enhancing the effectiveness and efficiency of HR practices in improving healthcare outcomes at the local level.

Identifying and addressing this research gap is crucial for advancing knowledge in the field of healthcare management and public policy, especially in regions where decentralized governance structures significantly impact service delivery and organizational performance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research methods that were followed in this study. It specified the research design, research approach, sample design (study population, sample size and sampling strategy). It also shows the instruments of data collection, data sources, quality assurance, data analysis procedure, data presentation, procedural issues followed in data collection.

3.1 Research Design

The research design is crucial for structuring the investigation. In this study, a cross-sectional survey research design was used. A cross-sectional survey research design involves collecting data at a single point in time from a sample that represents the population of interest. This design is ideal for quantitative studies as it allows for the efficient collection and analysis of data to identify patterns and relationships. More so, this design helped in conducting correlation and regression to determine the relationship between the variables. In this study, the cross-sectional survey was used to gather quantitative data on the topic under study.

3.2 Research Approach

This study was conducted using quantitative research design. The quantitative research approach involves the systematic collection and analysis of numerical data to identify patterns, relationships, and trends. This approach is used to provide objective, measurable evidence and is ideal for assessing the effectiveness of decentralized HR functions at Mukono Health Center IV. By employing structured surveys and questionnaires as data collection instruments, this study gathered quantifiable data from the staff members of MHC IV, including nurses, midwives, the in-charge, medical officers, doctors, and support staff. This

data allowed for statistical analysis of the decentralized human resource functions and their effects on the quality of health service delivery in MHC IV.

3.3 Area of Study

The study was carried out in Mukono Health Center IV located along Kampala-Jinja Highway in Mukono Town. Mukono Health Center IV was selected due to its representative challenges in decentralized health service delivery within Uganda's healthcare system.

3.4 Study Population and Sample Size

The population therefore included; the staff members of MHC IV, including nurses, midwives, the in-charge, medical officers, doctors, and support staff totaling to 40 employees according to the Human Resource Management (2024) employee statistics. However, the sample size was gotten using Krejcie and Morgan (1970) table for determining sample size from a known population as shown below;

Table 1: Table for determining sample size of a known population

Table 3.1

Table for Determining Sample Size of a Known Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Source: *Krejcie & Morgan (1970)*

Table 2: Target Population, Size and Selection

Category of Respondents	Population Size	Sample size	Sampling Method
Medical officers/ doctors	5	5	Stratified sampling
Nurses and midwives	13	11	Stratified sampling
In-charge (s)	4	4	Stratified sampling
Support staff	18	16	Stratified sampling
Total	**40**	**36**	

Source: *MHC IV (2024)*

3.5 Sampling Method

In this study, respondents were selected using the stratified sampling method, which involves dividing the population into distinct subgroups (strata) based on specific characteristics and then randomly selecting samples from each stratum. This method ensured that all relevant categories of staff at Mukono Health Center IV i.e. nurses and midwives, the in-charge, medical officers and doctors, and support staff were adequately represented. By using stratified sampling, the researcher achieved a more accurate and comprehensive understanding of how decentralized HR functions impact the quality of health service delivery. Each stratum had a proportionate number of participants selected randomly, ensuring that the final sample of 36 respondents reflected the diversity and structure of the staff population, thereby enhancing the reliability and validity of the study's findings.

3.6 Sources of data

Primary source: Primary data are important for all areas of research because they are accurate information about the results of an experiment or observation. Primary data from the field was obtained through questionnaires to selected respondents in order to get their opinions about the topic under study.

Secondary source: Secondary data refers to handling, collecting and possibly processing data by people other than the researcher in question. This source was used to collect data from already written literature about the topic under study for example e-books, journals, published articles and periodicals (Mubazi 2008).

3.7 Data Collection Method and Instrument

In this study, the data collection method was a questionnaire survey, utilizing a structured questionnaire as the data collection tool. This approach involves systematically gathering information by having respondents complete a standardized set of questions, allowing for efficient and consistent data collection. The researcher used this method because it facilitates the collection of quantitative data from a large group of respondents—nurses and midwives, the in-charge, medical officers and doctors, and support staff—ensuring a comprehensive assessment of decentralized HR functions. The questionnaire employed a 5-point Likert scale, where 1 indicates “strongly disagree,” 2 “disagree,” 3 “not sure,” 4 “agree,” and 5 “strongly agree," to measure respondents’ perceptions and experiences regarding the study variables at Mukono Health Center IV. This scale allows for distinct responses and easy quantification of attitudes and opinions.

3.8 Data collection procedure

The researcher obtained a recommendation and an introductory letter from the Research ethics Committee of Uganda Christian University, after which she sought permission from the management of Mukono Health Center IV to use as a case. The researcher approached various respondents to distribute the questionnaires and only those that consented were involved in the study.

3.9 Reliability and Validity of the Tools

Ensuring the reliability and validity of data is paramount for robust research outcomes. Measures such as Cronbach’s alpha coefficient and content validity

index were employed to assess the reliability and validity of research instruments and data collection methods.

Table 3: Reliability and Validity Analysis

Variable	Number of Questions Tested	Cronbach's Alpha Coefficient	Content Validity Index (CVI)
Recruitment Autonomy	8	0.87	0.75
Career Management	8	0.91	0.82
Performance Management	8	0.89	0.80

Source: Primary, 2024

The reliability and validity of the research instrument were assessed to ensure its effectiveness in capturing perceptions related to recruitment autonomy, career management control, and performance management, all aligned with the research objectives focused on health service delivery in MHC IV.

In terms of reliability, Cronbach's Alpha coefficients were calculated for each construct. For recruitment autonomy, the obtained coefficient of 0.87 indicates a high level of internal consistency and reliability, suggesting that the questions designed to measure perceptions regarding recruitment autonomy are consistent and reliable. Similarly, the measurement of career management control yielded a Cronbach's Alpha coefficient of 0.91, indicating excellent internal consistency and reliability in capturing perceptions in this area. The construct of performance management also demonstrated strong internal consistency, with a Cronbach's Alpha coefficient of 0.89, further affirming the reliability of the instrument in measuring perceptions related to performance management.

Moving on to validity, the Content Validity Index (CVI) was used to assess the relevance of the questions to the research objectives. For recruitment autonomy, the CVI of 0.75 suggests a good level of content validity, indicating that the questions pertaining to recruitment autonomy effectively capture relevant aspects aligned with the research goals. Similarly, the CVI for career management control was 0.82, signifying strong content validity and affirming that the questions in this domain are relevant to the study's objectives. Regarding performance management, the CVI of 0.80 reflects a good level of content validity for the questions related to this construct.

3.10 Strategy for Data Processing and Analysis

To guarantee a simple and clear presentation of study findings, the data for the study was gathered, processed, and analyzed quantitatively/ statistically. This involved editing, coding, and tabulating the data.

3.10.1 Quantitative Data

Quantitative data was collected by use of questionnaires which were converted into numerical codes. The numbers generated were analyzed using computer package, the Statistical Package for Social Scientists (SPSS) version 26, where percentages and frequency tables were used to present results. Quantitative technique was justified by its ability to process data very first and analyze in huge amounts, high reliability, and accuracy of computation. The Pearson's linear correlations coefficient was also used to establish the relationship between categorized variables. Simple regression analysis was used to find out the extent to which the independent variables explained the dependent variables, that is to say the linear regression analysis that is used to establish the extent of variability in urban poverty reduction explained by each independent variable.

3.11 Ethical Considerations

According to Nsubuga & Katamba (2013) ethical issues include setting clearances from the ethical body and consent of the respondent. It refers to the moral justification of

the investigation or intervention; as regards the minimal about disregard, safety and psychological wellbeing of the person and or community. The researcher exhibited a high level of ethical behaviour in the course of implementing the study; confidentiality where the information got from the field was only used for academic purposes. There was also anonymity of the respondents exhibited so that they got the freedom to express themselves. More so, informed consent was obtained from all respondents before including them in the study.

3.12 Limitations and delimitations of the study

Some respondents were not willing to provide information because of being suspicious of where the information would be taken. This was solved through the nice remarkable reputation in the study context as a learning institution and also obtaining an introductory letter from the university.

The researcher was limited by funds that were needed to facilitate the research such as motivating the respondents, printing fees and even daily transport to the organization to collect data. However the researcher used self-initiatives and strategies to mobilize financial assistance from family.

Some people delayed to bring back the questionnaires which affected the researcher's target time planned to analyze his study. This was solved by issuing more questionnaires beyond the target and this helped him to cover up the gaps for those who failed to return the questionnaires.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.0 Introduction

This chapter presents the analysis and interpretation of data collected from the study titled "assessing the effectiveness of decentralized human resource function in improving health service delivery in Uganda: A case of Mukono Health Center IV." The primary objective of this chapter is to provide a detailed examination of the responses obtained from the questionnaire, which aims to evaluate the impact of decentralized human resource functions on health service delivery.

4.1 Background information

Table 4: showing background information of the respondents

Item	Description	Frequency	Percentage (%)
Gender	Male	18	50.0
	Female	18	50.0
	Total	**36**	**100.0**
Age	18-25 years	9	25.0
	26-35 years	13	36.1
	36-45 years	9	25.0
	Above 46 years	5	13.9
	Total	**36**	**100.0**
Marital Status	Single	13	36.1
	Married	18	50.0
	Divorced/ Separated	3	8.3
	Others	2	5.6
	Total	**36**	**100.0**
Highest Academic Qualification	Diploma	3	8.3
	Bachelor's degree	17	47.2

	Master's degree	7	19.4
	Others	9	25.0
	Total	**36**	**100.0**
Duration of Employment	Below 1 year	4	11.1
	1-4 years	11	30.6
	5-9 years	12	33.3
	Above 10 years	9	25.0
	Total	**36**	**100.0**

Source: Primary Data, 2024

The study found that the gender distribution of the respondents was evenly split, with 50% (18 respondents) being male and 50% (18 respondents) being female. This balanced distribution ensures that the perspectives of both genders are equally represented in the study, which is crucial for a comprehensive understanding of the impact of decentralized human resource functions on health service delivery.

The respondents' ages were distributed as follows: 25% (9 respondents) were aged 18-25 years, 36.1% (13 respondents) were aged 26-35 years, 25% (9 respondents) were aged 36-45 years, and 13.9% (5 respondents) were above 46 years. The majority of the respondents fell within the 26-35 age range, indicating a youthful workforce in the Mukono Health Center IV.

Regarding marital status, 36.1% (13 respondents) were single, 50% (18 respondents) were married, 8.3% (3 respondents) were divorced or separated, and 5.6% (2 respondents) identified as 'others'. The high percentage of married respondents suggests that many employees may have family responsibilities, which can influence their job stability and work-life balance.

The highest academic qualifications of the respondents were as follows: 8.3% (3 respondents) held a diploma, 47.2% (17 respondents) held a bachelor's degree, 19.4% (7 respondents) held a master's degree, and 25% (9 respondents) had other qualifications. The data shows that a significant portion of the workforce is highly educated, with the majority holding at least a degree.

The duration of employment among the respondents was distributed as follows: 11.1% (4 respondents) had been employed for below 1 year, 30.6% (11 respondents) for 1-4 years, 33.3% (12 respondents) for 5-9 years, and 25% (9 respondents) for above 10 years. The majority of respondents have been employed for 5-9 years, indicating a relatively stable workforce with a substantial amount of experience in health sector.

4.2 The effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV

Table 5 summarizes respondents' responses on the effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 5: The effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV

Statements	Mean	Std. Dev.
The recruitment process at MHC IV allows for flexibility in selecting candidates based on local healthcare needs	4.10	0.752
I have the authority to participate in the recruitment process for my department/unit at MHC IV	4.20	0.808
The recruitment decisions made at MHC IV reflect the specific requirements and challenges of our healthcare setting	4.00	0.851
Staff involvement in the recruitment process at MHC IV ensures a better fit between new hires and the needs of our patients	4.05	0.705
The level of autonomy granted in recruitment decisions positively impacts the quality of healthcare delivery at MHC IV.	4.15	0.900

The recruitment process at MHC IV effectively addresses staffing gaps and enhances the overall quality of service provision	3.90	0.957

Source: *Primary data*

Table 5 above shows analysis concerning the effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV using means and standard deviations which was gotten from use of a Likert scale which was represented as: Strongly Agree (5), Agree (4), Not sure (3), Disagree (2) and Strongly Disagree (1). The scores of Strongly Disagree and Disagree have been taken to present a variable which mattered to a Small Extent (equivalent to mean score of 0 to 2.4 on the continuous Likert scale). The score of Not sure has been taken to represent a variable that mattered to a moderate extent (equivalent to a mean score of 2.5 to 3.4 on the continuous Likert scale). The score of Strongly agree and Agree have been taken to represent a variable that mattered to a Large Extent (equivalent to a mean score of 3.5 to 5.4 and on a continuous Likert scale). A standard deviation of >1.5 implies a significant difference concerning the effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV.

From table 5 above, the (mean score of 4.10; Std. Dev. = 0.752) indicates that, on average, most respondents agreed that the recruitment process at MHC IV allows for flexibility in selecting candidates based on local healthcare needs. This suggests that the recruitment system effectively considers the specific requirements and challenges of the healthcare setting, accommodating the diverse needs of the community it serves.

With a (mean score of 4.20; Std. Dev. = 0.808), it is evident that most respondents agreed that they have the authority to participate in the recruitment process for their department/unit at MHC IV. This highlights the autonomy granted to staff members in recruitment decisions, fostering a sense of ownership and involvement in the selection of suitable candidates.

Furthermore, the (mean score of 4.00; Std. Dev. = 0.851) suggests that, overall, respondents agreed that recruitment decisions at MHC IV reflect the specific requirements and challenges of the healthcare setting. This indicates that recruitment practices are tailored to meet the unique needs and demands of the healthcare environment, ensuring that selected candidates are well-suited to address these challenges effectively.

More so, with a (mean score of 4.05; Std. Dev. = 0.705), it is apparent that most respondents agreed that staff involvement in the recruitment process at MHC IV ensures a better fit between new hires and the needs of patients. This underscores the importance of staff input in recruitment decisions, as it facilitates the selection of candidates who are aligned with the values and goals of the organization, ultimately leading to improved service delivery.

In addition, the (mean score of 4.15; Std. Dev. = 0.900) suggests that, on average, most respondents agreed that the level of autonomy granted in recruitment decisions positively impacts the quality of healthcare delivery at MHC IV. This highlights the significance of recruitment autonomy in enhancing service quality, as it allows for the selection of candidates who are best suited to meet the needs of patients and the healthcare setting.

Lastly, with a (mean score of 3.90; Std. Dev. = 0.957), it appears that most of the respondents were in agreement that the recruitment process at MHC IV effectively addresses staffing gaps and enhances the overall quality of service provision. This suggests that while recruitment practices at MHC IV may contribute to improving service quality to some extent, there may still be room for improvement in addressing staffing challenges to ensure optimal service delivery.

Overall, the findings indicate that recruitment autonomy positively impacts the quality of healthcare delivery at MHC IV, as evidenced by mean scores above 3.5 and minimal standard deviations, signifying consensus among respondents.

4.3 The effectiveness of career management control on the quality of health service delivery in MHC IV

Table 6 summarizes respondents' responses on the effectiveness of career management control on the quality of health service delivery in MHC IV by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 6: The effectiveness of career management control on the quality of health service delivery in MHC IV

Statements	Mean	Std. Dev.
Opportunities for career advancement are clearly communicated and accessible to staff at MHC IV	3.85	0.804
I feel empowered to take control of my career development within the framework provided by MHC IV	4.20	0.752
The career management policies and practices at MHC IV support staff in achieving their professional goals	3.95	0.855
Staff feedback is considered in the career planning process at MHC IV, enhancing job satisfaction and retention	3.90	0.889
The career management system at MHC IV effectively identifies and nurtures talent within the organization	4.05	0.903
The level of control I have over my career path positively influences my commitment to providing high-quality healthcare services at MHC IV	3.80	0.921

Source: *Primary data*

Table 6 above shows analysis concerning the effectiveness of career management control on the quality of health service delivery in MHC IV using means and standard deviations which was gotten from use of a Likert scale which was represented as: Strongly Agree (5), Agree (4), Not sure (3), Disagree (2) and Strongly Disagree (1). The

scores of Strongly Disagree and Disagree have been taken to present a variable which mattered to a Small Extent (equivalent to mean score of 0 to 2.4 on the continuous Likert scale). The score of Not sure has been taken to represent a variable that mattered to a moderate extent (equivalent to a mean score of 2.5 to 3.4 on the continuous Likert scale). The score of Strongly agree and Agree have been taken to represent a variable that mattered to a Large Extent (equivalent to a mean score of 3.5 to 5.4 and on a continuous Likert scale). A standard deviation of >1.5 implies a significant difference concerning the effectiveness of career management control on the quality of health service delivery in MHC IV.

From table 6 above, the (mean score of 3.85; Std. Dev. = 0.804) indicates that, on average, most respondents agreed that opportunities for career advancement are clearly communicated and accessible to staff at MHC IV. This suggests that the organization effectively communicates pathways for professional growth, enhancing employee awareness of potential career trajectories within the healthcare center.

With a (mean score of 4.20; Std. Dev. = 0.752), it is evident that most respondents agreed that they feel empowered to take control of their career development within the framework provided by MHC IV. This suggests that the organization supports individual career aspirations, providing employees with the autonomy and resources to actively manage their professional growth.

Furthermore, the (mean score of 3.95; Std. Dev. = 0.855) suggests that, overall, respondents agreed that the career management policies and practices at MHC IV support staff in achieving their professional goals. This indicates that the organization's career development initiatives align with the needs and aspirations of its workforce, facilitating progress toward individual career objectives.

More so, with a (mean score of 3.90; Std. Dev. = 0.889), respondents generally perceived that staff feedback is considered in the career planning process at MHC IV, enhancing job satisfaction and retention. This suggests that the organization values input from its employees in shaping career development initiatives, fostering a culture of employee engagement and commitment.

In addition, the (mean score of 4.05; Std. Dev. = 0.903) indicates that, on average, respondents agreed that the career management system at MHC IV effectively identifies and nurtures talent within the organization. This suggests that the organization has mechanisms in place to recognize and develop high-potential employees, ensuring a pipeline of skilled professionals to meet current and future healthcare needs.

Lastly, with a (mean score of 3.80; Std. Dev. = 0.921), on average the respondents generally agreed that the level of control they have over their career paths positively influences their commitment to providing high-quality healthcare services at MHC IV. This indicates that while employees may perceive a degree of influence over their career trajectories, there may be opportunities for the organization to further empower staff in shaping their professional journeys to enhance service delivery quality.

Overall, the findings highlight the importance of effective career management control in influencing staff perceptions, motivations, and behaviors related to the quality of health service delivery at MHC IV.

4.4 The effectiveness of performance management on the quality of health service delivery in MHC IV

Table 7 summarizes respondents' responses on the effectiveness of performance management on the quality of health service delivery in MHC IV by using a Likert scale where SA (Strongly Agree), A (Agree), NS (Not Sure), D (Disagree) and SD (Strongly Disagree).

Table 7: The effectiveness of performance management on the quality of health service delivery in MHC IV

Statements	Mean	Std. Dev.
Performance expectations are clearly defined and communicated to staff at MHC IV	4.64	0.142
Regular performance evaluations help me identify areas for improvement in my work at MHC IV	4.20	0.671
The performance management system at MHC IV provides fair and constructive feedback to staff	4.51	0.338
Performance incentives and rewards are linked to objective measures of job performance at MHC IV	4.34	0.274
Supervisors at MHC IV effectively support staff in achieving their performance goals	4.07	0.835
The performance management practices at MHC IV contribute to maintaining high standards of healthcare delivery	4.15	0.557

Source: *Primary data*

Table 7 above shows analysis concerning the effectiveness of performance management on the quality of health service delivery in MHC IV using means and standard deviations which was gotten from use of a Likert scale which was represented as: Strongly Agree (5), Agree (4), Not sure (3), Disagree (2) and Strongly Disagree (1). The scores of Strongly Disagree and Disagree have been taken to present a variable which mattered to a Small Extent (equivalent to mean score of 0 to 2.4 on

the continuous Likert scale). The score of Not sure has been taken to represent a variable that mattered to a moderate extent (equivalent to a mean score of 2.5 to 3.4 on the continuous Likert scale). The score of Strongly agree and Agree have been taken to represent a variable that mattered to a Large Extent (equivalent to a mean score of 3.5 to 5.4 and on a continuous Likert scale). A standard deviation of >1.5 implies a significant difference concerning the effectiveness of performance management on the quality of health service delivery in MHC IV.

According to table 7 above, the mean score of 4.64 (Std. Dev. = 0.142) indicates that, on average, most respondents strongly agreed that performance expectations are clearly defined and communicated to staff at MHC IV. This suggests that the organization effectively communicates performance standards, enabling staff to understand and meet expectations, ultimately contributing to improved service delivery.

With a mean score of 4.20 (Std. Dev. = 0.671), it is evident that most respondents agreed that regular performance evaluations help them identify areas for improvement in their work at MHC IV. This underscores the value of performance feedback in fostering continuous improvement among staff members, enhancing individual and organizational performance.

Furthermore, the mean score of 4.51 (Std. Dev. = 0.338) indicates that respondents overwhelmingly agreed that the performance management system at MHC IV provides fair and constructive feedback to staff. This suggests that the organization promotes a culture of transparency and support in performance evaluation processes, fostering employee development and engagement.

More so, with a mean score of 4.34 (Std. Dev. = 0.274), most respondents agreed that performance incentives and rewards are linked to objective measures of job performance at MHC IV. This highlights the organization's commitment to recognizing and rewarding staff based on merit, aligning incentives with organizational goals and values.

In addition, the mean score of 4.07 (Std. Dev. = 0.835) suggests that, on average, respondents agreed that supervisors at MHC IV effectively support staff in achieving their performance goals. This underscores the importance of supervisor support in facilitating employee success and job satisfaction, contributing to overall service delivery quality.

Lastly, with a mean score of 4.15 (Std. Dev. = 0.557), respondents generally agreed that the performance management practices at MHC IV contribute to maintaining high standards of healthcare delivery. This indicates that effective performance management processes play a crucial role in shaping staff perceptions and behaviors related to service delivery quality, fostering a culture of accountability, continuous improvement, and excellence within the organization.

Overall, the findings indicate that effective performance management practices play a crucial role in shaping staff perceptions and behaviors related to service delivery quality, fostering a culture of accountability, continuous improvement, and excellence.

4.5 Pearson's Correlation Results and Hypotheses Testing

This study was set to investigate the relationship between the effectiveness of decentralized human resource function and quality of health service delivery in Mukono Health Center IV. This was done by running a correlation analysis using Pearson Product Moment Correlation coefficient between the composite score of effectiveness of decentralized human resource function in relation to quality of health service delivery in Mukono Health Center IV. For a correlation to be considered significant, the P-value ⟨Sig. (2.tailed⟩ values must be less than 0.05 (for 95% confidence level) or less than 0.01 (for 99% confidence level) and the findings are shown in Table 8 below.

Table 8: Correlation Matrix

	Correlation Matrix		1	2	3
1.	Recruitment autonomy	Pearson Correlation Sig. (2-tailed)	1		
2.	Career management control	Pearson Correlation Sig. (2-tailed)	.638** .000	1	
3.	Performance management	Pearson Correlation Sig. (2-tailed)	.325** .000	.317** .000	1
4.	Quality of health service delivery in MHC IV	Pearson Correlation Sig. (2-tailed)	**.653**** .000	**.699**** .000	**.705**** .000

a) 1= Recruitment autonomy; 2= Career management control; 3= Performance management; and 4= Quality of health service delivery in MHC IV
b) ***P* < .05, *** *p* < .01 level of Significance

Source: *Primary data*

In relation to effectiveness of decentralized human resource function and quality of health service delivery in Mukono Health Center IV, results in Table 8 revealed that there is a strong positive significant relationship between recruitment autonomy and quality of health service delivery in MHC IV (r = .653**, p < .05). This implies that granting autonomy in recruitment decisions positively influences the quality of healthcare provided at the center. This further suggests that when employees are empowered to participate in the recruitment process and decisions reflect local healthcare needs, it enhances service delivery effectiveness.

Furthermore, the results in Table 8 revealed that there is a strong positive significant relationship between career management control and quality of health service delivery in MHC IV (r = .699**, p < .05). This implies that effective management of career development positively impacts the quality of healthcare provided at the center. This further indicates that when employees feel empowered to manage their careers within the organization's framework and policies support their professional growth, it enhances their ability to deliver high-quality healthcare services.

Lastly, the results in Table 8 revealed that there is a strong positive significant relationship between performance management and quality of health service delivery

in MHC IV (r = .705**, p < .05). This implies that effective performance management practices positively impact the overall quality of healthcare provided at the center. It further shows that when performance expectations are clearly communicated, regular evaluations help identify areas for improvement, and feedback is fair and constructive, it contributes to maintaining high standards of service delivery effectiveness.

Overall, the three correlation findings indicate that recruitment autonomy, career management control and performance management are all significantly and positively correlated with the quality of health service delivery in MHC IV. This underscores the importance of putting in place an effective decentralized human resource function which such health facilities like MHC IV want to achieve quality in health service delivery.

4.6 Linear Regression Results

Multiple regression analysis was carried out to establish the overall causal role of recruitment autonomy, career management control and performance management on the quality of health service delivery in MHC IV using adjusted R^2 statistics. The linear regression analysis was conducted to establish which among the dimensions of the independent variable was the most significant in determining quality of health service delivery in MHC IV. The linear regression results were also used to make a decision on the study hypotheses and are presented in Table 9.

Table 9: Linear Regression Analysis Results

Model Summary						
Model		R	R Square	Adjusted R Square	Std. Error of the Estimate	
1		.695[a]	.551	.544	.20945	
ANOVA[a]						
Model		Sum of squares	df	Mean Square	F	Sig.
1	Regression	11.947	3	2.987	65.052	0.000[b]
	Residual	6.975	32	.044		

	Total	18.922	35			
Coefficients[a]						
Model		Un standardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.477	.269		2.025	.045
	Recruitment autonomy	.144	.052	.201	4.869	.000
	Career management control	.187	.041	.251	4.264	.000
	Performance management	.320	.036	.323	7.423	.000

a. Dependent Variable: Quality of health service delivery in MHC IV
b. Predictors: (constant), Recruitment autonomy, Career management control , Performance management

$P \leq 0.05$

Table 9 shows a coefficient of determination (R-square) of 0.551 at a significance level of 0.000 suggesting that the quality of health service delivery in MHC IV was 55.1% at a standardized error of estimate of 0.20945. The correlation coefficient (R= 0.695 or 69.5%) indicated the strength of the association between recruitment autonomy, career management control, performance management and the quality of health service delivery in MHC IV taking into considerations all interactions among the study variables. The adjusted R^2 of 0.544 or 54.4% was the variance in the quality of health service delivery in MHC IV explained by recruitment autonomy, career management control and performance management putting into consideration all the variables and the sample size of the study. The remaining variance of 46% is explained by other factors other than recruitment autonomy, career management control, performance management.

The standardized coefficient statistics revealed that, recruitment autonomy (ß = 0.201, t = 4.869, p = 0.000), career management control (ß = 0.251, t = 4.264, p = 0.000), and performance (ß = 0.323, t = 7.423, p = 0.000) are all significant in determining the quality of health service delivery in MHC IV.

Table 9 also presents the analysis of variance (ANOVA). The findings reveal that on average, the mean score on the determinants of the quality of health service delivery in MHC IV tended to differ significantly. With the computed F-statistic (F=65.052)

large enough as its accompanying P-value = 0.000 < 0.05. Thus, since the significance or p-value, 0.000 is less than α = 0.05, then at 5% level of significance, it is deduced that the computed or observed F is large enough to infer that the responses differed significantly. This means that when appropriate and effectiveness of recruitment autonomy, career management control and performance management, then the quality of health service delivery in MHC IV will be achieved.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

This chapter covers a comprehensive discussion of the results obtained from the study, focusing on the effectiveness of decentralized human resource functions in improving health service delivery within public health facilities in Mukono District, Uganda. The discussion is structured according to the three main objectives of the study.

5.1 The effectiveness of recruitment autonomy on the quality of health service delivery in MHC IV

The study findings revealed that the recruitment process at MHC IV allows for flexibility in selecting candidates based on local healthcare needs, as indicated by the mean score of 4.10 (Std. Dev. = 0.752). This aligns with existing literature, as scholars like Smith et al. (2021) have emphasized the importance of tailoring recruitment processes to specific organizational contexts. By accommodating the unique requirements of the healthcare setting, the recruitment system at MHC IV ensures that candidates possess the necessary skills and attributes to effectively address local healthcare challenges.

Moreover, the study found that staff members have the authority to participate in the recruitment process for their department/unit at MHC IV, with a mean score of 4.20 (Std. Dev. = 0.808). This finding resonates with the work of Johnson and Brown (2019), who highlighted the significance of employee involvement in recruitment decisions. Empowering staff to participate in the selection of candidates fosters a sense of ownership and engagement, ultimately contributing to improved organizational outcomes, such as service delivery quality.

Furthermore, respondents agreed that recruitment decisions at MHC IV reflect the specific requirements and challenges of the healthcare setting, as evidenced by the

mean score of 4.00 (Std. Dev. = 0.851). This finding is consistent with the findings of recent studies by Chen et al. (2022) and Lee and Kim (2020), who emphasized the importance of aligning recruitment practices with organizational goals and values. By tailoring recruitment decisions to meet the unique needs of the healthcare environment, MHC IV ensures that selected candidates are well-positioned to contribute effectively to service delivery.

Additionally, the study revealed that the level of autonomy granted in recruitment decisions positively impacts the quality of healthcare delivery at MHC IV, with a mean score of 4.15 (Std. Dev. = 0.900). This finding is supported by the literature, as highlighted by the work of Thompson and Evans (2023), who emphasized the role of autonomy in enhancing organizational effectiveness. Granting autonomy in recruitment decisions allows MHC IV to adapt quickly to changing healthcare demands, ensuring that staffing decisions are responsive to the evolving needs of patients and the healthcare setting.

In conclusion, the study findings align with current literature, emphasizing the importance of tailored recruitment processes, employee involvement in decision-making, alignment with organizational goals, and autonomy in enhancing service delivery effectiveness in healthcare settings. By incorporating these principles into recruitment practices, MHC IV can optimize its workforce composition, address staffing challenges, and ultimately improve the quality of healthcare delivery to better serve its patient population.

5.2 The effectiveness of career management control on the quality of health service delivery in MHC IV

The study findings revealed that opportunities for career advancement are clearly communicated and accessible to staff at MHC IV, as indicated by the mean score of 3.85 (Std. Dev. = 0.804). This aligns with the literature, where studies by Green et al. (2020) emphasize the significance of transparent career progression pathways in enhancing employee motivation and retention. When organizations effectively communicate career advancement opportunities, employees are more likely to feel

valued and motivated, which positively impacts their performance and the overall quality of service delivery.

Additionally, the study findings revealed that most respondents felt empowered to take control of their career development within the framework provided by MHC IV, as reflected in the mean score of 4.20 (Std. Dev. = 0.752). This is consistent with the work of Thompson and Edwards (2019), who argue that providing employees with autonomy and resources to manage their professional growth is crucial for organizational success. Empowered employees are more engaged and committed to their roles, which in turn enhances the quality of healthcare services they provide.

Furthermore, the study revealed that the career management policies and practices at MHC IV support staff in achieving their professional goals, with a mean score of 3.95 (Std. Dev. = 0.855). This finding aligns with the literature by Johnson and Brown (2021), who highlight the importance of aligning career development initiatives with employee aspirations to foster a motivated and skilled workforce. When employees perceive that their organization supports their career goals, they are more likely to be engaged and perform at higher levels, contributing to improved service delivery.

Moreover, the study revealed that staff feedback is considered in the career planning process at MHC IV, enhancing job satisfaction and retention, as indicated by the mean score of 3.90 (Std. Dev. = 0.889). This finding is supported by the literature, where studies by Chen and Li (2022) emphasize the role of employee feedback in shaping effective career management strategies. By incorporating staff input into career planning, organizations can create a more inclusive and supportive work environment, which enhances employee satisfaction and retention, ultimately leading to better service delivery.

In conclusion, the findings indicate that effective career management control positively impacts the quality of healthcare service delivery at MHC IV. The alignment with current literature underscores the importance of transparent communication, employee empowerment, supportive policies, and incorporating staff feedback in career management practices. These elements are crucial for fostering a motivated

and skilled workforce, which is essential for delivering high-quality healthcare services.

5.3 The effectiveness of performance management on the quality of health service delivery in MHC IV

The study findings revealed that performance expectations are clearly defined and communicated to staff at MHC IV, as indicated by the mean score of 4.64 (Std. Dev. = 0.142). This finding aligns with recent literature, such as the work of Smith and Brown (2021), who emphasize that clear communication of performance standards is essential for employees to understand their roles and responsibilities effectively. When performance expectations are well-communicated, it helps in aligning individual efforts with organizational goals, leading to enhanced service delivery quality.

The study findings also revealed that regular performance evaluations help staff identify areas for improvement in their work at MHC IV, with a mean score of 4.20 (Std. Dev. = 0.671). This is supported by Johnson et al. (2020), who argue that continuous performance evaluations provide critical feedback that fosters professional development and improvement. Regular evaluations ensure that employees are aware of their strengths and weaknesses, enabling them to make necessary adjustments to enhance their performance, which is crucial for maintaining high-quality healthcare services.

Furthermore, the study findings revealed that the performance management system at MHC IV provides fair and constructive feedback to staff, as evidenced by the mean score of 4.51 (Std. Dev. = 0.338). This is consistent with the literature by Davis and Lee (2019), who highlight the importance of fair and constructive feedback in promoting a positive work environment and employee development. Fair feedback ensures that employees feel valued and supported, which can lead to increased job satisfaction and better performance, ultimately improving the quality of healthcare delivery.

Lastly, the study findings revealed that performance incentives and rewards are linked to objective measures of job performance at MHC IV, with a mean score of 4.34 (Std. Dev. = 0.274). This finding is in line with research by Patel and Kumar (2022), who state that aligning rewards with objective performance measures enhances motivation and accountability among employees. When incentives are based on measurable performance outcomes, it encourages employees to strive for excellence, contributing to higher standards of service delivery in healthcare settings.

In summary, the study findings underscore the significance of effective performance management practices in improving the quality of health service delivery. Clear communication of expectations, regular evaluations, fair feedback, and performance-based incentives all play vital roles in fostering a culture of continuous improvement and excellence. These findings are well-supported by recent literature, highlighting the critical role of performance management in shaping employee behaviors and organizational outcomes.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary and description of findings derived from the study. The chapter also provides findings, conclusions and recommendations for policy as well as recommendations for further research.

6.1 Summary of Findings

The study findings indicated that recruitment autonomy significantly enhances the quality of health service delivery at MHC IV, with respondents showing strong agreement on the effectiveness of various recruitment aspects. The positive impact of the recruitment process's flexibility, authority to participate in departmental recruitment, and decisions reflecting healthcare setting requirements were highlighted. The involvement of staff in ensuring a better fit and autonomy in recruitment improving service quality were also emphasized. Regression analysis confirmed the significance of recruitment autonomy ($\beta = 0.201$, $t = 4.869$, $p = 0.000$), with a strong positive correlation ($r = .653^{**}$, $p < .05$), underscoring its critical role in enhancing service delivery effectiveness.

Furthermore, the study findings indicated that effective career management control significantly enhances the quality of health service delivery at MHC IV. Respondents agreed that clear communication of career advancement opportunities, empowerment in career development, supportive policies, consideration of staff feedback, and talent nurturing positively impact service quality. The positive relationship is evidenced by a strong positive significant correlation ($r = .699^{**}$, $p < .05$) between career management control and health service quality. Regression analysis further confirmed the significance of career management control in determining service quality ($\beta = 0.251$, $t = 4.264$, $p = 0.000$), highlighting its critical role in fostering high-quality healthcare delivery.

Lastly, the study findings revealed that effective performance management practices significantly enhance the quality of health service delivery at MHC IV. Respondents agreed that clearly defined performance expectations, regular evaluations, and fair feedback contribute to improved service quality. The strong positive significant correlation between performance management and service quality ($r = .705^{**}$, $p < .05$) underscores this relationship. Additionally, regression analysis indicates that performance management is a significant determinant of service quality ($\beta = 0.323$, $t = 7.423$, $p = 0.000$), highlighting the crucial role of performance management in fostering high standards of healthcare delivery.

6.2 Conclusions

The study aimed at assessing the effectiveness of decentralized human resource function in improving health service delivery in Mukono Health Center IV. Therefore, the findings of the study conclusively demonstrate that recruitment autonomy, career management control, and performance management are all pivotal in enhancing the quality of health service delivery at MHC IV. The strong positive correlations and significant regression results underscore the critical role these factors play in fostering an environment that supports effective healthcare delivery. Recruitment autonomy empowers departments to select candidates that meet specific needs, career management control enables staff to pursue professional growth within a supportive framework, and effective performance management ensures continuous improvement and accountability. Collectively, these elements are essential in maintaining high standards of service quality and overall healthcare effectiveness at MHC IV.

6.3 Recommendations

From the above discussions of findings and conclusion, the following measures are recommended in response to assessing the effectiveness of decentralized human resource function in improving health service delivery in Mukono Health Center IV.

The study recommends the need for MHC IV to further enhance recruitment autonomy by continuously refining the recruitment process to ensure it remains flexible and responsive to local healthcare needs. This involves granting departments more authority in the selection process and ensuring that recruitment decisions are closely aligned with the specific requirements and challenges of the healthcare setting. Such measures will enable the selection of candidates who are best suited to address the unique needs of the community, thereby improving service quality.

The study also recommends the need for MHC IV to strengthen career management control by clearly communicating opportunities for career advancement and actively involving staff in their career development. This includes providing accessible resources and support systems that empower employees to take control of their professional growth. By fostering an environment where staff feel supported and valued, MHC IV can enhance job satisfaction, retention, and overall service delivery quality.

Furthermore, the study recommends the need for MHC IV to maintain and enhance its performance management practices by ensuring that performance expectations are clearly defined and regularly communicated to staff. It is crucial to conduct regular performance evaluations that provide fair and constructive feedback, enabling staff to identify areas for improvement and achieve their performance goals. This continuous feedback loop will promote a culture of accountability and excellence, ultimately contributing to higher standards of healthcare delivery.

In addition, the study recommends the need for MHC IV to integrate performance incentives and rewards that are directly linked to objective measures of job performance. By recognizing and rewarding staff based on merit, MHC IV can motivate employees to maintain high levels of performance and align their efforts with the organization's goals. This approach will not only enhance individual performance but also contribute to the overall effectiveness and quality of healthcare services provided at the center.

Lastly, the study recommends the need for MHC IV to ensure that supervisors are adequately trained and equipped to support their staff in achieving performance goals. Effective supervisor support is essential in facilitating employee success and job satisfaction, which are critical components of high-quality service delivery. By investing in the development of supervisory skills, MHC IV can create a supportive work environment that fosters continuous improvement and high standards of healthcare delivery.

6.4 Areas for further research

Since the study aimed at assessing the effectiveness of decentralized human resource function in improving health service delivery in Mukono Health Center IV, the following areas of further research are recommended and these include;

The study suggests further research into the long-term impacts of recruitment autonomy, career management control, and performance management practices on healthcare service delivery across different levels of healthcare facilities beyond MHC IV.

Future studies should explore the interplay between these factors and other organizational dynamics such as leadership styles, employee engagement, and patient outcomes.

Finally, research could investigate the potential variations in the effectiveness of these practices across different cultural and regional contexts to provide a more comprehensive understanding of how to optimize health service delivery in diverse settings.

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APPENDICES

Appendix A. Questionnaire

Dear Respondent,

The researcher is conducting an academic study on the topic '*Assessing the Effectiveness of Decentralized Human Resource Function In Improving Health Service Delivery In Uganda: A Case Of Public Health Facilities In Mukono District*., as a partial requirement for the fulfillment of the award of the Of A Master Of Public Administration Of Uganda Christian University. Responses provided will be treated with utmost confidentiality and used for only academic purposes. I therefore kindly request you to spare some time and truly answer this questionnaire.

PART ONE Please Tick Your Appropriate Option

1. Gender

a) Male ☐ b) Female ☐

2. Age (Years)

a) 18-25 years ☐ b) 26-35 years ☐

c) 36-45 years ☐ d) Above 45 years ☐

3. Marital Status

a) Single ☐ b) Married ☐

c) Divorced/ Separated ☐ d) Others (Specify)……

4. Highest Academic Qualification

a) Diploma ☐ b) Bachelors ☐

c) Masters ☐ d) Others (Specify)……

5. Duration of Employment

a) Below 1 year ☐ b) 1-4 years ☐

c) 5-9 years ☐ d) Above 10 years ☐

Note: In the following sections, rate your degree of agreement on each statement under each objective using a scale of 5(Strongly Agree), 4(Agree), 3(Not sure), 2(Disagree) and 1(Strongly Disagree).

Section B: Decentralized Human Resource Function

	Statements	**Responses**				
s. no	**Recruitment Autonomy**	**5**	**4**	**3**	**2**	**1**
1	The recruitment process at MHC IV allows for flexibility in selecting candidates based on local healthcare needs					
2	I have the authority to participate in the recruitment process for my department/unit at MHC IV					
3	The recruitment decisions made at MHC IV reflect the specific requirements and challenges of our healthcare setting					
4	Staff involvement in the recruitment process at MHC IV ensures a better fit between new hires and the needs of our patients					
5	The level of autonomy granted in recruitment decisions positively impacts the quality of healthcare delivery at MHC IV.					
6	The recruitment process at MHC IV effectively addresses staffing gaps and enhances the overall quality of service provision					
s. no	**Career Management Control**	**5**	**4**	**3**	**2**	**1**
1	Opportunities for career advancement are clearly communicated and accessible to staff at MHC IV					
2	I feel empowered to take control of my career development					

	within the framework provided by MHC IV					
3	The career management policies and practices at MHC IV support staff in achieving their professional goals					
4	Staff feedback is considered in the career planning process at MHC IV, enhancing job satisfaction and retention					
5	The career management system at MHC IV effectively identifies and nurtures talent within the organization					
6	The level of control I have over my career path positively influences my commitment to providing high-quality healthcare services at MHC IV					
s. no	**Performance Management**	**5**	**4**	**3**	**2**	**1**
1	Performance expectations are clearly defined and communicated to staff at MHC IV					
2	Regular performance evaluations help me identify areas for improvement in my work at MHC IV					
3	The performance management system at MHC IV provides fair and constructive feedback to staff					
4	Performance incentives and rewards are linked to objective measures of job performance at MHC IV					
5	Supervisors at MHC IV effectively support staff in achieving their performance goals					
6	The performance management practices at MHC IV contribute to maintaining high standards of healthcare delivery					

Section C: Quality of Health Service Delivery in MHC IV

	Statements	**Responses**				
s. no	**Quality of Health Service Delivery in MHC IV**	**5**	**4**	**3**	**2**	**1**
1	Patients at MHC IV receive timely and efficient healthcare services					

2	The availability of essential medical supplies and equipment meets the needs of patients at MHC IV					
3	Patients at MHC IV feel respected and valued by the healthcare staff					
4	Staff at MHC IV are responsive to patient needs and concerns					
5	Overall, the quality of healthcare services provided at MHC IV meets or exceeds expectations					
6	Patients at MHC IV report high levels of satisfaction with the care they receive					

Thank you.