EFFECT OF DECENTRALIZATION POLICY ON HEALTH SERVICE DELIVERY IN NORTHERN DIVISION MBALE CITY

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UGANDA CHRISTIAN UNIVERSITY

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DECLARATION

I **SEBEI ERIC** hereby declare that this research report has been written out of my own efforts. It has never been submitted to any institution of higher learning for any award.

Sign:.....

Date:.....11/10/2024.....

APPROVAL SHEET

This is to certify that this research report has been completed under my supervision and submitted for approval and further examination for the award of a Bachelor's degree in Public Administration and Management

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DEDICATION

I dedicate this work to my Family for their kind financial and moral support during the due course of my education.

ACKNOWLEGMENT

I first and foremost extend my sincere appreciation to the almighty GOD for having enabled me to carry on this research successfully until its accomplishment.

In a special way, I would like to extend my sincere appreciation to my all my family members and friends for their financial, spiritual, emotional and academic support

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TABLE OF CONTENT

Contents Page

CHAPTER TWO

LITERATURE REVIEW

CHAPTER THREE

RESEARCH METHODOLOGY

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

LIST OF FIGURES

LIST OF TABLES

LIST OF ACRONYMS

HCFC:	Health Centre Finance Commission
HDR:	Human Development report
MoHC:	Ministry of Health canters
NGO:	Non-Governmental Organization (NGOs
PEAP	Poverty Eradication Action Plan
UNDP:	Uganda National Development Plan
WB:	World Bank

ABSTRACT

Improving health service delivery is one of the most serious challenges affecting people and their government and less attention have been given to the effect of decentralization policy in improving health service delivery. The purpose of the study was to examine the effect of decentralization policy on the delivery of health services in Northern Division of Mbale City. Specifically, the study assessed the effect of political decentralization and fiscal decentralization and health service delivery in Northern Division of Mbale City. It also established the effect of administrative decentralization and health service delivery in Northern Division of Mbale City. The study used cross sectional design to present data with the help of both qualitative and quantitative and qualitative techniques. Data was collected data from 80 (Eighty) participants in the study area using questionnaires and interviews guides and study participants were selected through simple random and purposive sampling. Quantitative data was analyzed using descriptive and inferential statistics (Mean and standard deviation) while qualitative data was analyzed thematically using illustrations and illustrations. Findings show that there exists citizen's particular through democratic process there is always quality interaction between residents and local as this was indicated in the study finds and budget preparations are always participatory in nature citizens through their elected leaders have more powers in decision making and this was mentioned by participants in the study. Also it was found that there exists accountability within the division local government as found by the study local citizens are in position to hold local decision-makers accountable for their actions. Findings further revealed that the division council has authority over revenue collection and this was indicated in the study findings and there exist adequate fiscal transfers from the central government to the urban council also, the division council sets the tax bases from which it generates revenue and there exists a variety of tax bases from which the division council raises tax revenue and this was according to the study findings

It is true according to the findings that there exists a variety of tax bases from which the division council raises tax revenue. Further, findings show that it was revealed from the study findings, the division council enjoys corporate status and powers to secure its own resources to perform its functions and the division council has developed guidelines for community capacity building for effective participation and monitoring and this was indicated in the study. Other findings indicate that there exist established health committees with an appropriate gender balance to handle health related issues as revealed in study findings and also, the division council remains fully accountable to the central appointing office while performing its functions as well as employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control. The researcher recommended increasing funding to decentralized units and building the capacity of leaders in these units to provide and monitor health service delivery infrastructures and services more effectively while at the same time encouraging citizen participation

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study examined the effect of decentralization and public health service delivery in Northern division of Mbale City. The independent variable was decentralization policy with key dimensions that included political decentralization, fiscal decentralization and administrative decentralization while dependent variable was public health service delivery with service indicators such as equitable accessibility, timely delivery, availability of health equipment and citizen satisfaction. This chapter presented 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 includes historical, theoretical, conceptual and contextual perspectives respectively. 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.

Historical Background

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 (Ferlie & Steane, 2018). 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, 2020) 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 policy, 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, 2018). 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, 2017; Fee, 2018).

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, 2020). 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 (Frost, 2019).

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, 2020).

However, a big challenge still exists in the delivery of modern health services to the citizens (The Government of Uganda, 2020). In the last two decades, the high levels of maternal mortality, infant mortality, malnutrition, poor sanitation and hygiene are at unacceptable levels (Thynne, 2019). 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.

Theoretical Background

This study was guided by the Sequential Theory of Decentralization, as the study sought to examine the relationship between decentralization and public health service delivery. The Sequential Theory of Decentralization propounded by Falleti (2019) was 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. 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, 2017). 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 incorporation of this theory in the study was 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. 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.

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 health service delivery in Northern Division of Mbale City.

Conceptual Background

The key concepts of this study included decentralization and public health service delivery. According to Agrawal (2001) as cited in Falleti (2019) decentralization is a process of state 4 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 state. According to Ribot (2019) decentralization can be territorial, functional or institutional, depending upon the geographical demarcation, range of functions delegated and the way decision-makers are recruited.

Ribot (2019) defines fiscal decentralization as a set of policies designed to increase the revenues or fiscal autonomy of subnational Governments. 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 (Falleti, 2020). According to Devas and Delay (2018) 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.

The other variable of this study, public health service delivery can be defined as the provision of health related goods and services to all persons especially those that cannot be provided by the private sector (Kotler, 2020). According to Mutabwire (2019) 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 (2021) 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 t defines availability as an aspect of comprehensiveness and refers to the physical presence or delivery of services that meet a minimum standard.

Contextual background

Important to note is that, studies have been carried out to determine the relevance of decentralization in improving public service delivery but of these, few studies carried out by scholars and researchers focused on the relationship between decentralization and public health service delivery, most studies have focused on the effect of decentralization on public service delivery in general, but this study focused on decentralization and health service delivery in Northern Division of Mbale City

In the context to this study, it was revealed that Northern Division of Mbale City follows has directorates for different sectors; typically, these are directorates for finance and planning, education and sports, health services, management support services, production, works and technical services, and community-based services. These district directorates extend public

services to the citizen as opted by the Central Government to decentralize public service delivery to the Local Governments. Northern Division of Mbale City has 06 wards and one with 10 health facilities; including 14 Health Centre IIIs, Health Centre IIs and one Health Centre IV.

It was reported that for example in Muyembe H/C IV, it operates in dilapidated structures, lacks a stand by generator and accommodation for both admitted patients and medical workers. On average Muyembe H/C IV receives approximately 1060 patients per week from within Mbale City and the neighborhoods. The in charge of the maternity ward was quoted saying that during power outages the Health Centre is covered in absolute darkness and times Nurses are forced to use torches while administering delivering mothers. All these have negatively affected health service delivery in terms of limited access to services, delayed delivery and stock out of medicines, inadequacy of health services (Mbale Health Analysis Report, 2023). This highly inconveniences the efficient and effective delivery of health services and if no action is taken, the Government intention of decentralization to improve public service delivery will not be attained and may even make the citizens to lose confidence in the incumbent Government.

The choice for taking Northern Division of Mbale City as a case study was attributed to the worrying status of health service situation in the area and yet citizens in this area are low income earners mainly depending on subsistence agriculture and having their hopes in the Government to reach them such crucial services like health, education and among others (Mugabe & Omagor, 2018).

1.2 Statement of the Problem

The Government of Uganda adopted a decentralized system of governance to ensure improved equitable access to public service, timely delivery, service availability, citizen satisfaction, adequate services (Economic Policy Research Centre, 2010). Despite the above adoption, the nature of public health service delivery in Northern division of Mbale City Division Council is still below the intentions of decentralization with observable records showing limited access to health services, unsatisfied citizens, limited number of health workers, and the few available are at times off the work, stock out of medicines and delayed service delivery (Northern division of Mbale City, Uganda Health Analysis Report, 2021-2022; Auditor General's Report further

asserted. That 2018) the only prominent Health Centre IV (Northern division H/C IV) operates in dilapidated structures, lacks a stand by generator and lacks most of the essential medical equipment, some of the few that exist are faulty (Auditor General's the Report, closure of the theatre 2018) and the related reviewed literature does not show efforts being made to establish the underlying issues of health service delivery vis-à-vis decentralization move in Northern division of Mbale City. This has continuously inconvenienced the efficient and effective delivery of health services and if no action is taken, the Government intention of decentralization to improve public service delivery will not be attained and may even make the citizens to lose confidence in the incumbent Government. Therefore, it was upon this background that this study sought to examine the effect of decentralization and health service delivery in Northern division of Mbale City Division Council.

1.3 Purpose of the study

The purpose of the study was to examine the effect of decentralization policy on the delivery of health services in Northern Division of Mbale City.

1.4 Specific Objectives

1. To assess the effect of political decentralization and health service delivery in Northern Division of Mbale City.
2. To determine the effect of fiscal decentralization and health service delivery in Northern Division of Mbale City.
3. To establish the effect of administrative decentralization and health service delivery in Northern Division of Mbale City.

1.5 Research Questions

1. What are the effect of political decentralization and public health service delivery in Northern Division of Mbale City?

2. How has fiscal decentralization affected health service delivery in Northern Division of Mbale City?
3. What is the effect of administrative decentralization on health service delivery in Northern Division of Mbale City?

1.6 Scope of the study

The study was based on the following scopes:

1.6.1 Content scope

This research study investigated the examined the effect of decentralization policy on the delivery of health services in Northern Division of Mbale City. It specifically assessed the effect of political and fiscal decentralization and health service delivery in Northern Division of Mbale City. It also established the effect of administrative decentralization and health service delivery in Northern Division of Mbale City.

1.6.2 Geographical Scope

The study was conducted in

1.6.3 Time scope

The study looked at the period between 2017 -2021. This time frame has been chosen because it is during this time that school performance

1.7 Justification for the study

A number of studies have been done but have not assessed the effect of decentralization policy on health service delivery in Northern Division of Mbale City thus creating a research opportunity for this study. For example, Livingstone et al., (2022) study broadly assessed resource mobilization and service delivery not decentralization policy. While other studies were considering teacher performance, student enrollment and parental involvement (Batte et such

as Okedelo et al., 2021, Mwiti, 2020), dealt with supervision and health financing and no study on the effect of decentralization policy on health service delivery has ever been conducted in Northern Division of Mbale City thus causing limitation in literature creating a research opportunity for this study.

1.8 Significance of the Study

The study findings may be of the following benefits.

This study finding may enable the central Government and the management of Northern Division of Mbale City to determine the contribution of decentralization to public health service delivery. It would also help the district management committee to understand what decentralization practices should be enhanced to enhance public health service delivery and contribute to meeting the National Development Goals.

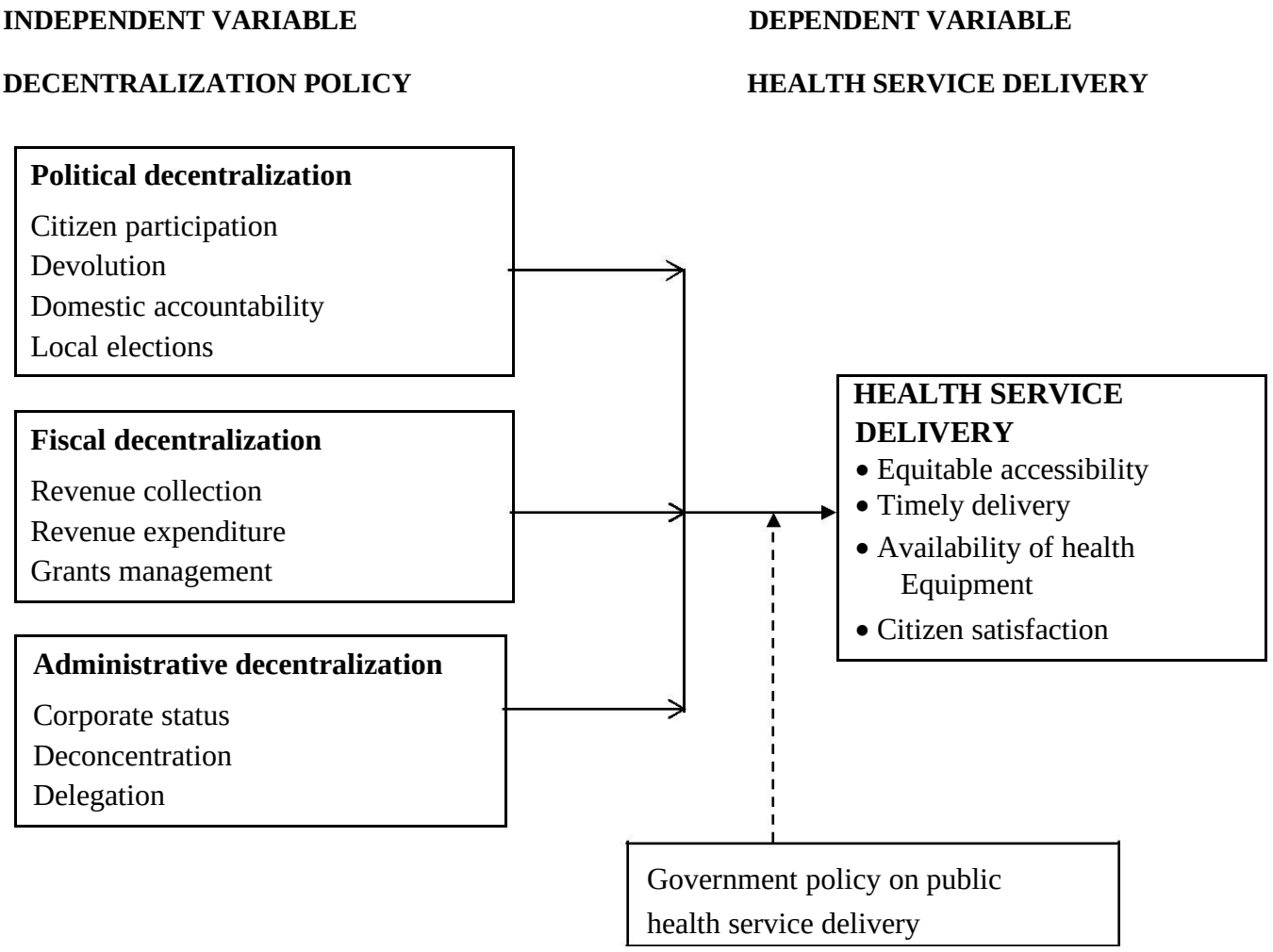
There may benefit a number of academicians, organizations and researchers who would like to know what decentralization constructs are available in Northern Division of Mbale City and how they relate to health service delivery

The study may also guide the Ministry of Health on how to come up with effective policies that can improve on health service delivery decentralized units.

1.9 Conceptual frame work on the effect of decentralization policy on health service delivery

This is a conceptual relationship that exists among variables of a study. This is normally presented graphically clearly outlining Independent and Dependent variables according to Mugenda and Mugenda (1999)

Figure 1: Conceptual Frame Work (CFW)



Source: *Adapted from Falleti (2005); World Bank (2000); constructed from the reviewed literature and modified by the researcher.*

The conceptual frame work above was conceptualized to explain the relationship between decentralization and public health service delivery. Decentralization was conceived as the Independent Variable (IV) while health service delivery as the Dependent Variable (DV) as illustrated in figure1 above. The independent variable was 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.

1.10 Definition of key terms

Administrative decentralization: This means the transfer of responsibility for planning, financing and managing of certain public functions from the central Government and its agencies to field units of Government agencies.

Decentralization: this is the process by which the Government activities particularly those regarding planning and decision making, are distributed or delegated away from a central, authoritative location to Local Government units.

Delegation: this is the assignment of any authority by the central Government to the Local Government unit to carry out specific activities.

Devolution: it is the statutory delegation of powers from the central Government of a sovereign state to govern at a Local Government unit and with the power to make legislation relevant to the Local Government unit.

Equitable access: this means that all individuals within Northern Division of Mbale City have access to affordable, high quality, culturally and linguistically appropriate public health services in a timely manner without any accessibility divergences among such individuals.

Fiscal decentralization: this simply refers to the transferred expenditure responsibilities and revenue assignments from the central Government to lower levels of Government.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The review was conducted under themes which were formulated in line with the objectives of the study and in an effort to seek affirmation that were raised under the study. The review begun by looking at the theoretical review of the study; it also evaluated the concept of decentralization specifically focusing on three dimensions; political, fiscal and administrative decentralization and their relationship with public health service delivery.

2.1 Political decentralization and public health service delivery

According to World Bank (2000) 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 (2020) 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, 2017). 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 Northern division of Mbale City in particular thus the need to establish the relationship between political decentralization and public health service delivery. Mugabi (2019) 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 (2019) 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 (2019) 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 Northern division of Mbale City Local Government given the status of public health service delivery.

Krasovec and Shaw (2017) 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, 2019). 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 (2006) 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. Government units need to be transparent for such acts not to be political but channeled towards improving public service delivery. Smoke (2021) 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.

2.2 Fiscal decentralization and public health service delivery

According to Bird, Ebel, Wallich and Otates (2017) 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 service however; this can only be possible if the local officials are responsible and there are accountability mechanisms in place.

According to Raghabendra, Chattopadhyay and Duflo (2020) 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 its self 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 (2019) 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, Azfar, Satu, Livingston, Meagher and Rutherford (2019) 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 83% where not having or had faulty equipment. In remote districts such as Abim, Kalangala, Kabong, Buvuma and Bukwo 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, Zeithaml and Berry (2019) 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 (2019) 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.

Gadenne and Singhal (2020) 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.

Kahkonen and Lanyi (2018) 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 (2019) 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.

2.3 Administrative decentralization and 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.

According to World Bank (2018) 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 (2018) 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 subnational 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 subnational 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 (2020) 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 transparence 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 (Northern division of Mbale City Division Council) thus this study sought to establish the relationship between administrative decentralization and public health services.

According to Acedo, Gorostiaga and Senén González (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 (2019) 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 (2021) 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.

2.6 Summary of literature

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 Northern division of Mbale City 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 Northern division of Mbale City

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In order to achieve the desired outcomes of a non-biased study report, this chapter presents the methods that the researcher employed while conducting the study. It shows the research design, study population, sample size and selection, sampling techniques and procedures, data collection methods and techniques, validity and reliability of instruments, procedure of data collection, data analysis and ethical considerations.

3.1 Research Design

The research design is as a detailed outline of how a given research is be conducted (Etyang, 2018). Descriptive research design is a type of research design that aims to systematically obtain information to describe a phenomenon, situation, or population. More specifically, it helps answer the what, when, where, and how questions regarding the research problem rather than the why. The study was concerned with gathering of data manually. The descriptive research design involves observing and collecting data on a given topic without attempting to infer cause-and-effect relationships (Maryam et al, 2018). Descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories. This design helped to provide a comprehensive and accurate picture of the population or phenomenon being studied and describe the relationships, patterns, and trends that exist within the data. Descriptive research provides a comprehensive picture of the characteristics and behaviors of a particular population or phenomenon, allowing researchers to gain a deeper understanding of the topic

3.2 Study Population

The study population was drawn from three Northern division of Mbale city and data was collected from 50 local leaders, 25 division staffs and 25 health care workers totaling to 100. Population specification is a requirement in the documentation of both qualitative and quantitative research

and essential at arriving at valid and reliable findings (Asiamah, Mensah, & Otenga-Abayire, 2017).

3.3 Sample size

The total population (N) was 100 people and therefore the sample population was 80 respondents, that is to say; 40 local leaders, 20 division staffs and 20 health care workers using Krejcie and Morgan (1970) methods of determining sample size from the population (Sarmah & Hazanka, 2020). The sample size was reached at by means of a table for ascertaining sample size by Krejcie and Morgan (1970) (see attached Appendix II). The sample size from each category of respondents was ascertained by simple random sampling as shown in table 3:1 below.

Table 3.1 Summary of the Sample Size and Sampling Technique

Category	**Target population (N)**	**Sample size (n)**	**Sampling Technique**
Local leaders	50	40	Simple random sampling
Division staffs	25	20	Purposive sampling
Health care workers	25	20	Purposive sampling
Total	**100**	**80**	

Source: Primary data, 2024

3.4 Sampling Techniques

3.4.1 Purposive sampling

Purposive sampling is a non-probability sampling method. This is a form of sampling technique that allows the researcher to use cases that have the required information with respect to the objectives of the study (Creswell, 2014). In this study, subjects were therefore be handpicked they are informative and they possess the required characteristics. Purposive sampling technique was used to get 20 division staffs and 20 health care workers. These respondents purposively sampled because of their positions and the researcher was able to get in-depth information that helped to answer the research questions.

3.4.2 Simple Random sampling

Simple random sampling is a type of probability sampling in which the researcher randomly selects a subset of participants from a population. Each member of the population has an equal chance of being selected. Data is then collected from as large a percentage as possible of this random subset (Mugende and Mugenda, 2019). Simple random sampling was used to get 40 local leaders. The goal of simple random sampling technique is to give every participant a chance to participate in

the study. It involved giving a number to every subject of the accessible population, placing the numbers in the container and then picking any number at random. The subject corresponding to the numbers was then be included in the sample. This sampling technique enabled the researcher to get a representative sample for the research study and it allowed generalizability to a larger population with a margin of error that was statistically determinable.

3.5 Methods and Instruments

The researcher used both questionnaires and interview.

3.5.1 Questionnaire Survey

The research used questionnaire survey data collection method. The questionnaire survey comprised closed ended questions which were answered by teachers. Questionnaires are regularly used in social research. This method allows the researcher to cover the respondents rapidly and cheaply (Bordens & Abott, 2014). The researcher used self-administered questionnaire as a research tool to collect data from 40 local leaders. The questionnaire consisted of an introductory note. Section A for respondents' demographic information, Section B, C and D had questions on study variables. The researcher got a list of 40 local leaders identified through probability sampling to whom the questionnaires was administered.

According to Fisher (2004), a questionnaire is used because it is easy to administer, not so expensive, and helped to collect unbiased data. The nature of the questions was in form of structured and close ended questions where by a 5 Lakers scale of measurement was on close ended questions based on a scale of strongly agree (5), agree (4), unsure (3), disagree (2), strongly disagree (1). Questionnaires were used because they allowed respondents to provide firsthand information which is free of bias and it is also easy to use.

3.5.2 Interviews

Other data was collected through interviews with the help of an interview guide. An interview guide is a research instrument that contains a set of questions on defined issues under study that are put to respondents on face to face basis (Saunders, et al, 2019). An interview guide collects

data that supports the researcher through directing an interview process towards the objectives and issues regarding the study (Etyang, 2018). The interview guide consisted of open-ended questions and it was answered by division and health care staffs. The interview guide helped the researcher to assess whether all questions had been asked or not. The interview guide was used to collect data from 20 division staffs and 20 health care workers because this category of study population may have more knowledge that could not be fully captured using questionnaires.

3.6 Data quality control tools

3.6.1 Validity

The validity of an instrument is defined as the ability of an instrument to measure what it is intended to measure. Validity considers how correctly the research tools measure what the researcher wants to measure. Thus, validity is about the research tool being credible or trustworthy or being accurate or correct (Etyang, 2018).After formulating the questionnaire, the supervisors and other experts reviewed the items and checked the language clarity, content comprehensiveness, and relevancy and how long the questionnaire is. To establish the validity of the instruments, the researcher used expert judgement as recommended by Gay (1997) as the best method for ensuring validity. Thus the researcher ensured that the instrument is clear, relevant, specific and logically arranged. The validity of the questionnaire was tested using the content validity test (CVI). To arrive at the relevancy of the questionnaire, the researcher designed the instrument that yielded content – valid data by first specifying the domain of indictors that are relevant to the concept being measured. A content-valid data measure contained all possible items that were used in measuring the effect of decentralization policy on health service delivery.

3.6.2 Reliability

A tool's reliability shows the extent to which it is free of errors and for that makes sure that there is continuous valuation across time and also across the various items in the instrument. This therefore means that a tool's reliability shows how stably and consistently the tool evaluates the idea thereby helping to measure the worthiness of a measure (Sekaran & Bougie, 2019). Reliability of the instruments was obtained by using the test- retest reliability. Fraenkel and Wallen (1996) argue that for most educational research, stability of scores over a period of two months is usually

viewed as sufficient evidence of test-retest reliability. Therefore the researcher pre-tested and retested the instruments on participants not among those in the study sample. The researcher computed the reliability for multi-item opinion questions using SPSS computer software. The items were tested using Cronbach Alpha to get a reliability figure of 0.79 which is above the recommended reliability of 0.7 (Kaplan and Saccuz, 1993)

3.7 Data Processing and Analysis

3.7.1 Quantitative data analysis

Any data that is presented in numerical form like statistics, percentages among others are referred to as Quantitative data. Quantitative data got from questionnaires was computed into frequencies, counts and percentages. The initial step in preparing this data is coding. This involved allotting numbers to the respondents' responses in order that they can be fed into a database (Sekaran & Bougie, 2019). Responses were fed into a data base after they are coded. Raw data was entered using the SPSS Data Editor. Data was presented using different methods such as simple frequency tables which ultimately helped to measure the influence of financial resource mobilization on school performance. This was because data presentation requires clear portrayal of the findings presented, and the listed methods above clearly fulfilled that purpose.

3.7.2 Pearson Correlations and Regression Analysis

Pearson Correlations and regression analysis was used to analyze and measure the degree of relationship between decentralization policy and health service delivery because it is the most appropriate and presents minimal interference by the researcher and it give no room for manipulation of data. This type of inferential statistics is easy to compute and interpret and they also help in making conclusions. Descriptive statistical techniques (frequencies and percentages) were used to analyze field data from questionnaires and assist in the interpretation of data.

3.7.3 Qualitative data analysis

On the other hand, qualitative data gathered from open-ended questions in the interview guides was arranged into themes and presented in narrative format. A style called content analysis were

used to test the validity and authenticity. Data in form of words is Qualitative data. The initial step in analysing this data is cutting it down through coding and categorization. Data reduction is the procedure of choosing, ciphering and placing data into categories. Coding is the analytic procedure by which the qualitative data that the researcher had gathered was cut down (Sekaran & Bougie, 2019). The intention of ciphering is to help the researcher to make conclusions that are meaningful on the data. Codes are labels assigned to units of text. These are then placed in groups made categories. Categorisation is the procedure of organising, arranging and classifying coding units. Codes and categories can be formulated both inductively and deductively. Data display comprised of displaying data that had been reduced in an organised, digested way. Drawing of conclusions was the last activity of analysis in the process of analysing data qualitatively.

3.8 Data collection procedure

The researcher selected and presented a research topic to the department of education which was approved. Thereafter the researcher develops a research proposal. After approval of the research proposal, the researchers obtained an introductory letter from the Head of department which was presented to the relevant authorities in the study area for data collection. Thereafter the researcher writes a report which presented to the department for further examination.

3.9 Ethical considerations

The following ethical considerations were looked at by the researcher during the research.

3.9.1 Informed consent and voluntary participation: The researcher sought consent from the respondents to involve in the research not just forcing them to participate. Informed consent is the basis of ethical research (Denzin & Lincoln, 2019). The people participating in the study was made aware of what the study was about, it's purpose, usage of the data, and any consequences that could arise from it (Fleming, 2018). The researcher furnished the respondents with information on the reason for the research and the procedure of collecting data. The participants were allowed enough time to ask questions and have any concerns addressed. The respondents exercised free in deciding whether to participate in research activity or not. All people to be involved in the research were given written informed acceptance.

3.9.2 Confidentiality: Confidentiality is looked at by Walford (2018) to mean information that is private andis not to be divulged to others. Whatever has been said in confidence must remain confidential. The researcher assured the respondent that information offered by the respondent we not to be passed on to another party (third party) without consent of the respondent. Their identity and response was made confidential and anonymised through the use of numbers or through pseudonyms.

3.9.3 Anonymity: Anonymity, termed more appropriately aspseudonymity, is defined by Wiles (2013) as a major meansused by the researcher to safeguard the confidentiality of responders by using pseudonyms.Anonymisation is one of the kinds of confidentiality, comprising of identity concealment of research responders (Saunders, Kitzinger, & Kitzinger, 2020). The researcher ensured that all respondents are anonymous implying that their identities are not known and not salient in the study. Withholding the identity of respondents is a guarantees that their statements are authentic (Taylor, 2020).

3.9.4 Plagiarism: The researcher ensured that all written work was original and without any borrowed and manipulated texts, results or even expressions. The researcher made sure that, all words and publications of the author were given their due acknowledgement (Mugenda & Mugenda, 2019). The researcher subjected the written works to the turn it in software and make sure it 15% compliant of plagiarism material.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents on data analysis and interpretation based on the study objectives identified earlier. It begins with the analysis of the demographic data as seen below;

4.2 Demographic characteristics of the respondents

The first part of this chapter is a presentation and analysis of the preliminary data obtained from the study. It involves the background information of the respondents. The variables involved are age (years), gender of respondents, educational level and marital status**.** Data obtained has been presented in tables below.

4.1.1 Age of Respondents

Table 4.1 contains the age distribution of respondents who participated in the study. The purpose was to find out the average age of respondents in the study area.

Table 4.1: Age in years

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-29	3	3.8	3.8	38.8
	30-39	34	42.5	42.5	46.3
	40-49	40	50.0	50.0	96.3
	50 above	3	3.8	3.8	100.0
	Total	**80**	**100.0**		

(Source: Primary data 2024)

A close look at the Table 4.1 show that 3.8% of the respondents were 21-29 years of age, 42.5% were between 30-39 years of age, 50% who constituted the majority were 40-49 years and 3.8% of the respondents were 50 years and above.

The findings of the study imply that since majority of the respondents were 40 years above, this mean that they were mature enough and information acquired from them was reliable. The above view is in the line with Amin (2005) who argued that the majority age of above 18 years adds value to the responses given that mature people's are more trustable as they take time to think about a particular aspect of life.

4.1.2 Gender of Respondents

The respondents were asked to indicate their gender by ticking the appropriate column they belonged. The purpose was to find out the number of males and females who actually participated in the study.

Table 4.2: Gender of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	51	63.8	63.8	63.8
	Female	29	36.3	36.3	100.0
	Total	80	100.0	100.0	

(Source: Primary data 2024)

Table 4.2 shows that out of the 80 respondents who participated in the study, majority 63.8% were males, while the remaining 36.3% were females. The finding means that there are more male than females who participated in the study, Naturally, males and females have different

attitudes and views toward events and since females are home makers, they tend to remain at home and this explains their lower turn up rate (Singer, 2004)

4.1.3 Marital status of the respondents

Table 4.3 depicts the marital status of respondents who participated in the study. The purpose was to find out the status of the employees who were actively involved in the operations within the local government**.**

Table 4.3: Marital status of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	62	77.5	77.5	91.3
	Single	11	13.8	13.8	13.8
	Widower/ Widow	7	8.7	8.7	98.8
	Total	**80**	**100.0**	**100.0**	

(Source: Primary data 2024)

Table 4.3 show that 13.8% of the respondents were single, 77.5% of the respondents were married, 7.5% were widows/widower and 1.3% of the respondents indicated that they had divorced. The data shows that majority of respondents were married and therefore their responses should be trusted because they have experience in solving various socio-economic problems.

4.1.4 Educational level of the respondents

The level of education was used to demonstrate the knowledge of respondents on vocational skilling and its effect on youth wellbeing.

Table 4.4: Levels of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	University	29	20.0	20.0	36.3
	Tertiary	35	36.3	36.3	80.0
	Secondary	16	43.8	43.8	100.0
	Total	80	100.0	100.0	

(Source: Primary data 2024)

From the research findings, 20% of the respondents had ended at University level of education, 43.8% had ended at secondary level and 36.3% indicated ended at tertiary level of education.

The data shows that majority of the respondents have attained some level of education whose opinions and views regarding role of vocational skilling on youth wellbeing are guided and well informed. This is in line with Uma (2020) who argued that it is important in social investigation research to involve people that have attained an acceptable level of literacy and numeracy in order to be in position to understand and interpret content in the questionnaire.

4.2 Effect of political decentralization and public health service delivery

This was the first objective of the study which was effect of political decentralization and public health service delivery Responses are shown below:

Table 4.5: Effect of political decentralization and public health service delivery

QUESTION ITEM	SD	D	N	A	SA
There exists citizen's particular through democratic process.	3(3.8%)	5(6.3%)	19(23.8 %)	39(48.8%)	14(17.5 %)
There is always quality interaction between residents and local government	1(1.3%)	26(32.5 %)	42(52.5 %)	11(13.8%)	11(13.8 %)
Budget preparations are always participatory in nature	3(3.8%)	4(5.0%)	29(36.3 %)	29(36.3%)	15(18.8 %)
Citizens through their elected leaders have more powers in decision making	1(1.3%)	10(12.5 %)	19(23.8 %)	37(56.3%)	13(16.3 %)
There exists accountability and local citizens are in position to hold local decision-makers accountable for their actions	5(6.3%)	13(16.3 %)	24(30%)	29(36.3%)	9(11.3%)

Source: Primary data, 2024

There exists citizen's particular through democratic process

The study investigated whether there exists citizen's particular through democratic process. According to table 4.5 above, 3.8% of the respondents strongly disagreed that there exists citizen's particular through democratic process, 6.3% disagreed, 23.8% were neutral, while 48.8% who were the majority agreed and 17.5% also strongly agreed. Therefore from the above findings it is noted that there exists citizen's particular through democratic process

In support of this finding Greinert (2018) opined that there exists citizen's particular through democratic process with similar findings from face to face interviews.

There is always quality interaction between residents and local governments

The study investigated whether in Northern division of Mbale City, there is always quality interaction between residents and local government and from the findings, only 1.3% strongly disagreed, 32.5% were neutral, 52.5% who constituted the majority agreed and 13.8% strongly agreed.

This means that there is always quality interaction between residents and local government**.** Even the data collected from interviews indicate that there is always quality interaction between residents and local government

Greinert (2011) equally agrees with the findings where he revealed that there is always quality interaction between residents and local government.

Budget preparations are always participatory in nature

On whether budget preparations are always participatory in nature, 3.8% of the respondents strongly disagreed, 5% disagreed, 36.3% were neutral, the same percentage of 36.3% agreed and 18.8% strongly agreed. The findings imply that Budget preparations are always participatory in nature

In line with the above findings, Bray, et al. (eds) 2022) opined that Budget preparations are always participatory in nature.

Citizens through their elected leaders have more powers in decision making

This variable investigated in Northern division of Mbale City, Citizens through their elected leaders have more powers in decision making where 1.3% and 12.5% of the respondents strongly disagreed and disagreed respectively, 23.8% were neutral, 46.3% who were the majority agreed and 16.3% strongly agreed.

Therefore, the findings of the study imply that Citizens through their elected leaders have more powers in decision making. Even findings obtained from interviews show that Citizens through their elected leaders have more powers in decision making.

This is in line with the findings of Okiiria and Okiidi (2017) who opined that Citizens through their elected leaders have more powers in decision making

There exists accountability and local citizens are in position to hold local decision-makers accountable for their actions

Table 4.6 above shows 6.3% of the respondents who strongly disagreed that there exists accountability and local citizens are in position to hold local decision-makers accountable for their actions, 16.3% of the respondents equally disagreed, 30% were neutral, 36.3% agreed and 11.3% of the respondents strongly agreed that there exists accountability and local citizens are in position to hold local decision-makers accountable for their actions.

The findings of the study therefore imply that there exists accountability and local citizens are in position to hold local decision-makers accountable for their actions and similar results were obtained from face to face interviews.

Gupta (2009) further commented that there exists accountability and local citizens are in position to hold local decision-makers accountable for their actions..

Descriptive Statistics on effect of political decentralization and public health service delivery

Table 4.6: showing descriptive Statistics on Effect of political decentralization and public health service delivery

Descriptive Statistics

Statements	N	Minimum	Maximum	Mean	Std. Deviation
There exists citizen's particular through democratic process.	80	1.00	5.00	3.7000	.95996
There is always quality interaction between residents and local	80	1.00	5.00	3.7750	.72871
Budget preparations are always participatory in nature	80	1.00	5.00	3.6125	.97427
Citizens through their elected leaders have more powers in	80	1.00	5.00	3.6375	.94459
There exists accountability and local citizens are in position to hold local decision-makers accountable for their actions	80	1.00	5.00	3.3000	1.07209
There exists citizen's particular through democratic process.	80	1.00	5.00	3.6125	1.08492
Valid N (listwise)	80				
Average mean				3.60625	

Source: Primary Data, 2020

Legend

Mean Range	Response Mode	Interpretation
2.51-4.00	Strongly Agree	Very High
2.10-2.50	Agree	High
1.51-2.00	Disagree	Low
1.00-1.50	Strongly Disagree	Very Low

The results in Table 4.12 indicate that political decentralization and have had a very high (3.60625) contribution public health service delivery. This means that there exists citizen's particular through democratic process there is always quality interaction between residents and local, budget preparations are always participatory in nature, citizens through their elected leaders have more powers in decision making, there exists accountability and local citizens are in position to hold local decision-makers accountable for their actions and there exists citizen's particular through democratic process.

4.4 Effect of fiscal decentralization affected health service delivery

The second objective in this study was to investigate the effect of fiscal decentralization affected health service delivery. The findings from respondent's opinion accompanying variables under this objective were summarized as follows;

Table 4.7: Effect of fiscal decentralization affected health service delivery

QUESTION ITEM	SD	D	N	A	SA
The Division Council has authority over revenue collection	2(2.5%)	8(10%)	17(21.3 %)	46(57.5%)	7(8.8%)
There exists adequate fiscal transfers from the central Government to the division council	1(1.3%)	7(8.8%)	26(32.5 %)	33(41.3%)	13(16.3 %)
The Division Council sets the tax bases from which it generates Revenue	0(0.0%)	23(28.8%)	0(0.0%)	39(48.8%)	11(13.8 %)
There exists a variety of tax bases from which the Division Council raises tax revenue	3(3.8%)	5(6.3%)	16(20.0 %)	40(50%)	16(20%)

Source: Primary data, 2024

The Division Council has authority over revenue collection

The study investigated whether the Division Council has authority over revenue collection. From the findings, majority 57.5% of the respondents agreed to the statement, 8.8% strongly agreed, 21.3% of the respondents were neutral, 10% disagreed and 2.5% strongly disagreed.

As evidenced from the above finding, majority of the respondents strongly agreed that the Division Council has authority over revenue collection. As Abagi (2018) noted that the Division Council has authority over revenue collection.

There exist adequate fiscal transfers from the central government to the division council

Respondents were asked whether there exist adequate fiscal transfers from the central government to the division council and only 1.3% of the respondents strongly disagreed, 8.8% of the respondents disagreed, while other respondents who constituted 32.5% were neutral, 41.3% who were the majority agreed and 16.3% strongly agreed that there exist adequate fiscal transfers from the central government to the division council.

Therefore from above findings there exist adequate fiscal transfers from the central government to the division council. This is in support of the study done by Bayrak (2019) which he opined that there exist adequate fiscal transfers from the central government to the division council.

The Division Council sets the tax bases from which it generates Revenue

According to the findings, 8.8% of the respondents disagreed the Division Council sets the tax bases from which it generates Revenue, 28.8% of the respondents were neutral, whereas 48.8% agreed and 13.8% strongly agreed that the Division Council sets the tax bases from which it generates Revenue

Furthermore, results from interviews also indicated similar opinions that the Division Council sets the tax bases from which it generates Revenue. The above findings are in agreement with Khan (2020) where he observed that the Division Council sets the tax bases from which it generates Revenue

There exists a variety of tax bases from which the Division Council raises tax revenue.

The study further investigated whether there exists a variety of tax bases from which the Division Council raises tax revenue and from the research findings in table 4.7, 3.8% of the respondents strongly disagreed that the tax rates are not high, 6.3% disagreed, 20% were neutral, while 50% of the respondents agreed and 20% of the respondents strongly agreed.

The findings of the study imply that there exists a variety of tax bases from which the Division Council raises tax revenue. This discovery is in line with the findings of Okumbe (2017) who opined that there exists a variety of tax bases from which the Division Council raises tax revenue.

4.2.9 Descriptive Statistics on effect of fiscal decentralization affected health service delivery

Table 4.8: showing descriptive Statistics on effect of fiscal decentralization affected health service delivery

Descriptive Statistics

Statements	N	Minimum	Maximum	Mean	Std. Deviation
The Division Council has authority over revenue collection	80	1.00	5.00	3.6000	.88016
There exists adequate fiscal transfers from the central Government to the urban council	80	1.00	5.00	3.6250	.90533
The Division Council sets the tax bases from which it generates Revenue	80	2.00	5.00	3.6750	.82332
There exists a variety of tax bases from which the Division Council raises tax revenue	80	1.00	5.00	3.7625	.97102
There exists a variety of tax bases from which the Division Council raises tax revenue	80	2.00	5.00	3.8250	.88267
Average mean				**3.625**	

Source: Primary Data, 202

Legend

Mean Range	Response Mode	Interpretation
2.51-4.00	Strongly Agree	Very High
2.10-2.50	Agree	High
1.51-2.00	Disagree	Low
1.00-1.50	Strongly Disagree	Very Low

Results in table 4.8 show th**at** fiscal decentralization have had a very high (3.625) contribution to health service delivery. This means that the division council has authority over revenue collection, there exists adequate fiscal transfers from the central government to the urban council, the division council sets the tax bases from which it generates revenue, there exists a variety of tax bases from which the division council raises tax revenue and there exists a variety of tax bases from which the division council raises tax revenue.

4.5 Effect of administrative decentralization on health service delivery

The third objective in this study was to establish effect of administrative decentralization on health service delivery. The findings from respondent's opinion accompanying variables under this objective were summarized as follows:

Table 4.9: Effect of administrative decentralization on health service delivery

QUESTION ITEM	SD	D	N	A	SA
The Division Council enjoys corporate status and powers to secure its own resources to perform its functions	3(3.8%)	8(10%)	23(28.8%)	34(42.5 %)	12(15%)
The Division Council has developed guidelines for community capacity building for effective participation and monitoring	4(5.0%)	7(8.8%)	24(30%)	29(36.3 %)	16(20%)
There exists established health committees with an appropriate gender balance to handle health related issues	5(6.3%)	10(12.5%)	26(32.5%)	29(36.3 %)	10(12.5%)
The Division Council remains fully accountable to the central Appointing office while performing its functions.	4(5%)	11(13.8%)	29(36.3%)	28(35%)	8(10%)
Employees are responsible and expected to give an account for outcomes for the portion of the work directly under their Control	8(10%)	5(6.3%)	21(26.3%)	36(45%)	10(12.5%)

Source: *Primary data, 2024*

The Division Council enjoys corporate status and powers to secure its own resources to perform its functions

Table 4.9 above shows that 3.8% of the respondents strongly disagreed that the Division Council enjoys corporate status and powers to secure its own resources to perform its functions, 10% disagreed, 28.8% of the respondents were neutral, 42.5% who constituted the majority agreed and 15% of the respondents strongly agreed.

Thus from the above findings, it is true the Division Council enjoys corporate status and powers to secure its own resources to perform its functions as majority of respondents (42.5%) agreed to the statement. Similar findings were obtained from face to face interviews where it was found out

that the Division Council enjoys corporate status and powers to secure its own resources to perform its functions

In support of the above findings, research by Musaazi, (2018) found that the Division Council enjoys corporate status and powers to secure its own resources to perform its functions.

The Division Council has developed guidelines for community capacity building for effective participation and monitoring

According to the study, 5% of the respondents strongly disagreed that the Division Council has developed guidelines for community capacity building for effective participation and monitoring, 8.8% disagreed, 30% were not sure, 36.3% agreed and 20% strongly agreed.

The findings therefore imply that The Division Council has developed guidelines for community capacity building for effective participation and monitoring. Even the findings obtained from interviews show that the Division Council has developed guidelines for community capacity building for effective participation and monitoring

The findings are in line with the results of the study done by Okojie (2017) who argued that the Division Council has developed guidelines for community capacity building for effective participation and monitoring

There exist established health committees with an appropriate gender balance to handle health related issues

It was strongly disagreed by 6.3% of the respondents that there exists established health committees with an appropriate gender balance to handle health related issues, 18.8% disagreed, 32.5% were neutral, 36.3% agreed and 12.5% strongly agreed that There exists established health committees with an appropriate gender balance to handle health related issues.

The findings imply that in Northern Division of Mbale City, there exist established health committees with an appropriate gender balance to handle health related issues. Results obtained

from interviews also show that there exist established health committees with an appropriate gender balance to handle health related issues

Abdullah (2014) also opined that there exist established health committees with an appropriate gender balance to handle health related issues

The Division Council remains fully accountable to the central Appointing office while performing its functions.

It was strongly disagreed by 5% of the respondents that the Division Council remains fully accountable to the central appointing office while performing its functions, 13.8% disagreed, 36.3% were not sure, while 35% agreed, and 10% strongly agreed.

From the research findings, the majority of the respondents were not sure whether the Division Council remains fully accountable to the central appointing office while performing its functions as revealed by 36.3% of the respondents.

Employees are responsible and expected to give an account for outcomes for the portion of the work directly under their Control

The researcher also investigated whether employees are responsible and expected to give an account for outcomes for the portion of the work directly under their Control. From the findings therefore, 10% of the respondents strongly disagreed that the few services provided are not substandard, 6.3% of the respondents disagreed, and 26.3% of the respondents were neutral, 45% of the respondents agreed and 12.5% of the respondents strongly agreed.

The study findings means that employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control as agreed and strongly agreed by 45% and 12.5% of the respondents and this is in line with the data collected from face to face interviews.

Research by Maria (2011) also found similar results where she argued that employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control

Descriptive statistics on effect of administrative decentralization on health service delivery

Table 4.10: Showing descriptive statistics on effect of administrative decentralization on health service delivery

Descriptive Statistics

Statements	N	Minimum	Maximum	Mean	Std. Deviation
The Division Council enjoys corporate status and powers to secure its own resources to perform its functions	80	1.00	5.00	3.5500	.99238
The Division Council has developed guidelines for community capacity building for effective participation and monitoring	80	1.00	5.00	3.5750	1.06468
There exists established health committees with an appropriate gender balance to handle health related issues	80	1.00	5.00	3.3625	1.05835
The Division Council remains fully accountable to the central Appointing office while performing its functions.	80	1.00	5.00	3.3125	1.00119
Employees are responsible and expected to give an account for outcomes for the portion of the work directly under their Control	80	1.00	5.00	3.5000	1.07915
Valid N (listwise)	80				
Average mean				**3.4625**	

Source: Primary Data, 2024

Legend

Mean Range	**Response Mode**	**Interpretation**
2.51-4.00	Strongly Agree	Very High
2.10-2.50	Agree	High
1.51-2.00	Disagree	Low
1.00-1.50	Strongly Disagree	Very Low

The results in Table 4.10 indicate that administrative decentralization have had a very high (3.4625) contribution to health service delivery in Northern of Mbale city. This means that the division council enjoys corporate status and powers to secure its own resources to perform its

functions, the division council has developed guidelines for community capacity building for effective participation and monitoring, there exists established health committees with an appropriate gender balance to handle health related issues, the division council remains fully accountable to the central appointing office while performing its functions, employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusion, and recommendations about the study. It also looks at areas for further research.

5.2 Summary

Effect of political decentralization and health service delivery

The findings of the study revealed that there exists citizen's particular through democratic process there is always quality interaction between residents and local

Findings further show that budget preparations are always participatory in nature citizens through their elected leaders have more powers in decision making.

Additionally, there exists accountability within the division local government.

Study participants also revealed that local citizens are in position to hold local decision-makers accountable for their actions

Other findings show that there exists citizen's particular through democratic process.

Effect of fiscal decentralization and health service delivery

Study findings revealed that the division council has authority over revenue collection

Also findings show that there exist adequate fiscal transfers from the central government to the urban council,

Findings further indicate that the division council sets the tax bases from which it generates revenue

According to the findings of the study, there exists a variety of tax bases from which the division council raises tax revenue

Further, fining from the study also show that there exists a variety of tax bases from which the division council raises tax revenue.

Effect of administrative decentralization and health service delivery

It was revealed from the study findings that the division council enjoys corporate status and powers to secure its own resources to perform its functions

Findings from the study indicate that the division council has developed guidelines for community capacity building for effective participation and monitoring

According to the study findings, there exist established health committees with an appropriate gender balance to handle health related issues,

Also, findings revealed that the division council remains fully accountable to the central appointing office while performing its functions

Other findings show that employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control.

5.3 Conclusions

There exists citizen's particular through democratic process there is always quality interaction between residents and local as this was indicated in the study finds.

Budget preparations are always participatory in nature citizens through their elected leaders have more powers in decision making and this was mentioned by participants in the study.

There exists accountability within the division local government as found by the study.

As finding revealed, local citizens are in position to hold local decision-makers accountable for their actions.

Also, there exists citizen's particular through democratic process and this was mentioned by study participants in the study.

Effect of fiscal decentralization and health service delivery

Firstly, the division council has authority over revenue collection and this was indicated in the study findings

Also as findings show, there exist adequate fiscal transfers from the central government to the urban council.

Additionally, the division council sets the tax bases from which it generates revenue

There exists a variety of tax bases from which the division council raises tax revenue and this was according to the study findings

It is true according to the findings that there exists a variety of tax bases from which the division council raises tax revenue.

Effect of administrative decentralization and health service delivery

It was revealed from the study findings, the division council enjoys corporate status and powers to secure its own resources to perform its functions

The division council has developed guidelines for community capacity building for effective participation and monitoring and this was indicated in the study.

There exist established health committees with an appropriate gender balance to handle health related issues as revealed in study findings.

Also, the division council remains fully accountable to the central appointing office while performing its functions s this study found.

It is also true as found in the study that employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control.

5.4 Recommendation

Effect of political decentralization and health service delivery

There exists citizen's particular through democratic process there is always quality interaction between residents and local

Budget preparations are always participatory in nature citizens through their elected leaders have more powers in decision making,

There exists accountability within the division local government

Local citizens are in position to hold local decision-makers accountable for their actions

There exists citizen's particular through democratic process.

Effect of fiscal decentralization and health service delivery

The division council has authority over revenue collection

There exist adequate fiscal transfers from the central government to the urban council,

The division council sets the tax bases from which it generates revenue

There exists a variety of tax bases from which the division council raises tax revenue

There exists a variety of tax bases from which the division council raises tax revenue.

Effect of administrative decentralization and health service delivery

The division council enjoys corporate status and powers to secure its own resources to perform its functions

The division council has developed guidelines for community capacity building for effective participation and monitoring

There exist established health committees with an appropriate gender balance to handle health related issues,

The division council remains fully accountable to the central appointing office while performing its functions

Employees are responsible and expected to give an account for outcomes for the portion of the work directly under their control.

5.5 Areas of further studies

Effect of Decentralization on health service delivery a case study of himutu sub-county

Analysis of the effect of decentralization policy on service delivery in Industrial Division Mbale Municipality, Mbale District

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APPENDICES

APPENDIX I: CONSENT LETTER

Dear Respondents

Ref. Request to Complete Research Questionnaire

I am **Sebei Eric,** a student of Uganda Christian University pursuing a degree in Public administration and management and is currently undertaking a research on a topic '***Effect of decentralization policy on health service delivery in Northern Division OF Mbale City*.** You are kindly requested to participate in this research and your selection to this effect has been based on random basis. Please feel free as you respond to the study questions because the information you are to give will only be used for academic purposes, confidential and finally held anonymous before any publication.

Thank you

……..

(RESAERCHER)

APPENDICES II

APPENDIX I: QUESTIONAIRE GUIDE FOR LOCAL LEADERS

SECTION A: REPONDENT'S BIO – DATA

INSTRUCTIONS

Please fill in the blank spaces or tick (√) in the boxes provided where necessary.

1. Name: (optional)
   ……
2. Age: 15 – 30 31 – 45 46 – 60 60 +
3. Sex: Male ☐ ☐ Female ☐ ☐ ☐ ☐
4. Marital status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐
5. Location:
   Cell ……..…… Parish ……..……..
   Sub – county …….
6. Levels of education:
   None ☐ Primary ☐ Secondary ☐ Tertiary and above ☐
   Other (please specify)
   ……
   ……
7. Religion: Protestant ☐ Catholics ☐ Muslims ☐ Born again ☐

   Others (please specify)……..

RESPONSE SCALE

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

SECTION B: POLITICAL DECENTRALIZATION

STATEMENTS		**SD**	**D**	**NS**	**A**	**SA**
1	There exists citizen's particular through democratic process.	1	2	3	4	5
2	There is always quality interaction between residents and local Officials	1	2	3	4	5
3	Budget preparations are always participatory in nature	1	2	3	4	5
4	Citizens through their elected leaders have more powers in public decision-making	1	2	3	4	5
5	There exists accountability and local citizens are in position to hold local decision-makers accountable for their actions	1	2	3	4	5

SECTION C: FISCAL DECENTRALIZATION.

STATEMENTS		**SD**	**D**	**NS**	**A**	**SA**
1	The Division Council has authority over revenue collection	1	2	3	4	5
2	The Division Council has authority over revenue expenditure	1	2	3	4	5
3	There exists adequate fiscal transfers from the central Government to the Division Council	1	2	3	4	5
4	The Division Council sets the tax bases from which it generates Revenue	1	2	3	4	5
5	There exists a variety of tax bases from which the Division Council raises tax revenue	1	2	3	4	5

SECTION D: ADMINISTRATIVE DECENTRALIZATION.

		SD	D	NS	A	SA
1	The Division Council enjoys corporate status and powers to secure its own resources to perform its functions	1	2	3	4	5
2	The Division Council has developed guidelines for community capacity building for effective participation and monitoring of health activities	1	2	3	4	5
3	There exists established health committees with an appropriate gender balance to handle health related issues	1	2	3	4	5
4	The Division Council remains fully accountable to the central Appointing office while performing its functions.	1	2	3	4	5
5	Employees are responsible and expected to give an account for outcomes for the portion of the work directly under their Control	1	2	3	4	5

APPENDICES III

INTERVIEW GUIDE FOR DISION STAFFS AND HEALTH CARE WORKERS

1) What is your position?
2) What are the challenges affecting heath service delivery?
3) Explain some of the decentralization policies that have affected health service delivery.
4) What is the effect of political decentralization and public health service delivery in Northern Division of Mbale City?
5) How has fiscal decentralization affected health service delivery in Northern Division of Mbale City?
6) What is the effect of administrative decentralization on health service delivery in Northern Division of Mbale City?

APPENDIX IV

WORK PLAN SCHEDULE

S/No	ACTIVITY	DURATION
01	Developing questionnaires	2 weeks
02	Data collection	1 week
03	Data processing and analysis	1 week
04	Writing draft and final report	1week
05	Submission of the report	1 week
	Total Duration	**2 (Two Months)**

APPENDICE V

BUDGETARY ESTIMATES

S/No	ITEM (S)	Quantity (qty)	Unit cost (Ugshs)	Total Coast (Ugshs)
01	Printing/ photo copying papers	1 ream	20,000	20,000
02	Ruled papers	1 raem	16,000	16,000
03	Flash disk	1 (2GB)	40,000	40,000
04	Pens, pencil and note book	Assorted	10,000	10,000
05	Photocopying expenses	45 PAGES	@100	4500
06	Word typesetting expenses	45 PAGES	@1000	45,000
07	Spiral binding expenses	3 BOOKS	@5000	150,000
08	Airtime		10,000	100,000
09	Transport expenses		50,000	50,000
10	Contingency		50,000	50,000
11	**TOTAL**			**466,000**