

Supervision and Local Government Health Service Delivery in Uganda, Bushenyi-Ishaka Municipality

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ABSTRACT

The study investigated the relationship between supervision and local government health service delivery in Uganda, Bushenyi Ishaka municipality, Bushenyi district. The objectives of the study were to find out whether there is a relationship between supervision and health service delivery, determine the level of supervision and evaluate the quality of health service delivery. A cross-sectional survey design was adopted on a sample of 85 respondents. Quantitatively data was analyzed by use of descriptive statistics, frequencies and percentage tables and qualitatively, by thematic content analysis. Univariate findings of the study revealed that local government health service delivery was fair and multivariate results showed that supervision in terms of salary/wage scale increment had a positive significant influence on local government health service delivery, drug, sundries and safety equipments did not. In addition of enough drugs, flexible work time had a positive influence on local government health service delivery, sundries and safety measures did not. Therefore, it was concluded that revised salaries/wage scales and allowances were the most elements required for the supervisors in order to enhance the provision of local government health service delivery. The study recommended that the government should strengthen the level of oversight of health services, Ministry of health should design a tracking system to all Supervisors and health professionals and the Ugandan government must review the pay incentives and scales offered to health professionals and hire capable managers in order to prevent their prolonged absences in search of new sources of money.

Key words: Supervision, Local Government, incentives and Health Service Delivery

INTRODUCTION

The global focus on health management supervision has long been disregarded. In some nations, the word “inspector” or even “supervisor” developed a bad reputation throughout the 1970s and even started to be considered forbidden (Uganda Local Government, 2017). Some nations eliminated not only the terminology but also the supervisory service itself because inspection was perceived as an antiquated, non-democratic institution (Hlatshwayo & Govender, 2015). Yet, since the start of the 1990s, there has been a clear resurgence of interest in quality-related issues and, consequently, inequality monitoring and supervision. In Uganda local government is given the responsibility for service delivery under the Ugandan Constitution of 1995 and the Local Government Act of 1997, but the central government is still responsible for establishing national standards and policies for the provision of services social services. (Robinah, 2015). Bushenyi local government is required to provide health care services with the highest standards through supervision however Health service delivery in Uganda Bushenyi district in particular was unsatisfactory. (Bainomugisha at el, 2018).

Theoretical Review

The reference systems theory propounded by Ludwig von Bertalanffy (1968) informed this study. The reference systems theory claims that effective results from the integration of productivity and human aspects

help organizations achieve their goals since a complex system is made up of multiple smaller systems, and it is the interactions between these smaller systems that create a complex system.

Academics and policymakers alike have begun to embrace the idea of using a systems approach to understand how public services are delivered in recent years (Batalden & Stoltz, 1993). One driving force behind this has been the rising understanding of the significance of bureaucratic performance and the complexity and unpredictable nature of policy execution (Pritchett & Justin, 2015). Similarly, concerns about whether policies that have been successful in one context or at a small size may be successfully transferred to other settings or scaled up have developed in recent years, as have reviews of oversight on public policies and service delivery (Pritchett & Justin, 2015; Tessa, Mwangi, Germano, Alice, & Justin, 2018). This increased understanding of the connections and interdependencies among the social, economic, political, environmental, and bureaucratic determinants of public service outcomes has matched the need for programmatic concern regarding the supervision of the limited effectiveness of conventional programmatic strategies like providing additional inputs or focused interventions aimed (for example) at specific diseases or pedagogical tools (Avortri, Nabukalu, 2017).

REVIEW OF RELATED LITERATURE

Local Government Supervision Levels

The goal of the conceptual framework above was to make clear the connection between Conventional techniques to supervision place a strong emphasis on “inspecting” facilities and “managing” employee performance. They also place a strong emphasis on identifying faults or mistakes and reprimanding those responsible. This kind of supervision makes people feel uncomfortable. Seldom does it lead to better performance. The objective of delivering high-quality healthcare services, the implementation of a procedure for ongoing staff performance and service quality improvement, and a manner of supporting on the other hand, are the emphasis of supervision for improving performance and the quality of services, interaction with all employees and other interested parties the independent variable and the dependent variable (UNHCO, 2015).

In social service companies, efficient monitoring is a crucial component of providing services. Inspection is the process of thoroughly examining something or making a formal visit to a location to ensure that everything is legitimate or in order. Control involves defining standards, assessing actual performance, and taking corrective action. Control is a managerial function, along with planning, organizing, staffing, and directing. The act of boosting someone’s or your own confidence is referred to as encouraging. Supportive is defined as actively offering assistance (Michàlle, Dnika, Harold, & Bin, 2009) to a person who requires it.

Promoting and sustaining the provision of high-quality healthcare services is the aim of supervision. By concentrating on enhancing worker performance on an individual basis, this objective is accomplished. This objective is frequently obscure to individuals being overseen in a conventional method of supervision. Sometimes employees have a poor opinion of supervision. This perspective can be transformed into a far more positive one if a supervisor starts by clearly outlining this objective and outlining the steps necessary to achieve it (Henry et al., 2017)

The comprehensive, step-by-step procedure provided in this document can be used by supervisors to assist in delivering high-quality medical care. The process encourages the manager and the team to: communicate clearly defined performance standards; ascertain whether the standards are being met; ascertain what is preventing the standards from being attained; identify and implement interventions to improve performance and quality; and routinely monitor and evaluate how the team is performing in comparison to the standards (Madede et al., 2017).

Supervisors typically handle a wide range of responsibilities and tasks. Nonetheless, it’s critical to fully

comprehend the supervisor's responsibilities. Many supervisors do jobs like assigning work schedules to employees, approving time sheets, or granting leave requests, but they are really that: tasks. The supervisor's job description and purpose speak to a bigger picture that ultimately explains why a supervisor is necessary in the first place. Making ensuring employees are productive is one of the supervisor's main responsibilities. The focus of employee productivity is on completing tasks, executing them well, and completing them on schedule. Good managers assist staff members in understanding their responsibilities and expected performance levels. Employees that work for our agencies have a significant impact on their missions (2011) Bosch-Capblanch, Liaqat, and Garner.

Although low morale is not always associated with low production, it can have a big impact. Supervisors significantly affect the workplace, both positively and negatively. One of the main sources of stress for employees, according to study, is their boss. By being mindful of their contacts with workers and making an effort to make them as advantageous as possible, a competent manager can have an impact on morale (Beddoe, 2012). Dean Spitzer discusses "de-motivators" in the workplace in his book *Super Motivation*, and it is sometimes believed that if managers would simply refrain from "de-motivating" those workers who arrive at work with motivation, they would be off to a wonderful start (Dean, 1995). A key factor in an employee's development is their supervisor (Mutibwa, 1992). Employees who are capable and well-trained employees are the backbone of succession planning because they are more productive and motivated. The potential for development to advance should be included in addition to the abilities or information that individuals require to do their jobs. Good approaches to affect development include teaching staff members how to work in larger project teams or view the "big picture" within the organization (Jacobs, Dikgale, & Maartens, 2014; Mutibwa, 1992).

Successful firms must have a smooth flow of information. Workers require and anticipate information that is essential to carrying out their job responsibilities. The greatest place for employees to acquire the information they need, in the right way, is from their supervisor. Also, workers require efficient managers who can effectively express their viewpoint to management. The supervisor's role as the conduit for communication between the workforce and the company is centered on these two crucial tasks. These four elements help focus on the greater responsibilities rather than just duties and help build a succinct yet thorough knowledge of what a supervisor does versus what an employee is expected to do. Despite the fact that some of the responsibilities typically done by supervisors may actually be carried out by subordinates (Ludwick et al., 2018)

Several academics concur that supervision should be an approach that encourages high standards, teamwork, and improved two-way communication in order to improve quality at all levels of the health system. It does this by fortifying connections within the system, focusing on problem-solving and resource allocation optimization. For the case of Bushenyi- Ishaka municipality the Supervisors frequently lack the administrative, technical, and supervisory abilities necessary to evaluate healthcare facilities in an efficient manner. As a result, they are unable to offer technical guidance and pertinent criticism to enhance service performance (UNHCO, 2015).

The standard of health services provided

The first strategic objective of the HSDP is to contribute to the growth of healthy human capital for producing prosperity through the provision of egalitarian, secure, and sustainable medical services. "Improving competitiveness of the global and regional health sectors" is the fourth strategic goal. The aforementioned goals explicitly highlight the necessity of raising the caliber if the HSDP goal or goals are to be accomplished, of health care. the improvement of patient safety, the enhancement of occupational health and safety for healthcare personnel, Provide the QMS procedures and activities logical, effective, and efficient documentation; adhere to the requirements for the provision of health care; eliminate waste to lower the cost of healthcare; Have (MOH – Uganda, 2015)

MOH – Uganda (2015) and In order for patients to receive the most health advantages from the available treatment, the health sector strives to deliver services of a sufficient caliber. A high standard of care will increase client satisfaction and usage of services. Also, it will boost service providers' motivation and job satisfaction, resulting in the effective and efficient use of resources. The healthcare system should work to improve all aspects of quality, such as;

Safety; Healthcare that is free the amount to which clinical practice or other aspects of healthcare may result in risks of harm, as well as which patients are protected from those risks and the measures taken to limit and prevent them.

Effectiveness; based on need, providing health care that adheres to an evidence-based approach and improves health outcomes for people and communities;

Efficiency; providing healthcare in a way that makes the best use of resources and prevents waste;

Access; delivering timely health treatment that is accessible geographically and in a location where the available resources and skills are adequate for the patient's needs;

Equity; offering healthcare that is uniformly high-quality regardless of a patient's gender, color, ethnicity, region, or socioeconomic situation;

Technical competence; Health professionals possess the information, skills, attitudes, and conduct necessary to perform their jobs well.

Patient and family centered care; ensuring that Patients are given the information and encouragement they need to make decisions and participate in their own care treatment, as well as health care that respects patients', families', and people's preferences.

Continuity; the capacity of the health service to start and finish a care program for people and communities.

Interpersonal relationships; the working relationships among healthcare professionals, management, clients, and the public.

Choice; the freedom and ability of an individual to choose a course of action among at least two possibilities without interference from other parties.

The services offered in the Bushenyi-Ishaka municipality should be evaluated using the three E's: economy, effectiveness, and efficiency. Patients' clients should have access to the widest range of services at the lowest possible cost.

The fact that local councils are in charge of delivering the majority of governmental services and functions is a key aspect of Uganda's decentralization. The second schedule to the Local Government Act also includes a list of the duties and offerings that each local council is expected to provide. Major tasks and services that were previously handled by the central government are now handled by the district, which is the fundamental unit of local administration. The following are just a few of the duties that fall under the purview of district councils: primary, secondary, trade, special, and technical education; hospitals other than those that provide training and referral services for physicians; health clinics, constructing and maintaining feeder roads, supplying and maintaining water supplies, operating dispensaries and aid stations, and providing agricultural extension services (Flanary, 2000).

For the district level, the division of tasks and services often works well. However, issues with service delivery duplication have emerged at lower levels, which occasionally result in problems with funding and

tax collection. Local taxes are set and collected locally, as was already mentioned. All councils are guaranteed a part of the revenue via a revenue-sharing agreement. For instance, the division is responsible for collecting money throughout the city. 50% of the revenue goes to the division, while 50% is given to the city. A pool of revenue from all divisions is created, and grants are then divided among them according to a formula. It is possible that the city division constructs a secondary school with the local funds it keeps and anticipates the city district to assume responsibility for payment of (Bailey et al., 2015).

In the years leading up to and following Uganda's independence in 1962, the quality of healthcare delivery services was comparatively excellent. The medical community, including doctors, nurses, midwives, and other allied health professionals, was dedicated to what they did. They offered their services with a desire to help others, treated patients with dignity and respect, and provided them with the care they need. They adhered carefully to the professional code of conduct, work ethics, and the pledge they took. The terms of service and available resources for support were satisfactory at the time for the health professionals. While junior officers or workers received accommodations within the healthcare institutions, some top officers received incentives like automobiles and houses for housing. All health professionals (Hill et al., 2014)

The country's delivery of healthcare services appears to be of a higher caliber now. Several healthcare customers and people who monitor how healthcare is delivered to patients have complained in the media about how certain healthcare professionals treat Patients and clients are treated poorly in medical facilities, especially in hospitals, clinics, and health centers. Health personnel are accused of mistreating patients and neglecting to provide them with the necessary attention and care. Also, they have been charged with acting unethically practices include procrastinating, being absent from work, disrespecting patients, stealing medical supplies, medications, and equipment, breaking the professional code of conduct, and bribing clients to provide them with the services they require (Thakral, 2015).

There must be some explanations for why some healthcare professionals act in the manner described above. Many people have criticized the health professional education curricula, arguing that they do not produce the kind of healthcare providers that the country needs and that they should be modified. Certain curriculum are outdated and haven't been updated in a while to match the needs of health professionals who are currently seeking training. The demand for soft skills in the education of healthcare professionals has not been adequately addressed; instead, academic cerebral skills have received more attention (Avortri et al., 2019).

The socioeconomic evolution of the nation depends heavily on the population's health in Bushenyi district. If health service delivery is not improved, the population's poor health state will jeopardize the economic advantages of reaching middle income status by 2020. We are aware that the main contributors to the population's poor health are treatable illnesses and other health issues (Ludwick et al., 2018). Notwithstanding this understanding and the consistent advancement gained over the last 20 years, the high rates of maternal and newborn mortality, malnutrition, inadequate sanitation, and unhygienic living conditions persist unacceptable levels. As we progress towards middle income status, we must address the insufficiency of treatments for common health issues and the inefficient utilization of existing resources for healthcare (Jones, 2016).

Health promotion, education, and communication, support supervision, poor governance and poor communication, diverting funds to private clinics, absenteeism and neglect of duty, corruption, poor service delivery, shoddy work in health infrastructure, infrastructure development (HCIVs per Constituency, and HCIII per Sub County), theft of medicines and stock outs of medicines, human resources, and motivation of health workers are all issues that need to be addressed were among the major problems in the Bushenyi district's health system (UNHCO, 2015).

The local government loses up to 40% of its workforce due to the health workers' absence due to poor

monitoring. The standard of patient treatment is impacted, and teamwork is destroyed. Inappropriate facility duty rosters, early arrivals and early departures, carelessness of duty, multiple employment or practice, unapproved study leaves, and other factors contribute to employee absenteeism. The Department of Health needs to be more vigilant in upholding the law's requirements for human resource management; swiftly discipline any employees who skip or flee from their shifts in accordance with the updated establishing standing rules, implementing manual or digital attendance records in all healthcare institutions and facilities, reviewing healthcare facilities to determine what should be done about absentee employees, and conducting spot checks; duty rosters (UNHCO, 2015).

The connection between oversight and the caliber of the provision of health services

The national service delivery guidelines that may be in place in your nation can serve as a starting point for developing clinical service standards. These recommendations can serve as the foundation for creating performance criteria. Certain clinical procedures are identified by national guidelines as having a positive health outcomes. These could be presented as a manual, a flowchart, or detailed instructions. National standards they are typically created by adapting international standards to the particular peculiarities of the national context. They are founded on and congruent with international rules. Contact your district health office or the central ministry of health if you don't already have copies of the rules for your facility. If your government lacks regulations governing essential medical care, you can rely on international standards. (MOH – Uganda, 2015).

Establish the criteria for measuring progress in order to monitor the growth of more effective health service delivery. It lists crucial characteristics of a health system's efficient service delivery (Vasan, Mabey, Chaudhri, Epstein, & Lawn, 2017). The 2008 World Health Report (1) states that these qualities define the type of health services that would be offered in a strong health system built on primary healthcare. The process hence, attempts to reorganize service delivery in line with the values must go hand in hand with efforts to create proof that health service delivery can be improved. Leaders in the health sector and those charged with reviewing the health systems in their nations should participate in the conversation about how to assess these critical criteria there. Researchers should continue experimenting with methods and measures that would enable them to monitor change over time along these critical dimensions (WHO, 2019).

In a method of management known as “facilitative supervision,” managers at all levels of an organization concentrate on the requirements of the staff they are responsible for. Supervisors that employ a facilitative style view their personnel as clients. The major duty managing the process of quality improvement, attending to client demands, and carrying out institutional goals are all made possible by the facilitative supervisor. observation, group problem-solving, and two-way communication between those being supervised and the supervisor are prioritized in this method (Avortri et al., 2019). In order to continuously improve the quality of care, a facilitative approach is adopted. This results in a transition from inspection and fault-finding to assessment and group problem-solving. Research have revealed that PHC personnel are under the (supporting) supervision might possibly increase motivation and job satisfaction, which would ensure that quality assurance procedures are sustainable, and would potentially improve health system outcome (Avortri et al., 2019).

Our lives now consist of a greater and greater amount of quality. Consumers are always searching for high-quality goods and services. Due to the existence of this quality-driven need, businesses and organizations around the world now view quality as a crucial element of all service and manufacturing processes. A critical difference for maintaining competitive advantage is quality. Enhancing structures and procedures for quality results in less waste, rework, and delays, as well as cheaper costs, greater market share, and a favorable company reputation (Jacobs et al., 2014).

Determining, evaluating, and improving the quality of healthcare services is crucial. It's challenging to

describe quality because it has a subjective nature and intangible qualities. Definitions change based on who is giving them and what context they are being used in. There isn't a single, widely acknowledged definition. Therefore, The following terms are used to describe the quality of the product or service: In addition to meeting and/or exceeding customers' expectations, "quality" has been defined as "value," "excellence," "conformance to specifications," "conformance to requirements," "fitness for use," and "consistently delighting the customer by providing products and services in accordance with the latest functional specifications which meet and exceed the customer's explicit and implicit needs and satisfy producer/provider" (Henry et al., 2017).

A Millennium Development Goal and an international priority is to improve the health of each nation's citizens. To this end, Uganda has implemented a number of health sector reforms and policies since the late 1980s with the goal of enhancing the operation and performance of the sector and, eventually, the population's health. The country of Uganda's health services and general state of health have not altered significantly despite these reforms and initiatives, which include a general decentralization of administration. In truth, Uganda's health statistics haven't improved much over the years. Data from the Uganda Demographic Health Survey from 2000–2001, for instance, indicate a continued decline in health status and the provision of healthcare services compared to the situation five years earlier. The Maternal Mortality Ratio (MMR) is one example (UHDS – UBOS, 2017).

The Ministry of Health has the authority to oversee the health sector, as do other central level departments and organizations. District health offices are in charge of overseeing the district health system in accordance with the decentralization framework. All care levels offer technical supervision, with the highest level supervising the lowest. The Uganda Parliament, the National Health Assembly, and the Health Management Information System (HMIS) are used to compile reports that are submitted on a quarterly and annual basis and are verified during routine monitoring trips are examined by joint review missions. Also, there are ongoing evaluations of the performance of the sector, such as the HSSP midterm review. The National Drug Authority and the Health Professionals' Councils are independent organizations tasked with overseeing the upkeep of professional standards (Bailey et al., 2015).

For the Bushenyi district to attain the health-related Sustainable Development Goals (SDGs), which include delivering interventions to reduce child and maternal mortality as well as the burden of HIV/AIDS, TB, and malaria, service delivery must be strengthened. An immediate result of the inputs into the health system, such as the health personnel, purchasing and supplying, and finance, is service provision or delivery. The delivery of services should be improved, and access to services should be facilitated through increased inputs. A health system's primary duties include guaranteeing the provision of health services that adhere to a minimal quality level and securing access to them (Prime Minister's Office, 2020).

METHODOLOGY

The study adopted mixed study approach. The study used both the quantitative and qualitative research approaches which involved both statistical and interpretive data from interviews for in-depth analysis. The quantitative approach was used for descriptive statistics and statistical inferences while the qualitative approach provided data for in-depth analysis (Fassinger & Morrow, 2013). These research designs and approaches enabled the researcher to analyse data both quantitatively and qualitatively as they allowed collection of data using a questionnaire survey and an interview guide.

Sample size determination and sampling method

The sample size for this investigation Use Sloven's algorithm to determine (1960). The fact that Sloven's formula is the best method for selecting a sample size in a population with which little is known justifies its

use.

$$n = \frac{N}{1 + N(a)^2}$$

Where

$$n = \frac{113}{1 + 113 * 0.0025}$$

$$= \frac{113}{1.2825}$$

N=target population

e=0.05 level of significance

n= sample size

=88 Respondents

Table 1: Sample Dimensions and Sample Choice

Population Category	Target Audience	Samples Taken	Sampling Technique
Heads in the Departments Health sector	15	08	Purposive sampling
Directors in the health sector	05	03	Purposive sampling
Nurses and Doctors	43	37	Stratified Random sampling
Patients in the local Government	50	40	Stratified Random sampling
Total	113	88	Slovene's Formula

Data Analysis

Descriptive statistics, frequencies, and percentages were used to present and analyze quantitative data(Mugenda 2012). Regression analysis was utilized to ascertain the link between variables using inferential statistics, such as Pearson's correlation coefficient, to ascertain the impact of supervision on the provision of health services.

A thematic content analysis was used to examine qualitative data. The gathered information was organized to develop frequency, tables, and percentages that were subsequently used methodically, data was divided into themes and sub-themes. To maintain the data's original context and the study's objectivity, this was done gradually. Also employed in the study was general content analysis. For In order to calculate frequency

counts and percentages Frequency counts were calculated for quantitative data, and information from the semi-structured questionnaire and interview was entered into the computer program SPSS. Based on the goals of the study, qualitative data was organized and analyzed using content analysis in accordance with pre-established topics.

RESULTS AND DISCUSSION

Sociodemographic details of the participants in the research Bushenyi-Ishaka municipality, Bushenyi district

Sociodemographic details of the study participants are shown in Table

Characteristics	Participants' number, n	Percent, %
Gender		
Male	46	54.1
Female	39	45.9
Total	85	100
Age (years)		
≤ 20	8	9.4
21-30	24	28.2
31-40	25	29.4
41-50	19	22.4
>50	9	10.6
Total	85	100
Relational status		
Single (never married)	20	23.5
Married	52	61.2
Widowed	7	8.2
Divorced	6	7.1
Total	85	100
Education level		
Certificate	16	18.8
Diploma	25	29.4
Degree of Bachelors	30	35.3
Graduate degree	14	16.5
Total	85	100.0

The study had more female respondents 46(54.1%) compared to the males 39(45.9%). Most age range of the responders was between 31 and 40 years (29.4%), followed by those aged 20 to 30 years (28.2%) and least number were aged 20 year and below (9.4%). There were more married respondents (61.2%) compared to the divorced (7.1%). The present study included more bachelor's degree holders (35.3%), followed by those with diplomas (29.4), certificates (18.8%) and then master's degree (16.5%)

Table 2 Responses from participants regarding the degree of oversight in the local government of the Bushenyi-Ishaka municipality and Bushenyi district

N% of respondents were surveyed. Amounts of supervision received in responses to local Authority	SA	A	N	D	SD	Mean
A long period has passed since health management has neglected the area of supervision.	23(27.1)	46(54.1)	5(5.9)	8(9.4)	3(3.5)	3.92
Methods of supervision place a strong emphasis on “inspecting” facilities and “managing” employee performance.	12(14.1)	61(71.8)	6(7.1)	3(3.5)	3(3.5)	3.89
The options within this healthcare facility would be my first port of call if I wished to perform another profession or function.	22(25.9)	45(52.9)	11(12.9)	3(3.5)	3(3.5)	3.92
I see a future for myself within this health Centre	15(17.6)	42(49.4)	14(16.3)	13(15.3)	1(1.2)	37
Promoting and maintaining the provision of high-quality healthcare services is the aim of oversight.	20(23.5)	47(55.3)	13(15.3)	4(4.7)	1(1.2)	3.99
Successful managers aid staff in comprehending their responsibilities and expected performance levels.	21(24.7)	49(57.6)	8(9.4)	5(5.9)	2(2.4)	3.96
Supervisors have a significant impact on the workplace, both favorably and unfavorably.	19(22.4)	44(51.8)	16(18.8)	0	6(7.1)	3.82
The supervisor’s function as a conduit for information between the workforce and the organization.	19(22.4)	46(54.1)	11(12.9)	4(4.7)	5(5.9)	3.91
To offer technical guidance and useful criticism to enhance service delivery.	16(18.8)	48(56.5)	12(14.1)	4(4.7)	5(5.9)	3.78
Absenteeism among health professionals creates poor management in local government, which defrauds the government.	24(28.2)	37(43.5)	13(15.3)	6(7.1)	5(5.9)	3.81

SD = severely disagree, SA = A denotes agreement, N = neutrality, and D means disagreement, Standard deviation (S.D.)

Strongly concurs and agrees taken into account as consent to statements when evaluating the amount of supervision, While strongly disagree and disagree were considered to be disagreement statements. The respondents agreed with the assertions used to determine the level of oversight in the local administration of the Bushenyi-Ishaka municipality, according to the results of their views regarding the following claims (table 2). Furthermore, statistics a majority of responders, which felt that effective supervision focuses “inspecting” workplaces and “managing” individual performance (85.9%), and that 82.3% thought that managers aided staff members in comprehending their responsibilities and expected performance levels, while 81.2% showed that supervision has been a long time over looked topic of health management 78.8% of the respondents agreed that if they would initially consider internal options if they wanted to perform a different task or duty their present health facility and also agreed that Promoting and maintaining the

provision of high-quality healthcare services is the aim of oversight. Strongly agree and agree were taken into consideration when evaluating the level of supervision. The study also revealed that respondents (76.5%) agreed that supervisors play a key role in the workplace and can have both good and negative effects. Supervisors can provide technical direction and valuable input to enhance service provision. (76.5%), whereas 67.0% of survey respondents agreed they see their futures as being in the health Center. Yet, a resounding majority of responders (71.7%) agreed that inadequate local government oversight was the root cause of the absenteeism of health professionals, which cheated the government. The topic of supervisors having a substantial impact on the workplace both favorably and adversely had the largest percentage of ambiguous responses (18.8%). Qualitative findings supported these quantitative findings Key respondents were interviewed, and one of the interviewees said, *“Both Officers in the Bushenyi-Ishaka Municipality have demonstrated a willingness to work toward improving the standard of health services in the past and this time. Due to scarce resources, the level of oversight is currently lower than it should be”*. This demonstrates the willingness of the personnel responsible for overseeing health services in Bushenyi-Ishaka Municipality, but it also demonstrates how they are let down by the scarce resources.

Table 3: Bushenyi-Ishaka municipality, Bushenyi district local government quality of health care delivery

N% of respondents were surveyed						
The effectiveness of providing health services	SA	A	N	D	SD	M
Inadequate health service delivery suggests that the majority of the intended recipients are unable to get the service.	37(43.5)	41(48.2)	3(3.5)	2(2.4)	2(2.4)	4.28
It is uncommon to enter a health facility where there is no doctor on duty to treat patients or no staff on duty.	15(17.6)	46(54.1)	11(12.9)	8(9.4)	5(5.9)	3.68
No pharmaceuticals are present in our medical facilities.	25(29.4)	35(41.2)	18(21.2)	2(2.4)	5(5.9)	3.86
Within the nation, districts, and health sub districts, the provision of health services is decentralized.	10(11.8)	48(56.5)	23(27.1)	0	4(4.7)	3.75
Patients’ satisfaction is thought to be essential to the quality of medical care.	24(28.2)	30(35.3)	22(25.9)	5(5.9)	4(4.7)	3.76
The pleasure of the client and their use of the services will increase with high quality treatment.	17(20.0)	44(51.8)	17(20.0)	6(7.1)	1(1.2)	3.82
Allied health workers, including midwives, nurses, and doctors, are dedicated to their work at all times.	11(12.9)	44(51.8)	16(18.8)	8(9.4)	5(5.9)	3.57
Health professionals treat patients with respect and give services from a place of service.	10(11.8)	45(52.9)	12(14.1)	13(15.3)	5(5.9)	3.49
The working circumstances provided to the healthcare professionals are satisfactory,	16(18.8)	39(45.9)	19(22.4)	9(10.6)	2(2.4)	3.68
Incentives like automobiles and houses for housing are given to some senior health sector officers.	11(12.9)	49(57.6)	16(18.8)	7(8.2)	2(2.4)	3.71
The health facilities provide housing for junior officers or employees in the health sectors.	13(15.3)	44(51.8)	17(20.0)	8(9.4)	3(3.5)	3.66
All healthcare professionals received the proper pay, benefits, promotions, and gratuities.	7(8.2)	47(55.3)	17(20.0)	10(11.8)	4(4.7)	3.51

My supervisor encourages non-traditional thinking	11(12.9)	42(49.4)	11(12.9)	17(20.0)	4(4.7)	3.46
A lot of health workers are accused of providing subpar treatment hospitals, clinics, and other healthcare facilities, particularly to patients and clients, according to complaints made in the media about healthcare delivery to people.	30(35.3)	41(48.2)	5(5.9)	6(7.1)	3(3.5)	4.05
Health professionals have been charged with abusing patients and failing to give them the attention and care they require.	23(27.1)	47(55.3)	4(4.7)	5(5.9)	6(7.1)	3.89
Health professionals are accused of engaging in unethical practices like being uncommitted to their jobs,	21(24.7)	47(55.3)	8(9.4)	4(4.7)	5(5.9)	3.88
Health workers are always absent from work	23(27.1)	44(51.8)	9(10.6)	6(7.1)	3(3.5)	3.92
My supervisor rewards my achievements	15(17.5)	39(45.9)	16(18.8)	7(8.2)	8(9.4)	3.54
My boss offers help depending with effort	12(14.1)	46(54.1)	8(9.4)	10(11.8)	9(10.6)	3.49

S.D. is for standard deviation. SA stands for strongly agree, A for agree, N for neutral, D for disagree, SD for strongly disagree.

With the exception of three things: health professionals provide the services with the desire to help others and a respect for patients (3.49), supervisors encourage unconventional reasoning (3.46), and supervisors assist based on effort (3.46)—all sixteen claims regarding the delivery of health services in Bushenyi-Ishaka municipality and Bushenyi district local government, were agreed upon by the respondents (3.49). 78.0% of those polled agreed that “Poor health service delivery shows that most of the service is not available to intended beneficiaries, and thus received highest average score of 4.28. Also, more than 71.0% of respondents agreed that there are a mean score of 4.05. This is the result of several media complaints about how poorly certain healthcare workers treat healthcare facility patients and clients, particularly in hospitals, health centers, and health clinics. The statements criticizing health professionals of not providing the service to the intended beneficiaries came next and obtained greatest average rating of 4.28. Also, more than 71.0% of respondents concurred that there are a lot of media complaints about how some healthcare workers treat Patients and clients in healthcare facilities, particularly those found in hospitals, clinics, and health centers.

However, statements like “The service received the highest mean score of 4.28 because the intended beneficiaries cannot use it” had the lowest percentage of respondents who agreed with the quality of health service delivery. Additionally, as shown in table 4, more than 71.0% of respondents agreed that there are numerous media complaints about how some healthcare professionals treat Healthcare facility clients and patients, particularly at clinics, hospitals, and healthcare facilities (54.0%), all medical personnel received the appropriate pay, benefits, Promotions, gratuities (54.0%), and my boss’s appreciation for my accomplishments (54.0%). 3. According to one of the qualitative outcomes, the level of health services in Bushenyi-Ishaka Municipality is not yet where people want it to be “*The Bushenyi-Ishaka Municipality leaders who are in charge of making sure that quality health services are provided have not yet made much of a contribution to quality improvement. Many people believe that health services are not vital, which has kept their quality low.*

Table 4: Relationship between local government supervision levels and the caliber of health services provided

		Level of supervision	Supply of quality healthcare services
The degree of Supervision	Pearson's correlation	1	.633**
	(2-tailed) Sig.)		.000
	N	85	85
Quality of health service delivery	Correlation by Pearson	.734**	1
	(2-tailed) Sig.)	.000	
	N	85	85

** . At the 0.01 level, correlation is significant (2-tailed).

There were statistically significant results strong positive correlation in between level of supervision and the quality of health service delivery in local government ($r = 0.734$, $n = 85$, $p \leq 0.0001$) as shown in table 4.

Regression analysis for the interaction between management and the provision of health services in the Bushenyi-Ishaka municipality's health sector in the Bushenyi district

Table 5: For the regression model a summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.633	.401	.394	.47323

The model showed a strong connection exists between supervision levels and health outcomes service delivery in local government ($r = 0.633$) and 40.1% of the variation in the quality of health service delivered was explained by the extent of oversight in municipal government. The regression model statistically significantly, $F(1, 83) = 55.547$, $p \leq 0.001$ predicts the quality of health service delivery in local government and thus it's a good fit the present data (table 5). The regression equation was: predicted quality of health service delivery = $1.436 + 0.595 \times (\text{level of supervision})$ (table 6). There has been a substantial improvement in the quality of health service delivery when the level of supervision is increased: $B = 0.595$, $t = 7.453$, $p \leq 0.0001$, 95% CI; 0.436 – 0.754 (table 6).

Table 6: ANOVA is a variance analysis used with linear regression.

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	12.440	1	12.440	55.547	.000 b*
Residual	18.588	83	.224		
Total	31.028	84			

a The efficiency with which health services are provided is a dependent variable.

b Predictors: (Continuous), Supervision Level

* 0.05 p-value statistically significant

Table 4.16’s findings show that $F= 55.547$ was statistically significant given the threshold of significance (0.000) (0.05). Results demonstrated that, throughout the entire statistically significant model, the explanation of variations in the standard of health service delivery in the Bushenyi-Ishaka municipality involved all oversight constructions.

Table 7: Coefficients of the regression model for the level of supervision

Coefficients ^a							
Model	Unreliable Coefficients	Standardized Coefficients		T	Sig.	B’s 95% Assurance Interval	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	1.436	0.313		4.589	0	0.814	2.059
Level of supervision	0.595	0.08	0.633	7.453	.000*	0.436	0.754

Delivering high-quality healthcare services is a dependent variable.

* 0.05 p-value statistically significant

Table 7 findings indicate that if monitoring is maintained at its current level, the quality of healthcare will rise by 31.3%. (0.313). The results also show that one unit increase in supervision will result in a 63.3% rise in the quality of health services in the Bushenyi-Ishaka municipality.

CONCLUSION

The study concluded that revised salaries/wage scales and allowances were the most elements required for the supervisors in order to enhance the provision of local government health service delivery.

RECOMMENDATION

The study recommended that the government should strengthen the level of oversight of health services, Ministry of health should design a tracking system to all Supervisors and health professionals and the Ugandan government must review the pay incentives and scales offered to health professionals and hire capable managers in order to prevent their prolonged absences in search of new sources of money.

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