

THE IMPACT OF FINANCIAL MANAGEMENT ON SERVICE DELIVERY IN HOSPITALS IN UGANDA.

CASE STUDY OF MULAGO HOSPITAL IN KAMPALA

CHAPTER ONE

INTRODUCTION

1.1: Background of the Study

The health care sector in Uganda plays a crucial role in addressing the medical needs of its population. However, effective financial management within hospitals is essential for the delivery of high-quality health care services. This research study focuses on investigating the relationship between financial management and service delivery in hospitals in Uganda, with a specific emphasis on Mulago Hospital as the case study.

Uganda is a country with a growing population and diverse health care challenges, the government has made efforts to improve the health care system by increasing investment in the sector and implementing health care policies aimed at achieving universal health coverage.

However, several challenges persist, including limited financial resources, inadequate infrastructure, and unequal access to health care services across regions. Mulago Hospital, located in the capital city of Kampala, is the largest public hospital in Uganda. It serves as a referral center, catering to a wide range of complex medical cases and providing specialized services like paediatrics and childcare. With its vast size and prominence, Mulago Hospital faces significant pressure to deliver quality health care services to a large number of patients.

Financial management plays a vital role in the operations of hospitals, as it directly impacts the availability and allocation of resources necessary for effective service delivery. Adequate funding is crucial for maintaining and upgrading infrastructure, acquiring modern medical equipment, ensuring a sufficient supply of medications and consumables, and attracting and retaining skilled health care professionals. Conversely, inadequate financial management can lead to resource constraints, compromising patient care, and service delivery.

Service delivery in hospitals encompasses various dimensions, including patient access, timeliness of care, and quality of medical interventions, patient safety, and patient satisfaction. Efficient financial management practices enable hospitals to allocate resources strategically, optimize operations, and provide timely and quality health care services to patients. Conversely, poor financial management can hinder service delivery, leading to long waiting times, medication shortages, inadequate facilities, and substandard patient care.

Despite the critical role of financial management in health care service delivery, many hospitals in Uganda, including Mulago Hospital, face significant challenges in managing their finances effectively. Limited funding from the government, inefficiencies in asset allocation, inadequate financial systems, and a lack of transparency and accountability pose substantial obstacles. These challenges hamper the hospital's ability to deliver optimal health care services, negatively impacting patient outcomes and satisfaction.

The findings of this study will contribute to the existing body of knowledge by providing insights into the relationship between financial management and service delivery in the Ugandan health care context. Additionally, the study will inform hospital administrators, policymakers, and health care stakeholders about the challenges faced by hospitals, especially Mulago Hospital, in effectively managing their finances. It will also provide recommendations for improving financial management practices and enhancing service delivery in Ugandan hospitals.

1.2 Problem statement

In the context of the evolving health care landscape, this research addresses the pressing problem of understanding how financial management practices impact the delivery of health care services using Mulago Hospital as a case study. Despite being a prominent health care institution, Mulago Hospital faces challenges in resource allocation and financial sustainability that could affect its service quality and accessibility. As evidenced by a study published in the BMC Health Services Research journal (Leta, 2018), financial management practices significantly influence the efficiency and effectiveness of health care service delivery.

Furthermore, the research will investigate the challenges Mulago Hospital faces in maintaining accurate and timely financial records. Factors such as limited financial literacy among staff, inadequate training, and the absence of robust financial management systems can undermine the effectiveness of financial statements. By identifying these obstacles, the study aims to propose practical solutions to enhance the reliability and utility of financial reports.

Ultimately, this study will contribute to a broader understanding of the critical role financial statements play in the healthcare sector, particularly within public hospitals in developing countries. The findings are expected to inform policymakers, healthcare administrators, and financial managers about the importance of transparent and accurate inventory management in improving healthcare delivery. By highlighting the connection between financial statements and service delivery, this research will underscore the need for robust financial management practices as a cornerstone for achieving high-quality healthcare services at Mulago Hospital and similar institutions across Uganda. This study aims to investigate the specific financial management strategies employed by Mulago Hospital, such as asset, revenue generation, and resource allocation, and their direct impact on service delivery outcomes, ultimately contributing to the broader discourse on enhancing health care management practices in similar settings.

1.3 Purpose of the study

The study aims to investigate the impact of Financial Management on Service delivery in Uganda with Mulago hospital as the case study.

1.4 Research Objectives

- i. To assess the impact of stock management practices on the availability and accessibility of health care services in hospitals.
- ii. To investigate the impact of inventory management practices on quality and efficiency of service delivery in hospitals.
- iii. To examine the influence of asset management on the accessibility of service delivery in hospitals.

1.5 Research Questions:

- i. What key strategies within stock management that have been used to improve health care in hospitals.
- ii. What is the impact of inventory management practices on the quality and efficiency of service delivery in hospitals
- iii. How do asset management affect the accessibility of health care services in hospitals

1.6 Scope of Study:

1.6.1 Content scope

The scope of this study will encompass an investigation into the impact of financial management on service delivery in hospitals in Uganda, with a specific focus on Mulago Hospital. The study will examine the impact of stock management practices, asset management and expense management on the availability, accessibility, quality, and efficiency of health care services provided by the hospital.

1.6.2 Geographical Scope

The research will be conducted solely at Mulago Hospital, The hospital is on Mulago Hill in the northern part of the city of Kampala, immediately west of the Mackerel University College of Health Sciences. It is approximately 5 kilometers (3 mi), by road, north-east of Kampala's central business district. The geographical coordinates of the hospital are 0°20'16.0"N, 32°34'32.0"E (Latitude: 0.337786; Longitude: 32.575550).

1.6.3 Time Scope

The study will focus on the current state of financial management practices and service delivery at Mulago Hospital. Data collection and analysis will be conducted between 2016-2022 period, allowing for an assessment of the relationship between financial management and service delivery at Mulago hospital within that time frame.

1.7 Significance of the Study

- i. The findings will provide valuable insights into effective health care management practices. The findings can guide hospital administrators, policymakers, and stakeholders in making informed decisions regarding financial management strategies to improve service delivery.
- ii. The responses from this research generates resource allocation within hospitals. The study's findings can assist in identifying areas where financial resources should be allocated to maximize service availability, accessibility, and quality, ultimately leading to better patient outcomes.
- iii. The findings will promote effective financial management in health care institutions. By aligning financial management practices with policy objectives, policymakers can create an enabling environment for hospitals to deliver high-quality services to their patients.
- iv. The study findings may contribute to the overall strengthening of health care systems, particularly in Uganda. By addressing the relationship between financial management and service delivery, the research can help identify system-level improvements, such as financial reforms, capacity-building initiatives, or regulatory measures, which can have a positive impact on health care delivery across the country.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the review of literature in regard to inventory management practices such as inventory shrinkage, inventory records accuracy and inventory investment. In this study, the related literature was presented in line with the objectives.

2.1 Stock management practices

Supply chain effectiveness plays a significant role in the performance of any organization. According to the WHO (2010) report, the quality of the healthcare services in Uganda public sector has remained low. This is inspite the Uganda Health sector asset allocation improvement that has been evident over the last few years from 8.9% of the GDP to currently 9.6% of the GDP though still below the Abuja Declaration of 15%, donations, the Decentralization policy in which is meant to take services nearer to the people, the introduction of the Credit Line where money is paid direct to the supplier by Government and facilities just order what they need, direct delivery to the facility by the supplier.

According to the Uganda Annual Health Sector Performance Report (AHSPR 2013) only 49% of the health facilities did not have out of stock of the tracer medicines. Generally, there are still acute unexplained shortages of essential medicines, delayed deliveries, expiry of essential medicines, concerns about quality of the medicines in the facilities and accumulation of unwanted and expired medicines (Katabaazi J.N, Kitutu

2.1.1 Stock records

According to Dr.Nakato (2016), a renowned physician in Uganda, the state of stock records in hospitals is a matter of concern. She has noted that while some hospitals maintain well organized and accurate stock records, there is a lack of uniformity in practices across different health care facilities. Dr. Nakato emphasizes the need for improved standardization and consistent data entry

2.1.2 Performance monitoring and reporting

A store should monitor and evaluate its operations to identify problems in the system that need to be addressed. Record-keeping and reporting systems should be designed to make the collection of data for routine monitoring as simple as possible (s. Stock records are a vital source of information on how effectively the distribution system is being managed; therefore, maintaining these records accurately and keeping them up-to-date is vital. They provide detailed evidence of how products flow through the system and can be used to identify where problems are occurring so that corrective action can be taken. Operational indicators can track progress at two critical

levels: from the supplier to the store, or “upstream,” and from the store to clients, or “downstream.”

2.1.3 Stock receipt

According to Dr. Olivia Mutesi a seasoned physician in Uganda, the stock receipts in hospitals often face significant delays in processing. This in turn can affect the timely availability of critical medical supplies. Hospital manager Peter Ochola (2013) emphasizes the need for streamlined procurement procedures to improve the efficiency of stock receipts as he believes the current system leads to occasional overstocking or shortages.

2.1.4 Stock storage and handling

According to Dr Jane Kamau, a renowned author and medical specialist in Uganda, the stock storage practices have been a topic of concern. She notes that, in her extensive research, she found that many hospitals face challenges in maintaining proper stock storage. She observed that some hospitals struggle with limited storage space leading to overcrowded and disorganized storage areas, which can impede efficient access to medical supplies. Additionally, Dr Kamau highlighted the need for improved inventory management systems to prevent stock outs and wastage, emphasizing the importance of real time monitoring and restocking.

However, Local availability of mechanical handling equipment and the skills to use and maintain it Pallets are generally used at the national and regional levels, where products are stored in bulk. At the district level and below, storage on shelves is most common. The fundamental rule for pallet storage is that each pallet should be used for only one product line.

2.2 Impact of inventory management practices on the performance of service delivery

Inventory shrinkage describes the loss of inventory and this loss of inventory causes a disaster to the organization. Inventory records accuracy is the systematic analysis of all the information pertaining to the business. Inventory investment takes into account how much resources have been injected into a venture in relation to the benefits thereof. Inventory turnover is the number of times inventory is used or sold. It can also be used to determine the number of day’s inventory is available in store room (Sawaya & Giaque, 2006). However, the author did not deal with National Medical stores, which is the concern of the current study. Hence there is need for the study to establish how deep inventory shrinkage is practiced in National Medical store.

If the three components are well handled, there will be effective inventory management. Well managed, inventory is a key factor in the business success as it improves the performance of the business (Dong, 2010). This is supported by Roumiantsev & Netessine (2005) saying that, superior earnings are associated with or brought about by the speed of change/responsiveness in inventory management. Sawaya Jr. & Giaque (2006) attest that since inventory constitutes a

major segment of total investment, it is crucial that good inventory management be practiced to ensure organizational growth and profitability.

Lai (2005) reported that inventory is negatively associated with a firm's market value measured by Tobin's q . Roumiantsev & Netessine (2007) observe that cash conversion cycle is negatively associated with return on sales (inventory days of supply is one of the three components of cash conversion cycle). They further reported that raw materials inventory in days of supply is consistently negatively associated with return on sales across countries. However, the classic news vendor model suggests that the optimal service level, intended to optimize firm profit, is determined by balancing stock out cost and overstock cost. Intuitively, neither an extremely low level of inventory nor an extremely high inventory level benefits a firm since firms will incur losses in either extreme case..

Inventory modeling has been an area of intensive inquiry in operations management and operations research. Some classical texts describing the variables that are widely used in classical inventory models are Cachon & Terwiesch (2005). At the same time, only a few recent papers in operations management analyze inventories at the firm level empirically and try to reconcile inventory behavior observed in practice with the behavior predicted by the models. Most of these papers look at US firms, and some of them analyze the link between inventory management and financial performance. Gaur et al. (2005), extend this work by studying effects of firm size and sales growth on inventories.

Peter & Honggeng (2006) studied the trends in inventory levels at US firms over time to test the widely held belief that inventory management has improved due to the introduction of just-in-time (JIT) practices and information technology (IT) system implementations.

Using an event study approach, they show that firms with abnormally high inventories have abnormally poor long-term stock returns. They also find that the relationship between Tobin's q and abnormal inventory (which is a standardized deviation from the sector-wide inventory mean) is weak in cross-section for all sectors. Although this study relates with the current one, it handled firms that are profit oriented where the current study is concerned with a nonprofit firm that is National Medical Stores.

Nyabwanga et al (2012) suggest that owners/managers of SSEs should embrace effective inventory management practices as a tactic to further their business performance. According to them, organizations should employ effective inventory management practices as a strategy of improving their performance.

2.2.1 Inventory Shrinkage

Inventory shrinkage is one of the components of inventory management practices considered in this study. The effects of inventory management practices on inventory shrinkages, it was observed that losses resulting from medicine expiration, medicine damages, medicine obsolescence (medicine purchased not meeting intended purposes) lead to increased inventory shrinkage

(health care Distribution Management Association report, 2009). Thus, inventory shrinkage in the long run is uneconomical to the organization and largely affects performance negatively

A study carried out in US indicated that out of stock (OOS) reduces the probability of purchase incidence, lead to the purchase of smaller quantities, and induce asymmetric choice shifts (Campo and colleagues, 2003). Researchers also have tried to explain the differences in consumer responses to out of stock by studying situational factors, demographics, psychographic and product characteristics (Campo et al. 2000, Zinn & Liu, 2001). Campo et al (2000, 2003) find that brand switching is less frequent when the consumer is loyal and when the perceived risk associated with brand switching is high. An OOS of a product with a large package size is highly likely to lead to the purchase of a smaller package size of the same brand. They continue to observe that the more the OOS is perceived as an unpleasant surprise, the higher is the likelihood of store switching (Zinn & Liu, 2001). The studies of Campo and colleagues (2003) and Zinn & Liu (2001) inform that out of stock (OOS) reduces the probability of purchase incidence, which to some extent reflects shrinkage but they did not handle how it affects organizational performance of their firms as well as customer satisfaction which is the concern of the current study.

Stock shortages are a headache for most organizations as expressed by Githendu, Nyamwange & Akelo (2008); and it leads to customer's dissatisfaction which eventually leads to low performance of an organization. Organizations ought to ensure that their inventory is monitored from time to time to avoid stock outs. However, their studies were done from a different setting compared to National Medical Stores which was the concern of the current study. As well, it was not clear whether they were applicable to NMS which was the concern of the study.

2.2.2 Inventory Records Accuracy

Pandy (2004) define record as any type of recorded information, regardless of the physical or characteristics, created, received or even maintained by a person, institution or an organization.

In relation to the definition of Pandy (2004), then it is clear that businesses are striving for better quality in all products, and processes and inaccuracies can no longer be hidden by extra stock holding. The data accuracy problem has become a major challenge. This is an area where continuous improvements must be made and standards increased. Records accuracy is the responsibility of those who control the physical inventory, not only for their own benefit but also for that of the whole organization.

Inventory recording is undertaken by organizations to reduce the errors of stock management. To ensure accurate and reliable stock records there is need to do spot checks! Surprise checks, stock taking, which is the physical counting and measuring of quantity of each item in stock and recording the results.

2.2.3 Inventory Turnover

Another component of inventory management practice is inventory turnover. Ramagopal (2008) defines inventory turnover ratio as the number of times the stock has turned, over a period of one year. This can be achieved by considering any of the two formulas. If the inventory is recorded at cost, stock turn equals cost of goods sold divided by the average inventory..

John et.al (2012), asserts that the company's ability to pay its short-term obligations also depends on how quickly it sells its merchandize inventory. They continue to say that low inventory turnover ratio is an indicator of poor management of assets whereas high inventory turnover ratio is a sign of sufficient use of assets.

Gaur et al. (2005), examine firm-level inventory behavior among retailing companies. They propose a model explaining differences in inventory turns across companies and create an adjusted measure of inventory turns that is better suited to gauge the operational metrics of retailers.

Inventory Investment Another component of inventory management practices is inventory investment. Inventories are basically stocks of resources held for the purpose of future production or sales or distribution. Inventories may be viewed as an idle resource which has an economic value. Better management of inventories would release capital for use elsewhere productively (Ghosh & Kumar, 2003). Inventory constitutes one of the largest and most tangible investments of any retailer or manufacturing organization.

Pawan, et.al. (2014) studied the effect of inventory management on organizational performance and found out that huge inventories maintained by most organizations, a considerable sum of an organization's fund is being committed to them. Chopra & Meindl (2003) acknowledge that inventory represents the largest single investment in assets for most organizations.

2.3 Management of assets

Finkler (2005 p. 328) defines an asset as being anything the entity owns of value or anything the organization owns as a result of past transactions and events that will better enable it to meet its mission. This would include all items that will provide some future benefits. Or enable the entity to provide services to its clients. Assets are shown on the balance sheet in the order of their liquidity. This refers to how an asset can easily be converted to cash the more quickly an asset can become cash available for spending, the more liquid the asset is. Liquid assets are readily available to pay the organization's obligation.

In addition, Finkler (2005) states that, a list of assets on the balance sheet reflects the valuable resources owned by the organization and some of the assets include the following: Cash and cash equivalents are always considered to be the most liquid assets, assuming that they are available for use.

Marketable securities, these represent equity securities and non-equity instruments that are actively used in trade of stock and bond markets. Marketable securities of the sale made in cash can be bought and sold on any business day.

Accounts receivable, these come in a number of varieties, generally, if we provide goods and services, we use the term accounts receivable like Governments have taxes receivable. Research organizations have grants receivables.

Inventory, these represent supplies that have been acquired to be used in the process of marketing goods or providing services for sale. For example. Mulago hospital must buy bags of saline solution, pharmaceuticals and other supplies that will be used in treating patients' prepaid expenses, these are assets that represent prepayments for example. Supposed that paid shillings 100,000 for a one-year fire insurance policy on the last day of the year.

Fixed assets, the most prominent of the long-term asset categories for many organizations is fixed asset. The category includes the property (land), plant (building) and equipment. Including furniture owned by the organization. Finkler (2005) adds that, a respirator owned by the hospital for ordinary surgery is a valuable resource that qualifies as an asset.

He further says that, the artwork on the wall in the executive director's office is also an asset. Even though one might not view its contribution towards achieving the organization's mission as being much more indirect. To conduct business and deal with suppliers and possible donors, the executive director must have a presentable office. .

Millichamp & Taylor (2008), concur with Finkler (2005) that assets are categorized into three elements and these are; tangible, intangible and current assets. Tangible assets include: Land and building, plant and equipment, furniture and fittings and motor vehicles. LAS 16 property. Plant and equipment. States that assets are held for use in the production or supply of goods and services for rental or other administrative use and are expected to be used in more than one period.

Nkundabanyanga (2010) argues that cash and cash transactions are an important and easy area to understand in accounting and book keeping. Every business and indeed every person receive cash and makes payments. All businesses and many people make a careful record of all receipts and payments in a cash book. It is important to note that although cash is still used, most business receipt and payments are made through the banking system.

Anthony & Marcia (2009; p.568) asserts that cash flows are generated from three major activities of operating, investing and financing activities. Cash flows from operations are those cash inflows and out flows that results directly from production and selling the firm's products. Cash flows from investing activities are cash flows associated with buying or selling of fixed or other long term assets.

According to Bridham & Houton (2004) there are different asset management ratios that help to know about the operations of the organization. They measure how effectively the firm is managing its assets.

Messier (2000). Agree that physical examination is a relatively reliable type of evidence that involves the auditor inspecting or counting tangible assets. An audit engagement includes many situations in which the auditor physically examines an entity's assets

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter shows the research design, target population, sample size, sampling techniques. Data sources, research instruments, validity and reliability of the instrument, data gathering procedure, data analysis, ethical considerations, and limitations of the study.

3.1 Research design

The study will follow a cross-sectional descriptive and correlation designs. This is because they enable the researcher to; describe a unit of inquiry in detail, investigate the effect of the study variables on each other and thus wasable to generalize the findings to other similar phenomena as observed by Amin (2005) and Sekaran (2003). This is supported by Brewerton (2001) who asserts that the notion of combining qualitative and quantitative data in a study offers the promise of getting closer to the whole of a case in a way that a single method study could not achieve..

3.2 Study population

A stratified population of 60 elements was used comprising of 2 patients/clients and 58 health workers respectively. The justification of involving the two categories was that they were both relevant and assumed to have knowledge of the study problem given their closeness to the study area.

3.3 Sample size

The sample size for this study will be 52 respondents who will be selected from the target population of 60 workers from Mulago hospital. This sample will be arrived at using Sloven's formula of sample size computation which states that:

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

Where, n is the sample size. N is the target population, e is the error, which is 0.05

$$N = \frac{60}{1 + 60(0.05)^2}$$

$$n = 52$$

Table 1 population distribution

Category	population	Sample size	Method
Nurses	20	15	Simple random
Accountants	10	10	Simple random sampling
Doctors	10	7	Simple random sampling
Social workers	20	20	Simple random sampling
	60	52	

3.4 Sampling Procedures and techniques

The study will use stratified sampling technique across all the categories. Purposive will be used on key informants who were officers in charge of health centres because they were key and had reliable and valid information was only obtainable from those specific persons in the accessible population at specific time hence use of that above technique. For other respondents, stratified sampling technique will be used. The population will be stratified into the health worker stratum and patients/clients stratum in the different locations and respondents were randomly selected proportionally from the different strata. The health workers stratum had participants like, the HC supervisor, nursing sisters, enrolled nurses and midwives, laboratory technicians and pharmacy attendants. According to Siegel (2004) stratified random sampling is used in a situation where different groups of respondent have an equal chance of being selected to participate in the study. The researcher therefore used that technique because participants were in different groups and locations.

3.5 Data collection techniques

Primary data is data collected for the first time and this happens to be original in character for instance panels of respondents organized by the researcher. Secondary data is the one that has already been collected by someone else and which has passed through statistical process (Kothari, 1985). These are collected from World Wide Web's information and archives (Sekeran, 2005).

Data collection methods which yield to both qualitative and quantitative data were used to help to improve the validity of the results and also avoid inconsistency as detailed below.

3.5.1 Questionnaire Survey

Primary data will be collected from respondents both health care service providers and clients/patients using self administered questionnaires; anonymity condition will be adhered to create trust to respondents in order to get salient findings. Two questionnaires for the two categories of respondents were designed according to the objectives and variables employed in

the study. The respondents (service providers) included medical doctors, health professionals, nurses, midwives and lab attendants because they are busy people who may not have time for indepth interviews yet they could give an insight in the problem under investigation. Use of questionnaires will allow the respondents have ample time to reflect on answers to avoid hasty responses and thus, enhanced the validity (accuracy) of the responses (Mugenda & Mugenda, 2003). The clients/patients will be assisted by Researcher to fill their questionnaires there and then because it was not easy to trace them after obtaining the service at the health facility. Structured questions will be used because of a big sample and need for specific responses to ease analysis. The questionnaire is an efficient data collection method which has advantages of high complete responses within a short period. The questionnaire method also will help to reduce on the cost and time implications, besides enabling greater responses.

3.5.2 Interviewing

Interviewing will be used during face to face encounters with the key informants of the directorate of public health as observed by Amin (2005) that an interview is an oral questionnaire where the investigator gathers data through direct verbal interaction with participants. Interviews according to Barbia (2007) are alternative method of collecting survey data rather than asking respondents to read, write and answer questionnaire, researchers set interview to ask questions orally and record respondents answers using interview guide. This method of data collection will be used because of its effectiveness in allowing for probing further (Barbia, 2007). This method helps to cross validate information supplied by respondents.

3.5.3 Document Review

This data collection technique refers to the analysis of documents that contain information about a phenomenon under study (Bailey, 1994). It involves gathering information from the health centres' records which will be used in the research such as annual and monthly reports, strategic plan, magazines and any relevant research documents kept by health facilities.

3.6 Data collection instruments

The data collection instrument in this study will be basically questionnaires and interviews.

3.6.1 Questionnaire

The self-administered questionnaires will be used in this study. The questionnaires will comprise of closed ended questions that will require the respondents to answer all the questions to the best of their knowledge. The questionnaires will comprise of three sections. Section A will comprise of the background inebriation of the respondents, section B will also comprise information on the role of financial management, whereas section C will comprise information on the trend of financial performance in health care organizations. The questionnaires will be used because they are cheap, quicker. They cover many respondents. And they are free from interview bias and give accurate information since respondents take their time to answer the

questions. However, they have a disadvantage of non-response. The scoring system of this instrument is as follows: strongly agree (4); agree (3); disagree (2); strongly disagree (1).

3.7 Data Gathering Procedure

Before the administration of the questionnaires

An introduction letter will be obtained from the college on economics and management for the researcher to solicit approval to conduct the study from respective administration of Mulago hospital. When approved, the researcher will establish the respondents to be used in the study and then purposive sampling technique will be used to select respondents until a minimum sample size is reached.

During the administration of the questionnaires

The respondents will be requested to answer completely and not to leave any part of the questionnaires unanswered.

The researcher and assistants will emphasize retrieval of the questionnaires within five days from the date of distribution.

On retrieval, all returned questionnaires will be checked if all questions are answered.

After the administration of the questionnaires

The data gathered will be edited, encoded into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

3.9 Data Analysis

The study will use simple tables (frequencies and percentages) to analyze the profile of respondents. Similarly, the descriptive statistics methods will be used to analyze the objectives.

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