Absenteeism in local governments of Uganda and its implications on service delivery: A case of the Rwenzori region



# **Rwenzori Ant-corruption Coalition**

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By Rwenzori Ant-corruption Coalition (RAC)

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### **OVERVIEW**

Rwenzori Ant-corruption coalition sought to undertake research on absenteeism to obtain data for advocacy, engagement and policy influence. The findings will be used to advocate, engage and influence policy, monitoring and decision making by leaders.

Objectives of the research were: 1) To identify the number of days that staff have been absent in a week in selected health facilities, schools and production departments, 2) To find out the reasons for absent of staff in health facilities, schools and production departments, 3) To compare the rate of absenteeism across health facilities, schools and production departments, 4) To identify whether there is any corruption tendencies that perpetuate absenteeism in health facilities, schools and production departments.

The research was conducted by the RAC monitors in the respective districts over a period of 3 months. Each of the RAC monitors would visit schools, health centres and the production department to look through the staff registers and also on spot inspect the staff present and those absent. The schools monitored were 11.9% (Bundibugvo). 5.1% (Bunyangabu), 27%(Kabarole) 29% (Kamwenge), 3.4% (Kasese), 10.2% (Kyegegwa), 8.5% (Kyenjojo) and 5.1% (Ntoroko).

There were 569 staff monitored at health centres. Of these 19.3% come from Kabarole, 9.8% come from Ntoroko, 6.5% come from Bundibudgyo, 32.7% come from Kamwenge, 13%

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from Bunyangabu, 10.5% come from Kyegegwa, and 8.1% come from Kyenjojo. Rukunyu Health Center IV from Kamwenge Had the highest number of health staff monitored followed by Kyegegwa Health Center IV, Ibale Health Center II from Kabarole and Ngamba Health Center Bundibudgyo had the least number of staff monitored as shown on graph above. Out of 28 Sub Counties where the production department was monitored, 10.7% came from Bunyangabu, 25% came from Kabarole, 7% came from Kamwenge, 28.6% came from Kasese, 10.7% came from Kyegegwa, and 17.9% came from Kyenjojo Districts. The information about absenteeism (such as days absent number of staff absent and the reasons for absence) were captured in a Rubric.

It was found that of 59 Schools Monitored from Different Districts, 440 Staff were absent in the first week, 170 staff absent in the second week, 131 Staff absent in the third week and 54 Staff absent in the fourth week. The number of absenteeism was declining from the first week up to the fourth week. Out of 569 Health centers, 24.5% staff were absent in the first week, 26.5% staff absent in the second week number of absent staff increased, 24.7% staff were absent in the third week, and 24.2% staff were absent in the fourth week.

Out of 45 Staff absent from a week, 24% come from Bunyangabu, Both Kabarole and Kamwenge Staff absent each in a week at 14%, 26.7% staff absent come from Kasese, 4% Staff absent come from Kyegegwa, and 17.8% of absent staff come from Kyenjojo District.

There is a good relationship on Monday and Tuesday of staff being absent(many Staff absent) as compared to Wednesday with a very weak relationship of staff absent(very few staff absent), Thursday weak relationship of staff absent(Few staff absent) and Friday has a very good relationship of staff absent(Very many staff absent)

Kamwenge District having the highest number of Staff absent without reasons at 49.7%, followed by Kabarole District at 19.1%, Both Kyegegwa and Kamwenge having the highest number of staff each absent because of Official leave at 28.2%. Kyegegwa having a big number of staff absent on Official duty at 37.5%, Both Bundibudgyo and Bunyangabu have two staff each absent due to sickness (each), and both Kabarole and Ntoroko have one staff each absent due to sickness, Kyagegwa having the highest number (9) of staff absent with other reasons and Kabarole District having Two Staff absent with other reasons.

This information is useful as evidence based information to strengthen the advocacy, engagements with leaders and also influence policy making for implementation and realization of the mission of RAC.

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# **OUTLINE OF THE METHODS USED**

The research was conducted through qualitative and quantitative methodologies as described in this section. By the nature of the study, it focused on in-depth understanding of issues of absenteeism in health facilities, schools and production departments rather than generating statistical generalizable results.

# Design

The research design constituted five (5) steps in Figure 1. The steps of the research design followed a logical process where information form one step led lead to the next step.

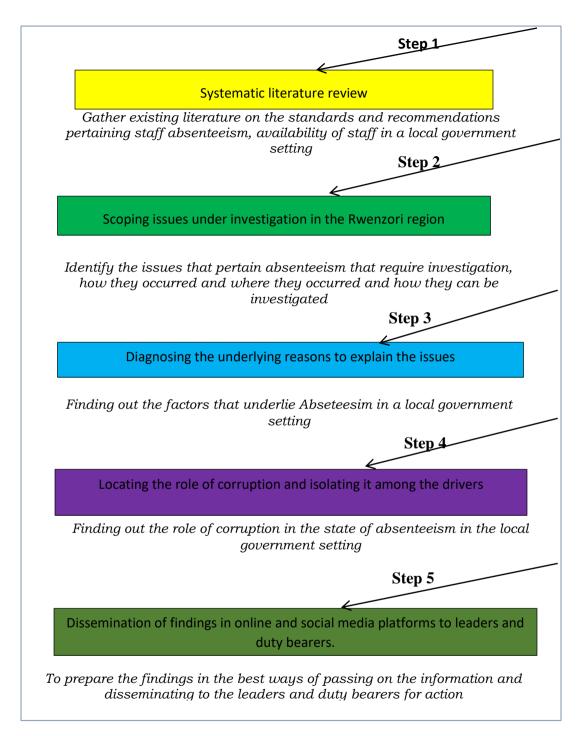


Figure 1: The framework for the research

# Geographical scope

The study was conducted from eight of the 9 districts of the Rwenzori region. The eight districts include: Kabarole, Kasese. Kvenjojo, Bundibugyo, Kamwenge, Ntoroko. and Kyegegwa. The 9 nieth district Bunyangabu of Kitangwenda was not yet established at the time conducting the study. The abseteesm in schools was studies in 59 schools (Appendix 1). In the various schools, the staff monitored were 706 with the highest number of 236 (34%) teachers from Kabarole District and 29 (4%) teachers from Kasese District.

# **Objective methodology matrix**

For each objective of the study, the data needed, the source of data, the sample size, the data collection instrument and summary of analysis procedures are shown in Table 1.

Objective	Data needed	Source of data	Data collection method/tool	Summary of data analysis procedures
To investigate staff absenteeism in selected health facilities, schools and production.	The days when the staff are present or absent from work	Staff registers On spot inspection	Document analysis Observation	Descriptive statistics

### Table 1: Objective methodology matrix of the research

# Sampling

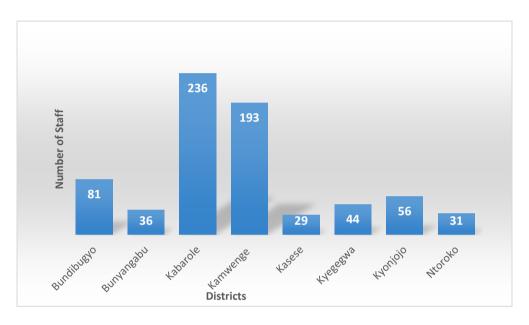
<u>Purposive sampling</u>: This was used in selecting respondents associated with particular offices such as LC5s, CAOS, Head teacher, and In charge of health centers purposely for information deemed necessary for answering the objectives of the study as specified in Table 1.

<u>Stratified random sampling</u>: This was used in selecting the specific individuals from the community and leaders at particular levels.

### FINDINGS

# Absenteeism in the education sector

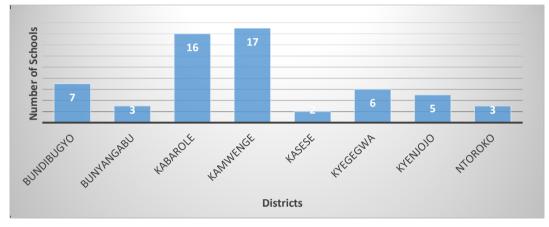
# Graph Showing number of school staff monitored per district of the Rwenzori region



# Table showing the number and percentage of school staff monitored per District

District	Total Staff	%
	monitored	
Bundibugyo	81	11.47
Bunyangabu	36	5.10
Kabarole	236	33.43
Kamwenge	193	27.34
Kasese	29	4.11
Kyegegwa	44	6.23
Kyonjojo	56	7.93
Ntoroko	31	4.39
Total	706	100

Eleven point seven percent (11.47%)( 81) Staff from Bundibugyo, 5.1%(36) Staff from Bunyangabu, 33.43% Staff from Kabarole, 27.34%(193) from Kamwenge, 4.11%(29) from Kasese, 6.23%(44) Kyegegwa, 7.93%(56) from Kyenjojo, 4.39(31) from Ntoroko.

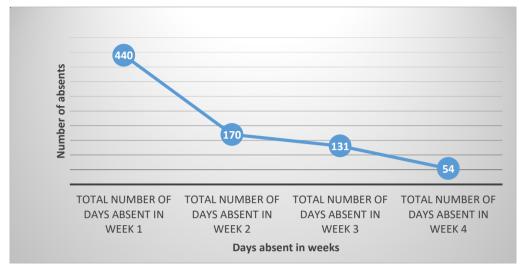


#### Number of schools monitored per districts

Table showing the number	and percentage	of schools monitored
per district		

Districts	Number of Schools	%
Bundibugyo	7	11.9
Bunyangabu	3	5.1
Kabarole	16	27
Kamwenge	17	29
Kasese	2	3.4
Kyegegwa	6	10.2
Kyenjojo	5	8.5
Ntoroko	3	5.1
	59	100

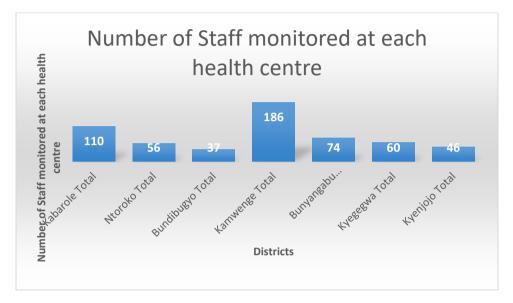
11.9% schools from Bundibugyo, 5.1% Schools from Bunyangabu, 27% Schools from Kabarole, 29% Schools from Kamwenge, 3.4% Schools from Kasese, 10.2% Schools from Kyegegwa, 8.5% Schools from Kyenjojo, 5.1% Schools from Ntoroko.



#### Number of staff found absent in schools

Out of 59 Schools Monitored from Different Districts, 440 Staff were absent in the first week, 170 staff absent in the second week, 131 Staff absent in the third week and 54 Staff absent in the fourth week. The number of absenteeism was declining from the first week up to the fourth week.

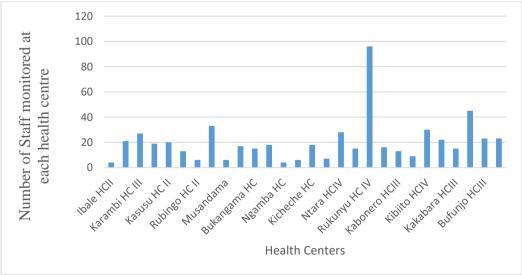
### Absenteeism in the health sector



The names of health centers per district where monitoring was conducted

Out of 569 staff monitored at each health center, 19.3% come from Kabarole, 9.8% come from Ntoroko, 6.5% come from Bundibudgyo, 32.7% come from Kamwenge, 13% from Bunyangabu, 10.5% come from Kyegegwa, and 8.1% come from Kyenjojo.

Number of Staff monitored at each health center



Rukunyu Health Center IV from Kamwenge Had the highest number of health staff monitored followed by Kyegegwa Health Center IV, Ibale Health Center II from Kabarole and Ngamba Health Center Bundibudgyo had the least number of staff monitored as shown on graph above.



The number of staff and days of Staff absence in each health Centre

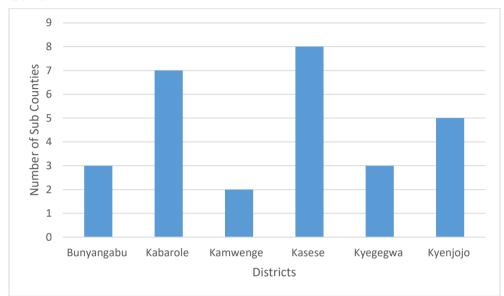
Out of 569 Health centers, 24.5% staff were absent in the first week, 26.5% staff absent in the second week number of absent staff increased, 24.7% staff were absent in the third week, and 24.2% staff were absent in the fourth week.

<b>I</b>					
	Monday of week 1	Tuesday of week 1	Wednesday of week 1	Thursday of week 1	Friday of week 1
Monday of week 1	1				
Tuesday of week 1	0.986767405	1			
Wednesday of week 1	0.954676883	0.965098773	1		
Thursday of week 1	0.899054287	0.923679656	0.981525676	1	
Friday of week 1	0.910449391	0.919650261	0.945750466	0.9041975	1

A comparison of the days and percentage of staff absent

There is a very good relationship between staff who were absent on Monday, Tuesday, Wednesday Thursday, Friday

### Absenteeism in the production sector

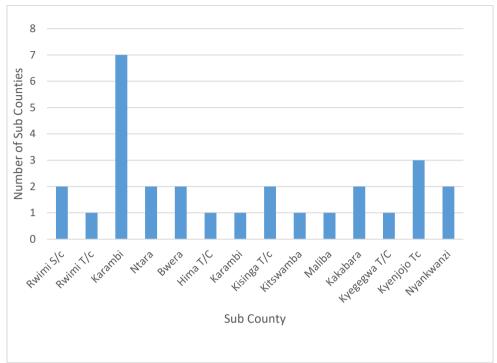


The names of sub counties per district where monitoring was done.

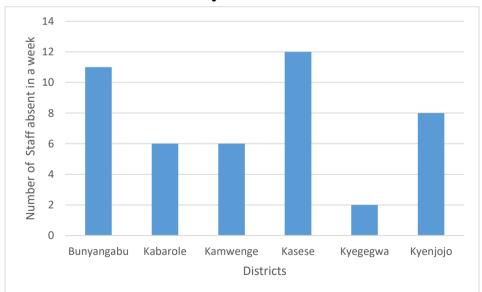
Out of 28 Sub Counties, 10.7% came from Bunyangabu, 25% came from Kabarole, 7% came from Kamwenge, 28.6% came from Kasese, 10.7% came from Kyegegwa, and 17.9% came from Kyenjojo Districts.

District	Sub county	Total Number Sub county
Bunyangabu	Rwimi S/c	2
	Rwimi T/c	1
Kabarole	Karambi	7
Kamwenge	Ntara	2
Kasese	Bwera	2
	Hima T/C	1
	Karambi	1
	Kisinga T/c	2
	Kitswamba	1
	Maliba	1
Kyegegwa	Kakabara	2
	Kyegegwa T/C	1
Kyenjojo	Kyenjojo Tc	3
	Nyankwanzi	2
Grand Total		28

### Number and Distribution of Sub counties



**Distribution of Sub Counties** 



The number of staff and days of Staff absence

Out of 45 Staff absent from a week, 24% come from Bunyangabu, Both Kabarole and Kamwenge Staff absent each

in a week at 14%, 26.7% staff absent come from Kasese, 4% Staff absent come from Kyegegwa, and 17.8% of absent staff come from Kyenjojo District.

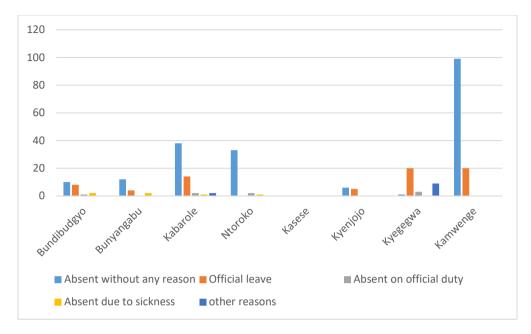
toutioning of Starr associet woon augs								
	Monday	Tuesday	Wednesday	Thursday	Friday			
Monday	1							
Tuesday	0.77865	1						
Wednesday	-0.1695	-0.2814	1					
			-					
Thursday	0.29661	0.71968	0.642718121	1				
			-					
Friday	0.84665	0.78087	0.105999788	0.2425	1			

Relationship of Staff absent week days

There is a good relationship on Monday and Tuesday of staff being absent(many Staff absent) as compared to Wednesday with a very weak relationship of staff absent(very few staff absent), Thursday weak relationship of staff absent(Few staff absent) and Friday has a very good relationship of staff absent(Very many staff absent)

Reasons	for	absence	of	staff	under	the	three	categories
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District	Absent without any reason	Official leave	Absent on official duty	Absent due to sickness	other reasons
Bundibudgyo	10	8	1	2	
Bunyangabu	12	4		2	
Kabarole	38	14	2	1	2
Ntoroko	33		2	1	
Kasese					
Kyenjojo	6	5			
Kyegegwa	1	20	3		9
Kamwenge	99	20			



Kamwenge District has the highest number of Staff absent without reasons at 49.7%, followed by Kabarole District at 19.1%, Both Kyegegwa and Kamwenge having the highest number of staff each absent because of Official leave at 28.2%. Kyegegwa having a big number of staff absent on Official duty at 37.5%, Both Bundibudgyo and Bunyangabu have two staff each absent due to sickness (each), and both Kabarole and Ntoroko have one staff each absent due to sickness, Kyagegwa having the highest number (9) of staff absent with other reasons and Kabarole District having Two Staff absent with other reasons.

### CONCLUSIONS

The objectives of study were to analyze the impact of employees' absenteeism in Local Government authorities and suitable suggestions to control and prevent offer the absenteeism of workers. The objectives of the study have been achieved by collecting primary data and secondary data from various districts in the Rwenzori region. The study has found that excessive work load for remaining staff, delay in daily routine, poor customer's satisfaction and complaints from the society are some of the impact of absenteeism. Hence, the should take necessary management steps to correct deficiencies in various institutions and fulfill the needs of workers which will enhance their satisfaction and motivation and thereby improve retention of the employees so as to provide quality care to the society.

Among other solutions, employees motivation is said to be one among the significant tool towards enhancing the employees' commitment to their job hence reduce absenteeism. Lack of motivation to employees limit commitment to their job and hence may result to employees absenteeism. Some of the strategies which can be proposed to rescue the situation include; formalizing the organization's expectations for attendance by writing an attendance policy, sharing the attendance policy with employees as part of the new employee orientation process and discuss expectations for attendance, rewarding good attendance by giving employees a bonus for having no unplanned absences in a 12 month period and also providing support through Employees Assistance Program(EAP) which can help to deal with personal issues that might be affecting their attendance.

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### RECOMMENDATIONS

Based on the above findings of the study, the following suggestions are offered by the researcher so as to control and prevent absenteeism of employees.

- 1. Supervision system should be strengthened. The supervisors should be competent to take the duties, well-educated and able to handle all employees in a good manner. There are no employees who like to be governed by under qualified manager or administrator.
- 2. Human resources and other staffs should be employed basing the number of works and its volume so as to reduce workload to some employees.
- 3. Keep human resources motivated and fully participate in various organizational strategies. Fulfilled and satisfied workers are less likely to abuse an nonattendance policy, hence think about rewarding excellent attendance.
- 4. Job safety and security of the human resources should be ensured. The Head of departments and supervisors should consider the appeal of the workers in terms of departure and leave. It should be known by supervisors that sometimes workers in an organization becomes absent in an organizations due to the complications of the supervisors in some aspects.
- 5. The job description should be well elaborated and provided to the workers or employees. There should be also provision and conduct of orientation to new workers so as they can be aware of the mission and vision of the organization.
- 6. The open performance appraisal should be taken in each year at least after every six months; also salary fixation

should be done fairly without favoritism. There should not be unfairness in them particularly for persons who are close to the administration or executive. The managers and supervisors should treat their workers equally regardless of their colour, education level, sex and any other factors.

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This report contains findings of a research on Absenteeism in local governments of Uganda and its implications on service delivery using a case of the Rwenzori region.

The report provides information on the number of days that staff have been absent in a week in selected health facilities, schools and production departments, the reasons for absent of staff in health facilities, schools and production departments, the rate of absenteeism across health facilities, schools and production departments, and whether there is any corruption tendencies that perpetuate absenteeism in health facilities, schools and production departments.

The data presented herein is useful for advocacy, engagement and policy influence.



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