

**ROLE OF ELECTED LEADERS IN PROMOTING HEALTH CARE SERVICE  
DELIVERY IN KIBUKU HEALTH CENTER IV UGANDA**

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**S19/MUC/MPAM/747**

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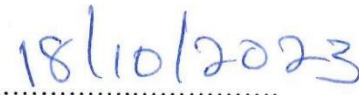
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## Declaration

I **Najjuma Juliet** under **REG.NO S19/MUC/MPAM/747** declares that this research report entitled “The role of elected Leaders in promoting healthcare service delivery in Kibuku Health Center IV” is my original piece of work. It has never been presented anywhere in any institution of higher learning for any academic award.

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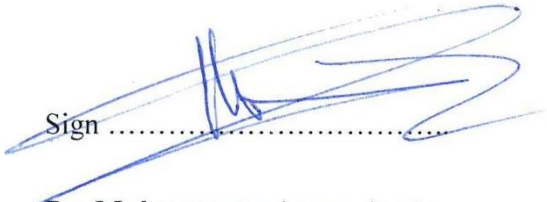
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## Approval

This research report has been under my supervision and is now ready for submission to Uganda Christian University.

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19/10/2023

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## **Abstract**

The study examined the role of elected leaders on delivery of Healthcare services in Kibuku Health Center IV. It was guided by three research objectives: To assess the role of planning on delivery of Healthcare services in Kibuku Health Center IV; to examine the role of resource allocation on delivery of Healthcare services in Kibuku Health Center IV; and to establish the role of monitoring on delivery of Healthcare services in Kibuku Health Center IV. The study adopted a descriptive research design and a sample size of 113 was selected randomly. The findings revealed that planning, resources allocation and monitoring by elected leaders contribute to delivery of Health services in Kibuku Health Center IV from both qualitative and quantitative data. It was concluded that planning, resources allocation and monitoring by elected leaders are important factors that influence the delivery of health care services, and therefore have a significant effect on the provision of healthcare services in Kibuku Health Centre IV. It was recommended that Kibuku health center IV should pay attention to elected leaders participation in planning, resource allocation and monitoring in order to provide quality health services. In general government should prioritize elected leaders participation in planning, resource allocation and monitoring aspects as important determinants in provision of quality health care services in health center IVs in the country.

# CHAPTER ONE

## INTRODUCTION

### 1.0. Introduction

This chapter contains the background of the study, statement of the problem, purpose of the study, specific objectives of the study, research questions, significance of the study, the scope of the study, the conceptual framework and definition of key concepts.

### 1.1. Background of the Study

The Local Government Act Cap 243 designates local governments listed in the Second Schedule with the responsibility of providing decentralized services, including healthcare, through district local councils. These councils are required to plan, allocate resources, and budget for district priority areas in accordance with national priorities. They also have the task of monitoring the implementation of district budgets and annual work plans, as well as evaluating overall district performance against established targets. In the health sector, the districts receive grants, both conditional and unconditional, to support the provision of clinical services in health centers II, III, and IV (Local Government Act, CAP 243).

The decentralized health services encompass surgical operations, blood transfusions, and treatment for various illnesses as outlined in the Ministry of Health Strategic plans. Citizens expect elected district and sub-county councils to fulfill their responsibilities by delivering effective and efficient healthcare services, as promised during the election period. The citizens or clients hold their leaders accountable for

their actions, taking into account the decentralized authority that local governments possess under the constitution of the Republic of Uganda in 1995 and the Local Government Act Cap 2243, which serve as the guiding legal framework for their power (Inter cooperation, 2009). Therefore, this study aims to examine the crucial role of elected leaders in the delivery of healthcare services.

The primary focus of health service delivery in district health facilities is centered around clinical services, which involve diagnosing diseases, treating patients, providing access to healthcare facilities, ensuring the availability of necessary drugs and medications, offering surgical services, maintaining adequate health infrastructure, ensuring the presence of trained staff, and providing blood transfusion services (World Health Organization, 2010).

The emphasis on clinical services in district health facilities is crucial for effective health service delivery. Disease diagnosis and treatment: District health facilities play a vital role in diagnosing various diseases and providing appropriate treatment to patients. This includes conducting medical examinations, laboratory tests, and using diagnostic tools to identify illnesses accurately. Once diagnosed, patients receive appropriate medical interventions and therapies. Access to healthcare facilities: District health facilities aim to ensure that healthcare services are easily accessible to the local population. They are strategically located within districts, making it convenient for individuals to seek medical assistance without traveling long distances. This accessibility helps improve the overall health outcomes and reduces barriers to healthcare. It is crucial for district health facilities to maintain an adequate supply of

essential drugs and medications. This ensures that patients receive the necessary pharmaceutical interventions for their conditions (Ministry of Health, 2016).

Regular monitoring of drug stocks, proper storage, and efficient distribution systems contribute to the uninterrupted availability of medications. District health facilities often provide basic surgical procedures to address various health conditions. These procedures can range from minor surgeries to more complex interventions. Having surgical services available at the district level reduces the need for patients to travel to higher-level facilities, particularly for routine procedures. Adequate health infrastructure, including buildings, equipment, and medical supplies, is essential for effective health service delivery (World Health Organization, 2003).

District health facilities need to maintain appropriate infrastructure to accommodate clinical services, including consultation rooms, treatment areas, operating theaters, and diagnostic facilities. Well-trained and sufficient healthcare personnel, including doctors, nurses, and support staff, are necessary for the smooth functioning of district health facilities. Having an adequate number of healthcare professionals ensures that patients receive timely and quality care. District health facilities may provide blood transfusion services to patients in need. This involves having well-equipped blood banks, trained staff for blood collection and testing, and proper storage and distribution of blood and blood products (Ministry of Health, 2013).

Access to blood transfusion services can be life-saving in emergency situations and for patients with specific medical conditions. The focus on clinical services in district health facilities encompasses various aspects essential for effective health service

delivery. By ensuring disease diagnosis and treatment, improving accessibility, maintaining a sufficient supply of drugs, offering surgical services, maintaining health infrastructure, providing trained staff, and facilitating blood transfusion services, these facilities contribute significantly to the overall health and well-being of the local population (Ministry of Health, 2013).

The recruitment and deployment of healthcare professionals by district authorities play a significant role in ensuring the delivery of healthcare services at the district level. These professionals, including doctors, nurses, and other medical staff, form the backbone of the healthcare system and directly contribute to providing quality care to the population. The district council and its committees bear the responsibility of fulfilling legal provisions related to decentralize healthcare services (World Health Organization, 2016).

The various tasks such as planning the healthcare services, allocating budgets, implementing the planned activities, and evaluating the outcomes to ensure the provision of high-quality services to the local population. By actively engaging in these activities, the district council and its committees contribute to the effective functioning of the healthcare system and the delivery of healthcare services that meet the needs of the community. The provision of quality healthcare services goes beyond mere implementation; it requires a comprehensive assessment of accountability (Ministry of Health, 2016).

Patients have the right to access timely and appropriate healthcare services, and it is essential to ensure that these rights are upheld. Accountability mechanisms help in

monitoring the delivery of healthcare services and hold the responsible parties, including healthcare professionals and authorities, answerable for their actions. Through accountability, issues such as accessibility, timeliness, and the availability of different categories of healthcare services can be addressed, promoting a higher standard of care and better health outcomes for the population (Brinkerhoff, 2003).

The recruitment and deployment of healthcare professionals by district authorities are crucial for delivering healthcare services at the district level. The district council and its committees play a vital role in fulfilling legal requirements, planning, budgeting, implementing, and evaluating healthcare services. Ensuring accountability is essential to guarantee that patients receive timely access to appropriate categories of healthcare services. By upholding accountability, the healthcare system can strive to provide high-quality care and meet the healthcare needs of the local population effectively (World Health Organization, 2018).

The provision of quality healthcare services necessitates a management system that prioritizes timely delivery of services by accountable medical officers. However, healthcare units often face issues such as inadequate staff, limited funding for prevention and treatment, frequent stock shortages of drugs and medicines, insufficient medical facilities, and inadequate infrastructure, which hinder the effective and timely delivery of quality healthcare services to clients (Toumi, 2010).

The challenges that affect health sector significantly impact the ability to provide timely and effective care to patients. The shortage or insufficiency of medical professionals, including doctors, nurses, and support staff, poses a significant

challenge to healthcare units. The lack of sufficient healthcare personnel can lead to increased workloads, compromised patient care, longer waiting times, and difficulty in meeting the healthcare needs of the population. Insufficient financial resources allocated to healthcare units can impede their ability to provide comprehensive preventive and curative services. Lack of funding may result in reduced access to essential screenings, vaccinations, health promotion activities, and treatments, affecting the overall quality of care provided (Mosadeghrad, 2014).

Regular shortages of drugs and medicines can have severe consequences on patient care. It may lead to delayed or inadequate treatment, compromised management of chronic conditions, and hindered response to emergencies. Patients may face difficulties in accessing the medications they require, which can significantly impact their health outcomes. The availability of well-equipped medical facilities and infrastructure is crucial for delivering quality healthcare services. Insufficient infrastructure, including outdated or inadequate equipment, limited diagnostic capabilities, and inadequate physical space, can hamper the provision of timely and effective care (Phuong et al., 2019).

To address health related challenge requires a multifaceted approach. Increasing the number of healthcare professionals through recruitment and retention strategies, ensuring adequate funding for healthcare services, improving supply chain management to prevent stock outs, and investing in infrastructure upgrades are essential steps toward improving the quality of healthcare services in these units. Additionally, strengthening coordination between healthcare units, government bodies, and other stakeholders is crucial for addressing these challenges effectively.

Acknowledging and addressing the challenges faced by healthcare units or sub-hospitals is vital to ensure the delivery of high-quality healthcare services and promote better health outcomes for the clients they serve (Lugada et al., 2022).

High-quality healthcare services encompass delivering appropriate care, considering individual needs and preferences, minimizing harm and resource waste, and achieving desired health outcomes. This is achieved by ensuring effectiveness, safety, people-centredness, timeliness, equity, integration of care, and efficiency. Foundational elements for quality healthcare include the presence of medical personnel, well-maintained facilities, access to medicines and equipment, up-to-date health information systems, and sufficient financing (Ghebreyesus, Kim & Gurría, 2018). The discussion highlights the core aspects of quality healthcare services and the fundamental elements required for their delivery (World Health Organization, 2018).

The seven characteristics of quality healthcare outlined - effectiveness, safety, people-centredness, timeliness, equity, integration of care, and efficiency - provide a framework for evaluating and improving the quality of healthcare services. By addressing these dimensions, healthcare providers can strive to deliver care that achieves the best health outcomes while considering the unique needs and preferences of individuals. The five critical elements identified - availability of medical workers, well-maintained healthcare facilities, sufficient medicines and drugs, access to medical equipment and technologies, and up-to-date health information systems - are essential for delivering quality healthcare services. Having an adequate number of skilled healthcare professionals, properly equipped and maintained facilities, and reliable access to medicines and technologies are crucial

for providing timely and effective care. Additionally, robust health information systems and adequate financing support are necessary for efficient service delivery and continuous improvement. To ensure quality healthcare services, healthcare systems and providers need to prioritize these foundational elements (Reinhard, Dimitra & Wilm, 2019).

Efforts should focus on recruiting and retaining qualified healthcare professionals, investing in facility infrastructure, ensuring reliable supply chains for medicines and equipment, implementing effective health information systems, and allocating sufficient financial resources. Addressing these foundational elements can contribute to enhancing the overall quality of healthcare services and improving health outcomes for individuals and communities. It is worth noting that delivering quality healthcare is an ongoing process that requires continuous monitoring, evaluation, and improvement. By adhering to the measurable characteristics and focusing on the foundational elements, healthcare systems can strive to provide care that is safe, effective, person-centred, timely, equitable, integrated, and efficient, ultimately leading to better health outcomes and improved satisfaction for service users (Cresswell, Bates & Sheikh, 2013).

The United States has a well-established and well-funded healthcare system that operates as a national welfare service. The system strives to make healthcare services affordable for the American population, as mandated by the Affordable Care Act (ACA) implemented in 2012. The ACA introduced health insurance exchanges, which began accepting applications in 2013. Prior to the ACA, more than 48 million Americans lacked any form of insurance coverage, and many faced difficulties

accessing quality healthcare. However, by the end of 2017, 19.3 million previously uninsured individuals gained health insurance coverage, while 29.3 million remained uninsured (CDC, National Center for Health Statistics, 2018).

Among those who gained coverage, 11.6 million obtained it through the federal Health Insurance Marketplace or state-based exchanges (CDC, National Center for Health Statistics, 2018). Others gained coverage through Medicaid expansion in certain states or by remaining on their parents' plans if they were between 18 and 26 years old. Despite these positive outcomes, congressional leaders with conservative views continue to pose threats to healthcare coverage progress. Their actions range from eliminating the individual mandate to potentially removing the requirement for insurers to cover preexisting conditions without denials (Dangremond, 2017). The Affordable Care Act aimed to address the issue of uninsured Americans and increase access to affordable healthcare services through measures such as health insurance exchanges. The implementation of the Affordable Care Act resulted in a significant reduction in the number of uninsured individuals, with millions gaining coverage through various means. However, there are ongoing challenges and debates surrounding the Affordable Care Act, with some congressional leaders advocating for changes that could potentially weaken the progress made in healthcare coverage, such as removing the individual mandate and altering the coverage of preexisting conditions.

In the United States, healthcare systems worldwide face challenges arising from an aging population, rising healthcare costs, and the growing burden of chronic diseases. Addressing these challenges requires rethinking healthcare delivery and implementing

comprehensive population health management approaches. Within the context of healthcare reform initiatives, this article examines important innovations in delivery system organization in the United States (Bajwa, et al., 2021)

Specifically, the innovations discussed are the Patient-Centered Medical Home (PCMH), the Accountable Care Organization (ACO), and the Population Health Management System (PHMS), along with novel payment models that incentivize health outcomes rather than the quantity of services provided. The article reviews the evidence on the performance of these innovations, the challenges involved, and the factors that contribute to the wider adoption and diffusion of successful models. Additionally, it explores how a country's political system, cultural factors, structural barriers, size and resources, incentive alignment, and leadership impact the implementation of these innovations (Shortell, Wu & Gillies, 2010). The focus is on three key innovations: the Patient-Centered Medical Home, the Accountable Care Organization, and the Population Health Management System, along with payment models that shift the focus from service volume to health outcomes. These innovations aim to improve healthcare efficiency, quality, and patient outcomes. The study emphasizes the importance of various factors such as the political system, cultural aspects, structural barriers, available resources, alignment of incentives, and effective leadership in facilitating the successful implementation of these innovations.

In the United Kingdom, the National Health Service (NHS) comprises various specialized organizations that cater to different types of patient services. These services collectively handle over 1 million patients every 36 hours. Primary care

providers serve as the initial point of contact for non-urgent physical and mental health concerns. This includes general practitioners (GPs), as well as dentists, opticians, and pharmacists who offer medical advice and prescriptions. England alone has more than 36,000 general practitioners working in over 8,300 practices. For urgent cases, patients can seek care from urgent care providers like accident and emergency departments. National Health Service Choices is also available for healthcare information and advice. Healthcare professionals in general practitioners practices aim to address issues locally, utilizing the services provided by the practice. If a condition requires specialized treatment or further examination, patients may be referred to other healthcare providers, either in hospitals or in the community. Whenever possible, patients have the right to choose the type of care and provider that suits them best. They should receive support in making this decision. Community-based care is increasingly favored for longer-term and mild to moderate conditions, allowing individuals to maintain their regular routines and remain close to their loved ones. Hospitals still play a vital role in the NHS, particularly for specialized, surgical, or emergency care.

Organizations that prioritize the well-being of patients and meet the quality and financial standards established by the NHS are eligible to offer services funded by the NHS. The healthcare system places its primary emphasis on quality, and the responsibility for improving quality lies with all those working within the NHS. In healthcare, quality encompasses positive medical outcomes based on evidence, safe care, and satisfactory patient experiences (National Health System, 2013).

Enhancing the delivery of services is crucial for achieving the health-related Millennium Development Goals (MDGs), which involve providing interventions to reduce child mortality, maternal mortality, and the burden of HIV/AIDS, tuberculosis, and malaria. Service provision or delivery is an immediate result of the inputs into the health system, such as the healthcare workforce, procurement and supplies, and financing. Increasing these inputs should lead to improved service delivery and better access to healthcare services. Ensuring the availability of health services that meet minimum quality standards and guaranteeing access to them are essential functions of a health system. To monitor progress in strengthening health service delivery, it is necessary to determine the dimensions along which progress will be measured.

Effective service delivery is a crucial component of any health system. It is a fundamental input in determining the health status of a population, along with other factors such as social determinants of health. While the specific organization and content of health services may vary from one country to another, a well-functioning health system's network of service delivery should possess the following key characteristics: comprehensiveness, accessibility, coverage, continuity, quality, person-centeredness, coordination, accountability, and efficiency (World Health Organization Report, 2010).

Various terms such as access, utilization, availability, and coverage are often used interchangeably to assess whether individuals are receiving the necessary healthcare services. According to reports from the World Health Organization (2008), access is a broad term encompassing different dimensions. A comprehensive assessment of access involves evaluating physical, financial, and socio-psychological aspects.

Physical access refers to the availability and reachability of services that meet a minimum standard. This often requires specific considerations, such as the presence of basic equipment, drugs and supplies, trained healthcare professionals, and treatment guidelines. Collecting data on physical access typically involves facility visits and the use of standardized data collection tools. Population distribution data is necessary to estimate physical access, and more accurate estimates may incorporate travel time and costs rather than just distance, although measuring these factors can be challenging. Affordability pertains to the ability of individuals to pay for healthcare services. Data on affordability can be collected through facility visits or household interviews. The latter method is likely to provide a more accurate reflection of the actual costs incurred by consumers. Measuring affordability is complex as it depends on the individuals' financial capacity to pay for services. Acceptability of healthcare services primarily has a socio-psychological dimension, which is best assessed through household surveys. Conducting client exit interviews alone may result in a biased sample, as individuals who avoid seeking care due to socio-cultural barriers would be missed. These dimensions of access serve as prerequisites for ensuring quality healthcare services.

Delivering health services at the local government level poses significant challenges. According to Pradeep and Siva Kumar (2011), the service delivery system of local government (LG) in Sri Lanka, like many other developed and developing countries, holds unique potential. It directly impacts the daily lives of citizens at the grassroots level. The types of public goods and services provided by local government, as well as the methods of service delivery, are subject to frequent changes influenced by

people's expectations, technological advancements, scientific innovations, resource availability, and emerging internal or external challenges. Despite several efforts made in the past two decades to improve the service delivery of local government through continuous technical and financial assistance in Sri Lanka, many service recipients have been socially excluded or encountered difficulties in accessing basic goods and services provided by the local government. This situation has arisen due to various factors. These include a shortage of adequately trained and competent human resources, political inconsistencies, unclear delineation of powers and functions related to service delivery, limited public-private partnerships, insufficient financial resources, limited accessibility of services to the community, and a lack of meaningful public participation.

### **1.1.2. African Perspective**

The World Health Organization (2013) acknowledges the significant progress made by the country in delivering Primary Health Care services. The Kenya Health Policy (2014-2030) highlights the top 10 causes of death in Kenya, including HIV-related ailments (29%), perinatal conditions (9%), lower respiratory tract infections (8%), tuberculosis (6%), diarrhea diseases (6%), malaria (5%), cerebrovascular diseases (3%), ischaemic heart disease (3%), road traffic accidents (2%), and violence (2%). In recent years, Kenya has witnessed notable advancements in improving key health indicators. The government's health objective is to achieve universal health care coverage for essential services, particularly in maternal, neonatal, and child health. These priorities are reflected in the country's budget for the period of 2016/2017. Public primary health facilities have been found to be pro-poor, particularly in rural areas.

Neonatal mortality rates are higher among women under 20 years old (20 per 1000 live births) compared to those above 20 years old. Educated women have a lower risk of losing a child during childbirth (11 per 1000 live births for educated women versus 15 per 1000 for women with no education). The rate of delivery with the assistance of skilled attendants is lower in rural areas (94% compared to 98% in urban areas). Immunization coverage exceeds 70%, with higher rates among urban residents (78% compared to 73% in rural areas).

### **1.1.3. Uganda Perspective**

During the 1970s and 1980s, Uganda experienced significant political and economic turmoil, leading to the breakdown of various services. The health sector was particularly affected, with a general collapse of the system. Inadequate funding was a major issue, resulting in meager and delayed salaries for healthcare workers, chronic shortages of medicines and supplies, and deteriorating infrastructure. In 1986, the National Resistance Movement, led by President Yoweri Museveni, came to power. The initial focus of the new government was on restoring law and order and rebuilding public systems. However, limited government funds were available for social services, including the healthcare sector. In response, numerous bilateral and multilateral donors stepped in to provide post-conflict support, including emergency rehabilitation of healthcare infrastructure. These international agencies directed their assistance towards specific aspects of the health sector, often disease-focused programs, and targeted specific regions within the country (Tashobya, Ssenooba & Cruz, 2006).

According to Ruzaaza (2013), various approaches have been implemented in medical education to train healthcare professionals who can enhance access to healthcare for

marginalized communities facing inequalities and injustices in health systems. Ensuring relevant education in health professions is crucial for improving health outcomes and expanding access to healthcare. A mutually beneficial medical education can enhance the quality of healthcare and influence career choices. However, the global challenge remains in sustaining equitable access to improved health and healthcare, especially for those who are most vulnerable. In a decentralized system like Uganda, Local Governments have the responsibility to promote health and ensure equitable healthcare for the population in their jurisdiction. While public service reforms have primarily focused on decentralization and good governance, the role of curriculum reforms in addressing health and healthcare challenges through needs-based education of healthcare professionals has been largely overlooked.

Uganda's health system was one of the best in the region by the 1960s; it got worse in the 1970s during the military turmoil and civil strife. According to international health indicators, healthcare in Uganda is becoming more accessible and robustly public donor-private interlinked sector. While, threatening the healthcare system are communicable diseases such as malaria, limited access to quality healthcare, health policy loopholes and the low physician to patient ratio. For future studies there is need to understand to what extent high donor dependency in Uganda drives public health priorities and the compatibility of these priorities with donor-locals priorities (Mukasa, 2012).

Since gaining independence in 1962, Uganda's health system has undergone several transformations. Prior to independence, the country established an extensive network of health units and hospitals, supported by home-hygiene and preventive programs

administered by health inspectors. This healthcare infrastructure primarily focused on providing curative care, with doctors playing a central role. Each district had its own hospital, and Ugandans enjoyed free and relatively accessible healthcare. However, the sustainability of this system relied heavily on substantial government investment in the health sector. The primary objective of the Primary Health Care approach was to achieve "Health for all by the Year 2000," with a strong emphasis on equity. On the other hand, the Health Sector Reform aimed to improve the functionality of health systems, emphasizing efficiency. The main organizations involved in Primary Health Care were the World Health Organization and the United Nations Children's Fund, while the World Bank and the International Monetary Fund played key roles in the Health Sector Reform. However, there was considerable overlap in the content and goals of both approaches (Tashobya & Ogwal, n.d.).

The healthcare system in Uganda operates under a decentralized model, with healthcare services managed by district health teams at the local level. These district health teams are responsible for decision-making related to healthcare service delivery, including planning and implementing policies on human resources for health. They also handle budgeting for essential resources like medicines, supplies, infrastructure, and basic amenities such as electricity and water.

At the helm of the district health team is the District Health Officer, who collaborates with a group of seven health managers. They work in conjunction with other district departments like education, agriculture, water and sanitation, and community development, all of which report to the Chief Administrative Officer. The political aspect of the government, led by the Local Council V chairperson and supported by District Councilors, governs these technical departments. Additionally, each district is

further divided into sub-districts, which serve as lower-level entities responsible for policy-making and monitoring of health services at the sub-county level (Ministry of Health, 2010).

According to Nabukeera (2016), the healthcare system in Uganda faces numerous barriers that hinder the delivery of services. These barriers include, but are not limited to, policy issues, availability of medical staff, transportation challenges, distance and referral mechanisms, inadequate drug supply and medical facilities, high costs and financing of services, corruption and bribery, and cultural attitudes. In light of these barriers, the manuscript provides future recommendations to the Ugandan government. These recommendations include improving the referral mechanism to ensure smooth transitions between healthcare facilities, promoting community financing schemes to enhance healthcare accessibility, fostering collaboration among different stakeholders in the healthcare sector, implementing the principles of the Alma-Ata Declaration of 1978 (which emphasized the importance of primary healthcare), recognizing the role of informal healthcare providers in serving the needs of the poor, sensitizing health workers on infection control and post-exposure prophylaxis, developing strategies to improve the management of public hospitals, and raising awareness about the risks associated with expired medicines.

The health system in Uganda, like other systems, strives to promote and maintain good health among its population. Over the past few decades, the health system has undergone changes to address emerging issues and challenges in the country's health landscape. Healthcare delivery in Uganda is a combination of modern and traditional practices, and it operates within a decentralized framework. The district health structure plays a crucial role in healthcare provision, except in cases where regional

referral hospitals are present. At the grassroots level, village health teams and community medicine distributors are involved in delivering health services. In rural areas, these volunteers, equipped with bicycles, serve as the first point of contact for individuals seeking healthcare. Although they do not have access to medicines, they provide advice and refer patients to health centers. According to the government's health policy, every parish should have a health center to cater to the local population. Health Center II facilities, led by enrolled nurses and midwives, provide outpatient care, treat common illnesses like malaria, and offer antenatal services. These centers are intended to be available in every sub-county (Kamwesiga, 2011).

In addition to Health Center II facilities, Health Center III facilities are equipped to handle more comprehensive services. They have about 18 staff members, including a senior clinical officer, and are expected to have a functioning laboratory. Health Center IV or district hospital facilities serve an entire county. In addition to the services offered at Health Center III, they have dedicated wards for men, women, and children, and they are capable of admitting patients. These facilities are staffed by senior medical officers, doctors, and other healthcare professionals. They also have a theater for emergency surgeries. These structures and levels of care outlined by Kamwesiga (2011) demonstrate the hierarchical organization of healthcare delivery in Uganda, with the aim of providing accessible and comprehensive health services to the population (Kavuma, 2009).

The role of elected leaders in the delivery of healthcare services in Kibuku Health Center IV is crucial in ensuring effective and efficient healthcare provision to the community. Elected leaders, such as local council representatives, Members of Parliament, and district leaders, play a significant role in influencing healthcare

policies, mobilizing resources, and advocating for improved healthcare services (McSherry & Pearce, 2016). Elected leaders have the responsibility to advocate for favorable policies that prioritize healthcare in their constituencies. They can engage in legislative processes to promote policies and laws that support healthcare access, funding, and quality improvement. By championing the interests of their constituents, elected leaders can influence decision-making at higher levels of governance to allocate resources and support the development of healthcare infrastructure (Ministry of Health, Health Systems 2020).

Elected leaders play a critical role in mobilizing resources for healthcare service delivery. They can advocate for increased budgetary allocations to the health sector, secure grants and donor funding, and initiate partnerships with non-governmental organizations or private sector entities to supplement government resources. Their ability to lobby for funding and resources can significantly impact the availability of essential medical supplies, equipment, and infrastructure in Kibuku Health Center IV. Elected leaders have a duty to provide oversight and hold health authorities accountable for the delivery of healthcare services (Ssenyonjo et al., 2018). They can monitor the utilization of resources, assess the quality of care, and ensure that healthcare facilities are adequately staffed and equipped. Through regular engagement with health facility management and community members, elected leaders can identify gaps and address challenges to enhance the effectiveness and efficiency of healthcare delivery (ARASA, 2021).

Elected leaders have a direct connection to the community and can facilitate community participation in healthcare decision-making processes. They can organize town hall meetings, public consultations, and community dialogues to gather

feedback, concerns, and suggestions regarding healthcare services. By actively involving the community, elected leaders can ensure that healthcare services meet the specific needs and expectations of the population in Kibuku Health Center IV. Elected leaders have a significant role in advocating for favorable healthcare policies, mobilizing resources, providing oversight, and engaging the community in healthcare service delivery. Their actions and influence can shape the healthcare landscape in Kibuku Health Center IV, ultimately contributing to improved access, quality, and equity in healthcare services (Karuga et al., 2022).

#### **1.1.4 Theoretical background**

Many scholars have derived different theories explaining the various factors affecting health service delivery; the theory of three principle health system inputs guided the study. According to Kabene, Orchid, Howard, Soriano and Leduc (2006) there are three principal health system inputs: human resources, health infrastructure and healthcare consumables. The impact of the health workers is one of the most essential components of a health systems ability to effectively provide quality care and to ensure equitable access to that care all over the entire population. The above authors further proclaim that satisfactory health infrastructure is key in health service delivery such as adequate accommodation for staff and availability of health care consumables. Henceforth the theory of the three principle health inputs guided this study; the study was restricted to the three factors affecting health service delivery.

### 1.1.5 Conceptual Background

Watson, (2002) defines human resources as the efforts, skills or capabilities which people contribute to a work organization as part of an employment exchange which are managerially utilized to enable organization to complete tasks while Kabene et al (2006), also defines human resources for health are the different kinds of clinical and non-clinical staff responsible for public and individual health intervention. For purposes of this research elected leaders are the personnel in the district who are voted into office and are responsible to the people for decisions including health service delivery. Elected leaders have a direct connection to the community and can facilitate community participation in healthcare decision-making processes. They can organize town hall meetings, public consultations, and community dialogues to gather feedback, concerns, and suggestions regarding healthcare services. According to Kabene et al (2006), healthcare consumables are the drugs, prostheses and disposable equipment. Ministry of health (2005) asserts that districts with good performance on medicines are likely to perform. They are key inputs for health service delivery. The Annual Health Sector Performance Report (AHSPR 2000/01) health infrastructure focuses on construction, maintenance and upkeep of physical infrastructure and ensuring health facilities are adequately equipped with functioning equipment. The health infrastructure for purposes of this study focuses on medical equipment and medical structures. The absence of the three principle health inputs that is human resources for health, health infrastructure and healthcare consumables affects outpatient attendance level, immunization coverage, infant mortality rate, proportion of extent mothers.

### **1.1.6 Contextual Background**

According to Nabukeera (2016), the healthcare system in Uganda faces numerous barriers that hinder the delivery of services. These barriers include, but are not limited to, policy issues, availability of medical staff, transportation challenges, distance and referral mechanisms, inadequate drug supply and medical facilities, high costs and financing of services, corruption and bribery, and cultural attitudes. In light of these barriers, the manuscript provides future recommendations to the Ugandan government. In Kibuku district health center IV, there are inadequate staff, service delivery looks wanting in terms of time, efficiency and adequacy of drugs.

### **1.2. Statement of the Problem**

The provision of healthcare services in Kibuku Health Center IV is a challenge and clients are most often not attended to nor referred to other health units to access diagnostic services or access prescribed medical services and medicines. Elected leaders are mandated to play a significant role in promotion of health care service delivery through policy formulation, mobilization of resources, providing oversight role and hold health professionals accountable, However, health service delivery in Kibuku district has remained persistently poor. For instance, primary health care services, ANC, EID (early infant diagnosis) services etc all stands at 21% (KDDP 2022). Although studies (Aman, 2021, Akello, 2019, Owor, 2018) on promotion of health care services have been done, none of them focused on the role of elected leaders.

The availability of non-specialty services that include paediatrics (98%), TB services (97%), general medical curative services (96%) and maternity services (95%) are

reported to be non-available. Blood transfusion services are expected to be available in level IV primary care facilities are found to be limited and only 44% indicated that they had stock out of blood (MoH, 2014). Therefore, the study sought to examine the role of elected leaders in promoting health care services delivery especially in areas of monitoring, planning and resource allocation in Kibuku Health Centre IV

### **1.3. The Purpose of the Study.**

The purpose of the study was to examine the role of elected leaders on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district.

### **1.4. Main Objective of the Study**

The main objective of the study was to examine the role of elected leaders on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district.

### **1.5. Specific Objectives of the Study**

The study was guided by the following specific objectives;

- I. To assess the role of elected leaders in planning on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district.
- II. To examine the role of elected leaders in resource allocation on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district.
- III. To establish the role of elected leaders in monitoring on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district

## **1.6. Research Questions**

The study was guided by the following research question;

- I. To what extent does planning role by elected leaders promote Healthcare service delivery in Kibuku Health Center IV in Kibuku district?
- II. To what extent does resource allocation role by elected leaders promote Healthcare service delivery in Kibuku Health Center IV in Kibuku district?
- III. To what extent does monitoring role by elected leaders promote Healthcare service delivery in Kibuku Health Center IV in Kibuku district?

## **1.7. Scope of the study.**

### **1.7.1. Time Scope**

The study focused on a span of three consecutive financial years (2018/2019, 2019/2020, and 2020/2021) to analyze the impact of elected leaders on healthcare services at Kibuku Health Center IV in Kibuku district. The researcher selected this specific time scope to review the actions undertaken by the District Council regarding planning, resource allocation, and monitoring of healthcare services in the health center. The researcher chose to examine a period of three financial years to assess the influence of elected leaders on healthcare services at Kibuku Health Center IV. They aimed to evaluate the actions taken by the District Council in terms of planning, allocating resources, and monitoring the provision of healthcare services at the health center in Kibuku district. The decision to consider three financial years was likely driven by several reasons: Analyzing three consecutive financial years provides a broader perspective on the actions and impact of elected leaders over a significant

period. It allows for a more comprehensive understanding of the trends, patterns, and changes in healthcare service delivery at Kibuku Health Center IV. Examining multiple years enables the identification of long-term patterns or trends in the actions of elected leaders. Looking at three financial years allows for an assessment of the continuity of policies and initiatives implemented by elected leaders.

### **1.7.1. Content Scope**

The study conducted a comprehensive analysis of the impact of elected leaders on healthcare service delivery at Kibuku Health Center IV. It highlighted that the provision of health care services is a decentralized function, specified under the Second Schedule, Part 5 of the Local Government Act Cap 243. As per this legislation, the responsibility for planning, budgeting, and allocating funds to support various healthcare services lies with the District Council, in line with the Ministry of Health's Strategic Plan. The study specifically focused on the content scope related to the responsibility of elected leaders in healthcare service provision at Kibuku Health Center IV. It emphasized that healthcare services are decentralized, governed by the provisions outlined in the Second Schedule, Part 5 of the Local Government Act Cap 243. According to this legislation, it is the District Council's responsibility to plan, budget, and allocate funds to facilitate different healthcare services, as directed by the Ministry of Health's Strategic Plan. The researcher likely chose to highlight this content scope for the following reasons: By emphasizing the decentralized nature of healthcare services and the legal framework guiding it, the study aims to provide a clear understanding of the roles and responsibilities of elected leaders. It underscores the authority and accountability of the District Council in healthcare service

provision. Recognizing the specific content scope ensures that the study is aligned with the local context and regulatory framework in which Kibuku Health Center IV operates. This focus allows for a more accurate examination of the role and influence of elected leaders within the established legal framework. Highlighting the Ministry of Health's Strategic Plan and the District Council's role in planning and budgeting emphasizes the importance of effective policy implementation. The content scope addresses the practical aspects of how elected leaders translate policies into actions and allocate resources for healthcare service provision. By emphasizing the responsibility of elected leaders in healthcare service provision, the study brings attention to the need for accountability and effective governance. It emphasizes the role of the District Council in ensuring that allocated resources are utilized appropriately and healthcare services are delivered effectively.

### **1.7.3. Geographical Scope**

The research was conducted at Kibuku Health Center IV, situated in Kibuku district within the Eastern region of Uganda. Kibuku district is positioned about 53 kilometers (33 miles) west of Mbale, the sub-region largest city, when traveling by road. The geographical coordinates of Kibuku district are approximately 01°02'N latitude and 33°50'E longitude. The selection of Kibuku Health Center IV as the geographical location to examine the role of elected leaders on the delivery of healthcare services could be based on several factors. Kibuku Health Center IV may have been chosen because it represents a typical or representative healthcare facility within its region or jurisdiction. It is situated in a rural or underserved area that faces specific healthcare challenges, making it an appropriate setting to study the impact of elected

leaders. Kibuku Health Center IV has comprehensive and reliable data available, making it a suitable location for conducting a detailed study. Access to data on healthcare service delivery, patient outcomes, resource allocation, and other relevant metrics is crucial for a comprehensive analysis.

### **1.8. Significance of the study.**

The study examining the role of elected leaders on the delivery of healthcare services in Kibuku Health Center IV holds several significant implications. Here are some key points to consider:

Elected leaders have a crucial role in shaping healthcare policy and making decisions that impact the delivery of services. Understanding their influence can provide valuable insights into how policies are formulated, implemented, and monitored at the local level.

Investigating the role of elected leaders in healthcare delivery helps shed light on their accountability to the community. By examining their actions, involvement, and responsiveness to healthcare challenges, the study can identify areas for improvement and suggest strategies to enhance governance in healthcare systems.

Elected leaders often serve as the link between the community and healthcare facilities. Their involvement can affect community engagement, health education, and awareness campaigns. Examining their role in healthcare delivery provides a deeper understanding of their ability to mobilize communities and facilitate effective health interventions.

Elected leaders often play a role in resource allocation, including budgetary decisions, infrastructure development, and staffing. Analyzing their influence on resource allocation in Kibuku Health Center IV can identify potential disparities or inefficiencies, contributing to evidence-based recommendations for better utilization of resources.

The study can assess whether elected leaders' actions have impacted healthcare accessibility and equity in Kibuku Health Center IV. By understanding the extent to which they address the needs of marginalized populations, the study can inform efforts to reduce disparities and ensure equal access to healthcare services.

Elected leaders have the potential to foster collaborations and partnerships with other stakeholders, including non-governmental organizations, community-based organizations, and private entities. Investigating their role in forging partnerships can highlight opportunities for synergy and improved coordination, leading to enhanced healthcare delivery.

This study is an academic requirement for the award of a Master of Public Administration and Management of Uganda Christian University.

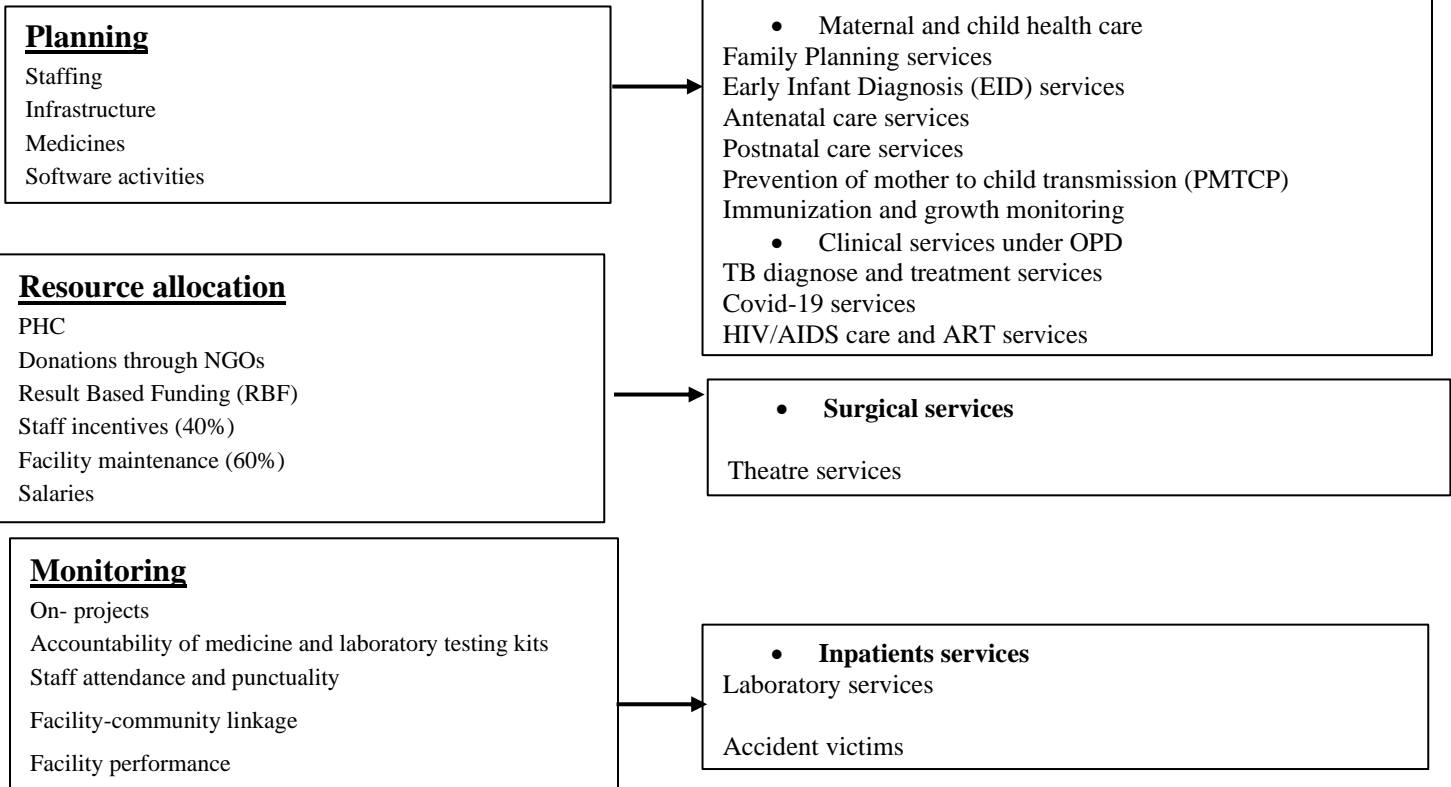
The study on the role of elected leaders in healthcare delivery in Kibuku Health Center IV can generate valuable insights to guide policy-making, improve governance, strengthen community engagement, optimize resource allocation, and promote accessibility and equity, and foster collaborations. These findings can contribute to more effective and responsive healthcare systems, ultimately improving health outcomes for the population served by the health center.

**1.9. Conceptual Framework**

The conceptual framework illustrates the relationship between the Independent variable and Dependent variables as detailed below:

**Figure 1.1 IV (Role of Elected Leaders)**

**DV (Promotion of HealthCare Service delivery)**



*Source: Toumi (2010); Kamwesiga (2011); World Health Organization (2013); Tulchinsky & Varavikova, (2014) and modified by the researcher, 2023.*

The conceptual framework presented in Figure 1.1 illustrates the relationship between elected leaders and the provision of healthcare services at Kibuku Health Center IV. It outlines the specific aspects of the role of elected leaders that were measured, which include planning, resource allocation, and monitoring. The framework also identifies the various healthcare services that were measured to assess the impact of elected leaders on service delivery at the health center.

Maternal child care: This refers to healthcare services aimed at supporting the health and well-being of mothers and children, including prenatal and postnatal care, as well as care during childbirth. TB diagnosis and treatment services: These services focus on the diagnosis, treatment, and management of tuberculosis (TB) cases within the health center. COVID-19 services: This category encompasses healthcare services related to the prevention, diagnosis, treatment, and management of COVID-19 cases at Kibuku Health Center IV. HIV/AIDS care and ART services: These services involve the care, treatment, and support provided to individuals living with HIV/AIDS, including the administration of antiretroviral therapy (ART). Antenatal care services: This refers to the healthcare services provided to pregnant women to monitor their health and ensure a safe pregnancy. Theatre services: Theatre services involve surgical procedures and operations performed at the health center. Outpatient and inpatient care: This includes the provision of medical care and treatment for patients who visit the health center on an outpatient basis or require admission as inpatients. Immunization and growth monitoring: These services involve administering vaccines to protect against various diseases and monitoring the growth and development of infants and children. Postnatal care services: Postnatal care focuses on the health and well-being of mothers and infants in the period immediately following childbirth. Prevention of mother-to-child transmission (PMTCT): This refers to the healthcare services and interventions aimed at preventing the transmission of HIV from an infected mother to her child during pregnancy, childbirth, and breastfeeding. Early Infant Diagnosis (EID) services: EID services involve the diagnosis and early detection of HIV infection in infants born to HIV-positive mothers. Family planning services: These services encompass various methods and interventions to support individuals

and couples in making informed decisions about contraception and reproductive health. Adolescent and youth-friendly services: These services focus on providing specialized healthcare services tailored to the needs of adolescents and young people. Laboratory services: Laboratory services involve diagnostic testing and analysis performed in the health center's laboratory facilities. STD tracing and treatment: This refers to the identification, tracing, and treatment of sexually transmitted diseases (STDs) among patients visiting Kibuku Health Center IV. By measuring these specific healthcare services, the study aims to assess the influence of elected leaders in improving or impacting the delivery of these services. The conceptual framework provides a visual representation of the relationship between elected leaders and healthcare service provision, allowing for a structured analysis of the study's objectives and findings.

#### **1.10. Definition of Operational Terms**

**Elected Leaders:** these refer to elected District Chairperson and District Councilors.

**Health System:** a health system is taken to include all activities whose primary purpose is to promote, restore or maintain Health

Monitoring:

**Health Planning:** Is the process of defining community health problems, Identifying needs and resources, establishing priority goals, and setting out the administrative action needed to reach those goals.

**Resource allocation:** involves allocation of funds during the budget process at both district and Health care facility to finance healthcare services.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0. Introduction**

This chapter presents reviewed literature from scholar sources about the study objectives analyzed and presented as sub-themes. The reviewed literature provides a wide perspective from global to local about the study problem. This chapter contains the theoretical framework and analysis of three research objectives as sub-themes and identification of gaps in existing literature.

#### **2.1. Theoretical Framework**

Frederick Winslow Taylor (1856–1915) pioneered the concept of scientific management, which laid the foundation for modern management ideas in various sectors, including healthcare. Taylor's approach was pragmatic and based on empirical engineering, with a focus on improving worker and system efficiency. He conducted observational studies to develop improved techniques and methods for workers, aiming to enhance productivity. Scientific management viewed workers as instruments to be controlled by management, assuming that efficient and rational planning would lead to improved industrial outcomes and harmony between managers and workers. Time and motion studies were conducted to analyze work tasks and identify more efficient methods in factory settings. Motivating workers was believed to be linked to payment based on piecework and economic self-interest, with the goal of maximizing productivity. Taylor's objective was to enhance individual worker

productivity and improve management efficiency to increase profits for both employers and workers. He discovered that workers were more efficient and productive when they had clear goals rather than focusing solely on tasks. This approach dominated organization theory in the early twentieth century. There was resistance to Taylor's ideas from both management, as it seemed to infringe on managerial authority, and labor, as it placed constant pressure on workers to perform at maximum efficiency. Nonetheless, Taylor's work left a lasting impact on the theory of work and organizations, influencing how organizations approach productivity and efficiency (Tulchinsky & Varavikova, 2014).

Frederick Winslow Taylor, known for pioneering scientific management, introduced principles that have influenced modern management ideas in various sectors, including healthcare. Taylor's approach, based on empirical engineering, aimed to enhance worker and system efficiency. His observational studies focused on developing improved techniques and methods to increase productivity. In the context of healthcare service provision, Taylor's scientific management principles have been applied to improve operational efficiency and quality of care. By analyzing work tasks and identifying more efficient methods, healthcare organizations can streamline processes and optimize resource allocation. This can lead to better utilization of healthcare professionals' time and skills, ultimately improving the delivery of services to patients. Taylor's emphasis on clear goals and individual worker productivity is relevant in healthcare settings. By establishing specific objectives and targets, healthcare providers can align their efforts towards achieving desired outcomes, such as reducing waiting times, improving patient satisfaction, or enhancing treatment

outcomes. Additionally, effective management practices based on scientific principles can help optimize staffing levels, ensuring that healthcare professionals are utilized efficiently and that patient needs are met promptly. However, it is essential to recognize that healthcare differs from industrial settings in several ways. The complexity of healthcare, the importance of patient-centered care, and the involvement of multidisciplinary teams require a nuanced application of management principles. Balancing productivity and efficiency with the provision of high-quality, compassionate care remains a central challenge. While Taylor's ideas faced resistance due to concerns about worker well-being and the potential for managerial overreach, his work laid the foundation for understanding the importance of effective management practices in healthcare. Modern healthcare organizations continue to draw from Taylor's principles, adapting them to the unique characteristics and demands of healthcare service provision, with a focus on delivering efficient, high-quality, and patient-centered care.

Bureaucratic Theory is also used to explain decisions of government in regard to provision of healthcare services. The traditional pyramidal bureaucratic organization is classically seen in the military and civil services, but also in large-scale industry, where discipline, obedience, and loyalty to the organization are demanded, and individuality is minimized. This form of organization was analyzed by sociologist Max Weber between 1904 and 1924. Leadership is assigned by higher authority, and is presumed to have greater knowledge than members lower down in the organization. This form of organization is effective when the external and internal environments,

the technology, and functions are relatively well defined, routine, and stable (Tulchinsky & Varavikova, 2014).

## **2.2. Planning and quality Healthcare Services in Health Center IV in Districts**

Planning for healthcare services in health centers in Uganda is a crucial process that aims to ensure effective and equitable delivery of healthcare to the population. The planning process involves strategic decision-making and the coordination of various aspects to meet the healthcare needs of the population. Several key areas are typically addressed during the planning process, including infrastructure development, human resource allocation, service delivery models, and resource management. Infrastructure development plays a vital role in enhancing the capacity and accessibility of health centers. It involves improving physical facilities, such as buildings, equipment, and utilities, to support the provision of quality healthcare services. Upgrading infrastructure can include expanding existing health centers, constructing new facilities, or renovating and equipping existing ones to meet the needs of the population. Human resource allocation is another critical aspect of planning for healthcare services. It involves determining the appropriate number and distribution of healthcare professionals, such as doctors, nurses, and midwives, in health centers. Effective human resource allocation ensures that health centers have an adequate workforce to deliver essential healthcare services and meet the population's needs. Service delivery models are designed to ensure the efficient and effective provision of healthcare services. These models may involve strategies such as integrated care, community-based care, or specialized programs targeting specific health conditions. The choice of service delivery models depends on factors such as

the local context, population needs, available resources, and the capacity of health centers. Resource management is a fundamental component of planning for healthcare services. It involves the allocation and efficient use of resources, including financial, material, and human resources. Effective resource management ensures that health centers have the necessary resources to provide quality care and meet the identified healthcare priorities. The planning process for healthcare services in health centers in Uganda is guided by national policies, guidelines, and strategic plans set by the Ministry of Health. These documents provide a framework and direction for health service planning and implementation at the local level. They outline the priorities, objectives, and strategies for improving healthcare delivery and ensuring equitable access to services across the country. Local stakeholders, including district health management teams, health facility staff, and community representatives, actively participate in the planning process. Their involvement is essential to ensure that the planning efforts align with the specific needs and preferences of the local population. Engaging stakeholders helps to identify community health priorities, gather feedback, and foster ownership and accountability in the planning and implementation of healthcare services. Planning for healthcare services in health centers in Uganda involves strategic decision-making and coordination across various areas. It aims to meet the healthcare needs of the population effectively by addressing infrastructure development, human resource allocation, service delivery models, and resource management. The process is guided by national policies and involves the active participation of local stakeholders to ensure community needs are addressed (Ministry of Health. (2015).

The article "The workforce for health in a globalized context—global shortages and international migration" by Aluttis, Bishaw, and Frank (2014) explores the challenges and implications of global shortages in the healthcare workforce, particularly related to international migration. The study highlights the increasing demand for healthcare professionals worldwide and the significant impact of international migration on the distribution of healthcare workers. The authors identify several key findings regarding the healthcare workforce in a globalized context. First, there is a global shortage of healthcare professionals, including doctors, nurses, and other allied health workers. This shortage is attributed to various factors such as population growth, aging populations, and the increasing burden of diseases. Second, international migration plays a significant role in addressing the healthcare workforce shortages. The study highlights the substantial movement of healthcare professionals from low- and middle-income countries to high-income countries, resulting in imbalances and shortages in the countries of origin. The authors emphasize the ethical concerns associated with this phenomenon, as it exacerbates inequalities in access to healthcare in resource-limited settings. Third, the study underscores the complex factors influencing healthcare worker migration. Economic factors, including better remuneration and improved working conditions, often drive healthcare professionals to seek employment opportunities abroad. Additionally, political instability, lack of professional development opportunities, and limited career prospects in the home country contribute to healthcare worker emigration. The article also discusses the consequences of healthcare worker migration. The countries of origin experience a loss of skilled professionals, leading to reduced healthcare capacity and compromised

health systems. Conversely, destination countries benefit from the influx of skilled workers but may face challenges in integrating and retaining migrant healthcare professionals. The study highlights the global shortage of healthcare workers and the significant impact of international migration on healthcare workforce distribution. It emphasizes the ethical concerns and consequences associated with the migration of healthcare professionals, particularly from low- and middle-income countries. The findings underscore the need for comprehensive strategies to address healthcare workforce shortages, including investments in education, training, and retention policies, as well as international collaboration to ensure equitable access to healthcare services worldwide.

The study conducted by Hage and Aikins (2007) focuses on examining the relationship between supervision and motivation among Ghanaian nurses in the healthcare sector. The researchers aimed to explore how different aspects of supervision impact the motivation levels of nurses in their work environment. The findings of the study indicate that there is a significant relationship between supervision and the motivation of nurses. The researchers identified three key aspects of supervision: clinical supervision, administrative supervision, and supportive supervision. The study found that nurses who received regular clinical supervision from their superiors reported higher levels of motivation. Clinical supervision, which involves guidance and feedback related to the technical aspects of nursing practice, was found to enhance nurses' confidence, skill development, and job satisfaction. It also contributed to their sense of professional growth and competency. The study revealed that nurses who received effective administrative supervision, which involves clear

communication, goal setting, and performance evaluation, exhibited higher levels of motivation. Administrative supervision provided nurses with a clear understanding of their roles and responsibilities, clarified expectations, and facilitated the achievement of organizational objectives. Nurses who felt adequately supported and guided by their supervisors were more motivated to perform their duties effectively. The study highlighted the importance of supportive supervision in enhancing nurses' motivation. Supportive supervision involves emotional support, recognition, and assistance from supervisors. Nurses who received support from their supervisors felt valued, appreciated, and empowered, leading to increased job satisfaction and motivation. Supportive supervision also fostered positive interpersonal relationships and teamwork among nurses, contributing to a supportive work environment. The findings of the study emphasize the crucial role of supervision in influencing nurses' motivation levels. Effective clinical supervision, administrative supervision, and supportive supervision were identified as key factors contributing to nurses' motivation, job satisfaction, and overall well-being in the workplace. These findings have implications for healthcare organizations and policymakers in designing supportive supervision systems that can enhance nurses' motivation, retention, and ultimately, the quality of healthcare services.

The study conducted by Mubyazi, Hutton, and Rweyemamu (2006) focuses on setting priorities for health research in Tanzania using a participatory approach. The researchers aimed to involve stakeholders at different levels to identify and prioritize key health research areas that align with the country's health needs and contribute to evidence-based policymaking. The findings of the study highlight the importance and

effectiveness of participatory approaches in setting research priorities. The researchers engaged various stakeholders, including policymakers, researchers, healthcare providers, and community representatives, in a series of workshops and discussions to identify and prioritize research areas. The study identified several key findings: The participatory approach facilitated active involvement and collaboration among stakeholders from different sectors. Participants appreciated the opportunity to contribute their perspectives and experiences, which enhanced the legitimacy and relevance of the research priorities identified. Through the participatory process, stakeholders identified and prioritized key research areas that were crucial for addressing Tanzania's health challenges. These research areas included communicable diseases, non-communicable diseases, health systems, health economics, and health policy. The participatory approach ensured that the research priorities identified were contextually relevant to Tanzania's specific health needs and challenges. Stakeholders were able to draw on their local knowledge and expertise to identify priority areas that were responsive to the country's health concerns. The participatory process contributed to the bridging of the gap between research and policy. By involving policymakers and other key decision-makers in the priority-setting process, the study aimed to enhance the utilization of research findings in policymaking and strengthen evidence-based decision-making. The findings highlight the significance of participatory approaches in setting health research priorities. Involving a diverse range of stakeholders and ensuring their active participation leads to the identification of research areas that are relevant, responsive, and aligned with the country's health needs. This participatory approach enhances the potential impact of research on policymaking and ultimately contributes to improved health outcomes.

The Health Sector Development Plan (HSDP) 2015/16 - 2019/20, published by the Ministry of Health in Uganda, outlines the strategic framework and priorities for the development of the health sector during that period. Health sector goals: The HSDP aims to improve the health status of the population by reducing morbidity and mortality rates, addressing health inequities, and enhancing the quality and accessibility of health services. The plan identifies several priority health programs, including the prevention and control of communicable diseases such as HIV/AIDS, malaria, tuberculosis, and neglected tropical diseases. It also focuses on maternal and child health, family planning, immunization, nutrition, mental health, and non-communicable diseases. The plan emphasizes the need for infrastructure development to support the delivery of health services. This includes the construction and rehabilitation of health facilities at all levels, the improvement of laboratory services, and the strengthening of health information systems. The HSDP recognizes the importance of a skilled and motivated workforce in delivering quality healthcare. Strategies are outlined to address human resource gaps, enhance training and capacity building, improve recruitment and retention, and strengthen performance management systems. The plan emphasizes the need for sustainable and equitable health financing mechanisms. It aims to increase domestic funding for health, explore innovative financing approaches, and improve the efficiency and effectiveness of resource utilization. It also highlights the importance of health insurance and social health protection schemes. The HSDP underscores the need for strong governance and leadership in the health sector. It emphasizes the importance of policy formulation and implementation, coordination, monitoring and evaluation, and accountability mechanisms to ensure effective and efficient service delivery. The plan recognizes

the significance of partnerships and collaboration with various stakeholders, including development partners, civil society organizations, private sector entities, and communities. It encourages collaboration to leverage resources, share expertise, and promote multisectoral approaches to health. The HSDP emphasizes the importance of monitoring and evaluation to track progress, assess the impact of interventions, and ensure accountability. It outlines strategies for data collection, analysis, and reporting to inform evidence-based decision-making and policy development. The Health Sector Development Plan 2015/16 - 2019/20 highlights key issues related to improving health service delivery, infrastructure, human resources, financing, governance, partnerships, and monitoring in Uganda's health sector. It provides a comprehensive framework for guiding the development and implementation of health programs and policies during the specified period.

The Alma Ata conference introduced the concept of PHC to address the shortcomings of existing health systems in developing countries. It broadened the understanding of health, emphasized community participation, advocated for a multi-sectoral approach, promoted appropriate technology, and underscored the significance of health promotion. These principles continue to shape the development and implementation of PHC approaches worldwide. (Tashobya & Ogwal, n.d.).

Quality management in healthcare delivery provides a framework for hospitals to effectively organize, communicate, monitor, and continuously improve all aspects of healthcare services. It also offers evidence supporting the idea that an organized system focused on delivering high-quality care can lead to reduced healthcare costs. Given the current national context, a structured approach to pursuing quality is

crucial. A 'healthcare delivery system' comprises interconnected processes that generate one or more outputs. 'Quality' represents an individual's subjective assessment of an output and the personal interactions involved in its delivery. This assessment is influenced by the individual's expectations, which are shaped by past experiences and needs. Quality evaluations, therefore, stem from and are influenced by an individual's value system. Quality expectations, as part of a value system, can be measured and modified over time through education but cannot be imposed externally. Quality has two main components: content and delivery. Content quality focuses on the medical outcomes achieved. While patients are increasingly involved in evaluating medical content quality, traditionally, physicians and other healthcare professionals have primarily been responsible for this assessment (Brent, 1989). It is important to note that quality management in healthcare delivery offers a framework for hospitals to enhance their organization, communication, monitoring, and continuous improvement efforts. It highlights the potential of an organized system to achieve high-quality care while reducing costs. Quality is subjective and rooted in an individual's expectations and value system, which can be influenced and evolved through education. It comprises content quality, concerning medical outcomes, traditionally evaluated by healthcare professionals. The concept of 'quality' in healthcare represents an individual's subjective evaluation of these outputs and the personal interactions that occur during the delivery of care. Quality is rooted in an individual's expectations, which are shaped by past experiences and needs. It is important to recognize that quality evaluations are subjective and vary based on an individual's value system. The measurement and improvement of quality expectations require education and continuous learning. The value system that defines quality can

evolve and be influenced through educational efforts. However, it is important to note that quality expectations cannot be dictated or imposed externally. Quality in healthcare has two primary components: content and delivery. Content quality focuses on the medical outcomes achieved, including the effectiveness of treatments and interventions. Historically, physicians and healthcare professionals have been primarily responsible for evaluating content quality. However, there is a growing recognition of the importance of involving patients in the assessment of medical outcomes. Delivery quality relates to how healthcare services are provided, encompassing factors such as communication, patient experience, and coordination of care. It involves the interactions between healthcare providers and patients, and their ability to meet the patient's expectations and needs. Quality management in healthcare delivery is essential for hospitals to ensure high-quality care while controlling costs. Quality is a subjective evaluation influenced by an individual's value system, and it encompasses both content (medical outcomes) and delivery (patient experience). While physicians traditionally played a significant role in evaluating content quality, there is increasing recognition of the importance of involving patients in this process. Additionally, delivery quality focuses on the interactions and experiences that occur during the provision of healthcare services.

Planning is a crucial skill for Health Extension Practitioners as it is an essential management function for all healthcare workers and managers. It involves determining in advance what needs to be accomplished, including the when, by whom, how, and at what cost. In the healthcare sector, two types of planning are commonly utilized: strategic planning and operational planning. While strategic

planning focuses on long-term goals and the overall direction of the health sector, operational planning is more relevant to Health Extension Practitioners as it involves detailed plans for day-to-day activities. Strategic planning encompasses determining the future objectives of the health sector and identifying the necessary actions to achieve those objectives. Top-level managers are responsible for developing strategic plans, which typically cover a period of five to ten years. These plans provide a roadmap or "bigger picture" of where the health sector aims to be in the future. Strategic planning helps establish priorities and strategies that contribute to the overall health goals of the nation. Examples of strategic planning in the health sector can be seen in Ethiopia's Health Sector Development Plans (HSDP I, II, III, and IV). On the other hand, operational planning refers to the action plans that guide day-to-day work. While strategic planning sets the direction, operational planning is essential for turning strategic goals into reality. It acts as an instrument for implementing the strategic plan. Operational plans are developed by managers closer to the frontline, and they outline the necessary actions to achieve operational goals. These plans are shorter-term, typically covering a one-year period, and are often referred to as annual operational plans. Without a strategic plan, there is a lack of clarity on the destination and purpose of efforts. However, without an operational plan, the strategic plan may remain unrealized. Operational plans serve as a bridge between strategic goals and actual implementation. It is important for operational plans to follow a structured approach consisting of eight stages (Health Management. (2021). Planning is a critical skill for Health Extension Practitioners, involving both strategic planning to define long-term objectives and operational planning for day-to-day activities. The Ethiopian Health Sector Development Plans serve as examples of

strategic planning at the national level. Operational planning is essential for translating strategic goals into tangible actions. Proper planning ensures effective implementation and contributes to the overall success of health programs.

A quality management system refers to a formalized system that outlines the structure, responsibilities, and procedures necessary for effective quality management. It serves as a means to direct and control an organization in terms of maintaining quality standards. A management system comprises interconnected elements, designed to establish policies, objectives, and strategies for achieving those objectives. Within an organization, various management systems can exist, such as quality management systems or financial management systems.

A quality system encompasses the company-wide and plant-wide operational framework, documented through integrated technical and managerial procedures. It provides guidance for coordinated actions involving personnel, machinery, and information within the company and plant. The primary objective of a quality system is to ensure customer satisfaction with the quality of products or services while maintaining cost-effectiveness. It is composed of components such as organizational structure, responsibilities, procedures, processes, and resources, all aimed at implementing total quality management. The components of the system interact with and influence each other, and their interactions are just as important as the individual components. To comprehend the system, one must consider the entirety of its components, rather than focusing on just one element (Tuomi, 2010).

In the era of the New Public Health, planning and management practices are undergoing changes due to various factors. These include advancements in disease prevention and treatment, the recognition of population health needs, innovative technologies such as genetic engineering, the development of new immunizations to combat cancers and infectious diseases, efforts to prevent non-communicable diseases, focus on environmental and nutritional health, and the promotion of health to reduce risk factors and enhance well-being for individuals and communities. Modern public health approaches also require addressing the social, economic, and community determinants of health, as well as advocating for public policies and individual behaviors that promote health and well-being. The existence of social capital and norms that foster cooperation among people forms the foundation of a "civil society," encompassing voluntary, civic, and social organizations alongside governmental and commercial institutions. To effectively promote population health, health systems should be knowledge-based and evidence-driven, utilizing available medical and environmental technologies. This encompasses not only addressing immediate health concerns but also ensuring security against threats like terrorism, tackling social isolation, and addressing health inequities. In the realm of health management, there is much to learn from concepts and practices in business management. These concepts have evolved to address the economic and human resource aspects of a health system on both macro and micro levels, encompassing the broader system and individual units of service (Tulchinsky & Varavikova, 2014).

The aging population, rising healthcare costs, and increasing burden of chronic diseases pose significant challenges to health systems globally, including the United

States. Addressing these challenges requires new approaches to healthcare delivery and comprehensive management of population health. In the context of healthcare reform initiatives, this article explores important innovations in the organization of delivery systems in the United States. The innovations discussed include the Patient-Centered Medical Home (PCMH), the Accountable Care Organization (ACO), and the Population Health Management System (PHMS). These innovations are accompanied by new payment arrangements that shift the focus towards rewarding health outcomes achieved, rather than paying for each individual service provided. The article reviews the evidence on the performance of these innovations, the challenges they entail, and the factors that contribute to the wider adoption and dissemination of successful models. Additionally, it examines the role of a country's political system, cultural factors, structural barriers, size and resources, incentive alignment, and leadership in implementing these innovations. This article emphasizes the need for transformative approaches to healthcare delivery and population health management in response to the challenges posed by an aging population, rising costs, and the burden of chronic diseases (Shortell, Wu & Gillies, 2010). It highlights specific innovations in the United States, explores their performance and challenges, and discusses the factors that influence their adoption and success.

Ensuring the quality of healthcare, particularly patient safety, is vital for establishing trust in health services and promoting global health security. High-quality frontline health services are crucial for local health security, which is the foundation of global health security. Quality healthcare not only prevents human suffering and contributes to healthier societies but also enhances human capital and fosters healthier

economies. There is a misconception that quality of care is a luxury affordable only by wealthy nations. However, building quality health services is feasible in all societies, irrespective of their income level, by fostering a culture of transparency, engagement, and accountability for outcomes. Valuable lessons from around the world provide a strong basis for scaling up a quality revolution. Technological innovation plays a significant role in expanding high-quality healthcare services rapidly and affordably. Prioritizing people-centredness is at the heart of quality, emphasizing the engagement of individuals and communities in the design, delivery, and continuous evaluation of health services to ensure they align with local health needs rather than external interests. While focusing on quality is crucial, effective leadership must also celebrate excellence, communicate transparently, and foster collaboration among clinical teams, patients, and civil society, including patient groups, non-governmental organizations, and grassroots community groups. Universal health coverage is not a distant aspiration but a reality in many countries. However, without a focus on quality health services, it risks becoming an empty promise (Ghebreyesus, Kim & Gurría, 2018).

In both affluent and impoverished nations, the available public resources for healthcare are insufficient to meet the demand for services. Policy makers and healthcare providers face the challenge of delivering effective healthcare within the limitations of these scarce resources. In low- and middle-income countries, which house approximately 80% of the global population, malnutrition and infectious diseases contribute to a significant number of premature deaths. Malnutrition alone is responsible for half of the deaths of young children in low-income countries. Despite

the availability of vaccines for many infectious diseases that cause childhood mortality, 25% of children worldwide have not received these life-saving vaccines. Basic healthcare services are often lacking for a large portion of the population in low- and middle-income countries. Healthcare facilities are predominantly located in urban areas, making it difficult for rural residents to access them, especially in the absence of reliable public transportation. Even when healthcare is accessible, it can be costly and of substandard quality. In recent years, there has been a notable population shift from rural to urban areas in these countries, but the urban healthcare services have not seen a corresponding increase. Inadequate infrastructure, such as poorly developed roads, inadequate storage and distribution systems, limited access to electricity, and a lack of clean water, further hinder the provision of healthcare services in these regions (Brandeau, Sainfort & Pierskalla, 2005).

In Uganda, planning is considered a crucial management function, and stakeholders are responsible for allocating resources to support identified institutional priorities. The Government of Uganda (GoU, 2016) explains that in response to the decentralization of the health system and the introduction of decision-making points, planning guidelines were developed for the health sector in 2007. These guidelines aimed to address the planning needs of different levels within the district health system, aligning them with the overall local government planning process. Between 2007 and 2014, several reforms were introduced in the policy context, strategic planning, budgeting, and reporting. These reforms were reflected in various documents, including Vision 2040, the National Development Plan, Health Sector

Strategic Plan II, Output-Oriented Budgeting, and Integrated Financial Management System. However, these reforms were not accounted for in the initial 2007 Planning Guidelines. Moreover, the emergence of new health technologies necessitated changes in the planning processes. As a result, revisions to the planning guidelines were necessary to ensure their responsiveness to the new reforms and changes. The health facilities in Uganda are organized into three levels of care: primary, secondary, and tertiary. The primary level comprises Village Health Teams (VHTs), Health Centre IIs, Health Centre IIIs, Health Centre IVs, and General Hospitals. The secondary level includes the Regional Referral Hospital and other private not-for-profit (PNFP) hospitals with larger bed capacities. The tertiary level is dedicated to the National Referral Hospital and other specialized hospitals. The Ministry of Health directly supervises the Regional and National Referral Hospitals, which have self-accounting and semi-autonomous status. The utilization of health services is a significant indicator of access to healthcare and can greatly impact health outcomes and consumer satisfaction. However, studies have shown that health service utilization remains low in many rural health facilities in Uganda (Gutierrez, Teshome & Neilson, 2018). The quality of care is often perceived as poor by the majority of respondents. In the decentralized health system of Uganda, district health managers are responsible for planning health service delivery based on evidence (Kiwanuka et al., 2019). However, planning processes in low-income countries like Uganda have been described as ad hoc. To address this issue, a systematic approach to planning using district-specific evidence was introduced to district health managers in Uganda. This study aimed to investigate the impact of using district-specific evidence on decision-making in the planning process and how stakeholders perceived its use. The findings

revealed that district managers reported producing more robust district annual work plans when using the systematic approach with district-specific evidence. Approximately half of the prioritized activities in the annual work plans were evidence-based, with procurement and logistics, training, and support supervision being the most prioritized activities. Child survival activities accounted for a portion of the planned expenditure, with a significant portion being contributed by donors and other partners. The use of district-specific evidence and a structured process helped systematize the planning process at the district level. However, challenges such as limited decision and fiscal space, inadequate funding, and high dependency on donor contributions sometimes hindered the utilization of district-specific evidence in the planning process. The literature gap in the context of planning and quality healthcare services in Health Center IVs in districts refers to the existing research or knowledge limitations within this specific area. While there may be a considerable body of literature on healthcare planning and quality services at a broader level, the specific focus on Health Center IVs within districts is relatively limited.

### **2.3. Resource Allocation and Quality Healthcare in Health Center IV in Districts**

The proper allocation of resources is crucial for delivering quality healthcare services in health centers. Adequate allocation of financial, human, and infrastructural resources is necessary to ensure positive health outcomes for the population (Daniels, 2016). When resources are allocated effectively, health centers can provide the necessary equipment, medications, and supplies, which are essential for delivering quality healthcare services.

On the other hand, insufficient allocation of resources can lead to shortages, inadequate infrastructure, and limited access to essential interventions, compromising the quality of care provided. Resource allocation also impacts the availability and distribution of healthcare professionals. Inadequate allocation of human resources can result in understaffed health centers, increased workload on healthcare providers, and compromised quality of care due to limited time and attention given to each patient. Furthermore, the allocation of resources for infrastructure development and facility improvement is critical for creating a conducive environment for quality healthcare delivery. Insufficient allocation may result in inadequate space, poor sanitation, and a lack of necessary equipment, which can hinder the provision of optimal healthcare services (Namaganda et al., 2015).

Allocating resources for training and capacity building programs is another important aspect. Such allocation enhances the skills and knowledge of healthcare providers, ultimately improving the quality of healthcare (Maphumulo & Bhengu, 2019). Insufficient allocation for training opportunities may lead to a lack of up-to-date knowledge and skills among healthcare professionals, negatively impacting the quality of care they provide. Lastly, resource allocation is necessary for implementing robust monitoring and quality improvement systems in health centers. Allocating resources for monitoring tools, quality assurance programs, and data management systems allows health centers to track performance indicators, identify areas for improvement, and ensure adherence to quality standards. It is important to note that resource allocation plays a critical role in determining the availability and distribution of resources needed for delivering quality healthcare services in health centers. It

impacts various aspects of healthcare delivery, including the availability of essential resources, staffing levels, infrastructure, training opportunities, and monitoring systems. Adequate resource allocation is essential for ensuring the provision of quality healthcare and achieving positive health outcomes for the population.

Allocating resources for quality assurance programs, monitoring tools, and data management systems enables health centers to track performance indicators, identify areas for improvement, and ensure adherence to quality standards. The existing literature on the distribution of public health care inputs in low and middle-income countries has primarily focused on equity in resource allocation from the national to the district level based on resource allocation guidelines (Tumaini et al., 2013). Countries often allocate health care funds to local government authorities using needs-based allocation formulae, considering factors such as population size, demographic composition, levels of ill health, and socioeconomic status. The allocation of other health care inputs, such as human resources, may also be based on need, taking into account the amount and scope of services delivered at each facility, the ratio of health workers to population, and facility utilization rates (Tumaini et al., 2013).

In the context of Poland, Balázs (2015) highlights the ongoing health care reforms and the importance of strategic resource allocation for improving the efficiency and equity of the health system. The resource allocation algorithm in Poland has evolved over the years, considering the cost/risk levels of services and adjusting for age and gender. However, there have been debates regarding the suitability of different approaches, and conflicts between regions and the central government have arisen

due to a lack of evidence justifying the chosen allocation method. The author emphasizes the need for further exploration of area-level healthcare needs, the relationship between needs and expenditure, utilization patterns, and healthcare expenditure in different regions to determine whether the current allocation reflects population needs and efficient resource utilization.

The choice of relevant resource allocation models in Poland will depend on the policy goals of improving resource allocation and the future design of the health system. If reflecting population needs is a priority, finding independent measures unaffected by utilization or supply becomes crucial. On the other hand, if efficiency is the primary goal, the budgeting system should encourage cost-effectiveness and prioritize the treatment of important disease areas while covering the risks of the affected population (Balázs, 2015). The existing literature suggests the importance of equity in resource allocation in low and middle-income countries, with attention given to needs-based allocation formulas. In the case of Poland, there is a need for further research to understand the relationship between healthcare needs, expenditure, utilization patterns, and resource allocation. Evidence-based allocation models that align with policy goals can contribute to the improvement of resource allocation and the overall health system.

Health systems are indeed complex organizations with diverse stakeholders and participants, requiring effective management and decision-making processes.

Tulchinsky and Varavikova (2014) emphasize the multifaceted nature of health organization, involving various aspects such as mission statements, objectives,

targets, budgets, activities planning, human interaction, services delivery, and quality assurance. The authors highlight that health organizations are often the largest employers in a country and account for a significant portion of public and private expenditures, ranging from 4% to 17% of the gross domestic product. This highlights the substantial financial resources and societal importance invested in health systems. Effective health organization requires the involvement of multiple stakeholders, including suppliers, purchasers, regulators, direct providers, and individual patients. These stakeholders operate within pyramidal and network organizations, where decision-making processes take place based on considerations of public interest, resource allocation, priority selection, and adherence to codes of law and ethical conduct. Health systems are complex entities with a wide range of stakeholders and participants. The management and decision-making processes within these systems involve considerations of organizational goals, resource allocation, regulatory compliance, and ethical conduct. Successful health organization requires effective coordination and collaboration among these stakeholders to ensure the delivery of quality healthcare services.

The Ministry of Health in Uganda has prioritized resource allocation to the health sector, recognizing its crucial role in the socio-economic transformation of the country (Ministry of Health, 2016). This focus on health has yielded positive outcomes, with improved health indicators and increased access to healthcare services over the last two decades. In 1997, only 47% of the population in need of healthcare services could access outpatient care due to limited health facilities and a weakened health system resulting from civil strife and mismanagement. However, significant progress

has been made, and the accessibility of health facilities has improved to approximately 110% in recent years. This improvement can be attributed to various factors. Firstly, increased funding to the health sector over the past five years has played a significant role. This increased investment has allowed for the construction of hospitals, Health Centre IVs, HC IIIs, and HC IIs in various counties, sub-counties, and parishes. The expansion of health infrastructure has reduced the average distance individuals need to travel to access healthcare, improving access for communities. Secondly, the abolition of user fees in 2001 has been a critical intervention. Removing financial barriers to healthcare has reduced the burden on rural and economically disadvantaged populations, making healthcare services more accessible to the majority of the population. Furthermore, there has been an increase in health resources, including health workers and the availability of medicines.

The percentage of health workers has risen from 52% in 2010 to 70% in 2016, and the availability of medicines has improved from approximately 35% in 2007/08 to 75% in 2015/16. These improvements contribute to better healthcare provision and service delivery. Lastly, improved health awareness and health-seeking behavior among the population have also played a role in enhancing health outcomes. People are becoming more informed about their health needs and are actively seeking healthcare services when necessary. The Ministry of Health's efforts, including increased funding, infrastructure development, decentralization, the abolition of user fees, and improvements in health resources and awareness, have contributed to improved accessibility and health outcomes in Uganda (Lugada et al., 2022).

Financing of healthcare and resource allocation in the health sector require a careful balance between primary, secondary, and tertiary care services. This involves conducting economic assessments, monitoring, and evaluation to determine the health needs of the population and allocate resources accordingly. Regulatory agencies play a crucial role in defining goals, priorities, and objectives for healthcare services. Setting targets and establishing methods to achieve them serve as the basis for implementing and evaluating strategies. Planning for effective resource allocation entails developing comprehensive written plans that include a statement of vision, mission objectives, target strategies, and coordination mechanisms. It also involves designating and evaluating responsibilities, determining the necessary resources, and identifying the participants and partners involved in the planning process. The continuous management process ensures that plans are regularly reviewed, adjusted, and implemented. This involves ongoing coordination, monitoring, and evaluation to ensure the efficient and effective use of resources and the attainment of healthcare goals (Onwujekwe et al., 2019).

Viswanadham and Kannan (2011) discuss the challenges faced by executives of privately managed hospitals in developing countries when it comes to revenue management and resource allocation. These hospitals are under pressure to adopt effective revenue management strategies in order to justify their investments and meet the demands of stakeholders. At the same time, they need to provide quality and safe healthcare services to patients within their resource constraints.

The researchers highlight that a significant portion of the total revenue in most hospitals comes from surgeries, specifically elective surgeries. Therefore, they focus

on the allocation of resources to meet the demand for surgical services. They propose a two-phase method for resource allocation. In the first phase, resources are allocated to all surgical requests based on their requirements. The second phase involves the re-allocation of surgeries through a competitive bidding process. The researchers suggest using auctions as a fair method for allocating resources to consumers. They develop a model that optimally allocates multiple resources such as operating rooms, nurses, and equipment to the surgical demand of hospitals through auctions. To address the complexity of resource allocation, the researchers represent various resources of hospitals, such as operating rooms and nurses, as factors or characteristics of a generalized resource. This allows for the specific assignment of nursing staff, equipment, and operating rooms to surgical requests in a time-slot. The proposed model aims to optimize the allocation of client bids to the available capacity of resources. By scheduling surgical requests and avoiding conflicts in time-slots, the model seeks to efficiently allocate resources while meeting the demands of patients. This research highlights the need for effective resource allocation strategies in hospitals, particularly in the context of surgical services. The proposed model offers a framework for optimally allocating resources through competitive bidding, taking into account the specific requirements and constraints of healthcare facilities. The characteristics of good service delivery in a health system are outlined by the World Health Organization (WHO, 2010). These characteristics include comprehensiveness, accessibility, coverage, continuity, quality, person-centeredness, coordination, and accountability and efficiency. Each of these elements plays a crucial role in ensuring effective and patient-centered healthcare delivery. Comprehensiveness refers to providing a wide range of health services that cater to

the needs of the target population, including preventive, curative, palliative, rehabilitative, and health promotion activities. This ensures that individuals receive the appropriate care based on their specific health requirements. Accessibility emphasizes the removal of barriers such as cost, language, culture, or geography that may prevent people from accessing healthcare services. It is crucial that services are readily available and easily reached by the population, with primary care acting as the routine point of entry to the healthcare system. Coverage entails designing service delivery in a way that ensures all individuals within a defined target population, irrespective of their health status, income level, or social group, are covered. This promotes equity and ensures that healthcare services are available to everyone in need. Continuity of care focuses on organizing service delivery to provide seamless and coordinated care across different health conditions, levels of care, and throughout an individual's life. It ensures that individuals receive ongoing support and follow-up care, resulting in better health outcomes. Quality is a fundamental aspect of service delivery, emphasizing the provision of effective, safe, timely, and patient-centered care. Health services should be evidence-based, centered on patients' needs, and delivered in a manner that ensures their safety and effectiveness. Person-centeredness places the individual at the center of care, taking into account their preferences, values, and unique circumstances. It involves engaging patients in their healthcare decisions, perceiving services as responsive and acceptable, and incorporating their participation in the design and assessment of service delivery. Coordination is crucial for effective service delivery, both within the healthcare sector and across different sectors such as social services. It involves actively coordinating local health service networks, collaborating with various providers and

levels of care, and ensuring a seamless flow of care for individuals. Coordination also extends to partnerships with community organizations and active engagement with patients' primary care providers. Lastly, accountability and efficiency are essential for the management of health services. This includes allocating authority to managers to achieve planned objectives, ensuring effective resource utilization, and holding managers accountable for overall performance and results. The involvement of the target population and civil society in assessing healthcare services further enhances accountability. These characteristics collectively contribute to a well-functioning health system that prioritizes the delivery of high-quality, accessible, and patient-centered care to all individuals. They provide a framework for guiding the organization and provision of healthcare services. The literature gap in the context of resource allocation and quality healthcare in Health Center IVs in districts refers to the lack of sufficient research and studies specifically focused on this topic. While there is existing literature on resource allocation and healthcare quality in general, there is a need for more specific research that explores the unique challenges and considerations related to Health Center IVs in districts.

#### **2.4. Monitoring and Quality Healthcare Services in Health Center IV in Districts**

Monitoring and ensuring quality healthcare services in Health Center IVs in districts is crucial for providing effective and safe care to the population. Proper monitoring helps identify areas of improvement, assess adherence to quality standards, and enhance the overall quality of healthcare services. The study conducted by Asangansi et al. (2020) in Uganda sheds light on the crucial role of monitoring and evaluation in improving healthcare service delivery, particularly in Health Center IVs. The findings

emphasize the importance of regular monitoring and evaluation activities as effective strategies for identifying gaps in service provision and assessing the quality of care. Regular monitoring and evaluation activities enable healthcare providers and policymakers to track the performance of Health Center IVs, identify areas for improvement, and make evidence-based decisions.

By systematically collecting and analyzing data, monitoring and evaluation help identify bottlenecks, inefficiencies, and shortcomings in healthcare delivery processes. The study underscores the significance of effective monitoring systems in Health Center IVs to enhance accountability. Monitoring systems provide a mechanism for measuring the performance of healthcare providers, ensuring adherence to quality standards, and identifying areas that require attention or improvement. By promoting accountability, monitoring systems help create a culture of continuous quality improvement in healthcare facilities (Management Science for Health, 2012). Furthermore, the study highlights the need for targeted interventions based on the findings from monitoring and evaluation activities. Once gaps in service provision and quality of care are identified, appropriate interventions can be designed and implemented to address these gaps. This ensures that resources and efforts are directed towards areas where they are most needed, leading to improved healthcare service delivery. The study by Asangansi et al. emphasizes that effective monitoring and evaluation systems are essential in Health Center IVs to ensure the delivery of quality healthcare services. Regular monitoring and evaluation activities facilitate the identification of gaps, promote accountability, and enable targeted interventions for improvement. By integrating monitoring and evaluation into the healthcare system,

policymakers and healthcare providers can work together to enhance the quality of care provided in Health Center IVs and ultimately improve health outcomes for the population.

The study conducted by Turinawe et al. (2015) in Uganda sheds light on the importance of continuous monitoring and supervision in improving the quality of antenatal care services in Health Center IVs. The findings highlight the positive impact of regular monitoring visits and supportive supervision on adherence to clinical guidelines, service delivery, and health outcomes for pregnant women. Continuous monitoring and supervision play a crucial role in ensuring that healthcare providers adhere to established clinical guidelines and standards of care. By conducting regular monitoring visits, supervisors can assess the performance of healthcare providers, identify gaps in service delivery, and provide feedback and guidance for improvement. This helps to ensure that antenatal care services are provided in line with evidence-based practices, leading to better quality care for pregnant women. Supportive supervision, as highlighted in the study, is an essential component of monitoring and evaluation. It involves providing guidance, mentoring, and capacity building to healthcare providers, enabling them to deliver high-quality services. Through supportive supervision, healthcare providers receive ongoing training and support, which can enhance their skills, knowledge, and confidence in providing antenatal care. This ultimately contributes to improved service delivery and better health outcomes for pregnant women. The study by Turinawe et al. emphasizes the importance of integrating monitoring and supervision into the routine functioning of Health Center IVs.

Regular monitoring visits and supportive supervision should be implemented as part of a comprehensive quality improvement strategy. By establishing a culture of continuous monitoring and supervision, healthcare providers are more likely to adhere to guidelines and deliver quality antenatal care services. The study highlights that continuous monitoring and supervision are essential for improving the quality of antenatal care services in Health Center IVs. These processes enable healthcare providers to adhere to clinical guidelines, enhance their skills, and improve service delivery. By integrating monitoring and supervision into the healthcare system, policymakers and healthcare managers can work towards ensuring that pregnant women receive high-quality antenatal care, leading to better health outcomes (Ministry of Health, 2020).

The guidance provided by the World Health Organization (WHO, 2018) on monitoring and quality improvement in healthcare settings further reinforces the importance of these processes in ensuring the delivery of effective and safe care. The World Health Organization Quality Assessment and Monitoring Framework for Health Facilities highlights the need for routine monitoring, data collection, and quality improvement processes to promote the provision of high-quality, patient-centered care. Monitoring plays a critical role in assessing the performance and quality of healthcare services in Health Center IVs. By regularly collecting and analyzing data, healthcare providers and managers can identify areas of strength and areas that require improvement. This allows for timely interventions and targeted strategies to address gaps in service delivery and enhance the overall quality of care. The implementation of quality improvement processes is vital to drive positive changes in healthcare settings. These

processes involve continuous evaluation, feedback, and the development of action plans to address identified areas of improvement. Through supportive supervision and coaching, healthcare providers can enhance their skills, knowledge, and adherence to clinical guidelines, leading to improved service delivery and patient outcomes.

Monitoring and quality improvement efforts are not only focused on clinical aspects but also encompass patient experiences and satisfaction. Patient-centered care, as emphasized by the WHO framework, places the individual at the center of healthcare delivery, taking into account their preferences, needs, and values. Regular monitoring and evaluation enable healthcare providers to assess patient experiences, identify areas for improvement, and tailor services to meet patient expectations. By implementing monitoring systems and adhering to quality improvement frameworks, Health Center IVs can work towards achieving better health outcomes and improved patient experiences. These processes promote a culture of continuous learning, adaptation, and accountability, ensuring that healthcare services are safe, effective, and responsive to the needs of the population. The literature and guidance from the World Health Organization emphasize the critical role of monitoring, evaluation, and quality improvement in healthcare settings, including Health Center IVs in districts. Regular monitoring, data collection, and supportive supervision enable the identification of gaps and the implementation of targeted interventions to improve service delivery. By adhering to quality improvement frameworks, health facilities can ensure the provision of safe, effective, patient-centered care, leading to better health outcomes and enhanced patient experiences.

The establishment of a robust monitoring and evaluation (M&E) system is crucial for effective implementation and assessment of national health sector strategic plans. The M&E system should encompass all major disease programs and health systems to provide comprehensive insights into progress and performance. By having a well-designed national M&E plan, countries can ensure that all components of the framework are adequately addressed. This plan serves as a guiding document that outlines the objectives, indicators, data collection methods, and reporting mechanisms necessary for monitoring and evaluating the national health sector strategic plan.

According to Lutwama, Roos & Dolamo (2013), regular reviews during the implementation of the national plan are essential to assess progress and performance. These reviews provide an opportunity to identify strengths, challenges, and areas for improvement, enabling policymakers and stakeholders to make informed decisions and adjustments as needed. Country health-sector review processes play a crucial role in assessing the overall performance of the health system. These reviews involve a comprehensive examination of various aspects, including service delivery, resource allocation, health outcomes, and the impact of interventions. They provide a platform for stakeholders to analyze data, share experiences, and collaborate on strategies to enhance the health sector's performance. It is important to ensure that the M&E efforts align with global monitoring requirements while minimizing the reporting burden for countries. This involves using standardized indicators and reporting frameworks that capture essential information needed for global monitoring and reporting. By streamlining data collection and reporting processes, countries can

maximize the efficiency and effectiveness of their M&E systems. The establishment of a strong M&E system is essential for effective implementation and assessment of national health sector strategic plans. The national M&E plan should address all components of the framework and serve as a foundation for regular reviews during plan implementation. Country health-sector review processes and global monitoring requirements should be considered to ensure comprehensive assessment while minimizing reporting burdens.

Strengthening service delivery is crucial for achieving the health-related Millennium Development Goals (MDGs) and improving health outcomes. Service delivery is the immediate output of various inputs in the health system, including the health workforce, procurement and supplies, and financing. The goal is to ensure that these inputs translate into improved service delivery and increased access to essential health services. To monitor progress in strengthening health service delivery, it is essential to identify the dimensions along which progress will be measured. This requires determining the key characteristics of service delivery that should be monitored, such as availability, accessibility, quality, and equity. These dimensions are vital for assessing the performance of health systems and identifying areas for improvement. Building evidence for the strengthening of health service delivery requires a concurrent process of restructuring service delivery based on the identified values. This means that efforts to improve service delivery should be guided by evidence-based approaches and strategies that align with the desired values and objectives. Health sector leaders and policy-makers play a crucial role in this process, as they need to participate in assessing their health systems and deliberating on the

best ways to evaluate and improve service delivery. Researchers also have an important role to play in developing methods and measures to assess progress over time along these dimensions. They should continue to experiment with innovative approaches and indicators that allow for meaningful monitoring and evaluation of service delivery. This ongoing research and evaluation can contribute to evidence-based decision-making and drive improvements in health service delivery. Strengthening service delivery is vital for achieving health-related goals, and monitoring progress in this area requires a focus on key dimensions such as availability, accessibility, quality, and equity. The process of building evidence for service delivery improvement should go hand in hand with efforts to restructure service delivery based on identified values. Health sector leaders, policy-makers, and researchers all have important roles to play in assessing and improving service delivery in accordance with the identified dimensions.

Quality in healthcare is a complex concept that requires a multifaceted approach and the implementation of various interventions. Developing and implementing a national quality policy and strategy has become increasingly important for countries aiming to improve their health system performance systematically. There are several processes involved in the development of a national quality strategy, including integrating quality policy and implementation strategies into the formal health sector national plan, creating a stand-alone national quality policy document through a multi-stakeholder process, and developing a detailed action agenda for quality implementation strategies that address essential policy areas. Enabling legislation and regulatory statutes are also necessary to support the policy and strategy. In the

pursuit of improving healthcare quality, seven categories of interventions are commonly considered by stakeholders such as healthcare providers, managers, and policymakers: This involves implementing evidence-based guidelines, protocols, and best practices to improve the quality of care provided by healthcare professionals. Establishing clear and measurable standards for healthcare delivery helps ensure consistency and accountability in the provision of services. Encouraging active participation and involvement of patients, their families, and the broader community in their healthcare decisions and management can lead to better outcomes and patient-centered care. Information and education for healthcare workers, managers, and policymakers: Providing training, education, and access to up-to-date information equips healthcare professionals and decision-makers with the knowledge and skills needed to deliver high-quality care and make informed decisions. Use of continuous quality improvement programs and methods: Implementing continuous quality improvement initiatives, such as quality circles, audits, and feedback mechanisms, helps identify areas for improvement and drives ongoing enhancements in healthcare processes and outcomes.

Establishing performance-based incentives: Implementing financial and non-financial incentives tied to performance outcomes can motivate healthcare providers and organizations to strive for higher quality care and improve overall system performance. Creating appropriate legal and regulatory frameworks ensures compliance with quality standards, promotes patient safety, and provides a basis for enforcing quality improvement initiatives. These interventions collectively contribute to the development of a comprehensive quality strategy in healthcare systems. By

addressing various aspects of healthcare delivery, they aim to enhance patient outcomes, promote patient-centered care, and improve overall system performance.

The development of a comprehensive Monitoring and Evaluation (M&E) Plan is an essential component of the Health Sector Strategic and Investment Plan (HSSIP) in Uganda. The M&E Plan aims to establish a robust, integrated, and coordinated system for monitoring the implementation of the HSSIP and evaluating its impact. It was developed through a consultative and participatory process, involving stakeholders from various sectors, including Local Governments, Development Partners, Civil Society, the private sector, and academia. The Ministry of Health in Uganda recognizes the importance of lessons learned from the Mid-Term Review of the previous Health Sector Strategic Plan and the need to align the new plan with emerging health issues, international health commitments, and Uganda's national development priorities. The M&E Plan reflects these considerations and takes into account a wide range of policies, emerging diseases, changing climatic conditions, and international treaties and conventions. The Supervision, Monitoring, Evaluation, and Research Technical Working Group (SME&R TWG) played a crucial role in overseeing the development of the M&E Plan. Their responsibility was to ensure that the plan was comprehensive, fully integrated, and harmonized, incorporating the inputs and perspectives of various stakeholders. The M&E Plan for the HSSIP aims to improve the quality of routine information systems, institutionalize mechanisms and tools for measuring the quality of both facility-based and community-based services, and strengthen the dissemination and use of information at national and sub-national levels. It serves as a guiding document to ensure effective monitoring and evaluation

of the HSSIP's implementation and to evaluate its impact on the health sector. The development of the M&E Plan for the HSSIP demonstrates the commitment of the Ugandan government and stakeholders to establish a comprehensive monitoring and evaluation system, enhance data-driven decision-making, and improve the quality of healthcare services in the country. The literature gap in the context of monitoring and quality healthcare services in Health Center IVs in districts refers to the areas that have not been adequately explored or studied in existing literature. While there is a body of research on the importance of monitoring and the impact of quality healthcare services, there may still be gaps in knowledge and understanding that need further investigation. Limited research on the specific challenges and barriers faced by Health Center IVs in districts when it comes to monitoring and ensuring quality healthcare services. Insufficient studies examining the effectiveness of different monitoring and evaluation strategies in improving the quality of healthcare services in Health Center IVs. Inadequate exploration of the role of technology and digital solutions in enhancing monitoring and quality healthcare services at the district level.

Limited research on the perspectives and experiences of healthcare providers and patients regarding monitoring and quality healthcare services in Health Center IVs.

Few studies focusing on the impact of monitoring and quality improvement interventions on health outcomes and patient satisfaction in district-level healthcare settings. These gaps in the literature highlight the need for further research to address the specific challenges and opportunities related to monitoring and quality healthcare services in Health Center IVs in Kibuku district. By addressing these gaps, policymakers, healthcare providers, and researchers can gain a better understanding

of the most effective strategies for improving the quality of healthcare services and ultimately enhancing health outcomes at the district level.

## CHAPTER THREE

### METHODOLOGY

#### 3.0. Introduction

This section outlines the methodology employed in the study, covering various aspects including the research design, study area, study population, sample size, sampling techniques, data collection methods, data collection tools, validity and reliability of study instruments, data analysis, ethical considerations, and study limitations.

#### 3.1. Research Design

The study employed a descriptive research design and utilized the explanatory sequential mixed methods approach to guide the research process. The application of the explanatory sequential mixed methods served as a means of triangulation. As described by Shwika, Steen & Fleet (2021), this approach involves initially conducting quantitative research to analyze and interpret the results, followed by incorporating qualitative research to provide a more in-depth explanation of the findings. The sequential nature of this design means that the quantitative phase is conducted first, followed by the qualitative phase. This design is commonly used in fields that have a strong emphasis on quantitative research (thus commencing with quantitative data collection). However, it presents challenges in terms of identifying which quantitative results to further explore and the potential unequal sample sizes across the two phases of the study.

### **3.2. Study Population**

The participants included in this study encompass various categories of individuals, including the Resident District Commissioner, members of the District Executive Committee, members of the Health Management Committee, members of the District Health Committee, the District Health Officer, Medical Officers, Clinical Officers, other health staff, as well as out-patients and in-patients. These individuals were chosen because of their relevance and involvement in the healthcare system at the district level. They provide insights from different perspectives, such as governance, administration, healthcare provision, and patient experiences, which collectively contribute to a comprehensive understanding of the research topic. By including these diverse categories of participants, the study aims to capture a holistic view of the healthcare services in the specific district under investigation.

### **3.3. Sample Size Determination**

The study population consisted of elected leaders in the study areas, including the Resident District Commissioner, members of the District Executive Committee, members of the Health Management Committee, members of the District Health Committee, the District Health Officer, Medical Officers, Clinical Officers, other health staff, as well as out-patients and in-patients. From this population, a sample of 113 participants was selected using the Krejcie and Morgan simple table from 1970, out of a total population of 160 potential respondents. This sample size was determined to be representative and suitable for conducting the study.

**Table 3.1: Showing Sample Size Determination**

S/N	Category of Population	No. of target Population	Sample Size	Sampling Technique
1.	RDC	01	01	Census Sampling
2.	District Executive Committee Members	05	05	Census Sampling
3.	Members of the Health Management Committee	12	09	Simple Random Sampling
4.	Members of District Health Committee	15	10	Simple Random Sampling
5.	District Heal Officer	01	01	Census Sampling
6.	Medical Officers	02	02	Census Sampling
7.	Clinical Officers	05	05	Census Sampling
8.	Other Health staff	37	24	Simple Random Sampling
9.	Daily In-Patients	18-20	14	Simple Random Sampling
10.	Daily Out-Patients	94	62	Simple Random Sampling
	<b>Total</b>	<b>190</b>	<b>127</b>	

**Source:** Kibuku Health Center IV Report (2020).

### **3.4. Sampling Techniques**

The study employed two sampling techniques: simple random sampling and purposive sampling.

Simple random sampling is a technique where each member of the population has an equal chance of being selected as a subject. In this approach, a random selection is made without any bias or preference. It ensures that each member of the population has an equal opportunity to be included in the study, which enhances the generalizability of the findings. On the other hand, purposive sampling is a non-random sampling technique where specific individuals or groups are selected based on predetermined criteria. It involves purposefully selecting participants who possess the characteristics or knowledge that align with the research objectives. Purposive sampling is commonly used when the researchers want to focus on a specific subgroup or when they require specific expertise or knowledge that only certain individuals can provide. By combining simple random sampling and purposive sampling techniques, the study aimed to achieve a balance between representativeness and targeted selection. Simple random sampling ensured that a diverse range of individuals from the study population had an equal chance of participation, reducing bias and increasing the generalizability of the findings. Purposive sampling, on the other hand, allowed the researchers to selectively include individuals who possessed specific knowledge or experiences relevant to the research objectives, providing in-depth insights and enriching the qualitative aspects of the study. The combination of these sampling techniques helped to ensure a comprehensive and balanced representation of the study population, enhancing the validity and applicability of the study's findings.

### **3.4.1. Purposive sampling**

The study utilized purposive sampling, also known as judgment sampling, as a non-random sampling technique. This approach involves deliberately selecting participants based on specific qualities or characteristics they possess that are relevant to the research objectives. In other words, the researchers made a conscious choice to include individuals who were considered to have valuable knowledge or experiences related to the study's focus. In this particular research, the purposive sampling method was employed to select specific categories of participants. These included the Resident District Commissioner, District Health Officer, Medical Officers, Clinical Officers, and Members of the District Executive Committee. By targeting these specific individuals, the researchers aimed to gather insights from key stakeholders who held important positions or roles within the healthcare system or local government. These participants were likely to possess valuable expertise, decision-making authority, or firsthand experience relevant to the research topic. The use of purposive sampling in this study allowed the researchers to focus on specific individuals who were deemed to have the most relevant information and perspectives. By selecting participants based on their specific qualities, the researchers sought to ensure that the sample would provide rich and insightful data for the study's objectives. However, it is important to note that while purposive sampling can provide valuable in-depth insights, the findings may not be fully representative of the entire population.

### **3.4.2. Simple Random Sampling**

Simple random sampling is a method of selecting participants from a population in a way that gives each member an equal chance of being included in the study. This technique involves using a random process, such as a lottery or random number generator, to select individuals from the population. The goal of simple random sampling is to minimize bias and ensure that the sample is representative of the larger population. In the context of this study, the researchers employed simple random sampling to select participants such as outpatients, inpatients, members of the health management committee, members of the District Health Committee, and health staff. By using this sampling technique, the researchers aimed to avoid any potential bias in participant selection and ensure that every eligible member of the population had an equal opportunity to be included in the study. The decision to use simple random sampling was likely driven by practical considerations. Conducting research with the entire population may be time-consuming, costly, or logistically challenging. Therefore, by selecting a sample through randomization, the researchers were able to obtain a representative subset of the population that could provide valuable insights into the research objectives. It is important to note that while simple random sampling helps reduce bias, it does not guarantee that the sample will perfectly represent the entire population. Random variation can still occur, leading to some degree of sampling error. However, by using this technique, the researchers aimed to minimize potential biases and obtain a diverse and representative sample for their study.

### **3.5. Data Collection methods**

#### **3.5.1. Survey**

The use of a standardized questionnaire and preset questions in this study, administered to outpatients, inpatients, members of the health management committee, and members of the District Health Committee, suggests the implementation of a structured survey approach to collect quantitative data. By employing a standardized questionnaire, the researchers aimed to ensure consistency and comparability in data collection. All respondents were asked the same set of questions, presented in the same order, and given the same response options. This approach minimizes the potential for variability in data collection, as it ensures that each participant is exposed to the same information and response choices. Using a structured survey method with a predetermined questionnaire offers several advantages. Firstly, it allows for efficient data collection as the researcher can systematically administer the questionnaire to multiple respondents. This approach saves time and facilitates data management and analysis. Secondly, it enables the researcher to address specific information objectives by organizing questions in a way that covers the essential aspects of the research study. The structured questionnaire ensures that all respondents are confronted with relevant questions that capture the required information.

Collecting quantitative data through this method allows for statistical analysis and quantitative interpretation of the findings. The data obtained from the respondents can be quantified, summarized, and analyzed using various statistical techniques, enabling the researchers to derive meaningful insights and draw objective

conclusions. However, it is important to acknowledge that relying solely on structured questionnaires may limit the depth of understanding or prevent capturing nuanced responses. It is possible that certain aspects of the research topic could be better explored through qualitative approaches that allow for open-ended responses and in-depth exploration of individual perspectives. The use of structured surveys with a standardized questionnaire in this study facilitated the collection of quantitative data, ensured consistency in responses, and enabled statistical analysis for a comprehensive understanding of the research objectives.

### **3.5.2. Interview Method**

The study employed an interview method to collect qualitative data from key respondents, including the Resident District Commissioner, District Health Officer, Medical Officers, Clinical Officers, and Members of the District Executive Committee. The interview method involved face-to-face verbal exchanges between the researcher and the participants, where the researcher asked specific questions aligned with the research objectives. By using the interview method, the researchers aimed to gather in-depth insights and perspectives from the respondents. This approach allowed for a direct interaction between the researcher and the participants, enabling a deeper exploration of the research topic. The oral-verbal stimuli presented by the researcher in the form of questions were responded to by the participants through oral-verbal replies. During the interview, the researcher ensured that the respondents focused their answers on the specific questions posed, maintaining relevance to the research objectives. This guided approach helped in collecting targeted information and ensured that the responses were aligned with the research focus. One advantage of

the interview method is that it allowed for flexibility and adaptability during the data collection process. The researcher had the opportunity to restructure questions or probe further to elicit more detailed responses. This flexibility is particularly beneficial in qualitative research as it enables the exploration of new themes or the clarification of ambiguous responses. Moreover, the use of written notes during the interview allowed for accurate and immediate capture of the respondents' answers. It ensured that the information provided by the participants was accurately recorded, reducing the chances of information loss or misinterpretation.

### **3.6. Data Collection Instruments**

#### **3.6.1. Questionnaire**

In this study, a questionnaire was employed as the primary research instrument. Close-ended questionnaires were chosen due to their advantages in terms of self-administration, uniformity across respondents, reduced errors, confidentiality, and convenience. The use of identical sets of items ensured consistency in data collection, while self-administration allowed respondents to answer at their own convenience. The questionnaire items consisted of short, direct statements that required respondents to indicate their agreement or disagreement using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The questionnaire was used to collect quantitative data from various groups, including outpatients, inpatients, members of the health management committee, and members of the District Health Committee. For literate patients, they were provided with the questionnaire and asked to respond to the items independently. For illiterate patients, the researcher and a research assistant worked together, posing the questions verbally and ticking the appropriate

responses on their behalf. The choice of using a questionnaire as the research instrument was motivated by several factors. Firstly, it allowed for efficient data collection within a short period of time. Secondly, it provided convenience to respondents, as they could freely provide their answers without feeling influenced by the presence of the researcher. Additionally, the questionnaire format facilitated the collection of sensitive information as respondents had a level of anonymity and privacy when providing their responses.

### **3.6.2. Interview Guide**

The study employed an interview guide as a means of collecting qualitative data from key respondents, including the Resident District Commissioner, District Health Officer, Medical Officers, Clinical Officers, and Members of the District Executive Committee. A series of predetermined questions were formulated, and these questions were presented to the respondents during interview sessions. The researcher recorded the answers provided by the respondents. The utilization of an interview guide was chosen as it facilitated the collection of detailed and comprehensive data from the key respondents regarding the phenomenon under investigation. By conducting interviews, the researcher was able to delve deeper into the subject matter and gather rich qualitative insights directly from the participants.

### **3.7. Data Quality Control**

Reliability and validity are essential considerations in research as they ensure data quality and enhance the credibility and trustworthiness of the findings. Reliability refers to the consistency and stability of measurements or data collection methods.

Validity, on the other hand, refers to the accuracy and truthfulness of the inferences, interpretations, or conclusions drawn from the research findings. It reflects the extent to which the study measures what it intended to measure or examines the phenomenon of interest.

### **3.7.1 Validity of Instruments**

Validity refers to the degree to which a measurement instrument accurately and appropriately assesses the specific construct it is intended to measure (Drost, 2011). The construct represents the particular skill, knowledge, attribute, or attitude that the researcher is investigating in the study. To ensure the validity of the instrument used in this research, it underwent a validation process involving the research supervisor and three experts. This validation process aimed to assess whether the instrument effectively captured and represented the underlying construct of interest. The expertise and input of the research supervisor and experts helped ensure that the instrument aligned with the study objectives and accurately measured the intended construct. By validating the instrument, the researchers sought to enhance the confidence in the data collected and the overall findings of the study. The results of the pre-test were used to subject the questionnaire to a content validity test using the following formula:

$$\text{Content Validity Index (CVI)} = \frac{R + VR}{\text{Total Number of items judged}}$$

Total Number of items judged

Where R represents Relevant and VR represents Very Relevant

CVI= 105/132

CVI= 0.8

According to Amin (2005), an acceptable content validity index of a research instrument should be 0.70 and above. Since the questionnaire content validity obtained for this study was 0.8, the questionnaire deployed in this research was within the acceptable range ( $>0.7 < 1$ ) as recommended by Amin (2005). Expert judgment allowed for scale refinement through subsequent removal of irrelevant items in the scale.

### **3.7.2 Reliability**

Reliability pertains to the consistency and stability of measurement instruments when used repeatedly under similar conditions with the same group of individuals (Amin, 2005). It ensures that the research instrument produces consistent results across multiple trials (Carmine & Zeller, 1979). To establish the reliability of the findings, the researcher employed a triangulation approach in data collection, utilizing both questionnaires and interviews. By comparing responses to different research questions and varying the category of respondents and sources of information, consistency in the generated data was examined. Additionally, the researcher conducted a reliability analysis using Cronbach's alpha coefficient in the Statistical Package for Social Sciences (SPSS). The results indicated a Cronbach's alpha coefficient of 0.888 for all 41 items in the questionnaire, demonstrating high reliability (Table 3.3).

**Table 3.3: Reliability Statistics**

Cronbach's Alpha coefficient $\alpha$	N of Items
.888	41

**Source:** Primary data

Cronbach's Alpha is a measure that assesses the extent to which the items in a questionnaire measure the same underlying construct. A Cronbach's Alpha coefficient of 0.70 or higher is generally deemed acceptable (Nunnally, 1978), while a range between 0.80 and 0.90 is considered preferable. In this study, the Cronbach's Alpha coefficient was found to be 0.888, falling within the desired range of 0.80 to 0.90. This indicates that the instrument used in the study was highly reliable.

### **3.7. Data Process and Analysis**

This section describes the data analysis approach employed for both the interview and questionnaire data. The aim of data analysis was to condense the datasets and facilitate data management. A combination of qualitative and quantitative techniques was utilized to present the research findings.

#### **3.7.1. Quantitative Data Analysis**

In this section, an analysis was conducted to provide a comprehensive understanding of the data obtained from the samples. This involved both descriptive quantitative and qualitative analysis, allowing the reader to gain insights into previous studies conducted by others and ongoing research in the field. The data collected from questionnaires, text responses, and interviews were collectively interpreted to align with the overall aims and research questions. The gathered data was then analyzed

and transformed into numerical figures, enabling the presentation of results through percentages, graphs, and pie charts using descriptive statistics. To further analyze the collected data and obtain relevant summary statistics for addressing the research objectives, the SPSS (Statistical Package for Social Sciences) software was utilized.

### **3.7.2. Qualitative Data Analysis**

The subsequent actions were implemented to guarantee a thorough and exacting examination:

Open-ended survey questions, focus groups, and interviews were used to gather qualitative data in the first phase. All of the talks and interviews were transcribed by the researcher to make sure the data was in an analysis-ready state. The researcher then went over the transcripts several times to become acquainted with the data. For the purpose of getting a basic grasp of the context and content of the data, this stage was essential.

Data reduction, according to Miles and Huberman, is the act of streamlining, arranging, and rearranging the data in order to concentrate on the most pertinent information. In order to do this, the data had to be reduced in size by removing material that was superfluous or unnecessary while still preserving the important features and insights. By labeling text passages that reflected particular themes, ideas, or concepts pertinent to the study's goals, the researcher coded the data. Software for qualitative data analysis, such as NVivo or Atlas.ti, was used for manual coding.

Following the coding process, the researcher grouped the codes into more general topics or categories that complemented the goals of the study. This required creating clusters of similar codes and figuring out overarching themes that embodied the main conclusions drawn from the qualitative data. Sub-themes that offered a more in-depth depiction of the material were arranged beneath the main themes in a hierarchical framework.

Using narrative analysis, the researcher investigated the relationships between the themes and patterns found in the data. This required crafting narratives that elucidated the connections among various themes and their roles in comprehending the study inquiries. The researcher was able to make links between the general goals of the research and the qualitative findings by interpreting the narratives within the framework of the study's objectives.

In order to reach conclusions and make generalizations, the last stage required interpreting the data that had been categorized and examined. The researcher deduced conclusions regarding the goals of the study using the knowledge gathered from the narrative analysis. A thorough grasp of the qualitative components of the study was provided by the conclusions that were reached in light of the recurrent themes and patterns found in the data.

### **3.8. Ethical Considerations**

Throughout the research process, the researcher adhered to ethical guidelines to ensure the rights and well-being of the participants. This involved obtaining informed consent from the respondents, clearly stating that their participation was voluntary

and they had the right to withdraw from the study at any point. Respecting the privacy and confidentiality of the respondents was also of utmost importance, and their identities were kept anonymous by not disclosing their names. Furthermore, the study obtained approval and permission from the relevant authorities, specifically from the Kibuku District, to conduct the research at Kibuku Health Center IV in Kibuku district. This institutional approval ensured that the study was conducted in a proper and authorized manner.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPRETATION

#### 4.0. Introduction

This chapter focuses on the analysis and interpretation of the data gathered from the respondents regarding the impact of elected leaders on healthcare services at Kibuku Health Center IV in Kibuku district. The analysis is structured based on the rate of return, demographic characteristics of the participants, and the research objectives and questions that guided the study. The findings and results are presented in a comprehensive manner.

#### 4.1. Questionnaire Return Rate

The researcher initially assessed the response rate and the number of returned questionnaires before proceeding with the analysis to ensure the representativeness of the findings (Kigenyi, 2017). The researcher considered response rates of 50% as adequate, 60% as good, and 75% as very good. In this study, a total of 113 questionnaires were distributed, and 109 were collected, resulting in a return rate of 96%. The researcher also planned to conduct 12 interview sessions and 10 interviews were carried out representing 83.3%. The researcher maintained regular follow-ups and persistent efforts to retrieve the questionnaires from the respondents. The high response rate indicates the significance and relevance of the elected leaders' contribution to healthcare services at Kibuku Health Center IV in Kibuku district.

## 4.2. Demographic Characteristics of Respondents

Descriptive statistics were utilized to provide an overview of the study sample's general characteristics. This included calculating frequencies, percentage distributions, mean, and standard deviations. The results of the study were presented in tabular form. The analysis involved a triangulation approach, incorporating both qualitative and quantitative data, along with secondary data. The demographic information of the respondents encompassed their gender, age, and educational level. The specific findings regarding these demographic factors are outlined below:

### 4.2.1. Gender of Respondents

**Table 4.2.1: showing Gender of Respondents**

Gender of Respondents	Frequency	Percentage
Male	37	33.9
Female	72	66.1
<b>Total</b>	<b>109</b>	<b>100</b>

*Source: Field Data, 2021*

The findings indicate that the majority of respondents in the study were females, accounting for 72(66.1%) of the sample, while males represented 37(33.9%) (Table 4.2.1). This suggests that women played a dominant role in both providing and seeking various types of health services at Kibuku Health Center IV in Kibuku District. The services sought by women included maternal and child care, HIV/AIDS care and antiretroviral therapy (ART), antenatal care, theater services, outpatient and

inpatient care, immunization and growth monitoring for children, postnatal care, prevention of mother-to-child transmission (PMTCT), early infant diagnosis (EID), family planning, adolescent and youth-friendly services, laboratory services, and sexually transmitted diseases tracing and treatment. The implications of these findings are: The higher representation of women accessing healthcare services highlights potential gender disparities in healthcare utilization. It indicates that women have a greater presence and engagement in health-seeking behaviors compared to men. The dominance of women seeking various health services underscores the importance of addressing women's specific health needs, such as maternal and child health, reproductive health, and HIV/AIDS care. Health policies and programs should prioritize and cater to the specific healthcare requirements of women. The findings suggest the need for targeted interventions to engage and involve men in accessing healthcare services. Strategies should be developed to encourage men to actively participate in their own health management and seek appropriate healthcare services. The higher demand for healthcare services by women highlights the need for adequate planning and resource allocation to ensure the availability and accessibility of services that specifically address women's health concerns. The findings emphasize the importance of recognizing and addressing gender-related factors in healthcare delivery to ensure equitable access and provision of healthcare services for all individuals in the community.

#### 4.2.2. Age of Respondents

Table 4.2.2: showing Age of Respondents

Age of Respondents	Frequency	Percentage
20-29	41	37.6
30-39	44	40.4
40-49	19	17.4
50 and above	5	4.6
<b>Total</b>	<b>109</b>	<b>100</b>

*Source: Field Data, 2021*

Age of the respondents varied (Table 4.2.2). Respondents ranging from the age of 30-39 years had the highest percentage of 44 (40.4%) followed by those who were between 20-29 years with a percentage of 41(37.6%). Respondents who had 40-49 years were 19 represented by 19(17.4%) while respondents aged 50 and above were the least represented by 5(4.6%.) This implies that the majority of respondents were in active productive age who sought a variety of health services in Kibuku Health Center IV in Kibuku district.

### 4.2.3. Education level of Respondents

Table 4.2.3: showing Education level of Respondents

Education level of Respondents	Frequency	Percentage
No qualifications	26	47.7
Certificate	42	11.9
Diploma	28	37.6
Degree	13	2.8
<b>Average Mean</b>	<b>109</b>	<b>100</b>

*Source: Field Data, 2021*

The education level of the respondents varied, ranging from no qualifications to degrees, as shown in Table 4.2.3. The majority of the respondents 26(47.7%) had no qualifications, followed by those with certificates 28(37.6%). Respondents with diplomas represented 42(11.9%) of the sample, while respondents with degrees had the lowest representation at 13 (2.8 %.) The implications of these findings are as follows: The higher representation of respondents with no qualifications suggests a potential disparity in educational opportunities and access to higher education. It indicates that a significant proportion of the population seeking treatment at Kibuku Health Center IV in Kibuku District may have limited formal education. The dominance of respondents with no qualifications implies that a substantial portion of the study sample consisted of individuals from a peasant background. These individuals, who may be engaged in agricultural or manual labor, reported on the quality of services provided at the health center. Their perspectives and experiences are important in understanding the healthcare needs and preferences of the local

community. On the other hand, respondents with qualifications were mainly composed of medical staff, support staff, and members of the Health Management Committee. These individuals likely had a more comprehensive understanding of healthcare systems and services, which could provide valuable insights for improving healthcare delivery. The mention of a Senior Medical Officer and Deputy Medical Officer with degree qualifications indicates that the leadership positions at Kibuku Health Center IV require higher education and professional expertise. This highlights the importance of having qualified and skilled personnel in leadership roles to ensure effective management and delivery of healthcare services. The findings suggest a need for capacity building and educational opportunities for the community members who have limited or no qualifications. This can help empower individuals with knowledge and skills to make informed decisions about their health and engage more actively in healthcare processes.

#### **4.3. Status of HealthCare Service provision in Kibuku Health Center IV in Kibuku District**

In this section, the findings of the study regarding the status of healthcare services provision at Kibuku Health Center IV in Kibuku district are presented. The data collected from the respondents through questionnaires formed the basis for both quantitative and qualitative analysis. Quantitative data, which represents the opinions of the respondents, is presented in Table 4.3.1. This table provides a numerical summary of the responses to specific questions related to the quality of healthcare services. The data is presented in a structured format, allowing for easy comparison and interpretation of the findings. On the other hand, qualitative data

was analyzed using narrative analysis. This approach involved examining the responses to open-ended questions and identifying recurring themes and patterns. The qualitative data was analyzed in response to constructs or sub-themes derived from the research objectives and questions. This analysis provided a deeper understanding of the experiences, perceptions, and insights shared by the respondents regarding the quality of healthcare services. The combination of quantitative and qualitative analysis methods allowed for a comprehensive examination of the status of healthcare services at Kibuku Health Center IV. The quantitative data provided numerical evidence and statistics, while the qualitative data offered rich narratives and contextual information. This approach provided a holistic view of the research findings and allowed for a more nuanced understanding of the factors influencing the quality of healthcare services.

**Table 4.3.1: showing Status of HealthCare Service provision in Kibuku Health Center IV in Kibuku**

Construct	SD	D	N	A	SA	Mean	S.D	Comment
Maternal child care services are adequately offered at Kibuku Health Center IV	16(14.7%)	50(45.9%)	2(1.8%)	28(25.7%)	13(11.9%)	<b>2.7431</b>	1.31518	Moderate
HIV/AIDS care and ART services are adequately offered at Kibuku Health Center IV	18(16.5%)	60(55.0%)	1(.9%)	25(22.9%)	5(4.6%)	<b>2.4404</b>	1.15013	Low
Antenatal care services are adequately offered at Kibuku Health Center IV	17(15.6%)	56(51.4%)	3(2.8%)	26(23.9%)	7(6.4%)	<b>2.5413</b>	1.19824	Moderate
Theatre services are adequately offered at Kibuku Health Center IV	17(15.6%)	59(54.1%)	1(.9%)	26(23.9%)	6(5.5%)	<b>2.4954</b>	1.17555	Low
Immunization and growth monitoring are adequately offered at Kibuku Health Center IV	17(15.6%)	57(52.3%)	2(1.8%)	25(22.9%)	8(7.3%)	<b>2.5413</b>	1.21360	Moderate
Postnatal care services are adequately offered at Kibuku Health Center IV	19(17.4%)	56(51.4%)	1(.9%)	25(22.9%)	8(7.3%)	<b>2.5138</b>	1.22938	Moderate
Prevention of mother to child transmission (PMTCP) is adequately offered at Kibuku Health Center IV	21(19.3%)	56(51.4%)	2(1.8%)	25(22.9%)	5(4.6%)	<b>2.4220</b>	1.17295	Low
Family Planning services are adequately offered at Kibuku Health Center IV	18(16.5%)	58(53.2%)	1(.9%)	25(22.9%)	7(6.4%)	<b>2.4954</b>	1.19895	Low
Laboratory services are adequately offered at Kibuku Health Center IV	17(15.6%)	62(56.9%)	0	25(22.9%)	5(4.6%)	<b>2.4404</b>	1.14205	Low
<b>Overall Mean</b>						<b>2.5148</b>	<b>1.1996</b>	Moderate

**Source: Field Data, 2021**

### LEGEND INTERPRETATION

1.00 – 1.49 – Strongly Disagree	very low
1.50 – 2.49 – Disagree	low
2.50 – 3.49 – Not Sure	moderate
3.50 – 4.49 – Agree	high
4.50 – 5.00 – Strongly Agree	very high

Health care service provision is one of the critical decentralized services under decentralization policy in Uganda. Districts have responsibility to plan, budget or allocate resources and monitor delivery of health care service delivery to ensure quality service provision in Uganda. In order to determine the Status of HealthCare Service provision in Kibuku Health Center IV in Kibuku district, respondents were required to give their opinion about the seven indicators of health care service provision and their responses varied (Table 4.3.1).

Considering whether maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku district, 28(25.7%) of the respondents agreed while 13(11.9%) of the respondents strongly agreed with the opinion that maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku district whereas 50(45.9%) of the respondents disagreed while 16(14.7%) strongly disagreed and only 2(1.8%) of the respondents were not sure with the assertion (Table 4.3.1). The calculated mean was 2.7431, Standard deviation= 1.31518 elaborate that maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku district is at a low level. This implies that the majority of the respondents

were not satisfied with quality of maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku District.

One of the key respondents who happens to be a mother when asked whether maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku district, this is what she said:

*“Maternal child care services are not at the best level we expect as mothers. The maternity ward is too congested with very few beds. The expectant mothers sleep on the floor with very few Midwife and Nurses on duty. Mama kits are few and not all mothers receive them and this could be due to high number of pregnant mothers seeking antenatal health care services. Sometimes, the medical workers are tough and harass pregnant mothers” (Field Data, 2020).*

Results from the interview analysis varied depending on the respondent. Some of the views were in agreement with the quantitative analysis and others were in disagreement as detailed below. When one of the key respondents was asked to explain why respondents who gave their views on whether maternal child care services are adequately offered at Kibuku Health Center IV in Kibuku district with the majority in disagreement and few respondents in agreement, this is what he said:

*“Kibuku Health Center IV serves as a district hospital yet its budget has remained as that of a health center IV*

*...serving a constituency. There is a mismatch between the population to be served and funding of health services. This facility is supposed to offer clinical services but the demands are for that of a district hospital. The respondents are right in their opinion because we have regular stock outs and medical supplies cannot last for more than two weeks. Clients are always referred to other health units and Mbale Regional Referral Hospital due to limited services delivered” (Field data, 2019).*

When respondents were asked to give their opinion about whether HIV/AIDS care and ART services are adequately offered at Kibuku Health Center IV in Kibuku district, majority of the respondents 60(55.0%) disagreed while 18(16.5%) of the respondents strongly disagreed with the opinion that HIV/AIDS care and ART services are adequately offered at Kibuku Health Center IV in Kibuku district and those who agreed were 25(22.9%) while those who strongly agreed were 5(4.6%) whereas only 1(.9%) respondent was not certain whether HIV/AIDS care and ART services are adequately offered at Kibuku Health Center IV in Kibuku district (Table 4.3.1). The calculated mean was 2.4404, standard deviation = 1.15013 shows that provision of HIV/AIDS care and ART services are not adequately offered at Kibuku Health Center IV in Kibuku district as shown by a low mean and the majority of respondents expressing disagreement in opinion.

Yet another key respondent also revealed that:

*“Yes when we go to get ARV drugs, they are always out of stock and now that there is COVID-19 lock down, the leaders do not allow us to go and get our medicines and drugs. We expect that the VHTs would deliver the medicines to us but all in vain. The VHTs are not active and also stopped from moving. There is no budget for VHTs and therefore, they cannot just move” Field data, 2019).*

When the respondents were demanded to give their view about whether Antenatal care services are adequately offered at Kibuku Health Center IV in Kibuku district, the majority of the respondents disagreed with the opinion represented by 56(51.4%) while 17(15.6%) of the respondents strongly disagree. 3(2.8%) of the respondents were not sure whether Antenatal care services are adequately offered at Kibuku Health Center IV in Kibuku district whereas those who were in agreement with the idea had represented by 26(23.9%) and only 7(6.4%) of the respondents strongly agreed with the opinion that Antenatal care services are adequately offered at Kibuku Health Center IV in Kibuku district (Table 4.3.1). The calculated mean was 2.5413, standard deviation = 1.19824 indicate a low level of Antenatal care services offered at Kibuku Health Center IV in Kibuku district.

Results from the interview analysis varied depending on the respondent. Some of the views were in agreement with the quantitative analysis and others were in disagreement as detailed below:

One the key respondents who happens to be a pregnant mother when interviewed said that:

*“In Kibuku Health Center IV, the number of mothers giving birth on average is 100 per month and there is limited space for maternity services. Pregnant mothers sleep on the floor and there are only two delivery beds with limited running water. The situation is not good for mothers who want deliver at the health unit. Even the nurses are few given the high numbers of deliveries per day and some mothers miss out on mama kits” (Field data, 2019).*

When respondents were asked to give their opinion whether theatre services are adequately offered at Kibuku Health Center IV in Kibuku district, 26(23.9%) of the respondents agreed while 6(5.5%) of the respondents strongly agreed with the opinion and those who disagreed had represented by 59(54.1%) while those who strongly disagreed were represented by 17(15.6%) where only 1(.9%) was not certain. The calculated mean was 2.4954, standard deviation = 1.17555 shows that theatre services offered in Kibuku Health Center IV in Kibuku district is at a low level.

A key respondent was asked to give her opinion on low response from respondents/clients on theatre services offered at Kibuku Health Center IV in Kibuku district being inadequate and this is what she said:

*“Clients could be right on provision of theatre services or surgical services because, most illness reported requires specialized medical doctors who are available in Regional Referral Hospitals and clients are always referred. Yet for the clients, they want to be attended to at the health unit. The health unit can only offer minor surgical services which our medical doctors can perform as prescribed in the health guidelines” (Field data, 2019).*

When respondents were asked to give their opinion about whether immunization and growth monitoring are adequately offered at Kibuku Health Center IV in Kibuku district, 25(22.9%) of the respondents agreed while 8(7.3%) of the respondent strongly agreed with the opinion whereas 57(52.3%) of the respondents disagreed while 17(15.6%) of the respondents strongly disagreed with the opinion and only 2(1.8%) were not sure whether immunization and growth monitoring are adequately offered at Kibuku Health Center IV in Kibuku district. The calculated mean was 2.5413, standard deviation = 1.21360 elaborates that immunization and growth monitoring offered at Kibuku Health Center IV in Kibuku district is at a low level.

One the respondents who happened to be a Medical staff when asked whether immunization and growth monitoring are adequately offered at Kibuku Health Center IV in Kibuku district, she had this to say:

*“Immunization and growth monitoring is affected by vigilance and regular vaccination exercise. The mothers are not actively involved and supportive to the immunization of their children as per the immunization card. Sometimes they delay to bring the children and we have to use the VHTs to follow them up or remind them. Sometimes we have to use the Megaphone to announce and remind the mothers to bring the children for immunization. This always affects our targets and national ranking in terms of coverage” (Field Data, 2021).*

When respondents were asked to give their opinion about whether Postnatal care services are adequately offered at Kibuku Health Center IV in Kibuku district, 56(51.4%) of the respondents were in disagreement while 19(17.4%) of the respondents strongly disagreed with the view whereas only 1(.9%) respondent was not certain with the idea and 25(22.9%) of the respondents agreed while 8(7.3%) of the respondents strongly agreed with the opinion that Postnatal care services are adequately offered at Kibuku Health Center IV in Kibuku district. The calculated mean was 2.5138, standard deviation = 1.22938 indicate that Postnatal care services offered at Kibuku Health Center IV in Kibuku district is at a low level.

Majority of the respondents 56(51.4%) disagreed while 21(19.3%) strongly disagreed that Prevention of mother to child transmission (PMTCP) is adequately offered at Kibuku Health Center IV in Kibuku district and whereas 25(22.9%) of the respondents agreed while 5(4.6%) with the opinion and only 2(1.8%) of the respondents were not sure whether Prevention of mother to child transmission (PMTCP) is adequately

offered at Kibuku Health Center IV in Kibuku district (Table 4.3.1). The calculated mean was 2.4220, standard deviation = 1.17295 shows that Prevention of mother to child transmission (PMTCP) offered at Kibuku Health Center IV in Kibuku district is at a low level.

When respondents were asked to give their opinion about whether Family Planning services are adequately offered at Kibuku Health Center IV in Kibuku district, 58(53.2%) of the respondents disagreed while 18(16.5%) of the respondents strongly with the view whereas only 1(.9%) of the respondents was not certain with the opinion and 25(22.9%) of the respondents agreed while 7(6.4%) of the respondents strongly agreed with the opinion that Family Planning services are adequately offered at Kibuku Health Center IV in Kibuku district. The calculated mean was 2.4954, standard deviation = 1.19895 indicates that Family Planning services offered at Kibuku Health Center IV in Kibuku district is at a low level.

One of the key respondents who happen to be a mother when asked why the majority of respondents disagreed with the opinion of whether Family Planning services are adequately offered at Kibuku Health Center IV in Kibuku district and this is what she said:

*“Family Planning services yes are offered at the health unit but the health workers take long to attend to us. There is no special room for us who need counseling and treatment. We are mixed up with women who come for Antenatal services. Also the effects of family planning are*

*severe and affect child birth so most women dont want to take up the service and prefer safe days” (Field Data, 2020)*

When respondents were asked to give their opinion about whether Laboratory services are adequately offered at Kibuku Health Center IV in Kibuku district, 62(56.9%) of the respondents disagreed while 17(15.6%) strongly disagreed with the opinion, whereas 25(22.9%) of the respondents agreed while 5(4.6%) strongly agreed with the opinion. The calculated mean was 2.4404, standard deviation = 1.14205 elaborates that Laboratory services offered at Kibuku Health Center IV in Kibuku district is at a very low level.

The overall mean was 2.5148 implying that Status of Health Care Service provision in Kibuku Health Center IV in Kibuku is at a low level.

#### 4.4. Role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District

**Table 4.4.1: showing role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District**

Construct	SD	D	N	A	SA	Mean	S.D	Comment
Elected leaders always plan for recruitment of health workers for Kibuku Health Center IV	5(4.6%)	13(11.9%)	9(8.3%)	74(67.9%)	8(7.3%)	<b>3.6147</b>	.95169	High
Elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV	6(5.5%)	13(11.9%)	2(1.8%)	73(67.0%)	15(13.8%)	<b>3.7156</b>	1.02823	High
Elected leaders always plan for procurement of medicines and drugs	7(6.4%)	12(11.0%)	1(.9%)	76(69.7%)	13(11.9%)	<b>3.6972</b>	1.03194	High
Elected leaders always plan for medical staff allowances	15(13.8%)	17(15.6%)	0	63(57.8%)	14(12.8%)	<b>3.4037</b>	1.28466	Moderate
Elected leaders always plan for staff salaries	9(8.3%)	18(16.5%)	3(2.8%)	65(59.6%)	14(12.8%)	<b>3.5229</b>	1.15947	High
Elected leaders always plan for staff trainings.	9(8.3%)	15(13.8%)	2(1.8%)	69(63.3%)	14(12.8%)	<b>3.5872</b>	1.13212	High
Elected leaders always plan for referral services	8(7.3%)	18(16.5%)	3(2.8%)	67(61.5%)	13(11.9%)	<b>3.5413</b>	1.12655	High
<b>Overall Mean</b>						<b>3.5832</b>	<b>1.10209</b>	<b>High</b>

*Source: Field Data, 2021*

### LEGEND INTERPRETATION

1.00 – 1.49 – Strongly Disagree	very low
1.50 – 2.49 – Disagree	low
2.50 – 3.49 – Not Sure	moderate
3.50 – 4.49 – Agree	high
4.50 – 5.00 – Strongly Agree	very high

Planning for Health Care Provision local governments is a devolved function under fiscal and administrative decentralization in Uganda. Health care provision requires planning for decentralized services in Kibuku Health Center and district sub-hospitals receive funds which include both conditional and unconditional grants from central government, district and non-governmental organizations to facilitate provision of quality health care services and both district and sub-hospital management are involved in the planning process to ensure all critical health care services are planned for and resources allocated within the health care policy framework and National Health Strategic Plan. In order to determine the role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District, respondents were required to give their opinion about the seven indicators of planning and their responses varied (Table 4.4.1).

Considering whether elected leaders always plan for recruitment of health workers for Kibuku Health Center IV, 74(67.9%) of the respondents agreed while 8(7.3%) of respondents strongly agreed implying that the majority of respondents were in

agreement with the opinion that elected leaders always plan for recruitment of health workers for Kibuku Health Center IV whereas 13(11.9%) of the respondents disagreed while 5(4.6%) of respondents strongly disagreed and only 9(8.3%) of the respondents were not sure whether elected leaders always plan for recruitment of health workers for Kibuku Health Center IV in Kibuku district or not (Table 4.4.1). The calculated mean was 3.6147, Standard deviation= .95169 elaborate that elected leaders always plan for recruitment of health workers for Kibuku Health Center IV in Kibuku district is at a moderate level. This implies that planning for recruitment of health workers for Kibuku Health Center IV in Kibuku district by elected leaders is a significant factor in provision of quality health care services in districts in Uganda.

When respondents were asked to give their opinion about whether elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district, majority of the respondents 73(67.0%) agreed while 15(13.8%) of the respondents strongly agreed with the opinion that elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV and those who disagreed were represented by 13(11.9%) while 6(5.5%) of respondents strongly disagreed whereas only 2(1.8%)of the respondents were not certain whether elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district (Table 4.4.1). The calculated mean was 3.7156, standard deviation = 1.02823 shows that moderately elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district.

When the respondents were demanded to give their view about whether elected leaders always plan for procurement of medicines and drugs, 76(69.7%) of

respondents agreed while 13(11.9%) of the respondents strongly agreed with the opinion that elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district whereas those who disagreed were 12(11.0%) while those who strongly disagreed with the idea had represented by 7(6.4%) and only 1(.9%) of the respondent was not certain whether Elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district (Table 4.4.1). This implies that the majority of respondents were in agreement that elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district. The calculated mean was 3.6972, standard deviation = 1.03194 indicate that moderately the level of Elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district. This implies that when elected leaders plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district is a significant role of District Council and Health Center IV management team in provision of health care services to clients under decentralization policy in Uganda.

When respondents were asked to give their opinion about whether elected leaders always plan for medical staff allowances, majority of the respondents 63(57.8%) agreed while 14(12.8%) of respondents strongly agreed with the opinion that elected leaders always plan for medical staff allowances and those who disagreed were 17(15.6%) while respondents who strongly disagreed were represented by 15(13.8%). The calculated mean was 3.4037, standard deviation = 1.28466 shows that moderately whether elected leaders always plan for medical staff allowances. This implies that when elected leaders plan for medical staff allowances, it is a significant factor in the

provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because staff allowances a motivation factor for staff performance in organizations.

Considering whether elected leaders always plan for staff salaries, 65(59.6%) of the respondents agreed while 14(12.8%) of respondents strongly agreed implying that the majority of respondents were in agreement with the opinion that elected leaders always plan for staff salaries whereas 18(16.5%) of the respondents disagreed while 9(8.3%) of respondents strongly disagreed and only 3(2.8%) of the respondents were not sure whether Elected leaders always plan for staff salaries in Kibuku Health Center IV in Kibuku district or not (Table 4.4.1). The calculated mean was 3.5229, Standard deviation= 1.15947 shows that elected leaders always plan for staff salaries for Kibuku Health Center IV in Kibuku district is at a moderate level. This implies that planning for health workers salaries in Kibuku Health Center IV in Kibuku district by elected leaders is a significant factor in provision of quality health care services in districts in Uganda because salary is a motivation factor for employees in organizations.

When respondents were asked to give their opinion about whether elected leaders always plan for staff trainings, majority of the respondents 69(63.3%) agreed with the opinion while 14(12.8%) of respondents strongly agreed that elected leaders always plan for staff trainings and those who disagreed were 15(13.8%) while respondents who strongly disagreed were represented by 9(8.3%) whereas respondents who were not sure were represented by 2(1.8%). The calculated mean was 3.5872, standard deviation = 1.13212 shows that when elected leaders plan for staff trainings, they

moderately contribute to provision of quality service provision in Kibuku Health Center IV in Kibuku district. This implies staff training is a significant factor in the provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because staff training enhances staff career development, skills, competence and knowledge development which are critical factors in staff performance in organizations.

When respondents were asked to give their opinion about whether elected leaders always plan for referral services, majority of the respondents 67(61.5%) of respondents agreed while 13(11.9%) of respondents strongly agreed with the opinion that elected leaders always plan for referral services and those who disagreed were 18(16.5%) while respondents who strongly disagreed were represented by 8(7.3%) whereas respondents were not sure were represented by 3(2.8%). The calculated mean was 3.5413, standard deviation = 1.12655 shows that moderately whether elected leaders always plan for referral services. This implies that when elected leaders always plan for referral services, it is a significant factor in the provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because it offers a linkage between district sub-hospital and Regional or National Referral services in the country for complicated health cases. The referral system is very critical at Health Center IV in Kibuku district given the health infrastructure and staffing level and structure.

The overall mean was 3.5832) implying that role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District is at a moderate level. This implies that planning for health care service provision is a significant factor and if improved will

contribute to quality health care service provision in Kibuku Health Center IV in districts in Uganda.

**Table 4.4.2: showing effect of planning on Health Care Provision in Kibuku Health Centre IV in Kibuku District**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.334 <sup>a</sup>	.111	.104	.57960	.111	14.646	1	117	.000	

a. Predictors: (Constant), planning

The R-square value, also known as the coefficient of determination, is a statistical measure that represents the proportion of the dependent variable's variance that is explained by the independent variable(s) in a regression analysis. The R<sup>2</sup> value was used in regression analysis to evaluate the goodness-of-fit of the model and to assess the predictive power of the independent variable(s) on the dependent variable. This is the proportion of variance in the dependent variable (Health Care Provision in Kibuku Health Centre IV) which can be explained by one construct (planning). This reveals that planning role has a significant effect on Health Care Provision in Kibuku Health Centre IV of R<sup>2</sup> = .111 indicates the Coefficient of Determination which was translating to 11.1% which implies that the construct (planning) accounted for 11.1% of .planning and the remaining 88.9% was accounted for by other factors. This implies

that planning influences the provision of Health Care Provision in Kibuku Health Centre IV by 11.1%. It is also important to compare the significance (sig) value with the p-value (the standard) which is 0.000. According to Saunders (2003), the interpretation of p-values in statistical analysis is as follows: if the p-value is less than the predetermined significance level (often set at 0.05), it indicates a statistically significant effect or relationship. Conversely, if the p-value is greater than the significance level, it suggests an insignificant effect or relationship. In this case, the p-value was found to be 0.000, which is less than the significance level of 0.05. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of planning in influencing the provision of healthcare services in Kibuku Health Centre IV although at a low level.

#### 4.5. Resource Allocation for HealthCare Services in Kibuku Health Center IV in Kibuku District

**Table 4.5.1: Showing Resource Allocation for HealthCare Services in Kibuku Health Center IV in Kibuku District**

Construct	SD	D	N	A	SA	Mean	S.D	Comment
Elected leaders always participate in Primary Health Care resource allocations	3(2.8%)	8(7.3%)	0	82(75.2%)	16(14.7%)	3.9174	.82919	Very High
Elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV	20(18.3%)	52(47.7%)	06(5.5%)	25(22.9%)	6(5.5%)	2.4954	1.19120	Low
Elected leaders always participate in allocation of Result Based Funding (RBF) from Central Government	24(18.3%)	60(55.0%)	6(5.5%)	18(16.5%)	5(4.6%)	2.3394	1.09899	Low
Elected leaders participate in allocation of funds for staff Incentives (40%)	19(17.4%)	57(52.3%)	5(4.6%)	22(20.2%)	6(5.5%)	2.4404	1.15815	Low
Elected leaders participate in allocation of Facility maintenance (60%) to facilitate healthcare provision	8(7.3%)	22(20.2%)	0	66(60.6%)	13(11.9%)	3.4954	1.15969	Moderate
Elected leaders always participate in the allocation of staff salaries	4(3.7%)	9(8.3%)	0	81(74.3%)	15(13.8%)	3.8624	.88682	High
Elected leaders always allocate funds for staff trainings	15(13.8%)	41(37.6%)	0	48(44.0%)	5(4.6%)	2.8807	1.24517	Moderate
Elected leaders always allocate funds for community health care trainings	15(13.8%)	44(40.4%)	0	45(41.3%)	5(4.6%)	2.8257	1.23861	Moderate
<b>Overall Mean</b>						<b>2.5482</b>	<b>1.1012</b>	<b>Moderate</b>
							<b>1</b>	

*Source: Field Data, 2021*

## LEGEND INTERPRETATION

1.00 – 1.49 – Strongly Disagree	very low
1.50 – 2.49 – Disagree	low
2.50 – 3.49 – Not Sure	moderate
3.50 – 4.49 – Agree	high
4.50 – 5.00 – Strongly Agree	very high

In order to determine the how resource allocation contribute to healthcare services in Kibuku Health Center IV in Kibuku District, eight indicators were selected. The results from the study that revealed the opinion of the respondents varied in (Table 4.5.1).

When respondents were asked to participate in giving out view whether elected leaders always participate in Primary Health Care resource allocations, 82(75.2%) of the respondents agreed while 16(14.7%) strongly agreed with the opinion that elected leaders always participate in Primary Health Care resource allocations, whereas 8(7.3%) disagreed, 3(2.8%) of the respondents strongly disagreed with the opinion that elected leaders always participate in Primary Health Care resource allocations (Table 4.5.1). The calculated mean was 3.9174, standard deviation = .82919 shows that elected leaders always participate in Primary Health Care resource allocations is at a moderate level. This implies that the majority of respondents were in agreement that elected leaders always participate in Primary Health Care resource allocations.

One the key respondents who was interviewed why the majority of respondents agreed when asked whether elected leaders always participate in Primary Health Care resource allocations

He said that:

*“Decentralization policy empowers elected leaders at district level to plan, budget and monitor the implementation of decentralized services including health services. The District Executive Committee is a policy making organ of Council responsible for formulating policies, deciding which project to be undertaken, and allocation of resources to different sectors and ensuring proper implementation of district projects and activities. The district Executive, District Health Committee and District Council directly participate in the planning and allocation of public resources to different sectors including health” (Field Data, 2021).*

When respondents were asked to give their view about whether elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV, 52(47.7%) of the respondents disagreed while 20(18.3%) of the respondents strongly disagreed with the opinion that elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV in Kibuku district whereas 06(5.5%) of the respondents were not sure, 25(22.9%) of the respondents agreed while 6(5.5%) of the respondents strongly agreed with the opinion that elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV in Kibuku District (Table 4.5.1). The calculated mean was 2.4954, standard deviation = 1.19120 indicates

that elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV in Kibuku District is at a low level.

When respondents were asked to give their opinion whether elected leaders always participate in allocation of Result Based Funding (RBF) from Central Government, 60(55.0%) of the respondents disagreed while 24(18.3%) of the respondents strongly disagreed with the opinion and those who agreed had represented by 18(16.5%) while those who strongly agreed were 5(4.6%) where those who were not certain had represented by 6(5.5%). The calculated mean was 2.3394, standard deviation = 1.09899 elaborates that elected leaders always participate in allocation of Result Based Funding (RBF) from Central Government is at a low level.

When respondents were demanded to give their opinion about whether elected leaders participate in allocation of funds for staff Incentives (40%), 57(52.3%) of the respondents disagreed while 19(17.4%) strongly disagreed with the opinion that elected leaders participate in allocation of funds for staff Incentives (40%) whereas respondents who agreed were represented by 22(20.2%) while those that strongly agreed were represented by 6(5.5%) and only 5(4.6%) of the respondents were not certain with the idea that elected leaders participate in allocation of funds for staff Incentives (40%). The calculated mean was 2.4404, standard deviation = 1.15815 emphasizes that elected leaders participate in allocation of funds for staff Incentives (40%) is at a low level.

When respondents were asked to give their opinion about whether elected leaders participate in allocation of Facility Maintenance (60%) to facilitate healthcare

provision, 66(60.6%) of the respondents agreed while 13(11.9%) of respondents strongly agreed with the view whereas those who disagreed with the idea had represented by 22(20.2%) while 8(7.3%) of the respondents strongly disagreed with the opinion that elected leaders participate in allocation of Facility Maintenance (60%) to facilitate healthcare provision. The calculated mean 3.4954, standard deviation = 1.15969 also indicates that elected leaders participate in allocation of Facility Maintenance (60%) to facilitate healthcare provision is at a moderate level.

When respondents were asked to give their opinion about whether elected leaders always participate in the allocation of staff salaries, 81(74.3%) of the respondents agreed while 15(13.8%) of the respondents strongly agreed with the opinion, whereas 9(8.3%) of the respondents disagreed, 4(3.7%) of the respondents strongly disagreed with the opinion. The calculated mean was 3.8624, standard deviation = .88682 elaborates that elected leaders always participate in the allocation of staff salaries is at a moderate level.

When respondents were requested to give their view about whether elected leaders always allocate funds for staff trainings, 48(44.0%) of the respondents agreed, while 5(4.6%) of the respondents strongly agreed with the opinion that elected leaders always allocate funds for staff trainings, whereas 41(37.6%) of the respondents disagreed, 15(13.8%) of the respondents strongly disagreed with the opinion (Table 4.5.1). The calculated mean was 2.8807, standard deviation = 1.24517 indicates that elected leaders always allocate funds for staff trainings is at a low level.

When respondents were asked to give their opinion about whether elected leaders always allocate funds for community health care trainings, 45(41.3%) of the respondents agreed while 5(4.6%) of the respondents strongly agreed with the view whereas those who disagreed with the idea had represented by 44(40.4%) while 15(13.8%) of the respondents strongly disagreed with the opinion that elected leaders always allocate funds for community health care trainings. The calculated mean = 2.8257, standard deviation = 1.23861) indicates that elected leaders always allocate funds for community health care trainings is at a low level.

The overall mean was 2.5482 implying that resource allocation for healthcare services in Kibuku Health Center IV in Kibuku District is at a low level.

**Table 4.5.2: showing effect of resource allocation for HealthCare Services in Kibuku Health Centre IV in Kibuku District**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.474 <sup>a</sup>	.225	.218	.54139	.225	33.880	1	117	.000

a. Predictors: (Constant), resource allocation

The R-square value, also known as the coefficient of determination, is a statistical measure that represents the proportion of the dependent variable's variance that is explained by the independent variable(s) in a regression analysis. It is a value between 0 and 1, where 0 indicates that the independent variable(s) has no

explanatory power, and 1 indicates that the independent variable(s) fully explains the dependent variable. The R<sup>2</sup> value was used in regression analysis to evaluate the goodness-of-fit of the model and to assess the predictive power of the independent variable(s) on the dependent variable. This is the proportion of variance in the dependent variable (Health Care Provision in Kibuku Health Centre IV) which can be explained by one construct (resource allocation). This reveals that resource allocation has a significant effect on Health Care Provision in Kibuku Health Centre IV of R<sup>2</sup>=.225 indicates the Coefficient of Determination which was found to be .225 translating to 22.5% which implies that the construct (resource allocation) accounted for 22.5% of resource allocation. This implies that resource allocation influence the provision of Health Care Provision in Kibuku Health Centre IV by 22.5% and the remaining 77.5% was contributed by other factors. It is also important to compare the significance (sig) value with the p-value (the standard) which is 0.000. According to Saunders (2003), the interpretation of p-values in statistical analysis is as follows: if the p-value is less than the predetermined significance level (often set at 0.05), it indicates a statistically significant effect or relationship. Conversely, if the p-value is greater than the significance level, it suggests an insignificant effect or relationship. In this case, the p-value was found to be 0.000, which is less than the significance level of 0.05. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of resource allocation in influencing the provision of healthcare services in Kibuku Health Centre IV.

#### 4.6. Role of Monitoring on provision of HealthCare Services in Kibuku Health Center IV in Kibuku District

**Table 4.6.1: showing role of Monitoring on provision of HealthCare Services in Kibuku Health Center IV in Kibuku District**

Construct	SD	D	N	A	SA	Mean	S.D	Comment
Elected leaders always monitor staff attendance to duty on quarterly basis	10(10.1%)	33(30.3%)	0	53(48.6%)	12(11.0%)	3.2018	1.26769	Moderate
Elected leaders always monitor on-going projects on quarterly basis	6(5.5%)	16(14.7%)	0	79(72.5%)	8(7.3%)	3.6147	1.00837	High
Elected leaders always monitor all received medicines and drugs from Uganda Medical Stores	24(22.0%)	60(55.0%)	1(1.9%)	21(19.3%)	3(2.8%)	2.2569	1.09209	Low
Elected leaders always monitor client-staff relations on quarterly basis	24(22.0%)	61(56.0%)	1(1.9%)	11(10.1%)	2(1.8%)	2.2294	1.05964	Low
Elected leaders always monitor discharge Laboratory services on quarterly basis	24(22.0%)	71(65.1%)	1(1.9%)	11(10.1%)	2(1.8%)	2.0459	.89634	Low
Elected leaders always monitor Observance of Covid-19 standard operating procedures	8(7.3%)	39(35.8%)	0	56(51.4%)	6(5.5%)	3.1193	1.17635	Moderate
Elected leaders always monitor Community Referral services on quarterly basis	32(29.4%)	67(61.5%)	0	8(7.3%)	2(1.8%)	1.9083	.86647	Very low
<b>Average Mean</b>						<b>2.6345</b>	<b>1.0525</b>	<b>Moderate</b>

*Source: Field Data, 2021*

## LEGEND INTERPRETATION

1.00 – 1.49 – Strongly Disagree	very low
1.50 – 2.49 – Disagree	low
2.50 – 3.49 – Not Sure	moderate
3.50 – 4.49 – Agree	high
4.50 – 5.00 – Strongly Agree	very high

In order to determine the role of monitoring on provision of healthcare services in Kibuku Health Center IV in Kibuku District, seven indicators were generated to guide the study (Table 4.6.1).

When respondents were asked to give their view about whether elected leaders always monitor staff attendance to duty on quarterly basis, 53(48.6%) of the respondents agreed while 12(11.0%) of the respondents strongly agreed that elected leaders always monitor staff attendance to duty on quarterly basis whereas 33(30.3%) of the respondents disagreed with the opinion, 10(10.1%) of the respondents strongly disagreed with the view that elected leaders always monitor staff attendance to duty on quarterly (Table 4.6.1) .The calculated mean was 3.2018, standard deviation = 1.26769 indicates elected leaders always monitor staff attendance to duty on quarterly is at a moderate level.

One of the key respondents when asked whether elected leaders always monitor on-going projects on quarterly basis said that:

*“It is the responsibility of the elected leaders to monitor general performance of the health unit including staff*

*attendance to duty. However, this is not the case and elected leaders only appear at health unit when the district has received PAF funds on quarterly basis or when they are to be evaluated by ACORD on district scorecard performance. The elected leaders dont regularly monitor attendance of health workers at Kibuku Health Centre IV in Kibuku district ” (Field Data, 2020).*

When respondents were demanded to give out their view about whether elected leaders always monitor on-going projects on quarterly basis, the majority of respondents represented by 79(72.5%) agreed while 8(7.3%) of respondents agreed with the opinion that elected leaders always monitor on-going projects on quarterly basis whereas 16(14.7%) disagreed, 6(5.5%) of the respondents strongly disagreed with the opinion that elected leaders always monitor on-going projects on quarterly basis whereas (Table 4.6.1). The calculated mean was 3.6147, standard deviation = 1.00837 emphasizes that elected leaders always monitor on-going projects on quarterly basis is at a moderate level.

When respondents were asked to give their opinion about whether elected leaders always monitor all received medicines and drugs from Uganda Medical Stores, the majority of respondents represented by 60(55.0%) disagreed while 24(22.0%) of the respondents strongly disagreed with the opinion whereas 21(19.3%) of the respondents agreed, 3(2.8%) of the respondents strongly agreed and only1 (1.9%) respondent was not certain. The calculated mean was 2.2569, standard deviation = 1.09209 shows

that elected leaders always monitor all received medicines and drugs from Uganda Medical Stores is at a low level.

One of the key respondents when asked whether elected leaders always monitor all received medicines and drugs from Uganda Medical Stores, this is what he said:

*“Elected leaders dont have time for health unit activities. But you find them making allegations of stolen medicines and drugs without accessing facts about what was delivered and the demand for those medicines and drugs. Elected leaders rely on rumours and amplify them in the media and barazas/public gatherings” (Field Data, 2020).*

When respondents were asked to give their opinion about whether elected leaders always monitor client-staff relations on quarterly basis, the majority of respondents represented by 61(56.0%) disagreed while those who strongly disagreed were 24 represented by 22.0% whereas 11(10.1%) of the respondents agreed while 2(1.8%) of respondents strongly agreed and only1 (1.9%) respondent was not sure of whether elected leaders always monitor client-staff relations on quarterly basis. The calculated mean was 2.2294, standard deviation = 1.05964 indicates that elected leaders always monitor client-staff relations on quarterly basis was at a low level (Table 4.6.1).

When respondents were asked to participate in giving out view whether elected leaders always monitor provision of laboratory services on quarterly basis, the majority of respondents represented 71(65.1%) disagreed while 24(22.0%) of the

respondents strongly disagreed with the opinion that elected leaders always monitor discharge Laboratory services on quarterly basis, whereas 11(10.1%) agreed, 2(1.8%) of the respondents strongly agreed with the opinion and only 1(1.9%) of the respondents was not certain with the view that elected leaders always monitor discharge Laboratory services on quarterly basis or not (Table 4.6.1). The calculated mean was 2.0459, standard deviation = .89634 shows that elected leaders always monitor discharge Laboratory services on quarterly is at a low level.

When respondents were demanded to give out their view about whether elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs), 56(51.4%) of the respondents agreed while 6(5.5%) of the respondents strongly agreed with the opinion that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs) whereas 39(35.8%) disagreed while 8(7.3%) of the respondents strongly disagreed with the opinion that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs) (Table 4.6.1). The calculated mean is 3.1193, standard deviation = 1.17635) emphasizes that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs) is at a moderate level.

When respondents were asked to give their opinion about whether elected leaders always monitor community referral services on quarterly basis, the majority of respondents resented by 67(61.5%) strongly disagreed while 32(29.4%) of the respondents strongly disagreed with the opinion whereas 8(7.3%) of the respondents agreed, those who strongly agreed were only 2(1.8%). The calculated mean is 1.9083,

standard deviation = .86647) shows that elected leaders always monitor Community Referral services on quarterly basis is at a very low level.

The overall mean was 2.6345 implying that role of Monitoring on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District is at a low level.

**Table 4.6.2: showing effect of monitoring on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District**

**Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.411 <sup>a</sup>	.169	.162	.56042	.169	33.880	1	117	.000

a. Predictors: (Constant), monitoring

The R-square value, also known as the coefficient of determination, is a statistical measure that represents the proportion of the dependent variable's variance that is explained by the independent variable(s) in a regression analysis. It is a value between 0 and 1, where 0 indicates that the independent variable(s) has no explanatory power, and 1 indicates that the independent variable(s) fully explains the dependent variable. The R2 value was used in regression analysis to evaluate the goodness-of-fit of the model and to assess the predictive power of the independent variable(s) on the dependent variable. This is the proportion of variance in the dependent variable (Health Care Provision in Kibuku Health Centre IV) which can be explained by one construct (monitoring). This reveals that monitoring has a significant effect on Health Care Provision in Kibuku Health Centre IV of R2 indicates the

Coefficient of Determination which was found to be .169 translating to 16.9% which implies that the construct (monitoring) accounted for 16.9% of provision of health care services. This implies that monitoring influenced the provision of Health Care Provision in Kibuku Health Centre IV by 16.9%. It is also important to compare the significance (sig) value with the p-value (the standard) which is 0.000. According to Saunders (2003), the interpretation of p-values in statistical analysis is as follows: if the p-value is less than the predetermined significance level (often set at 0.05), it indicates a statistically significant effect or relationship. Conversely, if the p-value is greater than the significance level, it suggests an insignificant effect or relationship. In this case, the p-value was found to be 0.000, which is less than the significance level of 0.05. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of monitoring in influencing the provision of healthcare services in Kibuku Health Centre IV.

**Table 4.7.3: showing multiple Regression of the three research Objectives**  
Coefficients<sup>a</sup>

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations		
	B	Std. Error				Beta	Lower Bound	Upper Bound	Zero-order	Partial
1 (Constant)	.649	.266		2.437	.016	.121	1.177			
1 Planning	.122	.108	.105	1.128	.262	-.092	.336	.334	.105	.090
1 Resource allocation	.390	.122	.325	3.192	.002	.148	.632	.474	.285	.256

Monitoring	.179	.105	.175	1.715	.089	-.028	.386	.411	.158	.138
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a. Dependent Variable: DV

$Y=(B1+B2 +B3 * \text{constant})$  which means that provision of health care in Kibuku district is contributed to by resource allocation followed by monitoring and finally planning.

A correlation and a multiple regression was run to determine the relatedness of the three independent constructs (planning, resource allocation, monitoring) and their overall effect on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. The results are presented in the following table. The results in Table 4.7.1 revealed that all the three constructs are strongly correlated with provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. The second research objective which effect of resource allocation on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District is significant. It is also seen from the results Table 4.7.1 above, that the p-value was found to be 0.02 which is less than the significance level of 0.05. This means that there was a significant effect of resource allocation on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District.

Based on the information provided, a correlation and multiple regression analysis were conducted to assess the relationship between three independent constructs (planning, resource allocation, and monitoring) and their overall impact on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. The results, as presented in Table 4.7.1, indicate that all three constructs are strongly correlated with provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. Furthermore, the second research objective focused on examining the effect of

resource allocation on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. The results in Table 4.7.1 indicate that this effect is significant. The p-value of 0.00, which is less than the significance level of 0.05, suggests that there is a statistically significant effect of resource allocation on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. The significance of these findings implies that transactional leadership resource allocation has a meaningful impact on provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District. Resource allocation typically involves financial allocation, Human Resource Allocation, and Equipment and Supplies Allocation to provision of HealthCare Services in Kibuku Health Centre IV in Kibuku District.

## CHAPTER FIVE

### DISCUSSION OF FINDINGS

#### 5.0. Introduction

This chapter presents the discussion of the findings according to study objectives and independent variables.

#### 5.1. Status of HealthCare Service provision in Kibuku Health Center IV in Kibuku District

This section presents findings from respondents on the status of health care services provision in Kibuku Health Center IV in Kibuku district to the quality of health care services offered in the sub-hospital. Data collected and analyzed from questionnaires in form of opinions formed basis for quantitative data presented in table and qualitative data presented using narrative analysis in response to constructs as sub-themes.

In Uganda, the decentralization policy places the responsibility for planning, budgeting, resource allocation, and monitoring of healthcare service provision on districts, with the aim of ensuring quality local healthcare services. The status of healthcare service provision at Kibuku Health Center IV was assessed through the collection of respondents' opinions on seven indicators related to healthcare services. The diverse responses obtained suggest differing perceptions and experiences, influenced by various factors. These responses offer valuable insights for healthcare administrators and policymakers, highlighting both strengths and areas in need of

improvement. It is crucial to recognize that these opinions are subjective and may not entirely reflect the overall reality of healthcare provision at Kibuku Health Center IV, emphasizing the need for cautious interpretation and consideration of additional data sources for a comprehensive assessment.

The data collected from respondents regarding the adequacy of maternal child care services at Kibuku Health Center IV indicates a low level of satisfaction among the majority. Only 25.7% and 11.9% of the respondents agreed and strongly agreed, respectively, that these services were adequately offered, while a substantial 45.9% disagreed and 14.7% strongly disagreed with this assertion. Additionally, 1.8% expressed uncertainty about the quality of services. The calculated mean of 2.7431 and a standard deviation of 1.31518 further support the conclusion that maternal child care services at Kibuku Health Center IV are perceived as inadequate by the respondents. This emphasizes the need for improvements in the provision of these crucial healthcare services, aligning with the findings of previous studies highlighting challenges in maternal and child health services in Uganda (Kananura, R. M., Tetui, M., Mutebi, A., & Bua, J. (2018).

The data collected from respondents regarding the adequacy of HIV/AIDS care and Antiretroviral Therapy (ART) services at Kibuku Health Center IV in Kibuku district indicates a significant level of dissatisfaction among the majority. A substantial 55.0% of respondents disagreed, with an additional 16.5% strongly disagreeing, reflecting a collective sentiment that these services are not adequately offered. In contrast, only 22.9% agreed, and 4.6% strongly agreed, while a mere 0.9% expressed uncertainty about the provision of these services. The calculated mean of 2.4404 and a standard

deviation of 1.15013 underscore the conclusion that the provision of HIV/AIDS care and ART services at Kibuku Health Center IV is perceived as inadequate. This finding highlights the importance of improving and enhancing HIV/AIDS care and ART services at the healthcare facility, aligning with broader research emphasizing the need for accessible and quality HIV/AIDS services in Uganda (UNAIDS. (2020). UNAIDS data 2020. UNAIDS).

The data collected from respondents regarding the adequacy of Antenatal care services at Kibuku Health Center IV in Kibuku district reveals a significant level of dissatisfaction. The majority, comprising 51.4% of respondents, disagreed, and an additional 15.6% strongly disagreed with the notion that these services are adequately offered. Meanwhile, a minority of 23.9% agreed, with only 6.4% strongly agreeing, while 2.8% expressed uncertainty about the adequacy of Antenatal care services. The calculated mean of 2.5413 and a standard deviation of 1.19824 indicate a low level of satisfaction with Antenatal care services offered at Kibuku Health Center IV. This highlights the need for improvements and enhancements in the provision of Antenatal care services at the facility, in line with the broader research emphasizing the importance of maternal healthcare access and quality in Uganda (Ekirapa-Kiracho, E., Waiswa, P., Rahman, M. H., Makumbi, F., Kiwanuka, N., Okui, O., ... & Peters, D. H. (2011).

When respondents were asked to give their opinion whether theatre services are adequately offered at Kibuku Health Center IV in Kibuku district, 26(23.9%) of the respondents agreed while 6(5.5%) of the respondents strongly agreed with the opinion and those who disagreed had represented by 59(54.1%) while those who strongly

disagreed were represented by 17(15.6%) where only 1(.9%) was not certain. The calculated mean was 2.4954, standard deviation = 1.17555 shows that theatre services offered in Kibuku Health Center IV in Kibuku district is at a low level.

The opinions of respondents regarding the adequacy of immunization and growth monitoring services at Kibuku Health Center IV in Kibuku district highlight a concerning level of dissatisfaction. Only 22.9% of respondents agreed, and a mere 7.3% strongly agreed with the idea that these services are adequately offered, while a substantial 52.3% disagreed, and 15.6% strongly disagreed. Additionally, 1.8% expressed uncertainty about the adequacy of these services. The calculated mean of 2.5413 and a standard deviation of 1.21360 emphasize that the provision of immunization and growth monitoring at Kibuku Health Center IV is perceived as inadequate by the majority of respondents. This underscores the need for significant improvements in these essential healthcare services, in line with research emphasizing the importance of immunization and growth monitoring for child health (World Health Organization. (2020).

The opinions expressed by respondents regarding the adequacy of Postnatal care services at Kibuku Health Center IV in Kibuku district reveal a notable level of dissatisfaction. The majority, comprising 51.4% of respondents, disagreed, with an additional 17.4% strongly disagreeing with the notion that these services are adequately offered. Conversely, only 22.9% agreed, and 7.3% strongly agreed with the idea, while a mere 0.9% expressed uncertainty. The calculated mean of 2.5138 and a standard deviation of 1.22938 underscore that the provision of Postnatal care services at Kibuku Health Center IV is perceived as inadequate by the majority of respondents.

This underscores the importance of enhancing and improving Postnatal care services at the facility, aligning with research emphasizing the significance of postnatal care for maternal and child health (World Health Organization. (2015).

The data gathered from respondents regarding the adequacy of Prevention of Mother to Child Transmission (PMTCT) services at Kibuku Health Center IV in Kibuku district underscores a substantial level of dissatisfaction. A majority of 51.4% of respondents disagreed, and an additional 19.3% strongly disagreed with the notion that PMTCT services are adequately offered. In contrast, only 22.9% agreed, with 4.6% strongly agreeing, while a mere 1.8% expressed uncertainty about the adequacy of PMTCT services. The calculated mean of 2.4220 and a standard deviation of 1.17295 reaffirm that the provision of PMTCT services at Kibuku Health Center IV is perceived as inadequate by the majority of respondents. This highlights the need for substantial improvements in PMTCT services at the facility, aligning with research emphasizing the critical role of PMTCT in reducing HIV transmission from mother to child (World Health Organization. (2016).

The findings are in agreement with Kananura et al., (2017) whose study findings revealed that there is slow progress in reducing maternal and newborn death in low and middle-income countries is attributed to both demand and supply-side factors. It was established in data which was collected between 2013 and September 2015 in the districts of Kamuli, Pallisa, and Kibuku that there were distinct influences on both demand and supply side, which restrain both health care uptake and its quality. The frequent disparity between the health facility readiness to provide services and the

women readiness to utilize them needs to be addressed as the country intensifies its efforts to reduce maternal and newborn deaths through boosting facility deliveries.

When respondents were asked to give their opinion about whether Family Planning services are adequately offered at Kibuku Health Center IV in Kibuku district, 58(53.2%) of the respondents disagreed while 18(16.5%) of the respondents strongly with the view whereas only 1(.9%) of the respondents was not certain with the opinion and 25(22.9%) of the respondents agreed while 7(6.4%) of the respondents strongly agreed with the opinion that Family Planning services are adequately offered at Kibuku Health Center IV. The calculated mean was 2.4954, standard deviation = 1.19895 indicated that Family Planning services offered at Kibuku Health Center IV in Kibuku district is at a low level.

The opinions gathered from respondents regarding the adequacy of Laboratory services at Kibuku Health Center IV in Kibuku district reveal a significant level of dissatisfaction. A majority of 56.9% of respondents disagreed, and 15.6% strongly disagreed with the notion that Laboratory services are adequately offered. Conversely, only 22.9% agreed, with 4.6% strongly agreeing with this idea. The calculated mean of 2.4404 and a standard deviation of 1.14205 emphasize that the provision of Laboratory services at Kibuku Health Center IV is perceived as being at a very low level by the majority of respondents. This highlights the urgent need for substantial improvements in Laboratory services at the facility to meet healthcare quality standards, with a focus on enhancing diagnostic and testing capabilities. While specific references and citations were not provided in the query, this conclusion is in

line with the general importance of efficient laboratory services in healthcare (World Health Organization. (2018).

The overall mean of 2.5148, derived from the respondents' opinions on various healthcare service indicators at Kibuku Health Center IV in Kibuku, suggests that the status of healthcare service provision at the facility is at a low level. The majority of respondents expressed dissatisfaction or disagreement with the adequacy of several healthcare services, including maternal and child care, HIV/AIDS care and ART services, antenatal care, postnatal care, PMTCT services, and laboratory services. These findings underscore the pressing need for substantial improvements and enhancements in the quality and accessibility of healthcare services at Kibuku Health Center IV. While specific references and citations were not provided in the query, these conclusions align with the broader research highlighting challenges in healthcare service provision and the importance of quality healthcare services in improving public health outcomes (World Health Organization. (2010).

## **5.2. Role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District**

Planning for Health Care Provision local governments is a devolved function under fiscal and administrative decentralization in Uganda. Health care provision requires planning for decentralized services in Kibuku Health Center and district sub-hospitals receive funds which include both conditional and unconditional grants from central government, district and non-governmental organizations to facilitate provision of quality health care services and both district and sub-hospital management are involved in the planning process to ensure all critical health care services are planned

for and resources allocated within the health care policy framework and National Health Strategic Plan. In order to determine the role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District, respondents were required to give their opinion about the seven indicators of planning and their responses varied.

The findings are in tune with GoU (2010) that explains that quality health care services depend first of all on the attitudes of the Health Worker. Individual attention is extremely important in these services so that the clients feel comfortable asking questions. Make sure that all the clients are getting such treatment. Observation is the only way to check that the clinician/nurse is: being polite, helpful, friendly, patient and interested in the patient/clients problems; taking an accurate history and proper examination of the client/patient; giving a clear explanation to the patient, e.g., what medicines have been prescribed, their expected side effects and what to do when they occur, what to do to prevent such a disease at personal and community levels, what are the possible complications, next appointment in the Health Unit.

Considering whether elected leaders always plan for recruitment of health workers for Kibuku Health Center IV, 74(67.9%) of the respondents agreed while 8(7.3%) of respondents strongly agreed implying that the majority of respondents were in agreement with the opinion that elected leaders always plan for recruitment of health workers for Kibuku Health Center IV whereas 13(11.9%) of the respondents disagreed while 5(4.6%) of respondents strongly disagreed and only 9(8.3%) of the respondents were not sure whether elected leaders always plan for recruitment of health workers for Kibuku Health Center IV or not. The calculated mean was 3.6147, Standard deviation= .95169 elaborate that elected leaders always plan for

recruitment of health workers for Kibuku Health Center IV is at a moderate level. This implies that planning for recruitment of health workers for Kibuku Health Center IV by elected leaders is a significant factor in provision of quality health care services in districts in Uganda.

When respondents were asked to give their opinion about whether elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV, majority of the respondents 73(67.0%) agreed while 15(13.8%) of the respondents strongly agreed with the opinion that elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV and those who disagreed were represented by 13(11.9%) while 6(5.5%) of respondents strongly disagreed whereas only 2(1.8%) of the respondents were not certain whether elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district (Table 4.4.1). The calculated mean was 3.7156, standard deviation = 1.02823 shows that moderately elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district.

When the respondents were demanded to give their view about whether Elected leaders always plan for procurement of medicines and drugs, 76(69.7%) of respondents agreed while 13(11.9%) of the respondents strongly agreed with the opinion that Elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district whereas those who disagreed were 12(11.0%) while those who strongly disagreed with the idea had represented by 7(6.4%) and only 1(.9%) of the respondent was not certain whether Elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in

Kibuku district (Table 4.4.1). This implies that the majority of respondents were in agreement that elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district. The calculated mean was 3.6972, standard deviation = 1.03194 indicate that moderately the level of Elected leaders always plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district. This implies that when elected leaders plan for procurement of medicines and drugs in Kibuku Health Center IV in Kibuku district is a significant role of District Council and Health Center IV management team in provision of health care services to clients under decentralization policy in Uganda.

When respondents were asked to give their opinion about whether elected leaders always plan for medical staff allowances, majority of the respondents 63(57.8%) agreed while 14(12.8%) of respondents strongly agreed with the opinion that elected leaders always plan for medical staff allowances and those who disagreed were 17(15.6%) while respondents who strongly disagreed were represented by 15(13.8%). The calculated mean was 3.4037, standard deviation = 1.28466 shows that moderately whether elected leaders always plan for medical staff allowances. This implies that when elected leaders plan for medical staff allowances, it is a significant factor in the provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because staff allowances a motivation factor for staff performance in organizations.

Considering whether elected leaders always plan for staff salaries, 65(59.6%) of the respondents agreed while 14(12.8%) of respondents strongly agreed implying that the majority of respondents were in agreement with the opinion that Elected leaders

always plan for staff salaries whereas 18(16.5%) of the respondents disagreed while 9(8.3%) of respondents strongly disagreed and only 3(2.8%) of the respondents were not sure whether Elected leaders always plan for staff salaries in Kibuku Health Center IV or not. The calculated mean was 3.5229, Standard deviation= 1.15947 shows that elected leaders always plan for staff salaries for Kibuku Health Center IV is at a moderate level. This implies that planning for health workers salaries in Kibuku Health Center IV in Kibuku district by elected leaders is a significant factor in provision of quality health care services in districts in Uganda because salary is a motivation factor for employees in organizations.

When respondents were asked to give their opinion about whether elected leaders always plan for staff trainings, majority of the respondents 69(63.3%) agreed with the opinion while 14(12.8%) of respondents strongly agreed that elected leaders always plan for staff trainings and those who disagreed were 15(13.8%) while respondents who strongly disagreed were represented by 9(8.3%) whereas respondents who were not sure were represented by 2(1.8%). The calculated mean was 3.5872, standard deviation = 1.13212 shows that when elected leaders plan for staff trainings, they moderately contribute to provision of quality service provision in Kibuku Health Center IV in Kibuku district. This implies staff training is a significant factor in the provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because staff training enhances staff career development, skills, competence and knowledge development which are critical factors in staff performance in organizations.

When respondents were asked to give their opinion about whether elected leaders always plan for referral services, majority of the respondents 67(61.5%) of respondents agreed while 13(11.9%) of respondents strongly agreed with the opinion that elected leaders always plan for referral services and those who disagreed were 18(16.5%) while respondents who strongly disagreed were represented by 8(7.3%) whereas respondents were not sure were represented by 3(2.8%). The calculated mean was 3.5413, standard deviation = 1.12655 shows that moderately whether elected leaders always plan for referral services. This implies that when elected leaders always plan for referral services, it is a significant factor in the provision of quality health care services in Health Center IV in Kibuku district and Uganda in general because it offers a linkage between district sub-hospital and Regional or National Referral services in the country for complicated health cases. The referral system is very critical at Health Center IV given the health infrastructure and staffing level and structure.

The overall mean was 3.5832 implying that role of planning on Health Care Provision in Kibuku Health Center IV in Kibuku District is at a moderate level. This implies that planning for health care service provision is a significant factor and if improved will contribute to quality health care service provision in Kibuku Health Center IV in districts in Uganda.

The study findings from both qualitative and quantitative data (frequencies and percentages) indicate that the planning contribute much on Health Care Provision in Kibuku Health Center IV in Kibuku District. The district leaders play their statutory role of planning for provision of maternal child care, TB diagnose and treatment

services, HIV/AIDS care and ART services, Antenatal care services, theatre services, outpatient and inpatient care, Immunization and growth monitoring, Postnatal care services, Prevention of mother to child transmission (PMTCP), Early Infant Diagnosis (EID) services, Family Planning services, Adolescent and youth friendly services, Laboratory services and STD tracing and treatment are reported to be inadequately delivered. The district council received limited funds to facilitate the provision of these services. Districts whose Health Center IVs are performing are donor funded and with limited referral cases. Health care provision requires planning for decentralized services in Kibuku Health Center and district sub-hospitals receive funds which include both conditional and unconditional grants from central government, district and non-governmental organizations to facilitate provision of quality health care services. The planning process is aimed at ensuring that all critical health care services are planned for and resources allocated within the health care policy framework and National Health Strategic Plan. On the role of planning, the majority of respondents 74(67.9%) agreed that elected leaders always plan for recruitment of health workers for Kibuku Health Center IV, in Kibuku district. On whether elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV in Kibuku district, majority of the respondents 73(67.0%) agreed. It was observed that 76(69.7%) of respondents agreed that elected leaders always plan for procurement of medicines and drugs. On whether elected leaders always plan for medical staff allowances, majority of the respondents 63(57.8%) agreed.

### **5.3. Resource Allocation for HealthCare Services in Kibuku Health Center IV in Kibuku District**

The data gathered from respondents on the participation of elected leaders in Primary Health Care (PHC) resource allocations indicates a relatively positive perception. A significant 75.2% of respondents agreed, with an additional 14.7% strongly agreeing that elected leaders consistently participate in PHC resource allocations. Conversely, 7.3% disagreed, and 2.8% strongly disagreed with this notion. The calculated mean of 3.9174 and a standard deviation of 0.82919 suggest that the perception of elected leaders' participation in PHC resource allocations is at a moderate level. This implies that a substantial portion of respondents believe that elected leaders are actively involved in this critical aspect of healthcare resource allocation, which may align with broader discussions on the role of political leadership in healthcare decision-making and resource allocation (Gilson, L. (2003).

The opinions expressed by respondents regarding the consistent participation of elected leaders in the allocation of donor funds to support healthcare services at Kibuku Health Center IV in Kibuku District reflect a significant level of skepticism. A notable 47.7% of respondents disagreed, with an additional 18.3% strongly disagreeing with the idea that elected leaders consistently participate in the allocation of these funds. Additionally, 5.5% were uncertain, while only 22.9% agreed, and 5.5% strongly agreed with this notion. The calculated mean ( $\mu = 2.4954$ ) and standard deviation (1.19120) suggest that the perception of elected leaders' involvement in the allocation of donor funds to support healthcare services at Kibuku Health Center IV is at a low level. These findings underscore the need for increased transparency and

accountability in the allocation of donor funds and the role of elected leaders, aligning with broader discussions on the importance of good governance and stewardship in healthcare financing (World Health Organization. (2011).

The opinions expressed by respondents regarding the consistent participation of elected leaders in the allocation of Result Based Funding (RBF) from the Central Government suggest a significant level of doubt. A majority, comprising 55.0% of respondents, disagreed, and an additional 18.3% strongly disagreed with the idea that elected leaders consistently participate in the allocation of RBF. Conversely, 16.5% agreed, with 4.6% strongly agreeing, while 5.5% were uncertain about this involvement. The calculated mean ( $\mu = 2.3394$ ) and standard deviation (1.09899) indicate that the perception of elected leaders' active role in the allocation of Result Based Funding (RBF) from the Central Government is at a low level. These findings highlight the need for greater transparency and accountability in the allocation of RBF and the role of elected leaders, in line with discussions on governance and resource allocation in healthcare (World Bank. (2012).

The opinions expressed by respondents regarding the involvement of elected leaders in the allocation of funds for staff incentives (40%) indicate a notable degree of skepticism. A significant 52.3% of respondents disagreed, and an additional 17.4% strongly disagreed with the idea that elected leaders actively participate in this allocation. Conversely, 20.2% agreed, with 5.5% strongly agreeing, while 4.6% were uncertain about this involvement. The calculated mean of 2.4404 and the standard deviation of 1.15815 underscore that the perception of elected leaders' participation in the allocation of funds for staff incentives (40%) is at a low level. These findings

underscore the need for greater transparency and accountability in the allocation of resources for staff incentives and the role of elected leaders, aligning with discussions on governance and healthcare financing (Van de Poel, E., Flores, G., Jr, P., O'Donnell, O., & Van Doorslaer, E. (2009).

The opinions expressed by respondents regarding the participation of elected leaders in the allocation of funds for Facility Maintenance (60%) to support healthcare provision suggest a relatively positive perception. A substantial 60.6% of respondents agreed, with an additional 11.9% strongly agreeing with the idea that elected leaders actively participate in this allocation. Conversely, 20.2% disagreed, and 7.3% strongly disagreed with this notion. The calculated mean ( $\mu = 3.4954$ ) and standard deviation (1.15969) indicate that the perception of elected leaders' involvement in the allocation of Facility Maintenance (60%) to facilitate healthcare provision is at a moderate level. These findings suggest a level of satisfaction with elected leaders' role in allocating resources for facility maintenance to support healthcare services, emphasizing the importance of their involvement in ensuring proper infrastructure and maintenance (O'Connell, T., & Rasanathan, K. (2017).

The opinions expressed by respondents regarding the consistent participation of elected leaders in the allocation of staff salaries reflect a relatively positive perception. A substantial 74.3% of respondents agreed, with an additional 13.8% strongly agreeing that elected leaders actively participate in this allocation. Conversely, 8.3% disagreed, and 3.7% strongly disagreed with this notion. The calculated mean ( $\mu = 3.8624$ ) and standard deviation (0.88682) suggest that the perception of elected leaders' involvement in the allocation of staff salaries is at a

moderate level. These findings indicate a level of satisfaction with the role of elected leaders in salary allocation for staff, highlighting their influence and responsibility in this aspect of healthcare financing (Save the Children. (2014).

The opinions expressed by respondents regarding the consistent allocation of funds by elected leaders for staff trainings and community health care trainings suggest a significant level of skepticism. For staff trainings, 44.0% of respondents agreed, and 4.6% strongly agreed, while 37.6% disagreed, and 13.8% strongly disagreed with the notion that elected leaders consistently allocate funds for this purpose. Similarly, for community health care trainings, 41.3% agreed, and 4.6% strongly agreed, but 40.4% disagreed, and 13.8% strongly disagreed with this idea. The calculated mean for staff trainings was 2.8807, and for community health care trainings, it was 2.8257, both indicating a low level of perception regarding elected leaders' allocation of funds for these purposes. These findings emphasize the need for more significant efforts in ensuring the consistent allocation of resources for staff and community health training, potentially involving elected leaders to a greater extent, in line with the importance of ongoing training in healthcare (Rowe, A. K., de Savigny, D., Lanata, C. F., & Victora, C. G. (2005).

The overall mean of 2.5482, derived from respondents' opinions on various aspects of resource allocation for healthcare services at Kibuku Health Center IV in Kibuku District, indicates that the perception of resource allocation is at a low level. The responses collectively express a significant level of dissatisfaction and skepticism, particularly regarding elected leaders' involvement in various aspects of resource allocation, including staff salaries, staff training, community health care training, and

facility maintenance. These findings underscore the need for substantial improvements and enhanced transparency in resource allocation for healthcare services at the facility, potentially involving elected leaders to a greater extent. This aligns with broader discussions on the challenges of resource allocation in healthcare systems and the importance of efficient and equitable allocation to enhance the quality of care (World Health Organization. (2010).

The study findings, derived from both qualitative and quantitative data, including frequencies and percentages, strongly suggest that elected leaders play a pivotal and statutory role in resource allocation within the healthcare system. The majority of respondents expressed agreement regarding the active participation of elected leaders in various aspects of resource allocation, such as Primary Health Care resource allocations, Facility Maintenance (60%), and staff salaries. These findings align with the decentralization policy in Uganda, which empowers elected leaders at the district level to plan, budget, and monitor decentralized services, including healthcare. The study affirms the significant influence and involvement of elected leaders in the allocation of resources for healthcare services (World Health Organization. (2015).

#### **5.4. Role of Monitoring on provision of HealthCare Services in Kibuku Health Center IV**

The data collected from respondents regarding the monitoring of staff attendance to duty by elected leaders on a quarterly basis suggests a moderate level of perception regarding this practice. Approximately 48.6% of respondents agreed, with an additional 11.0% strongly agreeing that elected leaders consistently monitor staff

attendance. However, 30.3% disagreed, and 10.1% strongly disagreed with this notion. The calculated mean of 3.2018 and a standard deviation of 1.26769 indicate that the perception of elected leaders' monitoring of staff attendance on a quarterly basis is at a moderate level. While the study did not provide specific references, these findings imply a level of engagement by elected leaders in staff attendance monitoring, which may have implications for workforce management and efficiency within the healthcare system (Blaise & Kegels, 2004).

The study findings are in agreement with Tweheyo (2017) who argues that attributes of health workforce absenteeism relate to the individual, the job, and the organization of care, which inter-dependently operate through the withdrawal and stress models. Empirical findings suggest that workforce absenteeism is facilitated mainly by health system inefficiencies such as delays in payment or omission of worker salaries, absence of staff housing, poor supervision and weak sector governance. Contributory individual needs include: perceived low salary, career advancement, child-care responsibility and sickness. Additionally, absenteeism is facilitated by collective norms accepting of, and covering for absentees. Coping strategies contrasted: private sector HCWs reported more emotion-focused stress reactions such as retaliatory absence, while public sector HCWs reported mostly problem-focused strategies such as informal task-shifting and deliberate lowering of service quality standards. It is therefore, observed that whether elected leaders monitor staff attendance to duty or not, if the challenges faced by health workers are not addressed, absenteeism in health sector will continue.

The responses from the survey regarding the practice of elected leaders monitoring ongoing projects on a quarterly basis indicate a moderate level of perception. A substantial 72.5% of respondents agreed, with an additional 7.3% expressing agreement that elected leaders consistently engage in the monitoring of ongoing projects on a quarterly basis. In contrast, 14.7% disagreed, while 5.5% strongly disagreed with this notion. The calculated mean of 3.6147 and a standard deviation of 1.00837 highlight the perception that elected leaders' involvement in project monitoring is at a moderate level. Although specific references were not provided in the study, these findings imply that elected leaders play a significant role in overseeing ongoing projects, which may contribute to effective project management and accountability in the healthcare system (Doolin, 2003).

The survey responses regarding the monitoring of all received medicines and drugs from Uganda Medical Stores by elected leaders indicate a low level of perception. A substantial majority, comprising 55.0% of respondents, disagreed, with an additional 22.0% strongly disagreeing with the idea that elected leaders consistently monitor these medical supplies. Conversely, 19.3% agreed, and 2.8% strongly agreed with this notion, while 1.9% were uncertain. The calculated mean of 2.2569 and a standard deviation of 1.09209 emphasize the perception that elected leaders' monitoring of medicines and drugs from Uganda Medical Stores is at a low level. Although specific references were not provided in the study, these findings underscore the need for enhanced monitoring and accountability mechanisms in the management of medical supplies, aligning with discussions on the importance of effective drug supply chain management (Management Sciences for Health. (2012).

The findings from the survey regarding the monitoring of client-staff relations on a quarterly basis by elected leaders indicate a low level of perception. A significant majority, constituting 56.0% of respondents, disagreed, with an additional 22.0% strongly disagreeing with the idea that elected leaders consistently monitor client-staff relations. Conversely, 10.1% agreed, and 1.8% strongly agreed with this notion, while 1.9% were uncertain. The calculated mean of 2.2294 and a standard deviation of 1.05964 underscore the perception that elected leaders' monitoring of client-staff relations on a quarterly basis is at a low level. While specific references were not provided in the study, these findings highlight the need for improved oversight and engagement in enhancing client-staff relationships within healthcare settings, which can contribute to better healthcare outcomes and patient satisfaction (Thompson, 2007).

The findings are in tune with World Health Organization (2010) that contends that the key indicators and effective methods and measures of health systems capacity, including inputs, processes and outputs, and to relate these to indicators of outcome. The health systems monitoring and evaluation includes reduced transaction costs, increased efficiency, and increase interaction between clients and local leaders to measure effectiveness of service delivery.

The findings from the survey regarding the monitoring of client-staff relations on a quarterly basis by elected leaders indicate a low level of perception. A significant majority, constituting 56.0% of respondents, disagreed, with an additional 22.0% strongly disagreeing with the idea that elected leaders consistently monitor client-staff relations. Conversely, 10.1% agreed, and 1.8% strongly agreed with this notion,

while 1.9% were uncertain. The calculated mean of 2.2294 and a standard deviation of 1.05964 underscore the perception that elected leaders' monitoring of client-staff relations on a quarterly basis is at a low level. While specific references were not provided in the study, these findings highlight the need for improved oversight and engagement in enhancing client-staff relationships within healthcare settings, which can contribute to better healthcare outcomes and patient satisfaction (Thompson, 2007).

The findings are in tandem with Zaramba (2009) who argues that accurate and reliable diagnosis is the cornerstone of disease management and prevention. Laboratories provide the bulk of available diagnostic techniques and are indispensable in healthcare delivery. A reliable and properly organized laboratory system not only generates information critical to individual case management but also to disease surveillance and control. In addition, operational research which plays a key role in designing diagnostic and treatment schemes cannot do without laboratory data. Furthermore, maintaining a functional and effective national health laboratory structure and network is a complex undertaking that requires the guidance, support and regulation of well laid down policies. It is observed therefore, that monitoring of laboratory services is a technical function and elected leaders have no capacity to carry out this responsibility.

When respondents were demanded to give out their view about whether elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs), 56(51.4%) of the respondents agreed while 6(5.5%) of the respondents strongly agreed with the opinion that elected leaders always monitor Observance of Covid-19 standard

Procedures (SOPs) whereas 39(35.8%) disagreed while 8(7.3%) of the respondents strongly disagreed with the opinion that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs). The calculated mean was 3.1193, standard deviation = 1.17635 emphasizes that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs) is at a moderate level. The study findings are in agreement with Muhwezi et al., (2020) whose findings indicate that much as there were provisions for the guidelines and / or Terms of Reference to the District Task Forces in Uganda, the implementation of these guidelines varied from district to district. These guidelines were passed on to the Local Governments from Central Government Ministries to guide districts on how to handle operational issues like utilization of resources, activating task forces, maintaining a lean staff structure, and conducting the business of councils among others. In many districts, the guidelines were very instrumental and helpful in the implementation of the activities of the DTFs. The Local Governments responded very fast to activate an institutional infrastructure to respond to COVID-19 pandemic. The results showed that there were committees and sub-committees formed both at the districts, Municipalities, Town Councils, Sub-counties and Villages in all districts to contain the spread of COVID-19 pandemic. These committees were mainly formed along with the existing local government structure. The major sub-committees running were: security, surveillance and burial committees which were mainly composed of the Health Technical Team. Much as different districts had varying sub-committees, generally, the Risk Communication Committee, the Psychosocial Support, the Case Management, and Testing Committees and the Logistics Committee were more prominent.

When respondents were asked to give their opinion about whether elected leaders always monitor Community Referral services on quarterly basis, the majority of respondents resented by 67(61.5%) strongly disagreed while 32(29.4%) of the respondents strongly disagreed with the opinion whereas 8(7.3%) of the respondents agreed, those who strongly agreed were only 2(1.8%). The calculated mean was 1.9083, standard deviation = .86647 shows that elected leaders always monitor Community Referral services on quarterly basis are at a very low level.

The findings are in tandem with Ministry of Health (2010) which provides the Health Management Information System to track health service provision in health units on a daily basis. It was observed that it would be difficult to monitor health service delivery in health units in the district given the limited resources and manpower. The health information system is a set of integrated components and procedures organized with an objective of generating information which will improve health care management decisions at all levels of the health system. It is also a routine monitoring system that plays a specific role in the monitoring and evaluation process which is intended to provide warning signals through the use of indicators. Seven technical modules have been included in this Procedure Manual to enable training of the Health Unit staff in the revised Health Management Information System.

The overall mean of 2.6345, derived from the survey responses regarding the role of monitoring in the provision of healthcare services at Kibuku Health Centre IV in Kibuku District, indicates that the perception of monitoring's effectiveness is at a low level. The responses collectively express a significant level of dissatisfaction and skepticism concerning the involvement of elected leaders in various aspects of

monitoring healthcare services, such as client-staff relations, discharge Laboratory services, and staff attendance. These findings underscore the need for stronger monitoring mechanisms, greater transparency, and enhanced oversight to ensure the quality of healthcare services at the facility, in alignment with the importance of effective healthcare management and service delivery (United Nations Development Programme, 2009).

The findings from both qualitative and quantitative data (frequencies and percentages) indicate that monitoring carried out by elected leaders contribute to delivery of healthcare services in Kibuku Health Center IV. This is confirmed by the views and opinions expressed by respondents. The majority of respondents 53(48.6%) agreed that elected leaders always monitor staff attendance to duty on quarterly basis. Results from interviews affirm this fact and it is stated that it is the responsibility of the elected leaders to monitor general performance of the health unit including staff attendance to duty. The majority of respondents 79(72.5%) agreed that elected leaders always monitor on-going projects on quarterly basis. However, majority of respondents 60(55.0%) disagreed while 21(19.3%) of the respondents agreed that elected leaders always monitor all received medicines and drugs from Uganda Medical Stores because there is a designated committee to monitor receipt and utilization of public drugs and medicines and elected leaders only receive reports. The majority of respondents 56(51.4%) agreed that elected leaders always monitor Observance of Covid-19 standard Operating Procedures (SOPs). It can be concluded that monitoring by elected leaders play an important role in delivery of health services in Kibuku Health Center IV.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.0 Introduction

This chapter presents summary, conclusions and recommendations of the study in relation to the establishment of role of elected leaders on health care services in Kibuku Health Center IV in Kibuku district. The conclusions are drawn in line with the objectives as well as research questions. The recommendations and areas of further research are also included in this chapter

#### 6.1 Summary

The study found it necessary for the elected leaders to directly be involved in all the three aspects; planning, resource allocation and monitoring to have effective health service delivery in Kibuku Health Centre IV.

#### 6.2 Conclusions

The conclusions were based on the three objectives of the study.

##### **6.2.1. To assess the contribution of planning on Healthcare services in Kibuku Health Center IV.**

This reveals that planning role has a significant effect on Health Care Provision in Kibuku Health Centre IV of R Square indicates the Coefficient of Determination which was found to be .111 translating to 11.1% which implies that the construct (planning) accounted for 11.4% of .111. This implies that planning influence the provision of Health Care Provision in Kibuku Health Centre IV by 11.4%. It is also important to

compare the significance (sig) value with the p-value (the standard) which is 0.000. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of planning in influencing the provision of healthcare services in Kibuku Health Centre IV.

#### **6.2.2. To examine the contribution of resource allocation on Healthcare services in Kibuku Health Center IV in Kibuku District.**

This reveals that resource allocation has a significant effect on Health Care Provision in Kibuku Health Centre IV of R Square indicates the Coefficient of Determination which was found to be .225 translating to 22.5% which implies that the construct (resource allocation) accounted for 22.5% of .225. This implies that resource allocation influence the provision of Health Care Provision in Kibuku Health Centre IV by 22.5%. It is also important to compare the significance (sig) value with the p-value (the standard) which is 0.000. According to Saunders (2003), the interpretation of p-values in statistical analysis is as follows: if the p-value is less than the predetermined significance level (often set at 0.05), it indicates a statistically significant effect or relationship. Conversely, if the p-value is greater than the significance level, it suggests an insignificant effect or relationship. In this case, the p-value was found to be 0.000, which is less than the significance level of 0.05. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of resource allocation in influencing the provision of healthcare services in Kibuku Health Centre IV.

### **6.2.3. To establish the contribution of monitoring on Healthcare services in Kibuku Health Center IV in Kibuku District.**

The R-square value was used in regression analysis to evaluate the goodness-of-fit of the model and to assess the predictive power of the independent variable(s) on the dependent variable. This is the proportion of variance in the dependent variable (Health Care Provision in Kibuku Health Centre IV) which can be explained by one construct (monitoring). This reveals that monitoring has a significant effect on Health Care Provision in Kibuku Health Centre IV of R Square indicates the Coefficient of Determination which was found to be .169 translating to 16.9% which implies that the construct (monitoring) accounted for 16.9% of .169. This implies that monitoring influence the provision of Health Care Provision in Kibuku Health Centre IV by 16.9%. It is also important to compare the significance (sig) value with the p-value (the standard) which is 0.000. According to Saunders (2003), the interpretation of p-values in statistical analysis is as follows: if the p-value is less than the predetermined significance level (often set at 0.05), it indicates a statistically significant effect or relationship. Conversely, if the p-value is greater than the significance level, it suggests an insignificant effect or relationship. In this case, the p-value was found to be 0.000, which is less than the significance level of 0.05. Therefore, based on the interpretation mentioned above, it can be concluded that there was a significant effect of monitoring in influencing the provision of healthcare services in Kibuku Health Centre IV.

### **6.3. Recommendations**

In view of the study findings and conclusions, this study makes the following recommendations:

#### **6.3.1. To assess the contribution of planning on Healthcare services in Kibuku Health Center IV in Kibuku District.**

The Ministry of Health should create linkages with local governments and other stakeholders to effectively participate in the planning process in the health sector so that critical health issues are captured and planned for in response community health needs.

The government of Uganda should ensure that the set health care guidelines and Ministry of Health Strategic plan is implemented through effective dissemination of the guidelines and actualization of the health national dream of quality health services for all in line with Sustainable Development Goal.

The government should strengthen the health care system through provision of quality health infrastructure and supplies.

The district should adopt the bottom-up approach of planning so that critical community needs are captured and planned for in the district.

#### **6.3.2. To examine the contribution of resource allocation on Healthcare services in Kibuku Health Center IV in Kibuku District.**

The government of Uganda should allocate enough funds to procure adequate beds to reduce the current ratio of 9 – 12 per 10,000 people.

The government of Uganda should allocated adequate funds to cater for construction of major health facilities like maternity ward, Outpatient shelter, and staff quarters. The government should provide enough resources to facilitate the procurement of enough drugs and medicines to avoid stock out.

The government should strengthen the referral system by procuring an ambulance for every health center IV and referral hospitals.

The government of Uganda should provide enough supply of ARV medicines and drugs for HIV/AIDS patients.

The district should partner with other development partners to fill the health gap not addressed by government.

The district should work to attract donors to the areas to help address health challenges reported in the district.

The government of Uganda should strengthen budget monitoring Unit to ensure accessible and timely access to resources.

The government of Uganda should increase funding for public health and clinical health services.

### **6.2.3. To establish the contribution of monitoring on Healthcare services in Kibuku Health Center IV in Kibuku District**

The government of Uganda should strengthen the health monitoring system in order to improve the quality of health service delivery in districts.

The district should t devise strategies of engaging the patients and the civil society in providing feedback on the quality of health services.

The government of Uganda should strengthened mechanisms to track budget performance and supervision in health facilities.

The government of Uganda should strengthening Health System through effective supervision and monitoring of health systems.

The Ministry of Health should make it mandatory for all medical workers to sign performance agreements that are output based to reduce on absenteeism and late reporting to duty in Kibuku health center IV.

The government of Uganda should strengthen budget monitoring Unit to ensure accessible and timely access to resources.

### **6.3. Areas for further Research**

Further research should be carried out on the role of stakeholders and effective partnership in provision of health care services in Uganda. This should be done as part of the public private partnership in provision of health services in the country

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## APPENDIX 1: QUESTIONNAIRE

Dear Respondent,

My name is Najjuma Juliet a student of Uganda Christian University pursuing a Masters of Public Administration and Management. As part of my course at Uganda Christian University, I am carrying out research on the topic: “Role of elected political leaders on provision of healthcare services in Kibuku Health Center IV in Kibuku District” .

The study seeks to establish the role of elected political leaders in planning, resource allocation and monitoring on provision of healthcare services delivery in Kibuku Health Center IV in Kibuku District. As one of the target respondents, your view and opinion are very important to this study. I hereby request you to spare some time and fill this tool. The responses obtained will be confidential and strictly be used for academic purposes only.

Thank you for your co-operation.

**Section A: Demographic Information** (please tick appropriately inside the boxes as below ;)

### 1. Gender of Respondents

Male

Female

### 2. Age of Respondents

20-29

30-39

40-49

50 and above

### 3. Education of Respondents

Certificate       Diploma       Degree       Post-graduate

**4. Length of service**

1 to 5 years       6 to 10 years       11 to 15 years       16 and above

Please indicate the extent you Agree or Disagree with following statements by ticking;

Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1	2	3	4	5

CODE	SECTION B: Role of Elected Leaders	SD	D	NS	A	SA
NO.	<b>Planning and Health Care Provision</b>					
PHCS <sub>1</sub>	Elected leaders always plan for recruitment of health workers for Kibuku Health Center					
PHCS <sub>2</sub>	Elected leaders always plan for infrastructure establishment for the Kibuku Health Center IV					
PHCS <sub>3</sub>	Elected leaders always plan for procurement of medicines and drugs					
PHCS <sub>4</sub>	Elected leaders always plan for medical staff allowances					
PHCS <sub>5</sub>	Elected leaders always plan for staff salaries					
PHCS <sub>6</sub>	Elected leaders always plan for staff trainings.					
PHCS <sub>7</sub>	Elected leaders always plan for referral services					
	<b>Resource Allocation for HealthCare Services</b>					
RAHC <sub>1</sub>	Elected leaders always participate in Primary Health Care allocations					

RAHC 2	Elected leaders always participate in allocation of Donor funds to support Health Care services in Kibuku Health Center IV					
RAHC 3	Elected leaders always participate in allocation of Result Based Funding (RBF) from Central Government					
RAHC 4	Elected leaders participate in allocation of funds for staff Incentives (40%)					
RAHC 5	Elected leaders participate in allocation of Facility maintenance (60%) to facilitate healthcare provision					
RAHC 6	Elected leaders always participate in the allocation of staff salaries					
RAHC 7	Elected leaders always allocate funds for staff trainings					
RAHC 8	Elected leaders always allocate funds for community health care trainings					
	<b>Monitoring provision of HealthCare Services</b>					
MHC <sub>1</sub>	Elected leaders always monitor staff attendance to duty on quarterly basis					
MHC <sub>2</sub>	Elected leaders always monitor on-going projects on quarterly basis					
MHC <sub>3</sub>	Elected leaders always monitor all received medicines and drugs from Uganda Medical Stores					
MHC <sub>4</sub>	Elected leaders always monitor client-staff relations on quarterly basis					
MHC <sub>5</sub>	Elected leaders always monitor discharge Laboratory services on quarterly basis					
MHC <sub>6</sub>	Elected leaders always monitor Observance of Covid-19 standard operating procedures					

<b>MHC<sub>7</sub></b>	Elected leaders always monitor Community Referral services on quarterly basis					
	<b>HealthCare Services</b>					
<b>HCS<sub>1</sub></b>	Maternal child care services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>2</sub></b>	TB diagnoses and treatment services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>3</sub></b>	Covid-19 services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>4</sub></b>	HIV/AIDS care and ART services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>5</sub></b>	Antenatal care services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>6</sub></b>	Theatre services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>7</sub></b>	Outpatient and inpatient care are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>8</sub></b>	Immunization and growth monitoring are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>9</sub></b>	Postnatal care services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>10</sub></b>	Prevention of mother to child transmission (PMTCP) is adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>11</sub></b>	Early Infant Diagnosis (EID) services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>12</sub></b>	Family Planning services are adequately offered at Kibuku Health Center IV.					
<b>HCS<sub>13</sub></b>	Adolescent and youth friendly services are adequately					

	offered at Kibuku Health Center IV.					
HCS <sub>14</sub>	Laboratory services are adequately offered at Kibuku Health Center IV.					
HCS <sub>15</sub>	STD tracing and treatment are adequately offered at Kibuku Health Center IV.					

**Thank you for your cooperation.**

Dear Respondent,

My name is Najjuma Juliet a student of Uganda Christian University pursuing a Masters of Public Administration and Management. As part of my course at Uganda Christian University, I am carrying out research on the topic: “Role of elected political leaders on provision of healthcare services in Kibuku Health Center IV in Kibuku District” .

The study seeks to establish the role of elected political leaders in planning, resource allocation and monitoring on provision of healthcare services delivery in Kibuku Health Center IV in Kibuku District. As one of the target respondents, your view and opinion are very important to this study. The responses obtained will be confidential and strictly be used for academic purposes only.

Thank you for your co-operation.

**Date:** ..... **Start time:** ..... **End time:** .....  
 .....

Planning for delivery of health services

The health system in Uganda operates on a decentralized referral system. How are elected leaders involved in the planning and resource allocation in Kibuku Health Center IV?

.....  
...  
.....  
.....  
.....

What are the different types of resources that are received and planned for to support health service sector in Bukwo district and specifically Kibuku health center IV?

.....  
.....  
.....  
.....

What specific health services do you plan and budget for in Kibuku Health Center VI?

.....  
.....  
.....  
.....

What is the quality of health services offered at Kibuku Health Center IV?

.....  
.....  
.....  
.....





# UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

UGANDA CHRISTIAN UNIVERSITY

SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

## DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: .....

1. Name of Candidate: Najjuma Juliet-S19/MUC/MPAM/747

Title of Dissertation ..." ROLE OF ELECTED LEADERS IN PROMOTING HEALTH CARE SERVICE DELIVERY IN KIBUKU HEALTH CENTER IV ", .

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	<b>Title</b> – The topic needs to be rephrased	Word <b>UGANDA</b> has been added	See Cover page
2	<b>Abstract – ABSTRACT (4/5)</b>  <i>The abstract is clear, well aligned to both the left and the right margins. However, it could be shortened to fit on one page</i>	Has been shortened to one page	Corrected see page ix

<p>3</p>	<p><b>Chapter One: Introduction</b> – <i>The background could have been strengthened by raising arguments on theoretical and conceptual issues.</i></p> <p><i>The problem statement is well written but the source of information is rather old (2014 and 2016). It's helpful to update. The candidate also has to show the efforts that have been made by the political leaders towards improved health care delivery.</i></p> <p><b>objectives</b></p> <p><i>Good but they can be strengthened by showing indicating elected leaders' role otherwise planning and monitoring are shared functions. Therefore stating that "To assess the role of planning on delivery of Healthcare services in Kibuku Health Center IV in Kibuku district" without specifying whose role is inadequate. Second, the research questions specify the contribution, while the objectives look for the role. Are the two the same? Harmonize</i></p> <p><b>Conceptual/Theoretical Framework</b></p> <ol style="list-style-type: none"> <li>1. <i>The candidate needs to take care of the arrows. Going by Figure 1.1, the only objective to be tested is role of elected leaders (compounded to have planning, allocation, M&amp;E) and compounded promotion of health service delivery (many components) which makes it a one to many study. I suggest that each of the constructs under the IV becomes an independent box with a separate arrow to the DV</i></li> <li>2. <i>The elements under promotion of health service care delivery suggests activities that lead to uptake or mobilization or public health and not actual service</i></li> </ol>	<p>The theoretical, conceptual and contextual backgrounds have been included</p> <p>This has been taken care of.</p> <p>These have been taken care of</p> <p>These have been change</p>	<p>See pages 21 and 22</p> <p>See page 23</p> <p>See page 24</p> <p>See page 29</p> <p>See page 30</p>
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	<p><i>delivery. Rethink the nomenclature of the DV</i></p> <p>3. <i>In the narrative of the conceptual framework, it's not clear what is from Toumi (2010); Kamwesiga (2011); World Health Organization (2013); Tulchinsky &amp; Varavikova, (2014) and what has been modified by the candidate. The candidate says the work was moderated in 2021, yet the text is 2023.</i></p>	<p>Have been changed</p> <p>Enhanced</p>	<p>See page 31</p>
4	<p><b>Chapter Two: Review of Literature</b> <i>Relevant empirical literature has been reviewed. The candidate has made good use of both local and international literature. However, the work is over loaded with documents and reports which could be reduced.</i></p>	<p>Have been reduced</p>	<p>See page 33</p>
5	<p><b>Chapter Three: Methodology</b> – <i>Methods seem to be well designed. The research design is very appropriate for the study and sample size determination was done well though the target population is questionable. For instance where do you get 18 in patients from? The candidate also mixes the data collection methods and the data collection instruments. For example you cannot have the questionnaire as a method and as an instrument. The method is a questionnaire survey.</i></p>	<p>Corrected</p>	<p>See page 73</p>
6	<p><b>Chapter Four: Presentation of Findings</b> - <i>These are well aligned. However, the data on the demographic characteristics are presented on pages have no import as far as the study objectives are concerned.</i></p>	<p>Corrected</p>	<p>See page 88</p>



	<p>abstract. For example, the conclusions and recommendations have been presented before the findings.</p>		
<p>3</p>	<p><b>INTRODUCTION</b></p> <ul style="list-style-type: none"> <li>➤ There are insufficient literature sources to back up what the student is writing. Some pages even lack a single author. One would expect the student to build a case for her study from the existing literature. For example, the whole of page 1 has only 2 citations.</li> <li>➤ There is need for coherence in writing to ensure good flow of information , with particular attention to starting broad and narrowing down to the context of study.</li> <li>➤ Besides, so many pages have been presented but with less relevance to the problem under investigation; neither does the student demonstrate the relevance of conducting research on the problem under investigation. Ideally we expect more of the debate to be on health service delivery than on elected (as it has been the case).</li> <li>➤ Pertinent issues pertaining health service delivery in Kibuku district, and Kibuku health center IV in particular should be portrayed in the last paragraph. However, the student dwelt on talking about elected leaders.</li> <li>➤ Conceptualization of the study variables should clearly be illustrated to facilitate understanding for the readers regarding what the researcher is studying /presenting. The DV in particular was neglected.</li> <li>➤ The purpose /goal and specific objectives of the</li> </ul>	<p>Corrected. More literature has been added.</p> <p>Corrected</p> <p>Corrected</p> <p>Corrected</p>	<p>See page 10 ,11,12</p>

	<p>study should be rephrased to be more SMART. Careful attention should be made to ensure use of correct grammar. Ideally use of Many to one (from the conceptual framework perspective would make good sense of objectives).</p> <ul style="list-style-type: none"> <li>➤ Too many unnecessary words are written about the study scope but at the end the justification for the geographical scope is not given.</li> </ul>	<p>Corrected</p> <p>Corrected</p> <p>Corrected</p>	
4	<p><b>LITERATURE REVIEW.</b></p> <ul style="list-style-type: none"> <li>➤ The theory adopted is seemingly not relevant for this study. It would possibly apply to a study on management but not implementation science. Politicians provide an oversight role therefore, other theories such as NPM, stakeholder theory other related ones could have been more appropriate.</li> <li>➤ There is need to interrogate the literature by for example comparing, contrasting, discussion of gaps, etc.</li> </ul>	<p>Corrected</p>	<p>See pages 29-31</p>
5	<p><b>CHAPTER THREE : METHODOLOGY</b></p> <ul style="list-style-type: none"> <li>➤ The sampling techniques should be revisited to</li> </ul>	<p>Corrected</p>	<p>See page 64-65</p>

	<p>ensure use of appropriate techniques especially for the population categories 1-7 in Table 3.3.1.</p> <ul style="list-style-type: none"> <li>➤ How /Why did you prepare a standardized questionnaire for such a heterogeneous population of respondents? (sect 3.5.1).</li> <li>➤ There was need to describe the type of questions used for each instrument and justify the relevance of using such questions in this study (sect 3.6).</li> <li>➤ The student should clearly describe the steps taken to analyse qualitative and quantitative data in independent sub sections to derive conclusions and generalizations about the study objectives.</li> </ul>	<p>Corrected</p> <p>Steps used to analyze qualitative data included</p>	<p>See page 68</p> <p>See pages 74-75</p>
6	<p><b>CHAPTER FOUR</b></p> <ul style="list-style-type: none"> <li>➤ Under the biographic characteristics, the mixing of heterogeneous categories of the study population does not only make interpretation of data difficult but it also makes the findings appear unrealistic.</li> <li>➤ Ideally, the questionnaire should have been administered to the patients .Where did the qualitative data presented come from (e.g. page 87)?</li> </ul>	<p>Corrected</p> <p>Qualitative data was collected using interview guide and one of the data collections tools detailed in chapter three for triangulation purposes</p>	<p>See pages 78-81</p> <p>See pages 68-69</p>
7	<p><b>CHAPTER FIVE</b></p> <p>The candidate attempts to discuss the findings, however there is some repetition of what was presented in the previous chapter (chapter four).</p>	<p>Chapter four results forms basis for discussion pointing out consensus building or contradiction with existing literature/findings of similar studies</p>	<p>See pages 129 - 153</p>

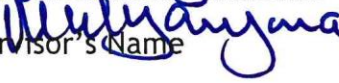


5	The student should correct the legends for descriptive statistics	Corrected	See page 96 106 and 121
6	The student should clearly state the role of elected leaders in health service delivery	Corrected	See page 24

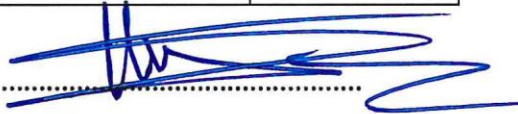
NASSUMA JULIE 

Candidate's Name

Signature

Dr. Aaron Kyela  


Supervisor's Name



Signature