

**PRIMARY HEALTH CARE SERVICES AND CITIZENS' SATISFACTION IN
PAWOR SUBCOUNTY, MADI OKOLLO DISTRICT**

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S23/ASC/BSW/023

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN
UNIVERSITY**

May, 2025



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DECLARATION

I Komakech Patrick, Registration Number S23/ASCBSW023 declare that this Research report titled “Primary Health Care Services and Citizens’ Satisfaction. A case study of Pawor Sub-County, Madi Okollo District” is my own work and has never been submitted by any person to a University for award of a Degree.



21.5.2025

KOMAKECH PATRICK

Date

APPROVAL

This is to certify that this Research Report entitled “Primary Health Care Services and Citizens a case study of Pawor Sub-County , Madi Okollo District” has been done and completed by the student under my supervision and is now ready to be submitted for examination.



A handwritten signature in blue ink, appearing to read 'ODOKONYERO RICHARD GODY', is written over a horizontal line. Below the signature is a barcode-like pattern of small black dots.

Mr. ODOKONYERO RICHARD GODY

21.5.2025

Date

DEDICATION

I wholeheartedly dedicate this Research work to my beloved wife, **Ayerango Lucy** whose unwavering love, patience, and support have been my supreme source of strength throughout this journey. Your sacrifice and support are unquantifiable, and I am sincerely grateful for your presence in my life.

I also take this opportunity to express my heartfelt thanks to my supervisor, **Mr. Odokonyero Richard Gody** whose guidance, wisdom, and experience have been central to this research. Your dedication to academic excellence has been a source of inspiration, and I am truly thankful for unshakeable support.

To my dear friends, your friendship, counsel, and encouragement have made this academic endeavor more flailing. Your encouragement and faith in me have been a great source of inspiration, and I will forever hold dear the friendship we share. May this work be a contribution towards the improvement of Primary Health Care Services and well-being of the people of Pawor Sub-County, Madi Okollo District?

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to all those who contributed to the success of the completion of this Research Report. First and foremost, I am deeply grateful to my supervisor, **Mr. Odokonyero Richard Gody** for your invaluable guidance, constructive feedback, and continuous support throughout the Research Report writing process. Their expertise and encouragement have been instrumental in shaping of this study.

I also extend my appreciation to Uganda Christian University Department of Social Sciences headed by **Miss. Eyotaru Loyce** for providing the necessary resources and an enabling environment for conducting this Research. Special thanks to **Dr. Christopher Yikii Agatre** and all the lecturers and colleagues for their insightful discussions and moral support.

Furthermore, I acknowledged the contribution of Madi Okollo District Local Government Officials and Community Members of Pawor Sub-County for sharing relevant information and perspectives that have enriched this study. Their willingness to participate and provide data is highly appreciated. Lastly, I am grateful to my family and friends for their unwavering encouragement, patience, and support throughout this academic journey.

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	v
LIST OF ABBREVIATIONS AND ACRONYMS	viii
ASBTRACT	ix
1. 0 Introduction	1
1.1 Background of the Study	1
1.2 Statement of the Problem.	2
1.3 General objective	2
1.4 Specific objectives of the study	2
1.5 Research Questions	2
1.6 Figure 1: Showing the Conceptual Framework	3
1.7 Scope of the study (geographical, time and content scope)	4
1.8 Justification of the study	5
1.9 Significance of the study	5
1.10 Summary	5
CHAPTER TWO	7
LITERATURE REVIEW	7
2.0. Introduction	7
2.1. Theoretical Review	7
2.2. Review of the Literature on the objectives of the study	8
2.2.1. Financial Sufficiency	8
2.2.2. Health Management Information System	9

2.2.3. Monitoring.....	9
2.2.4. Health Worker Employment Conditions.....	10
2.3. Some Issues of Access and Quality to Primary Health Care Services.....	11
2.4. Summary.....	11
CHAPTER THREE.....	12
RESEARCH METHODOLOGY	12
3. 1. Introduction	12
3.2. Research Design.	12
3.3. Study Population.	13
3.4. Sampling Techniques and Procedure.	13
3.5. Sample Size and Selection.	14
3.6 Data Collection Methods	14
3.6.1 Questionnaire	15
3.6.2 Interviews	15
3.7 Instruments of Data Collection	15
3.7.1 Questionnaire	15
3.7.2 Interviews	15
3.8 Pre-testing (Validity and Reliability)	16
3.8.1 Validity.....	16
3.8.2 Reliability.....	16
3.9 Procedure of research.....	17
3.10 Data Analysis	17
3.10.1 Qualitative data analysis	18
3.10.2 Tertiary Institutions	18
3.10.3 Leadership Support	19
3.10.4 Quantitative data analysis	19

3.11	Measurement of Variables.....	20
3.12	Ethical Consideration	20
3.13	Limitations of the study	20
CHAPTER FOUR		22
DATA PRESENTATION AND ANALYSIS.....		22
4.0	Introduction	22
4.1	Demographic characteristics of the Respondents	22
4.2	Objective one	25
CHAPTER FIVE:		28
DISCUSSION OF FINDINGS, CONCLUSION, RECOMMENDATIONS		28
5.0	Introduction	28
5.1	Discussion of findings.....	28
5.1.1	Limited availability of Medical Personnel	28
5.1.2	Inadequate medical supply	28
5.1.3	Long waiting times	28
5.1.4	Poor infrastructure and facility condition.....	28
5.1.5	Geographic and transport challenge	29
5.1.6	Health workers attitude and communication	29
5.1.7	Cost of services	29
5.2	Conclusion	29
5.3	Recommendations.....	29
5.4	AREAS FOR FURTHER RESEARCH	30
References		31
Appendices		43
Appendix i: Questions (Questionnaires).....		43
Appendix ii: Work Plan.....		47
Appendix iii: Budget.....		48

LIST OF ABBREVIATIONS AND ACRONYMS

CG	Central Government
DSC	District Service Commission
EMHS	Emergency Medicines and Health Supplies
EPI	Expanded Programme on Immunization
FP	Family Planning
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HSC	Health Service Commission
HSSP	Health Sector Strategic Plan
HUMC	Health Unit Management Committee
IRAP	Intermediate Referral Activity Package
LG	Local Government
MAP	Minimum Activity Package
MDG	Millennium Development Goals
MOF	Ministry of Finance
MOH	Ministry of Health
MOLG	Ministry of Local Government
NGO	Non-Governmental Organizations
NMHCP	National Minimum Health Care Package
PHC	Primary Health Care
PHP	Private Health Practitioners
PNFP	Private-Not-For-Profit
TB	Tuberculosis
UBOS	Uganda Bureau of Statistics
UHP	Uganda Health Policy
UNICEF	United Nations Children’s Educational Fund
VHT	Village Health Team
WB	World Bank
WHO	World Health Organization

ASBTRACT

Primary Health Care (PHC) Services play a critical role in promoting Community well-being and ensuring accessible, affordable, and equitable health services. This study examined the relationship between Primary Health Care Services and Citizens' Satisfaction in Pawor Sub-County, Madi Okollo District. The research sought to assess the availability, accessibility, quality, and efficiency of Primary Health Care (PHC) Services delivery and how these factors influence citizens' satisfaction level.

The study adopted a descriptive research design, utilizing both qualitative and quantitative methods to collect data from key stakeholders, including health service provider, local government officials, and community members. Primary data would be gathered through survey, interviews, and focused group discussions, while secondary data would be obtained from relevant reports and policy documents.

Findings from this study are expected to provide deep understanding into the strength and challenges of Primary Health Care (PHC) service delivery in Pawor Sub-County. The study would also point out areas for improvement to enhance citizens' satisfaction and overall health outcomes. The results would be beneficial to policymakers, health practitioners, and development partners in formulating strategies to strength primary health care systems in Madi Okollo District. Keywords, Primary Health Care, Citizens' satisfaction, Service Delivery, Madi Okollo District, Health System.

CHAPTER ONE

INTRODUCTION

1. 0 Introduction

The Primary Health Care has been a major concern or issue in Public sector Management in the delivery of efficiency and effectively services to citizens in a Country (Cheema and Rondineli, 2007). The study influenced and explored the impact of Central-Local relations on Primary Health Care Service delivery within the framework of decentralization policy in the District of Madi Okollo in the West Nile Region of Uganda which was the focus of this study. The study has been conceptualized through the lens of principal-agent theory.

Decentralization that implied the transfer of functions, powers, planning and decision-making authority from the central government to the local governments in delivering public services efficiently and effectively has been the basic framework to understand the influence of central-local relations in terms of efficient service delivery (Awortwi & Okwany, 2010; Gershon, 2004; Muriisa, 2008). This chapter provided the background to the study, problem statement, general objective, specific objectives and research questions. The chapter provided the conceptual framework, justification and significance of the study, including chapter summary.

1.1 Background of the Study

Primary Health Care (PHC) is critical element in the delivery of an efficient, accessible, and equitable health system, to bring essential health services reach all citizens, particularly in rural and underserved Areas. Primary Health Care (PHC) emphasized on preventive, curative, promotional, and rehabilitative services, forming the first point of contact between individuals and the healthcare system. In Uganda, Primary Health Care (PHC) is a key element in achieving universal health coverage, including government-based health interventions, decentralization, and citizen engagement in healthcare planning and provision and delivery. .Despite these efforts, inequalities in health quality, access and citizen satisfaction still remain, particularly in rural sub-counties like Pawor in Madi Okollo District. Barriers to service provision including poor healthcare structures, inadequate essential medicines, staffing levels, and distance to health facilities, affect service provision. Knowing how satisfied citizens are with Primary Health Care (PHC) services in Pawor Sub-County is important in identifying gaps and informing health service provision in order to promote community health.

1.2 Statement of the Problem.

Access to quality Primary Health Care (PHC) service is a fundamental right, but many rural communities in Uganda, including Pawor Sub-County, continue to experience challenges in obtaining adequate health care in Uganda. Citizens often, report dissatisfaction with Primary Health Care (PHC) services due to long waiting times, drugs stock out, limited medical personnel, and poor quality of services. Even though government and development partners have made significant investments in improving Primary Health Care (PHC) in Uganda, the extent to which these efforts have translated into citizens' satisfaction remains unknown or unclear.

Without empirical data on the factors influencing the satisfaction level, it is difficult for the policy and health authorities to make informed decisions for service improvement. This study sought to assess the effectiveness of Primary Health Care services in Pawor Sub-County and how they influence citizens' satisfaction.

1.3 General objective

To assess the quality and accessibility of primary health care (PHC) services and their impact on citizens' satisfaction in Pawor Sub-County, Madi Okollo District.

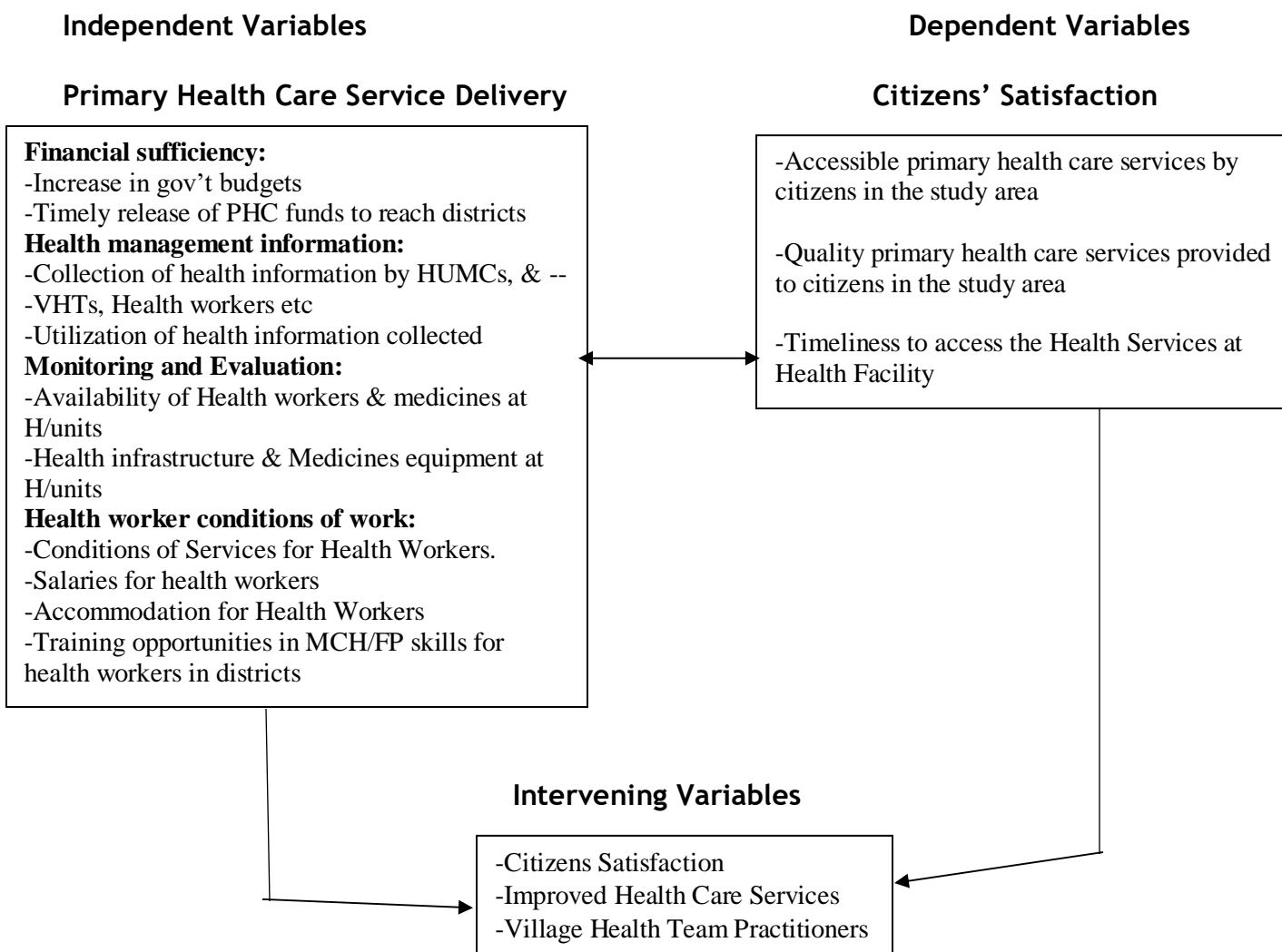
1.4 Specific objectives of the study

1. To examine the availability and accessibility of Primary Health Care (PHC) services in Pawor Sub-County.
2. To assess citizen's perception of the quality of Primary Health Care (PHC) services including service delivery, infrastructure, and medical personnel.
3. To identify key factors influencing citizen's satisfaction with Primary Health Care (PHC) services in Pawor Sub-County.

1.5 Research Questions

- (a) How available and accessible are Primary Health Care (PHC) services in Pawor Sub-County?
- (b) What are citizens' perceptions of the quality of Primary Health Care (PHC) services in terms of service delivery, infrastructure, and medical personnel?
- (c) What key factors influence citizens' satisfaction with Primary Health Care (PHC) services in Pawor Sub-County?

1.6 Figure 1: Showing the Conceptual Framework



The conceptual framework for this study illustrates the relationship between primary health care (PHC) services and citizen’s satisfaction in Pawor Sub-County, Madi-Okollo. The framework assumed that the quality and accessibility of primary health care (PHC) services influence how satisfied citizens with healthcare service delivery.

Independent Variable (PHC service factor) - These included availability of health facilities, accessibility of services, quality of medical care, competence of health workers, and infrastructure.

Intervening Factors-Factors such as government policies, funding, and community involvement might influence how **primary health care PHC services** are delivered.

Dependent Variable (Citizens' satisfaction)- The level of satisfaction depends on how well primary health care (PHC) services meet citizens' healthcare needs, including service efficiency, affordability, and responsiveness.

1.7 Scope of the study (geographical, time and content scope)

1.7.1 Geographical scope:

The study was conducted in Madi-Okollo district situated in the West Nile region of Uganda. Out of the district, one (1) Sub-County selected that was Pawor Sub-County, one (1) health facility and that was Pawor Health Centre III.

The researcher selected one Sub-County (Pawor) in the district due to the fairly shorter time that would be taken for reaching the selected sub-county and health units with good road network system and the fact that the districts are bordering each other. The researcher also selected the districts taking into account the costs involved in terms of transport, accommodation and feeding due to financial constraints.

1.7.2 Time scope:

The time frame considered for the study was a five-year period from 2020 to 2024. This time period had been selected because the approvals and implementations of Health Sector Strategic Plan IV (HSSP IV) for FY 2020/21-2024/25 that captured prevailing primary health care issues with the view of addressing challenges were done. Challenges continued to be experienced under the Primary Health Care (PHC) services during this time frame. Data collection for this study had been planned to begin from January 2025 to April 2025 and data analysis.

1.7.3 Content scope:

The specific focus of this study was on the influence of central-local relations on primary health care service delivery within the context of decentralization policy. In terms of content, this research intended to cover the following dimensions of the conceptual framework (i) financial sufficiency for health care services and community-based health insurance scheme (ii) monitoring of health worker and medicines availability, health infrastructure, medical equipment and ambulatory, maternal child health/family planning in the selected government health units (iii) collection of health information and their utilization with including Maternal and

Child Health/Family Planning (MCH/FP) services (iv) health worker employment conditions focusing on recruitment, salaries and training opportunities in Maternal and Child Health/Family Planning MCH/FP skills. Furthermore, investigation will be done on access and quality of primary health care service delivery as part of the content scope of the study.

1.8 Justification of the study

Primary Health Care (PHC) is essential for ensuring equitable access to healthcare, especially in rural areas like Pawor Sub-County. However, persistent challenges such as inadequate medical resources, poor infrastructure, and service inefficiencies hindered citizens' satisfaction.

This study was justified as it sought to assess the quality and accessibility of Primary Health Care (PHC) services and their impact on community well-being. The findings provided data-driven insights to inform policy decisions, improve healthcare delivery, and address existing gaps.

1.9 Significance of the study

The study was significant in the following ways:

1. To the policy makers, the study will provide empirical evidence to guide improvements in Primary Health Care (PHC) services and policy formulation.
2. For the health workers it would highlight areas that needed better service delivery, infrastructure, and staffing.
3. For the community, the study amplified citizens' voices regarding healthcare challenges and expectations, leading to better health outcomes.
4. Meanwhile for the researchers it added to the body of knowledge on healthcare satisfaction in rural Uganda and served as a reference for future studies.

1.10 Summary

This study examined the relationship between Primary Health Care (PHC) services and citizens' satisfaction in Pawor Sub-County, Madi Okollo. It also explored the accessibility, quality, and effectiveness of healthcare services, identifying factors that influence satisfaction levels.

The research aimed to generate insights that would help improve healthcare service delivery, enhance community health outcomes, and contribute to national health policy reforms

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

Literature review put together, integrated and summarized what is known in an area of study (Oso & Onen, 2009, Mugenda & Mugenda, 2003). This chapter reviewed literature conceptualized and organized under the objectives of the study that identified under the dimensions independent variables- of the financial sufficiency, health management information system, monitoring and health worker employment conditions (human resources for health). The significance of central-local relations within the context of decentralization, the principal agent theory and the principle of subsidiarity are discussed in this chapter.

2.1. Theoretical Review

This study was based on a principal-agent theory, a theoretical framework that describes/explains the behavior of the principal and the agent including their relationships (Lee et al., 2009). The focus of agency theory was on accountability through addressing opportunistic behavior arising from agents' exploitation asymmetric information (Muller & Turner, 2005, Jensen & Meckling, 1976). The theory highlighted incentives schemes for local governments health employees (as agents) to act in the interest/behalf of ministry of health and district officials (as principals). The agency theory mainly presented local government as engaging/ undertaking functions that were authorized by the responsible higher tier of government. The public government social service like health is a sector of public management where agency theory explained or clarified management practices in service delivery systems. The principal-agent relations is therefore not one way/unidirectional (Sappington, 1991).

There are four dimensions of critical central-local relations (IV) under the conceptual framework, namely, financial sufficiency, monitoring, health information, and health worker employment conditions (delegation of competences) that can enhance government efficiency and effectiveness in service delivery when appropriately utilized (Council of Europe Report, 2007, Loughlin & Martin, 2003). The agency theory explained the relationships between central government and local governments in disbursement of finances. The increase in central government budget allocation for health care services and

timely disbursement of funds could contribute to quality and accessible health services to the community. A chain of principal-agent relationships characterized these systems- the central government (as principal) and top line ministry bureaucrats (as agents), as well as between top line ministry bureaucrats (as principals) and the district employees (as agents), and also between district local authority bureaucrats/politicians (as principals) and Sub-County employees (as agents) (Jensen & Meckling, 1976, Martin, 2003, Leruth & Paul, 2006). Bad governance and corruption stem from asymmetric information and interest divergence by those who perform various tasks (the agents) and those on whose behalf the tasks are performed (the principals). Low level of service output can be due to misbehaviour by the agents, hence rent capturing by the agent at the expenses of the principal (Frey, 1993, Cruz & McPake, 2004).

Two assumptions characterized the principal-agent theory: (i) goal conflict between power (bureaucratic and political) and budget/wealth-maximizing behavior of the principal and the utility-maximizing behavior of the agent (ii) agents had more information than principals, that agents exploited for self-gain rather than collective interests of parties leading to moral hazard problems. Important to agency theory argument is uncertainty and cost associated with measuring agent behavior and outcomes produced (Waterman & Meier, 1998, Jensen & Meckling, 1976).

2.2. Review of the Literature on the objectives of the study

2.2.1. Financial Sufficiency

Currently, financing primary health care (PHC) services to the citizens in low-income countries is a major challenge. Health financing consists of three components: (i) Revenue collection, fund pooling and purchasing. Funding Health sector is inadequate to provide the Uganda National Minimum Health Care Package (UNMHCP) in all facilities and health expenditure as a proportion of government's discretionary expenditure has remained stagnant around 9.6 per cent on average every financial year. This translated to a health expenditure of Ug. Shs 190,000= per person per year and yet the standard for World Health Organization (WHO) is Ug. Shs 283,280= per person per every financial year which fall far below the Abuja Declaration target of increase to 15 per cent every financial year (WHO, 2008, Ministry of Health (MoH), 2009a, Hope, 2003, Carrin et al., 2005, Steffensen, 2006). The health sector budget included funds from the government of Uganda and Donor budget

support which constituted the main sources of funding. Since primary health care budgets and services are managed at the health sub-district (HSD) level, it argued that pooling of financial resources, to fund a coherent health sector-wide plan led to improved efficiency in service delivery (MoH, 2003c, Green et al., 2001, Bossert & Beauvais, 2002).

2.2.2. Health Management Information System

Health Management Information System (HMIS) is a system through which health related information/ data pertaining to input, process and output variables are collected, compiled at the health unit level, segregated and processed at the district level, and then finally utilized/used for health service delivery in order to have a good health outcomes. Health information data are collected by health staff, Village Health Teams (VHTs) and Health Unit Management Committee (HUMCs) which then compiled at each health unit level before the final on ward submission to the office of the District Health Officer (DHO) (Nabyonga et al., 2005, MoH, 2004d). Health management information system (HUMCs) made ensure that health facilities are collecting health information, analyzed and kept for health planning and decision making. Although Uganda has adopted a management information system (HMIS), it seems there is still ongoing challenges about the way the system operates/works. While management information system (HMIS) was a powerful instrument and having huge potential in term of health sector planning, many health units seemed not to adequately using Form 105 to collect or capture information for various aspects at their health facility (Messerlin, 2005, MoH, 2009a, World Bank, 2009).

2.2.3. Monitoring

According to Kurowski (2002), monitoring entails a continuous or a regular assessment of the programmes or projects at implementation stages which involve looking at inputs and systems that produced outputs and involving associating these factors to achievements of planned programme outcomes. Monitoring of service delivery has immediate relevance for the management of health services. However, commonly performance is undertaken or measured through monitoring which are the actions (inputs used and process followed) or observed/verified an output or outcome of the action by using indicators. The indicators such as inputs measure all resources (Human, Physical, Financial, Information etc.) used to produce a good or service, while process indicators describe the methods used upon inputs to achieve the production of goods and services. The outputs indicators measure the

quantity and the quality of goods and services meanwhile outcome indicators measure the medium term results of applying the outputs. Impact indicators measure similar elements to outcome indicators but with a long term perspective (Steiner, 2006, Kurowski, 2002). For the purposes of this study, monitoring which was a dimension under the conceptual framework was focusing on the availability of the health workers, medicines, and equipment including the assessment of health infrastructure at selected health units. Health care services to the communities must be monitored since the government provided free health care to the citizens including availing essential medicines.

The gaps the researcher sought to investigate/explore, was monitoring availability of medicines, medicines financing, availability of health worker staff, medicines and medical equipment, the state of health infrastructures (new constructions or rehabilitations), availability of ambulatory services in public health units, causes of maternal and infant mortality, low family planning prevalence in Madi Okollo District as selected study district of West Nile region.

2.2.4. Health Worker Employment Conditions

Human resource for health (HRH) is the most valuable resource in the health service delivery process in terms of effective and efficient. To effectively operationalize or implement cost-effective health interventions, there must be adequate numbers of health workers with appropriate skills, competences, adequately trained and motivated (Balabanova et al., 2011, World Health Organization/United Nations Children's Fund (WHO/UNICEF), 2010). However, uncoordinated and weak and fragmented Human Resource for Health (HRH) policies and their implementation is making it difficult for developing countries to scale up training, recruitment, deployment and retention schemes for health workers to deter both internal and international migration (Krieger et al., 2010, Ministry of Health (MoH), 2009, Peter & Evans, 2001). Human resource for health have been described as the hearth of a health system in any country and an essential element of health care systems. Human resource have been neglected element in the health sector in developing countries and yet are the core of a health system (Vujicic et al., 2004, United Nations Development Programme (UNDP), 2004, Alwan & Hornby, 2002, Nabaho, 2011). The gap the researcher wanted to investigate how recruitment of the health workers conducted in one study district of West Nile (Madi Okollo) and its deployment down to health units for health service delivery.

2.3. Some Issues of Access and Quality to Primary Health Care Services

Some of the challenges to health care access to rural poor included long distances to the health Units, inadequate medicines, absenteeism of health workers, cost of health services, and the inadequate quality of health care. Less than half of most populations live within 5 Km of a health facility in Uganda intensifying access issues (Ruxin et al., 2005, MoH, 2014, MoH, 2009a). Access to affordable medicines were included amongst the health related Millennium Development Goals (MDGs) as medicines make up a significant portion of health care costs for poor households in most developing Countries (Quick et al, 2002, MoH, 2009a). Faced with inadequate or no medicines at the government health facilities, community use monetary assessments to determine or select which health service to access to maximize so that they can reduce out of pocket payments, since availability medicines and medicines costs in these facilities are critical factor influencing access to health services. Therefore, these challenges were relevant to the researcher for assuming access to health services might influence health seeking behaviour of the community, which was why Researcher was motivated to explore this issue of access to health services and the quality of their primary health care services (Corkery,2000; Foster et al., 2000; MoH, 2009a; Balabanova, 2011).

2.4. Summary

This chapter reviewed the literature on dimensions of the independent variable under the conceptual framework according to the theoretical perspectives provided by the principal-agent theory and principle of subsidiarity. It has discussed decentralization and central-local relations within the framework of subordinate local government where the researcher was motivated to conduct the study. The health policy of Uganda in provisions of minimum health care package demonstrated that improved service delivery is feasible. The study discussed, plans and schemes, which represent health policy in terms of key activities for health improvement of all Ugandans by ensuring quality health service delivery. The study demonstrated key achievements and challenges of decentralization in Uganda.

CHAPTER THREE

RESEARCH METHODOLOGY

3. 1. Introduction

This chapter presented the paradigm, sampling, data collection procedure, data analysis, ethical considerations and practical challenges that the researcher may encounter in the course of the study. This study used a mixed methods approach because that enables adequate collection of both quantitative and qualitative data (Craig, 2012).

3.2. Research Design.

This design employed both qualitative and quantitative approaches (Creswell & Clark, 2011). Through these approaches, the researcher gained insights on more understanding of the problem by intensive collection of narrative and numerical data on the political model as a requisite for effective governance in higher educational institutions in Uganda. A mixed research design was taken as the best paradigm for this inquiry because the researcher needed to answer research questions and test hypotheses as well as the conditions under which this study took place made it necessary to adopt both the qualitative and quantitative approaches. Tashakkori and Teddie (2003) argued that many sources of information and ways of analyses are required to thoroughly comprehend complex social phenomenon or realities. The mixed methods approach was adopted in this study to precisely cope with such complexities. Secondly, the choice of the mixed methods approach was guided by the fact that the increased number of Universities in the Ugandan Higher Education (HE) sub-sector attracted a lot of debate regarding quality assurance in these institutions.

The qualitative and quantitative methods were used in this research to obtain detailed data and the wide spread nature of institutional practices for quality assurance made the use of the mixed method necessary. The quantitative descriptive and cross-sectional survey design was employed to obtain information about the participants' attitude, perceptions, level of knowledge and understanding regarding the study in all the targeted Universities.

The mixed methods research design had gained popularity (Johnson et al, 2007). The authors of the mixed methods design stressed that mixing of methods is unavoidable in research whether practiced knowingly, because a lot of paradigms of investigation are not based on one, clear aspects but on combinations of values and activities that are emerging as a result of continuous re-evaluation (Creswell, 2009, Johnson & Christensen, 200). The

observation of the authors emphasized on the way the weaknesses of one method are complemented by the strengths of the other methods thus maintaining the relevance of using both qualitative and quantitative techniques in research. Denscombe (2008) argued that social investigations needed a variety of dimensions in order to get relevant answers/responses to critical social doubts.

Mixed methods research technique was commonly the best method to investigate the difficult research questions of their current interest (Clark 2005). Mixed methods study is provided a vent for many quantitative researchers to use qualitative data. Currall and Towler (2003) argued that the quantitative and qualitative methods should be concurrently employed in the study in order to harmonize the findings and enable a more complete analysis. According to Creswell (2002) the mixed methods is a research approach used to gather and analyze data by “mixing” both quantitative and qualitative information at the various stages of the study process in an inquiry so as to comprehend a phenomenon more deeply.

3.3. Study Population.

According to Creswell et. Al, (2011) target population referred to the population to which the researcher ultimately wanted to generalize the results. Yin (2009) described population to include people, events, animals and objects who/which are members of the target of the study. Amin (2005) referred to the population as an aggregate or totality of all the objects, subjects or members that conform to a set of specification.

3.4. Sampling Techniques and Procedure.

The researcher employed stratified random sampling and purposive sampling techniques to select the sample size. Specifically, stratified random sampling technique used to especially sample category of support staff, lecturers and students. According to (Ceric, 2013) this technique is where all individuals in the defined population have equal and independent chance of being selected as a member of a sample. It was employed because this technique had the least bias and offers the most generalizability (Smyth & Morris, 2007) and random sampling allowed researcher to perform an analysis of data that was collected with a lower margin of error. The researcher also employed purposive technique to sample administrators and heads of departments. The researcher adopted this technique because the researcher believes that those people had reliable information that helped inform the study (Mugenda & Mugenda, 2003).

3.5. Sample Size and Selection.

Sampling is the process of selecting sufficient numbers of elements from the population so that a study of the sample and its characteristics made it possible for the researcher to generalize such characteristics to the population elements (Mugenda & Mugenda, 2003). This study was based on a sample of 98 participants comprising of administrators, lecturers, and heads of departments, support staff and students in the selected Universities.

Table 3.1: Categories of study respondents in Madi-Okollo district

No.	Category of respondents	Target Population (N)	Sample size (S)	Sampling Method
1	District Officials	32	10	Purposive
2	HUMCs	27	14	Purposive
3	Health workers	52	25	Purposive
4	Pawor politicians	32	12	Random
5	Clients	137	101	Random
	Total	280	162	Purposive

Source: Primary data, 2024

Key: N - Population Size, **S** - Recommended Sample Population

Krejcie & Morgan (1970).

The study targeted 280 (N) participants from which 104 (S) were sampled. This sample was arrived at using the statistical table by Krejcie and Morgan (1970) as stated in Amin (2005). District officials were 10, HUMCs were 14, Health workers were 10, Pawor politicians were 12 and citizens in Pawor sub-county were 94. The tools of research were administered to them.

The distribution of the sample presented in the table 3.1 above (Cooper & Schindler, 2008).

3.6 Data Collection Methods

The research Report used a mixed method which enabled collection of primary and secondary data which entailed survey, interviews and documentary review based on the use of questionnaire. These methods enabled collection of both qualitative and quantitative data to achieve the objectives of the study (Creswell, 2009).

3.6.1 Questionnaire

Questionnaire was used in this study to collect quantitative data. This method involved developing a pre formulated written set of questions to which respondents recorded their answers (Jager, 2008a). According to Amin (2005), this method is used when a large number of the respondents knew how to read and write. Additionally, it covered a wide area of the sample during data collection. Questionnaires was administered by the researcher to certain category of respondents (Craig, 2012).

3.6.2 Interviews

The researcher also used interviews which involved oral interaction with respondents to generate a qualitative data to supplement information that was generated through questionnaires (Yin, 2009). The researcher used this method because the researcher got complete and detailed understanding of the issues from the respondent through probing and clarifications. Besides it also gave in- depth information about particular cases of interest to the researcher (Cooper & Schindler, 2008).

3.7 Instruments of Data Collection

3.7.1 Questionnaire

This was a research instrument that gathered data over a large sample. The researcher used Close ended questionnaire to generate information from the students and support staff. The researcher selected this instrument because it upheld confidentiality and saved time and above all information could be collected from a large sample (Kothari, 2012). The researcher will develop the questionnaire on a likert scale with a five-response continuum of strongly agree, Agree, Not sure, Disagree and strongly disagree. The respondent then selected responses that best described his/her reaction to the statement. The response categories would be weighed from scale 1 to 5. The likert scales were very flexible and could be constructed easily than other attitude scales (Katebire, 2007; Mubazi, 2011).

3.7.2 Interviews

According to Katebire (2007) interviews are questions asked orally. The researcher used an interview guide since it was flexible for measuring certain characteristics which were not possibly measured by developing scales. This instrument was applied for head of departments, lecturers and administrators at Universities because it

allowed in-depth probing and such officers could easily give their time to be interviewed (Newman, 2011).

3.8 Pre-testing (Validity and Reliability)

The researcher managed to obtain validity and reliability coefficient of at least 0.7. Items with validity and reliability coefficient of at least 0.7 will be accepted as valid and reliable in research (Oso & Onen, 2009).

3.8.1 Validity

Validity refers to the accuracy and meaningfulness of interpretations which are based on the research results. To ensure validity, the instruments were given to three experts to evaluate the relevance of each item in the instruments to the objectives and rate each item to the scale of relevant and not relevant (Kothari, 2012). Validity would then be determined by using content validity index (C.V.I) which represents all questions rated relevant by the three experts divided by the total number of questions (Mugenda & Mugenda, 2003). The formula is $C.V. I = n/N$.

The researcher considered this validity very high enough because according to Amin (2005) for survey of this nature validity of instruments of at least 0.7 is considered to be good enough. The researcher accordingly proceeded to collect data.

3.8.2 Reliability

Reliability is the degree to which the instrument consistently measured what is measuring. Reliability refers to measure of the degree to which a research instrument yields consistent results or data after repeated trials (Mugenda & Mugenda, 2003). To ensure reliability, the instrument would use pre-tested once on 10 people of the study population who were not included in the study sample. This was to determine the internal consistence of the instrument. The score that was obtained from the pre-test would then be correlated using Cronbach's coefficient alpha since multiple response items are involved (Kothari, 2012).

The overall reliability of the instrument shows Chronbach Alpha value of 0.901. This value was considered high enough by the researcher because according to Rule & Vaughan (2011) correlations ranging from 0.60 to 0.85 make possible group predictions that are accurate enough for most purposes. The researcher therefore, proceeded to collect data using the instruments.

3.9 Procedure of research

The researcher developed a proposal over a period of twelve weeks (3Months) under the guidance of the supervisor. Once the proposal is ready the researcher had obtain clearance from the Dean of the School of Post-graduate Studies at Uganda Christian University (UCU) Mukono to proceed with the study (Yin, 2009). Upon getting the permission, the researcher proceeded to collect data. Primary and secondary data were collected during the period of March 2025 using questionnaires, and interviews. The data was collected by the researcher and research assistants. The data that was collected was analyzed through qualitative and quantitative techniques and presented in form of tables, figures or pie charts (Ceric, 2013).

3.10 Data Analysis

Data analysis is an essential research process that involves examining collected data with the objective of drawing meaningful conclusions. It would be supplemented by various representation techniques, including pie charts, graphs, and tables. Each of these tools had a particular role of representing data and making it understandable. Visual representations such as pie charts, graphs, and tables are required for meaning-making of complex datasets. They enabled researchers and stakeholders to instantly comprehend patterns, trends, and outliers in the data.

A pie chart is a circular statistical graph divided into sections to illustrate numerical ratios. Each section is a representation of a category's proportion in the whole, thus an easy method to see relative sizes Pie charts are particularly useful when you want to represent the composition of a dataset or the percentage split of categories. For example, if a survey collects data on modes of transportation individuals prefer (car, bus, and bike), a pie chart can readily represent what percentage of respondents prefer each mode. Though pie charts are not unattractive to the eyes, they might become cluttered with many categories or similar values. They cannot compare multiple sets as well nor depict change across time.

Graphs took various forms such as bar graphs, line graphs, and scatter plots with various uses in analysis: Bar Graphs are most useful for comparing quantities between different groups. For instance, when comparing sales numbers across different regions, bar graphs can readily display which region sold the most while Line Graphs most useful for illustrating trends over time. If tracking temperature changes over a year, a line graph can readily

illustrate rising or falling trends and Scatter Plots help identify relationships between two variables. For instance, plotting study time against exam scores can illustrate correlations.

Graphs provided an easy overview but are simply distorted with superficial comparisons and labeling. They might, however, require appropriate scaling and labeling to misinterpret them.

Tables are structured in rows and columns for easy reference. Tables presented raw data plain without visual effects. Tables can be utilized where precise values are needed or dealing with large datasets where exact information is necessary such as pointing out demographic characteristics of respondents in surveys. While tables are effective in conveying information in detail, they can mislead readers by displaying too much text or figures without providing an immediate visual context.

3.10.1 Qualitative data analysis

Thematic data analysis of qualitative data was collected via interviews that would yield some significant findings to be organized under the three major themes: tertiary institutions, leadership support, and the focus on quality of lecturers' and students' service delivery.

3.10.2 Tertiary Institutions

The research revealed that tertiary institutions played an important role in the learning experience of students. The majority of the respondents had been highlighted the importance of institutional facilities, such as libraries, laboratories, and technology access, which play an important role in influencing learning outcomes. Furthermore, participants noted that the physical environment and infrastructure of the institutions play a role in influencing student engagement and satisfaction.

Furthermore, there was an agreement among the interviewees that institutional policy in curriculum development and academic support services is critical in improving educational quality. Respondents were highlighted that institutions need to continually evolve with shifting educational needs to be effective and relevant.

3.10.3 Leadership Support

Support leadership emerged as the core theme that would influence both staff performance and students' achievement. Interview respondents would tend to mention that good leadership in tertiary institutions would be a key to building a learning atmosphere. Good leaders were described as those who go out of their way to engage with staff and students, supporting and guiding them with the needed resources for academic success.

Moreover, participants would be expressed that support leadership is fundamental in the uptake of innovative teaching methods and courses that cater to the demands of contemporary education. The presence of mentorship initiatives under the auspices of organizational leaders were also mentioned as an essential component for promoting professional development among lecturers.

The focus on the provision of quality service by lecturers and students would be another key theme that would be established in the analysis. Participants would be indicated that high quality teaching practices are positively correlated with student outcomes. Lecturers who emphasized interactive teaching and prompt feedback would be found to contribute significantly to the learning process.

Students also emphasized the role they played in guaranteeing quality provision of services by taking part in their education actively by active class discussion participation, asking for help where needed, and providing feedback on pedagogical practice. Such a symbiotic relationship between how effective lecturers are in lecturing and student active participation is critical in ensuring a setting within which quality learning can dominate.

The thematic data analysis has shed light on critical areas of focus in tertiary education: improving institutional capacity, leadership support, and collaboration in ensuring a quality service delivery focus among lecturers and students. These findings highlighted the interdependence of these themes in advancing overall educational efficacy.

3.10.4 Quantitative data analysis

Quantitative data analysis consists of measuring numerical values from which descriptions such as mean and standard deviations are made. The researcher used

both descriptive and inferential statistic to analyze the data from the questionnaires (Yin, 2009). The data from the questionnaires were sorted, coded, categorized and entered in to the computer and analyzed using the Statistical Packages for Social Scientists (SPSS) program. Specifically, the researcher used social techniques like measures of central tendency with their corresponding measures of variability. In correlative indices, Pearson Correlation Coefficient was used to establish the correlation between two ordinal scale variables (Ceric, 2012).

3.11 Measurement of Variables

Measurement of data is very important in studies that are quantitative in nature. In the study, three levels of measurement were used vide, nominal scale, ordinal scale and interval scale (Mugenda & Mugenda, 2003). In nominal scale the researcher subjected group into categories. This was used to indicate the frequencies in each category. Meanwhile in ordinal scale the researcher measured responses in ranked data or data in an order form. The responses was ranked in a Likert scale and was measured using this scale. The interval scale was used to compute the mean and the standard deviations of the responses (Rule & Vaughan, 2011; Bolarinwa, 2015).

3.12 Ethical Consideration

To be ethical in conducting the study, the researcher had to obtain approval letters from Uganda Christian University Arua Campus. This helped to ensure the study was within the ethical requirements and that the guidelines to undertaking research in the health institutions is upheld (Creswell et.al, 2011, UNCST 2014). The researcher then sought for permission and consent from the health institutions' administrations to undertake the study. This helped to uphold the principle of consent in research. The researcher upheld high level of confidentiality and anonymity in treating the information that was obtained from respondents. Finally, the researcher abided by the rules and regulations of the health institutions in regard to conducting data collection (Newman, 2011, WHO (2011)).

3.13 Limitations of the study

The researcher faced some difficulties while carrying out research because some informants may be reluctant to respond to the questionnaires. This was anticipated in the interviews where some of the key informants might be quite resistant though they later may cooperate after assurances of confidentiality and the value this research would add to the growth of

health institutions in West Nile region in particular and Uganda in general (Craig, 2012). Another challenge can be that the study being cross-sectional in nature and the snapshot views, may not explicitly show the relationship between adoption of maintenance standard controls to impact on quality service delivery (Smyth & Morris, 2007; Ceric, 2013).

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

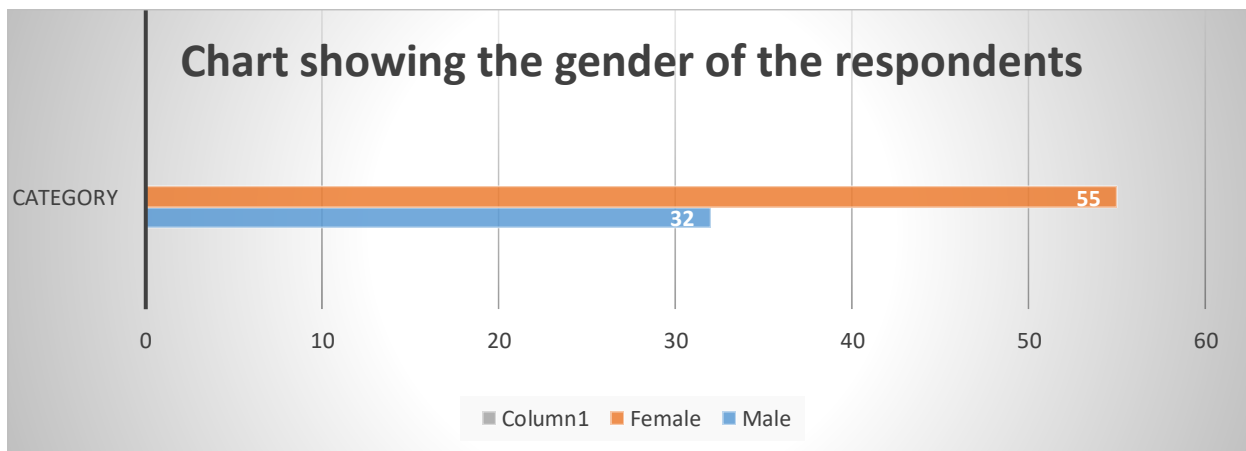
The chapter covers data presentation, analysis and interpretation of data collected with the view of answering the research questions. Data analysis and interpretation was based on the three research objectives. Below are the data presentations and analysis;

4.1 Demographic characteristics of the Respondents

In this study, the section is to reveal the background characteristic of respondents and profile of respondents based on their gender, level of education, age and years of experience.

Table 1: Showing the gender of respondents

CATEGORY	Number	Percentage
Male	32	63
Female	55	37
TOTAL	87	100

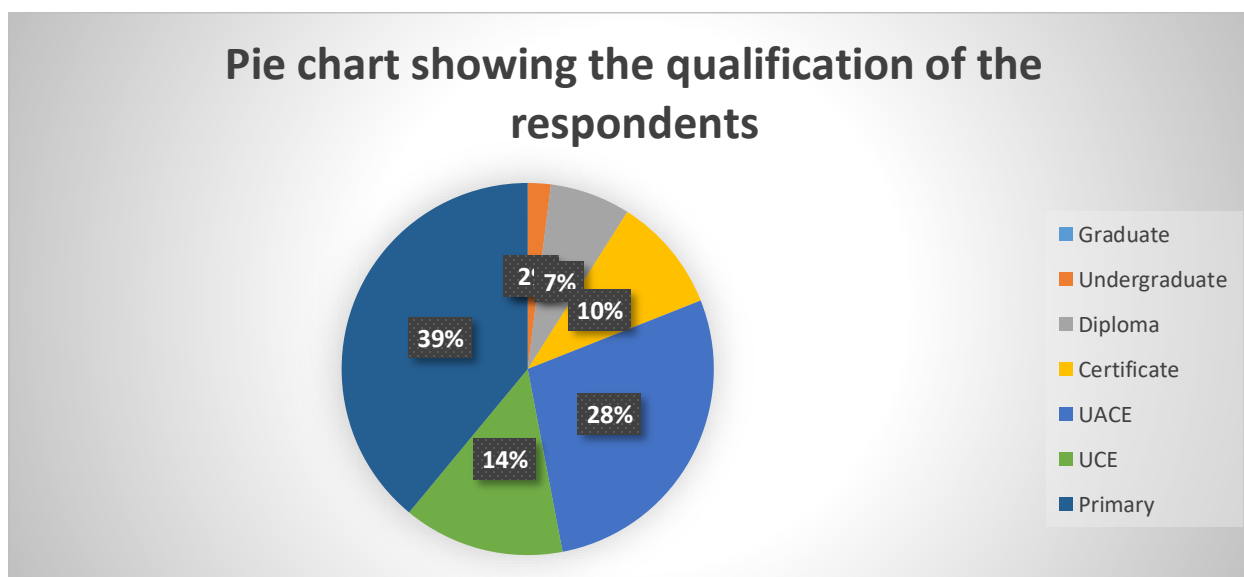


By this study there were 87 respondents and 55 were females and 32 were males which represented 63% and 37% respectively.

Table showing the level of education of the respondents

Category		Number	Percentage
	Graduate	0	0%
	Undergraduate	2	2%
	Diploma	6	7%
	Certificate	9	10%
	UACE	24	28%
	UCE	12	14%
	Primary	34	39%
Total		87	100%

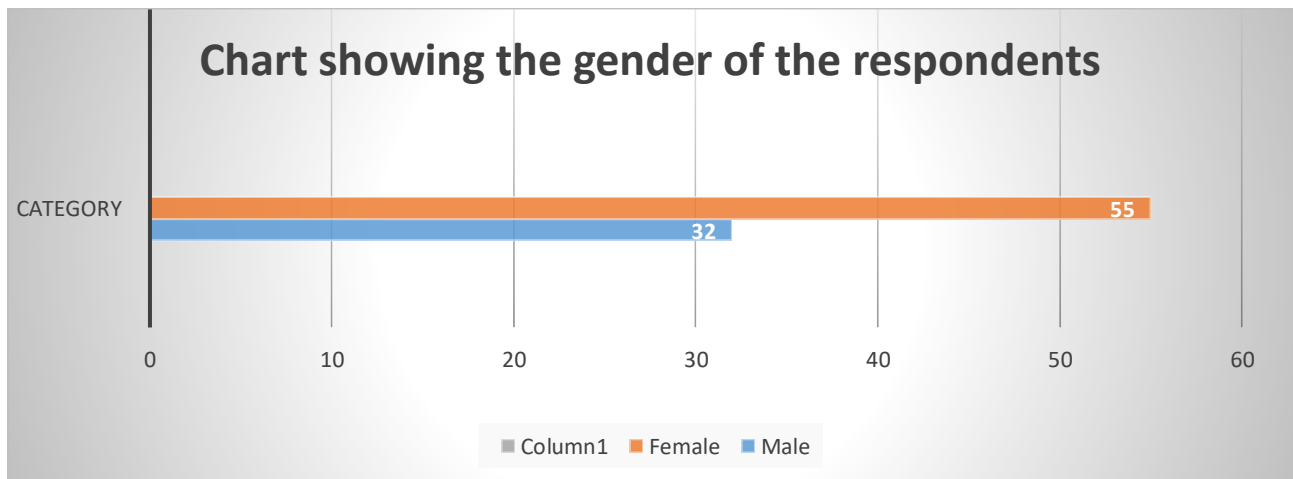
Pie chart showing the qualification of the respondents



As indicated in both the table and the pie chart, 39% of the respondents had the primary school qualification, 14% had the UCE qualification, 28% had UACE, 10% had certificate, 7% had diploma, 2% had undergraduate and none had an undergraduate qualification.

		Number	Percentage
Work experience (Medical staffs) -10 staffs	Over ten years	1	10%
	Over five years	6	60%
	Over one year	2	20%
	Less than a year	1	10%
Age (94 clients were interviewed)	Above 60 years	12	13%
	50-59 years	24	26%
	40-59 years	12	13%
	30-39 years	19	20%
	20-29 years	12	12%
	10-19 years	15	16%
Marital status (94 respondents)	Married	31	33%
	Single	12	13%
	Divorced	7	8%
	Widow	12	13%
	Separated	32	34%

Chart showing the category of respondents



From the chart above, the total number of respondents were 87, out of the 87 respondents 32 were males which represented 37% meanwhile 55 were females and this represented 63%

4.2 Objective one

To examine the availability and accessibility of Primary Health Care (PHC) services in Pawor Sub-County.

The key ratings to assess clients' attitudes about accessibility of services in the health Centre included the following: Very easy, easy, moderate, very difficult and difficult. These questions were subjected to the 87 clients who were interviewed. Out of these 87 clients the following answers were obtained.

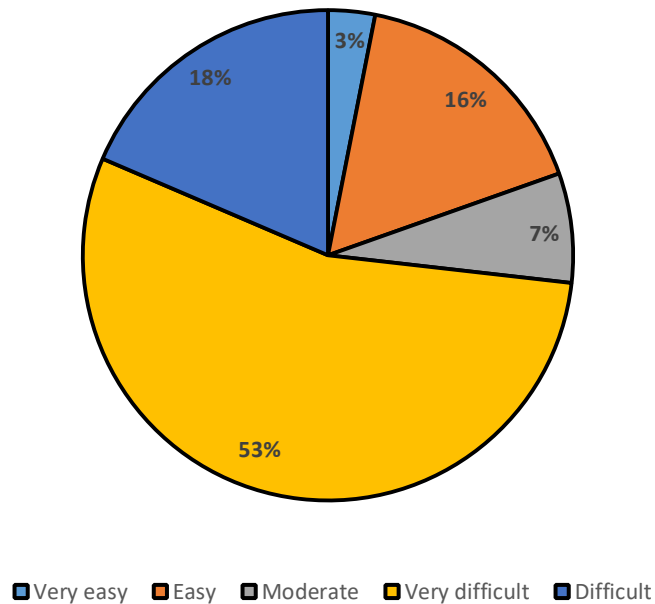
Only 3 said very easy, 14 said easy, 8 said moderate, 46 said very difficult and 16 said difficult.

When analyzed this implies that 3.4% said accessing services at Pawor health Centre III was very easy, 16% said it was easy, 9% said it was moderate, 53% said it was very difficult and 18% said it was difficult.

Table indicating the level of service accessibility by clients at Pawor Health Centre III

	Number	Percentage
Very easy	3	3.4%
Easy	14	16%
Moderate	8	9.6%
Very difficult	46	53%
Difficult	16	18%
	87	100%

Table showing the level of accessibility of service



From the analysis 53% said it was very difficult for them to access the required services from the Health Centre, 18% said it was difficult, 7% said it was moderate, meanwhile 16% said it was easy and 3% said it was very easy. Therefore, one would generate a conclusion that service accessibility is generally not easy in the Health Centre due to inadequate drugs, few staffs at the facility.

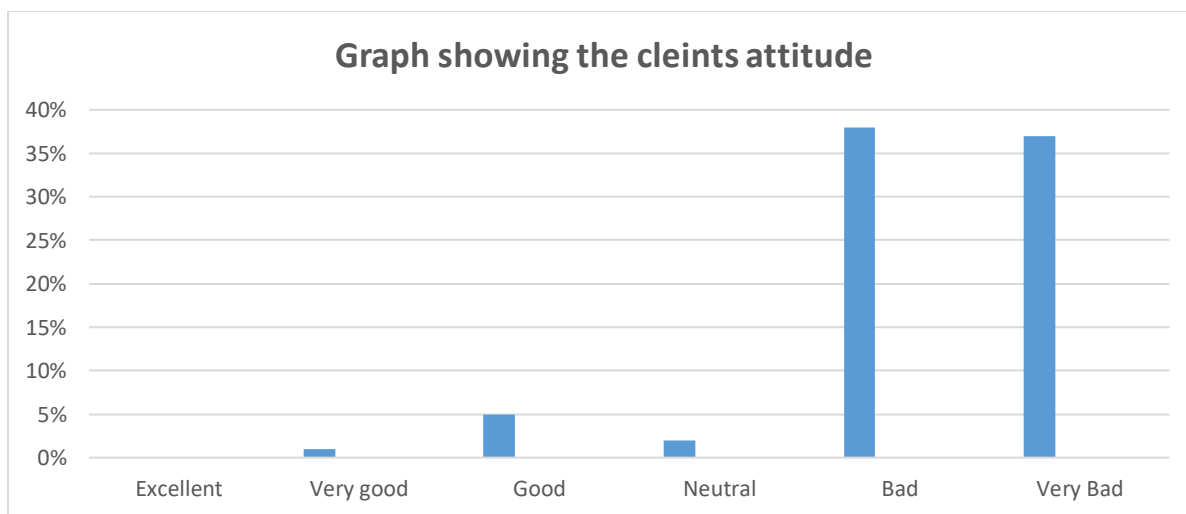
Figure: 1: To assess citizen's perception of the quality of PHC services including service delivery, infrastructure, and medical personnel.

Clients' perception was assessed using the Linkert rating parameter which had Excellent, very good, good, neutral, bad and very bad. Out of the 87 respondents, the below responses were generated as represented in the pie chart.

Table showing the clients perception about the services being offered in Pawor Health Centre III

	Excellent	Very good	Good	Neutral	Bad	Very bad	Total
Number	0	1	4	2	33	37	87
Percentage	0	1%	5%	2%	38%	44%	100%

The graph showing the clients perception about accessibility of services in Pawor Health Centre.III



CHAPTER FIVE: DISCUSSION OF FINDINGS, CONCLUSION, RECOMMENDATIONS

5.0 Introduction

This chapter presented a summary and interpretation of the major findings of the study on accessing health services in Health Centre. It discusses how the results relate to the objectives of the study, existing literature, and the health service delivery framework as well as client's attitude and perception about service delivery in Pawor health Centre III. The chapter further provides conclusion drawn from the findings and proposes recommendations to improve health service accessibility.

5.1 Discussion of findings

5.1.1 Limited availability of Medical Personnel

The study found that Pawor health Centre III operates with a shortage of qualified medical staff. This affected timely service delivery and the quality of care received by patients.

5.1.2 Inadequate medical supply

One of the prominent barriers of health services access was the consistent lack of essential drugs and diagnostic equipment. This forces patients to seek services from private providers at higher costs.

5.1.3 Long waiting times

Respondents reported prolonged waiting periods due to overcrowding and insufficient patient flow systems. This discourages patients, especially those with minor illnesses, from seeking care at Pawor health Centre III.

5.1.4 Poor infrastructure and facility condition

Pawor health Centre III lacked basic amenities such as clean water, proper sanitation, and adequate space. This contributed to a negative patient experience and compromises hygiene and infection control.

5.1.5 Geographic and transport challenge

Accessibility significantly hampered by the long distances to Pawor health Centre III, especially in rural areas, such as Mubanda, Aporo, coupled with poor road networks and limited transport options.

5.1.6 Health workers attitude and communication

Patients frequently reported unfriendly attitudes and poor communication from some health workers. This affects trust and willingness to seek health care services.

5.1.7 Cost of services

Although public health Centres are expected to offer free services, hidden costs such as buying drugs from outside and unofficial fees were reported, which hinders access to low-income patients.

5.2 Conclusion

The study concludes that access to health services in Pawor health Centre III is influenced by multiple interrelated factors including staffing, infrastructure, geographic barriers, and service provider attitudes. Although efforts have been made to improve health service delivery, critical gaps persist, particularly in rural and under-resourced areas. Addressing these issues is vital for achieving equitable and universal access to healthcare.

5.3 Recommendations

1. Recruit and deploy more health workers. Government and stakeholders should prioritize staffing at Pawor health Centre III adequately to meet patient's demand.
2. Government should strengthen logistic systems to ensure a consistent supply of essential medicines and equipment
3. Upgrade of Pawor health Centre III with adequate space, sanitation and utilities like water and electricity would be a necessary priority

4. Enhancement of training and supervision would be very important. Continuous training for health workers on patients' relations and ethical standards, alongside regular supervision is priority.
5. Local governments should work with communities to improve rural road networks and explore mobile outreach services.
6. We should encourage affordable community health insurances using affordable insurance models to reduce the medical costs on patients.
7. There should exist feedback mechanisms to implement systems for patients to report concerns or satisfaction to promote accountability and continuous improvement.

5.4 AREAS FOR FURTHER RESEARCH

“Health workers motivation and its effects on service delivery in public health Centres”

“An assessment of community health insurance schemes and their role in improving access to primary health care”

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Appendices

Appendix i: Questions (Questionnaires)

1. Accessibility and Availability

1. How would you rate the ease of accessing Primary Health Care Services in Pawor Sub-County?

- 1- Very difficult
- 2- Difficult
- 3- Moderate
- 4- Easy
- 5- Very easy

2. Service Utilization

How frequently have utilized the Primary Health Care Services in the Past year

- 1- Never
- 2- 1-2 Times
- 3- 3-5 Times
- 4- More than five times

3 Quality of Care

How satisfied are you with the quality of care provided during your visits?

- 1- Very dissatisfied
- 2- Dissatisfied
- 3- Neutral
- 4- Satisfied
- 5- Very Satisfied

Staff Competence

Do you feel that the Health Care Staff posse the necessary skills and knowledge to address your health concerns?

- 1- Yes
- 2- No

Facility Conditions

How would you describe the cleanness and Maintenance at the Health Care Facility?

- 1- Poor
- 2- Fair
- 3- Good
- 4- Excellence

Waiting Time

How long do you typically wait before being attended to by the Health Care Provider?

- 1- More than two Hours
- 2- 1-2 Hours
- 3- 30 Minutes to One Hour
- 4- Less than 30 Minutes

Overall Satisfaction

How satisfied are you with Primary Health Care Services in Pawor Sub-County?

- 1- Very Satisfied
- 2- Dissatisfied
- 3- Neutral
- 4- Satisfied
- 5- Very Satisfied

Key Informant Interviews Guide

1. Service Delivery Challenges

What are the Primary Challenges faced in Delivery Services in Pawor Sub-County?

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2. Resource Allocation

How adequate are the resources available for Primary Health Care Facility?

- a- Staff
- b- Equipment
- c- Medical

3. Training and Development

What Training Programs are in place to ensure continuous professional development of Health Care Staff?

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4. Community Engagement

How does Health Care System engage with the Community to understand and address the Health Care needs?

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Quality Assurance

What measures are implemented to monitor and improve the quality of the Health Care provides?

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Policy Implementation

How effective are the current policy in enhancing Primary Health Care Services in Pawor Sub-County?

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Recommendation

What strategies would you recommend to improve the Citizens' Satisfaction in Primary Health Care Services in Pawor Sub-County?

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Appendix ii: Work Plan

Time	JAN	FEB	MARCH	APRIL
Key milestones				
Research proposal Generation				
Data collection				
Data analysis and Presentation				
Research Report writing				
Submission of first draft				
Submission of final report				

Appendix iii: Budget

ITEM	AMOUNT
Secretarial services	80,000/=
Payment of data collectors	150,000/=
Payment of data analyst	300,000/=
Transport to the Field for data collectors	30,000/=
Lunch for Data Collectors	30,000/=
Printing and Photocopy	UGX=150,000