THE EFFECT OF COMMUNITY BASED ORGANIZATIONS PARTICIPATION ON EFFECTIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICE DELIVERY IN BUYENDE TOWN COUNCIL BUYENDE DISTRICT

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DECLARATION

I hereby declare that this is my original research work and has never been presented to any University or academic institution for any award, except where due acknowledgement has been made.

Signed: ..... Date: 10/10/2025

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APPROVAL

This is to certify that this research report has been done under my supervision and is now ready for submission to the School of Research and Postgraduate Studies of Uganda Christian University for examination.

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DEDICATION

I dedicate this work to My Aunt Taaka Marisela Okumu, my cousin whom I call Father Pr. Okumu Waddy David Wanyama, My sisters Masiga Ritah, Nabwire Moureen and Immaculate Sifuna and Finally my friends Mugaya Franco, Kisakye Irene Mudangha and Margret Ntambi for your unwavering love, support, and care throughout this journey. My heart is filled with gratitude and your names will forever be engulfed on my Heart.

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LIST OF ABBREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
CBOs:	Community Based Organizations
CVI:	Content Validity Index
HIV:	Human Immunodeficiency Virus
NGOs:	Non – Governmental Organizations
SPSS:	Statistical Package for Social Scientists
SRH:	Sexual Reproductive Health

ABSTRACT

The purpose of the study was to establish the effect of participation of community-based organizations on effective Sexual and Reproductive Health service delivery in Buyende Town Council Buyende District. A correlational design was used with quantitative research approach. The target population was 250, comprising of employees from CBOs, health facilities and beneficiaries of the CBOs in Buyende Town Council, from which a sample size of 154 was selected using a formula by Yamane (1967). Data was collected from a final sample of 128 respondents using administered questionnaires, and analyzed using Pearson's Correlation Coefficient and linear regression analysis. The study findings indicated that community-based organizations ($r = 0.530^{**}$, $p < 0.001$); CBOs' advocacy services ($r = 0.568^{**}$, $p < 0.001$); and community-based organizations monitoring ($r = 0.686^{**}$, $p < 0.001$), are significant and positively correlated with Sexual and Reproductive Health service delivery in Buyende Town Council, and jointly account for 52.7% of the variations in Sexual and Reproductive Health service delivery (Adj $R^2 = 0.527$). The study concluded that community-based organizations participation practices play a significant role in improving Sexual and Reproductive Health service delivery. It is recommended that management of health facilities should embrace and strengthen collaboration with community-based organizations so as to benefit from their financial support, impactful advocacy services and monitoring of health services, as key ingredients for better health care outcomes.

CHAPTER ONE
INTRODUCTION

1.1 Introduction

Community Based Organizations (CBOs) are vital health system stakeholders because they offer a variety of highly valued programs and services to the communities in which they operate. They usually offer aid and services to the poorest, most stigmatized, and most socially disadvantaged people (Barton-Villagrana et al., 2012). For instance, community-based HIV/AIDS organizations usually offer resources, services, and care directly to a range of vulnerable populations, including commercial sex workers, drug users, and the homeless (BartonVillagrana et al., 2012). Along with providing essential health services and initiatives, they also play important advocacy roles, all with the primary goal of improving the health systems in which they operate (Blas et al., 2018; Carey & Braunack-Mayer, 2009). While the significance of community-based organizations in health systems has been relatively expressed, there is scanty literature regarding their role in SRH service delivery in developing countries particularly Uganda where quality of health services has remained poor. In regard to this, the present study sought to assess the impact of community-based organizations participation on effective Sexual and Reproductive Health service delivery in Uganda, using Buyende Town Council as a case study. The backdrop of the study, problem statement, aims, research questions, scope, rationale, significance, and conceptual framework are all displayed in this part.

1.2 Background to the Study

1.2.1 Historical Background

In precolonial times Uganda had traditional community structures and organizations to address communal needs and promote social cohesion. These kinds of indigenous organizations laid a foundation for the development of present Centre based organizations (Ahikire & Mwiine, 2013)

In the colonial period, missionary groups and charitable organizations started coming up with Community based initiatives to extend to local communities with social services and support, this early effort led to the emergence of formalized CBOs in Uganda

(Ssali & Kyomuhendo, 2008), after Uganda's Independence of 1962, there was a growing recognition of the relevance of community participation and grassroot development which led to the rapid growth of CBOs focused on areas like Health, women empowerment, education among others (Kyomuhendo & Nambooze, 2015).

Following the Uganda's political and economic interferences of the 1980's and 1990's, there was an increase in the number of CBOs working to address the challenges of conflict, displacement and poverty in local communities, these organizations played an important role in providing humanitarian assistance and promoting peace building efforts (Nakato & Mwesigwa, 2020). In the recent years, CBOs in Uganda have continued to come up and diversify their activities to address emerging challenges for example HIV/AIDS, Gender inequality, Youth unemployment and many CBOs now work together with government agencies (Muhwezi, & Atukunda, 2019).

In the earlier times, there was little knowledge about the cause of disease, with societies associated illness to witchcraft and the public took limited action about health (Ferlie & Steane,2012). With time people gained knowledge about the sources and causes of disease and with this, effective health interventions that focused on health threats were developed. This become easy with the emergence of NPM. With this public organizations and agencies were formulated that were focused on employing the newly discovered interventions against Heath threats.

Before colonialism, the African continent was a habitat to a number of deadly tropical diseases which ranged from sleeping sickness which was spread by tsetse fly and this was so unique in Africa, other diseases like malaria were spread by mosquitoes which were vast spread globally but majorly in Africa. Herbs were used in the prevention of illness and maintenance of health especially during conception, Pregnancy, child birth and breast feeding. Additionally, African healing practices often combined pragmatic approaches with spiritual interventions. (Lowes et al., 2021). With the coming of the Christian missionaries in the 1850s, efforts were made by Europeans to improve the health status in Africa and by 1880s crucial scientific discoveries had been made in health service. For example, water was made safe through Filtration and boiling. Herbal medicine like quinine was used to cure and prevent malaria by European administrators

and soldiers, missionaries later on started establishing hospitals and providing their medicine to Africans in their hospitals and dispensaries (Doyle, 2013).

As the colonial state's capacity and ambitions grew, healthcare gradually became secularized. Starting in the 1930s, the colonial state increasingly invested in African mass healthcare, expanding curative services and shifting focus towards preventive healthcare. (Hunt, 2013). Since then, African countries have been developing their health care systems thorough construction of hospitals and with a number of health care interventions. For example, in 1964, Mulago Hospital which is Uganda's National premier Hospital received 60 percent of the health budget. However, the progress made in early independence-era health programs stalled during the wars of the 1970s in many African countries (Roser et al., 2013). Since then, health service delivery has faced numerous challenges, many of which are common across the continent. There is a limitation of medical facilities in Mali which leads to a short supply of medications. (WHO, 2010). Niger and Zimbabwe, the healthcare system faces a recurrent inadequacy, and the number of Health providers is so small compared to the population. In 2020, the African continent received 96 percent of global malaria outbreak, with most fatalities involving children under the age of five having the biggest fatality rates since they had not yet developed immunity to the disease (Doyle et al., 2020).

Early in the 1960s, Uganda had the best health system in the region with well-staffed and equipped hospitals which had a network of connected health units. However, the political upheaval between 1970 and 1985 led to the collapse of the health system and a significant decline in health outcomes (UBOS, 2009). It was not until 1986 that reforms were initiated to address some of the sector's problems, partly through the government's broader decentralization policy (Boissoneau, 2016). Since then, several reforms have aimed at improving health service delivery, initially focusing on rehabilitating the facilities that had deteriorated (Toscano, 2019).

Today, Uganda has a mixed health system where the provision of services is split amid public, non-profit, and the private sectors (Nabyonga et al., 2011). CBOS also play significant advocacy roles and provide essential health services and initiatives aimed at improving the health systems they operate in (Carey & Braunack-Mayer, 2009). However, the health service delivery still faces several challenges, including maintenance of health institutions and medical equipment, as well as inadequate supervision and monitoring of health facility operations (Ministry of Health, 2020).

1.2.2 Theoretical Background

The research analysis was grounded in the New Public Management (NPM) theory, which emanated from the academic work in UK and Australia and is based on approaches developed in the 1980s.and later documented and streamlined by Christopher Hood in 1990 (Hood, 1991). The theory was crafted with the aim of enhancing efficiency in public service provision by public entities through adoption of private sector business-like management practices based on numerous principles; financial management, money value, improving efficiency, setting and identifying objectives, endless performance monitoring (Pruchi, 2021). NPM was applied to this study since it helps in explaining how access to health care can increase by recognizing the potential, CBOS bring to the health system, each of which initiates their own innovations to ensure result-based outputs, through enhancing capacity of health care providers, financial support and technical incentives.

The theory of New Public Management was supported by the stakeholder theory that was developed by Freeman (1984) A stakeholder is a cluster of people or person who influences or is influenced by the conduct of the organization (Cintra et al., 2015). According to the stakeholder theory, certain individuals or groups have an interest in an organization's decisions (Carroll & Bucholtz, 2009). It makes the supposition that companies can only be considered successful if they benefit the vast majority of its stakeholders. Mesa and Martinez, 2021).

The Stakeholder Theory tries to establish the significance of the relationship of an entity with different players some of which are those who supply, the customers,

workers, government agencies, Political groups, trade associations, Unions of trade and the local communities. It views stakeholders as individuals united by a shared interest who collaborate to ensure the organization's success (Martinez & Mesa, 2021). This theory emphasizes that an organization should be thoughtful of the interests of all those who can either support or impede its ability to achieve its objectives (Phillips, Freeman & Wicks, 2013).

This theory was vital to this study because it advocates for stakeholder involvement in healthcare provision as a means to achieve better health system outcomes. It looks at stakeholders as people united to achieve a common goal, working together to ensure organizational success (Martinez & Mesa, 2021). In the context of this study, CBOS collaborate with government health facilities and private healthcare providers to deliver healthcare services to communities, all with the shared goal of enhancing SRH care access for all households in Uganda.

1.2.3 Conceptual Background

Community Based Organizations refer to societal organizations that enable people to be in control of their resources so that they are able to improve their wellbeing. (Onibokun & Faniran, 2015). CBOs operate at a sub-county level and below, with the objectives of promoting and advancing the wellbeing of the members of the community (Hardcastle & Powers, 2011). Participation of Community Based Organizations is a collaborative approach where local formed organizations invest in providing services to better the lives of the local people, often bringing innovation and efficiency (Sandra, 2013). Veronika et al. (2019) describe CBOs participation as a wide range of legal arrangements in which locally formed institutions are engaged in the supply of services that elsewhere have been provided by government agencies.

Community-Based Organizations (CBOs) engage in various forms of participation, such as organizing community projects, neighbourhoods, voluntary associations, localities, and social alliances. These activities often focus on mobilizing around geographic areas, shared spaces, experiences, interests, needs, or concerns (Shepard, 2015). This study

defines CBO participation in terms of providing financial support, offering advocacy services, and monitoring healthcare services.

Malakoane (2020) defines health service delivery as the combination of administrative and performance reforms within health systems that coordinate inputs, delivery, management, and organization of specific service functions, in order to provide a continuum of preventive and curative services based on clients' needs over time and across different levels of the health system. SRH as defined by Wakasa et al. (2021), covers both mental and physical health as well as the potential to prevent unwanted pregnancy, unsafe abortion, HIV/AIDS, and all forms of sexual abuse and coercion. Denno et al. (2015) defines SRH services delivery as delivering information and services on prevention, diagnosis, counseling, treatment, and care while making sure that everyone can access them safely and without having to travel a considerable distance. This study operationalizes the provision of SRH services by utilizing knowledge of SRH, condom and contraceptive use.

1.2.4 Contextual Background

The Ugandan, the health system is structured into a six-layer structure of service provision, which comprise national referral hospitals under which we have Mulago and Butabika, the regional and district referral hospitals, health centers (II-IV), and community-based initiatives, often referred to as alternative medical practitioners. The system encompasses four major categories of institutional actors: public entities, private actors, NGOs, and alternative medical practitioners, all of which complement the formal health delivery system (Ssewanyana et al., 2010). This study focused on community-based organizations (CBOs) and SRH service delivery within Buyende Town Council as a case study.

Buyende Town Council is found in Buyende district located in Eastern Uganda, bordered by the districts of Amolator, Kaberamaido and Serere in the north of Lake Kyoga, Pallisa in the northeast, Kaliro in the east, Luuka and Kamuli in the south and Kayunga in the west (Buyende District Local Government, 2021). The district has a number of health facilities which are privately owned, government, NGOs and CBOs and faith-based

health facilities. Community-based organizations (CBOs) involved in healthcare provision play a crucial role by offering advocacy services alongside essential health services and initiatives aimed at improving the health systems in which they operate (Carey & Braunack-Mayer, 2009). However, challenges persist in health service delivery, including issues with maintaining health facilities and medical equipment, as well as insufficient supervision and monitoring of facility operations (MOH, 2020). Despite the efforts of CBOs in the health sector, significant problems remain, such as ineffective SRH care delivery in Buyende district (State of Affairs Buyende District Report, 2020).

1.3 Statement of the Problem

CBOs play a crucial role in the healthcare system by offering a variety of valuable health programs and services to communities (Butterfoss, 2007). For example, to respond to limited access to healthcare, CBOs have been actively involved in delivering vital primary healthcare, particularly for the poor, women, and children in Uganda. They also take on significant lobbying roles in an effort to improve the health systems in which they operate. Regrettably, SRH care services are still in disrepair, in Buyende district. Health service delivery has been reported to be problematic with incidences of untimely delivery and shortage of health care services (State of Affairs Buyende District Report, 2020).

Some research has been performed to establish the effect of CBO's in the delivery of services but, little or no research has explained their participations effect on the delivery of effective SRH services with reference to Buyende Town Council. For example, when evaluating the contribution of CBOs to the socioeconomic development of the rural community in Lwengo Sub country in Lwengo District, Nandawula (2024) discovered that CBOs have made significant contributions by providing schools, community health centers, feeder roads, market stalls, and motor parks. However, Tewodaj et al. (2023) used a random control trial in Uganda to examine the impact of community-based monitoring on public service delivery and discovered that, despite improvements in public services in the agricultural sector, CBO intervention has no discernible impact on the delivery of public services generally. These studies were general in nature and did not pay specific attention to role of CBOs in regard to health

service delivery. Moreover, they were conducted outside Buyende Town Council, Buyende district. Without addressing the state of poor health service delivery through dedicated studies, the problem may worsen and further degrade the already struggling healthcare system in the area. Thus, this study sought to determine the effect of CBOS participation on effective SRH service delivery in Ugandan context, with specific reference to Buyende Town Council Buyende District.

1.4 General Objective

To establish the effect of participation of community-based organizations on effective Sexual and Reproductive Health service delivery in Buyende Town Council Buyende District.

1.5 Specific Objectives of the Study

1) To establish how CBOs' financial support affects SRH service delivery in Buyende Town Council.
2) To examine how CBOs' advocacy services affect SRH service delivery in Buyende Town Council.
3) To assess how CBOs' monitoring of health services affect SRH service delivery in Buyende Town Council.

1.6 Research Hypotheses

1) **H_1:** CBOs' financial support has a statistically significant positive effect on SRH service delivery in Buyende Town Council
2) **H_2:** CBOs' advocacy services have a statistically significant positive effect on SRH service delivery in Buyende Town Council
3) **H_3:** CBOs' monitoring of health services has a statistically significant positive effect on SRH service delivery in Buyende Town Council

1.7 Scope of the Study

1.7.1 Content Scope

The study looked at how CBO involvement affects the delivery of SRH services, with a particular emphasis on CBO financial support, advocacy services, and health service monitoring in relation to health service delivery in terms of condom and contraceptive use, SRH knowledge.

1.7.2 Geographical Scope

The research was carried out in Buyende Town Council, Buyende district located in Eastern Uganda, bordered by the districts of Amolator, Kaberamaido and Serere in the north of Lake Kyoga, Pallisa in the northeast, Kaliro in the east, Luuka and Kamuli in the south and Kayunga in the west (Buyende District Local Government, 2021). Buyende Town Council has been chosen as my area of study because it has been faced with challenges of health service delivery like untimely delivery and shortage of health care services (State of Affairs Buyende District Report, 2020), thus the need to determine whether the poor service delivery is linked to CBOs participation in health service delivery.

1.7.3 Time Scope

This analysis covered a span of 4 years from 2020 – 2023 as the period of data consideration. This time was considered because it is when challenges of health service delivery like untimely delivery and shortage of health services were reported (State of Affairs Buyende District Report, 2020). This is also the time when CBOs had funding challenges resulting from the COVID- 19 pandemic, experiencing a reduction in funding of about 45.8%, followed by local NGOs at 38.6% (East Africa Philanthropy Network Report, 2020).

1.8 Justification of the Study

There are four major types of institutional actors in Uganda's health care system: the state, commercial Sector, NGOs which are faith based, and CBOs who complement the formal health delivery mechanism (Ssewanyana et al., 2010). Studies have indicated that CBOs play significant roles in offering crucial health services and initiatives and their goal is enhancing the systems of Health where they operate (Blas et al., 2018;

Carey & Braunack-Mayer, 2009; Barton-Villagrana et al., 2012). However, because the majority of research has been conducted outside of Uganda, there is little literature on the function of CBOs in providing SRH services in poor nations, especially Uganda. Some of the few studies that examined participation of CBOs in Uganda, such as Harun (2017) and Domljan (2019) were done in the water sector, which makes generalization of the findings in the health sector difficult. Thus, the current study was justified by the fact that it sought to examine whether community-based organizations have a significant part in SRH service delivery in Uganda, with specific reference to Buyende Town Council. Through this study, new knowledge was produced, and appropriate ways of involving CBOs in health services were suggested improve SRH delivery.

1.9 Significance of the Study

This study is of importance to different people like policy architects, those who may do research in the future, and academicians in the following ways.

The research findings shed light on the effect of participation of community-based organizations on health service delivery thus, it informs the policy makers; especially the local government to devise some measures to address health service challenges and other related issues.

The finding would be useful to CBOs operating in Buyende district to further broaden their activities in health service delivery since many of rural communities still face health delivery challenges and therefore their services are important for such communities.

The research is anticipated supplement the growing body of knowledge regarding the subject being studied. The discoveries of the study may practically be important to those that generally practice and those in academia by giving them a wide knowledge of the contribution of CBOs in the provision of SRH care.

Enhance Program Design: The study may offer valuable insights for CBOs and other organizations involved in SRH care and support. By identifying the most effective interventions and the factors that contribute to their success, the research may help improve the design and implementation of SRH care programs.

1.10 Definition of Key Terms

CBOs: These are local entities that enhance people's capacity to manage their resources and enhance their wellness (Onibokun & Faniran, 2015).

Participation of Community Based Organizations: This is a collaborative approach where local formed organizations invest in providing services to better the lives of the local people, often bringing innovation and efficiency (Sandra, 2013).

Health service delivery: refers to the mandated choice made by health officials to provide patients with medical supplies, such as medications (WHO, 2018)).

SRH (SRH): refers to one's bodily and mental health, including the absence of unwanted pregnancy, unsafe abortion, HIV/AIDS, and any form of coercion or sexual assault (Wakasa et al., 2021).

Healthcare: This involves the identification, management, and mitigation of diseases, illnesses, injuries, and other physical and mental disabilities in individuals. It includes the full spectrum of services from public health and preventive care to curative and rehabilitative services (WHO, 2018).

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter presents literature review based on the perspectives of previous authors regarding the study topic. It is organized in accordance with the specific research objectives of the study. Additionally, this chapter includes a theoretical review, the conceptual framework and highlights identified gaps in the existing literature.

2.2 SRH Service Delivery

Sexual and Reproductive Health (SRH) refers to physical and emotional wellbeing and includes the ability free from unwanted pregnancy, unsafe abortion, STIs including HIV, and all forms of sexual violence and coercion (Wakasa et al., 2021). Sexual and reproductive health services include access to information and services on prevention, diagnosis, counselling, treatment, and care, and require that all people can safely reach services without traveling for a long time or distance (Denno et al., 2015). However, a range of social norms and practices that prevent sexually active adolescents from accessing contraceptives, maternity care, and other services due to their age and gender is challenging for effective service delivery (Coast et al., 2019).

A qualitative study by Munea et al. (2022) in Northwest Ethiopia reported that the community was intolerant to adolescent premarital sex and did not approve neither SRH use nor SRH communication with unmarried adolescents. Consequently, the main barriers preventing adolescents to access SRH services was related to cognitive accessibility (a lack of sexual knowledge and a lack of awareness of services) and psychosocial accessibility (feelings of shyness and shame, fear of parents finding out service use, and lack of confidentiality) as noted by Thongmixay et al. (2019) Low service uptake due to these challenges were affecting adolescent health and it compromised the educational attainment of adolescents, increased dependency, and reduced the economic potential of the country (Morris & Rushwan, 2015).

2.3 CBOs' Participation

Community-based organizations have been described by researchers as a 'third sector' or the 'third way, which refers to the gap filled by these voluntary organizations between what is provided by the state and by the private sector (Milligan & Conradson, 2016). Participation of Community Based Organizations is a collaborative approach where local formed organizations invest in providing services to better the lives of the local people, often bringing innovation and efficiency (Sandra, 2013). Community-Based Organizations (CBOs) engage in various forms of participation, such as organizing community projects, neighbourhoods, voluntary associations, localities, and social alliances. These activities often focus on mobilizing around geographic areas, shared spaces, experiences, interests, needs, or concerns (Shepard, 2015).

CBOs' approach to self-help involves the fullest participation of all members in the decision-making process. The participation of local people in the activities of community-based organizations (CBO's) is an act that involves residents in a project that requires a democratic approach (Ntirandekura & Christopher, 2022). The belief is that all members contribute to decisions that affect them. In fact, people are more likely to be involved in a rural project if they are involved in its planning and implementation because they are more likely to identify with its use and consider it their project (Christopher et al., 2022).

The available literature suggests that CBOs participate in health service delivery in several forms such as through financial support, advocacy service, monitoring of health service delivery and through giving health care education (Carey & Braunack-Mayer, 2009). Health institutions frequently collaborate with community-based organizations (CBOs) to assess patients' health needs and connect them with the necessary resources. Through the integration of care for people with both medical and social needs, these partnerships offer one-of-a-kind chances to address population health disparities (Fichtenberg et al., 2020).

2.4 CBOs' Financial Support and SRH Service Delivery

Community-based organizations play a crucial role in the health system by offering a wide range of programs and services that are highly valued by community members. Barton-Villagrana et al. (2012) highlight that these organizations frequently deliver services and financial aid to the most disregarded, impoverished and weak groups within society. Likewise, Gulzar and Henry (2015) point out that, due to restricted approach to health services, these organizations usually step in to provide vital primary healthcare, particularly for the very poor, women, and children in low- and middle-income countries.

The health sector's financing needs necessitate both public and private capital (Sparkman & Sturzenegger, 2016). Community-based finance offers an innovative solution for funding health service projects by attracting additional capital from philanthropists and public funds, especially for programs in need of financial support at a subsidized commercial value (OECD, 2019). Blended finance helps mitigate the threats associated with development projects that are considered high-risk ventures, which lending institutions are often unwilling to support due to low returns or lack of collateral (OECD, 2019). By providing financial assistance, CBOs help to ensure that the poor can access health services at affordable rates. (Convergence, 2019).

Harun (2017) examined the impact of community-based organizations (CBOs) on fulfilling human water rights in Asia and found a significant relationship between involvement of CBOS in the supply of water and sanitation services and the achievement of these entitlements. Similarly, the quality of the operator's resources, the strength of the partnership, the dedication of partners, and financial support were all found to be critical success factors for CBO involvement in water supply and sanitation services in Bosnia and Herzegovina by Domljan (2019). However, it is difficult to extend the findings of these research to the health sector because they were conducted in the water industry. The present study wanted to address this gap by exploring a comparable dynamic in the health industry.

Atunga (2015) found a powerful bond between donor support and the effectiveness of health care providers in Kenya. Similarly, Gachui (2017) highlighted that funding from community-based organizations (CBOs) significantly and positively impacts the success of community-based health services. Community-based organizations represent a largely untapped source of extra investment that could be utilized to achieve sustainable health services (OECD, 2018). Ameyan and Chan (2017) explored CBO-public partnerships in health service delivery and identified factors that influence CBOs' decisions to participate and invest in the health sector. Key factors included the need for supportive policy and legal frameworks, public acceptance of CBO involvement, and strong, competent authorities to ensure effective partnerships. However, these studies were conducted outside Uganda, indicating a need for similar research within the Ugandan context.

2.5 CBOs' Advocacy Services and SRH Service Delivery

Research indicates that community-based organizations serve as advocates to enhance health systems in which they operate in addition to offering essential health services and activities (Blas et al., 2018). Similarly, Oxman et al. (2019) highlight that these organizations are frequently engaged with health system policy makers and leaders in crafting policies, programs, and services. They are also increasingly involved in generating research to guide these developments (Sanders et al., 2014). Such engagement promotes community and public involvement in healthcare planning and implementation. Moreover, when CBOS and the populace actively participate in making decisions, it has been indicated to improve the relevance, acceptability, and effectiveness of policies (Blas et al., 2018; Popay et al., 2018).

Literature highlights the crucial role of CBOS in establishing context-specific challenges that program planners might overlook (Chen et al., 2020). CBOs' participation significantly enhances health service delivery through pinpoint gaps in the healthcare system, providing a solid basis for program planning, advocacy, and stakeholder cooperation. Tailoring strategies to address the unique needs of the community improves both their relevance and effectiveness (Baptiste et al., 2020). Chen et al. (2020) found that data from community-led monitoring significantly enhances program

implementation and advocacy, thereby improving health services delivery. This effect is also evident in studies showing that community data informs execution strategies and builds trust among communities and health systems. Grassroots organizations are vital in garnering community support for interventions and addressing health impacts with locally tailored solutions (Kipp et al., 2019). Nevertheless, the above academic work was conducted in contexts divergent from Uganda's healthcare system, revealing a gap in knowledge.

2.6 CBOs' Monitoring of health services and SRH Service Delivery

Carr and Littler (2015) emphasized the significance of community-led monitoring in health care, showing that such involvement results in more effective interventions and improved health outcomes. This perspective is supported by research indicating the benefits of collaborative activities among stakeholders, who gain valuable insights from one another (Allender et al., 2016; Edelstein et al., 2018). When researchers, those that make policies and members in the community work together, they and community members collaborate, they combine their skills and viewpoints, leading to a more extensive understanding of health issues impacting communities (Allender et al., 2016). Celletti et al. (2013) further expand on this by noting that the participation of community-based organizations (CBOs) in healthcare monitoring significantly influences the design and redesign of health programs. Their study showed that CBO involvement not only identifies issues but also sparks off adoptive and responsive programs that promote changes which enhance empirical decision making and engagement of communities in public health. However, these studies were conducted outside of Uganda, highlighting the need for similar research within the Ugandan context.

In the community-led monitoring framework, immediate outcomes highlight the possible outcomes of this approach. Quick feedback mechanisms, facilitated by collection of data and cooperation, are essential for the effective delivery of health services. For example, if local health centers face a shortage of medications, CBOs, working with government agencies, can help ensure the community receives necessary drugs and supplies through their support of outreach initiatives. Overall, CBOs show their instant outcome through swift response and enhanced surveillance, leading to

improved health outcomes (Celletti et al., 2013). This aligns with Edelstein et al. (2018), who argued that participation by CBOs improves service accessibility by fostering accountability, trust, and transparency in the healthcare system. Data reporting becomes more accurate and comprehensive when communities are involved in monitoring (McGowan et al., 2022; Ratnayake et al., 2020). By ensuring that interventions are customized to the unique requirements of the community, this inclusive approach to decision making promotes more effective, efficient, and sustainable program implementation (Kipp, 2019).

In their study of community-based involvement in health sanitation planning in Burkina Faso, McConville et al. (2014) found that, particularly in developing nations, such involvement is frequently encouraged to improve the results of sanitation improvement initiatives. They did point out, though, that there is a dearth of research on the best times and ways to involve the community in the planning of health sanitation systems in order to maximize their impact. Schmitz (2018) looked on the function of CBOs in Lebanon's implementation and oversight of WASH projects. The study discovered a notable positive correlation linking enhanced service delivery and CBO involvement in monitoring. Nonetheless, this research did not focus specifically on healthcare service delivery and was conducted in contexts that may differ significantly from Uganda.

2.7 Theoretical Review

2.7.1 New Public Management Theory

The research was informed by the New Public Management theory that was proposed by academicians in the UK and Australia based on the strategies that were advanced in the 1980s and later documented and streamlined by Christopher Hood in 1990 (Hood, 1991). The theory was crafted with the aim of enhancing efficiency in public service provision by public entities through adoption of private sector businesslike management practices based on numerous principles; financial regulation, value for money, amplify efficiency, identifying and setting targets, continuous monitoring of performance, handing over power to the senior management officials (Pruchi, 2021).

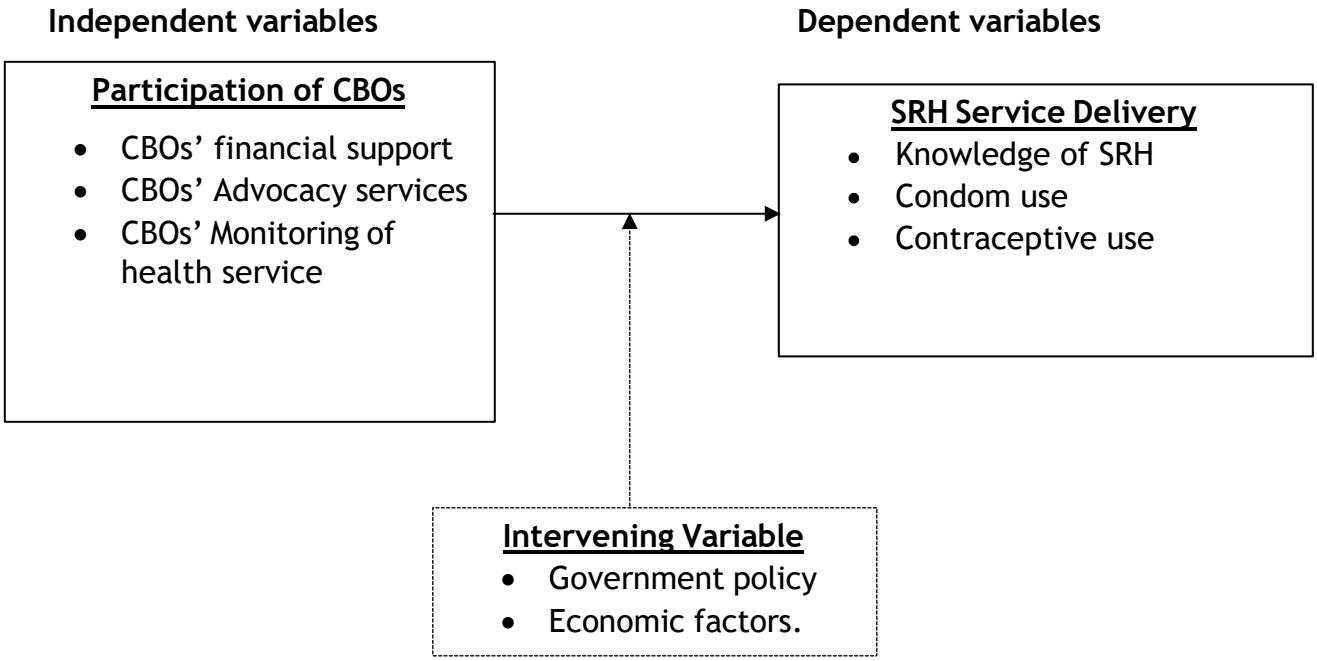
This theory was applied to this study since it helps in explaining how access to health care services can increase by recognizing the potential of CBOs in provision of health care services. CBOs complement the government health services through initiation of their own innovations to ensure result-based outputs, while government and other partners forge ways of enhancing capacity through financial and technical incentives.

2.7.2 Stakeholder Theory

The theory of New Public Management was supported by the stakeholder theory that was developed by Freeman (1984). Stakeholders are groups or individuals crucial to an organization's survival and success (Freeman, 1984). They are those who influence or are influenced by the organization's actions (Cintra et al., 2015). According to the stakeholder theory, a project or organization requires the participation of a variety of bodies, including communities, governments, political organizations, trade associations, trade unions, financiers, suppliers, employees, and beneficiaries. The theory assumes that for an organization to sustain itself in the long term, it must equally focus on delivering value to all stakeholders (Martinez & Mesa, 2021). The theory points out that an entity should achieve value for all people involved, not only those who hold shares (Freeman, 2020). Its core message is that an organization must consider the interests of all those who can either support or obstruct its efforts to achieve its goals (Phillips, Freeman & Wicks, (2013).

Freeman (1984) observed that stakeholder management in strategic management involves processes that address the needs of all groups with a vested interest in the organization. The primary task is to integrate stakeholder relationships and interests in a manner that guarantees the organization’s success in a long run. This theory is chosen for this study because it advocates for stakeholder participation in health programs/projects to achieve better outcomes. It views stakeholders as members united by a common cause, collaborating to build a successful enterprise (Martinez & Mesa, 2021). In this study, CBOs work with government health facilities and private healthcare providers to extend health services to communities, aiming to improve the health standards of all households in Uganda.

2.8 Conceptual Framework



Source: ***Adapted from Toscano (2019) and adjusted by the investigator (2024).***

Figure 2.1: Conceptual framework for relationship between study variables

Figure 1.1 illustrates the conceptual framework depicting the interrelatedness between CBOS' involvement (independent variable) and SRH service delivery (dependent variable). The framework suggests that when CBOs engage in health services through financial support, advocacy, and monitoring, there would be improvements in SRH delivery, particularly in form of knowledge of SRH, condom use and contraceptive use. However, government policy and economic factors are intervening variables that could influence this relationship. However, the researcher controlled for intervening variables by making them play a constant role in the study.

2.9 Summary of Literature Gaps

From the literature reviewed, studies have been done in relation to participation of Community Based Organizations and service delivery. However, there is existence of knowledge gap as some of the studies that examined participation of CBOs such as Harun (2017) and Domljan (2019) were done in the water sector, which makes

generalization of the findings in the health sector difficult. In addition, most of the reviewed studies if not all, were done outside Uganda which calls for the same study to be done in the Ugandan context. Thus, the current study sought to fill these gaps by assessing the effect of CBOs participation on SRH service delivery in the context of Uganda.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This sub- section presents and discusses the research design, study population, sample size selection, sampling methodologies, data collection methods and tools, validity and reliability, data analysis, ethical issues, and possible study limits.

3.2 Research Design

The study used a correlation research design to ascertain the connection between CBO membership and SRH Service Delivery. The correlation design was used because it enables the researcher to examine the relationship between the study variables. A quantitative research method was employed to gather data and change it into mathematical models, which were examined and modified to draw conclusions about the data set. This method was selected for its objectivity, reliability, and capability to facilitate the collection of quantitative data and statistical analysis (Creswell, 2014).

3.3 Study Population

Buyende town council has 6 community-based organizations with a staff capacity of 63, and two health facilities that is, Wensunire Catholic Health Centre and Buyende Health Centre, with the staff capacity of 37 employees. The study targeted a population of 250 comprising of 63 employees from CBOs operating in Buyende Town Council, 37 employees from two health facilities in the Town council, and 150 beneficiaries of the CBOs. Employees form the selected CBOs and health facilities were of interest because they had information needed for the study since they are involved in the daily operations in CBOs and health facilities. The beneficiaries were of interest because they are the consumers of the services provided by CBOs and health facilities thus, provided relevant answers needed for the analysis.

3.4 Sample Size Selection

A sample is defined as a small group of individuals selected for research purposes from the population, Alvi (2016). Using Yamane's method, 154 respondents were selected as a sample size from the study population, that is to say:

$$n = \frac{N}{1 + N(e)^2}$$

Where, n = the sample size, N = population size, e = acceptable sampling error which is 5%. N = 250, Substituting into the formula.

$$n = \frac{250}{1 + 250(0.5)^2}$$

$$n = \frac{250}{1.625}$$

n = 153.846 which is 154

Table 1: Sampling Frame

Category	Population	Sample Size	Sampling Technique	Method of Data Collection
CBOs				
Management	6	5	Simple Random Sampling	Questionnaire
Operations staff	57	40	Simple Random Sampling	Questionnaire
Health Facilities				
Wensunire Catholic Health Centre	7	6	Simple Random Sampling	Questionnaire
Buyende Health Centre	30	23	Simple Random Sampling	Questionnaire
Beneficiaries	150	80	Simple Random Sampling	Questionnaire
Total	**250**	**154**		

Source: ***Primary Data (2025)***

3.5 Sampling Techniques

Simple random sampling was used in the study. This method was chosen because it lessens bias because each item in the population has an equal incident and possibility of being chosen for the sample (Bhat, 2018). This method was employed to choose employees from CBOs, medical facilities, and recipients. In applying this method, papers were labelled with correspondences X and Y, folded up and inserted in a box, and shuffled. Participants were asked to pick one paper at random without

replacement. Anyone who drew a paper marked Y was selected for the study, while those who drew papers marked X were not included in the study.

3.6 Data Collection Sources

Both primary and secondary sources provided data for the study. Primary data was gathered through the questionnaires that respondents filled out. Secondary data was obtained by looking through papers, such as ministry of health reports, local government reports, and other published data.

3.7 Data Collection Methods/Instruments

A survey was used by the researcher to gather data. Both CBO beneficiaries and staff members of the medical institutions and CBOs that are a part of the Buyende Town Council provided information through the survey method. The questionnaire was developed using a five-point Likert scale, where 5 indicates strongly agree and 1 indicates strongly disagree. It was separated into three parts: The respondents' demographic data was presented in section A; section B discussed the CBOs' financial support, advocacy services, and health care monitoring; and section C included the SRH service delivery components that were connected to the indicators of SRH knowledge, condom use, and contraceptive use. This approach was chosen because it was easy to administer to a sizable sample in a short amount of time, and it also gave participants the freedom to define and describe events and circumstances in great detail whenever it was convenient for them.

3.8 Validity and Reliability of Research Instruments

3.8.1 Validity of the Instruments

The validity of a research instrument is based on how well it evaluates the variables it is intended to measure (Saunders et al., 2009). The researcher demonstrated validity by giving two lecturers instruments and asking them to comment on how applicable the items were. The researcher eliminated any ambiguous questions and kept just those that were relevant to the study's goals. The formula was utilized to calculate the Content Validity Index (CVI):

CVI = No of Item declared valid by the judges

Total Number of items on the questionnaire

Table 3.2: Results of Validity Test

Variable	Content Validity Index	N of Items
CBOs' financial support	1.00	4
CBOs' advocacy services	0.90	5
CBOs' monitoring of health service	1.00	5
SRH service delivery	0.93	15
Overall CVI	**0.958**	**29**

Source: *Researcher (2025)*

Findings from table 3.2 indicate a content validity index of 0.855, greater than 0.70 thus, accepted as valid for the study as suggested by Oso and Onen (2008) that a CVI that is greater or equal to 0.7 is considered valid for the study.

3.8.2 Reliability of the Instruments

Reliability is the degree to which the analysis points out coherent results when repeated using the exact technique (Saunders et al., 2009). To ensure consistency in replies, the instruments were piloted with 10 participants from health facilities that were not part of the final study. These participants were selected depending on the features they had that were related to final participants. Their responses were loaded into SPSS version 25 and a reliability analysis conducted. Findings are indicated in table 3.3.

Table 3.3: Results of Reliability Test

Variable	Cronbach's Alpha	N of Items
CBOs' financial support	0.827	4
CBOs' advocacy services	0.794	5
CBOs' monitoring of health service	0.767	5
SRH service delivery	0.766	15

Source: *Researcher (2025)*

Findings from table 3.3 indicate Cronbach's Alpha coefficient of greater than 0.7 for all variables thus, considered reliable for the study as put forth by Mugenda and Mugenda (2007).

3.9 Data Collection Procedure

After the proposal was finished, the researcher first received a letter of research authority from Uganda Christian University. Next, the researcher requested permission to conduct a study from the chosen medical institutions and CBOs in Buyende Town Council. The researcher informed every available member about the study and then gave them questionnaires after obtaining approval from the appropriate authorities. As soon as they received the questionnaire, respondents were urged to start answering the questions. Follow-up was done during the data collection process to make sure the questionnaires were completed completely and in time for data analysis. The researcher gathered completed surveys and started data analysis.

3.10 Data Analysis

The numerical data collected from the questionnaires was coded and entered into a computer and analysed using the Statistical Package for Social Sciences (SPSS version 25). SPSS enabled both descriptive and inferential statistical analyses, and descriptive statistics like percentages, frequencies, mean, and standard deviation were used to display the results in tables.

The associations between independent and dependent variables were examined using Pearson's correlation analysis for inferential statistics, and the effects of each independent variable on the dependent variable were ascertained using multiple regression analysis. The multiple regression model included a constant term, coefficient, and error term, as shown below:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where:

Y = SRH Service Delivery

X1= CBOs financial support

X2 = CBOs advocacy services

X3 = CBO's monitoring of health services

ε = error term, for purposes of calculation, ε is presumed to be 0.

β_0= represents a constant term

β1, 2, 3 =represents coefficients

3.11 Ethical Considerations

The researcher gave the participants an explanation of the study's objectives and underlined that participation was entirely voluntary and that they might leave the study whenever they wanted.

Respondents' privacy and confidentiality were respected. This was accomplished by ensuring the anonymity of all study participants and concentrating on maintaining sensitivity to problems pertaining to human dignity and employment.

Finally, the researcher made sure there was no plagiarism in the material. This was accomplished by making sure that appropriate credit is given whenever someone else's viewpoint is utilized.

Additionally, by providing proper citations and references, plagiarism was prevented.

3.12 Limitations to the study

The study employed self-reported data from employee and beneficiary surveys, which are sometimes subject to social desirability bias, in which respondents provide answers they believe to be more socially acceptable than truthful. The researcher countered this by promising participants anonymity and confidentiality to encourage honest responses.

The sample of respondents who participated in the study was from CBOs operating in Buyende Town Council only, which may not be representative of CBOs in other geographical areas, an indicative of the geographical limitation. To eliminate this limitation, the study suggested that additional research be conducted by other researchers in different regions, to equally find out how participation of CBOs affect SRH service delivery.

CHAPTER FOUR
DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This study assessed the effect of community-based organizations on effective SRH service delivery in Buyende Town Council Buyende District. Specifically, sought to: establish how CBOs' financial support affects SRH service delivery; examine how CBOs' advocacy services affect SRH service delivery; and assess how CBOs' monitoring of health services affect SRH service delivery in Buyende Town Council. This chapter presents, analyses and interprets the study findings. Data is presented using tables.

4.2 Analysis of Response Rate

The study constituted 154 as the target sample, 154 questionnaires in all were given to the respondents and 128 of were returned fully completed. The distribution of their responses is presented in table 4.1.

Table 4.1: Response Rate

	Frequency	Percentage (%)
Total number of Questionnaires distributed	154	100
Questionnaires returned fully completed	128	83.1

Source: ***Primary data (2025)***

Findings from table 4.1 indicate a total response rate of 83.1%, which was excellent for reporting. This resonates with Mugenda and Mugenda (2009) who opined that a response rate of 50% is adequate for reporting and analysis, 60% is good, and 70% or more is excellent.

4.3 Demographic Data

This section presents the demographic characteristics of the respondents. Demographic characteristics enabled the researcher to ascertain whether the respondents had characteristics to make them better study participants. Findings are presented in table 4.1.

Table 4.2: Demographic Characteristics of Respondents

Characteristics	Category	Frequency	Percentage
Gender of the Respondents	Male	74	57.8
	Female	54	42.2
	Total	**128**	**100.0**
Age of the Respondents	Below 20 years	7	5.5
	20 - 24 Years	38	29.7
	25 - 29 Years	44	34.4
	30 - 34 years	23	18.0
	35 - 39 years	5	3.9
	40 - 44 years	7	5.5
	45 years and above	4	3.1
	Total	**128**	**100.0**
Level of Education	Diploma	35	27.3
	Degree	40	31.3
	Masters	3	2.3
	PHD	3	2.3
	Other Qualifications	47	36.7
	Total	**128**	**100.0**
Length of Time in Service	Below 1 year	27	21.1
	1 - 5 years	72	56.3
	6 - 10 years	24	18.8
	Above 10 years	5	3.9
	Total	**128**	**100.0**

Source: Field Data (2025)

Findings from table 4.2, indicate that 42.2% of respondents were women and 57.8% of respondents were men. This suggested that there were more men than women participating in the study. The results also show that 34.4% of respondents were between the ages of 25 and 29, followed by 29.7% who were between the ages of 20 and 24, 18% who were between the ages of 30 and 34, 5.5% who were between the ages of 40 and 44, and those under the age of 20. Respondents that were between 35 – 39 years were 3.9% and 3.1% were 45 years and above.

The study findings in table 4.1 further show that 27.3% had diploma, 31.3% had bachelors' degree, 2.2% had masters and PHD and that majority of the respondents at 36.7% had other qualifications such as primary, secondary and technical education. The results show that respondents had varying levels of education with the lowest as primary education, an indication that some of the participants were not able to properly

read and fathom the questions asked to them on their own. This informed the use of administered questionnaires that gave the researcher an opportunity to interpret the questions to the respondents to obtain relevant answers.

Regarding the time respondents had spent in service, majority of them, accounting for 56.3% had been in service for a period between 1 – 5 years, followed by 21.1% below the period of 1 year, 18.8% for the period between 6 – 10 years, and those who had spent above 10 years were 3.9%. The results show that majority of respondents had had experience since they had been working for above 1 year thus, they were able to give relevant answers for the study.

4.4 Descriptive Statistics of Study Variables

This section presents the descriptive statistics of the independent and dependent variables. The mean and standard deviation (Std. Dev) were used to analyze descriptive data. The Standard Deviation indicates how much scores range from the Mean, while the Mean indicates the frequency of a response. The response variability is displayed by the standard deviation. The standard deviation (Std. Dev <1 is interpreted to mean low deviation and Std. Dev >1 is interpreted to mean high deviation). The mean is interpreted using the scale in table 4.3.

Table 4.3: Scale for Interpreting Mean

Legend	Interpretation
4.21-500	very high
3.41-4.20	high
2.61-3.40	moderate
1.81-2.60	low
1.00-1.80	very low

Source: ***Dawes (2008)***

4.4.1 CBOs' Financial Support and SRH service delivery

Results on CBO's financial support to SRH service delivery in Buyende Town Council are displayed in table 4.4.

Table 4.4: Descriptive Statistics on CBO's Financial Support

Statement	N	Mean	Std. Dev
I am aware that there has been an increase in financial support from CBOs to facilitate SRH care provision in Buyende Town Council.	128	4.16	.876
I am aware that CBOs' financial support has helped in expanding access to and improving quality of SRH care services	128	4.01	.658
I am aware that CBOs' financial support has seen growth and expansion of SRH care provision to the community.	128	4.00	.774
I am aware that CBOs have been providing financial support to improve SRH care provision to unprivileged persons in Buyende Town Council	128	4.09	.784
Average Mean and Standard Deviation		**4.07**	**.773**

Source: *Field Data (2025)*

A number of statements from table 4.4 were presented to the respondents in order to gather their opinions regarding CBO involvement in providing funding to enhance SRH. The majority of those surveyed agreed with the following statements: I am aware that there has been an increase in financial support from CBOs to facilitate SRH care provision in Buyende Town Council (Mean = 4.16, Std. Dev = 0.876); I am aware that CBOs' financial support has helped in expanding access to and improving quality of SRH care services (Mean = 4.01, Std. Dev = 0.658); and that I am aware that CBOs' financial support has seen growth and expansion of SRH care provision to the community (Mean = 4.00, Std. Dev = 0.774). The statements attracted high mean scores, implying that respondents were of the view that CBOs participate in provision of financial support to improve SRH service delivery to the people of Buyende Town Council.

The statement that: I am aware that CBOs have been providing financial support to improve SRH care provision to unprivileged persons in Buyende Town Council" attracted agreement from majority of the respondents (Mean = 4.09, Std. Dev = 0.784). This was an indication that CBOs participate in provision of financial support to unprivileged persons to enable them have access to SRH services.

The overall average mean score of 4.07 was high, indicating that on average, respondents agreed that CBOs in Buyende Town Council participate in provision of

financial support to improve SRH service delivery to the people. The low stand deviation of 0.773 suggests that there we minimal varying responses from the respondents regarding participation of CBOs in provision of financial support to improve SRH service delivery in Buyende Town Council.

4.4.2 CBOs' Advocacy Services and SRH service delivery

Results on effect of CBO's advocacy services on SRH service delivery in Buyende Town Council are displayed in table 4.5

Table 4.5: Descriptive Statistics on CBO's Advocacy Services

Statement	N	Mean	Std. Dev
I am aware the CBOs are involved in advocating for equal access to SRH care provision for all the people in Buyende Town Council	128	4.13	.753
I am aware that CBOs mobilize community members to come for SRH services in time	128	4.19	.750
I am aware that CBOs are involved in lobbying for health service infrastructure in the area.	128	4.09	.833
CBOs have increased inquiries among the health workers and the community regarding specific SRH services	128	4.06	.661
CBOs are involved in advocating for the right of access to SRH care for the unprivileged persons in Buyende Town Council	128	4.25	.652
Average Mean and Standard Deviation		**4.14**	**.730**

Source: *Field Data (2025)*

The following statements were accepted by respondents, as indicated by the results in table 4.5: I am aware that CBOs contribute to the promotion of equal access to SRH care for all members of Buyende Town Council (Mean = 4.13, Std. Dev = 0.753); and that CBOs contribute to the promotion of the less fortunate members of Buyende Town Council's right to access SRH care (Mean = 4.25, Std. Dev = 0.652). This implied that CBOs within the Buyende Town Council actively participate in healthcare delivery by advocating for fair access to services related to SRH.

The statement that "I am aware that CBOs mobilize community members to come for SRH services in time", attracted agreement from majority of the respondents (Mean = 4.19, Std. Dev = 0.750). Similarly, the majority of those who responded agreed with

the assertion that CBOs have increased inquiries among the health workers and the community regarding specific SRH services (Mean = 4.06, Std. Dev = 0.661). Respondents agreed to the statements indicating that CBOs play a pivotal role in mobilizing the populace to embrace SRH care.

The statement that "I am aware that CBOs are involved in lobbying for health service infrastructure in the area" largely attracted agreement from majority of the respondents (Mean = 4.09, Std. Dev = 0.833). This implied that respondents believed that CBOs are involved in lobbying for health care infrastructure such as hospital beds and wards, to improve SRH service delivery.

With an aggregate mean score of 4.14, respondents generally felt that CBOs play an advocacy role in Buyende Town Council's health service delivery by pushing for universal access to healthcare. The low standard deviation of 0.730 indicates that respondents' opinions about the advocacy role of CBOs in the Buyende Town Council's health care system were generally consistent.

4.4.3 CBOs' Monitoring of Health Services and SRH service delivery

Results on effect of CBO's monitoring of health services on SRH service delivery in Buyende Town Council are presented in table 4.6.

Table 4.6: Descriptive Statistics on CBO's Monitoring of Health Services

Statement	N	Mean	Std. Dev
CBOs are involved in monitoring SRH service delivery activities in Buyende Town Council	128	4.14	.761
Involving CBOs in monitoring has improved SRH service delivery	128	4.05	.719
CBOs' monitoring programs help to supervise aspects of health services by demanding accountability for medicines' availability	128	4.07	.775
CBOs play a role in ensuring that health providers provide quality SRH services	128	4.20	.736
CBOs constitute a quality monitoring team to ensure that health service provided is of good quality	128	4.12	.823
Average Mean and Standard Deviation		**4.12**	**.763**

Source: *Field Data (2025)*

Results from table 4.6 indicate that majority of those who responded were of the view that: CBOs are involved in monitoring SRH service delivery activities in Buyende Town Council, (Mean = 4.14, Std. Dev = 0.761); involving CBOs in monitoring has improved SRH service delivery (Mean = 4.05, Std. Dev = 0.719); and that CBOs' monitoring programs help to supervise aspects of health services by demanding accountability for medicines' availability (Mean = 4.07, Std. Dev = 0.775). This suggested that respondents held the opinion that CBOs oversee the provision of health services to guarantee better accountability from healthcare professionals and high-quality SRH services in Buyende Town Council.

Respondents agreed that CBOs constitute a quality monitoring team to ensure that health services provided are of good quality (Mean = 4.12, Std. Dev = 0.823). Similarly, majority of the respondents were of the view that CBOs play a crucial role in ensuring that health providers provide quality SRH services (Mean = 4.20, Std. Dev = 0.736). This was an indication that CBOs' involvement in monitoring health service delivery is to ensures that the health services provided are of good quality.

With an overall mean score of 4.12, respondents generally agreed that CBOs oversee the delivery of health services in Buyende Town Council in order to make sure that medical facilities are offering high-quality care. The low standard deviation of 0.763 indicates that respondents' opinions about the participation of CBOs in the monitoring of health service delivery in Buyende Town Council were mostly consistent.

4.5 SRH Service Delivery

Results on SRH service delivery in Buyende Town Council are presented in table 4.7

Table 4.7: Descriptive Statistics on SRH Service Delivery

Statement	N	Mean	Std. Dev
Knowledge of sexual health			
SRH information has been made available to the people in Buyende Town Council, with the intervention of CBOs	128	4.02	.818
SRH information has been disseminated to the people of Buyende Town Council by CBOs	128	4.05	.816
The number of teenagers engaging in sexual intercourse has been reducing in Buyende Town Council, with the awareness created by CBOs	128	3.72	1.034
CBOs have been providing SRH counseling to people Buyende Town Council,	128	4.20	.764
With the involvement of CBOs, teenagers in Buyende Town Council, have been made aware of the dangers of early pregnancies	128	4.02	.763
Average mean and standard deviation		**4.00**	**.839**
Condom Use			
CBOs have been involved in distributing condoms in their communities to improve sexual and reproductive heath	128	4.25	.732
The number of people using condoms in Buyende Town Council has been increasing overtime, with the involvement of CBOs	128	3.96	.692
The prevalence of sexual transmitted diseases have been reducing as a result of condom use	128	3.88	.842
Teenage pregnancies in Buyende Town Council, have reduced resulting from the use of condoms	128	3.85	.804
The prevalence of Sexually Transmitted Infections has been going down over time	128	3.88	.819
Average mean and standard deviation		**3.96**	**.778**
Contraceptive Use			
The number of women accessing Contraceptives has been increasing with the intervention of CBOs use	128	4.05	.719
There has been an increase in the number of sexually active individuals using contraception to prevent unintended pregnancies	128	3.91	.804
There has been a reduction in teenage pregnancies in Buyende Town Council, resulting from use of contraceptives	128	3.81	.911
The use of contraceptives has enabled many girls complete their education and participate more fully in society	128	4.02	.860
Contraception has help women in Buyende Town Council, to plan their lives, take better care of themselves and their families	128	3.98	.864
Average mean and standard deviation		**3.95**	**0.832**
Overall Average Mean and Standard Deviation		**3.97**	**0.816**

Source: *Field Data (2025).*

Findings from table 4.7 indicate that the majority of respondents agreed with the following statements: CBOs' intervention made SRH information available to the people in Buyende Town Council (Mean = 4.02, Std. Dev = 0.818); CBOs' dissemination of SRH information to the people in Buyende Town Council (Mean = 4.05, Std. Dev = 0.816); the number of teenagers engaging in sexual intercourse has been reducing in Buyende Town Council, with the awareness created by CBOs (mean = 3.72, Std. Dev = 1.034); CBOs have been providing SRH counseling to people of Buyende Town Council (Mean = 4.20, Std. Dev = 0.7640); and that with the involvement of CBOs, teenagers in Buyende Town Council, have been made aware of the dangers of early pregnancies (Men = 4.02, Std. Dev = 0.763). The average mean score of 4.00 indicates that generally, respondents agreed that CBOs play part in improving SRH services delivery through providing health related information to the populace. The low Std. Dev of 0.839 indicates that there were minimal varying responses regarding knowledge of SRH in Buyende Town council.

Respondents also demonstrated agreement to the statements that: CBOs have been involved in distributing condoms in their communities to improve SRH (Mean = 4.25, Std. Dev = 0.732); the number of people using condoms in Buyende Town Council has been increasing overtime, with the involvement of CBOs (Mean = 3.96, Std. Dev = 0.692); the prevalence of sexual transmitted diseases have been reducing as a result of condom use (Mean = 3.88, Std. Dev= 0.842); teenage pregnancies in Buyende Town Council, have reduced resulting from the use of condoms (Mean = 3.85, Std. Dev= 0.804); and that the prevalence of Sexually Transmitted Infections has been going down over time (Mean = 3.88’ Std. Dev = 0.819). The high average mean score of 3.96 and low standard deviation of 0.778, shows that respondents generally agreed that the number of condoms use has increased, by the people of Buyende Town Council as a result of involvement of CBOs, resulting in a reduction in teenage pregnancies and Sexually Transmitted Infections over time.

Regarding contraceptive use, agreed with the following statements: more women are using contraceptives as a result of the CBOs' intervention (Mean = 4.05, Std. Dev = 0.719); more sexually active people are using contraception to avoid unwanted

pregnancies (Mean = 3.91, Std. Dev = 0.804); there has been a reduction in teenage pregnancies in Buyende Town Council, resulting from use of contraceptives (Mean = 3.81, Std. Dev = 0.911); the use of contraceptives has enabled many girls complete their education and participate more fully in society (Mean = 4.02, Std. Dev = 0.860); and that contraception has help women in Buyende Town Council, to plan their lives, take better care of themselves and their families (Mean = 3.98' Std. Dev = 0.864). The high average mean score of 3.95 showed that participants mainly felt that Buyende Town Council had enhanced the delivery of reproductive health services by encouraging the use of contraceptives. There was little variation in the responses about the usage of contraceptives by the women in Buyende Town Council, as indicated by the low standard deviation of 0.832.

4.6 Inferential Statistics

The inferential statistics used are Pearson's Correlation Coefficient to show the relationship between the study variables; and multiple regression analysis to establish the effect of each of the independent variables on the dependent variable.

4.6.1 Correlation Results

The correlations between the participation of community-based organizations (CBOs' financial support, CBO's advocacy services and CBOs monitoring of health services) and SRH Service Delivery are shown in this subsection. The correlation matrix shows how one variable is related to another and the relationship between the studied variables. When the significance value is less than the alpha $\alpha = 0.05$, the association is considered significant. A coefficient value of 0 indicates no correlation, a value below +or-0.29 indicates a weak connection, a moderate link between +or-0.30 and +or-0.49 indicates a moderate relationship, and a strong relationship between +or-0.50 and +or-1 indicates a high correlation. When r = -1 or +1, the relationship is perfect, meaning that a change in one variable corresponds to a perfectly consistent change in the other (Alwadaei, 2010). The correlation matrix in table 4.8 provides a summary of the results.

Table 4.8: Correlation Matrix Showing Relationship Among the Study Variables

	CBOs' Financial Support	CBOs' Advocacy Services	CBOs Monitoring of Health Services	SRH Service Delivery
CBOs' Financial Support	1			
CBOs' Advocacy Services	.493**	1		
CBOs Monitoring of Health Services	.500**	.592**	1	
SRH Service Delivery	.530**	.568**	.686**	1

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

Findings from table 4.8 show that all independent variables (CBOs' financial support, CBO's advocacy services and CBOs monitoring of health services) are statistically significant and positively associated with SRH service delivery in Buyende Town Council. Consequently, the analysis discovered a substantial positive correlation between the delivery of SRH services and the financial support provided by CBOs ($r = 0.530^{**}$, $p < 0.001$). Additionally, the study discovered a substantial positive correlation between the delivery of SRH care and the advocacy services provided by CBOs ($r = 0.568^{**}$, $p < 0.001$). The study further found that monitoring of health services by CBOs has a significant positive relationship SRH service delivery ($r = 0.686^{**}$, $p < 0.001$). These findings are in line with the hypotheses. Therefore, the researcher proceeded to test the hypotheses.

4.6.2 Multiple Regression Results

To establish how participation of community-based organizations (CBOs' financial support, CBO's advocacy services and CBOs monitoring of health services) influence SRH service delivery, multiple regression analysis was done.

Table 4.9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.734[a]	.538	.527	.35269

a. Predictors: (Constant), CBOs' Monitoring of Health Services, CBOs' Financial Support, CBOs' Advocacy Services

Source: Survey Data (2025)

Findings from the model summary indicate that CBOs' financial support, CBO's advocacy services and CBOs monitoring of health services, joint account for 52.7% of the variations in SRH service delivery (Adj R^2 = 0.52.7).

Table 4.10: ANOVA Values

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	17.975	3	5.992	48.167	.000[b]
	Residual	15.425	124	.124		
	Total	33.399	127			

a. Dependent Variable: SRH Service Delivery
b. Predictors: (Constant), CBOs' Monitoring of Health Services, CBOs' Financial Support, CBOs' Advocacy Services

The Analysis of Variance (ANOVA) is displayed in Table 4.10. The model is statistically significant in predicting how CBO membership affects the delivery of SRH services, as indicated by the p-value of 0.000 being less than 0.05.

Table 4.11: Multiple Regression Coefficients Results

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	.739	.283		2.614	.010
CBOs' Financial Support	.169	.062	.201	2.731	.007
CBOs' Advocacy Services	.190	.080	.189	2.389	.018
CBOs' Monitoring of Health Services	.428	.072	.474	5.971	.000

a. Dependent Variable: SRH Service Delivery

Source: Survey Data (2025)

Findings from table 4.11 show that the delivery of SRH services is significantly improved by CBO funding (β = 0.201, p < 0.01). This suggests that the delivery of SRH services in Buyende Town Council is greatly impacted by the financial support of CBOs, and that, when all other predictor variables are held constant, an increase of one unit in CBOs' financial support is linked to an improvement in the delivery of SRH services. Therefore,

the study agreed with the hypothesis that the funding provided by CBOs significantly improves the provision of SRH services in Buyende Town Council.

Results also indicate that the delivery of SRH service is significantly improved by CBOs' advocacy services (β = 0.189, $p < 0.05$). This suggests that the delivery of SRH services is greatly impacted by CBOs' advocacy services, and that, when all other predictor variables are held constant, an increase of one unit in advocacy services is linked to an improvement in the delivery of SRH services. Therefore, the researcher agreed with the hypothesis that the delivery of SRH services in Buyende Town is significantly improved by the advocacy services provided by CBOs.

The results of the study also demonstrate that the delivery of SRH services is significantly improved by CBOs monitoring health services (β = 0.474, $p < 0.001$). This suggests that the delivery of SRH services in Buyende Town is greatly impacted by CBOs' monitoring of health services. Therefore, when all other predictor variables are held constant, an improvement in Buyende Town is linked to a unit rise in CBO monitoring of health services. Therefore, the study agreed with the premise that the delivery of SRH care in Buyende Town Council is significantly improved by CBOs' monitoring of health services.

4.7 Conclusion

This chapter has presented the analysis of data and interpretation of findings in relation to the specific objectives of the study. The next chapter presents summary and discussion of outcomes, conclusion and recommendation and suggests areas for more study.

CHAPTER FIVE
DISCUSSION OF RESULTS

5.1 Introduction

This chapter presents and discusses the study results in accordance with the study objectives.

5.2 Discussion of Findings

5.2.1 CBOs' Financial Support and SRH Service Delivery

The study discovered a statistically significant positive relationship between CBO financial support and the availability of SRH services. Furthermore, regression data indicates that improved delivery of SRH care is significantly predicted by CBO financial aid. This indicated that, when all other variables are held constant, an increase in the number of units of financial support provided by CBOs is linked to an improvement in the delivery of SRH services. The findings agree with Gachui (2017), who highlighted that funding from community-based organizations (CBOs) significantly and positively impacts the success of community-based health services. This can be attributed to the fact financial support for CBOs provide essential resources such as procurement of medicine and supplies, address gaps in SRHcare access, and strengthening community health initiatives especially, for the unprivileged persons. By providing financial assistance, CBOs help to ensure that the poor can access health services at affordable rates. This resonates with previous studies that showed that CBOs frequently deliver services and financial aid to the most disregarded, impoverished and weak groups within society such as the very poor, women, and children (Barton-Villagrana et al., 2012; Gulzar & Henry, 2015; Convergence, 2019).

5.2.2 Effect of CBOs' Advocacy Services and SRH Service Delivery

CBOs' advocacy services were found significant and positively correlated with SRH service delivery. Findings from the regression model also indicated that CBOs' advocacy services significantly contribute to SRH service delivery, holding other factors constant. This meant that SRH service delivery can be improved by the participation of CBOs in providing advocacy services to the community. It can be argued that CBOs play a vital role in promoting health awareness, empowering citizens, advocating for needed

services, and linking the formal health system with the community, ultimately leading to better health outcomes. CBOs improve the public's participation in and acceptance of SRH care services by assisting in the dissemination of knowledge about these topics. The findings align with Chen et al. (2020), who found that CBOs' participation significantly enhances health service delivery through pinpoint gaps in the healthcare system, providing a solid basis for program planning, advocacy, and stakeholder cooperation.

Findings indicate that CBOs play a pivotal role in mobilizing the populace to embrace SRH care. It can be argued that CBOs act as change agents at the grassroots level by mobilizing communities to embrace SRH, educating them on the importance of their participation in SRH such as family planning, HIV prevention, treatment, and care among diverse groups of women. In order to increase public acceptability of healthcare and enhance the delivery of health services, CBOs' efforts aid in facilitating community and public involvement in the planning and execution of their healthcare. This aligns with the works of Kipp et al. (2019), who argued that grassroots organizations are vital in garnering community support for interventions and addressing health impacts with locally tailored solutions.

5.2.3 CBOs' Monitoring of Health Services and SRH Service Delivery.

The study established that CBOs monitoring of health services has a significant and positive relationship with SRH service delivery. Moreover, regression results indicated that CBOs monitoring of health services is a significant predicator of improved SRH service delivery. This implies that, when all other variables are held constant, an increase in the number of health services monitored by CBOs is linked to better delivery of SRH care. The results are consistent with earlier research that shown a robust positive correlation between enhanced service delivery and CBO involvement in monitoring (Schmitz, 2018; McConville et al., 2014). The results further concur with Chen et al. (2020), who found that data from community-led monitoring significantly enhances program implementation and advocacy, thereby improving health services delivery. This can be true because CBOs, being local and familiar with the community's needs, can act as a crucial link between service providers and beneficiaries, ensuring

that services are delivered effectively and that providers are held accountable for their performance. When communities are actively involved in monitoring, they feel a sense of ownership and responsibility for the health services they receive, leading to better health outcomes. For example, CBOs can monitor the quality of SRH care in health facilities, track the availability of essential medicines, and ensure that health workers are providing services that meet the needs of the population.

According to the findings, CBOs oversee the provision of health services to make sure that healthcare practitioners are held to higher standards and that the Buyende Town Council provides high-quality SRH services. This aligns with Edelstein et al. (2018), who argued that CBO involvement fosters accountability, trust, and transparency in the health system, enhancing accessibility to services. This is so because, through their participation in monitoring the performance of service providers, CBOs hold them accountable for their actions, through advocating for greater transparency in service delivery processes, ensuring that citizens have access to information about how services are planned, funded, and delivered. In other words, CBOs act as a bridge between citizens and service providers, ensuring that local needs and priorities are considered in service delivery. This agrees with Carr and Littler (2015), who emphasized the significance of community-led monitoring in healthcare, showing that such involvement results in more effective interventions and improved health outcomes.

CHAPTER SIX
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents summary of findings, draws conclusions from the study findings and makes recommendations based on the study findings and objectives

6.2 Summary of Findings

This study sought to establish the effect of participation of community-based organizations on effective SRH service delivery in Buyende Town Council Buyende District. Specifically, the study: established how CBOs' financial support affects SRH service delivery; examined how CBOs' advocacy services affect SRH service delivery; and assessed how CBOs' monitoring of health services affect SRH service delivery in Buyende Town Council. The study findings indicated that: CBOs' financial support ($r = 0.530^{**}$, $p < 0.001$); CBOs' advocacy services ($r = 0.568^{**}$, $p < 0.001$); and monitoring of health services by CBOs ($r = 0.686^{**}$, $p < 0.001$) are significant and positively correlated with SRH service delivery in Buyende Town Council. Regression results show that: CBOs' financial support ($\beta = 0.201$, $p < 0.01$); CBOs' advocacy services ($\beta = 0.189$, $p < 0.05$); and CBOs' monitoring of health services ($\beta = 0.474$, $p < 0.001$) positively influence SRH service delivery and jointly account for 52.7% of the variations in SRH service delivery (Adj $R^2 = 0.527$).

6.3 Conclusions

The study's findings led to the following deductions;

6.3.1 Theoretical Implication

The study aligns with the assumptions of stakeholder theory that recognizes an organization's affiliation with different stakeholders and concludes that stakeholder involvement in healthcare provision such as CBOs, acts as a means to achieve better health care outcomes. SRH service delivery is likely to improve once CBOs work with government health facilities and private healthcare providers to extend health services to communities.

6.3.2 Managerial Implication

The study concluded that the participation of CBOs is central to enhancing the effectiveness of SRH service delivery. When CBOs are involved in health care provision through providing financial support, advocating for better service and monitoring of health services, SRH service delivery is likely to improve especially for the unprivileged persons such as poor women.

6.3.3 Policy Implication

The study concluded that CBOs' participation significantly improves SRH service delivery, making their participation a critical driver of improved health service delivery. Policies that establish favourable grounds for participation of CBOs in health care system are crucial in enhancing Health service delivery.

6.4 Recommendations

These suggestions were made in light of the research findings and conclusions:

CBOs' provision of financial support was found significantly and positively correlated with improved SRH service delivery. To strengthen this relationship, the study recommended that the management of health facilities should embrace and strengthen their collaboration with CBOs so as to benefit from their financial support and be in position to extend health care services to the unprivileged persons or groups. The financial support from CBOs can be used to purchase medical supplies to improve quality and extend SRH services to a larger population.

CBOs' advocacy role was found to significantly improve sexual and reproductive service delivery. To strengthen this relationship, the study recommended that management of health facilities should strengthen their partnerships between CBOs, to be able to leverage resources and expertise for more impactful advocacy efforts.

The study recommended that CBOs should effectively communicate their advocacy messages to the community and actively engage community members in their advocacy efforts, as this will help communities to appreciate the value of sexual and reproductive education, consequently, informing their decisions to embrace SRH care.

To strengthen CBOs' monitoring of health service delivery, the study recommended for a more collaborative approach between management of health facilities and CBOs, in coordinating data collection activities and sharing data with each other, in order to foster trust, open communication, transparency and accountability, as key ingredients for better health care outcomes.

6.5 Areas for Further Study

This study has limitations even though it made substantial contributions. This study's shortcomings suggest several crucial areas for further investigation. The study's sample of participants came exclusively from CBOs that operated in the Buyende Town Council, therefore they might not be typical of CBOs in other regions. Therefore, the study recommends that additional research be conducted by other scientists in different regions, to equally find out how participation of CBOs affect SRH service delivery.

The study used a correlational research design, making it difficult to capture data over a long span of time. Future researchers can conduct longitudinal studies that track the changes in SRH Service Delivery over time for specific CBOs interventions. This will provide a better insight into the long-term effect CBOs participation on SRH service delivery.

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APPENDICIES

Appendix i: Questionnaire

Dear Respondent,

I am Taaka Allen, a student at Uganda Christian University who is working on a master's degree in public administration and management. I am working on a project called "the effect of Community Based Organizations on effective SRH Service Delivery in Buyende Town Council Buyende District" in order to complete the requirements for this degree. You have been selected to take part in this analysis. Your involvement will be handled with the highest confidentiality, and your identity will be given the anonymity it deserves. Your cooperation will supply data for this project.

Your assistance will be much valued.

SECTION A: Background Information (check the boxes as needed)

1. Sex

(1) M ☐ (2) F ☐

2. Age

☐ Under 20 years ☐ 20 – 24 years ☐ 25 – 29 years ☐ 30 – 34 years

☐ 35 – 39 years ☐ 40 – 44 years ☐ 45 years and above

3. Education levels

Diploma ☐ Degree ☐ ☐ Masters ☐ PHD

Others, specify …….

4. Length of time spent in Service

Below 1 year ☐ 1- 5 years ☐ 6 -10 years ☐ Above 10 year ☐

SECTION B: Participation of Community Based Organizations'

INSTRUCTIONS: Kindly indicate the extent to which you agree or disagree with the statements below in relation to how you feel about participation of CBOS in the provision of SRH services in Buyende Town Council by marking (√) one of the options that aligns to the question, using the scale: 5 – Strongly Agree (SA), 4 – Agree (A), 3 – Not Sure (NS), 2 – Disagree (D), 1 – Strongly Disagree (SD)

	Statement	**Strongly Agree**	**Agree**	**Not sure**	**Disagree**	**Strongly Disagree**
	CBO's Financial Support					
1	I am aware that there has been an increase in financial support from CBOs to facilitate SRH care provision in Buyende Town Council.	5	4	3	2	1
2	I am aware that CBOs' financial support has helped in expanding access to and improving quality of SRH care services	5	4	3	2	1
3	I am aware that CBOs' financial support has seen growth and expansion of SRH care provision to the community.	5	4	3	2	1
4	I am aware that CBOs have been providing financial support to improve SRH care provision to unprivileged persons in Buyende Town Council	5	4	3	2	1
	CBOs' Advocacy Services					
6	I am aware the CBOs are involved in advocating for equal access to SRH care provision for all the people in Buyende Town Council	5	4	3	2	1
7	I am aware that CBOs mobilize community members to come for SRH services in time	5	4	3	2	1
8	I am aware that CBOs are involved in lobbying for health service infrastructure in the area.	5	4	3	2	1

9	CBOs have increased inquiries among the health workers and the community regarding specific SRH services	5	4	3	2	1
10	CBOs are involved in advocating for the right of access to SRH care for the unprivileged persons in Buyende Town Council	5	4	3	2	1
	CBOs' Monitoring of Health Services					
11	CBOs are involved in monitoring SRH service delivery activities in Buyende Town Council	5	4	3	2	1
12	Involving CBOs in monitoring has improved SRH service delivery	5	4	3	2	1
13	CBOs' monitoring programs help to supervise aspects of health services by demanding accountability for medicines' availability	5	4	3	2	1
14	CBOs play a role in ensuring that health providers provide quality SRH services	5	4	3	2	1
15	CBOs constitute a quality monitoring team to ensure that health service provided is of good quality	5	4	3	2	1

Source: *Researcher 2024*

SECTION C: SRH Service Delivery

Stated below are the intended items to find out the level of SRH service delivery in Buyende Town Council Buyende district. Please Mark where applicable. (√)

	Statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
	Knowledge of sexual health					
1	SRH information has been made available to the people in Buyende Town Council, with the intervention of CBOs	5	4	3	2	1
2	SRH information has been disseminated to the people Buyende Town Council by CBOs	5	4	3	2	1
3	The number of teenagers engaging in sexual intercourse has been reducing in Buyende Town Council, with the awareness created by CBOs	5	4	3	2	1
4	CBOs have been providing SRH counseling to people Buyende Town Council,	5	4	3	2	1
5	With the involvement of CBOs, teenagers in Buyende Town Council, have been made aware of the dangers of early pregnancies	5	4	3	2	1
	Condom use					
6	CBOs have been involved in distributing condoms in their communities to improve sexual and reproductive heath	5	4	3	2	1
7	The number of people using condoms in Buyende Town Council has been increasing overtime, with the involvement of CBOs	5	4	3	2	1
8	The prevalence of sexual transmitted diseases have been reducing as a result of condom use	5	4	3	2	1
9	Teenage pregnancies in Buyende Town Council, have reduced resulting from the use of condoms	5	4	3	2	1
10	The prevalence of Sexually Transmitted Infections has been going down over time	5	4	3	2	1
	Contraceptive use					
11	The number of women accessing Contraceptives has been increasing with the intervention of CBOs use	5	4	3	2	1

12	There has been an increase in the number of sexually active individuals using contraception to prevent unintended pregnancies	5	4	3	2	1
13	There has been a reduction in teenage pregnancies in Buyende Town Council, resulting from use of contraceptives	5	4	3	2	1
14	The use of contraceptives has enabled many girls complete their education and participate more fully in society	5	4	3	2	1
15	Contraception has help women in Buyende Town Council, to plan their lives, take better care of themselves and their families	5	4	3	2	1

Source: *Researcher 2024*