Building a bridge without stones

Challenges and weaknesses of local service delivery in health and education and the role of performance management to bridge the gaps in Uganda

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Master thesis
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“Because service delivery is all about change of life”
(respondent 3)

“And sometimes it is not money that gets everything done. It is the heart, the professionalism, the passion for the work”
(respondent 9)
Checking equipment in a health centre in Oyam

Colleagues at the Uganda Management Institute

Wearing corporate at UMI with Sarah

At the UMI campus

Visiting a school in Hoima

St. Elizabeth’s Primary School
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Summary

This research focuses on the role that performance management can play to bridge gaps in decentralised service delivery in the health and education sector in Uganda. Over the past three decades, central government of Uganda devolved authority and responsibilities to deliver services such as health and education to local government. Although improvements were noticeable, the main target of decentralisation – improvement of service delivery - was not fully achieved. This qualitative research focuses on the question to which extent performance management can contribute to the reduction of weaknesses and challenges in decentralised local service delivery - according to local officials in the districts Oyam, Hoima and Mukono in Uganda.

Health and education are very important to combat poverty and drive development in Uganda. In order to achieve qualitative services in those two important sectors, there are still major financial, attitudinal, and practical challenges to overcome. There is a lack of buildings, a lack of skilled and motivated teachers and health workers, and a lack of materials. Moreover, communities do not always see the importance of those services. Service delivery in Uganda is poor and there are many gaps to bridge. Does performance management have the potential to be able to make a significant change?

Performance management is the use of performance measurement to evaluate and improve processes and outcomes of an organisation. Although local officials are quite positive that performance management can ideally improve local service delivery, the current system faces problems that stem from lack of financial and human resources to execute the corresponding tasks. Furthermore, the system is paper-based and interlinked therewith performance information is not widely and timely communicated with all stakeholders. The performance indicators are output focussed and therefore provoke perverse effects. Furthermore, not all weaknesses and challenges in service delivery can be overcome by mere performance management. This research concludes by stating that although significant changes should be made to the current system in order for it to be able to improve quality of services in health and education., local officials are more than willing to champion for changes.

Keywords: local service delivery, health, education, performance measurement, performance management system
Preface

Even the longest road starts with one single step. The journey to obtaining my master’s degree started a long time ago. In November 2014 my travel to Uganda started. After my first week there I had a certain feeling, a feeling of home or belonging, a feeling that I could not get enough of this country or this continent. Discovering the Pearl of Africa asked for more. I knew that I would be coming back after those initial three months.

Little did I know that this feeling was nothing less than the truth. 2015 was going to be ‘my year in Africa’. I stayed and visited several African countries: South Africa, Lesotho, Tanzania, Kenya, Rwanda and my second home Uganda. What was supposed to be three months in Uganda, ended up being more than a year in Africa. I think I never learned as much in a year as I did last year. I met a lot of amazing new people, discovered beautiful cultures, saw beautiful landscapes. But above all, I learned a lot about myself.

I did this journey for myself, by myself, but I was never truly alone. I would love to thank the following people who helped me achieving what I have achieved, who travelled part of the journey with me and who were always there to support me.

Firstly, I want to say Thank You to my Radboud University supervisor prof. dr. Michiel de Vries. Without him I had never ended up at the Uganda Management Institute in the first place. Although the process took a lot more time than expected, he never failed to give me the guidance and academic support I needed to write this master thesis. Secondly, I want to thank all my wonderful colleagues at UMI for their warm welcome in Kampala, for teaching me and guiding me, for all the beautiful moments we shared. Thirdly, I want to thank my wonderful awesome family. My dad and Carin who always support me to follow my heart and chase happiness – wherever on this globe that may be. My mum and Guus, who totally left their comfort zone by visiting me in Uganda. My sisters Rosalie and Florianne who are amazingly chasing their own dreams while supporting me to chase mine. I also want to thank my family in Uganda, especially Nienke, Clare, Helen, Shadia, Rehma – who shines on the front cover - and Ryan. Lastly, I want to thank my very best friend Myrthe, just for who she is. From the early 1990s on, I have always been learning with her and from her and I hope this will be so for many years to come.

Now that this chapter is closing, I reflect on where it all brought me and at the same time I am looking forward to start a next exciting chapter.

Lisa Marie Brouwer

Amersfoort, March 2016
**List of Abbreviations**

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<th>Full Form</th>
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<tr>
<td>CAO</td>
<td>Chief Administrative Officer</td>
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<td>Developing Countries</td>
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<td>DHO</td>
<td>District Health Officer</td>
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<td>DHS</td>
<td>District Health System</td>
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<td>EMIS</td>
<td>Education Management System</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GoU</td>
<td>Government of Uganda</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HR</td>
<td>Human resource</td>
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<td>IP</td>
<td>Implementing Partner</td>
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<td>LG</td>
<td>Local government</td>
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<td>LSD</td>
<td>Local service delivery</td>
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<td>MoES</td>
<td>Ministry of Education and Sports</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoPS</td>
<td>Ministry of Public Service</td>
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<tr>
<td>NHS</td>
<td>National Health System</td>
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<tr>
<td>PMS</td>
<td>Performance Management System</td>
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<tr>
<td>UGX</td>
<td>Ugandan Shillings (€1 = +/- 3750 UGX)</td>
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<tr>
<td>UPE</td>
<td>Uganda Primary Education</td>
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<tr>
<td>UCLG</td>
<td>United Cities and Local Governments</td>
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<tr>
<td>UNMHCP</td>
<td>Uganda National Minimum Health Care Package</td>
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<td>VHT</td>
<td>Village Health Team</td>
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1. Introduction

Uganda is an African leader in the field of institutional reforms. Over the past decades regulation, new laws and policies were designed. However, the actual implementation of these is not very well. Institutional forms have been created, but impact is not yielded. There is a gap between form and function (Andrews & Bategeka, 2013). Government of Uganda (GoU) has reformed its structure through several multi-year programmes. One of the key transitions has been the Public Service Reform Programme. Responsibilities when it comes to services such as education, health and infrastructure were decentralised and devolved to the lower level of local districts. One of the main goals was improvement of service delivery and accountability. In the early phase of this reform, a negative impact of decentralization on local service delivery was monitored (Okidi & Guloba, 2006). However, the tide has turned and overall service delivery improved under the decentralisation system (Okidi & Guloba, 2006, p. 7). Although overall improvements were achieved, the reform did not meet his target since service delivery is still poor (Mugalu, 2012). Since decentralisation alone is not the way to quality services, another tool has been implemented in Uganda: performance management. Will decentralised service delivery paired with performance management lead to aimed results? Performance management can be very effectual, but in an environment where corruption and lack of accountability play a role, this is a challenging task (Deininger & Mpuga, 2005).

Over the past decades progress featured Uganda. GDP grew from $9,01 billion in 2005 to $21,49 billion in 2013. Life expectancy is increasing while poverty headcount ratio is decreasing. Nevertheless, in 2012 still 33,2% of the population has to live of less than $1.90 a day (Worldbank, 2015). Education is one of the key determinants of income inequality in Uganda. On average, poor families have less years of education than more wealthy families (Ssewanyana and Kasirye, 2012). This low level of years of schooling is worrying for a country that looks up to becoming a middle income country by 2017. Given the importance of education, there is need for GoU to ensure that persons in chronically poor households access basic education to enable them to participate in and benefit from growth (Ssewanyana & Kasirye, 2012). Another important poverty indicator is health. Although this sector saw huge transformations over the past decades, the status of the health sector is still very poor. Only 57% of the births are attended by skilled staff. 60% of the death causes are communicable diseases, maternal, prenatal and nutrition conditions. Aids is the most prevailing death cause in
the country. More than 7% of the population is infected with HIV. On top of this the public expenditure for this sector is below average (World Bank, 2015). It is high time something is done to improve service delivery in Uganda’s health and education sector.

Local government is the closest government tier to the people and delivers many of the services which are crucial to fighting poverty and stimulating development. This is why local service delivery is so important in a developing economy like Uganda (Commonwealth Secretariat, 2006). This research will give a concise overview of the current challenges and weaknesses of decentralised local service delivery in Uganda and the role that performance management can play in this, according to local district officials. The focus will be on the sectors of education and health care. Three districts, which differ in size and geographical area, will be compared.

1.1. Problem definition
Implementation of Universal Primary Education under the decentralisation at first led to an exploding increase of enrolment. Although education is now more accessible to all, concerns are raised about the quality of education, about the teacher pupil ratio, financing and the need for curriculum reform (Bashaasha, Mangheni & Nkonya, 2001). Furthermore there is no proof for improvement of health services or better quality of peoples’ lives after decentralisation. On the contrary, health indicators show that the quality of health services has stagnated and in some cases even worsened. Shortcomings in financial and human resources are said to be the cause (Bashaasha et al., 2001).

On paper Uganda’s government may look good, but unfortunately in practice there is still a major problem with getting the basic services delivered. Moreover substantial differences in quality and effectiveness of services between local governments were diagnosed, without necessarily a substantial variation in resource endowments and technical skills (Williamson, 2003). Improvements have been made, but there are still challenges and weaknesses in local service delivery in Uganda. Since decentralisation did not lead to aimed results, the question now is whether performance management can play the crucial role to achieve improvement of (or even better, the delivery of qualitative) services and performance of staff.
This research will focus on the decentralised delivery of services and the challenges that service delivery still faces in health and education. Moreover, the role of performance management in improving services according to district officials will be reviewed. The central question in this research will be:

To which extent can performance management contribute to reduction of weaknesses and challenges in local service delivery in health and education, according to local officials in the local districts Oyam, Hoima and Mukono in Uganda?

The following sub questions need to be answered in order to answer the central question in this research:
- What are weaknesses and challenges in decentralised local service delivery in Uganda?
- How are the weaknesses and challenges in local service delivery in Uganda to be explained?
- What might in this regard be expected from performance management in theory?
- What is the opinion of local officials on the merits of performance management?
- What does this imply for the implementation of performance management at the local level in Uganda and the effects thereof?

1.2. Research approach
This qualitative research will get its data from interviews, documents and observations that will be thoroughly analysed. Since the central question focuses on meaning giving by respondents, an interpretive approach is chosen. Local officials from three different districts will be interviewed. The collected data will be analysed using the theoretical framework.

1.3. Relevance of the study
This research can fill in a blank space that exists in a great collection of literature about decentralised service delivery and performance management in Uganda and developing countries in general. There is a great majority of literature about decentralisation and its outcomes in Uganda. Most of the scholars state that there is a gap between the good looking form of it and the actual functionality. Other scholars write about the poor state of service delivery in Uganda. Although solutions in the direction of performance management are mentioned in the literature, there is no actual interpretative research about the role of
performance management from the angle of local district officials. I think this research will be very useful to give a current state of the art of implementation of performance management according to these important actors of the system.

The practical relevance of this study lies in the providing of a concise picture of challenges in delivery of services and the possibilities of the use of performance management in the way to better education and health care in Uganda.

**Layout**

In the subsequent chapter a contextual background will be depicted as the décor for this research. Chapter 3 contains the theoretical framework focussing on different aspects of performance management. In the chapter thereafter the methodology of this research will be elaborated. Chapter 5 holds the findings of this research, mainly obtained through interviews and observations. In that chapter the findings are also analysed using the theoretical framework. The research naturally concludes with the conclusion and discussion in chapter 6.

Although Uganda has seen a lot of progress and service delivery somehow improved after decentralisation, there is still a long way to go. Since decentralisation did not yield desired results in improving the quality of service delivery, this qualitative research focuses on the role that performance management can play in Uganda’s struggle to bridge gaps. To start with, the next chapter will discuss the contextual background in depth.
2. Contextual background

This chapter serves as a contextual background for this research. Moreover, it will contribute to answering the two sub questions about weaknesses and challenges in decentralised local service delivery in Uganda and how these could be explained. In the first section Uganda’s history will be briefly described. Subsequently decentralisation as a tool for poverty reduction and its advantages will be delineated, followed by a description of Uganda’s local government structure and the decentralisation process. The third section will focus on local service delivery and theoretical challenges. In the two last sections, the health and education sector of Uganda are delineated before concluding the chapter with answering the sub questions.

2.1. Uganda in brief

Uganda, with Kampala as its capital, is a landlocked country in Africa, bordering to Rwanda, Tanzania, Kenya, South Sudan and DRC. The west of the country is very mountainous and in the east there is the Victoria Lake, which is the second largest freshwater lake in the world. The Nile, the world’s longest river, finds its source in this lake by Jinja, Uganda’s second largest city.

According to an official census in 2014, Uganda is home to almost 35 million people, of which approximately 1.5 million live in the capital city. Uganda is very ethnically diverse with some 56 ethno-linguistic groups spread over the country. About 85 % of the population is Christian (42% Catholic and 37% Anglican) and 12% of Ugandans are Muslim.

Most of Uganda is well-watered and fertile. Agriculture, forestry and fishing are long time key sectors of the economy, where industry and services are growing contributors. Between 2004 and 2014 Uganda’s GDP grew on average 6.9%. Moreover, poverty rates have declined and less and less people are living under the poverty line. However, official development assistance (ODA) is still only increasing. In 2013, Uganda received an ODA amount worth $1 692 560 000 (World Bank, 2015).

After a long British rule, starting in 1894, Uganda gained independence in 1962. Uganda was now a Common Wealth realm with Queen Elizabeth II as Head of State. A year later, Uganda became a republic and since then it has been just a member of the Common Wealth. In the following years, Uganda had an instable political climate. The first post-independence
government was led by Milton Obote. He first established, but later removed the former King Muteesa as ceremonial president.

A new constitution was established in 1967, which proclaimed Uganda an official republic. Obote’s reign came to an end with a military coup by Idi Amin in 1971. The following 8 years Uganda was governed by a military regime. Idi Amin removed the small, entrepreneurial Indian community from the country which led to an economic disaster. Many of Obote’s loyalists were brutally murdered. After Idi Amin’s regime, Obote returned for a few years until 1986, when current president Museveni, frontman of the National Resistance Movement (NRM), came into power. Soon enough, he restricted political parties and made significant changes. During his reign, a civil war against the Lord’s Resistance Army was happening in Uganda and many brutalities were taking place in the unstable Great Lakes region. Nevertheless under Museveni’s reign Uganda gained stability and economic growth.

Although democratic political parties are no longer banned and Uganda is making a shift towards democratisation, in 2005 Museveni abrogated the limits on presidential terms, just before the 2006 presidential elections. Just after Museveni celebrated 30 years in power, the third multi-party presidential elections were due in February 2016. Kizza Besigye was one of the most prominent contestants to presidency. For the first time in history, President Museveni was seriously challenged. Even a presidential political debate with all eight candidates took place. Although the official outcome led to his re-election, the European Union Election Observation Mission (EUEOM) stated that intimidation and ruling party’s control of the election process influenced the outcome. Moreover, the Electoral Commission (that is responsible for organising the elections) is said to be lacking transparency and independence (EUEOM, 2016).

Uganda is progressing on different fields. Nevertheless there is still a long way to go. It might be useful to keep in mind that Uganda is still struggling on a lot of different aspects when it comes to political, administrative and governance issues – to name a few. This is also influencing the field where this research takes place. The following section will go deeper into decentralisation and the local government field.

2.2. Local government and decentralisation in Uganda

This section will go deeper into decentralisation as a concept and decentralisation specifically in Uganda. A research that is all about local service delivery cannot escape deliberating on
Decentralisation and local government in the context where the research takes place. Therefore, in this section decentralisation in the sphere of poverty reduction through improvement of services in developing countries will be discussed. Subsequently the Uganda specific situation will be point of focus.

**Decentralisation: means to an end or an end in itself?**

In developed countries, government structures contain systems of checks and balance forming the core of good governance. It empowers citizens to hold public servants and policy makers accountable. Shah (2006) states: “Sound public sector management and government spending help determine the course of economic development and social equity, especially for the poor and other disadvantaged groups, such as women and the elderly.”

However, in many developing countries, governance structures are still dysfunctional and unable to deliver public services that are accessible by poor and disadvantaged citizens. Shah (2006) states that such poor governance includes inappropriate allocation of resources and inefficient revenue systems. For this reason, donors and development agencies are advocating for decentralisation as an instrument to ensure broader participation of citizens. Since the 1980s decentralisation of authority over administration of redistribution programs to local communities have become widespread in the developing world.

**Defining decentralisation**

UCLG (2013) defines decentralisation as “local authorities, distinct from the state’s administrative authorities, who have a degree of self-government, elaborated in the framework of the law, with their own powers, resources and capacities to meet responsibilities and with legitimacy underpinned by representative, elected local democratic structures that determine how power is exercised and that make local authorities accountable to citizens in their jurisdiction.” Von Braun and Grote (2002) define decentralisation more as an action: “Decentralisation is the transfer of authority and responsibility for public functions from a central government to subordinate governments. Governments are typically heterogeneous and complex entities that may consist of central, provincial, and local layers”. Crook (2003) his definition focuses primarily on political and administrative decentralisation, whereby power is allocated amongst ‘territorially defined and nested hierarchy’. Jütting, Corsi, Kauffmann, McDonnell, Osterrieder, Pinaud & Wegne (2005) make a distinction between devolution and deconcentration: “The scope and type of the decentralisation process is addressed by looking at
the actual implementation: whereas devolution is the most far-reaching form of decentralisation, deconcentration basically only includes the transfer of administrative power.” Ojambo (2012) states that the principal objectives of decentralisation include “the promotion of accountability, transparency, efficiency in governance and service delivery, and the empowerment of the masses from grass-root levels through the promotion of the participation of individuals and communities in their governance.” In general, decentralisation is seen as a process of enhancing governance and deepening the democratisation process by involving people at a grass-roots level through transferring responsibilities and resources from central to local level.

As an instrument for poverty reduction

The decentralisation theorem, advanced by Oates (1972), states that public services should be provided by the jurisdiction that has control over the minimum geographic area “that would internalize benefits and costs of such provision”. Reasons being that concerns of local citizens are better understood by local governments and thus local decision making is more responsive to citizens for whom services are provided. Cutting out layers of jurisdiction will lead to fiscal responsibility and efficiency. Hence, competition and innovation is encouraged between jurisdictions.

Decentralisation is seen as a way of improving local governance and as an instrument to establish bottom up poverty reduction. Jütting et al. (2005) question that assumption. In their study, they state that ‘a clear link between decentralisation and a reduction in poverty cannot be established.’ They argue that in countries where basic prerequisites are met, decentralisation could be a powerful tool to reduce poverty. However, in countries where centralized governments are struggling to fulfil basic duties and not interested in fully handing over power and resources to lower government tiers, decentralisation could work counter-productive (Jütting et al., 2005). Nevertheless, in many developing countries in Africa, decentralisation is implemented.

Dissatisfaction with the efficiency of provision of public services at a central level is also a major reason for decentralisation. These inefficiencies are blamed to the ‘difficulties that come with coordinating a large set of activities from a central point’ (Akin, Hutchinson & Strumpf, 2005). Based on the merits of efficiency, accountability, manageability and autonomy, several accepted theories advocate for decentralisation, decision making at a local level and strong responsibilities for lower tiers of government (Shah, 2006). “Decentralization is an instrument, not a goal in itself, for efficient and participatory governance” (Von Braun & Grote,
According to Von Braun and Grote (2002) the main two arguments for decentralisation are increased efficiency and improved governance. Local governments are said to be better able to identify citizens’ needs. Furthermore on a local level, decision-makers and government officials can be monitored and held accountable easier.

Where Jütting et al. (2005) argue that decentralisation itself does not lead to poverty reduction, Von Braun & Grote (2002) state that decentralisation is an instrument to reduce poverty, since in theory it increases possibilities for participation and improves service delivery and provision of public goods. These outcomes are also major components of a majority of the antipoverty programmes. However, the outcome of decentralisation depends on its form and type and it will only reduce poverty under strict conditions. Furthermore, country-specific conditions should be taken into account. Crook (2003) states that decentralisation is unlikely to lead to more pro-poor outcomes without a serious effort to strengthen and broaden accountability mechanisms at both local and national levels.

Jütting et al. (2005) distinguish two sets of conditions that are determinant for positive effects of decentralisation on poverty reduction: Country specificities (size of the country, level of economic development, degree of democracy and capacities) and the design of the decentralisation process itself. When it comes to the latter, there are three different, interacting factors. Firstly, political factors play a key role to success of decentralisation. If a country truly believes that decentralisation can work to achieve wanted policy outcomes, it has a bigger chance to make a difference. Hence, “as local government received more powers and resources its ability to have a positive impact on poverty increased” (Jütting et al., 2005). Moreover, in countries that perform well on decentralisation policy coherence implies also that decentralisation is part of a broader agenda of reforms undertaken by the government. Furthermore, sufficient information flows that lead to informed citizens who are able to participate and monitor local officials, is also a critical success factor. Secondly, there are administrative factors. Where there is a government investing in local capacity building, awareness of need for action to combat corruption and a clear division of tasks between local and central level, decentralisation has more chance to be successful. Lastly there are fiscal factors concerning the type and amount of resources devolved. It has been stated, that decentralisation can only be successful in combating poverty, when local governments received sufficient resources from central government. Tied budgets and no local tax-raising powers can lead to the lack of power to allocate resources effectively.

The evidence that Jütting et al. (2005) provide for their conclusions, seems a bit anecdotal. The case studies they use do not seem systematically comparable. Crook (2003) on
the other hand, approaches the issue a bit more systematically by analysing decentralisation and poverty reduction in Sub-Saharan African countries using a comparative framework. He states that poverty is multi-dimensional and therefore there is no single solution like decentralisation for it. Furthermore, he concludes in his study that decentralisation is unlikely to lead to more pro-poor outcomes if there is no serious effort to strengthen and broaden accountability mechanisms at both the local and central level. However, he also highlights a few factors that could contribute to successful poverty reduction. Institutional responsiveness, also seen as the congruence between community preferences and public policies, is said to be a factor but nevertheless it is hard to measure. Crook (2003) states that “it is argued that the degree of responsiveness to the poor and the extent to which there is an impact on poverty are determined primarily by the politics of local–central relations and the general regime context—particularly the ideological commitment of central political authorities to poverty reduction.”

Crook (2003) warns for another possible downside of decentralisation in African cases. He utters that ruling elites use decentralisation to create stable power bases in the country side. Even when (often a minority of) underprivileged locals achieve representation, accountability structures are not strong enough to ensure effective representation of their interest in policy making. Unfortunately, this is often the political reality in Africa and naturally this has a shaping influence on the outcomes of decentralisation.

In conclusion, in development countries dissatisfaction because of poor service delivery at the central level often leads to implementation of decentralisation. Although a clear link between decentralisation and poverty reduction could not be established, bottom up decision making could be a powerful tool for poverty reduction through the improvement of services and the involvement of citizens at the local level. The successfulness of the outcome will depend on form and type. Country specificities and the design of the decentralisation process will determine whether decentralisation could lead to reduction of poverty.

Decentralisation in Uganda

Uganda has a far-reaching form of decentralisation in its government system. The reasons for Uganda’s devolution process are multi-faceted and subject of discussion. However, the official reason is improving governance and service delivery by bringing those responsibilities to a level where government is better able to understand local needs. In general service delivery and governance has improved after these reforms (Mugalu, 2012), but this does not mean that it is all rainbows and butterflies. Uganda still faces major challenges in fulfilling its responsibilities at both the central and local level.
Uganda’s decentralised government system was not introduced overnight. In 1966, the independence Constitution was abrogated and replaced by a new one a year later under the Obote government. This new Constitution centralised powers. A few years later, Idi Amin overthrew this government by a military coup. During his military regime (1971-1979) he disbanded the districts and established regional/provincial administrations which were led by high-ranking military officers. During the second Obote government (1980-1985) no serious efforts were made to change this system. However the tide was turned when in 1986 the current president Museveni came into power. At first there was deconcentration of central government representatives to the local level, but later the widest form of devolution was implemented as part of the Public Service Reform Programme. In the new constitution (1995) the local government system was further articulated. Furthermore the enactment of the Local Government Statute in 1993 was followed by the Local Government Act in 1997. This act decentralised social services such as health and education (Bashaasha, Mangheni & Nkonya, 2011). Uganda never had a local government system that was more robust and elaborate.

Some say that Uganda’s decentralisation is one of the most ambitious forms of devolution of power among developing countries, but at the same time it is also criticised for its failure to deliver on its promises (Onyach-Olaa, 2003). In a World Bank study Uganda is ranked second to South Africa in almost all aspects of decentralisation in Africa. Uganda has produced many laws, processes and structures that are ‘best in class’ in Africa (Andrews & Bategeka, 2013). Paradoxically Uganda is also ranked among the most corrupt countries in the world which is said to lead to deplorable service delivery systems (Ojambo, 2012). Unfortunately, GoU is not as good as it looks. In practice, the public sector reforms have actually been limited to ‘impressive appearance’. The kind of action and effectiveness that is needed for a developing country that struggles to delivery basic services or to address significant poverty challenges, is not yielded (Andrews & Bategeka, 2013). Moreover - Crook (2003) warned for this - some say that the decentralisation was a tool of Museveni to create power bases in the country side and head off demands for multi-party democracy. It could be a tool of the government to fragment important geo-political areas and to keep control by sustaining power bases all over the country. All in all, the decentralisation and the public sector reform in general in Uganda, in practice yield limited impacts and perform poorly (Andrews & Bategeka, 2013).

Nevertheless, governance and service delivery did improve after the reforms. Citizens can make democratic choices about how they want to be governed and keep local officials accountable. Despite these achievements Uganda still faces major challenges in deepening and
institutionalising decentralisation. If Uganda wants to see the real fruits of a decentralised government system, it has to overcome major challenges. According to Ojambo (2012) “these challenges include, among others, technical capacity deficiencies in local governments and tensions among key stakeholders competing to maximise their role in decentralisation.”

Oates’ decentralisation theorem (1972) advocates for service delivery at the lowest level of government where advantages of decentral governance are highest. One of the reasons for this is that local government can better understand the needs of local citizens. Every district in Uganda hold barasa’s, or community meetings where they present evaluations and outputs of the previous year and make plans for the next. It is a tool where citizens can hold officials accountable and indicate their needs. Although it is an honest attempt to hear citizens and let them participate in policy making, it is always just a selection of the population that participates in those meetings. Moreover, it is doubtful whether citizens’ needs and wishes are really taken into account after those meetings or if it is just a symbolic action.

There are different views on the role of decentralisation of services in poverty reduction in Uganda. The outcome of decentralisation depends on form and type and it will only reduce poverty under strict conditions. Country specific conditions and the design of the decentralisation process itself are said to be influential on the success of decentralisation outcomes (Jütting et al., 2005). The first set of conditions falls outside the scope of this research, but the latter set will be shortly discussed. When it comes to the design of decentralisation processes, there are three different types of factors that matters. Firstly, political factors contribute to success or failure of decentralisation. Country wide support for decentralisation will play a key role to success of decentralisation. When this is paired with a great level of devolution of power and resource, and if decentralisation is part of a bigger agenda, decentralisation is more likely to be successful. In Uganda this seems to be the case on paper (Andrews & Bategeka, 2013). However, political motives to opt for decentralisation are more prevalent than it seems. Secondly, administrative factors like capacity building and fighting corruption are very important. Moreover, a clear division of tasks and responsibilities will help. In Uganda, capacity building is not really done for public officials or workers in education and health sector. Moreover, although hardly provable (and only some openly talk about it), corruption is a widespread problem in Uganda. This will harm successful decentralisation. Thirdly, the type and amount of fiscal resources devolved are important. It has been stated, that decentralisation can only be successful in combating poverty, when local governments received sufficient resources from central government (Mitchinson, 2003). Tied budgets and no local tax-raising powers can lead to the lack of power to allocate resources effectively. All
respondents in this research stated that central government does not provide sufficient funds to LGs to perform their duties.

Lastly, but not less important, the ‘people factor’ is also critical to the success of devolution in Uganda. Policies are well thought-out and appear to be well in place to solve problems. However, if local professionals do not have the capacity and ability, and if elected officials do not have the political skills, probity and integrity to complete the task, little impact will be yielded (Mitchinson, 2003).

All in all, Uganda’s decentralisation process is seen as one of the most ambitious and widely implemented devolution in Africa. Nevertheless, it does not deliver on its promises and another approach is needed in order to improve quality of health and education service delivery in Uganda. Prior to jumping to conclusions, the structure of LG in Uganda and the health and education sector will be discussed now.

**Structure of local government**

Uganda has 111 local districts and 1 city. Kampala, the capital city, has another special governance structure. The amount of districts has exploded over the past 25 years. In 1991 the country was only divided into 34 districts. According to district leaders, the creation of new, smaller districts solves less problems then it creates. Moreover, older districts perform way better in terms of governance than new districts (Green, 2008). The reasons for increasing the number of more local authorities seem to be more political than administrative. The increasing number of districts, results in a greater variance in stage of devolution between them (Mitchinson, 20003).

Every local district is governed by an elected Local Council (LC5), the highest political authority having legislative and executive powers. The structure of urban local districts is other than that of their rural counterparts. Urban districts have the municipality (LC4) and town division level (LC3) with their own councils as lower local government units with their own corporate status and responsibility. The lower administrative units, ward/parish council (LC2) and the village council (LC1) do not have a corporate status. Their responsibilities are limited to monitoring the delivery of services, assisting in the maintenance of law, order and security and to dispute resolutions. Rural local districts are divided in county councils (LC4), sub county councils (LC3), parish councils (LC2) and at the bottom there are the village councils (LC1). All these are administrative units.
Local governments fulfil the following state functions: making development plans; raising local revenue, budgeting; appoint statutory commissions, committees and boards; land procurement; hire and manage personnel (to some extent); and accountability. Furthermore, local governments also have the power and responsibility to provide the following services: primary and secondary education, health services (except for the regional referral hospitals), ambulance services, and roads (except for the roads that are provided by central government).

The Local Government Act provides for two institutions through which central government can oversee the performance of local government. Firstly, there is the office of the Resident District Commissioner (RDC) who is mandated to represent the president and government at the local level. He is mandated to advise the district chairperson on issues of national interest. Furthermore, he monitors and inspects local government’s activities and policies. Where necessary, he could draw the attention of any relevant authority or inspection to any mismanagement or abuse of office. Secondly, there is the Chief Administrative Officer (CAO) who is the liaison officer between Government and the district, is appointed by the Public Service Commission. He serves as the head of the public service in the district. He is responsible for implementation of all lawful decisions by the council. He also supervises, monitors and coordinates the activities of the district. Both the office of the RDC and the CAO are represented at all lower levels of government.

LG’s have four main sources of finances:

- Local revenue out market dues, trading licenses, rent, and rates
- Government grants
- Donor and project funds
- Fund-raising from well-wishers.

About 95% of LG’s budget comes from central government. Their grants can be divided in unconditional grants, conditional grants for specific purposes and projects (which is the major contributor to LG’s finances), and equalization grants (to overcome the gap in development level between different districts). A challenge that Uganda faces, is over-dependence on those central government grants (Bashaasha, Mangheni & Nkonya, 2011). Moreover, Green (2008) states that decentralisation of services was not followed by sufficient financial resources to deliver those services in an adequate way. This leads to major challenges, because without funds there is little LGs can actually do to improve the life of its citizens.
To conclude this section, we have seen that in theory a clear link between decentralisation and poverty reduction could not be established. Even in the Uganda specific case, there is no proof that decentralisation is or could be improving services as a way to combat poverty. In order to possibly achieve this, Uganda has to overcome major administrative, financial and institutional challenges, since there is still a gap between the form and actual function of devolution.

2.3 Local service delivery in developing countries

As prior discussed, decentralisation has become widespread on the African continent. Also in Uganda responsibilities have been transferred from central ministries to local governments. The principal aim Uganda’s Public Service Reforms has been to enhance accountability, efficiency and effectiveness in the service delivery process by limiting problems inherent in the traditional centralized system. One of the most important of these is corruption among centrally appointed bureaucrats (Olum, 2003). While systematic empirical evidence on corruption is scarce for obvious reasons, there are innumerable case studies of high rates of corruption among government bureaucrats in the process of delivering public services (Bardhan & Mookherjee, 2004). In this section, the local service delivery (LSD) in developing countries will be reviewed. Firstly, reasons of operating service delivery on a local level will be indicated. Secondly, challenges in LSD will be discussed. At the end of this paragraph, a possible solution in the form of performance management to overcome those challenges will be reviewed.

The logic of local service delivery

A major reason to opt for decentralisation of services is the improvement of service delivery to rural poor (Bashaasha et al., 2011). UCLG (2013) states that basic service provision is best where “empowered local governments have the authority, resources, and capacity to fulfil their responsibilities in service delivery.” Without human, technical, and financial resources LG’s will be unable to provide basic services sufficiently.

The political justification for decentralised local service delivery are enhancing local participation, good governance, and democratization (Bashaasha, Mangheni & Nkonya, 2011). Bardhan and Mookherjee (2004) state that decentralising services is cost effective and improves intraregional targeting at low program scales. Another reason in favour of a decentralised service delivery system is that local governments will be subject to electoral pressure from citizens. However, this assumes a certain level of literacy and political awareness which is ‘unrealistic’ in developing countries (Bardhan & Mookherjee, 2004). Local elites will continue
to play key roles and this at the expense of poor minorities. So service delivery at a local level could work effectively, however there are obstacles and challenges in delivering services on a local level in an accountable, effective and efficient way. We will look into this in the following section.

Challenges in LSD

Improving service delivery is a major reason to decentralise the responsibility to do so. A reason for this is the fact that those services are also consumed locally (Ahmad, Devarajan, Khemani & Shah, 2005). Although advantages of decentralising the delivery of services such as education and health are known – the challenges are also many.

Gilbert (1972) distinguishes four types of problems when it comes to service delivery: unaccountability (when a person in need of a service is unable to influence concerned decision making), inaccessibility (when there are obstacles to enter a service), fragmentation (when services are not available in one place) and discontinuity (when communication and referral channels are dysfunctional). Plans to resolve or change service delivery, often concentrate around one or more of these problems (Gilbert, 1972). Ahmad et al. (2005) state that the relationship between decentralisation and improvement of service delivery is ‘mixed’. Although decentralisation can generate substantial improvement of service delivery, it often falls short of that promise. The impact of decentralisation on service delivery can be associated with the following problems. Firstly, a lack of capacity and ability to manage the responsibility for public services at lower levels of government is a well-known weakness. Secondly, incomplete process or implementation can lead to misaligned responsibilities. Thirdly, elite capture occurs in sub-national levels of government. This means that citizens do not actually have influence on policy and decision making. Weaknesses in service delivery outcomes are attributed to a breakdown in the accountability triangle between policy makers, poor people (beneficiaries), and providers (Ahmad et al., 2005).

Bashaasha et al. (2011) specify the main challenges that Uganda’s decentralised service delivery system specifically faces. There are inadequate local financial resources and there is an over-dependence on central government grants. Attraction and retaining of adequately, skilled and motivated staff is difficult, especially in rural areas. Furthermore, there is widespread corruption and nepotism.
LG’s have the potential to deliver public services in an effective and efficient way. However, those challenges have to be overcome and there is no clear solution or blueprint on how this could be done. Many look at implementing partners for answers.

**Implementing partners in service delivery**

Implementing partners (IP’s) have played major roles in developing countries over the past century. Although intentions seem to be honest and good, aid is also associated with donor dependence and donors having too much influence in a country’s policies and economy. Moreover, the question is raised whether the aid that is given is always the aid that is needed and if this will lead to sustainable long term development. UCLG (2013) advocates for a dialogue between LGs and donors to ensure that needs and concerns of LGs are clearly understood and supported by donors. It is important that enabling legal frameworks are in place in order to allow LGs to directly manage international cooperation programs focused on: strengthening the capacity of the local government sector, promoting democracy on the local level and supporting decentralization.

Moss, Pettersson and Van de Walle (2006) describe the selectivity of donors based on their belief that aid works best in an environment with a well-functioning government system. Institutional development is often seen as an independent variable in success of aid efficiency. However, Moss et al. (2006) are investigating the negative effect of aid dependence on state institutions. They conclude that states who receive a substantial proportion of their revenues from the international community are less accountable to their own citizens. Moreover, they feel less pressure to maintain popular legitimacy. This will lead to less incentives to invest in effective public institutions. So substantial increases in ODA during a certain period, can have a harmful effect on institutional development.

Moreover, aid flows are uncertain and not budgeted for in the national budget which leads to sustainability problems. Aid can be really fragmented, donor agendas can conflict or duplication of programmes may occur due to lack of coordination. There is competition of staff. Public officials lose a lot of time attending to donor issues or concerns and many of them decide to go work for NGOs or donors because of better wages.

All in all, notwithstanding good intentions, aid can have negative side effects and its effectiveness cannot always be proved.

In this section we have seen that decentralisation is often seen as a way to improve service delivery. However, challenges concerned with financial and human resources and the
occurrence of nepotism and corruption (although hardly provable) can seriously harm successfulness of this objective.

2.4. **Health sector in Uganda**

With the decentralisation in Uganda, also the health system was decentralised. The Public Health care system has undergone a huge transformation, since the decentralisation in Uganda had a great impact on the health system as well. Now delivering health service delivery is a responsibility of local government. The health infrastructure has been expanded to achieve greater coverage, rehabilitation and upgrading of some existing infrastructure, continued Human Resource Development to improve competences for effective and efficient management of the national and district health system.

EPRC (2009) states that decentralised health services can only work if there is (a) adequate financing (for staff, drugs, and equipment); (b) clear performance measurements; (c) proper information flows (hence the importance of the Health Management Information Systems (HMIS)); and (d) effective supervision, inspection and enforcement of performance standards. All parties, from the line ministry to local politicians and health workers, should be involved and work together to make sure satisfactory services are provided. However, Uganda’s decentralised health sector is not performing adequately and the main factors are said to be insufficient financial resource management and personnel quality and management (Bashaasha, Mangheni & Nkonya, 2011).

Uganda has a ‘Minimum Health Care Package (UNMHCP) that consists of the most cost-effective priority healthcare interventions and services addressing the high disease burden that are acceptable and affordable within the total resource operating capability of the sector (MoH, 2010b). The following aspects are included in the package:

- Health promotion, environmental health, disease prevention and community health initiatives, including epidemic and disaster preparedness and response;
- Maternal and Child Health;
- Prevention, management and control of communicable diseases;
- Prevention, management and control of non-communicable diseases.

The current systems works on a referral basis. If a health centre II cannot provide the care a patient needs, it refers him or her to a health centre the next level up. The services are supposed to be free, but some health workers misuse situations where patients desperately need services. Moreover, in case of drug stock out, patients have to spend money on buying drugs elsewhere.
The health structure starts with the Village Health Teams (VHT) which are ideally found in every village. They provide voluntary health advice and education, they hand out mosquito nets and essential drugs when necessary. The next level up are the health centre II’s, who handle common diseases and do antenatal care. According to policy, these centres should be found in every parish, but in reality this is not the case. Then there are health centre III’s, ideally found in every sub county. These centres have around 18 health workers and are led by a senior clinical officer. It should have a functioning laboratory, a general outpatient clinic and a maternity ward. Then every county should have a health centre IV, which provides the same services found at health centre III, and on top of that there are wards and patients should be able to be admitted. It should be run by a doctor and a senior medical officer, however this is not always the case. Moreover, there should be a functioning operation rooms but in reality oftentimes they do not function due to the lack of water, power or other issues. Lastly, however in practice this is not always the case, every district is supposed to have a hospital that offers specialised services, mental health care and dentistry. On top of this there are the regional referral hospitals and the national referral hospitals (GoU, 2005).

Such a complex system needs proper coordination, support supervision and inspection. Health facility in-charges reported that while MoH was doing a laudable job in policy formulation, and provision of nationally coordinated services such as epidemic control, more serious support supervision and inspection were needed. The CAOs, DHOs, and medical officers particularly need to increase the scale, scope and regularity of support supervision in their areas of jurisdiction (EPRC, 2009). Performance management is a relatively new concept in the health care system in Uganda. Uganda’s health sector suffers from weak performance of health workers. Moreover, the sector faces huge struggles to attract and retain skilled staff. Performance management could play an important role to overcome these challenges, however the system has some weaknesses as well (Lutwama, Roos & Dolamo, 2013).

In 2010a the MoH published the ‘Health Information Management System: Health Unit Procedure Manual’. In this manual the whole HMIS, which is a routine monitoring and evaluation process, including all relevant forms are explained. According to MoH the objective of HMIS is to “generate information which will improve health care management decisions at all levels of the health system.” HMIS facilitates uniform reporting, formulation of policies, strategic planning and monitor and evaluation.

In line with HMIS, districts collect quantitative data on a monthly basis. The data contain information about what kind of diseases are treated, how many mothers have delivered, how many cases of certain diseases occurred, etc. Next to the quantitative data collection,
support supervision is carried out. Ideally this happens on a monthly basis, but in reality there are not enough financial and human resources to do this. The aim of the support supervision is to supplement the quantitative data collection. Where HMIS only finds the symptoms, support supervision is aimed at finding the root causes of problems and to assess the quality of care. The manual (2010a) states: “During support supervision, problems should be identified and mechanisms for solving them discussed at the health unit. A supervision report should be written and shared with the supervisees. A follow up supervision plan should then be drawn. Before the next supervision, review findings and follow-up actions taken following the previous supervision visit.” The manual provides step-to-step guidelines for monitoring, evaluation and supervision, and it comes across very detailed and maybe a bit paternal. The question is how effective the system is: the system looks good on paper is it really implemented and functioning to achieve its goals?

2.5. Education sector in Uganda

In 1997, the year that education was decentralised, Universal Primary Education (UPE) was also introduced. UPE provides free access to primary education for all school-aged children (Bashaasha et al., 2011). A child in Uganda sector starts with pre-primary education. When children are approximately 6, they go to a primary school, starting in p1. Primary education takes 7 years, up to P7. Pupils have to take and pass Primary Leaving Examinations (PLE) before they can go to secondary education. Unfortunately, only some pupils will take that step from primary to a secondary school.

Government has heavily invested in the education sector as a means of increasing literacy rates. Education receives relatively high inflows of funds from government compared to other social sectors such as health and water. In 2013, 12.9% of all government spending was on education. This is 2.2% of GDP. In 1997, GoU introduced Universal Primary Education which makes education costless available to all children. Even older pupils who never finished primary education are allowed to enrol. In 1996 3.1 million pupils were enrolled in primary education and this increased to almost 8.5 million pupils in 2013 (World Bank, 2015). However, since 1997 the amount of governments funding to schools stagnated. In 2007, government also made secondary education free available to pupils, in the hope to offer education to children from less wealthy parents.

Despite the big budget spent annually on primary education, almost 70% of children drop out (Mwesigma, 2015). In 2013, net enrolment rate in primary education in Uganda, was 91% (Worldbank, 2015). However, especially in the northern and eastern region of the country
a lot of pupils do not complete their primary education. Although primary education is supposed to be free, there are hidden costs such as scholastic materials and uniforms. A lot of parents cannot afford these. Other causes for drop outs are early marriages, child labour and lack of commitment of parents. Moreover, a third of all school girls drop out when they start menstruating because of lack of sanitary pads (Mwesigma, 2013). Other challenges the education sector faces because of UPE implementation and the interlinked rapidly increased enrolment of children, is a lack of trained teachers, a high pupil teacher ratio, lack of infrastructures such as classrooms, and lack of furniture and materials. Another weakness is the lack of accountability and participation of parents and the communities, caused by the power imbalance between parents and teachers.

Every year a report comes out with PLE average results of schools. In that way performance of all schools in the districts is compared and teachers that not do well are reprimanded. Some teachers who do not perform well, are sent to refresher workshops, which are carried out by coordination centres in sub counties.

The Education Management Information System is in use to collect date about performance in the education sector. On top of this support supervision (including guidance and mentoring) is carried out to help schools improve their quality. In all districts the education sector makes use of performance agreements which are signed by both the head teacher of a school and the district. Linked to these agreements are the appraisals for teachers. So at the beginning of every term, the teacher sits with the head teacher and they agree on targets. At the end of every term, these targets are reviewed and gaps are identified. Then a plan of improvement is made. The aim of this cycle is to improve performance of teachers.

The decentralisation of education services and the introduction of UPE were paired with an enormous influx of pupils. Moreover, budget for the education sector is stagnated since 1997, which naturally led to serious challenges such as lack of infrastructures and materials. Moreover, there is a lack of committed and trained teachers and interlinked with this a high pupil teacher ratio. A performance management system is in place but the question is whether this can really contribute to improve services. We will discuss the latter more into depth in the following chapters.

2.6. **Conclusion**

Major public service reform took place in Uganda over the past decades. The official reasons were improving efficiency and effectiveness in performance of the Public Service and to achieve good governance and an optimum use of resources (Olum, 2003). Nevertheless,
Uganda did not fully accomplish those goals. Decentralisation was one of the interventions that GoU did to achieve the objectives.

In these previous two sections we have seen that both in the health and education sector the decentralisation did not achieve better accountability or performance of staff. Service delivery has not significantly improved. In order to achieve quality services in those two important sectors, there are still major financial, attitudinal, and practical challenges to overcome. Performance management systems are in place to measure performance with the aim to improve. Does performance management have the potential to be able to make a significant change? This will be the focus of the following chapters.
3. Theoretical framework

In the previous chapter we have seen that decentralisation in Uganda does not deliver on its promises. Although the official objective is improvement of service delivery, the lack of sufficient funding and ability and capability of actors and institutions results in decentralisation falling short of achieving the objectives. Therefore, performance management is now seen as a possible solution for the problem. This chapter focuses on the third sub question: what can be expected from performance management in theory, in order to overcome challenges and weaknesses in service delivery in Uganda? This chapter will give an overview of what performance management and performance measurement is, what and how it is used, what the beneficial and perverse effects are and how a performance management system (PMS) can be best designed and the challenges there of.

New Public Management was introduced in the 1980s. This reinvention of government was aimed at ‘fostering a performance-oriented culture in a less centralized public sector’ (Hope, 2001). The management techniques that were originally used in the private sector, began to take over public organisations as well. One of the key elements of New Public Management is performance management. Nowadays, governments all around the world measure their performance to evaluate their products and services (De Bruijn, 2002). In the following sections the ins and outs of performance management are reviewed.

3.1. Defining performance measurement and performance management

To start with, let’s focus on what performance management actually is. Performance management is analysing historical data in order to forecast future performance (Fryer, Antony & Ogden, 2009). It is not a static system, but it evolves with organisational culture and management style. Aguinis (2007) refers to it as a continuous process of identifying, measuring and developing the performance of individuals and teams and aligning performance with the strategic goals of the organisation.

Although the term is often interchangeably used with the term performance measurement, it is not the same. Behn (2003) states that managing is the ultimate purpose of performance measurement. Radnor and Barnes in Fryer, Antony & Ogden (2009) explain the difference between both terms very well: “Performance measurement is quantifying, either quantitatively or qualitatively, the input, output or level of activity of an event or process.
Performance management is action, based on performance measures and reporting, which results in improvements in behaviour, motivation and processes and promotes innovation”. According to De Bruijn (2002) the central idea behind performance measurement in the public sector is simple: “a public organisation formulates its envisaged performance and indicators. After the organisation has performed its efforts, it may be shown whether the envisaged performance was achieved and at what costs.”

In this research we use performance measurement to denote the collecting of data and information of performance indicators. Performance management is what is actually done with the performance measurement, how it is used to learn and improve.

Performance measurement and monitoring is crucial to see where adjustments should be made to improve performance. Fryer, Antony & Ogden (2009) describe four aspects of performance measurement: deciding what to measure; and how to measure it; interpreting the data; and communicating the results. The first aspect is about performance indicators. A lot is said about performance indicators and how much indicators one should take into account. Furthermore, organisations should find a balance between a presentation of the data and the timeliness of it, so that it is still useful.

The two problems with performance management are 1) how to get data and 2) how to turn them into information that is useful for decision making. A particular problem with PMS in the public sector is the applicability to the public sector which is known for its constant transformations. This constrains long term analysis of performance and makes it hard to systematically improve (De Bruijn, 2002). In the next section we will shed light on the applicability of performance management in the public sector.

3.2. Performance management in the public sector

Although performance management initially was a private sector tool, it now plays a big role worldwide in the public sector as well. However, not everyone is convinced of the use of performance measurement in the public sector. On the one hand there are scholars who say that it does not do justice to the complex nature of public organisations. The outcome of public products and services are influenced by different factors and therefore the quality of performance is hard to measure (De Bruijn, 2002). The effects of interventions are difficult to measure because they are achieved in coproduction with other actors. On the other hand, there are also who do advocate for the use of performance measurement in the public sector. Endorsers state that it is a great tool to help public organisations acquiring legitimacy for
government action. Performance measurement is seen by them as a powerful communication tool. If a public organisation has the autonomy of providing services, it has the tendency to develop an internal orientation. By using performance measurement the complex performance of an organisation is reduced to its essence and the indicators can help to re-adjust if performance is poor. Performance measurement thus enhances accountability and value for public money (De Bruijn, 2002).

To go a bit further in depth about the objections to performance measurement, the main argument is that the public sector does not work like the private sector (where performance measurement was invented for). Although it could contribute to better performance, oftentimes the complexity of public organisations could hamper the usefulness of the tool. A public organisation can have multiple or a variety of products and sometimes it does not even have products at all, but e.g. obligations or values. Sometimes, in the case of interwoven products, performance measurement can reinforce existing compartmentalisation by only focusing on own effects and indicators. An organisation can be more process-oriented or the quality of products cannot be expressed in performance indicators. In these cases performance management can work counterproductive.

Although the applicability of performance measurement and management in the public sector are questioned in general, it is also questioned if and how the performance information is used. The next section will go into this further.

3.3. The actual use and purposes of performance management

Van Dooren and Van de Walle (2008) are concerned about the actual use of performance measurement. The link between performance measurement and the actual use thereof is often presumed. However, the link between performance information and its use is not as unproblematic as it has been long assumed. First, we will look at the different purposes of performance information according to different authors.

There are different purposes of performance measurement in the public sector. Different scholars provide different lists. According to De Bruijn (2002) performance measurement can fulfil a variety of functions: transparency; learning; appraising; and sanctions. Hatry (2008) identifies three different main categories of performance information use: accountability, budgeting and improving services. When it comes to the latter, he lists a variety of activities that are involved with this, such as raising questions, identifying problems, identifying training and technical needs, motivating employees to improve service quality, showing
distributional/equity effects, contribute to in-depth evaluation of services, aiding performance partnerships, marketing/advocacy, and communicating with citizens.

Behn (2003) lists eight purposes - evaluating, controlling, budgeting, motivating, promoting, celebrating, learning, and improving - and says these are intermingled and can overlap. Every purpose requires a different type of indicators and measurement (Van Dooren and Van de Walle, 2008).

In the table below the theory of Weiss (1998) is showed. She makes an interesting categorisation of different purposes. The performance information could be used for internal or external purposes. Moreover, the purpose could be divided into instrumental or non-instrumental.

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<tr>
<th>Nature of knowledge</th>
<th>Internal</th>
<th>External</th>
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<tr>
<td>Instrumental</td>
<td>Improvement</td>
<td>Accountability</td>
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<tr>
<td>Non-instrumental</td>
<td>Understanding</td>
<td>Mobilization</td>
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Table 3.1. Purposes of performance measurement (Weiss, 1998 in Van Dooren & Van de Walle, 2008)

De Lancer Julnes (2008) defines instrumental use as when performance information leads to the direct changes in program or units assessed. She says that this use of information (and information in general) in decision making is a challenging and complex tasks. Contextual factors such as leadership, politics, technicalities and timing can affect utilization of performance measurement. Without technical capacity, PMS has the risk to become a paper-pushing exercise. Moreover, timing and in some cases the use of a window of opportunity play a role in actual information use. What gets measured gets attention, so political factors are also important. Lastly, of course leadership – in the form of a champion – can make a difference.

There are different definitions of use of performance information. There is symbolic use, for example when it is used to gain legitimacy. There is also conceptual use, when it is not used in a direct way but rather slightly influences an organisation’s mind-set. In rare cases, performance information leads to a concrete decision. Apart from non-use of information, there is also misuse and abuse. All in all, when performance information is available it is not always a matter of course that it is used (Van Dooren & Van de Walle, 2008).
3.4. Beneficial effects

Before we will go into perverse effects of performance management, we will first review the benefits. Despite many challenges, objections and obstacles in using performance measurement, in theory there are a great deal of beneficial effects.

Ideally PMS has the following advantages according to Bruijn (2002). Firstly, it leads to transparency in accountability processes and it can be an incentive for innovation. Especially when communities are involved in setting targets and performance indicators, it is a motivator for getting things done: “what gets measured, gets done”. Secondly, in theory performance measurement rewards performance and therefore prevents bureaucracy. It is a tool for output steering whereby result is rewarded. Thirdly, performance measurement improves the quality of policy and decision making by providing more evidence-based input. Although PMS seems to serve a noble cause, the actual benefits of such a system are not self-evident. In the next section we will dive into the perverse effects of performance management.

3.5. Perverse effects

Instead of maximizing performance benefits, PMS often creates bureaucracy, counterwork innovation and diminishes professionalism (De Bruijn, 2002). Performance management systems can have unwanted side effects and stimulate perverse behaviour. If the lists provided by different scholars would be summed up, the list would seem endless. This section provides a concise overview of the named perverse effects.

To start with, Fryer, Antony and Ogden (2009) list the following unwanted effects:

- Setting undemanding targets which are easy to obtain
- Performance clustering around the target through deliberately underperforming or manipulating data
- Forgetting about other (unmeasured) factors by concentrating only on achieving targets
- Manipulate measures and influence the results by choosing certain indicators and targets

They conclude their overview with classifying problems with PMS. Those can be classified in technical (‘hard’ problems about data, indicators, etc.); systems (‘bigger picture’ problems such as weaving PMS in organisation); and involvement (problems with involving people). Their key message is that involvement of stakeholders and the whole organisation is of utmost importance to assure a successful performance management system (Fryer, Antony & Ogden, 2009).
De Bruijn (2002) says that performance measurement can be poor, unfair and not lively. He argues that it can be a stimulus to strategic behaviour. It blocks innovation and ambitions, because the urge to achieve targets turns into incentives to not opt for unpredictable outputs. Furthermore, it can veil actual performance by not presenting what actually happens on the ground. This results in the problem that higher-level managers believe that information shows reality. By creating more bureaucracy, it kills a professional attitude. Moreover, the outputs and performance that are measured do not tell the actual outcomes or social significance.

In conclusion, the desire to obtain set targets can result in actors behaving in a way that leads to perverse effects of performance management.

3.6. Design principles of a PMS
In his book De Bruijn (2002) raises the question whether it is possible to design performance measurement in a way that it does justice to the complexity of the profession and to the need for accountability and steering. Furthermore he states that on the long term perverse effects will outwork beneficial effects and therefore it is important to design a PMS that will minimise this process. He argues that the reach of performance measurement is always limited, so it is important to pair the quantitative analysis with qualitative analysis. Moreover, he urges that performance measurement facilitates decision making, but does not direct it.

Different purposes require different systems and no organisation is the same. Every organisation needs an identical, specific performance management system. However, there are some design principles that could be kept in mind when introducing or implementing performance management.

In the previous section we have seen that De Bruijn (2002) explains how PMS can be unfair, poor and static. Subsequently he links values to perverse effects and connects a design principle to it:

<table>
<thead>
<tr>
<th>Perverse effect</th>
<th>Value</th>
<th>Design principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unfair</td>
<td>Trust/fairness</td>
<td>Interaction</td>
</tr>
<tr>
<td>Poor</td>
<td>Content</td>
<td>Variety &amp; redundance</td>
</tr>
<tr>
<td>Not lively</td>
<td>Liveliness</td>
<td>Dynamic product and process measurement</td>
</tr>
</tbody>
</table>

Table 3.2. Design principles of De Bruijn (2002)

So interaction can enhance the fairness of performance management. Variety and redundance can prevent a PMS from being poor. Lastly, it is important to make sure performance management is process oriented as well as product oriented.
Fryer et al. (2009) distilled five key factors of a good performance management system (PMS) in their comprehensive literature study about performance management:

- The PMS should align with other existing systems and strategies of the organisation;
- Leadership commitment;
- A culture in which PMS is seen as a way to improve and identify performance instead of a burden that is used to berate poor performance;
- Stakeholders should be involved;
- Continuous monitoring, feedback, dissemination and learning from results.

Furthermore, Pazvakavambwa & Steyn (2014) emphasize that an effective PMS entails a clear definition of results, ranging from unsatisfactory to excellent performance, to assess the results in an organisation. Moreover, it is important to have (non-)monetary incentives for encouragement of performance improvement. Nonetheless, this needs to be carefully implemented because it can also lead to perverse behaviour. There are different frameworks to be found in theory for performance management systems, such as the performance prism (Neely et al., 2001) and the Balanced Scorecard (Kaplan & Norton, 1996). Naturally it must be noted that there is no single framework that fits all organisations.

3.7. Performance management and culture in developing countries

In Uganda’s public sector results-based tools such as performance management are introduced and implemented. However, the use of these tools varies greatly within different institutions and sectors. Nevertheless, these performance based practices have added significant value to decision making, although performance information does not always present solutions for the problems they identify and therefore it is not always used to improve performance (Williamson, 2003).

De Waal (2007) is questioning the applicability of performance management in developing countries (DCs). He finds that it is suitable to try out, but ‘it should not be taken lightly’. In African countries there is often a lack of management skills and expertise and it takes a lot of effort to make performance management work, and align it with the existing systems. Moreover, culture plays an important role in how successful a performance management system can be adapted in developing countries compared to developed countries. In developing countries, power distance and uncertainty avoidance are relatively high. This socio-cultural environment seems to be incompatible with what is required for a proper working performance management. Therefore, cultural constraints should be diminished by choosing an
approach that is built on cultural beliefs and values (Mendonca & Kanungo, 1996). The lack of demand for and ownership of a PMS is hard to establish in Sub-Saharan Africa, due to the lack of a strong evaluation culture (Kusek & Rist, 2004).

Kusek and Rist (2004) state that all countries need good information systems to measure their own performance. However, DCs face other challenges in this than developed countries. Creating a tailored system needs time, resources, a stable political environment and a champion. Some DCs lack the basic capacity to successfully measure inputs, activities and outputs. Technically trained staff and managers and basic information technology are a must. There are DCs that have been able to collect a great deal of data without understanding how to use the data. A big amount of data without analyses will not contribute to improving services or programs. Moreover, DCs are struggling to put together strong, effective institutions that are needed for a good working PMS. All in all, performance management may work, but there are challenges such as lack of management skills or technical capacity which makes it hard for DCs to properly implement a tool like this.

3.8. Conclusion

This chapter aimed at answering the sub question about expectations of performance management in theory. Performance management is the use of performance measurement to learn and improve processes and outcomes of an organisation. Although the application of performance management in the public sector is point of discussion, it is a worldwide implemented tool to improve service delivery. Although even when information about performance is collected, it will not automatically lead to actual use of the information in decision making.

Although performance management in an ideal manner knows advantages (such as transparency, avoiding bureaucracy, rewarding performance, and improving quality of policy and decision making), in the long term those will be outworked by perverse effects (De Bruijn, 2002). Moreover, success of performance management in a country as Uganda can also be influenced by cultural constraints. Therefore, a PMS should be designed in a way that will minimise perverse effects and is based on cultural norms and values. All in all, no organisation is the same and therefore no PMS can be the same.

With this conclusion in mind, it can be expected that in Uganda’s case we will particularly look at the perverse effects of performance measurement and the actual use of it to improve services. If perverse effects are dominantly prevalent in Uganda’s public sector, the ability of the performance information to actually improve the delivery of services will be limited.
4. Methodology

In the previous two chapters the contextual background and theoretical framework were discussed. This chapter will make the link between those two chapters and how it is going to be used in the next chapter to analyse the findings.

In this chapter the methodology of this research will be explained in order to be able to assess the quality of this research. Firstly, the choice for qualitative research will be reviewed. Subsequently the data collection and analysis will be described. In the last section the quality of this research will be reviewed.

4.1. Qualitative research

Because the central question partly focuses on meaning making of local district officials in a broad context, a qualitative research approach is chosen. Qualitative research tries to understand phenomena in their context-specific settings, aiming at illumination and extrapolation (not generalisability) to similar situations (Golafshani, 2003). Elliott and Timulak (2005) indicate five important aspects of qualitative research:

- Aim to understand phenomena in their own context
- The research questions are open and exploratory
- Unlimited, emergent description options
- Use of special approach to enhance credibility of design and analyses
- Importance to define success conditions in terms of discovering something new

More specifically, this research fits in the interpretive approach (Deetz, 1996). The data to answer the central question is collected in an inductive way. Data contains meanings and experiences of subjects. The data that is collected comes from open interviews, analysed documents and observations. Findings cannot be generalised because data is context, time and subject bound. In interpretivism, reality is intersubjectively and thus socially constructed. This means there is a clear link between the researcher and the research subject (Elliott and Timulak, 2005).

Role of the researcher

Where quantitative research knows a variety of instruments to collect data, in qualitative research the researcher is the instrument. The researcher should embrace his/her involvement and role within the research (Golafshani, 2003). Although the researcher tries to be as...
objectively as possible, she is aware that she made herself part of the context where different subjects gave meaning to their experiences. She is aware that just like the respondents she is involved in meaning giving and that she is influenced in this by her background, knowledge, age, gender, etc. Although the researcher put effort in making sure that her subjectivity and appearance did not influence the research too much, it is quite hard for a young European woman to totally ignore her prior understanding of concepts in a context that is so fundamentally different than what she grew up to know.

Research design
While designing this research, a conceptual framework was prepared. Some interpretive researchers believe that it is better to go into the field without first reading the relevant literature. However, in the researcher’s opinion it was better to first deepen her knowledge of the Ugandan context and of relevant theories before interviewing and observing. By making this choice, the researcher knew she should be aware of the nature of her pre-understanding of the phenomenon as these will probably influence the research process. Furthermore, the researcher should be open for unexpected findings. Although it was not an impossible option to change the research question during the investigation, the research question remained the same during the stages of data collection and analysis.

4.2. Data collection and analysis
In this section the process of data collection and analysis will be reviewed per type of data. Firstly, the process of doing and analysing interviews will be described. Subsequently documents and field notes will be discussed. Using different types of data collection will ensure that a complete overview of the context will be acquired.

Interviews
A total of 14 interviews was held (see table 1). The sampling took place with help of colleagues of the Uganda Management Institute. Especially in Uganda, where doing business involves a lot of relationship building, it was a bit challenging for a Dutch young woman without any previous experience in the country nor the continent, to find the right respondents. However, with help from colleagues, three local districts were chosen. For every district, one contact person was approached who helped planning the interviews. A challenge that the researcher came across was that it can be hard at times to make appointments with Ugandan officials. One time she even travelled to an upcountry district to find out after waiting for a substantial amount
of time that the officials she was promised to interview were all off duty or away on official duty.

The three districts that were chosen as case studies for this research – Oyam, Hoima and Mukono – were picked because of their different features which makes it interesting to see if they face the same challenges or not at all. Oyam is a northern, rural district with an estimated population of approximately 380 thousand. The main economic activities are agriculture and animal husbandry. Hoima lies in the western part of Uganda and its population is towards 550 thousand. Main economic activities are agriculture and fisheries in Lake Albert. Recently oil was discovered in this district and this is expected to employ part of the local community, as well as to attract people from outside. Lastly, the district of Mukono was selected. This urban district lies north from Kampala and borders Lake Victoria. The district contains some tourist attractions and cultural points of interest. Some small islands are also part of the district. The estimated population is 550 thousand.

<table>
<thead>
<tr>
<th>Position of respondent</th>
<th>District / org.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>District chairman</td>
<td>Oyam</td>
<td>29 January 2015</td>
</tr>
<tr>
<td>Deputy CAO</td>
<td>Oyam</td>
<td>29 January 2015</td>
</tr>
<tr>
<td>Assistant District Health Officer</td>
<td>Oyam</td>
<td>29 January 2015</td>
</tr>
<tr>
<td>School inspector</td>
<td>Oyam</td>
<td>29 January 2015</td>
</tr>
<tr>
<td>Senior education officer</td>
<td>Hoima</td>
<td>17 February 2015</td>
</tr>
<tr>
<td>District planner</td>
<td>Hoima</td>
<td>17 February 2015</td>
</tr>
<tr>
<td>District Health Officer</td>
<td>Hoima</td>
<td>17 February 2015</td>
</tr>
<tr>
<td>Sports officer / school inspector</td>
<td>Hoima</td>
<td>17 February 2015</td>
</tr>
<tr>
<td>Health statistician</td>
<td>Hoima</td>
<td>17 February 2015</td>
</tr>
<tr>
<td>Senior health officer</td>
<td>Mukono</td>
<td>25 February 2015</td>
</tr>
<tr>
<td>Deputy CAO</td>
<td>Mukono</td>
<td>25 February 2015</td>
</tr>
<tr>
<td>School inspector</td>
<td>Mukono</td>
<td>25 February 2015</td>
</tr>
<tr>
<td>District planner</td>
<td>Mukono</td>
<td>25 February 2015</td>
</tr>
<tr>
<td>Commissioner for inspector</td>
<td>MoPS</td>
<td>26 February 2015</td>
</tr>
</tbody>
</table>

*Table 4.1.: List of respondents*

At every districts 4 or 5 interviews were held to get a concise overview and full pack of data to answer the research questions. The duration of the interviews varied from 30 to 75 minutes. All of the interviews took place in the offices, except for the interview with the Health Statistician in Hoima, which took place in the regional referral hospital. There were some, mostly higher level officials that were distracted at some points during the interviews. In Uganda it is quite usual to not mute your phone and just answer it while talking to someone. This led to interviewees answering the phone and getting distracted by it. Moreover, it happened quite
often that colleagues would walk in or sit in the same room and this led to interactions. However, in the researcher’s opinion this did not influence the interviews in a bad way. In one interview it even led to more interesting data, because a colleague of a respondent was elaborately explaining some phenomena in more detail.

The interviews were semi-structured. This means that a topic list (see table 4.2) was established beforehand, but respondents were strongly encouraged to bring up new subjects. All respondents were interviewed voluntary so that there was nothing at stake for them to give answers other than the truth. However, Ugandans are not always straight forward and tend not to be very critical. Moreover, there are some issues that are not easily talked about, such as corruption or political influences. This could have kept the interviews from going really into depth of some issues.

A cultural challenge that the researcher faced was the superficial attitude of some respondents. Ugandans tend to be not very open about a lot of subjects. Although they are friendly and welcoming, they will not easily be critical about issues. Therefor it was necessary to be not too suggestive or assuming while interviewing them. The researcher tried to keep silent when respondents did not yet fully answer her question and this often led to them going further into the topic.

The process was very time consuming. Interviews were recorded with an iPhone and later on transcribed for the analysis. Due to background noise and hard to understand accents from some respondents, this was harder than expected. The systematic and rigorous preparation and analysis of these textual data were time and labour intensive. Analysing consists of two activities: thinking and doing. Thinking about the collected data, will help the researcher to get more feel for the data. Supplementary to this, the researcher needs to handle all data. When all transcripts were ready they were printed and an initial reading took place. Memos and insights were noted down while reading which was a form of pre-analysis. The next step was dividing parts of the transcripts in meaning units. Those meaning units were given different codes or labels. Those labels more or less arose from the central and sub questions. Different sets of meaning units describe different aspects of the studied phenomenon. These sets were categorised in domains. This resulted in a framework of main findings which were the base for the findings chapter.
Field notes
During the visits to the local districts, the researcher made field notes and photos of observations. Moreover, she visited a primary school in Hoima district where she saw all the classrooms and spoke to different teachers and the head mistress. Moreover, she visited a hospital in Hoima town and a health centre IV in Oyam where she saw the waiting rooms, the laboratory, the pharmacy, the registers that are used for documentation about patients and information for HMIS. The visits resulted in a greater understanding of the context of respondents and the situation on the ground.

Documents
Documents were also used for context giving. Documents that were used were amongst others a manual from the Ministry of Health, information management forms from both the education and health sector, and annual review reports from both sector ministries.

4.3. Quality
In this section the question will be raised and answered how you can assess quality in qualitative research. Subsequently this research’s quality will be reviewed.

Where quality of quantitative research is assessed by validity and reliability, in qualitative research there is a lot more debate going on about how quality could be assessed and whether it even should be assessed at all (Rolfe, 2005). Positivists criticise the trustworthiness of qualitative research, since their criteria of reliability and validity are not very well applicable to qualitative research. Golafshani (2005), who states that that quality of qualitative research is reviewed in terms of the ability to generate understanding, assessed the applicability of those criteria to qualitative research. She came to the conclusion that they should be redefined in order to be used to assess quality of this research approach. Shenton (2004) elaborately describes the
four criteria to assess trustworthiness of qualitative research that Guba introduced and that are accepted by many. In this section we will use those four criteria (credibility, transferability, dependability, and confirmability) to assess the quality of the trustworthiness of this research.

Credibility means that findings are congruent with reality. In other words, whether a true picture is presented. There are various ways to establish credibility. In this research, it was made sure that all respondents’ participation happened on a voluntary basis, so that they were enabled to tell their true experiences. Moreover, respondents were selected randomly on availability base. Moreover, triangulation took place to enhance credibility. This is data gathering by multiple methods to yield a richer and more balanced picture of the subjects and context. It also serves as a cross-validation method (Elliott & Timulak, 2005). Data gathered through respondents were checked with ministry reports and news articles on the same subject. Moreover, observations were made and reported in textual and visual form. Furthermore, the researcher talked about research findings with colleagues, research respondents and experienced colleagues at UMI to check her findings with them to enhance credibility.

The second criterion is transferability. In qualitative research, findings and conclusions are not applicable to other situations because of the specific setting and context. However, if context and factors are similar, findings can be related to other situations. This means that a research should be very clear about details of context, so that findings can justifiably be applied to another setting. In the third chapter, a contextual background is presented.

Thirdly, trustworthiness of qualitative research can be increased by dependability. Where in quantitative research reliability is about coming to the same conclusions if one repeats the research, in qualitative research this is almost impossible because of the changing nature of subjects. However, this chapter provides a detailed description of the research process in order to strive to enable repeatability of the study. All research steps including sampling, data collection and analysis were described.

Lastly, confirmability is slightly similar to objectivity in quantitative research. In qualitative research objectivity is impossible since the researcher is the main instrument of the research. However, the researcher has to ensure that findings and data are from participants and not from herself. A researcher should admit his/her own bias without losing importance of demonstrating that findings stem from data and not her own predispositions. This is where triangulation, description of research process and data analysis come in again. This chapter describes all research steps and decisions in order for the reader to follow them. The aim of this is to enhance the quality of the research.
All in all, the researcher did everything in her power to make sure that findings and outcomes of this research are as trustworthy as possible.

4.4. **Indicators**

The central question in this research is: to which extent can performance management contribute to the reduction of the weaknesses and challenges in local service delivery, according to local officials in the local districts Oyam, Hoima and Mukono in Uganda? In order to measure this, we need to set indicators that stem from theory. In this section we will elaborate on how we will operationalise the theoretical concepts (see table 4.3. for an overview).

Firstly, sometimes measuring performance can lead to opportunistic use of the PMS. It can be that the PMS is unfair, because it is designed as if public sector can be run like a project or it is used compulsively. It can be that the PMS is poor, because it is number-driven and does not focus on actual quality. Moreover, it can be that a PMS is static and does not evolve with the changing organisation or does not focus on the generic process as well. Whether this is the case in the PMS in the health and education sector of Uganda, will be measured through asking respondents how the PMS works and what pitfalls are.

Secondly, the purpose and use of the PMS was also measured. This was categorized into accountability, budgeting, and improving services. Respondents were asked if they saw the fruits of the PMS and how and what for performance measurement was used. Beneficial effects of PMS in order to improve services is the third concept that is analysed. Through checking filled-in forms (obtained via local officials) and asking respondents if performance information reflects reality and how the information is actually used in decision making, this was operationalised. Moreover, respondents were asked if they thought that the PMS in place was helping to improve services.

Lastly, the prevalence of perverse effects in a PMS is another theoretical concept that is operationalised. Those side effects of measuring performance are divided into 4 categories: stimulus to strategic behaviour; innovation blocking; actual performance veiling; and professional attitude killing. Through asking the respondents about pitfalls of the PMS and analysing the manual that MoH provided for performance management in the health sector, these concepts are researched.

In the last pages of this section an overview of concepts, their dimensions and the operationalisation of indicators can be found. In the next chapter, the findings will be discussed and analysed, using that framework.
In this chapter we have seen how this research is executed. Because we aim to understand the research subjects in their context-specific settings, qualitative research is chosen. This means that the researcher herself is the most important instrument. As a young European woman in an African country, she faced certain challenges. During the interviews, she noticed that it was hard to gain enough trust and an open atmosphere with some respondents. This means that at times the interviews did not go as much in depth as desired. Nevertheless, through semi-structured interviews, documents and observations, interesting data was collected. Using Guba’s criteria – credibility, transferability, dependability, and confirmability - the quality of the trustworthiness of this research was assessed (Shenton, 2004).

In the last section of this chapter, the operationalisation of the concepts of the theoretical framework is discussed. In the next chapter the dimensions and indicators as described in this chapter, will be used for analysis of the findings.
<table>
<thead>
<tr>
<th>Theoretical concept</th>
<th>Dimensions</th>
<th>Indicators</th>
<th>Operationalisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstacles to prevent opportunistic use of PMS</td>
<td>Unfair</td>
<td>Compulsively used</td>
<td>Asking respondents about the design of PMS in the education and health sector</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>Number-driven</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Static</td>
<td>Does not involve generic process</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not updated</td>
<td></td>
</tr>
<tr>
<td>Perverse effects of PMS</td>
<td>Stimulus to strategic behavior</td>
<td>Focus on outputs</td>
<td>Asked respondents about challenges and pitfalls of performance management, checked HMIS manual guidelines</td>
</tr>
<tr>
<td></td>
<td>Blocks innovation</td>
<td>No room for trial and error</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veils actual performance</td>
<td>Not coherent to reality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distance between producing and using data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kills professional attitude</td>
<td>No quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Opportunistic use</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>More bureaucracy</td>
<td></td>
</tr>
<tr>
<td>Beneficial effects of PMS</td>
<td>Transparency</td>
<td>Transparency</td>
<td>Checked example forms, asked if performance information is reality</td>
</tr>
<tr>
<td></td>
<td>Rewards performance, prevents bureaucracy</td>
<td>More bureaucracy</td>
<td>Asked about design of PMS</td>
</tr>
<tr>
<td></td>
<td>Improves the quality of policy and decision making</td>
<td>More bureaucracy</td>
<td>Asked respondents if and how information is used in decision making</td>
</tr>
</tbody>
</table>
### Purposes of performance management

<table>
<thead>
<tr>
<th>Accountability</th>
<th>Used to legitimise government action</th>
<th>Asked about feedback and accountability mechanisms for citizens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeting</td>
<td>Justification of budget proposal</td>
<td>Asked about budget and how this is calculated</td>
</tr>
<tr>
<td>Improving services</td>
<td>Identifying problems</td>
<td>Asked respondents how PMS is used to improve services</td>
</tr>
<tr>
<td></td>
<td>Motivating employees to improve</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Performance contracting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Problem solving</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicating with citizens</td>
<td></td>
</tr>
</tbody>
</table>

*Table 4.3.: Operationalisation of indicators*
5. Findings and analysis

“Because service delivery is all about change of life” said one of the respondents during an interview. The findings of the interviews will be central in this chapter as they will be analysed. In this chapter the last two sub questions will be answered:

- What is the opinion of local officials on the merits of performance management?
- What does this imply for the implementation of performance management at the local level in Uganda and the effects thereof?

But first we will look further into the weaknesses and challenges in local service delivery in Uganda. Local officials will elaborate on the problems they see in their respective districts and how they could be explained. In the section thereafter, we will focus on the use of performance management to bridge service delivery gaps in Uganda and the opinion of local officials on the merits of the system. As implementing partners play a big role in this country, their role will also be reviewed in that section.

But before that, we will focus on the decentralised service delivery system in Uganda. The main goal of decentralisation was improvement of basic services. “The centre devolved a lot of powers to local governments (LGs). In operational level of the local government system, the heart is in service delivery. The utmost reason for decentralisation is that people must get the services at the place where they are” (respondent 9). However, as we have seen in chapter two, only decentralisation of those responsibilities seems not to be enough to deliver quality education and health. Before we will look at the role that performance management can play in improving services – where decentralisation as a mean to this end was not sufficient – we will focus on the challenges that the three researched districts are facing in delivering education and health services.

There are many reasons to opt for service delivery on the local level. Citizens’ needs can be better understood by LGs: delivering services can be done more effectively at the local level. However, decentralisation of service delivery does not automatically lead to better performance in service delivery, especially not when not enough power and resources are transferred to LGs. Without human, technical, and financial resources LGs will be unable to provide basic services adequately. In the literature the following challenges that occur in local service delivery are named: unaccountability; inaccessibility; fragmentations; discontinuity; elite capture;
corruption; overdependence on central government grants; attaining and retaining good personnel.

Bashaasha et al. (2011) specify the challenges that Uganda’s decentralised service delivery system faces. There are inadequate local financial resources and there is an over-dependence on central government grants. Attraction and retaining of adequately, skilled and motivated staff is difficult, especially in rural areas. There is corruption and nepotism. All these weaknesses were also identified by respondents in this research as the following two sections show. Now we will explore further how these challenges prevail in Uganda’s service delivery system.

5.1. Challenges in the education sector
In this section, the challenges of delivering education will be discussed per district. In the last paragraph this will be concluded by describing the similarities and differences between Oyam, Hoima and Mukono.

Oyam
Respondent 13 states that the overall quality of education in Oyam is ‘fair’. “It is not good, it is fair” he says and laughs. However, a downward trend is noticeable in performance of students. Less and less kids in this district are passing the grade 1. Respondent 1 and 5 are also pointing out that the performance is ‘basic but fair’ and ‘not very good’. “Quality of education is not yet met in standards of quality” (respondent 5).

“People talk about poverty in our region here. That is a major challenge” (respondent 13). He is talking about the challenges that come with non-educated, poor communities. Parents are said to have a very ‘low attitude towards education’ and do not want to spend money on it. “They face difficulties in putting these children in school or paying the school fees. We have to sensitize them” (respondent 1). “People are not seeing education as something that helps them” (respondent 13). Officials in the district state that education is seen as a waste of resources. They advocate for an attitudinal change in the communities. The negative attitude towards education is leading to high dropout rate, especially for girls. Girls are taken out of school as soon as they begin to get ‘female shapes’, because then they are ready to be married off: education will not be needed for them anymore. Further to this, respondent 1 indicates that the community in Oyam does not have a sense of ownership of not only schools, but also other
(health) facilities. “We need to tell the people that the school contributes to the future of their lives, so they have to keep the place well”.

“The biggest challenge of now maybe, is regular attendance of teachers” (respondent 5). This is said to be caused by inadequate housing facilities for teachers. Some schools are ‘hard to reach’ in very rural areas and when there is no housing available close to the school, teachers at times do not show up. And if teachers show up, they might arrive late and leave early due to the transfer times.

Another challenge is (infra) structures. The district is lacking classrooms and other needed items like chairs, desks and textbooks. Moreover, sanitation is a problem: latrines and supply of water are not up to the standards which results in problems, especially for girls (respondent 1). Because of the high enrolment, government cannot supply enough. “And another thing is, Oyam district was disturbed so much by the rebellion, the war” (respondent 1). Most of the schools were destroyed. New classrooms are being built, but it is ‘not yet enough’ (respondent 1). Government is trying to supply, but there are many schools and many children (respondent 5).

The source of the problems according to respondent 1: “Funds are not enough”. The Ministry of Education provides the financial resources for the education sector in Oyam, but it is insufficient. “We will at least get some new buildings, but it is not yet enough” (respondent 1).

**Hoima**

Hoima was ‘ranked amongst the last’ during 2014’s UPE examinations. “Generally, performance is not yet very good” (respondent 1). The reasons for poor performance are said to be ‘many’. The cause for most of the problems is funding. “The major challenge is the limited resources” (respondent 8). Respondent 3: “we get about 288 million shillings for development capacities in education, that means on average we cannot build more than five classroom blocks a year.” He explains that they also receive an amount per pupil, which is 7 000 Ugandan shillings (an equivalent of less than 2 Euro). “That cannot do much in terms of incentives, in scholastic materials.” In most places there is no local revenue, so the money that comes from central government cannot be topped up. For a solution, they look at implementing partners. “More NGOs should come and help us” (respondent 8).

One of the reasons for poor performance is said to be the structures. “If we have few classrooms, and children are very many, you know their learning will be affected” (respondent
Moreover, the lack of staff houses makes it hard for teachers to stay in some hard-to-reach, rural areas.

Secondly, the commitment of teachers is a challenge (respondent 3). Teacher absenteeism is a big problem. “I think they don’t love the work. They don’t have that passion for children” (respondent 8). Sometimes the district decides to stop paying salaries of stubborn teachers. Those teachers then come up with excuses and are put back to work. Respondent 8 says that that some teachers ‘dodge around’ and do not assess the children very well. It happens that children reach p4 or p5 and they cannot even read a sentence in English. Another challenge in this is lack of capacity building for teachers. “Capacity building is not there, so you find a teacher who studied in 1970, has done nothing to cope with the challenges and changing curriculum” (respondent 8). The inspector of schools sometimes finds a teacher, just reading to the pupils from the book. Moreover, a lot of the teachers are young females: there is a lot of maternity leave. All in all, there are too little teachers and too many children. The teacher pupil ratio therefore is very high. “Every district is given a ceiling you cannot go recruit beyond that, so that’s the challenge” (respondent 8). And if the district reports to the centre that they need more teachers, their response comes slow (sometimes after several years) and their response is not sufficient. “We cannot do it on our own” (respondent 8).

“The continuous assessment they are supposed to carry out is not effective at the time, because of the big number of children” (respondent 8). Private schools apparently give their children a lot of tests and exams. This is believed to be the reason for better performance. The government aided schools do not have enough materials like paper, for the exams. “We asked the parents to give some little money like 1000 UGX, so that the school can buy more papers for the children. But they do not want to pay. They say no, it is a government school so we should not pay!” (respondent 8). “We should sensitize stakeholders, it would be good if the parents know their role and implement upon” (respondent 8). Another thing that could help would be ‘political backing’. “When the politicians come on the radio and they say parents should not pay a single coin for education, of course parents do not want to pay 1000 shillings for exams” (respondent 8).

The commitment and attitude of parents is blamed for poor performance. “Parents are not cooperative” (respondent 8). They are said to be not willing to pay for scholastic materials and uniforms. Children are found in class without even a pen. “Parents are not actually responsible. They just produce¹ and send them to school” (respondent 8). Hence a lot of the

¹ Ugandan way to say ‘get children’.
parents are illiterates. They do not see the value of education. “They have not seen fruits of education” (respondent 8). It also happens a lot that children are engaged in labour activities. “Like in digging, harvesting, planting” (respondent 8). Another problem is that children oftentimes do not eat before they go to school. And they are not provided with lunch by their parents, so some children spend the whole day without lunch. “We try to encourage them to pack food. But then, you go to school and you find very few containers” (respondent 8).

Lastly, a subject that is barely talked about, was brought up by respondent 8: “where there is corruption, it is mainly in infrastructural development. Like if you give someone a tender to go build a classroom, instead of maybe mixing 5 bags of cement or sand, he uses less. So at the end of the day you see the building and it is already eroding and collapsing. So corruption is normally in that area” (respondent 8). He also stresses that the schools’ budget is transferred to their account directly, and that it seems that sometimes the money is used for ‘personal gains’ but it is very hard to investigate this.

Mukono

Mukono district faces the same budgetary challenge as the other districts. Respondent 12: “At times you will receive money that cannot even complete a class room. If you get very little money and it does not build much.” Schools do not have enough permanent classrooms ‘down there in the villages’. In Mukono town, the centre of the district, ‘it is kind of okay’ (respondent 11). There is some budget available to build classrooms and construct latrines, but it is not sufficient to cover all needs and therefore the district needs to prioritize.

Furthermore, there are only few teachers and very many children (respondent 11). “They have set the number of teachers for the schools in the beginning, when the pupils were still few. Now the numbers have accumulated. There is a ceiling which we are not allowed to add on any more teachers” (respondent 11). When the inspector unexpectedly visits a school, she sometimes does not find the head teacher or several teachers there. Respondent 10 sees absenteeism of teachers as a tendency and calls it ‘a bad attitude’. “If you free yourself from duty, you get free payment. Then you are corrupted!” (respondent 10).

Another major challenge with stakeholders in education are the parents, who are ‘kind of negligent’ (respondent 11). Parents work long days and children are left in the house and they can decide themselves whether they go to school or not. “Children are not very well taken care of. Those are the children in the villages down there”. Children are not stimulated to go to school. “They do not have anyone to look up to” (respondent 11). Children are hungry when they are in school and parents do not want to give money for the school to organise meals. “No
one can really learn when he or she is hungry” (respondent 11). Parents need to be sensitized to spend money on school uniforms (which is said to be very important for identification) or scholastic materials. “But parents do not think of it as important” (respondent 11). Parents do not see the value of education: “they say: you see me, I didn’t go to school and you see me, I’m here and I’m okay” (respondent 11).

Respondent 10 concludes positively: “But in this country, when you look back ten years ago, even when I reflect back to the time where we were on that level. The school standards were very low. Studying under a tree. Writing in the sand. But things have changed drastically.”

**Conclusion**

All districts have their own specific problems. For example Oyam that lies in the north of Uganda, still tries to overcome the destruction that happened during the war. Hoima is one of the worst performing districts when it comes to exams. Mukono has different challenges in the rural and the urban parts of the districts. However, most major challenges are common in all districts. In all three districts officials indicate that the quality of education and performance of pupils is okay or fair, but not very good. The major cause for the indicated challenges is insufficient funding from central government. Hence there is no or little local revenue which makes it hard to find a sustainable way to overcome the challenges. Challenges that all three districts face are the following. Firstly, there is a high teacher pupil ratio. The districts lack teachers, but they are not allowed to recruit more teachers nor do they get the funds for it. Moreover, teachers are not always motivated for their work, especially when they have to work in hard-to-reach areas. There is a lack of qualified teachers who want to work in rural areas, partially because there is no money to hire them or to build staff houses in hard-to-reach areas. Secondly, there are not enough classrooms and other items like textbooks, tables and chairs are also lacking. Thirdly, parents are said to have a negative attitude towards education. They do not want to spend money on it nor do they stimulate their children to study. At times children are hungry in class or skip class because they have to work. Parents who oftentimes never had education themselves do not see the fruits of education. So the local education sectors face problems that derive from lack of funding, but also face challenges in the attitudes of key stakeholders such as parents and teachers.

As we also saw in chapter two, after implementing Universal Primary Education (UPE) the education sector saw an enormous increase in enrolment of children in primary education. This is a cause of some of the current problems in the sector. However, the biggest challenge is that districts do not have enough funds. Local districts rely for almost all of their education
budget on central government. Some districts get additional support from implementing partners. LGs do not have many possibilities to raise local revenue. The finances they get from central government are not sufficient. This leads to a high teacher pupil ratio and lack of important structures and materials.

UPE made primary education free to all. However, there are hidden costs such as scholastic materials and school uniforms. Underprivileged parents do not have the money to pay for these things. So inaccessibility of education is a problem. Moreover, there are parents who do not see the fruits of education, therefore they do not really collaborate sending kids to school.

5.2. Challenges in the health sector
In this section, the challenge in delivering health services in the three districts will be discussed per district. The section will be concluded by reviewing similarities and differences per districts.

Oyam
Oyam is a newly established district. In 2006, it was separated from Apac district. Although the district is of course fully functioning, it felt like not everything was well institutionalised and working in this district.

Respondent 9 reflects on the funding that Oyam gets to provide health service: “It is not enough, it is just a peanut. But of course we have to do what is in our budget, within our resources.” The salaries are paid by the central government and most funding goes directly to the health facilities.

Health financing is a general problem in Uganda. Health expenditure per capita should be at a minimum of 15-18%, but in Uganda this is 10%, according to respondent 9. “And apart from this we also have our IPs that come and support. They also do a lot to bridge the gap of the shortfalls of service delivery” (respondent 9).

Respondent 1 sums up the challenges of health sector in Oyam: “We are lacking midwives, we are lacking nurses, and we are lacking equipment. We don’t have a vehicle or transport. The health centre IV’s are operated as those health centre II’s and III’s.” Respondent 5: “The whole of Oyam doesn’t have a public hospital. We have a health centre that does the work of a hospital.” This is said to result in staffing norms that are not compliant with the work that has to be done. “So you are doing much with little”.
“The biggest gap is staffing” (respondent 5). “The key challenge of service delivery we have here, is the inadequate number of human resource for health. Our government staffing norm is obsolete.” Some 20 years ago, when the population was much smaller than today, the health centres including staffing norms were established in the districts. “They still maintain that structure. Population was 5 000 per parish but now it is 20 000! And the structure still remains the same. We have a level of health centre II which was there 20 years ago and the old staffing norm still remains. Yet the population has grown. The services that need to be provided have grown. And the structure still remains the same” (respondent 9). The same applies to drugs supply. Old supply norms lead to stock out of drugs. “Population has grown, but the state supplies drugs according to the old structure. The old norm”. The same goes for infrastructure: “Oyam district only has three health centre III’s although there is a policy that we should have one per every of the seven sub counties” (respondent 9). The old norms for staff, drugs and structures lead to the following, according to respondent 9: “This compromises the quality of services, compromises the staffing norm, compromises financing. So therefore, a big number of staff are overworked and overloaded with work.”

Another challenge is community utilization. Although services are being provided, members of the community do not always make use of the services when needed. A striking example of this are pregnant mothers, who still prefer to stay at home and deliver by themselves or with help of a traditional birth attendant. “Mothers still deliver in the communities. We need to sensitise and empower the communities. To come out boldly, to make sure the communities utilise those services is also a big challenge” (respondent 9).

Respondent 1 says the district needs more help from the government: “we have to get midwives and funding from the government. We have to wait for the government to do something. We have to tell them, this is our gap and so we need help. The only thing we can do is to wait until we get the help”. He tells that we wrote a report, and even invited the director of medical services of the ministry to come and see the problems for herself. “Of course they wrote a report and now what? Now we are waiting”. He follows: “the central government is okay. They are helping. They are really struggling to sort out our problems”.

**Hoima**

Hoima has 53 health centres, according to the District Health Officer and “challenges are many” (respondent 3). “The funds we are getting are not enough” (respondent 4). This is said to be the cause for many of the challenges, one of them being transport for outreaches. There are no ambulances nor motorcycles. “Even if we had enough health workers and motorcycles, you
also have to look at the running costs. If you are not able to maintain motorcycles and health workers, there is nothing you can do” (respondent 4). He later adds: “the whole thing treats around funds, money. You get it, the government does not also have enough funds to do all that”. Respondent 3 on the same case: “We have a budget for infrastructure. But it is about 176 million UGX. Now that one cannot even buy one ambulance. Even if you want it. You can at most build two staff houses, so lack of financial resources are being a constraint”. Concluding respondent 3 states that “the funds that are provided to the facilities, are not sufficient to being able for the health facility to provide acceptable, satisfactory services.”

Lack of funds leads to the facilities not being up to standards according to the interviewees. “The building, the infrastructure, form of equipment, and then logistics, like ambulances for referral purposes – are all lacking” (respondent 3). Apart from these things missing (or them being in a bad state), some facilities also lack power. “Without power it is hard for someone to deliver at night or even in day time” (respondent 3).

When it comes to drugs supply, respondent 4 states that there is ‘some’ stock out, “but most of the essential drugs are always there”. A problem with drugs supply in Hoima, is that there are areas where the disease rate is unusually high and so the supplied drugs are not enough.

Another major challenge has to do with human resources and is multi-faceted. Hoima district has only 60% of the human resource capacity that it needs for a well-functioning health system. They mostly lack personnel in the higher cadres, like doctors, clinical officers and midwives. “They are not enough, in terms of numbers” (respondent 3). “So in case one falls sick or is off duty or is on official duty, that means that services are not being provided” (respondent 3). Moreover, commitment of staff is an issue. It might be that “staff is not very friendly in providing the services”, because health workers work extremely long hours and they experience a lot of pressure. “If you take the time that they spend providing the services, it is not sufficient” (respondent 3). There is a lot of absenteeism of staff in the health units (respondent 3). Some employees feel that the numeration is not enough. “We do not have a clear way of giving incentives to motivate staff” (respondent 4), but this is said to be important, “because even if they are many, but not motivated, you are doing nothing!” (respondent 4). Moreover, on top of this, staff houses are not provided at times and people have to work in hard-to-reach areas. “People don’t like to come and work up country” (respondent 3). Respondent 4 states that it is hard to attain and retain trained health workers. “They work for a short time, and go away”. Especially nurses, who are oftentimes young ladies, do not want to stay too long deep rural, because they feel the urge to get married. “In the deep villages, where will they find husbands to marry them?” So, staff retention is a big problem. “They rather look
for another job somewhere and go where they are able to access those social amenities” (respondent 4). Respondent 3: “even if they come and work, they are not stable. They always look for available opportunities”.

Secondly, accessibility is a challenge. 80% of the population is within 8 kilometres of a health centre. Albeit not much in absolute distance, because of the deficit state of the road network and lack of transport, it “may take a longer time, especially when someone is sick and has to walk. So what happens sometimes, they just go home and die” (respondent 3).

Furthermore, demand for services itself is a problem (respondent 3). From all expectant mothers, only 40% delivers in a health facility. 60% of the mothers-to-be deliver at home, oftentimes with traditional birth attendants. On the one hand this has to do with the distance, but on the other hand “many people still prefer to stay at home” (respondent 3). So there is a limited demand for the health services that are being provided. One of the reasons named for this, is the supply side. “As somebody goes to a health centre and one is not satisfied with the services that are being provided, he might not go again” (respondent 3). Respondent 4: “our communities are so backward. When they fall sick, they first stay at home. They never go for check-ups. You have to beg them to go for immunisation.” He continues: “People are poor in terms of money, but also poor in terms of knowledge. They don’t see sense in immunisation and health care. They may think the muzungu wants to kill us. The attitude towards these western things is not good no.”

Mukono
Mukono has 50 health centres of which some are located on the small islands in Lake Victoria that are part of the district. Respondent 7 starts with complaining about the limited funds. “We cannot get the money to meet our activities, unless partners come in and help. Funds is the most pertinent issue. Because actually all of it depends on funds anyway”. ‘Lack of funds’ is broad and seen as the cause of many other problems.

Firstly, there are HR capacity problems: “you can’t provide quite a health centre care system if you have few health workers that take care of the large number of patients” (respondent 7). Another HR issue for Mukono is that health workers are not motivated to work on the small islands that are part of the district which leads to high absence rates, especially in the hard-to-reach areas. Respondent 10 about the challenge of inadequate human resource: “especially at the level of senior health officers, doctors are not interested in working in our

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2 Swahili word for white person, used all over East Africa
rural areas. Sometimes because of the salary we are giving.” Doctors are said to have a certain type of attitude. They do not want to work in rural areas and they want to be paid more than they get. This is why they are continuously looking for other jobs. Respondent 10 explains the difference in health workers their attitudes before and after they get the job: “The attitude of the health workers vis-à-vis executing their mandates! All of us have responsibilities. If you are in education, you’re specialised to handle issues of illiteracy. So you should go whole-heartedly. Knowing your job, know what you applied for. You specialised to deliver the service. But when people get the job, somehow they lose focus. He starts serving as if he is being forced. So that attitude to work within your speciality, sometimes is roughing over some of our staff” (respondent 10).

Secondly, structures of health facilities are old “and the money to renovate them is not there” (respondent 7). The district does not have money to build extra health centres. “And now, because of challenges of funding, we are saying we don’t continue to implement programmes at health centre II and we don’t construct more. Nevertheless those which are there, are delivering services.” However, most of the health centres are not adequately equipped. Health centres lack things such as microscopes; drugs and commodities. National Medical Store (NMS) is supposed to deliver drugs to the facilities. But what the health units get does oftentimes not meet the demand. “So that means you can’t meet the demands of the community” (respondent 7).

**Conclusion**

When you compare findings of all three districts you find one big similarity: lack of funds. Similar to the education sector, there is an overdependence on central grants. Uganda’s health sector does not have sufficient funds to provide adequate services. Lack of funds results in problems such as lack of structures, lack of equipment, lack of ambulances, and drug stock out. The biggest problem might be the lack of human resource capacity. There are not enough qualified health workers. Moreover, health workers are not motivated to work in rural areas. Extensive workload leads to exhausted and unmotivated employees. Another challenge is the demand from communities. Districts advocate for community sensitising. There are still many Ugandans who do not see the importance of ‘western’ health care. On the one hand some citizens do not think that health care can help them, so they do not want to make use of the services. They still prefer traditional ways to deliver or be healed. On the other hand it happens that a contribution for health or payment for drugs is asked. This leads to inaccessibility problems. Furthermore, because the NHS is based on referral, problems of fragmentation
(services are not in one place) and discontinuity (not everyone is able to find transport to a health centre a level up after referral) occur. Districts ask the central government for help in bridging the gaps, but this does not always result in solutions for the problems, since it takes really long to get feedback or action on requests.

5.3. Bridging the gap: performance management and improvement of service delivery

As we have seen in the previous two sections, Uganda still faces major gaps in the delivery of health and education services. These gaps have to be overcome in order to fight poverty and drive development of the country. This part will handle performance management as a tool to improve delivery of those services.

In this section, the challenges and benefits – according to local district officials - of using performance management to improve service delivery in education and health in the three districts will be discussed. Firstly, the constraints of performance management systems (PMS) to prevent opportunistic use will be reviewed. Subsequently, the purposes and use of performance management is the focus. Thereafter the perverse and beneficial effects will be elaborated. Lastly we will go a bit further into the role of implementing partners.

Obstacles to prevent opportunistic use of PMS

When a performance management system is unfair, poor or too static it cannot prevent opportunistic use thereof. It seems that in the Ugandan case some of these obstacles are prevalent.

Respondent 12 tells that the mayor sends out questionnaires to the schools. However, schools do not return them as requested. He states that the questionnaires are not returned on time, not complete or not right. This means that the district officials do not have complete information about performance and they ‘depend on guessing, guessing’ (respondent 12). When it comes to the reports and indicators, respondent 3 addresses the same shortcoming for the health sector as for education: “the system focuses on output rather than outcome. Still in terms of numbers.”

Respondent 3 about whether PMS can help improving services: “I don’t think so. Though it is a tool, fine. But when it comes to the impact, I have not seen the impact so much”. He says that the targets that are measured, are mostly about outputs and not outcomes. “When it comes to quality of those outputs that is a different matter. They might teach, but are they teaching effectively? One might be in class for 8 hours, but how does it use all these 8 hours
properly? Have I been able to impact knowledge to the pupils? This is not part of the performance indicators”. He states that government’s focus is reserved for outputs, but government should go beyond that. “This is the biggest shortcoming of our performance management systems.” The current PMS seems to be unfair and poor, since it is compulsively used and output driven rather than outcome driven. This can result in opportunistic use.

**Purposes and use of performance management**

The link between performance measurement and the actual use thereof is often presumed. Having performance information available does not mean that it is instrumentally used to direct decision or policy making (Van Dooren and Van de Walle, 2008). In this section we will first look at how data is collected. Subsequently we will look at what it is used for and how it is used.

An important aspect of performance management is how indicators are set and how information is gathered. The targets are set by the Ministry of Health and are measured by the local district. “We have staffs who monitor, though they are not enough” (respondent 1). Respondent 11 answers to the question how the data come in at the district: “they use soft copy, they even use their phones!” Nevertheless, a great deal of the PMS is still paper-based which naturally causes problems, because data easily gets lost.

On top of the monitoring activities, there is support supervision. Respondent 9: “we go to work with these guys in the health facilities. […] We measure, we do support supervision, and we do mentorship. We check their data, whether they correspond with the guidelines. We monitor quality by ensuring that they follow the guidelines of providing service delivery.” During the visits to the health facilities, district officials check activities, such as deliveries, malaria blood tests and antibiotic use. “Like for every malaria case who comes to the health unit, we check whether this patient is assessed by a qualified competent worker? Does the treatment comply with the guideline? We have a standard treatment protocol. And that’s the goals standard, to see quality is provided according to the guideline. And that’s what we need to emphasize during our support supervision and mentorship.”

District officials and health workers hold round table meetings and identify gaps. “Probably you will not find that the protocol is followed 100%” (respondent 9). Advice, mentorship and leadership is given and a plan for improvement is made together. Respondent 9 tells how gaps are identified: “you say you are going to deliver 400. You delivered less. What was the challenge? Resources, absenteeism? Funds? Mothers didn’t come? So you try to identify the gaps. So next year you bench on the gaps. That is ideal, but sometimes there are
challenges up and down. Timing, too many patients, competing workload… but ideals overrule, what should be done”.

The major challenge of PMS is the limitation of funds, which results in poor service delivery and also limits district officials in their mobility to visit local health facilities and schools to supervise them. “At times we only depend on secondary information because we don’t have the transport to move there and there” (respondent 12). According to respondent 12, data collection in health and education is used to improve services ‘to some extent’. However, there are some challenges with collecting the data and information. “We need to have some ways to do inspecting, to get some basic parameters. Normally we depend on routine information. We are lacking some information about the inventory, assets, both in health and education.”

Respondent 1 explains how performance management in the education sector is done: “we will send people in the field. We have meetings with the head masters to come up with where the problems are, the gaps they have. Why are they not performing well? That’s what now is collected”. The information, when it reaches the district leaders, will be reviewed. What can be handled in the district? Some things have to be handled at the community level, such as sensitisation. They try to handle problems with teachers. “But most of the problems we find are infrastructure, the number of children accumulated.”

Adequate implementation of PMS faces problems such as lack of transport, lack of staff capacity, and lack of funds. “While I move to different schools to support them, our mobility is kind of hindered” (respondent 11). There is only one motorcycle available. This results in employers getting on boda boda’s. “We suffer, that is the life, but we move!” (respondent 11). “We only get inspection funds from the ministry. It is little, we only get it once in a term” (respondent 8). Respondent 2 also addresses the same issue: “So we normally go to a school once in a term. And of course that is not enough supervision. […] But ehm normally, as I told you, the inspector gathers that information on a monthly basis, to check on attendance” (respondent 2).

Respondents think that the different systems should be more integrated. Also the information about service delivery should be accessible for all stakeholders so that it can be actually used. Nevertheless respondents do say that performance management can contribute to improve services. Data collection might help to improve service according to respondent 4: “So look at the workload. It can help you in making some internal transfers or even feel like they be able to leave some excessive work load. You get it.”
Respondent 1 on the education sector: “the performance is not yet very good”. Performance management could be used for improvement of education, according to respondent 1, but ‘it is not so quickly’. The reason he names for this, is that funds are ‘not enough’, so the actual extent to which things could be changed is limited. Also capacity building for teachers should be done by the districts, but unfortunately they do not have funds for that. This is also a major challenge for performance of teachers. Respondent 12 says that data has improved services in education, mostly because it is a way of detecting gaps and challenges such as high enrolment and lack of classrooms. If officials notice that targets have not been met, they will assess why they have not been met. “And then you come up with a performance improvement plan. Both at an individual level and also at an organisation level. The biggest, highest supervisor is the CAO” (respondent 8).

Another challenge that some respondents indicated in Hoima, is that there is no capacity building or training for teachers. Respondent 8: “Capacity building is not there, so you find a teacher who studied in 1970, has done nothing to cope to the challenges and changing curriculum. No training. So they normally teach what they’ve started. It has also an impact on performance. If we can have, continuous trainings, workshops for the teachers. And then they should be followed up and met. I think performance can also improve. Capacity building of the teachers. Then a follow up. Are they doing what they have been taught? Because one time I went to a certain school, I found the teacher carrying a textbook hah, he has teaching essence of history. And he was just reading from the textbook. [whispers] I could not believe this oh my god.”

Respondent 1 talks about what would improve service delivery: “Participation of the stakeholders. From the initial stages of planning. So that we do, we act on what their priorities, what they think will change their lives. Because service delivery is all about change of life.” Through barasa’s or community meetings, the district gives results and presents planning for the following year, aiming at identifying the communities’ priorities. The community should also be involved in monitoring, supervision and implementation, according to respondent 1. He states that participation will result in ownership and community monitoring. For example, parents will talk to an absent teacher before they turn to the district for a solution. However, the major challenge with service delivery is budgetary resources. “If we are to, to deliver services properly, we need inputs. But the local facilities do not get commensurate funds with the services that need to be provided.”

PMS helps to improve services according to respondent 12: “Yes sure because for this supervision, that’s where we get the needs from these people, then we work on our needs and
we try to see that the services are improved”. But PMS can also be improved: “Yah now it can be improved by how we have said by electrical reporting eh? That you send the information to the people concerned early enough heh? That it will actually speeding of the reporting.”

All in all, according to respondents performance management can improve services ‘to some extent’ and it can also increase accountability. Nevertheless, the PMS faces some major challenges regarding financial and human resources that are constrains for the system to be fairly executed.

**Beneficial effects of PMS**

Unfortunately we have to conclude that beneficial effects of the PMS – as discussed in theory - are not clearly recognizable in the health and education sector in Uganda according to the respondents. Transparency is a beneficial effect of performance management, but unfortunately multiple respondents stated that the information that is gathered is not widely shared and results are not timely communicated. PMS can reward performance and prevent bureaucracy. In the case of Mukono this happens: a policy is implemented that if a head teacher does not deliver appropriately, he or she is remoted. They also only select head teachers with a diploma in primary education. “So now with that calibre, we really don’t see reason why [laughs] you should fail to pass the pupils” (respondent 10). District officials of Mukono formulated a form that head teachers can use for internal supervision. “Even other districts use it, but we formulated it” (respondent 11). The forms are also shared with the district. It is used to identify areas to improve on. The teachers really ‘like it’ (respondent 11). Teachers are encouraged by the document to help each other by identifying weaknesses, finding their strengths and improve. Mukono district especially focuses on performance of head teachers. So good performance is rewarded and if a teacher is not performing sufficiently, he or she will be removed.

**Perverse effects of PMS**

In the education sector, the CAO signs performance agreements with the DEO and DHO to plan for the coming year. During the year this is followed up on and supervised. At the end of every year, the performance agreements are evaluated and performance of teachers will be scored “To assure that the things are done and done right” (respondent 5). However, multiple district officials indicated that there is no incentive for the head teacher nor the teacher to really critically evaluate the teachers’ performance and the set targets. Most of the time they fill the score form together and they will make sure that the teacher gets the appraisal. Respondent 3
addresses a problem with the performance agreement. When it comes to appraisals of teachers and the targets that are set for them to improve service delivery, it seems not to be working the way it should. “You find that someone just signs for the sake of signing for the teachers, whether the teacher is doing well or not. He will write ‘it is a hard working teacher’ and then it is not an incentive for the teacher doing their best” (respondent 8). “So you found that yes on paper, performance is very good. But on the ground it is not as good as it is.” This means that performance information is not coherent to reality.

Respondent 2 tells about the Education Information Management System: “Normally, we don’t get results of that. It takes long to come.” Respondent 8 thinks that the system of performance management as it is in place right now is not working ‘thoroughly’. “I don’t know what should be done, but the performance management system should be reviewed. It is not happening. Much of the money should go to assessment of learners” (respondent 8). Respondent 8 says that performance of children is already examined, but it is better to have a more ‘continuous assessment’ on academic performance of children. If on average children perform worse than other schools, the district tries to find out what other things could affect the performance of children. “Is it the high enrolment? Are teachers not performing well?” (respondent 2). Replying to my question if there is also qualitative data gathered about performance of the education sector, respondent 2 replies: “So these children are normally assessed on a daily basis. Isn’t that a bit qualitative”. There is a distance between collector of data and user and this veils actual performance. Moreover, the quantitative focus kills the professional attitude of teachers.

In the health sector, every hospital and facility is obliged to submit a monthly performance report to the DHO’s office. This report is sent to the ministry. The DHO’s office also does the support supervision. The office is supposed to help health facilities to identify challenges and see how to handle them. They also look at how patients are being attended to. There are the performance agreements between the CAO and health centre IV’s, and between the CAO and the ministry. There is field inspection by district officials. Furthermore, every month the in-charges\(^3\) of the health centres have an internal meeting in which they discuss gaps and challenges. The minutes are shared with all other levels up to the DHO. “Right, it is more narrative” (respondent 7).

\(^3\) A manager of a health facility
The frequency that the different health centres are visited by district officials to supervise, differs per quarter. “It is irregular, mainly because of the resources. Human resource is not enough at the office here. You get it, not enough to be able to carry out effective [emphasized] support supervision to these to these facilities.” Respondent 4 on support supervision: “Sometimes when the responsible person is there, we normally tell him the performance of their health facility. […] For example, one facility has a midwife, but you find that in a month only one mother delivers! Then what can be a problem?” Moreover, at times health centres are not reporting properly to the district and this can also be part of discussion.

“Oftentimes data translates into action. You need to address the challenge. I think to certain extent it is better, to a certain extent data is helping us. If the data we have is quite good, then it means we can make policy and good actions out of it. But there are times the data we have doesn’t reflect what is on the ground.” Respondent 7: “So if you report properly, you can change. You know that you can intervene.” Respondent 7 tells that the system they are using to collect data is paper based, which is a problem because it easily gets lost or ‘spoiled’. Moreover, stationery and registers for data collection run out at times. “And it is the data that informs the policy. If the data is not okay, the policy makers would not understand what’s on the ground right. And they use it in planning.” Respondent 7 talks about improvement of the performance management system: “We need to move to ICT you know. That even an in-charge of down down down, of a health centre can access the data, so that he can make sense out of the data”. The data that health facilities send to the district is send forward to the ministry. As said before, the data is not available for all stakeholders. According to respondent 7, it is also cost effective to use the ICT approach for data collection, because then it would not be necessary to transport the papers from rural areas and the islands. “So you will save money on transport”. However, a colleague of respondent intervenes and tells about another challenge: “Not all of our health facilities have electricity, not even solar energy”.

Respondent 7 advocates for a decentralised data system, whereby all stakeholders can access the information. He continues: “They should decentralise data to all facilities right. So that even if someone who is a final user can do what, can access data, make sense out of the data and try to use and operationalise the data. […] Basically, the data reporting is quite fragmented. It is not that good.” Different facilities have different problems, but the data as it is collected now, is only showing information of the district as a whole, rather than the different, specific facilities. “But the person who does implementing what, on the ground, it is the same person who needs the data more than us. That is where the problem comes in actually.”
In the health sector, IPs come in to help. There is a lot of programme related supervision by IPs. They all have their specific indicators and carry out supervision for certain programs. “They also train our staff on how to handle data, to analyse data. The new software, how to use that and all that” (respondent 7). “Sometimes we talk about integrating all the supervision, whereby you go to a health facility and look at it to begin with its relative figure, you are really going to supervise all the services. You are going to spend the whole day there. That means you carry out supervision at the same time and mentor. […] You can find yourself by the end of the month you can’t visit all the 50 centres. The staff doesn’t have enough time to go to the field, it is time consuming. And you now, we move as a team. If you don’t have a really big vehicle”. Sometimes an IP goes for supervision and informs a health officer of the district last minute: “Then we also jump on the vehicle, and go supervise something else” (colleague of respondent 7).

Another problem with data collection is that health workers who have to manage and collect and report the data, are at times not trained to do so. Moreover, they also have an excessive daily workload (respondent 7). Colleague of respondent 7: “And the different implementing partners, they bring in different tools. […] It keeps on changing. So every time when a new tool is to be implemented, they have to come and tell us what they want. It all takes time and that’s money. And you know so it gives problems. It increases the workload and the same person is expect to do health work.” It seems that performance management requires a lot of time and efforts from staff. More bureaucracy will lead to the perverse effect of killing the professional attitude. All in all, the PMS is often seen as a bureaucratic, compulsive tool that is time consuming and data oftentimes do not reflect the reality on the ground.

**IPs**

It is clear that IPs play a key role in Uganda. You see them anywhere and everywhere. Over the past decades Uganda has been a donor darling. It is hard to picture a Uganda without donor projects, without offices of NGOs all over the country, without donors present at almost any other conference going on in the country. When respondents in this research talked about shortfalls in service delivery, they often times refer to the work and role of IPs.

Respondent 9 explains that there are IPs at national, regional and district level. Because development of war torn North Uganda lags behind, this is a focus region of many IPs. Most of the IPs in Oyam do not have a holistic program, but do activities within their specific field. “So they are adding on to government efforts to prove health services in the district.” Respondent 9
is really eager to work together with IPs: “if we get the opportunity to have good IPs, who come
and help us and fill the gaps, and want to support 100%, that would be good.”

In Oyam, as in the other districts, community meetings are held to inquire what the
needs are of the people in terms of service delivery. Respondent 5 tells that some citizens are
interested in attending, but that it is not widespread. During those meetings the district explains
why not all of their requests could be honoured and why they pick certain proposals. Activities
that cannot be financed, remain an unfunded priority. “We should consider maybe next year or
when there is funding. Because partners are coming and say we will support you to do this. So
the partners will pick from the list of our unfunded priorities. […] Sometimes we have partners
that come in to help us with supplies and stocks” (respondent 5).

In Hoima, IPs come and help the local district doing their inspections in the education
sector. “They are very cooperative. I tell you, if you could find out how many classrooms they
have put up and staff quarters, it is so many! They helped us a lot. Even they do help us at times
with inspection, at least once a term.” However, those IPs only operate in some sub counties.
“At least there the inspection is 100% because they will come help to reach the schools”
/respondent 8).

Respondent 3 tells that development partners can choose where they want to go. For this
reason, some district get more help than others. Political influences and development indicators
like poverty levels will indicate if IPs are attracted to a district. “Some districts lobby, some
politicians lobby right from the top: This project will go to my district, [laughs] so there is what,
there is lobby! That’s when you feel there is, there is eh the numbers are diverse between the
districts, some get so many NGOs” (respondent 4).

The IPs are not only helping the district. There is also a negative side effect. “They are
using my staff. I might have a health worker but he is mixed up with so many other things, it
becomes a problem. It becomes tricky. They go for workshops. It is almost a full time job those
workshops” (respondent 3). Respondent 4 sees mostly opportunities for the health sector to
work with IPs. He wants to ‘move on the back of these implementing partners’. Because most
IPs are doing single issue projects, he wants to ask them to also look at other issues when they
visit a health centre. He says: “there could be some other problems. Why don’t we first go look
at the cross cutting issues? So what we are going to do, is we are going to sit as partners. We
design the best tool which can be used by me, my DH team and then the implementing partners.
And report to me on top of what they’re doing for the vertical projects. You get it.”
IPs are not very much present any more in the education sector in Mukono. “Most of them they completed and left. They helped a lot by constructing schools and even program especially for girls. They forget about the boys [laughs]” (respondent 11).

On the other hand, respondent 7 states that there are still many partners present in the health sector. Most of the IPs have single-issue projects, such as HIV/Aids or mother and child health care. “So you would see there are few or even no partners who looking at health strength training. And if you want to improve the delivery, you need to look at health holistic, as a whole.” Every district has a lead IP who coordinates implementation of different programs. “So you sit with that IP, for the district. Then you discuss with him or them what are unfunded priorities” (respondent 7). Respondent 7 advocates for a sector wide approach, whereby all partners bring money into the pool and then spend it on unfunded priorities of the district. “You would impact a lot and get positive results with that” (respondent 7).

In the education sector, there is a slightly ‘better’ cooperation with the IPs. “Yah because they normally look and cooperate with the district. Look at the work plan, at the district, have a five year development plan. We have gaps, we normally indicate that we don’t have a staff room there, don’t have staff quarter there. This school don’t have classrooms here. Then they say this school we’re gonna help. They normally consult the work plan and the budget to see where the gaps are and they come to unfunded priorities. Our budget normally shows what we call unfunded priorities. So they look at it and then they put it somewhere” (respondent 8). “Last year we had two schools. They were the last in the district. In primary examinations. National examinations. So those last two, for World Vision they said no, we are taking on these schools. What is the problem? They went on ground and looked at the schools and assessed. They put staff quarters. And they found no enough classrooms, they put. And they put a library. So now the schools are coming up” (respondent 8).

It is clear that local districts tend to look at implementing partners for help bridging the gaps in service delivery. However, this might not be as unproblematic as it seems. There seems to be a dependence on implementing partners. This is not always good. Being reliable on help of IPs gives the following problems. Firstly, most NGOs or donor projects are focussed on one single issue. This means that NGOs offer what they have to offer, but this is not always what is demanded. Especially in the health sector, most programmes are aiming at HIV/Aids, child and mother care or malaria. This means that the approach of many IPs is not holistic but fragmented. Furthermore, this means that many problems remain unsolved.
Secondly, IPs make use of staff of health facilities, schools and the district. They are oftentimes called for workshops, trainings or meetings. District staff, health workers and teachers are involved in activities such as coordination of projects and attending workshops and trainings. These activities are time consuming, which leads to staff having less time to actually focus on their own work and responsibilities.

Thirdly, when IPs take on the role of the public sector, namely providing basic health or education services to citizen that they have the right to, it is questionable who citizens can held accountable and how they can communicate their needs and wishes. Moreover, Moss, Pettersson and Van de Walle (2006) state that donor dependency can have a negative effect on state institutions such as accountability and legitimacy.

Fourthly, most IPs are single issue organisations. They are only able to work on a certain aspect of a sector, for example HIV/Aids. This is unfortunate, because districts say that they mostly need a partner that has a more holistic, sector wide or cross cutting approach.

Lastly, relying on implementing partners does not seem like a sustainable or long term solution for the problems that the district faces. The way that projects are designed actually seem to remain donor dependency. Is this a vicious circle?

5.4. Conclusion
In this chapter we analysed the weaknesses and challenges of service delivery in health and education. But mainly, we discussed the role that performance management can play in improving service delivery. Lastly, the role of IPs in the three districts was discussed. In this conclusion, we will reflect on the answers that this chapter gave. The evaluation of the performance management system for both the education and health sector will be reviewed.

Service delivery in Uganda is poor and there are many challenges. Most respondents see the urge to improve service delivery, but they are lacking resources or tools to do so. The major problems in LSD in Uganda are stemming from lack of funding. When decentralisation is not paired with transferring enough human and fiscal resources, the success of achieving its objectives such as improvement of service delivery it is not guaranteed. The important question is how these weaknesses and challenges are to be overcome? How can we, as most respondents would put it, bridge the gaps? How can we improve service delivery using performance management and give people a better life? Because that is all what service delivery is about (respondent 3).

According to respondents, the performance management system as it is in place right now, is not working ‘thoroughly’. All districts struggle with the lack of transport and human
resources to do effective supervision. This results in the problem that not all schools can be visited in a term. The data that is collected on performance, is said to focus rather on outputs than outcome. This makes it impossible to assess whether a teacher is teaching effectively. Moreover, there is no capacity building done for teachers. Another problem with the current PMS, is that information is not accessible for all stakeholders. Moreover, districts who send the data through to the ministry, do not get the results until a later stage. This means that data is not timely communicated and that it is not available to use for all stakeholders involved. What’s more, even when gaps are identified there are no actual funds to make a change.

The same challenges apply to the health sector. There are not enough vehicles and staff to carry out effective supervision to health facilities. Of course where possible, round table sessions and supervision meetings are held. The data collection also has some problems. Health workers fill in the data but are oftentimes not trained for it. Moreover, it takes a lot of time. Time that they then cannot spend on taking care of patients. Moreover, it happens often that reporting is not done properly or on time. Hence, also in the health sector, the performance indicators focus more on output than outcomes.

Some respondents advocate for digital data collection that makes it faster and more cost effective. This could also result in the data being more accessible for all stakeholders. However, there are also some challenges with digital reporting, such as lack of power at some places and the fact that people have to be trained to use it.

All in all, respondents see that the system of performance management needs to be reviewed. Moreover, more funding is needed to implement it thoroughly. Without funding identified gaps are very hard to overcome, since most shortfalls in local service delivery stem from lack of funding. Nonetheless, respondents were positive about the use of PMS to improve services. So if the weaknesses of the current performance management system are diminished, the district officials will be more than willing to try their best to make it a success. And in the end, the people factor might be the most important factor to make things work in Uganda.
6. Conclusion

Major public service reforms took place in Uganda after obtaining independence in 1962. One of the main reforms was decentralisation of authority and responsibilities to deliver qualitative services such as health and education. Although improvements were visible after the devolution of powers, the objectives of the reform were not fully accomplished. This qualitative research focused on whether and how performance management can enable improvement of decentralised service delivery. The central question that will be answered in this concluding chapter, was:

“To which extent can performance management contribute to the reduction of the weaknesses and challenges in local service delivery, according to local officials in the local districts Oyam, Hoima and Mukono in Uganda?”

The official reasons of the reforms were improving efficiency and effectiveness in performance of the Public Service and to achieve good governance and an optimum use of resources (Olum, 2003). However, we have seen that both in the health and education sector the decentralisation did not achieve better accountability or better performance of staff. Service delivery has not significantly improved. In order to achieve quality services in those two important sectors, there are still major financial, attitudinal, and practical challenges to overcome. Does performance management have the potential to be able to make a significant change?

Performance management is the use of performance measurement to learn and improve processes and outcomes of an organisation. In the literature, a lot is said about those concepts. Although the application of performance management in the public sector is point of discussion, it is a worldwide implemented tool to improve service delivery. However, even when performance information is available, it does not automatically translate in instrumental use of it.

Although performance management in an ideal manner knows advantages (such as transparency, avoiding bureaucracy, rewarding performance, and improving quality of policy and decision making), in the long term those will be outworked by perverse effects (De Bruijn, 2002). Moreover, success of performance management in a country as Uganda can also be influenced by cultural constraints. Therefore, a PMS should be designed in a way that will minimise perverse effects and that it is based on cultural norms and values. All in all, no
organisation is the same and therefore no PMS can be the same. If perverse effects are dominantly prevalent, the ability of the performance information to actually improve the delivery of services will be limited.

Through semi-structured interviews, documents and observations, data was collected to answer the central question. Using the theoretical framework, the findings were analysed in chapter 5.

When it comes to weaknesses and challenges of local service delivery, all three researched districts face the same problems – apart for district specific problems such as war torn Oyam that still needs to replace destroyed structures. In all three districts, officials indicate that the quality of education and performance of pupils is okay or fair, but not very good. The major cause for the weaknesses and challenges of the education sector is insufficient funding from central government. Challenges that stem from this are amongst others a high teacher pupil ratio; lack of (motivated) teachers; not enough classrooms, staff houses and materials. Furthermore, parents are said to have a negative attitude towards education. They do not want to spend money on it and they do not stimulate their children to study hard.

In the health sector the lack of funds is also the cause for many problems, such as lack of structures; lack of equipment; lack of ambulances; and drug stock out. Moreover, there are not enough skilled health workers. Especially in hard-to-reach areas. Besides extensive workload leads to exhausted and unmotivated health workers. What’s more, is that there are still many Ugandans who do not see the importance of ‘western’ health care. So both the education and health sector face problems that derive from lack of funding, but also face challenges in the attitudes of the communities.

As we have seen service delivery in Uganda is poor and there are many challenges. The important question is how these weaknesses and challenges are to be overcome? How can we, as most respondents would put it, bridge the gaps? How can we improve service delivery using performance management and give people a better life? Because that is all what service delivery is about (respondent 3).

According to respondents, the performance management system as it is in place right now, is not working ‘thoroughly’. All districts struggle with the lack of transport for outreaches and human resources to do effective supervision. The data that is collected on performance, is said to focus rather on outputs than outcome. Moreover, data is not timely communicated and it is not available to use for all stakeholders involved. What’s more, even when gaps are identified there are no actual funds to make a change and some gaps (such as attitude of communities) cannot be easily measures by performance indicators nor is there a clear solution
for it. In the current system perverse effects are prevalent as well. The number-driven and static PMS give employees the chance to use performance management opportunistically. Moreover, the paper-pushing exercise kills the professional attitude. Nevertheless, respondents are quite positive about performance management in theory being able to improve service delivery. However, the current system needs to be reviewed and more funding is necessary to give districts the capacity to properly carry out performance management and improve local service delivery by identifying gaps and bridging them.

Discussion
The title of this thesis is ‘Building a bridge without stones’, referring to the need for bridging gaps in service delivery although stones – symbol for resources – are lacking. Although a lot has been written about decentralisation in Uganda and aspects of performance management (see e.g. Lutwama, Roos & Dolamo, 2016), research on the opinion of local officials had not yet been done.

District staff is facing challenges with the current performance management system. On the one hand they are advocates of such a system, but it is not working thoroughly as it is in place right now. Performance indicators are output rather than outcome driven and at times do not display what is really happening on the ground. Hence there are not enough resources to execute the PMS adequately.

Qualitative service delivery in health and education is of utmost importance to combat poverty and to push development. Adequate education and health care can change lives. Therefore research in this field is so important. This research contributes by revealing weaknesses and challenges in service delivery and looking at a possible solution: performance management. On the one hand the challenges of the current PMS are pointed out, but on the other hand this research finds that local officials are supporters of performance management. Local officials are important stakeholders and should be involved by improving the system.

Although this research tries to indirectly contribute – or at least tries to smoothen the way – to using performance management to improve quality of local service delivery in Uganda, future research could be done about other aspects of performance management, such as improvement of the PMS, the setting of indicators, involvement of stakeholders and actual use of performance information in decision and policymaking.
7. References


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