

Contractor Selection and Service Delivery In The Public Sector, A Case Study Of

Kawolo Hospital, Lugazi Municipality

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Abstract

This study examined the relationship between contractor selection and service delivery in the public sector, focusing on Kawolo Hospital, Lugazi Municipality. Specifically, it analyzed the relationships between contract administration, delivery management, relationship management, and service delivery. Using correlation and regression analyses, the study found that the relationship between contract administration and service delivery was weak and statistically insignificant, with a Pearson correlation coefficient (r) of 0.158 and a p -value of 0.136. Regression analysis revealed that contract administration accounted for only 2.5% of the variation in service delivery, suggesting that other factors such as corruption, low productivity, and limited contractor capacity had more substantial impacts. Conversely, delivery management demonstrated a strong and statistically significant positive relationship with service delivery, as indicated by a Pearson correlation coefficient (r) of 0.532 and a p -value of 0.000. The regression analysis showed that a one percent improvement in delivery management would result in a 0.540 increase in service delivery. Similarly, relationship management was found to have a significant positive influence on service delivery, with a Pearson correlation coefficient (r) of 0.354 and a p -value of 0.001. These findings highlight the critical roles of effective delivery and relationship management in enhancing service delivery. The study concluded that while contract administration has a limited impact on service delivery, improving delivery and relationship management practices significantly enhances service outcomes. It was recommended that Kawolo Hospital prioritize strengthening delivery management and relationship-building mechanisms, implement anti-corruption measures, and increase staff capacity through training and fair remuneration. Additionally, the hospital should engage policymakers to support local contractors and explore other strategies, such as improved infrastructure and resource allocation, to enhance service delivery.

Keywords: contractor selection, service delivery, contract administration, delivery management, relationship management, Kawolo Hospital, public sector, regression analysis.

Background to the Study

Public hospitals like Kawolo Hospital in Lugazi Municipality are tasked with providing essential health services to populations, often within constrained budgets and resources (Annet et al., 2023). Therefore, the selection of contractors who can deliver on quality, timeliness, and cost-effectiveness is crucial in enhancing service delivery outcomes (Gracious, 2023). The World Bank (2022) underscores that effective contractor management accounts for 60% of successful public infrastructure projects in developing countries, highlighting its centrality in achieving service delivery goals (Christopher, Komunda, et al., 2022). In Uganda, the government allocates significant

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portions of its budget to the health sector, with UGX 3.7 trillion (approximately \$1 billion) allocated in the 2023/2024 financial year (Alex & Julius, 2024). This budget includes funds earmarked for infrastructure development, medical equipment procurement, and hospital renovations to improve healthcare access and quality (Christopher, Moses, et al., 2022a). Kawolo Hospital, a general referral hospital serving Lugazi Municipality and its surroundings, is one of the public health facilities that benefits from these allocations (Promise et al., 2024). However, despite these investments, reports of delayed projects, poor-quality construction, and incomplete renovations have raised concerns about the effectiveness of contractor selection and its impact on service delivery (Christopher, Muhindo, et al., 2022).

Contractor selection in Uganda's public sector is often guided by the Public Procurement and Disposal of Public Assets (PPDA) Act, which mandates transparent and competitive bidding processes (Paul & Kazaara, 2023). The PPDA Annual Performance Report (2022) noted that approximately 72% of government contracts in Uganda were awarded through open bidding, with the aim of ensuring value for money and accountability (Gloria et al., 2023). However, the report also highlighted challenges, such as inadequate contractor evaluation criteria, lack of technical expertise among procurement committees, and limited monitoring of project implementation, which frequently lead to poor service delivery outcomes (Faith et al., 2023). The case of Kawolo Hospital reflects these broader national challenges. In recent years, the hospital has undergone several infrastructure improvement projects, including the construction of new wards and renovation of existing facilities (Faridah et al., 2023). However, audits by the Office of the Auditor General (2023) revealed that some projects experienced cost overruns of up to 25% and delays averaging six months beyond the scheduled completion dates (Alex & Devis, 2023a). Additionally, structural defects in newly constructed buildings and poor maintenance of critical medical equipment have been linked to the inadequate selection of contractors. Such inefficiencies not only compromise the hospital's capacity to deliver quality healthcare but also erode public trust in government initiatives (Gracious, 2023).

Globally, studies have emphasized the importance of adopting robust contractor selection frameworks to ensure effective public service delivery (Christopher, Muhindo, et al., 2022). For example, Doloi et al. (2021) argue that contractor selection criteria should extend beyond cost considerations to include factors such as technical competence, past performance, financial stability, and a commitment to quality (Muhamad et al., 2023). In neighboring Kenya, a study by Gichuhi (2020) on public health infrastructure projects found that contractor selection based on comprehensive evaluation criteria reduced project delays by 40% and improved overall service delivery outcomes (Irumba et al., 2024). These findings suggest that adopting best practices in contractor selection can significantly enhance the performance of public sector projects in Uganda. The increasing demand for healthcare services in Uganda further underscores the need for efficient contractor selection practices (Lydia et al.,

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2023). According to the Uganda Bureau of Statistics (UBOS, 2023), Uganda's population is growing at a rate of 3.3% per year, putting immense pressure on healthcare infrastructure and services (Edgar & Moses, 2023). Kawolo Hospital serves a catchment area with over 2 million people, many of whom rely on the facility for affordable and accessible healthcare. To meet this growing demand, the hospital requires infrastructure projects that are delivered on time, within budget, and meet the expected quality standards (Alex & Devis, 2023b). Achieving this depends heavily on selecting contractors who are capable of fulfilling these requirements.

However, the public procurement process in Uganda continues to face challenges that undermine its effectiveness (Arinaitwe J, 2024). A report by the Anti-Corruption Coalition Uganda (ACCU, 2023) highlighted that corruption and favoritism in contractor selection are pervasive, with an estimated 20% of public contracts awarded based on political affiliations rather than merit (A. G. Kazaara et al., 2023). This practice often results in the selection of contractors who lack the technical capacity to deliver quality work, leading to project failures and wastage of public resources. In the context of Kawolo Hospital, such inefficiencies can have dire consequences, including overcrowded wards, inadequate facilities, and compromised patient care (Regan et al., 2024). Another critical issue affecting contractor selection and service delivery is the lack of robust monitoring and evaluation mechanisms (Christopher, Muhindo, et al., 2022). The PPDA Compliance Audit Report (2023) noted that only 45% of public sector projects in Uganda undergo comprehensive monitoring during implementation. This gap often allows poorly performing contractors to continue working on projects without accountability, resulting in substandard outcomes (Gloria et al., 2023). For example, in one of Kawolo Hospital's recent renovation projects, inadequate supervision by project managers was cited as a key factor contributing to the use of low-quality materials, which later required costly repairs.

Statement of the Problem

Effective contractor selection is a critical factor in ensuring service delivery in public sector projects, particularly in healthcare facilities where delays or substandard work can have severe consequences on community well-being (Christopher, Komunda, et al., 2022). In Uganda, public sector procurement processes often face challenges such as inadequate evaluation criteria, favoritism, corruption, and limited capacity of contractors to deliver high-quality services (A. G. Kazaara et al., 2023). Kawolo Hospital, located in Lugazi Municipality, has experienced delays in project completion, cost overruns, and poor workmanship in several recent upgrades and maintenance projects (A. G. Kazaara et al., 2023). For instance, the renovation of key hospital units intended to improve healthcare service delivery faced a delay of over six months, leading to disruptions in patient care services (Ministry of Health Uganda, 2024). Recent statistics indicate that in Uganda, 30% of public sector projects fail to meet their intended objectives due to the poor selection of contractors (PPDA, 2023). Furthermore, the Auditor General's report (2023) revealed that over 40% of government contracts were awarded to firms that lacked the requisite technical expertise and

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financial capacity (Julius et al., 2024). This systemic challenge is not unique to Kawolo Hospital but represents a broader inefficiency within Uganda's public procurement systems (A. I. Kazaara & Audrey, 2024). These inefficiencies have profound implications on the hospital's ability to deliver timely and quality healthcare services, thus undermining public trust and exacerbating the strain on an already overburdened health system (Sarah & Audrey, 2024). This study seeks to examine the contractor selection processes at Kawolo Hospital and their impact on service delivery, aiming to identify gaps and propose strategies to enhance efficiency, transparency, and accountability in contractor selection (Gloria et al., 2023).

Specific Objectives

The specific objectives to the study were:

1. To establish the relationship between contractor selection and service delivery in Kawolo Hospital, Lugazi Municipality.
2. To find out the relationship between delivery management and service delivery in Kawolo Hospital, Lugazi Municipality.
3. To examine the relationship between management and service delivery in Kawolo Hospital, Lugazi Municipality.

Methodology

The study utilized a descriptive cross-sectional research design because it was deemed the most appropriate approach to capture the existing state of contractor selection processes and their impact on service delivery at Kawolo Hospital within a defined timeframe (A & Ahmed, 2019). This design facilitated the collection of data from diverse stakeholders at a single point in time, allowing for a snapshot analysis of the relationships between contractor selection practices and service delivery outcomes (Nafiu, 2012). Moreover, a mixed-methods strategy was integrated into the design, combining quantitative techniques to generate measurable insights and qualitative methods to explore deeper contextual understanding (Lanlege et al., 2013). The research was conducted in Lugazi Municipality, specifically focusing on Kawolo Hospital, a key public health institution in Buikwe District, Uganda (Nafiu et al., 2012). The hospital has undergone significant renovation and infrastructural development in recent years, funded by the government and donor organizations. These projects provided an ideal context for evaluating contractor selection practices. Kawolo Hospital's pivotal role as a referral center for the region made it a critical case study for understanding how procurement decisions influence the quality of public service delivery (Nafiu et al., 2017).

The target population included all individuals and entities involved in or affected by the contractor selection and service delivery processes at Kawolo Hospital (Nafiu et al., 2017). These groups consisted of procurement officers, project managers, hospital administrators, contractors, and healthcare workers. The total target population was

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estimated at 200 individuals, categorized as follows: 10 procurement officers directly involved in contractor evaluation and selection; 15 project managers overseeing hospital development projects; 5 hospital administrators managing institutional operations; 20 contractors responsible for executing awarded projects; and approximately 150 healthcare providers and staff delivering services to the public (A. Nafiu et al., 2012). These participants were deemed essential for providing a holistic perspective on the study's subject matter.

A stratified random sampling technique was employed to ensure that each group in the target population was adequately represented (A. Nafiu et al., 2012). The population was divided into strata based on the respondents' roles and responsibilities, such as procurement officers, project managers, contractors, and healthcare workers. Within each stratum, participants were randomly selected to achieve a representative sample (Aslam et al., 2022). A sample size of 100 respondents was determined using Krejcie and Morgan's (1970) formula, which offers guidelines for statistically significant sample sizes. This sample size was distributed proportionally among the strata to ensure that perspectives from all groups were captured.

The study employed a combination of primary and secondary data collection methods to gather robust and comprehensive data. Primary data were gathered through the use of structured questionnaires, semi-structured interviews, and focus group discussions (Olanrewaju, Waititu, et al., 2021b). Questionnaires were distributed to procurement officers, project managers, healthcare providers, and contractors. The questionnaires featured both closed-ended questions, which allowed for quantitative analysis, and open-ended questions, which enabled participants to provide detailed responses on their experiences with contractor selection processes and the subsequent effects on service delivery (Olanrewaju, Waititu, et al., 2021a).

Semi-Structured Interviews were conducted with hospital administrators and selected contractors to gain deeper insights into their experiences and challenges in contractor evaluation and performance monitoring. These interviews were designed to be flexible, enabling follow-up questions based on respondents' answers (Olanrewaju, Lukman Abiodun, et al., 2021).

Focus Group Discussions were held with healthcare providers to explore their perspectives on how the quality and timeliness of contractor services impacted the hospital's operational efficiency and patient care outcomes. These discussions encouraged interaction and allowed for the emergence of diverse viewpoints (Aslam et al., 2022).

Secondary data were obtained from hospital procurement records, project reports, and government audit documents. Additional information was sourced from the Public Procurement and Disposal of Public Assets (PPDA) reports and other scholarly articles on public procurement practices in Uganda. These data sources provided contextual and historical background, supplementing the primary data with quantitative and qualitative evidence.

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The primary data collection instruments included structured questionnaires, interview guides, and focus group discussion protocols. Each instrument was tailored to the specific needs of the study and pre-tested for clarity and relevance (Olanrewaju, Waititu, et al., 2021a). For example, the questionnaires were designed with Likert scale items to measure perceptions and practices quantitatively, while the interview guides included open-ended questions to elicit detailed narratives. The reliability of the data collection instruments was tested using the test-retest method, wherein the same questionnaire was administered to a pilot group of respondents at two different times (Abiodun et al., 2022). Consistency in the responses confirmed the reliability of the instrument. To ensure validity, the instruments were reviewed by subject matter experts in public procurement and healthcare management. The feedback from these experts was incorporated to refine the instruments and ensure they captured the research objectives effectively.

The study utilized both SPSS (Statistical Package for the Social Sciences) and STATA software for analyzing the data, ensuring a robust and multi-dimensional analysis. Data from the questionnaires were analyzed using SPSS to compute descriptive statistics such as frequencies, percentages, means, and standard deviations (Nelson et al., 2022). These statistics were used to summarize key findings, such as the prevalence of specific contractor selection criteria and the perceived quality of service delivery (Christopher, Moses, et al., 2022b).

Inferential techniques, including correlation and regression analyses, were employed to examine relationships between variables. For example, Pearson correlation coefficients were calculated to assess the strength and direction of the relationship between contractor selection criteria (e.g., technical capacity, past performance) and service delivery indicators (e.g., timeliness, quality). Multiple regression analysis was conducted using STATA to determine the impact of independent variables, such as contractor evaluation practices, on the dependent variable of service delivery outcomes (Nelson et al., 2023).

RESULTS

Table 1: Correlation between Contract Administration and Service Delivery

		Contract Administration	Service Delivery
Contract Administration	Pearson Correlation	1	.158**
	Sig. (2-tailed)		.136
	N	90	90
Service Delivery	Pearson Correlation	.158**	1
	Sig. (2-tailed)	.136	
	N	90	90

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** . Correlation is significant at the 0.01 level (2-tailed).

Ho: There is no relationship between contractor selection and service delivery in Kawolo Hospital, Lugazi Municipality

Ha: There is a relationship between contractor selection and service delivery in Kawolo Hospital, Lugazi Municipality.

The correlation analysis shows weak positive insignificant relationship between contract administration and service delivery ($r = 0.158^{**}$, $p = 0.136$). The significance value ($p = 0.136$) was more than the critical p value of 0.01 hence the null hypothesis was rejected since the research results show no significant positive relationship between contract administration and service delivery. This implies that contract administration and service delivery (variables) are independent, which makes it possible to have all combinations of low/ high levels of contract administration and service delivery in Kawolo Hospital.

Regression Analysis on Contract Administration and Service Delivery

Since correlation analysis reveals weak positive insignificant relationship between contract administration and service delivery in Kawolo Hospital, the research found it worth to conduct regression analysis so as to determine the magnitude of effect contract administration has on service delivery. The Model summary and Analysis of Variance (ANOVA) results are presented in below.

Table 2: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.158 ^a	.025	.014	1.15921	.025	2.260	1	88	.136 ^{**}	1.464

Ho: There is no relationship between contractor selection and service delivery in Kawolo Hospital, Lugazi Municipality

Ha: There is a relationship between contractor selection and service delivery in Kawolo Hospital, Lugazi Municipality.

Keeping other factors constant, a one percent increase in contract selection/administration would on average lead to 0.158 increase in service delivery. This is statistically insignificant at 95% confidence interval since the P -value (0.136) is greater than 0.05 and therefore we fail to reject the null hypothesis and conclude that there is no relationship between contractor administration and service delivery

The regression analysis shows correlation coefficient of determination (R^2) to be 0.025 and adjusted R^2 of 0.14. This implies that contract administration explains only 2.5% of variation in service delivery in Kawolo Hospital while the remaining 97.5% variations are caused by other factors such as corruption, influence peddling, low levels of

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productivity, and poor capacity of local contractors as revealed by respondents. Since the Durbin-Watson statistic of 1.461 is close to 2, it implies that the assumption of independent error is tenable.

Relationship between Delivery Management and Service Delivery in Kawolo Hospital

In order to determine the direction and strength of relationship between delivery management and service delivery in Kawolo Hospital, the researcher used Pearson Correlation coefficient and the result is presented in Table 3.

Table 3: Correlations between Delivery Management and Service Delivery in Kawolo Hospital

		Service Delivery	Delivery Management
Service Delivery	Pearson Correlation	1	.532**
	Sig. (2-tailed)		.000
	N	90	90
Delivery Management	Pearson Correlation	.532**	1
	Sig. (2-tailed)	.000	
	N	90	90

**. Correlation is significant at the 0.01 level (2-tailed).

Ho: There is no relationship between delivery management and service delivery in Kawolo Hospital, Lugazi Municipality

Ha: There is a relationship between delivery management and service delivery in Kawolo Hospital, Lugazi Municipality

From the correlation analysis it was revealed that there is a significant positive relationship between delivery management and service delivery. This is evidenced by the obtained Pearson correlation coefficient (r) of 0.532 with a significance p -value of 0.000. The result also indicates a strong positive relationship between the variables.

Relationship between delivery management and service delivery

Table 4: Regression Analysis (Coefficient)

Model 2		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
2	(Constant)	1.111	.351		3.160	.002	.412	1.809
	Delivery Management	.540	.092	.532	5.897	.000	.358	.721

a. Dependent Variable: Service Delivery

Ho: There is no relationship management and service delivery in Kawolo Hospital, Lugazi Municipality.

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Ha: There is a relationship management and service delivery in Kawolo Hospital, Lugazi Municipality.

Keeping other factors constant, a one percent increase in Delivery management would on average lead to 0.540 increase in service delivery. This is statistically significant at 95% confidence interval since the P-value (0.00) is less than 0.05 and therefore we reject the null hypothesis and conclude that there is a relationship between delivery management and service delivery

Relationship between Relationship Management and Service Delivery

Table 5: Correlations between Relationship Management and Service Delivery

		Service Delivery	Relationship Management
Service Delivery	Pearson Correlation	1	.354*
	Sig. (2-tailed)		.001
	N	90	90
Relationship Management	Pearson Correlation	.354*	1
	Sig. (2-tailed)	.001	
	N	90	90

*. Correlation is significant at the 0.01 level (2-tailed).

Ho: There is no relationship management and service delivery in Kawolo Hospital, Lugazi Municipality.

Ha: There is a relationship management and service delivery in Kawolo Hospital, Lugazi Municipality.

From the correlation analysis relationship management and service delivery to have significant positive relationship ($r=0.354$, $p<0.01$) supporting hypothesis 3 which state that “there is a significant positive relationship between relationship management and service delivery”. The result also indicates positive relationship between the variables.

Conclusions

The findings of this study provide insightful conclusions about the relationships between contract administration, delivery management, relationship management, and service delivery at Kawolo Hospital in Lugazi Municipality. The correlation analysis revealed that the relationship between contract administration and service delivery is weak and statistically insignificant, as indicated by the Pearson correlation coefficient of 0.158 and a p-value of 0.136. This suggests that contract administration does not significantly influence service delivery at Kawolo Hospital, implying that these two variables are largely independent. The regression analysis further reinforced this finding by showing that contract administration explains only 2.5% of the variation in service delivery, with the remaining 97.5% attributed to other factors such as corruption, influence peddling, low productivity, and the limited capacity of local contractors.

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In contrast, delivery management showed a statistically significant and strong positive relationship with service delivery, as evidenced by a Pearson correlation coefficient of 0.532 and a p-value of 0.000. The regression analysis indicated that a one percent improvement in delivery management would lead to a 0.540 increase in service delivery, highlighting the critical role of effective delivery management in improving service outcomes at Kawolo Hospital. Additionally, relationship management was found to have a significant positive relationship with service delivery, with a Pearson correlation coefficient of 0.354 and a p-value of 0.001. This result underscores the importance of fostering strong relationship management practices to enhance service delivery.

Recommendations

Kawolo Hospital should revise its contract administration processes to address identified challenges, including contractor incompetence, corruption, and influence peddling. This can be achieved by adopting a merit-based contractor selection framework that emphasizes technical capacity, past performance, and compliance with regulatory standards.

The hospital management should invest in training procurement officers and project managers to enhance their skills in evaluating and monitoring contracts effectively. This will ensure that contract administration processes are rigorous and transparent.

Regular audits should be conducted to identify and address bottlenecks in contract administration, ensuring accountability and adherence to contractual obligations.

Strengthening Delivery Management Practices:

Delivery management should be prioritized as a critical driver of service delivery. Kawolo Hospital should establish robust monitoring and evaluation (M&E) frameworks to track project progress and outcomes. Regular M&E reports should be reviewed by senior management to identify and resolve implementation challenges promptly.

Effective resource allocation should be ensured by aligning project budgets with hospital priorities and optimizing the use of available funds, equipment, and personnel. Adequate contingency plans should also be developed to address unforeseen resource shortages.

Stakeholder engagement should be institutionalized through regular consultative meetings with contractors, hospital staff, and community representatives. This will foster a sense of ownership and accountability among all parties involved in project execution.

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