

**EFFECT OF DECENTRALIZATION ON HEALTH SERVICE DELIVERY IN  
LOWER LOCAL GOVERNMENT : A CASE STUDY OF KASODO HEALTH  
CENTER III KASODO SUB COUNTY PALLISA DISTRICT**

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**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL  
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**UGANDA CHRISTIAN  
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## DECLARATION

I **DUCHU PATRICK** do hereby declare that the material presented in this research report titled "Effect of decentralization on health service delivery in lower Local governments. A case study of Kasodo Health Centre in in Kasodo Sub-County, Pallisa district is out my effort and has never been presented to any other institution of higher learning for any academic award.



Signature.......... Date.....*30th Aug 2024*.....

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## APPROVAL

This research proposal titled "Effect of decentralization on health service delivery in lower Local governments. A case study of Kasodo Health Centre III in Kasodo Sub-County, Pallisa district" has been written under my supervision and it is now ready for submission to the department of Social Sciences of Uganda Christian University with my approval.

SIGNATURE:  ..... Date:  .....

ODONGO JOSEPH  
ACADEMIC SUPERVISOR:

## **DEDICATION**

I dedicate this work to my parents for laying a solid foundation for my education and shaping my life

## **ACKNOWLEDGEMENTS**

I wish to thank the Lord Jesus for His abundant grace and blessings that have enabled me complete this dissertation.

I wish to express my sincere gratitude to my supervisor Mr. Odong Joseph for his immense contribution and positive criticism. His insightful suggestions, timely comments and encouragement throughout the entire research process were invaluable. Without them, the completion of this work would have been a mere dream.

I salute you all.

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## **LIST OF ABBREVIATIONS**

LC Local Councils

LGA Local Government Act

LODP: Local Government Development Programme

MDGs: Millennium Development Goals

MoH: Ministry of Health

SDGs: Sustainable Development Goals

SPSS: Statistical Package for Social Sciences

UNDP: United Nations Development Programme

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.0 Introduction**

This study will examine the relationship between decentralization and health service delivery, it provided BIG, PS, G.O, and S.O.S. The independent variable was decentralization with kry dimensions that included political decentralization, fiscal decentralization and administrative decentralization while dependent variable will be public health service delivery with service Indicators such as equitable accessibility, timely delivery, availability of health equipment and citizen satisfaction. This chapter presents the background to the study, statement of the problem, general objective, specific objectives, research hypotheses, conceptual framework, and scope of the study, significance and justification of the study and definition of key terms

### **1.1 Background to the study**

The background to the study was built on the historical perspective of the problem, theoretical, conceptual and contextual backgrounds which shaded more light on the situation in regard to the problem under study.

#### **1.1.1 Historical Background**

Ferlic & Steane, (2022) found out that in earlier centuries when little was known about the causes of diseases, societies tended to attribute illnesses to witch craft and resignation, and on this note, few public health actions were taken. As understanding of sources of contagion and means of controlling diseases became more refined, more effective health interventions against health threats were developed and the move towards decentralization started evolving especially with the emergence of the New Public Management (Manning, 2021) and Public organizations and agencies were formed to employ newly discovered interventions against health threats. It is important to note that the transformation of the territorial structure of Government, its decentralization, particularly the introduction of territorial self-Government was considered an essential task in the process of rebuilding political and administrative systems in Central and

Eastern Europe after 1989 and the reforms of the territorial Government followed closely after the collapse of the Communist regimes and after the transformations of the constitutional bodies and Central Governments in 1990 (Batley & Larbi, 2014). This was intensified with intensions of extending power, public services, and generally public administration near to the locals through a scientific approach, through this approach, public authorities expanded to take on new tasks, including sanitation, immunization, regulation, health education, and personal health care (Chave, 1984; Fee, 1987). Since the 1980s, a great number of Countries, developed or developing, have been embarking on improving the quality of public service delivery through decentralization whereby legally Uganda embraced the move in 1997 through the enactment of the Local Government Act, 1997 (The Government of Uganda, 1997).

Frost (2022) argued that despite the mentioned move, public services still remain out of reach for many communities with a few exceptions of successful cases (Malaysia, for example), public service delivery remains at a lethargic stage for the middle- and low-income countries Uganda being one of them.

According to Marek (2023), he argued that with a deliberate emphasis on quality of health, nations will be able to make significant progress towards achieving the Sustainable Development Goals and attaining universal health coverage. For instance the study was carried out by Mutumba (2015) on the effect of decentralization on the performance of district personnel in Uganda: a case-study of Tororo District Health Directorate: Lameck (2017) studied decentralization and the quality of public service delivery in Tanzania. Case study of Morogoro Municipality and Hai District Council. Saavedra (2020) undertook a study on the impact of decentralization on access to service delivery).

In Uganda, service delivery focuses on a defined minimum package of care, the Uganda National Minimum Health Care Package. This minimum package of care is delivered through a network of health units and referral system escalated by the decentralization move. The Local Governments also plan for and oversee health service delivery within the districts (The Government of Uganda, 1997).

Thynne (2023) argued that however the challenge is to make the Country's health system functional in order to provide modern health services to the citizens (The Government of Uganda,

1997). In the last two decades, the high levels of maternal mortality, infant mortality, malnutrition, poor sanitation and hygiene are at unacceptable levels. The persistent inadequacy of health service delivery and other health related challenges against common health conditions despite decentralization move triggers the concern to undertake the study to identify the relationship between decentralization and public health service delivery as the Country strategizes through such moves to move towards middle income status.

### **1.1.2 Theoretical Background**

This study will be guided by the Sequential Theory of Decentralization, as the study will aim to examine the relationship between decentralization and health service delivery. The Sequential Theory of Decentralization propounded by Falleti (2015) will be used as the directing framework to discuss the curves in conducting the study by specifically focusing on the three decentralization dimensions of political, fiscal and administrative. Falleti (2015) said that the concept of decentralization is a set of state reforms which involves exclusively only state actors from the central Government to the lowest Government agencies at the grassroots. In line with that, Falleti the proponent of the sequential theory of decentralization argued that the sequencing of diverse forms of decentralization namely: administrative, fiscal, and political is a key determinant of the development of the Inter-Governmental balance of powers, increase of locals" participation in decision making and general improvement in public service delivery.

The application of this theory in the study is intended to prove the existence of decentralization and its relationship with public health service delivery and which decentralization dimension has a remarkable contribution towards public health service delivery.

Even though this theory falls short of the society, religion and environmental factors that have proven that they are always in the background of every decentralized state. Theoretically, it is believed that the undertaking of decentralization is associated with the improvement in public service delivery through increased citizen satisfaction since services are delivered in line with the citizens' needs, service adequacy because of proper planning and incorporation of the locals needs in the budgets, improved service accessibility and timely delivery through the creation of a variety of health systems starting from Village Health Teams (VHTs) to referral hospitals. It is discovered that to ensure service delivery and the exercise of devolved powers (political powers) in general,

administrative decentralization should be implemented along with expenditure and fiscal arrangements. So function, finance, and functionaries all need to be sequenced properly. Therefore, in relation to this study, it was believed that decentralization through political, fiscal and administrative could work as key factors that could enhance improvement in the public health service delivery and the researcher thought that improved decentralization in the Local Government organizations as per this theory would mark improved public health service delivery in Kasodo Sub-county.

### **1.1.3 Conceptual Background**

The key concepts of this study will include decentralization and health service delivery. Decentralization is a process of state reform composed by a set of public policies that transfer responsibilities, resources, or authority from higher to lower levels of Government in the context of a specific type of Agrawal (2021). However Ribot (2014) said that decentralization can be territorial, functional or institutional, depending upon the geographical demarcation, range of functions delegated and the way decision-makers are recruited

Fiscal decentralization as a set of policies designed to increase the revenues or fiscal autonomy of subnational Governments as defined by Ribot (2014).

According to Falleti (2014), Administrative decentralization comprises the set of policies that transfer the administration and delivery of social services such as education, health, social welfare, or housing to subnational Governments, however Devas and Delay (2016) argued that political decentralization is the set of constitutional amendments and electoral reforms designed to open new or activate existing but dormant or ineffective spaces for the representation of subnational institutions.

Kotler (2022) defined health service delivery as the provision of health related goods and services to all persons especially those that cannot be provided by the private sector. But Mutabwire (2023) said that public health service delivery refers to a relationship between policy makers, service providers, and consumers of those services, and encompasses both services and their supporting systems. Shenghelia (2023) furthermore describes accessibility of service as a broad term with varied dimensions: the comprehensive measurement of access requires a systematic assessment of

the physical, economic, and socio- psychological aspects of people's ability to make use of health services. According to Shenghelia (2023), availability as an aspect of comprehensiveness and refers to the physical presence or delivery of services that meet a minimum standard. However, Van (2014) said that citizens' perception of the quality of the goods and services that are provided by the Government.

#### **1.1.4 Contextual background**

Decentralization, the transfer of authority and responsibility from central to local governments, has been embraced worldwide as a strategy to enhance governance, improve public service delivery, and foster local development. In the health sector, decentralization is seen as a means to make healthcare more accessible, efficient, and responsive to local needs by bringing decision-making closer to the communities served (World Health Organization (WHO, 2019). The World Health Organization (WHO) and other global health bodies have supported decentralization as a mechanism to achieve universal health coverage (UHC) and other health-related Sustainable Development Goals (SDGs). However, the effectiveness of decentralization in achieving these goals varies widely depending on local contexts, the capacity of local governments, and the availability of resources.

Globally, decentralization is increasingly becoming one of the key development strategies in the quest to deliver goods and services efficiently and effectively to the citizenry. In the last decades there has been increasing reference to the term "decentralization" as a way of managing the public sector in both the developed and developing countries. All governments in the world, no matter how centralized they are, need at the very least to transfer responsibility for the execution of their centrally decided policies to regional or locally-based branches or organizations (Smoke, 2023). In many countries, the role of local governments has undergone a major shift in the face of new fiscal realities characterized by new severe limitations on financial resources. This situation has led to the downloading of a large number of functions and responsibilities to the local level often unaccompanied by the devolution of fiscal powers and financial resources.

In Africa, many countries have carried out reforms aimed at decentralizing the political, administrative and fiscal structures of the public sector. The need to transform the structure of governance is informed by the view that decentralization increases the overall efficiency and

responsiveness of the public sector in providing services, an outcome that enhances economic development and contributes to a reduction in regional disparities decentralization has advanced considerably in the last two decades (Amusa & Mabugu, 2016). Moreover, many African central governments have initiated or deepened processes to transfer authority, power, responsibilities, and resources to sub-national levels. African countries that have decentralized include Kenya, Botswana, Burkina Faso Ethiopia, Ghana, Mali, Mozambique, Nigeria, South Africa, Tanzania, and Uganda (Dickovick & Riedl, 2017). Despite this, the African evidence on the relationship between devolution and service delivery is very limited. Moreover, much of the available evidence is anecdotal or focused on a specific set of issues, such as participation, empowerment or fiscal autonomy. There is paucity of studies that have examined devolution experiences across the Africa region in a comprehensive and comparative way (Batchelor, Smith, & Fleming, 2014).

In Uganda, its is among the countries in Sub Saharan Africa that are implementing reforms in the Health Sector in the framework of fiscal decentralization. This process started in 1999 when the National Health Policy was launched (Ongodia, 2016). This was done as a way out of the broken health system since the 1970s due to a combination of economic, political and social factors. Before fiscal decentralization was introduced in Uganda by the central government in accordance with Article 176 of the 1995 National Constitution and Sections 78-86 of the Local Governments Act (Cap. 243), Uganda was faced with many problems related to the quality of health care services including high infant mortality rates, high maternal mortality rates, poor facilities, inadequate personnel, poor responsiveness and reliability (Ongodia, 2016). The health care services were not reliable and responsive and the associated infrastructure was not meeting the standards.

Pallisa District, like many other districts in Uganda, has faced challenges in implementing decentralized health service delivery. Issues such as underfunding, insufficient healthcare personnel, and logistical challenges have affected the quality of health services provided at the lower local government level (Ministry of Local Government, Uganda, 2019). Despite these challenges, decentralization has provided an opportunity for local leaders and communities to have a say in how health services are delivered, which has the potential to improve responsiveness to local health needs.

Kasodo Sub-County, within Pallisa District, reflects the broader challenges and opportunities of decentralized health service delivery. The sub-county, being a rural area, faces significant health service delivery challenges, including inadequate healthcare infrastructure, limited medical supplies, and a shortage of healthcare personnel. Decentralization has allowed local authorities in Kasodo Sub-County to make decisions regarding health services that are more aligned with the specific needs of their community (Pallisa District Local Government, 2023). However, the effectiveness of these efforts is often constrained by the broader systemic issues facing the district and the country

Kasodo Health Centre III, located in Kasodo Sub-County, Pallisa District, serves as a primary health care facility providing basic health services to the local population. As a lower-level health facility, it is directly influenced by the decentralization policies implemented by the district local government. The health center faces challenges such as inadequate funding, limited medical supplies, and understaffing, which affect its ability to provide quality health services (Pallisa District Local Government, 2019).. The study of Kasodo Health Centre III will provide insights into how decentralization has impacted health service delivery at this level, and identify potential areas for improvement to enhance health outcomes for the local community.

## **1.2 Statement of the Problem**

Decentralization has been widely implemented as a strategy to improve public service delivery by transferring authority and responsibility from central to local governments. In Uganda, the decentralization policy, formalized through the Local Government Act of 1997, was designed to enhance the efficiency, equity, and responsiveness of service delivery, particularly in sectors such as health (Ministry of Local Government, Uganda, 2020). Despite the potential benefits, the impact of decentralization on health service delivery at the lower local government level remains contentious, with mixed results reported across various districts.

Kasodo Health Centre III, located in Kasodo Sub-County, Pallisa District, provides a crucial case study for examining the effects of decentralization on health service delivery. This rural health facility, like many others in Uganda, faces challenges such as inadequate funding, limited medical supplies, and a shortage of healthcare personnel (Ayee, J. R. A. 2020). These issues raise concerns about whether the decentralization policy has effectively empowered local governments to

improve health services or if it has exacerbated disparities in service delivery, especially in resource-constrained areas.

The problem at hand is that, while decentralization theoretically promises to bring services closer to the people and improve their quality, the reality at Kasodo Health Centre III suggests that these benefits may not be fully realized. The persistent challenges in health service delivery at this facility indicate potential weaknesses in the implementation of decentralization policies at the local level, such as inadequate financial support, poor infrastructure, and insufficient capacity for effective management and service provision (Pallisa District Local Government 2023).

Therefore, this study seeks to critically assess the effect of decentralization on health service delivery at Kasodo Health Centre III, focusing on identifying the specific challenges and opportunities that decentralization presents in this context. The findings from this study will provide insights into the broader implications of decentralization on health service delivery in rural Uganda, and potentially offer recommendations for policy adjustments to improve health outcomes in lower local governments,

### **1.3 General Objective**

The purpose of the study is to examine the effect of decentralization on health service delivery in lower Local governments. A case study of Kasodo Health Centre iii in Sub-County, Pallisa district

### **1.4 Specific Objectives**

To examine the relationship between political decentralization and health service delivery in Kasodo Health Centre iii in Kasodo Sub-County, Pallisa district.

Kanodo Health Centre III, located in Kasodo Sub-County, Pallisa District, provides a crucial case study for examining the effects of decentralization on health service delivery. This rural health facility, like many others in Uganda, faces challenges such as inadequate funding, limited medical supplies, and a shortage of healthcare personnel (Ayee, J. R. A. 2020). These issues raise concerns about whether the decentralization policy has effectively empowered local governments to improve health services or if it has exacerbated disparities in service delivery, especially in resource-constrained areas.

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### **1.5 Research questions**

What is the relationship between political decentralization and public health service delivery in Kasodo Health Centre iii in Kasodo Sub-County, Pallisa district?

What is the relationship between fiscal decentralization and public health service delivery in Kasodo Health Centre iii in Kasodo Sub-County, Pallisa district?

What is the relationship between administrative decentralization and public health service delivery in Kasodo Health Centre iii in Kasodo Sub-County, Pallisa district?

### **1.6 Scope of the study**

#### **1.6.1 Geographical scope**

The study will be carried out in in Kasodo Sub-County in Pallisa district. Kasodo Sub-County is located in Pallisa District, which is in the Eastern Region of Uganda. Pallisa District is bordered by several other districts, including Kibuku to the south to the East Kumi and Ngora in the north Serere and Buyende in the north west Kaliro in the west. Kasodo Sub-County is one of the administrative units within Pallisa District, contributing to the local governance and administrative

functions of the region. Kasodo Sub-County in Pallisa District is composed of several parishes, including Kasodo, Kainja, Nangodi, Nabitende, Najeniti. Each parish is further divided into villages. For example, Kasodo Parish includes villages like Kasodo, Kasodo central, Nsambya, Nakibuya, Nakibakiro. Similarly, Kainja Parish encompasses Kainja, Kongora, Koole, Bulalaka. Nangodi Parish consists of Nangodi A, Nangodi B, Nangodi C and Bukatikoko, Najeniti Parish includes Najeniti, Nanjeniti II, Nakitende, Kasuleta, Bukenye, A and B while Nabitende Parish is made up of Kisoko A, Kisoko B, Nabitende Central, Kasanvu A and B. These parishes and villages form the local administrative units within the sub-county.

### **1.6.2 Content Scope**

The study will focus on decentralization and how it is related to health service delivery. The sub variables of decentralization included political decentralization, fiscal decentralization and administrative decentralization by determining their contribution to public health service delivery in terms of adequacy, accessibility, timeliness, availability and citizen satisfaction. The justification for the choice of this scope is that decentralization move will be undertaken with the intentions of improving public service delivery but the results on ground are not in tandem with such intentions given the status of health service delivery in Kasodo Sub-County in Pallisa district.

### **1.6.3 Time Scope**

The researcher will interact with S/C information covering 2021-2024., the health service delivery of Kasodo Sub-County in Pallisa district has not improved as expected despite the new Government system of decentralization. These years will be an ample time for the researcher to examine the effects of decentralization on health service delivery in Kasodo Sub-County in Pallisa district. The study is expected to take a period of six months that is to say February, March, April, May, June, July and August.

### **1.7 Significance of the Study**

The study would enable the Local Government and the management of Kasodo Sub-County in Pallisa district to understand the contribution of decentralization to health service delivery. It would also help the district management committee to understand what decentralization practices

should enhance public health service delivery and contribute to meeting the National Development Goals.

The study will be used as the point of reference for researchers who will undertake similar studies.

There could be a number of academicians, organizations and researchers who would like to know what decentralization constructs are available in Kasodo Sub-County in Pallisa district and how they contribute to health service delivery which is on a high demand by the citizens.

The study may also guide the Ministry of Health on how to come up with effective policies that can improve on health service delivery in the lower Local Governments without necessarily focusing on decentralization.

The successful execution of this study will enable the researcher to be awarded a Bachelor's Degree in Public Administration and Management of Uganda Christian University.

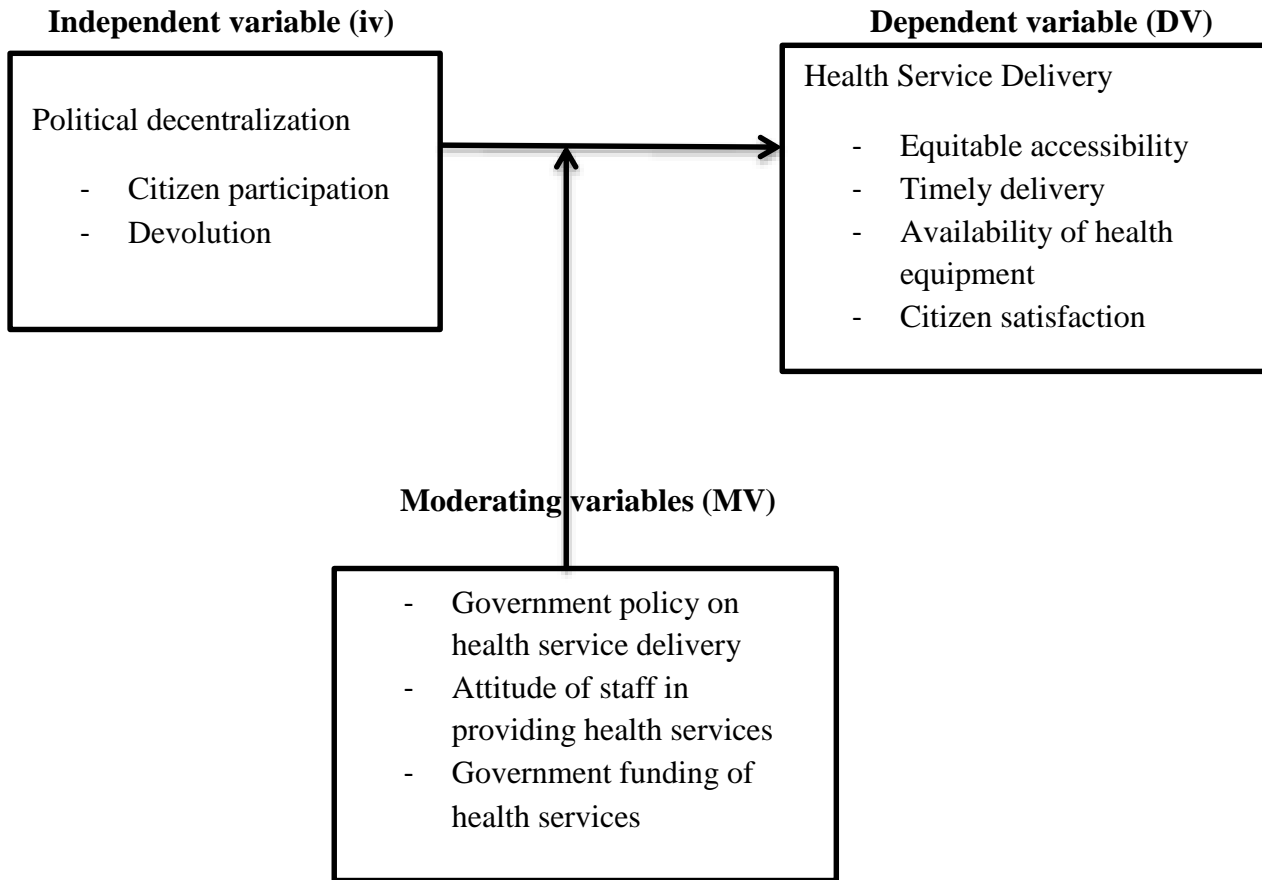
### **1.8 Justification of the study**

It is the responsibility of the Government through its respective agents to deliver health services to its citizens, and once these services are not delivered as mandated, the poor at the grass root suffer the consequences.

The move towards decentralization was among other factors intended to improve public service delivery, therefore, it is necessary to establish the relationship between the two before Government may continue injecting resources in to the move.

Today, the status of unfriendly health service delivery in the Local Governments specifically in Kasodo Sub-County in Pallisa district is alarming where such services are inadequate, difficult to access; time consuming which is contrary to the objectives of decentralization of ensuring prompt service delivery and responsive to the locals' needs, hence the move to undertake the study to examine the relationship between decentralization and health service delivery with the intention to assess the association of the three dimensions of decentralization with public health service delivery in Kasodo Sub-County in Pallisa district.

## 1.9 Conceptual Frame Work of the study



**Figure 1: Conceptual framework of the study**

Source: Adapted from Falleti (2005) world Bank (2000) constructed from the reviewed literature and modified by the researcher

### 1.9.1. Explanation for the conceptual framework

The conceptual frame work above is designed to explain the relationship between decentralization and health service delivery decentralization was conceived as the independent Variable (IV) while public health service delivery as the Dependent Variable (DV) as illustrated in figure 1 above. The independent variable is conceptualized as political decentralization, fiscal decentralization and administrative decentralization. The indicators of political decentralization a sub variable of decentralization included citizen participation, devolution, domestic accountability and local

elections. Administrative decentralization is measured in form of corporate status, decocentration and delegation of authority and responsibility, financial resources, transfer of administration. The dimension of fiscal decentralization was measured in form of autonomy of revenue collection, expenditures, Inter-Governmental transfers, grants management. The dependent variable was public health service delivery disintegrated as equitable access, timely delivery, and availability of health equipment, citizen satisfaction and adequate services. However, the Moderating variable for example Government policy on health service delivery, Attitude of staff in providing health services and Government funding of health services can affect how decentralization can influence the health service delivery.

The major intent for this study was to examine the relationship between decentralization and public health service delivery

Therefore, the conceptual framework above is to guide the researcher to examine the relationship between the two main variables (decentralization and health service delivery) in Kasodo Sub-County in Pallisa district.

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.0 Introduction**

This chapter of the study will focus on the review of relevant related literature to the study. The review will be conducted under themes which are formulated in line with the objectives of the study and in an effort to seek affirmation that are raised under the study. The review will begin by looking at the theoretical review of the study, it will also evaluate the concept of decentralization specifically focusing on three dimensions; political, fiscal and administrative decentralization and their relationship with public health service delivery. 2.1 Definition of key terms.

#### **2.1 Definition of key terms**

Conning & Kevane (2015) defined Health Service Deliver as health Service Delivery systems that are safe, accessible, high quality, people centered, and integrated are critical for moving towards universal health coverage. Service delivery systems are responsible for providing health services such as drugs for patients, persons, families, communities and populations in general, and not only care for patients.

Decentralization is usually referred to as the transfer of powers from central government to lower levels in a political-administrative and territorial hierarchy (Crook and Manor 1998, Agrawal and Ribot 1999).

Akorsu (2015) contends that financial decentralization is a set of policies designed to increase the revenues or fiscal autonomy of sub-national governments. Fiscal decentralization is the most traceable type of decentralization as it is directly linked to budgetary practices. It necessitates the transfer of powers to raise and retain financial resources to fulfill assigned responsibilities to local level political and administrative organizations

Political decentralization refers to the process of giving citizens more power to influence public decision making and the formulation and implementation of policies through elected leaders. This

includes coming up with structures to improve people's participation in local political processes, hence providing a mechanism of checks and balances (Sutiyo, 2014).

Administrative decentralization refers to a transfer of power to lower-level central government authorities, or to other local authorities who are upwardly accountable to the central government. This means shifting responsibilities from central government officials in the capital city, to those working in regions, provinces, and districts (Fritzen & Lim, 2016).

## **2. 2. Theoretical Review**

This study will be guided by the Sequential Theory of Decentralization as the study will examine the relationship between decentralization and public health service delivery. The Sequential Theory of Decentralization propounded by Falleti (2015) has been used as the directing framework to discuss the curves in conducting the study. The concept of decentralization is a set of state reforms which involves exclusively only state actors from the central Government to the lowest Government agencies at the grassroots (Falleti, 2015). In line with that, Falleti the proponent of the sequential theory of decentralization argues that the sequencing of diverse types of decentralization namely: administrative, fiscal, and political are key determinants of the development of the Inter-Governmental balance of powers. The analysis of the theory indicates that the three dimensions of Decentralization are interdependent and for decentralization to yield the intended outcomes specifically public health service delivery in terms of accessibility, timely service delivery, availability of services and citizen satisfaction the three need to be in operation.

The theory explains that to ensure service delivery and the exercise of devolved powers in general, administrative decentralization should be implemented along with expenditure and fiscal arrangements (Falleti, 2015), So function, finance, and functionaries all need to be sequenced properly. The theory is relevant to this study despite other competing theories like the Principal Agent theory, the first scholars to propose explicitly that a theory of Principle and Agency be created, and to actually begin its creation. The agency principle has been used to explain the effect of local development grants management on service delivery in Local Government by (Odeke, 2014), the Public-choice theory which assumes that decentralization, as a mode of governance will

enhance speedy delivery of social services unused by Mutumisa (2015) in explaining the effect of decentralization on the performance of district personnel in Uganda, the resource dependency theory which posits that power is based on control of resources that are considered strategic within the organization and is often expressed in terms of budget and resource allocation (Mudambi & Pedersen, 2017)

The incorporation of sequential theory in the study was intended to prove the existence of decentralization and its relationship with public health service delivery and establish which decentralization dimension has a remarkable contribution towards public health service delivery. However, this theory falls short of the society, religion and environmental factors that have proven that they are always in the background of every decentralized state. Theoretically, it is believed that the undertaking of decentralization is associated with the improvement in service delivery through increased citizen satisfaction since services are delivered in line with the citizens' needs, service adequacy because of proper planning and incorporation of the locals needs in the budgets, improved service accessibility and timely delivery through the creation of a variety of health systems starting from Village Health Teams (VHTs) to referral hospitals (Batley & Larbi, 2014).

It was discovered that to ensure service delivery and the exercise of devolved powers (political powers) in general, administrative decentralization should be implemented along with expenditure and fiscal arrangements. So function, finance, and functionaries all need to be sequenced properly.

Therefore, in relation to this study, it is believed that decentralization through political, fiscal and administrative could work as key factors that could enable Government to improve on public health service delivery and the researcher presupposes that improved decentralization in Local Government organizations as per this theory will mark improved public health service delivery.

### **2.3 Conceptual review**

According to Berman and et al (2020) decentralization is the transfer of decision making from central Government bodies to local officials to tailor service provision to the needs of local populations. Or it is generally perceived as a reform process designed to reduce central influence and promote local autonomy. Egbenys (2019) states that, decentralization can be in the form of political, administrative, fiscal and market decentralization. According to Hutchinson and LaFond

(2014) fiscal decentralization refers to devolving to local levels Government control over financial resources either in terms of expenditure, assignments or revenue generation. It is the situation in which decision about expenditure of revenues raised locally or transferred from central Government are done by the local authority. Administrative decentralization comprises the set of policies that transfer the administration and delivery of social services such as education, health, social welfare, or housing to subnational Governments. Saito (2020) revealed that in Uganda with decentralization, ordinary people have opportunities to participate in decision-making process for the first time since colonial rule was imposed. This is a very significant change because before decentralization, people felt little relationship with the administrative offices except being asked to pay taxes and other duties. Now the people have the opportunity to exercise their rights.

This needs intervention to revert the situation hence the need to examine the relationship between decentralization and public health service delivery in Kasodo Health centre iii in Pallisa district.

#### **2. 4. Political decentralization and public health service delivery**

According to World Bank (2020) political decentralization involves providing citizens or their representatives with additional public decision making power, in particular through democratic process. The rational and principal assumption of political decentralization is that decisions made with greater participation will be better informed and more relevant to diverse interest in society than those made by national political authorities. The reality however provides some level of variance because though political decentralization has this assumption, the process of selecting representatives, personal disposition and interest determine the level to which they represent the interest of their constituents.

Khemani (2021) revealed that political decentralization gives citizens through their elected leaders more power in public decision-making. It is often associated with a mixed setting and a representative Government. The premise is that service delivery policies taken at the sub-national level will be better informed and more relevant to diverse interests in society than those taken only by national political authorities

More importantly, political decentralization may help to strengthen accountability, which is necessary for improved service delivery (World Bank, 2014). If local elected officials make policy

decisions about services that affect citizens, they in turn can hold the local officials accountable and remove them from power in the next local elections. However, this has not been effective in most of Local Government councils and Muyembe Health iv in particular thus the need to establish the relationship between political decentralization and public health service delivery Mugabi (2014) states that devolution and delegation of power to lower Local Governments was expected to encourage more community participation in planning and budgeting and to hold local policy makers accountable for the quality of social services provided, such as health, education, agricultural services, water and infrastructure. This involved delegation of authorities to improve access to public services, increase participation in decision making, develop local capacity and enhance transparency and accountability

According to World Bank (2014) it is commonly argued that political decentralization brings accountability to the system and may improve health service delivery. This may occur because citizens have a channel to provide input on local decision-making processes and hold local decision-makers accountable for their actions. McGreevey (2020) argues that political decentralization, in the context of a decentralized provision of health services, is essential to ensure accountability and improvements in efficiency. He argues that the realization of the benefits of decentralization requires not only devolving financial resources and administrative functions to lower tiers of Government but also instituting electoral accountability. However, it is still doubtful as to whether this prevails in Muyembe Health Centre iv given the status of public health service delivery.

Krasovec and Shaw (2020) accords that decentralization motivated by political concerns has usually been undertaken as part of political transformation in a bid to expand democracy

Decentralization through devolution was commonly implemented in such instances, characterized by transfer of power to Local Government to enable greater community representation through elected leaders, and greater accountability of officials to the electorate for improving service delivery (Khemani, 2014). Thus, politically motivated decentralization of the health system usually occurred in the context of decentralization of the public sector as a whole, often as part of a national development strategy that extended beyond the health sector. In this regard, the health sector may not have been prominent actor in the decision-making and planning for decentralization

because political decisions to decentralize were at times made outside the realm of the health sector, requiring sometimes unwilling compliance of health sector managers

Ozmen (2014) highlighted that political decentralization is seen as the most conducive approach towards effective citizen participation in influencing local service delivery through participation in budget preparation process. It takes the shape of devolution and is the most far reaching type of decentralization as the Local Governments have the discretionary space to make decisions and implement them within their jurisdiction.

Devas and Delay (2016) stressed that these Governments by design are expected to be downwardly accountable to the citizens, horizontally accountable to the elected officials and upwardly accountable to the central Government to evaluate their performance as far as service delivery is concerned. He further adds that the central Government's acts that affect the Local Government units needs to be transparent for such acts not to be political but channeled towards improving public service delivery

Smoke (2023) asserted that although fiscal and administrative decentralization are critical, they cannot bring about the major goals of decentralization (improved service delivery in terms of accessibility, timeliness and availability of services) without adequate political reform.

This is because the existence of political decentralization establishes an environment for quality interaction between the citizens and their representatives or the local officials; he adds the prevalence of quality interaction expedites the process of delivering services that meet the citizens' needs.

Smoke further states that sub-national Governments through political decentralization can be availed with sufficient information to address the necessary demands. This may be as a result of local leaders being empowered with clear and appropriate functions and resources and they may also have adequate institutional mechanisms and capacity, but in this context, efficiency is predicated on the ability of sub-national Governments to understand and act on the needs and preferences of local people better than the central Government because of being acquainted with the local information.

Cooper and Schindler (2023) stressed that political decentralization can only be fruitful in regard to service delivery if the local elections organized are free and fair, such quality local elections create a ground for citizenship autonomy to empower a given representative whom they believe will deliver their expectations and also makes it possible for the elected to prioritize the electorates' interests than personal interests, this therefore improves on service delivery through minimizing diversion of public resources meant for delivery of services to private gains.

Goetz and Marie (2022) also asserted that political decentralization makes the local citizens knowledgeable about the works of the local officials and through this, the citizens can be in position to monitor and evaluate the officials' activities to ensure that they deliver services that meet their needs and it also improves on accountability.

It is important to emphasize that decentralization typically implies some reduction in the accountability of sub-national Governments to the central Government. If this is not replaced by a degree of accountability to local people, local officials may become primarily accountable to themselves and influential local elites. This implies that political decentralization increases the autonomy of the sub-national executives, which autonomy can be moderated through accountability to the locals.

Therefore, from the findings of these scholars, it was relevant to establish a relationship between political decentralization and public health service delivery Muyembe Health Centre iv in Bulambuli district.

## **2.5 Fiscal decentralization and public health service delivery**

According to Bird, et al. (2015) fiscal decentralization refers to the process of devolving fiscal responsibility to lower levels of Governments in accordance with their local needs and preferences, it consists of fiscal instruments and procedures that are aimed at helping in the delivery of public goods. Choi (2022) asserted that fiscal decentralization means the authority of revenue collection or expenditure is transferred from superior offices to subordinate offices for the purposes of producing appropriate public services for improving public welfare for residents. Thiessen (2023) views fiscal decentralization as entailing adequate fiscal transfers from the central Government to the Local Government unit. He states that adequate fiscal transfers enable the Local Government units to deliver the services that suit the citizens' needs, however, this can only be possible if the local officials are responsible and there are accountability mechanisms in place.

According to Raghavendra, et al., (2021) fiscal decentralization comes along with the authority to identify the tax bases from which the revenues can be collected at the local council level. They further assert that the authority to identify tax bases alone is not an end in itself but also there must be a variety of tax bases from which a given Local Government unit can raise adequate tax revenue. They add that any Local Government unit that has many tax bases is able to allocate such revenues collected towards improvement of public health service delivery.

According to ACODE (2020) it was found that numerous problems facing health centers, including poor funding of health care services and minimal transparency in the use of drugs and medicines; chronic shortage of trained workers especially at lower tier health facilities were among the limiting factors to public health service delivery.

Consequently, Health care services remain out of reach of the people in the rural areas and decentralization has not led to improved services. Levels of performance monitoring, this emerges where formal process for monitoring and supervision are not allowed or enforced and informal processes are insufficient. Critically, this includes both top-down monitoring and forms of bottom or supervision. More still in Uganda, for example, formal processes for monitoring and supervision are not followed across the chain of health service delivery.

Onyach (2022) in a study on challenges in the implementation of fiscal decentralization and its effects on the health sector in Uganda indicated that Local Governments in Uganda continue to

operate at minimal staffing levels: some instances as low as 10% of the approved establishment as a result of limited funds, this has a direct implication on the public health service delivery. Omar, et al., (2020) in their study on fiscal decentralization and health service delivery found that only 17% of health facility respondents reported that all their employees had necessary equipment to do their work and 87% were not having or had faulty equipment. In remote districts such as Abim, Kalangala, Kabong, Buvuna and Bukwe a further constraint is the fact that some Local Governments through the politically oriented District Service Commissions (DSC) has adverse effects on the quality of service provision. Parasuraman, et al., (2014) adds that significant number of Local Governments do not have the managerial, administrative, financial and institutional capacity to meet the rising needs of local people. This situation is exacerbated by the decline between Local Government and tertiary sector. As a result, these Local Governments cannot meet their required performance standards hence impacting adversely on health service delivery. However, from this literature, the researcher determined the relationship between fiscal decentralization and health service delivery by concentrating on a single entity.

Faguet (2022) states that the strongest argument for decentralization is that it will improve Local Government accountability responsibilities and responsiveness and thereby increase the overall efficiency of Government by delivering quality services. It does this by altering the structures of governance to increase the voice of citizens and strengthen incentives for public officials to deliver services.

The main mechanism for improved service delivery is that decentralization will increase the accountability and responsiveness of Local Government and ultimately improve public services. This argument is supported by recent reviews of the impact of decentralization on service delivery. These studies emphasize its positive effects, finding that decentralized Local Governments deliver an increased quality and quantity of public services. Channa and Faguet (2016) have ranked these studies according to their strength of evidence and found that, while the studies show mixed results overall, the highest quality studies show the most positive effects of decentralization.

Martinez and Sacchi (2015) report similar findings, they state that decentralization through subnational borrowing enables the Local Governments to increase the financial capacity to address the locals' needs in as far as health service delivery is concerned decentralization Improves service

delivery, but there are more mixed results in the health sector since more funding is needed for effective execution of health activities, including evidence of negative effects of decentralization on the quality of service delivery.

Gadenne and Singhal (2014) highlighted that Local Governments often have limited revenue bases and are often dependent on fiscal transfers from central Government. In developed countries, around a third of total revenues are raised by subnational Governments, whereas in developing countries the amount raised by subnational Governments is only around 14% of total revenues. In the late 2000s, subnational Governments in developing countries relied on transfers to finance 62% of their budgets on average. The extent to which a Local Government is dependent on grants is determined not only by the sources of revenue available to that Government but also on its expenditure functions.

Bird (2021) also revealed that Local Governments with limited responsibilities that need funds such as basic municipal functions (e.g. waste collection, local roads, and fire prevention and control) will only need a fairly small tax base to be self-financing. The situation is very different when Local Governments also have large expenditure responsibilities such as education and health. Furthermore, an almost inevitable feature of decentralization is that there will be inequalities between Local Governments. Typically, urban Local Governments with significant tax bases will be somewhat less transfer dependent, whereas poor rural Local Governments are likely to be dependent on transfers for the vast majority of their revenues. Therefore, this study intends to determine the contribution of fiscal decentralization on public health service delivery and review the gap in the findings of the above scholars whether it's about limited financial support from the central Government or limited responsibilities such as basic municipal functions.

Kahkonen and Lanyi (2021) observed that local councils should be responsible for the overseeing and authorizing annual plans from the sector service managers at every Government level. He adds that a Local Government unit having the authority to determine the tax rates can determine the tax bases on which tax is inelastic such that more revenues can be collected through this, fiscal decentralization has been tipped as a perfect mechanism to improve health service delivery. Lately, it has been viewed as a fundamental means of a wider Local Government reform to attain improved equality, efficiency, quality and financial soundness. Batley and Larbi (2014) found out that fiscal

decentralization of services provision has also resulted in the mandatory establishment of local councils at state and municipal levels as well as guaranteeing local access to national funds, these councils have come to play a key role in local politics, becoming important for participation, decision making and public accountability for the Government's actions. This was in agreement with the Sequential Theory of Decentralization as assumed that decentralization as a mode of governance will enhance speedy delivery of social services and public health service delivery.

Likewise, Onyach (2022) stated that fiscal decentralization in the health sector tends to be more complex than in other sectors because of diseconomies of scale. He argues that these diseconomies of scale tend to discourage sub-national Governments in the provision of costly curative treatment and immunization at the same time scale tend to discourage sub-national Governments in the provision of costly curative treatment and immunization.

At the same time, he argues, spillover effects tend to discourage the national provision of preventive health care, particularly immunization and epidemiological controls.

In addition, Lyon (2015) asserts that there is always some degree of Local Governments to follow priorities established by the central Government to use its spending power in providing conditional grants for the purchase of equipment, drugs and build Health Centres for improved service provision, he stresses that the establishment of a health budget which is adequate enough to meet health needs of a Local Government unit creates improvement in public health service delivery and this is in agreement with resource dependency theory.

Contrary to the above, by central Government overly getting involved in Local Government decision making, this biases the system towards centralized outcomes and yet the grants are intended to facilitate Fiscal decentralized decision making for delivery of health services. In this regard, it is important to determine the relationship between fiscal decentralization and public health service delivery.

Okecho (2016) in his study on the challenges of decentralized health services in Uganda found that an examination on the community involvement in the delivery of health care revealed that to some extent communities are involved in the delivery of decentralized health care through representation at every facility level. However, though the channels existed, they were often

ineffective due to lack of capacity, inadequate flow of information and the limited usefulness of health committees. It was further revealed that the effective delivery of health services is being hindered by insufficient health budgets due to deteriorating economic conditions, combined with the growing health problems such as the global HIV-AIDS pandemic which have led to shortage of drugs and medical supplies, inadequate or non-payment of health worker's salaries, poor quality of care, and inequitable healthcare

In light of the above, various recommendations were made to Ministry of health, the Decentralization Secretariat in the Ministry of Local Government, the political and administrative leaders at the District, to sufficiently fund the health sector, and sensitize the "Wanainchi" and political leaders about the policy of decentralization. However, despite of such recommendations, the quality of public health service delivery in Uganda still remains wanting.

In his study, he used case study research design and this study used mixed research design where both qualitative and quantitative approaches were applied. The researcher also used purposive and simple random sampling and this study will use both probability and non-probability sampling techniques which involved purposive and simple random sampling technique.

## **2.6 Administrative decentralization and public health service delivery**

It is important to note that, Fan, Lin and Treisman (2019) asserts that administrative decentralization deals with the transfer of the responsibility for planning, financing and management of certain public functions from central agencies to field units of Government agencies, subordinate units or levels of Government. This form of decentralization is particularly common in the provision and management of social services to the populace such as health. Administrative decentralization is made up of four sub-categories namely de concentration, devolution, delegation and privatization. Devolution is considered to be the most prominent that can expedite the whole process of decentralization towards realizing its objectives in regard to public service delivery. It involves Government devolving functions, transfer authority for decision-making, finance, and management to quasi-autonomous units of Local Government with corporate status. By doing this, these quasi-autonomous units of Local Governments are in the better position to administratively respond to the needs of the locals

A Local Government unit with corporate status and powers to secure its own resources has the ability to decide on the priorities of the public and also autonomy to address the needs of the local citizens (Ferlie & Steane, 2022). They add that a Local Government unit with corporate status has administrative capacity to deliver improved public health services to the citizens given the closeness of the local officials to the local citizens, they best understand the people's needs and also the environmental needs.

According to World Bank (2014) it is indicated that administrative decentralization is a more complete transfer of administrative decision-making power to sub-national authorities and this empowers them with legal decision-making power and the ability to generate and control resources, including the sub-national public sector employees hiring and firing, career management and pay. Moreover, typically it provides Local Government with the ability to reallocate resources (including staff) across service facilities within their jurisdiction adapting to local circumstances. Often, nevertheless, some central guidelines need to be followed, mainly with the aim of pursuing national objectives in certain areas like improve health service delivery.

Yawe and Kavuma (2018) showed that to ensure communities are empowered to take responsibility for their own health and well-being, and to participate actively in the management of their local health services for general health service improvement, the Government of Uganda has initiated a number of measures which include developed guidelines for community capacity building for effective participation in resource mobilization and in the monitoring of health activities, promoted the establishment of health committees with an appropriate gender balance at each of the different levels of the Local Government system to handle issues concerning health, established management boards for all publicly owned tertiary hospitals with extensive delegated authority for their efficient operation, developed guidelines for the establishment and operation of facilities, promoted and supported community-based health services and established the national health assembly with adequate representation from the district, civil society, donors and other key partners.

Steiner (2015) noted that de-concentration where the authorities at the sub-national level plan and deliver services while remaining fully accountable to the appointing central office improves the quality of service delivery.

There may be levels of citizen involvement but the local officials are subject to directives from above some of which may disaffirm the preferences of the local population. However, Blunt and Turner (2017) argues that de-concentration can deliver on the citizen expectations by ensuring equity in resource distribution, stability and consistency of resource allocation and highly skilled manpower available to the local population.

Cohen and Morrison (2017) observed that analyzing the shift of administrative power from the center to the sub-national levels can be a difficult task. A great variety of elements need to be taken into account for example, there are a great variety of projects and functions in which sub-national Governments participate in coordination with line ministries that make that task complex. However, public health service delivery can only be improved if the employees are responsible and accountable for the outcomes of their actions.

It is important to note that Merino (2022) discovered that a range of powers and responsibilities as the decision space given to Local Governments on issues such as service organization, hospital autonomy, civil service, access rules, and governance rules, the existence of good governance implies corruption tendencies are minimized, high level of accountability and transparency in the actions of the local officials and the resources advanced to the Local Governments are appropriately put into use. Probably the ones that make the biggest difference about how sub-national Governments provide services are the discretion on personnel and decision making power on facilities structure. This implies that shifting of power from the central Government to local authority was introduced with the intention of improving service delivery.

However, to this study, it is believed that the intended goal of improving service delivery like public health services has not been attained as citizen cannot access the services given an example of Uganda (Kasodo Sub-County in Pallisa district) thus this study sought to establish the relationship between administrative decentralization and public health services.

According to Acedo, et al. (2017) decentralized service provision is expected to enhance the quality and efficiency of service provision through improved governance and resource allocation. The agency theory suggests that the proximity of Local Governments allows citizens more influence over local officials, promotes competition among Local Governments, reduces

corruption compared to centralization, and improves accountability, among others. Some analysts, however, argue that decentralization may worsen outcomes because Local Governments may not have the capacity or incentives to act as theory predicts.

Omolo (2021) found that administrative decentralization is intended to minimize the drawbacks of excessive centralization, to ensure public participation in management, to establish a balance between local services and local needs and to improve productivity or effectiveness in public service delivery. He further asserts that delegation, where the central Government transfers service delivery responsibilities to semi-autonomous Government agencies or non-state organizations that are fully accountable to the assigning ministry or department, the sub-national Governments must have the capacity to manage funds for efficient and effective service delivery otherwise, administrative decentralization may not yield positive results as far as public health service delivery may be concerned.

Administrative decentralization provides a critical step towards attaining systematic health care service provision objectives contained in the HSSP through devolution of functions which used to be performed by the central Government to District Local Governments. Merino (2022) asserts that administrative decentralization through extension of clear roles and responsibilities for public service delivery can enhance public health service delivery. This was designed to allow stakeholder participation in the planning and budgetary decision making process thus, allowing clients to hold policy makers and providers accountable for the quality of services provided. However, the fact that administrative decentralization is intended to minimize the drawbacks of excessive centralization, to ensure public participation in management, the level of citizen participation at the Local Government is not appealing as the quality of service delivery remains low like in the health sector, education, roads among others thus the need to establish the relationship between administrative decentralization and public health service delivery.

## **2.7 Conclusion**

The above literature stresses that decentralization leads to improved public health service delivery guided by three dimensions of decentralization (political, fiscal and administrative. It is revealed

that failing to clarify assigned responsibilities will surely result in poor public health service delivery. The critical connotation established from the reviewed literature is that, for the Local Government tiers to ensure improvement in public service delivery specifically public health as a result of decentralization, there needs to be implementation of decentralization in its full potential by appreciating the decentralization dimensions of political, fiscal and administrative with their elements in full

Although the above studies in the literature by different scholars and authors highlight the relevance of decentralization to public health service delivery, most of the literature is faced with contextual and methodological gaps which need to be addressed and specifically taking Kasodo Sub-County in Pallisa district as a case study, the facts in the literature are not traceable on ground hence the need for this study to examine the relationship between decentralization and public health service delivery in Kasodo Sub-County in Pallisa district.

From the literature, it can be asserted that different scholars and researchers have studied the effect of decentralization on public health service delivery. However, gaps in the literature have been left which need to be fulfilled. For instance, Onyach (2022) in a study on challenges in the implementation of fiscal decentralization and its effects on the health sector in Uganda indicated that Local Governments in Uganda continue to operate at minimal staffing levels. In his study, he used a survey research design where questionnaire survey was used as a data collection method, relatedly, Mutumba (2015) conducted a study on the Effect of Decentralization on The Performance of District Personnel in Uganda:

Anokbonggo, et al., (2014) studied the Impact of decentralization on health services in Uganda: a look at facility utilization, prescribing and availability of essential drugs with focus on two district hospitals in Northern Uganda and they employed a mixed method evaluation design and they discovered that decentralization policy led to increased utilization of health facilities. However, this study will consider a mixed research design where both qualitative and quantitative approaches will be adopted and questionnaire survey and interview methods will be used coupled with observation method. This will intend to fill the methodological gap by introducing an observation method which has not been used by the mentioned researchers, this aims to fill the gap in the literature empirically by observing the current situation in the Local Government public health

services by checking the availability of medicine supplies, presence of staff to provide the health services to the citizens, the existence of medical equipment and their working conditions, and the equitable access to the health services to the nearest public Health Centre and among other necessary observable study related elements.

The study will also seek to close a theoretical research gap by incorporating in sequential theory of decentralization propounded by Falleti (2015) where emphasis will be put on decentralization forms of political, fiscal and administrative decentralization regarding public service delivery (public health service delivery) as services that should be accessible to the citizens, adequate, timely and yield citizen satisfaction since the previous related studies conducted have been using other theories different from the sequential theory of decentralization.

Contextually, the reviewed literature and other related studies conducted in Uganda indicated no evidence for related study conducted in Kasodo Sub-County in Pallisa district as a whole by focusing on decentralization and public health service delivery, therefore, this is a new study in Kasodo Sub-County in Pallisa district as whole. With the identified gaps in the literature, it will be justifiably necessary to undertake this study to add new knowledge to the existing knowledge to narrow the identified gaps

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This Chapter presents the research design, area of study, target population, research instruments for data collection, data collection procedure and analysis. The section is about the methods that the researcher used in carrying out the research.

#### **3.1 Research Design.**

The researcher adopted description and explanatory form. The description provided the insight into the research problem through describing variables of interest.

#### **3.2 Area of Study**

The study was conducted in Kasodo Health Centre III, Kasodo Sub County, in Pallisa District. Kasodo Health Centre III was selected because it is one of the organs or institutions in Uganda or one of the lower local governments organ where decentralization is practiced and also very near to the researcher's residence.

#### **3.3. Study Population**

The study was based on a population of 23640 people. The total sample of 377 was selected for study basing on Krejice and D.W Morgan (1970) table of selecting a sample.

#### **3.4 Sample Size**

With a total of population of 23640, the researcher used non probabilistic and probabilistic to arrive at the sample size. Specifically 377 respondents were selected for study basing on Krejice and D.W. Morgan (1970) table of selecting sample.

Specifically, non-probabilistic included people like politicians and civil servants and purposive sampling was applied on this category in order to get informative information. The remaining

category was selected using probabilistic sampling and specifically random sampling. This was applied to community members.

In all research, with exception of complete census, data was collected from sample to the population from where the samples were selected Kakindi (2000). The study used samples to save time, money and labour.

**Table 3.1: Study Population**

Category	Population	Population sample selected	Sample Selected
Community	23605	0.9985	343
Politicians	25	0.0011	24
Civil Servants	10	0.0042	10
<b>Total</b>	<b>26460</b>	<b>1.0038</b>	<b>377</b>

**Source: R.V. Krejice and D.W. Morgan (1970)**

Note: N = Population size

S = Sample Size

Determining sample size for research activities educational and psychological measurements.

### **3.5 Data Collection Process**

Both Primary and Secondary data collection methods were used during the research, under primary data collection, the following was used.

Interviews, Secondary data collection included reports, textbooks, online journals, internet, manuals, document reviews and circulars. Both qualitative and quantitative methods were applied.

Qualitative data is in the form of words, pictures or objects whereas the quantitative data is in form of numbers and statistics. The quantitative data is in form of numbers and statistics. The qualitative approach reduces the detailed description to scientific and objective interpretation of findings. It serves not only to collaborate but also to simplify the wordy approach of the qualitative method.

### **3.6 Instruments.**

In order to ensure reliability and consistency, the researcher carried out an extensive literature search focusing on tools used in previous related studies. These instruments are discussed below.

### **3.7 Interview Schedule**

Interview this was done person to person or face to face verbal communication in which the researcher asked the questions intending to elicit information or opinions. The researcher thereof used this tool to collect information that could not be directly observed or difficult to put down in writing.

### **3.8 Validity of Instruments used.**

Baker (1970) observed that the best way of achieving and ensuring validity of interview was by examining the credibility of the informants. Most of the respondents to the interview were politicians and civil servants who are policy makers and implementers and knowledgeable of the way decentralization operates.

### **3.9 Data Processing and Analyzing**

The process of data analysis was the following stages, organizing and editing data, generating categories, themes and patterns, coding data and testing for the validity and reliability of the data. Descriptive analysis was adopted and percentages, tables and graphs of interest were drawn using the Statistical Package for Social Sciences (SPSS).

### **3.10 Ethical Considerations**

The researcher ensured privacy and confidentiality of all the information obtained in the categories during the research period.

The researcher worked tirelessly to meet the deadline for carrying out the research. He was more conscience of the period given for research.

The researcher took professionalism as a key not to loose focus by being taken up with other secondary things say love other discussions out side the topic etc.

The researcher was very kin on the information given by the respondents as he was to code and encode. This helped him to come came up with clear information that later led him to compile this report.

### **3.11 Limitation of the study.**

The researcher faced a problem in finding information from the respondents because in most cases, the respondents were not able to provide adequate information regarding the topic in the context.

The busy schedules of some respondents like the civil servants contributed to the omission of valuable information since they were busy on budgeting, planning processes and the communities engaged in Agriculture as it was a peak period.

## CHAPTER FOUR

### PRESENTATION OF FINDINGS, DISCUSSIONS, INTERPRETING AND ANALYSIS

#### 4.0 Introduction

Under this chapter, the researcher presented; discussed and analyzed data findings about bio-data, findings about activities or health services that have been decentralized by local governments to Kasodo health centre iii, in Kasodo sub county, pallisa district, how often they are rendered, what expectations are there and the general measures that can be adopted for their improvement

#### 4.1 Presentation of findings about the bio-data

Under the sub-theme, the researcher presented findings about sex, age bracket, occupation, marital status and education level of respondents interviewed.

##### 4.1.1 Presentation of findings about gender characteristics of respondents

**Table 1; gender characteristics of respondents (N=377)**

Category of sex	Frequency	Percentages
Male	124	32.9%
Female	253	67.1%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source : Primary Data 2024**

From the above table, it revealed that the majority of respondents interviewed were females constituting 253 (67.1%) while male constituted 124 (32.0)%

It was therefore analysed that because of the greatest numbers of female population in Kasodo Health Centre III and Kasodo sub county, they therefore tend to be the largest number to benefit from health services rendered under decentralization than men.

#### 4.1.2 Presentation of findings about the age brackets of respondents

**Table 2: Age brackets of respondents**

Category of age brackets	Frequency	Percentages
15 to 20	69	18.3%
21 to 25	54	14.3%
26 to 30	92	24.4%
31 to 35	65	17.2%
36 to 40	57	15.1%
40 and above	40	10.7%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source: Primary Data 2024**

From the table above, it revealed that respondents of age brackets 26 to 30 years are the majority with 92 (24.4%) living in Kasodo sub county, followed by the age bracket of 15 to 20 years with 69 (18.3%), then age brackets of 31 to 35 years with 65 (17.2%), next 36 to 40 with 57 (15.1%), then 21 to 25 year with 54 (14.3%). And minority of 40 and above people having 40 (10.7%).

It was revealed or analysed that the highest percentage of people living in Kasodo sub county are the youths of ages between 15 to 30 yrs constituting of 215 (57%) compared to the minority adults 162 (43%). This therefore puts them to be the determinants of the health service to be delivered to the community in terms of voting

#### 4.1.3 Presentation of findings about the level of education of the respondents

**Table 3. The education level of respondent (N=3770)**

Education level	Frequency	Percentages
Masters	00	18.3
bachelors	02	14.3
Diplomas	34	24.4
Secondary	52	17.2
Primary	123	15.1
None	166	10.7
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source : Primary Data 2024**

From the above; the majority of the respondents did not attempt an any education and they consisted of 166 respondents ( 24.4%) as the highest beneficiaries of the health services delivered under decentralization followed by those who attained primary 123 (18.3%). Then those of secondary education with 52 (17.2) the last number of respondents have diplomas with 34 (14.3%), the minority having attained bachelors level with 2 (10.7%) and non with masters

One of the respondents analyzed that most of the beneficiaries of health decentralized services delivered in Kasodo health centre iii are those that have not attained any education at all. This was due to the insurgency suffered in the area between 1986 and 1989 whereby most people were forced to relocate leaving their villages to far places and most schools had to close causing a gap in the education sector. Most people were forced out of their places, they had to abandon their properties which eventually was destroyed making them impoverished to attain education

This therefore puts forward a challenge to the Centre in that for decentralization to be embraced and yield fruits, a lot of education and sensitization of communities in Kasodo sub county must be done in order to make them aware of the decentralization objectives and goals for it to perform effectively and efficiently with minimum encumbrances

#### **4.1.4 Presentation of findings about what respondents understand by the term decentralization**

Respondents have understood decentralization depending on the way they have perceived it

**Table 4. respondents definition of decentralization (N=377)**

<b>Education level</b>	<b>Frequency</b>	<b>Percentages</b>
Benefit from government	84%	22.3%
Remuneration to campaign agents	126%	33.4%
No idea	167%	44.3%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source: Primary Data 2024**

From the above descriptive, many respondents do not have the knowledge of decentralization and have understood it as a way of community benefits from government so longer as they are in groups others have. It as the mode or remunerating those who participated actively in the recent concluded elections compaigns in favor of the N.R.M party

However, the largest number of respondents 167 (44.3%) said that number of respondents 167 (44.3%) said that they had no idea in the real meaning of the term decentralization, 126 ( 33.3%) respondents had it that it is the way government has used to remunerate its campaign agents while the minority of the respondents 84(22.3%) said that it is the way government has adopted to fund its nationals so longer as they organize themselves in groups

It is analyzed so because most of beneficiaries of the health services delivered mostly are seen to be party flag bearers or their associated members who are within the arms of government.

This has risen because of lack of sensitization and education of most of the respondents do not attend meetings whenever called for as they are business oriented and others being school going age who are not interested in any of these programs are all since they are occupied with studies.

Despite all the above, some have now seen themselves as looser if they do not take part in active involvement in monitoring and have ended benefiting in the long run.

#### **4.1.5 Presentation of the findings about health services delivered under decentralization**

**Table 4.5 identification of health services rendered under decentralization**

<b>Health services</b>	<b>Frequency</b>	<b>Percentages</b>
Health	362	26.5%
Agriculture	334	24.5%
Education	296	21.7%
Roads	210	15.4%
Water and sanitation	163	11.9%
Total	1365	100%

**Source : Field Data 2024**

From the findings, carried out health was found to be the highest service supported under decentralization with the frequency of 362(26.5%), followed by agriculture with 334 (24.5%) and education with 296( 21.7%) roads 210 (15.4%) and minority being water and sanitation 163 (11.9%).

It was analyzed and agreed that health was the most funded and supported program under decentralization in Kasodo Health Centre III, Kasodo Sub- County, Pallisa District. This was empathized by one of the ten point program that the president of Uganda His Excellency Yoweri Museveni had put in his manifesto during campaigns and had to be fulfilled.

#### **4.1.6 Presentation of findings on whether there are health services brought nearer to local councils sub counties**

**Table 6 opinions of respondents (N=377)**

<b>Opinion</b>	<b>Frequency</b>	<b>Percentages</b>
Yes	377	377
No	00	00
<b>Total</b>	<b>377</b>	<b>100</b>

**Source : Primary Data 2024**

From the table above, the researcher found out that all the respondents 377 (100%) agreed that there are health services that are being delivered

Those include the management of finances and budgeting which is fully being handled by lower local units at the sub county. It is analyzed that the LGFAR act 1997, lower local unit is mandated to carry out the duty of collection of monies under there are of jurisdictions. Distribution is done according to the local government. Accounting and financed regulation act of 1997 (LGFAR) whereby the percentage collected funds is remitted to the district leaving 65% to the county, sub county, parishes and villages.

Water is another service that has been brought nearer to the lower local governments.

Here, because of the growing population there is need to have many water sources to cope up with the increasing population as such service has to be delivered nearer to the community in terms of

distances traveled to water sources . previously because of population being small, people had to travel a distance of 2 kilometers or more to access water but today, there are boreholes at almost every half kilometer or so.

Despite, this has not solved the problem of health service delivery in that the population is more than the water at the source as such services are not efficiently delivered and yet distances to be covered are reduced

#### 4.1.7 Presentation of health services enjoyed under decentralization

**Table 7 health services enjoyed**

<b>Services</b>	<b>Frequency</b>	<b>Percentage</b>
Agriculture	287	23%
Health	88	7.1%
Water	133	10.7%
Education	420	33.7%
Roads	317	25.5%
<b>Total</b>	<b>1245</b>	<b>100%</b>

**Source: Primary Data 2024**

On the interview, with respondents the majority 420 (33.7%) agreed that the services they enjoyed most under decentralization education, followed by roads 317 (25.5%), then agriculture 287 (23%), water 133( 10.7%) and minority taking health 88 (7.1%). This is so because they found out that most of their children have benefited from UPE program. Roads have also come on board due to the opening of access roads that have enabled them to deliver their produce to markets. Agriculture falls next whereby today because of decentralization, any person can access extension services at any time unlike prior days when they depended on services from the Centre .

#### 4.1.8 Presentation on whether health services rendered under decentralization are satisfactory

**Table 8 showing the satisfaction of the health services rendered under decentralization (N=377)**

<b>Services</b>	<b>Frequency</b>	<b>Percentages</b>
Satisfactory	83	22%
Non satisfactory	294	78%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source : Primary Data 2024**

According to the table above, the researcher found out that with the health services rendered under decentralization, the majority of the respondents under decentralization, the majority of the respondents are dissatisfied with the services delivered thus 294 (78%) compared to the minority who are satisfied and are 83 (22%).

This is so because services are delivered irregularly and at times in short supply on the other hand, they are delivered on the know who basis whereby only the influential are to benefit most especially on deliveries of agricultural inputs and even so re always in “short supplies”

#### 4.1.9 Presentation of findings on failure of program to meet expectations

**Table 9 opinion of respondents on satisfaction of programs provided (N=377)**

<b>Services</b>	<b>Frequency</b>	<b>Percentages</b>
Satisfactory	83	22%
Non satisfactory	294	78%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Source : Primary Data 2024**

From the above table, the researcher noticed that the majority of the respondents 285 (75.6%) are not satisfied with the program rendered and health services of decentralization as compared to the minority 92(24.4%) who are satisfied.

It was so analyzed from the views the researcher got from the respondents that most of them have feelings that health service delivery programs have political interference attached, low levels of education and poor policy formation

**4.1.10 Presentation of findings about unsatisfaction of health service delivery under decentralization program (N=377)**

<b>Opinion</b>	<b>Frequency</b>	<b>Percentages</b>
Low level of education	280	23
Political interferences	520	42
Policy formulation	435	35
<b>Total</b>	<b>1235</b>	<b>100</b>

**Source : Primary Data 2024**

From the table above, the researcher found out that the majority 520 (42%) of the respondents were unsatisfied because of political interferences, 435 (35%) of the respondents due to policy formulation while minority 280 (23%) because of low level of education

It was analyzed that the majority of the respondents suggested that for decentralization to achieve it’s objectives, political interferences should be minimized in order to achieve its stated objectives, good policy formulation should be done and low levels of education should be addressed by introducing functional adult literacy

**4.1.11 Presentation on findings suggestions to ensure decentralization meets expectations of the respondents**

<b>Opinion</b>	<b>Frequency</b>	<b>Percentages</b>
Policy formulation	537	36.7%
Sensitization	490	33.5%

No political interference	436	29.8%
Total	1463	100%

**Source : Primary Data 2024**

From the above, the researcher found out that the majority of the respondents 537 (36.7%) said that for decentralization to meet its expectations, policy formulation should be put in place 490 (33.5%) of the respondents said that sensitization and education of communities should be embraced while the majority of respondents 436 (29.8%) agreed that for better health service delivery, to the people, political interferences should be excluded in the decentralization programs

It was analyzed that the majority of the respondents suggested that for decentralization to achieve its objectives, the policy formulation should not be affiliated to any political side .

Education of the masses/community should be done such that any program to be introduced, the community shall be having knowledge of the way it should run. Politicians should not be allowed to interfere with technocrats in the allocation of the services as most of them have stakes in these programs.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATION

#### 5.0 Introduction

This chapter presents a brief summary of conclusion derived from the recommendations pertaining the future policies and strategies that can help solve problems in improving service delivery in local governments in Uganda, particularly Kasodo Sub county in Pallisa district.

#### 5.1 Summary

The study was conducted in Kasodo Health Centre III, Kasodo Sub County in Pallisa District Local Government.

The researcher selected a sample of 377 respondents from a study population of 23,640 people. The researcher used purposive sampling to select respondents who are politicians and civil servants and the remaining category shall be selected using probabilistic and specific random sampling and shall apply to community members. The researcher used interview method data collection. The interview method used was closed ended questionnaire. The method was pre-tested to ensure accuracy. The data collected was edited, coded and tabulated

The information was put in tables and percentages for comparison and interpreting purposes. As far as the findings are concerned, the researcher's hypothesis according to the high percentages representation of respondents on each variable over 50% response gave strong response of government services delivered. However some respondents disagreed that services are received were inadequate

#### 5.1.1 Discussion of findings about health services delivered under decentralization

The study was carried out in lower local governments of Uganda in particular Kasodo Health Centre III in Kasodo Sub County, Pallisa District. It was done on a total population of 23,640 people (population census, 2002). The researcher selected a sample study of 377 respondents from the total population sample from 23,640 people whereby he used non probabilistic purpose sampling was used on politicians and civil servants and probabilistic and specific random

sampling was applied to the community members in an attempt to come up with conclusive evidence of the study.

The information was put on tabular form and percentages for comparison and interpretation purpose for the researcher to come up with findings to back up with findings to back up the study. In order to arrive at empirical evidence of the study, over 50% of the percentages achieved were taken as having a high degree to denote greater acceptance and below 50% showed that there was a negative response to show the responsiveness of acceptance to support health service delivery effectively and efficiently to the community. Health services is one of the services that have been decentralized in Kasodo Sub County on top of other services like education and agricultural among others.

### **5.1.2 Discussion on findings about challenges faced under decentralization on health service delivery**

When the researcher interacted with the respondents, the study found out that they are faced with a number of challenges as seen below;

There is still a gap existing in being transparent and accountability within local governments and Kasodo Health Centre III in Kasodo Sub County Pallisa district in particular. This has left many programs unaccomplished making decentralization fail to achieve its goals and objectives

In situations where local governments are presumed to be autonomous, Centres still have hand in many of the programs making them to have independent accounting and planning for themselves. This has made decentralization and service delivery fail in achieving its objectives and goals.

Some policy guidelines are laid at Centre which are not practical on the ground for instance the policy of UPE whereby the government announced free education for children per family and was misunderstood and yet there were no teachers and accommodation for pupils organized leading to poor quality of education. According to Ahmad et al (2006), this therefore puts it that decentralization is not good because it was adopted prematurely without considering other parameters local councils are faced with problem of funding most of their programs because their revenue resource base is low unlike that Centre where equity of national cake was executed previously.

Local councils are also faced with challenge of employing, maintaining, keeping and retaining the technical staff and even incase to way them cannot meet their retirement benefits. This therefore impeded a challenge to decentralization policy. Basing on the above arguments, decentralization is seen to have a negative effect on health service delivery in lower local governments and Kasodo Health Centre III in Kasodo Sub county in Pallisa district.

### **5.1.3 Possible measures to challenges faced by decentralization in lower local governments on health service delivery**

These are a number of measures to be taken as a way to mitigate challenges of decentralization on health service delivery and some of them as seen below;

There is need to have local governments to have full autonomy of the services under their areas of jurisdictions. Without the involvements of the centre. All resources should be distributed equally such that no place should be left underdeveloped before executing decentralization a this shall bring regional balances

## **5.2 Conclusion**

It is important to note that fiscal decentralization by itself is not enough to truly empower local communities and to achieve pro-poor out comes while local government's power over the purse is important, successful fiscal decentralization goes hand in hand with political and administrative decentralization. First, unless local government are politically empowered by having democratically elected and representatives local councils, local communities and citizens will not be able to hold their local; government accountable.

Second, unless local government have administrative control over the health service delivery, they are supposed to deliver for instance by having effective control over the local government staff that deliver local services, local governments are not truly empowered to serve their communities.

In addition, the creation of enabling environment for local government for which fiscal decentralization is a core element, will often need to be complemented by support for capacity development, for the strengthening of inclusive systems for local public expenditure man agents and for robust accountability mechanisms. Finally successful fiscal decentralization also requires a meaningful dialogue between central government and local governments, an appropriate set of

legal government, institutional arrangements for appropriate local government managements, and a system of initiatives.

Although local government enjoy autonomy/ the collection of their own revenues none of them in Uganda has been able to fully finance its development initiative.

Going forward, Uganda has been the option of providing greater responsibilities in key sectors to the local governments' authorities while the process should be adequately sequential to avoid failures in service deliveries especially in the poorest areas, strengthening devolution and the ability to re-allocate resources in line locally set priorities and needs will create incentives for a better economic management cycle (EMC) including an improved budget owned by local governments and more careful execution and better and more streamlined reporting to satisfy the requirements for quality assurance of Uganda's development partners. the alternative will be an increasingly greater reliance on central manolates for deconcentrated operations.

It is evident political economy concerns will be important in the choice that eventually results in a development hence a better Uganda.

The links between the central governments, local governments, the private sector and citizens must be designed to ensure that providers of infrastructures are accountable to those who pay for the services.

Participatory mechanisms should be structured so that the entire community can participate in infrastructure decisions, particularly regarding location and financing issues which have financial substantial distributive.

Implications. Enhancing the availability of public information regarding budgetary and procurement decision making is important for community participation and accountability.

The researcher learnt that there is a strong relationship between health services delivered and members benefited a lot out of this services in that most of them (services) were beneficial to the community though there were signs of inactiveness in participation by some members the researcher found out that there are services that are decentralized in Kasodo Health Centre III, Kasodo Sub County Health Centre III, Kasodo Sub County other than education, agriculture and

health. These are roads, water and sanitation and fiscal decentralization. This therefore has made the researcher aware of other services that are decentralized other than what he had in mind.

Decentralization is therefore taken as one of the policies that have been embraced by the government of Uganda to improve on health service delivery to its nationals in order to meet its millennium development goals objective of 2025.

There was lack of direct involvement of the community in the management of the services rendered as this was caused by poor sensitization of the stakeholders.

The researcher also found out that there was misconstrued idea among the community that the health services rendered were meant for the people who participated or involved actively in carrying out recent elections.

There is need to create a legal framework to clearly assign powers, functions and responsibilities to different levels to be adopted and embraced such that everybody shall be involved in participating actively in health service delivery

### **5.3 Recommendations**

Basing on the above learning experience, a number of recommendations are suggested to assist those involved in participation of health service delivery in local governments and in Kasodo Health Centre III and Kasodo Sub County in particular.

There is need to involve all stakeholders to participate in all health services rendered such that they embrace programs to achieve the objectives of health services delivery.

There is need for supportive attitudinal behavior and cultural practices should be emulated in order to embrace the programs delivered to the communities and inspecting, supervisory monitoring, monitoring and evaluation arrangements, to ensure that all parties abide by the laid rules and regulations.

There should be massive call for sensitization and education of community such that they are aware of the roles of government to provide them services and it's their right to have services and it's their right to have them rather than perceiving it that it's for only those campaigned.

#### **5.4 Suggested Areas for further research/ study**

In addition to fully understand hence exploit the relationship between health service delivery to the beneficiary local communities and adoption and implementation of fiscal political and administrative decentralization policies, it is recommended that further investigations be carried out to assess the impact of corruption on the successful implementation of fiscal decentralization policy in local government. Findings here of we go a long way to improve service delivery in the confines of decentralization strategy undertaking.

Further research is needed to ascertain the extent to which full community mass participation in the projects' identifications;

Planning and implementation can lead to total realization of the benefits accruing from implementation of a decentralization policy within local government in Uganda.

Further on inquiry is necessary to examine the benefits occurring to local communities when donors resources are directly channeled to fund locally and communally initiated , planned and implemented projects through the local governments' set up rather than through central government systems.

Furthermore, on assessments of the relationship between citizens' awareness and consequent contribution towards policy formulation such as political administrative and fiscal decentralization visa –vis successful implementation hence realization of the policy set objectives.

## APPENDIX I. QUESTIONER

The series of statements below are designed to elicit your opinion about nature to health service delivery in Kasodo Health Centre III, Kasodo Sub County, Pallisa District. They focus on the relationship between decentralization and health service delivery whose goals are better services, periodization of local needs are improved financial accountabilities, efficient and effective utilization of resources at the grass root level.

This study solely conducted for academic purposes for an award of a Bachelor degree in public administration of Uganda Christian University (UCU).

The purpose of this questioner is solely to evaluate the impact of decentralization on service delivery, and a valuable stake holder, you have been carefully selected to voluntarily give information regarding health service delivery Kasodo Health Centre III, Kasodo Sub County, Pallisa District. You are kindly requested to indicate your opinion by answering the given question below.

The information given will be handled in confidence. You are at liberty to give or abstain from giving information on any question

<b>1. Background information</b>	
Names of respondents	
Village/ cell	
Parish/ ward	
Designation	

2. What are the different sources and amount of fund received by Kasodo Health Centre III

<b>Source of funds</b>	<b>Amount of funds received per year</b>
Central government	

Donors	
Taxes	
Local revenue from licenses	
Tourism	
Other s	

3. What are the expenditure priorities of Kasodo Health Centre III?

Priorities	Amount of funds spent this year 2023/2024
Health care	
Roads	
Garbage management	
Education	
Water and sanitation	
Market	

4. Do you support the decentralization policy in your sib county? Tick appropriately in the box.

A) Yes  B) No

5. How has financial decentralization affected your health Centre?

A) Positively  B) Negatively  C) Won't change anything  D) Don't know

6. Do you think that decentralization has led to?

A) Less and less work in Kasodo Health Centre III. Yes  No

B) Increase salaries. Yes  No

C) Citizen knowing the responsibility of government. Yes  No

D) More services. Yes  No

- E) Greater public control on local authorities decisions. Yes  No
- F) Services that corresponds to desires of the electorate. Yes  No
- G) Better quality services. Yes  No
- H) More financial resources. Yes  No
7. How would you rate the performance of Kasodo Health Centre III in service delivery?  
 a) Very good.  B) Good.  C) Satisfactory.  D) Unsatisfactory.
8. How would you rate the contribution of your department of Kasodo Health Centre III?  
 A) Very good.  B) Good.  C) Satisfactory.  D) Unsatisfactory.
9. How do you rate the attitude of the community Visa-Vis service delivery?  
 A) Very good.  B) Good.  C) Satisfactory.  D) Unsatisfactory.
10. The extent of involvement of community in financial planning.  
 A) Involved.  B) Frequently involved.  C) Rarely involved.  D) Never involved.
11. How do you rate the level of involvement in resource allocation brought by the decentralization process?  
 A) Highly appreciable improvement.   
 B) Moderate improvement.   
 C) Negligible improvement.   
 D) Not any improvement.
12. How do you rate the measures taken to strengthen accountability by civil servants?  
 A) They are very effective.  B) They are fairly effective.   
 C) They are less effective.  D) They are not effective at all.
13. Has decentralization transparency in health service delivery to all residents?  
 A) Fully transparent. B) Fairly transparent.  
 C) Less transparent. D) Never transparent.
14. Has decentralization reduced corruption in services delivery?  
 A) Corruption is still a very big problem now.   
 B) Corruption is a small problem now.   
 C) Corruption is not a problem.   
 D) Totally done away with.

15. What are the challenges posed by decentralization in the delivery of health services in Kasodo Health Centre III?

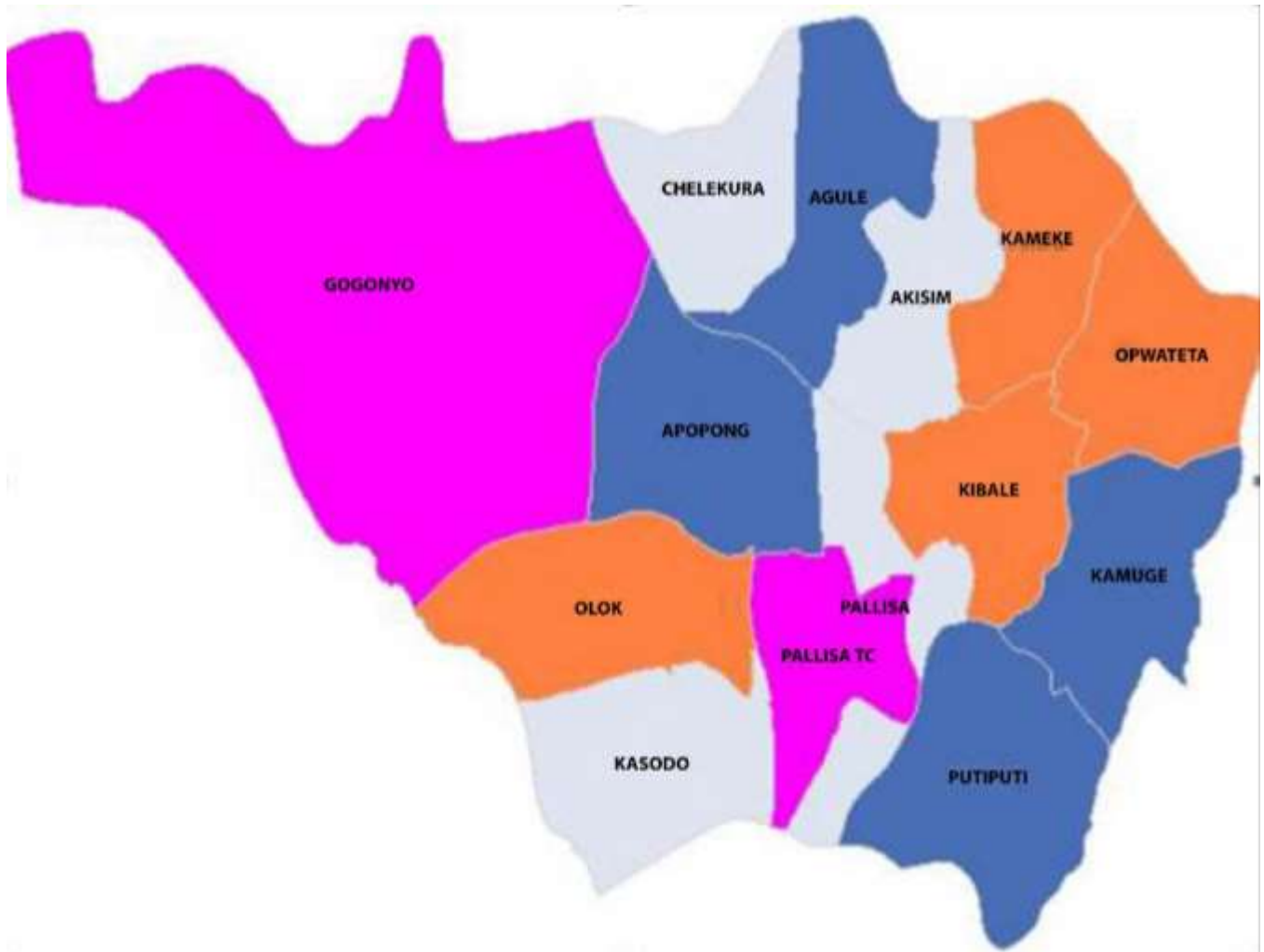
1.	
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16. How can health service delivery in regard to decentralization be improved in Kasodo Health Centre III?

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12.	
13.	
14.	

*Thank you so much for your time, information and cooperation.*

**APPENDIX II. MAP OF PALLISA DISTRICT**



APPENDIX III. RESEARCH REQUEST LETTER



**UGANDA CHRISTIAN UNIVERSITY**

A Centre of Excellence in the Heart of Africa  
**MBALE UNIVERSITY COLLEGE.**

Office of the Academic Registrar

To KASODO HEALTH CENTRE III  
In Charge

Dear Sir/Madam,

Re: Academic Research



Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss Duchau Patrick  
Of Registration Number J22/MUC/BPAM/030 pursuing a Masters' Degree/Postgraduate Diploma / Bachelor's Degree

He/ she is required to carry out academic research on the topic

and thereafter produce a well bound hard cover research report (MAROON) in color for undergraduate and three (BLACK)copies for Postgraduate students as a university requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.  
Thank you.

Yours faithfully,

Mr. Akampurira Timothy  
Academic Registrar



A Complete Education for a Complete Person

P.O Box, Mbale, Uganda, email: academicregistrar@mbale.ucu.ac.ug