

**ASSESSING THE IMPACT OF HEALTH SERVICES IN THE CONTEXT OF COMMUNITY
GROWTH: A CASE OF MERCY MEDICAL CENTER, MENDE**

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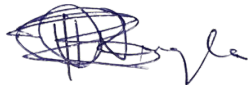
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DECLARATION

I Rugumba Wilfred Blair hereby declare that this is my original work, it is not plagiarized and has not been submitted to any other institution for any award.

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A handwritten signature in blue ink, appearing to read 'Rugumba Wilfred Blair', with a stylized, scribbled initial 'R'.

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DEDICATION

This research project is dedicated to those that have inspired me to walk this academic journey entirely.

My beloved wife Vena Ingabire Rugumba.

My lovely children: Graham Caleb Rugumba, Joshua Call Rugumba, Zoe Jemima Rugumba, Rille Sarah Rugumba and Lilly Joy Rugumba.

Thank you for being patient with me during this academic struggle.

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ABSTRACT

Mercy Child Care Ministry had offered child protection and family empowerment services to the under privileged in Mende sub-county Wakiso District for many years. However, the health care mandate was never in place and people had to travel long distances to find appropriate health services through which many lost their lives as they could not access these and on time. Mende subcounty had a population of 26,327 people at the time in 2014, and now 38,400 as of 2020 UBOS report. Considering the increased demand for health care services, Mercy Medical Center (MMC) was started.

MMC is a level III health center started in 2016. In its first years, it performed so well and became self-sustaining in just months, it saw 6010 patients in 8 months. However, with the continuing community growth, the facility is not growing as expected and the patient numbers have not changed much. In 2022, a total number of 5754 patients were seen all year round. This is less compared to 6010 patients seen in May to December 2016.

With the initial growth, the medical center was able to break-even and meet its operational expenses by its fourth month of operation. This allowed it to start new departments like immunization, Radiography (Ultrasound and X-ray), a fully-fledged maternity unit with the only neonatal unit in the sub-county and operating room. Even though these departments have been added, for the last 7 years, the average number of patients seen has not changed much from the usual 306-625 patients per month.

We therefore conducted the study to explore the reasons for stagnation in patient growth of the health center.

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LIST OF ACRONYMS

MCCM - Mercy Childcare Ministry

MMC - Mercy Medical Center

PNFP - Private Not For Profit

PFP - Private for Profit

MDG - Millennium Development Goals

SDG - Sustainable Development Goals

OPD - Outpatient Department

VTH - Village Health Team

NCHS - National Center for Health Statistics

1 CHAPTER 1: INTRODUCTION

1.1 Background

Mercy Childcare Ministry (MCCM) is a Christian childcare Non-Government Organization located in Wakiso district. It was founded in 2002, that is about 20 years now. Over the years, MCCM revolved and now runs a transition rehabilitation home for orphaned and other vulnerable children, medical center, churches, schools, and Microfinance as a contribution to community transformation (Mercy child care ministry, 2018). In May 2016, in response to the overwhelming health need in Mende sub-county, Wakiso District in Central Uganda, Mercy Childcare Ministry started Mercy Medical Center whose vision is to provide quality health care services at an affordable cost. At the time when the medical center was started, it was the only private health center three in Mende, a sub-county with a population of 26,327 according to the Uganda bureau of statics (ubos, 2014).

By the end of the first year, Mercy medical center had grown and was reaching an average of 750 patients each month (Mercy medical center, 2016). With this growth, the medical center was able to break even and meet its operational expenses by its fourth month of operation. This allowed Mercy Medical Center to start new departments like immunization, Radiography (Ultrasound and X-ray), a fully-fledged maternity unit with the only neonatal unit in the sub-county and operating room. Even though these departments have been added, for the last 7 years, the average number of patients seen each month has remained 306-625 patients, even with all the community growth in numbers of new people coming into this area. In 2020 after the lockdown, many people moved into Mende sub-county, this used to be a rural area but has now transitioned to a city suburb with more infrastructure and

government has turned it into a town council. Mercy medical center continues to serve the community of Mende with a team of qualified staff offering quality and affordable health care services 24hours seven days a week to the community and other surrounding areas. Mercy Medical Center is also the main referral center for accidents and other emergencies in the community. Mercy Medical Center conducts routine medical outreaches where vulnerable people in the community get free medical care.

1.2 PROBLEM STATEMENT

With the increase in population in Mende sub-county, from 26,000 people in 2012 to 38,400 people in 2020 (Brinkhoff, 2020), Mercy Medical Center has continued to see closely the same or slightly less numbers of people monthly, initially 500 people on average per month and today this average is between 306 to 625 per month (Mercy Medical Center, 2023) even though it is recognized in the community as one of the reliable facilities of the 11 facilities in the subcounty (Gwaro, 2018). Currently, the medical center building and some medical equipment in the laboratory and maternity section have started to depreciate. Some equipment like the blood bank is being disposed-off because they are not being used quite enough to justify keeping them.

According to Banyan Global (USAID, Uganda's Private Health Sector: Opportunities for Growth, 2015), Uganda's health system has public, private-for-profit (PFP), private-not-for-profit (PNFP) and traditional or complementary medicine practitioners. Among all these, the private providers play the major role in health service delivery in Uganda because they have more readily accessible and high-quality services as compared to the public sector.

Mercy medical center plays an important role in delivering services to a community of over 38,400 people as one of the 4 health center III in the subcounty, however, a

critical problem remains. Significant numbers of people in the community either have no access or cannot afford or lack knowledge about the availability of health services at MMC. When we organize medical outreaches, the numbers of people seeking services is high, over 150 people a day. However, on ordinary days the numbers are still very low, about 15 patients on average.

MMC being a PNFP plays a critical role in health service delivery especially that it is in a semi-rural area, but it is challenged with the need to expand its services to improve on quality and efficiency for better health outcomes.

For this reason, the researcher opted to conduct a study to examine **“what can be done to increase the impact of Mercy Medical Center in Mende Subcounty?”**

1.3 Research questions

1.3.1 Central research question

Why is there stagnation in growth of Mercy Medical Center amidst community growth?

1.3.2 Action question

What can be done to increase the impact of Mercy Medical Center in the community?

1.3.3 Subsidiary research questions

- i. What are the channels of creating awareness about health centers in Mende subcounty?
- ii. What are the serving delivery factors influencing the health seeking habits of people in Mende subcounty?
- iii. What is the community’s perception on the cost and quality of services offered at Mercy Medical Center?

1.4 RESEARCH OBJECTIVES

1.4.1 General objective:

To assess why there is stagnation in growth of MMC amidst community growth.

1.4.2 Specific Objectives

To determine what can be done to increase the impact of MMC in the community.

To determine the effectiveness of awareness platforms used to let people know about health centers in Mende Subcounty.

To assess the service delivery factors influencing health seeking habits of the people in Mende subcounty.

To assess the community's perception on the cost and quality of services offered at MMC.

1.5 LITERATURE REVIEW

Introduction

Literature review is a comprehensive summary of previous research on a topic surveying scholarly articles, books, and other sources relevant to a particular area of research (bloomu, 2020).

Uganda is a country in East Africa with a population of 45,741,007 (worldometer, 2020) and the population growth rate is 3.66% annually (jogh.org, 2020). According to its current GNP, Uganda is still among the poorest countries in the world. The average life expectancy has however increased to 64 years (jogh.org, 2020).

Over the years, Uganda has had a challenge of quality health service providers and health facilities. According to global health, (jogh.org, 2020) Uganda's doctor patient and nurse patient ratio is approximately 1:25000 and 1:11000 respectively which is way below the WHO recommended 1:1000.

All this and much more display a fact that the health system in Uganda is still challenged. Infant mortality rate is 39.2/1000, under five deaths is 53.3 and life

expectancy is 64 years with largely preventable diseases still contributing the biggest percentage of deaths prematurely (UDHS, 2016).

1.5.1 HEALTH SYSTEMS IN AFRICA

The Primary Health Care (PHC) approach was launched by WHO through the Alma-Ata Declaration of 1978 after recognition of the fact that health services all over the world were not responding to the needs of the populations they served. (Lawn et al, 2008). This approach is targeted on the key roles of shared commitment and engagement of community members and their participation in health service delivery. The fact that people in urban, peri-urban and rural communities contribute to the process of effective health servicing was underrated in the Addis Ababa Declaration (WHO, 2006), the World Health Report (WHO, 2008) and the Ouagadougou Declaration (WHO, 2008a). During these declarations, WHO revisited the PHC model and put emphasis on principles of people centered approaches in healthcare.

Member countries' financial obligations to address what is considered a public health crisis in the continent (WHO, 2003) were identified by African Heads of State in the Abuja declarations of both 2000 and 2006, the latter calling for universal coverage of health interventions mainly for malaria, tuberculosis and HIV/AIDS. However, the actions suggested mainly target countries and governments without identifying roles for communities or community-based organizations. (WHO, 2012)

For years now, the global health community has put emphasis on strengthening health systems with special attention on the observed weaknesses which failed the Millennium Development Goals. (G8 Health Experts Group, 2011). Today, even with all the international and national efforts, the health needs of people especially those

in rural and semi-rural communities have not been met by the health interventions in place. (WHO, 2012). Policies have been put in place and more funds vented into the health structure to strengthen the health system however things have not come into play as expected. This is probably because all these efforts lack the voice and opinions of the final consumers of the health system. (World Health Organisation, 2021)

The challenge of undermining health care is a big problem in Africa and many PNFP were started to contribute to this challenge in communities where they are established in a bid to contribute to the millennium Development Goals (MDGs). When the MDGs were not fully achieved by 2015 in most Saharan countries partially because most governments undermined and did not prioritize health problems and health system interventions (WHO, Research for Universal Health Coverage, World Health Report, 2013), the SDGs were introduced. The 2013 World Health Report underscored the challenge that despite nearly a decade of calls and seed funds to support evidence-informed health systems in low- and middle- income countries (LMICs), sustained efforts were still needed to ensure that national health research systems optimally support evidence-informed policy-making processes related to ensuring universal health coverage.

While it remains important to continue the advocacy for increased investment in health services in many sub-Saharan African countries, significant untapped potential exists in end-user human capital and indigenous knowledge (Lanthom & Nataporn, 2016). Improving the performance of national health services in Africa requires more than just declarations and increased resources. We need input from the community. This study will include people from urban, sub-urban, and rural

areas with the aim of understanding their perceptions and perspectives regarding healthcare and healthcare services.

1.5.2 Uganda's health burden

About 37% of the population in Uganda live within 5km from a health center, because currently the country has a total of 6929 public health facilities from 127 districts including Kampala Capital City Authority facilities. These include 2 National referrals, 3 specialized referrals, 13 regional referrals, 163 general hospitals, 23 special clinics, 221 health center IVs, 1572 health center IIIs, 3364 Health center IIs and 1575 clinics. (MOH, 2018). Geographical access however does not translate into service access and utilization. For example, most of these facilities do not provide maternal health services, many are daycare centers, and they lack the equipment and drugs to serve the people needs. Many people especially in rural areas still depend on PNFPs, self-medication and/or traditional healers. Whereas 95% of pregnant mothers attend at least 1 antenatal clinic, over 37% do not benefit from trained assistants during childbirth. (Okutu, 2012). Over the years the continuum of care has grown still 95% of pregnant mothers attending at least one antenatal clinic, and the number of those delivering in a health center is 91% (UDHS, 2023), we still have cases of mothers who deliver without assistance of a health professional and the percentage of live births remains at 66% by 2022. Only 22.5% attend postnatal clinics with 6 weeks of childbirth (Quraish, et al., 2022)

Despite these challenges, it is important to note that Uganda spends more on health services than its comparator countries in sub-Saharan Africa and above level for its income (World Bank, 2010). Even so, 30% of the country's healthcare is externally funded and 40% is individual out-of-pocket expenditure. This means government

contributes 30% to the total health expenditure for the country and thus justifying the importance of the private sector (International Finance Corporation, 2010). According to the National budget framework FY 2020/21 - 2024/25 (Economic Policy Research Centre, 2021), the health sector budget dropped from 7.9% to 5.1% and thus a decrease of 40%

1.5.3 The private Health Sector in Uganda

In Uganda 76% of the private health sector is made up of facilities providing OPD services for diseases like Malaria, HIV/AIDS counseling/testing, general health education alongside large clinics that offer delivery and laboratory services. (USAID, Uganda's Private Health Sector: Opportunities for Growth, 2015). Of this number, 12% are health center IVs operating as mini hospitals with the ability to handle inpatients and surgical procedures. Most of these private facilities are in the urban places which creates an even bigger gap in the service delivery in rural areas.

Majority of facilities rely on owner savings (retained earnings) or informal borrowing for their day-to-day operations. This impedes the ability for health businesses to grow due to lack of financing to purchase new equipment and working capital (USAID, 2014). According to a study by MoH, Uganda demographics and health surveys indicate that the private sector provides between. 60 to 70% of the frontline health services and constitutes almost quarter of the total health workforce in Uganda as well as acknowledging that majority of Ugandan population move between private and government facilities with PNFPs being the most trusted and perceived to provide satisfactory quality services (Ssenyonjo , Namakula, & Ssenigooba, 2018)

1.5.4 Impact of health services in community growth

According to the MoH Uganda, good health and nutrition help people to remain active and contribute to national development. The goal for NDP III, *“to increase household income and improve quality of life through increasing productivity, inclusiveness and well-being of the population”* and that of HCDP, *“improving productivity of labor for increased competitiveness and better quality of life for all”*, are all focused on good health for all. (Ministry of Health, 2019)

Also, the focus of global efforts through the SDGs to improve health as stated in SDG 3: Ensure healthy lives and promote well-being for all is evidence for the impact of health services in community growth.

According to (UDHS, 2016), Uganda has progressed well in its bid to reduce child mortality and increase life expectancy with life expectancy currently at 64 years and the under-five mortality rates dropping from 90/1000 live births in 2011 to 64/1000 live births in 2016. Neonatal mortality rate remains at 22 deaths per 1000 live births and is responsible for 36% of all under-five deaths (UDHS, 2023). The maternal mortality ratio has also fallen by over 20% though still lower than the global reduction of 45%, currently it stands at 189 deaths per 100,000 live births.

Health services utilization determines the health outcome of the population, and this is largely dependent on the health seeking behavior of a given community. (Shaikh & Hatcher, 2005). Utilization of services depends on educational levels, economic factors, cultural beliefs and practices, environmental conditions, socio-demographic factors, knowledge about the facilities, gender, political environment, and the healthcare system itself. (Katung, 2001). All these challenges are significant, and they affect the Uganda health system and thus the health seeking practices for communities. (David, Petra, Ceri, & Miph, 2014). Today, the trend has not changed but more factors have been identified ranging from cultural and

community patterns and these strongly impact service delivery options, for example a lack of emergency obstetric care remains a great factor in maternal deaths (Dantas, Singh, & Lample, 2020). All the factors identified affect access to health care even when the services exist in the community, and it is important to note that poor health negatively impacts community development.

1.5.4.1 The role of health in community development

Enjoying good health and longevity is fundamental to the human experience. Healthy people become more active, more energetic and have a more positive attitude towards life. These characteristics not only have a positive impact on social infrastructure, but they also affect economic development. (Jocelyn, 2007)

The role of medical care, individual behavior, and the environment in influencing health should be well understood. There are many economic and social ways through which health influences economic growth and good economic growth influences good health for all people. This relationship is difficult to explain especially today when technological advances and institutional improvements promote both people's health and the economic growth for the first- and middle-income earners. (Becker, Philipson, & Soares, 2005). According to (Preston, 1975), countries with good health tend to have higher incomes than countries with poor health.

1.5.5 Stagnation in growth of a health facility

Stagnation is a prolonged period of little or no growth. Stagnation in business and employment is characterized by high levels of employee turnovers and part-time employment.

In any form of investment, the main aim is making improvement in business, getting rid of unproductive ideas, adapting to a functional environment, maximizing profits

and thriving in the community among others with whom you do the same business or rather striking to be better every day. (Prominence Global, 2020)

1.5.6 FACTORS THAT AFFECT HEALTH CARE UTILIZATION

There are several factors that influence the utilization of health services by an individual ranging from poverty levels, need for services, and location. People use health care services to diagnose, cure, ameliorate disease or injury; to maintain or improve function and to get information about their state of being. Utilization of health services can be appropriate or inappropriate, high or low quality, and high or low cost. Health service delivery has changed drastically over the years, we have new and improved drugs, devices, procedures, tests and imaging machinery and all these have changed patterns of care and sites where care is provided. (NCHS, 2017)

Health-care utilization is determined by the need for care, whether or not one is aware of this need, the willingness to obtain the care and whether the desired service can be accessed. Quality is a concept separate from access and is related to the achievement of the desired outcomes associated with utilization and not to whether the utilization occurs. (Kale , Bishop, Federman, & Keyhani, 2013)

The need for health services is also determined by one's health status. People with chronic illnesses tend to work closely with facilities in their range however sex, race, age, employment status, and other factors all determine this need. (ODPHP, 2017)

Another factor to consider is access to health care which is having timely use of personal health services to achieve the best possible health outcomes. (IOM, 1993). Clinicians note that timely access to health care is important inasmuch as it might enable patients and doctors to prevent illness, control acute episodes and manage

chronic conditions that would avoid exacerbation or complication of health conditions. Accessibility is determined by approachability, acceptability, availability and accommodation, affordability and appropriateness. (Levesque, Harris, & Russell, 2013).

People cannot access care if it doesn't exist in their geographical area or if providers will not treat them because of their insurance options and other issues. (Meit, et al., 2017)

Marital status is another factor, according to Debra (2022), marriage is associated with one's receiving and / or making more efforts to seeking health care services more regularly. This is because of the control of the other who serves as an encouragement and provides social support for this to happen.

Religion also contributes to health seeking and one's choice of a facility where to seek health services from. According to (Ursula, Nicholas, & Abigail, 2023) people with religious objections towards certain things have a higher risk of not seeking health care and stand high chances of developing mental health problems and opportunistic infections.

1.5.7 Effectiveness of awareness platforms for health service delivery

In a bid to support evidence-informed policy-making processes for health coverage, this study examined the contribution of MMC to this effort now regarding its 7 years of existence. However, with new people moving into the community it is important to also examine the awareness network used to convey information about MMC to the community. The question of whether the community has come to know about MMC remains unanswered. These are some of the tips put up to create awareness about MMC, conducting outreaches, conducting free immunization services like child vaccination and others, doing community sensitization sponsored by MMC and talking

about it at church and on social media. The question was if this was this good enough?

Basing on the observable records and statistics of mercy medical center, there's a notable state of stagnation in growth of this health facility despite the increase in population and other developments observed in the community where the facility is located.

Over the years, it has become clear that individual health is closely linked to community health—the health of the community and environment in which individuals live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community. (zlibrary, 2016). There's need to examine this as in my opinion the trend may be changing.

The popularity of health awareness campaigns appears to suggest their influence in helping combat serious health issues. Despite their ubiquity, the efficacy of health awareness events remains unclear. Some findings suggest that awareness programs that target specific populations as opposed to the general population are more successful in improving knowledge and health outcomes than non-specific. (Seattle University, 2020)

1.5.8 Customer care in Health service delivery

Both quality treatment and customer care are equally important in the medical world as both the facility and the patients literally live and/or die based on the quality of care given and received plus the interactions between patients and staff that guide this care. The goal of every service provider should be to develop a lasting relationship with patients rather than looking at health visits as transaction. “Happy patients return and refer others.” (Spenser, 2020)

Good customer service in health care improves revenue especially for private facility owners. (Baird, 2000). Despite the few challenges it may come with like increased cost, quality customer care attracts more clients and thus more revenue.

This research therefore will focus on the major cause of stagnation in growth for a facility which started off well. Is it lack of awareness, challenging customer care or cost and quality of services provided?

1.5.9 Cost and Quality of services

Effective and high-quality health systems rely entirely on great teams and a cooperative community alongside friendly cost. (zlibrary, 2016) This study assessed that individuals seek health services based on their ability to pay alongside the medical center ability to continue serving and self-sustainability. The nature of services offered in relation to community needs could be assessed around this.

It is important to note that in order for private health providers to continue providing low-cost high-quality services, they need to cut operational costs and consider cost effectiveness. However, for a growing facility, this is not something easy. MMC is on the road to self-sustainability and maybe this is one of the options it has to consider.

Costing quality of service in the medical world is so challenging, first there is hardly any insight into the true cost of treating a patient, it is also difficult to tell which services are profitable and which are not, there's always a lack of surety on whether you are being paid enough for each patient or not and it is not easy to measure if you are operating at peak efficiency or not, all these issues combined affect the cost and quality of healthcare services. (Soliman, 1992)

1.5.10 Conclusion

Despite the noticeable improvement in the overall health and nutrition statistics indicators, many children under 5 years still die to manageable health conditions. From a general overview, it is easy to relate improvement in economic growth to better health as aspects of inequality, change in focus of public health priorities and community involvement in their health improvement are overlooked.

This study aimed at assessing some of the most prominent issues in awareness creation, customer service, cost and quality of services and evaluating health service delivery with an overview of Mercy Medical Center displaying the relationship between community development and health service delivery.

2 CHAPTER 2: METHODOLOGY

2.1 Introduction

Methodology is the cornerstone for proper data collection and analysis. For the researcher to achieve the research goal, and answer the research questions, the research methodology should put into account; the study area, study population, sampling techniques, data collection tools, data gathering process, ethical considerations and finally the limitations of the study.

2.2 Study Design

The researcher used a descriptive cross-sectional study design to assess the impact of health services in community growth. Both qualitative and quantitative data collection methods were used to collect data. This design was selected because of its ability to show association between the participants, and it also helped to collect data at one point in time and thus saving time and money; it is quick and easy to be performed.

2.3 Population:

Based on the information needed for the research, the researcher chose to collect data from staff (medical workers) at Mercy Medical Center, the clients who are served at the medical center (walk in clients), random people in the community, local leaders and other staff working with Mercy Medical Center and MCCM. All these had the information we needed because of their age, location, education levels, knowledge about this community, religion, and gender. These participants were drawn from a general population of 38,400 people in Mende sub-county focusing of the average monthly population of 465 that visit the medical center each month.

2.4 Study area

The study was conducted at Mercy Medical Center and the surrounding villages, located in Mende sub-county, Busiro county, Wakiso District in central Uganda.

2.5 Sampling strategies:

To select a group of people who have the information needed from the large population, the researcher used non-probability sampling technique which was purposive sampling. The selection was made based on availability, access, accuracy, and willingness of men and women 18 years or older of any religion who stay in this sub-county. Averagely the total selection was 465 based on the average number of patients who visit the facility a month. Then we added MMC staff, local leaders, VHTs and other MCCM staff. According to Paul & Jeanne (Leedy & Jeanne, 2016) for a population size of around 500, 50% should be sampled, so the researcher interviewed a total number of 245 respondents.

The researcher observed the medical and non-medical team at Mercy Medical Center. In various situations, how they receive clients, how bills are provided, how they engage patients during waiting time and so on. This was mainly using a research assistant.

2.6 Data collection methods

This study was done using the qualitative method of data collection. All data was collected through key informant interviews, and this enabled the research to get in-depth information. Some of the tools used included survey questionnaires and one-on-one interviews.

- a) Survey questionnaires: This method involved respondents being asked a set of self-administered questions to assess what could be done to increase the

impact of Mercy Medical Center in Mende subcounty. For this method, the researcher used 5 trained research assistants to collect data. These were first trained on question interpretation and how to create good rapport.

- b) One-on-one interviews: This method involved the researcher carrying out individual interviews one-on-one. The researcher sat with one respondent at a time asking questions in a conversational manner. Recorders were used with permission so that the interaction is not interrupted with writings.
- c) Observations: Here the researcher observed how Mercy Medical Center operates. This was through a research assistant who used an observation checklist to conduct this.

2.7 Error control

The researcher ensured that he trains his 5 research assistants ahead of time in order to ensure they're familiar with the data collection tools and able to minimize bias.

2.8 Bias:

There was an anticipation of limitation in knowledge shared because of the status of the researcher in this very community. This was minimized by use of trained research assistants especially in the data collection process.

2.9 Ethical considerations:

To ensure confidentiality of respondents, the researcher chose a safe place, away from the medical center reception to conduct the key informant interviews. The researcher also ensured that no names of respondents are included on questionnaires, in that their privacy is maintained and anonymity observed. Anonymity and confidentiality are needed in such a situation to obtain complete trust of the respondents.

The researcher ensured that he gets permission from the medical administrator through the introduction letter from UCU so that he could conduct this research.

The researcher also purposed to create a good introduction both to the research assistants and the respondents to obtain their permission to respond to the questions. Of the 249 respondents, 247 agreed to be interviewed and the 2 who did not agree were not interviewed further.

The research was done with a high level of integrity by ensuring that coding, decoding, and data analysis are done based on observation and actual information given by the respondents.

There was benevolence during the research process to obtain trust of respondents through creation of a good rapport.

To deal with potentially sensitive or emotionally difficult issues, counselling, and spiritual guidance through prayer before and during sessions was done in some cases.

3 CHAPTER 3: ANALYSING FINDINGS

3.1 Introduction

This chapter presents the results and interpretation of the data collected. The analysis of results was done in reference to the research questions in a tabulated format as well as graphs, charts and verbatim.

A total number of 249 respondents were interviewed. That is 247 responded to the survey questionnaires and 15 of these were further interviewed in the one-on-one interviews.

Upon gathering data, it was sorted and then entered in Microsoft excel for analyzing.

Other than the survey questionnaires and personal interviews, there also was integration of the study with current observations in a collaborative manner to come up with final conclusions. Information that may not be obtained from interviews was obtained from observations to give a broader understanding of the context.

Consent to respond: The researcher was to interview 245 respondents according to the research plan. A total number of 249 people were contacted and 247 accepted to respond to the questions while 2 declined as shown in the figure 1 below.

Location: The research findings revealed that majority (97) 38.96% of the respondents who participated in this study were from Mende parish, followed by (78) 31.33% from Namusera parish and then (72) 28.92% from Kaliiti Parish as shown in figure 2 below.

Figure 1: Location by Parish

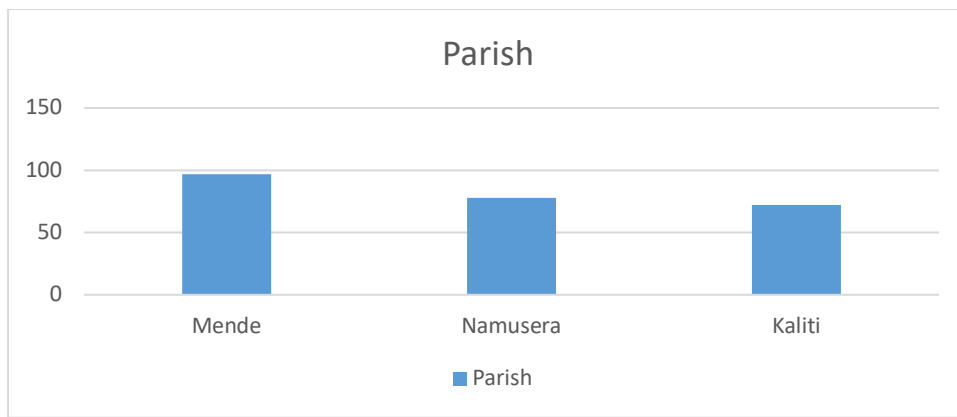


Table 1: Location by village

VILLAGE	FREQUENCY	PERCENTAGE
Kakunyu	34	13.76
Selinya	27	10.93
Namusera	25	10.04
Bbuga	22	8.90
Ssesiriba	20	8.09
Katolingo	19	7.69
Nsekwa	18	7.23
Mabombwe	18	7.23
Tongolo	18	7.23
Kaliti Central	16	6.43
Nkowe	13	5.26
Mende Central	12	4.82
Sanda	5	2.02

Based on the research findings as seen in table 1 above, the biggest number of respondents, (34 of 247) 13.76% where from Kakunyu and the least number of respondents, (5) 2.02% where from Sanda.

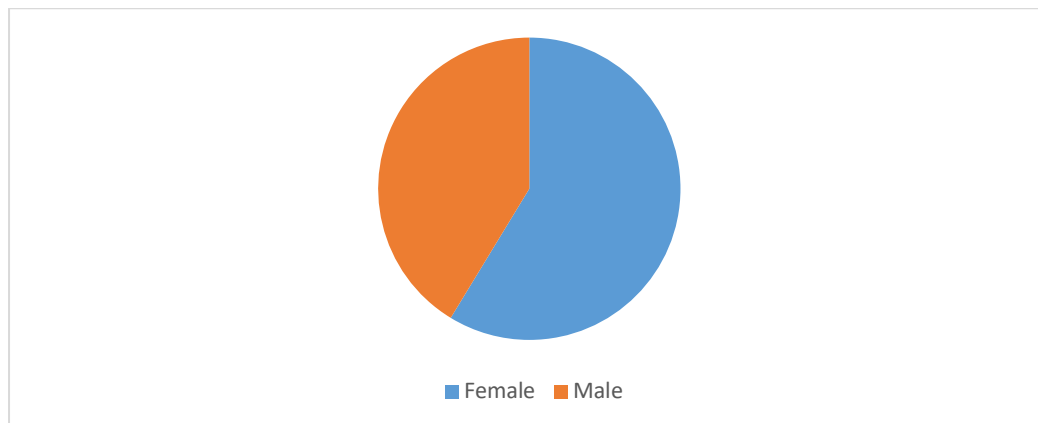
Generally, the study revealed that (142 of 247) 57% of the residents in Mende sub-county have visited MMC while (105) 43% have not visited.

Katolingo and Tongolo have the highest number of people who have visited MMC with 99% each, followed by Mabombwe at 94%, then Kaliiti at 88%, then Sanda 60%, Serinya 59%, Nsekwa 56%, Namusera 40%, Ssesiriba 35%, Bbuga 32%, Kakunyu 31%, and finally Mende central 20%. This could be due to the number of outreaches previous conducted in these areas in the past.

DEMOGRAPHICS

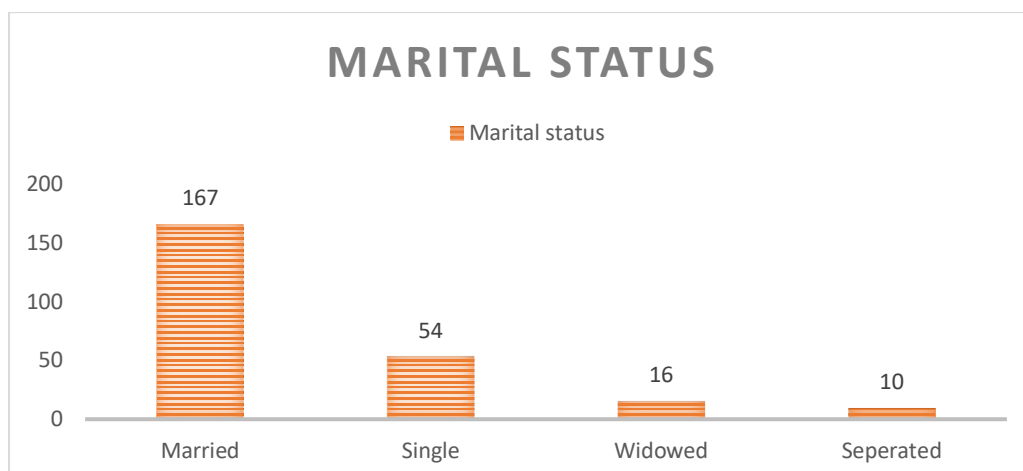
Gender: The study findings revealed that majority of the people who took part of this study are female as we had (145 of 247) 58.23% female respondents and (102) 40.96% male respondents. This is shown in the figure 3 below.

Figure 1: Gender of respondents



Marital Status: The study findings revealed that majority, 67.07% of the people in this community are married/cohabiting, 21.69% are single, 6.43% are widowed while 4.02% are separated as displayed in figure 4 below. Marital status has observable influence on health seeking behavior among community members.

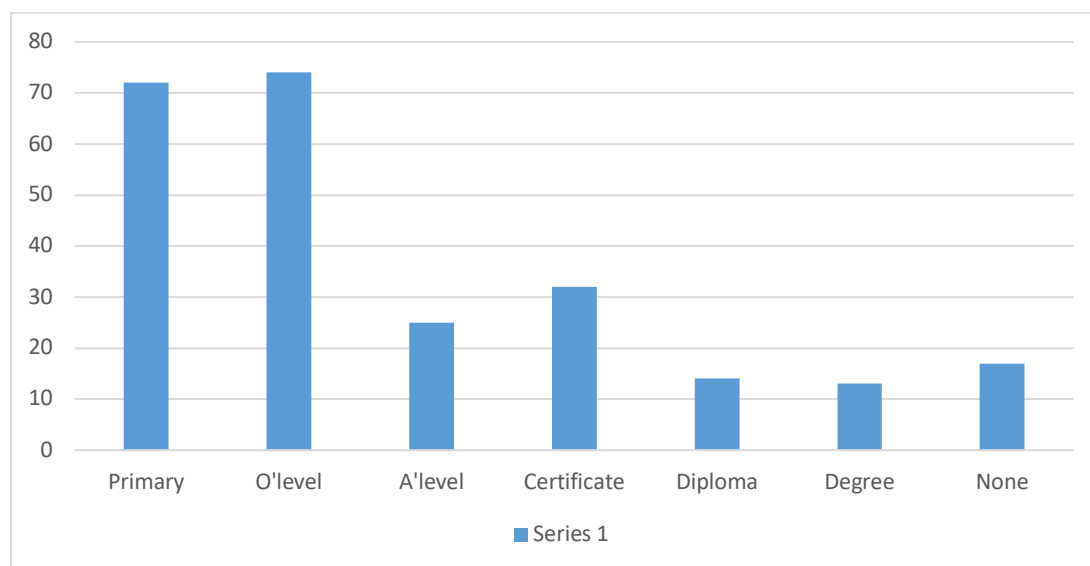
Figure 2: marital status



Age: The research findings discovered that the mean age of people in this community is 39.5 years, the median is 37 years while the mode is 50 years.

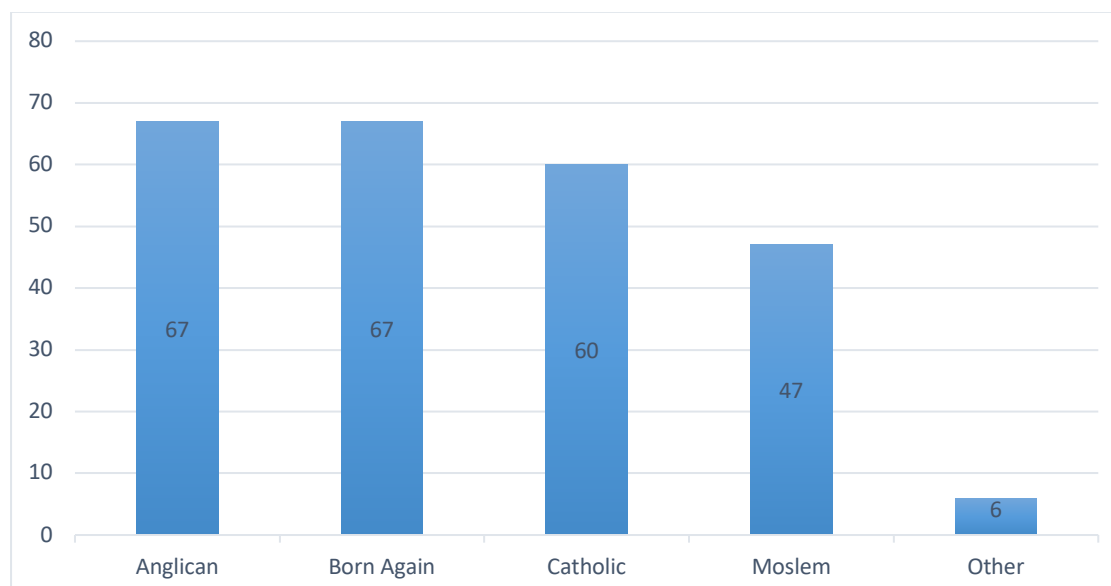
Education: It was found that majority, (74 of 247) 29.72% of the people in the community have at least an ordinary level education certificate, (72) 28.92% had completed primary level, (32) 12.85% had a vocational certificate, (25) 10.04% completed the advanced level of education, (17) 6.83% had never been to school, (14) 5.62% completed a diploma and (13) 5.22% had a degree. The study also revealed that MMC is accessed more by the educated,73% than the uneducated, 27%. Therefore, it was discovered that level of education had an influence on one’s decision to visit MMC.

Figure 3: Level of education



Religion: The study revealed that majority of the people in this community are Christian with (67 of 247) 26.91% Anglican, (67) 26.91% Born again and (60) 24.1% catholic. There are only (47) 18.88% Muslims and (6) 2.41% people belonging to other religions, and this is shown in the figure 6 below. The study revealed that someone’s religion has a significant effect on their decision to use MMC. Some Muslims, 24% said they’re not comfortable obtaining a service from a faith based medical center while others don’t mind provided the required service is present.

Figure 4: Religion of respondents



Household head: The study also revealed that most families, (196) 79.35% in this community are male headed, (50) 20.24% are female headed while (1) 0.4% are child headed families. This also has an impact on the decision to visit a particular health center when a family member is sick.

Income source: It was found that majority, 36.55% of the people in this community run small scale businesses, 21.29% practice subsistence farming, 13.25% have formal employment, 10.04% are artisan/mason/mechanics, 9.64% are casual labors, 3.21% survive on donations, 3.21% are large scale business owners and 2.01% survive otherwise. This is shown in the table below.

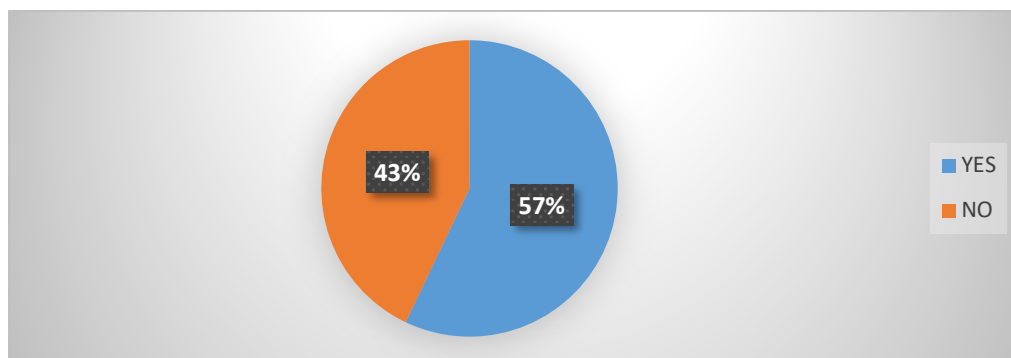
Table 2: Income Source

value	Frequency	Percentage
Small scale business enterprise	91	36.55
Farming	53	21.29
Formal employment	33	13.25
Artisan/mason/mechanic	25	10.04
Casual labor	24	9.64
Donations	8	3.21
Large scale business enterprise	8	3.21
Others	5	2.01

THE ROLE OF HEALTHCARE IN COMMUNITY DEVELOPMENT

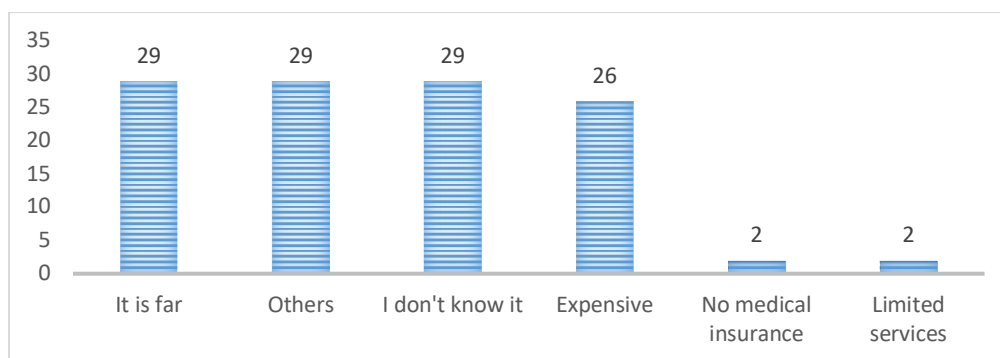
The study findings showed that majority 57% of the people living in Mende sub-county have visited MMC while 43% have not visited MMC as shown in figure 7.

Figure 5: Ever visited mmc



Reason for not visiting: The findings also revealed reasons why some people in the community have never visited Mercy Medical Center. 11.65% said it is far, 11.65% don't know it, 11.65% gave other reasons, 10.44% say it is expensive, 0.8% say they're on medical insurance, 0.8% say the services are limited as in figure 8.

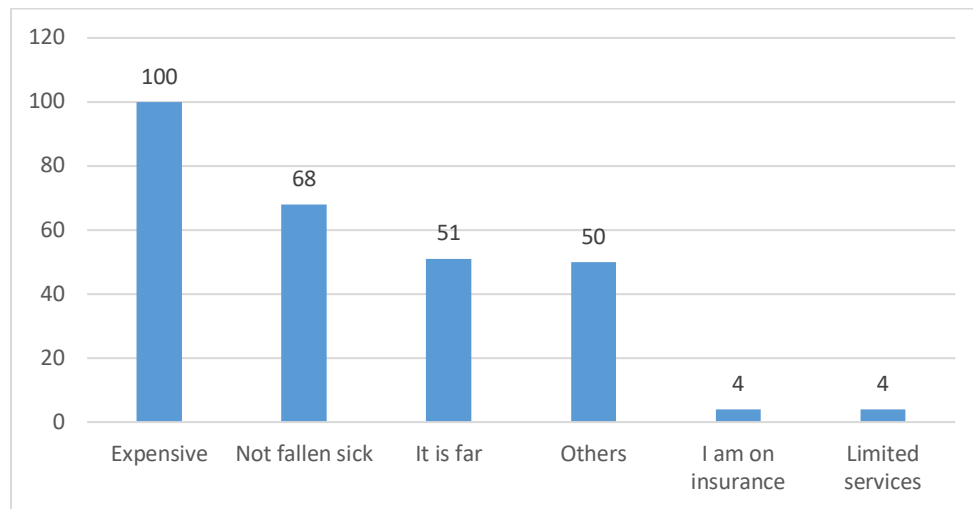
Figure 6: Reasons for not visiting.



Why haven't you visited recently? Furthermore, the study revealed why some clients who in the past have not returned, 40.16% said it is expensive, 27.31% said they have not fallen sick since their last visit, 20.48% said it is far, 20.08% gave other reasons like not knowing where it is, they use government hospitals, use VHTs, self-medicate, among others, 1.61% said they are on medical insurance and MMC

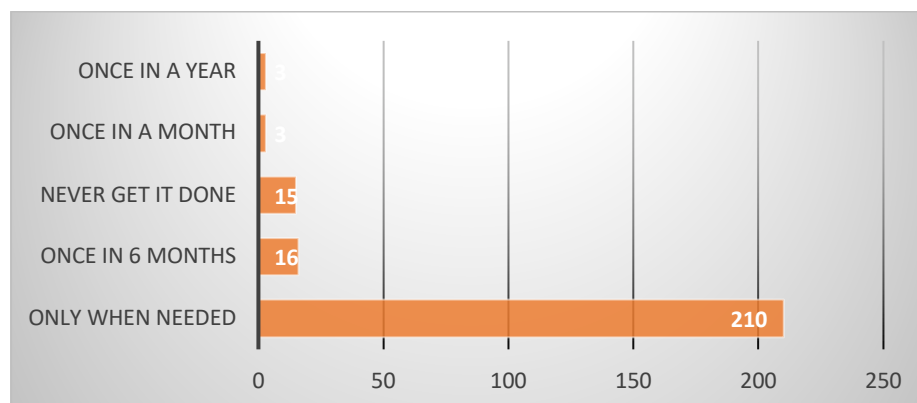
doesn't have insurance services, and finally 1.61% said the services offered are limited as seen in figure 9 below.

Figure 7: Why haven't you visited recently?



Health checkup - The study findings showed that 84.34% (210 of 247) of the people in Mende sub-county only do a health checkup when they are sick and in need of it, 6.43% (16) do a checkup once in 6 months, 6.02% (15) have never done a health checkup, 1.2% (3) do it once a month and the other 1.2% (3) do it once in a year as seen in figure 10 below.

Figure 8: Health checkup frequency



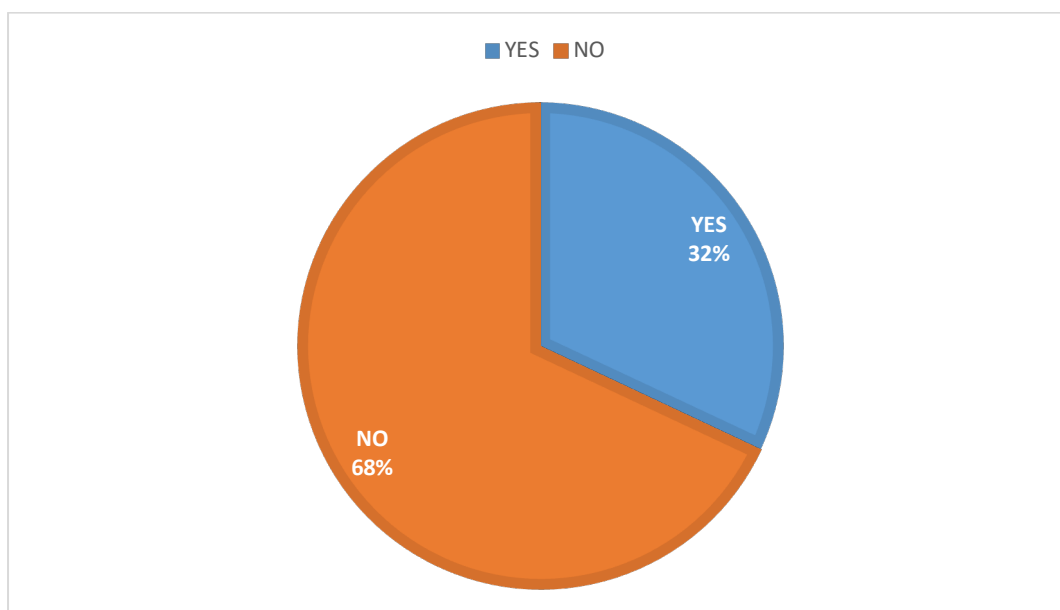
Contribution to community development: When asked about its contribution to community development, majority of the community members, (132) 53% said it has helped improve health services, (27) 10.04% said they not aware of its contribution,

(23) 9.64% pointed out the good treatment of people in an ethical way, (3) 1.2% said MMC has not contributed to community development, (2) 0.8% said they organize medical outreaches and (60) 24.44% gave other reasons.

EFFECTIVENESS OF AWARENESS STRATEGIES

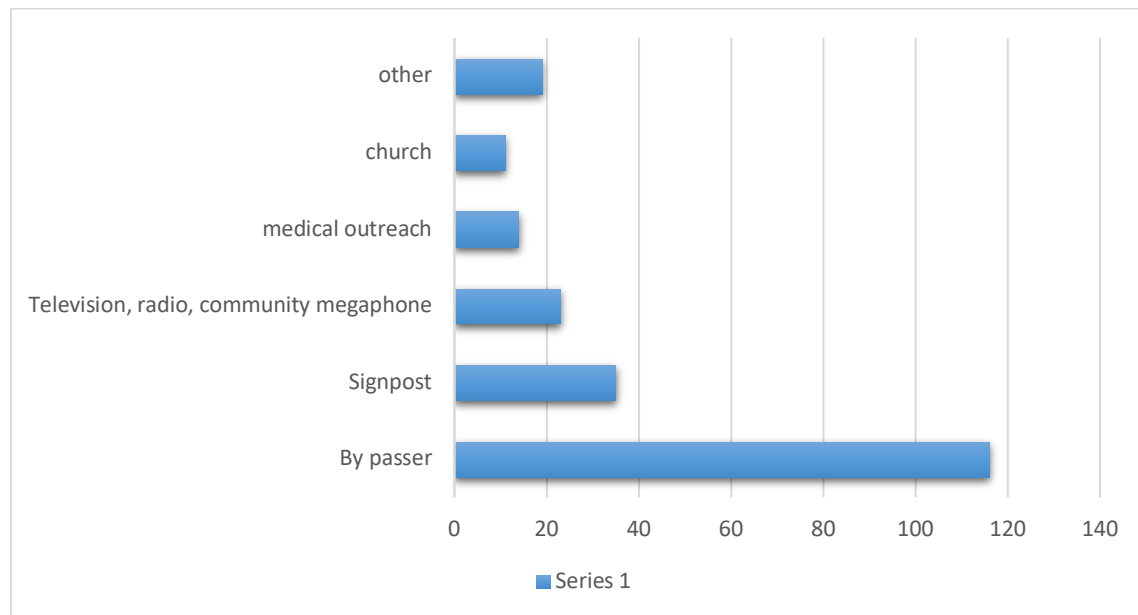
Information: The research findings revealed that majority, 68% (168) of the people in Mende sub-county get enough information about MMC while 32%(79) of the people don't get enough information as in figure 11.

Figure 9: Information about mmc



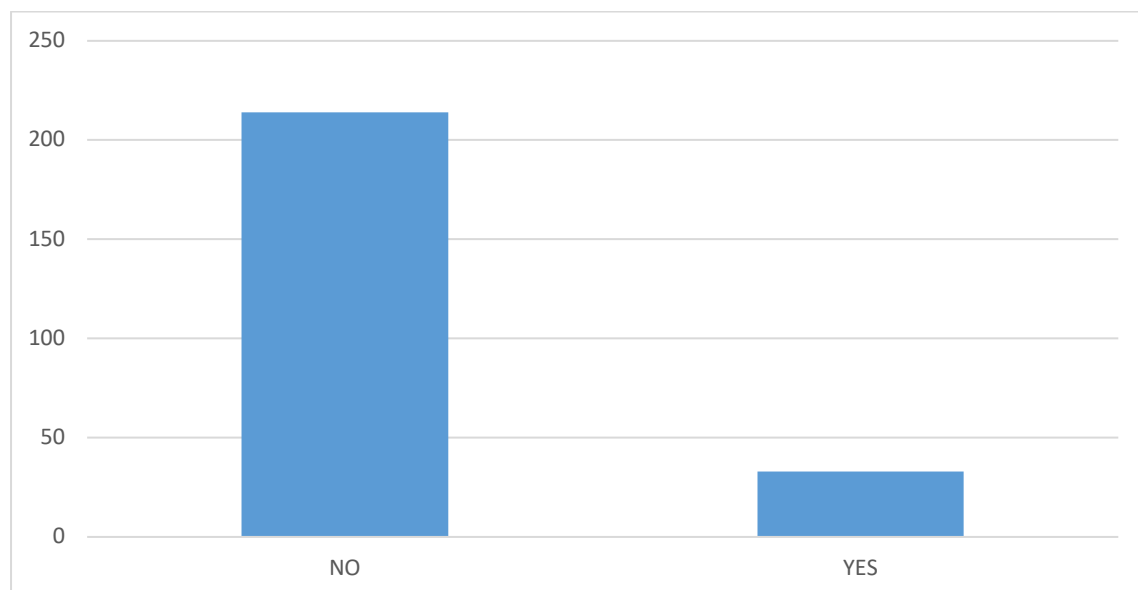
How did you get to know about MMC? The research findings revealed that majority of the respondents, 46.56% (116) got to know about the existence of MMC while they were passing by it, 14.06% (35) got to know about it after seeing a signpost, 9.24% (23) got to know it via television/radio/community megaphone, 7.63% (19) via other sources like friends and relatives who had visited it before, drives, among others. 5.62% (14) via a medical outreach organized by MMC and 4.42% (11) got to know it after hearing it being talked about at the church they attend. This is shown in figure 12 below.

Figure 10: Knowledge about existence of MMC



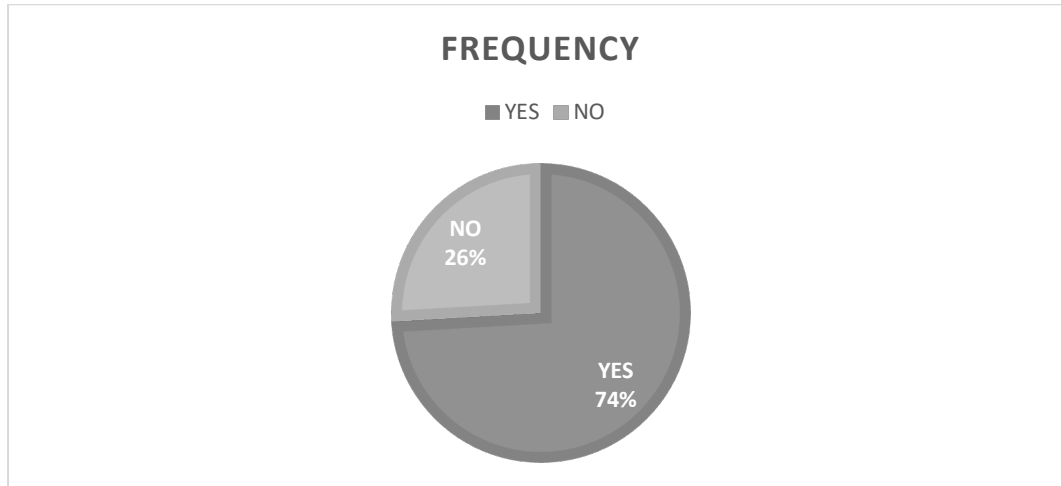
Outreaches: The research findings also revealed that 86% (214) of the people in Mende sub-county have attended an outreach organized by MMC while 14% (33) have not.

Figure 11: Outreach attendance



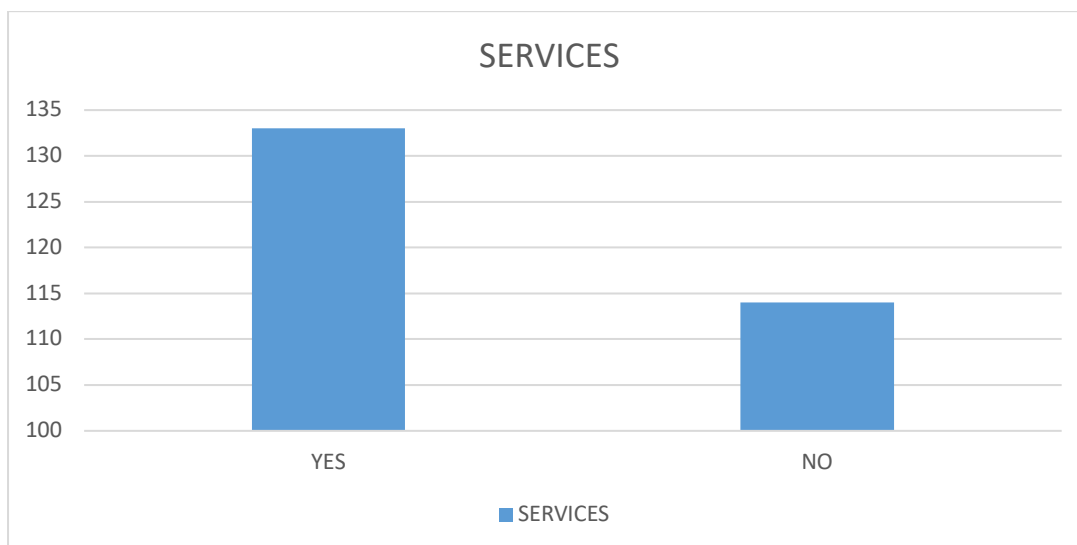
Effectiveness of community radio: The findings of the study showed that majority, 74% (183) of the people in Mende sub-county have received information about MMC from the community radio (megaphones) while 26% (64) have not received any information about MMC on the community radio.

Figure 12: Effectiveness of community radio



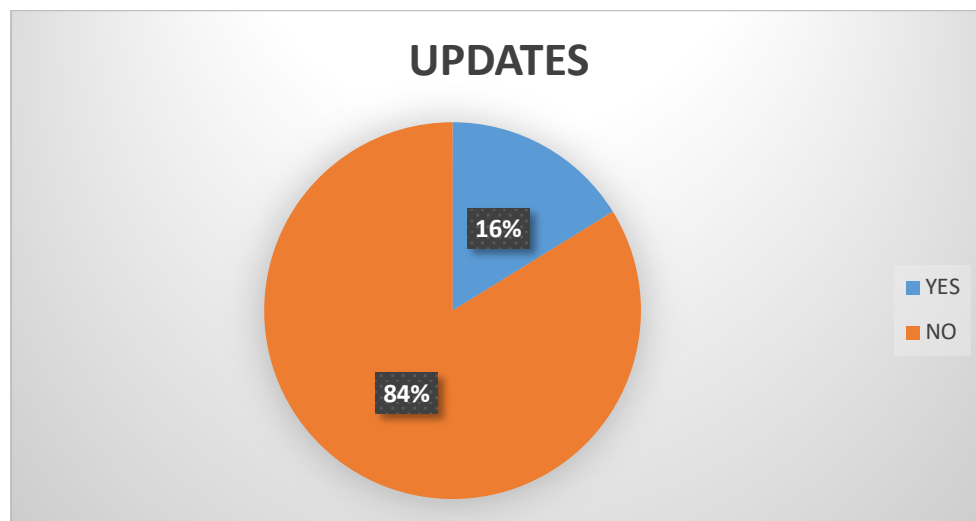
Knowledge about services: When asked about the knowledge of services offered at MMC, majority, 53.41% of the respondents agreed to the fact that they know the services offered while 45.78% said they are not aware of the services offered at MMC like in the figure 15 below.

Figure 13: Knowledge about services offered.



Updates: When asked whether they get regular updates about changes in services offered at MMC, majority 84% (207) of the respondents said they do not get such updates while 16% (40) said they do get the updates as shown in figure 16 below.

Figure 14: Get regular update about changes.



How do you prefer to get information? Majority, 76.71% of the participants said they would prefer to get information via road drives, 42.97% via the community megaphones, 22.49% via IEC materials, 18.07% via signposts, 13.65% via radio, 13.65% from the medical center, 11.65% via social media, 5.22% via television and 4.02% prefer to get information about MMC from their church.

Table 3: Preferred information channel

Value	Frequency	Percentage
Road drives	191	76.71
Community megaphone	107	42.97
IEC materials	56	22.49
Signpost	45	18.07
Radio	34	13.65
Medical center	34	13.65
Social media	29	11.65
TV	13	5.22
Church	10	4.02

CUSTOMER CARE

The research findings also revealed that majority (139 of 141) 98.6% of the community members who have visited agree that the staff at MMC listen carefully to clients.

139 of the respondents who visited MMC said when they visited, they were attended to in a timely manner.

(140 of 141) 99.29% agree that when they came, they receive their desired service and/or treatment.

Majority, (139) 98.6% of the respondents said that when they came to MMC they were treated with courtesy and respect.

(107) 76% which is majority of the respondents strongly agreed that the staff take time to explain things to them in an understandable way.

Majority, 140 of the respondents said that at their time of visiting MMC, the facility was neat and well cleaned.

Finally, (108) 76.59% of the respondents said they strongly agree to recommend MMC to other people, 25 (18%) said they agree, (6) 4.2% said they are neutral about recommending other people to MMC while (2) 1.4% say they would not recommend anyone to MMC.

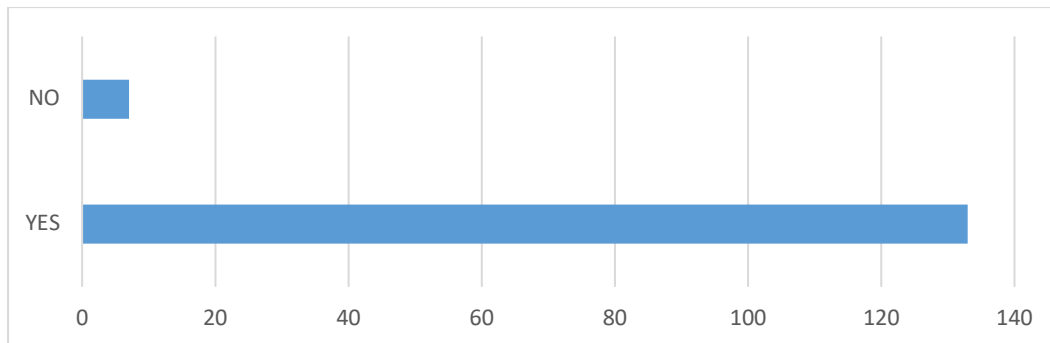
Table 4: Customer Care

No.		Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree	
1.	The staff listened carefully to me.	120	85%	19	13%	1	0.7%	0	0	1	0.7%
2.	I was attended to in a timely manner.	118	84%	21	15%	1	0.7%	0	0	1	0.7%
3.	When I came, I received the service I wanted.	113	80%	27	19%	0	0	1	0.7%	0	0
4.	I was treated with courtesy and respect	120	85%	19	13%	0	0	1	0.7%	1	0.7%
5.	The staff took time to explain things to me in an understandable way	107	76%	23	16%	7	5%	2	1.4%	2	1.4%
6.	The facility was neat and well cleaned.	119	84%	21	15%	1	0.7%	0	0	0	0

7.	I would recommend other people to Mercy Medical Center	108	77%	25	18%	6	4.2%	0	0	2	1.4%
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Healing: For those who have visited the medical center when asked about the treatment given and if they got well, (132 of 141) 93.61% said yes, they got well and (9) 6.4% said no, they did not get well with the treatment they were given at MMC.

Figure 15: Frequency of getting well



COST AND QUALITY OF SERVICES

The research findings also revealed that majority, (112 of 141) 79% of the people who visit MMC always get the required service, (24) 17% very often get the desired service, (3) 2.1%% sometimes while (2) 1.4% rarely receive the desired service.

(51) 36% are always able to pay for the services provided.

Majority of the respondents, (38) 27% said they find the services offered affordable.

When asked about the staff knowledge, majority, (103) 73% of respondents said the staff always know what to do.

Finally, when asked about giving information, majority (104) 74% of the respondents said that the staff always give information clearly, (34) 24% said very often, (2) 1.4% said sometimes and (1) 0.7% said the staff never give information clearly.

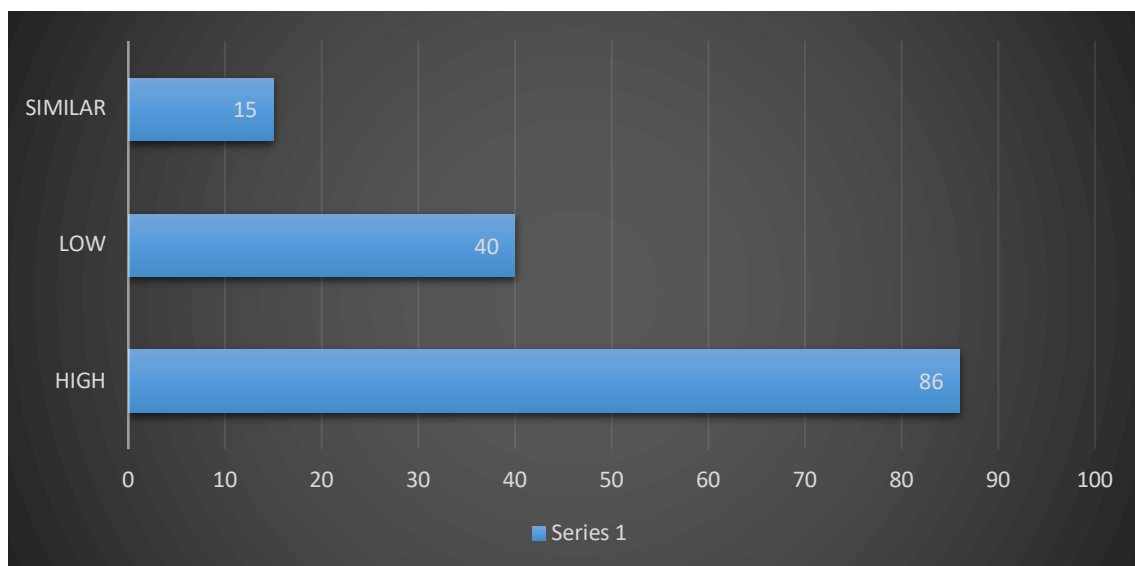
Table 5: Cost and quality of services

NO.	DESCRIPTION	Always	Very often	Sometimes	Rarely	Never
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1.	Do you get your required service when you come to the medical center	112	79%	24	17%	3	2.1%	2	1.4%	0	0
2.	Are you able to pay for the services provided?	51	36%	21	14.9%	41	29%	21	14.9%	7	5%
3.	Do you find the services offered affordable?	38	27%	11	7.8%	31	22%	29	20.6%	32	23%
4.	The staff know what to do.	103	73%	37	26%	1	0.7%	0	0	0	0
5.	The staff give information clearly.	104	74%	34	24%	2	1.4%	0	0	1	0.7%

Rating of services: When asked to compare the cost of medical services at MMC in comparison with the cost of services from other medical service providers, majority, (86 of 141) 61% of the respondents said that MMC prices are high, (40) 28% said they're low while (15) 11% said they are not any different from prices of other service providers in range.

Figure 16: Comparing cost of services with other medical service providers.



Desired services: The research findings also revealed that (201 of 218) 92% of the respondents who know MMC don't have any service they need that is not available at MMC while (17) 7.8% have services they need that are not available at MMC like, optical, dental and ENT services as in figure 19.

Figure 17: Desired services missing.



More findings, from the qualitative interviews some of the information below was shared.

“People are staying close by, but the perception is that the facility is very expensive and only wealthy people can afford it.” (KI/VHT)

Another person said, *“was given oral medication but was not told how and when to take it. They took it and got some unpleasing side effects, which was the reason they think the staff do not take time to explain clearly and understandably.”*

In a similar way another person noted that;

“When that facility started, services were free most of the time because they organized outreaches and gave us free medicine, now they don’t and when they do, they don’t tell us.”

Socio-economic factors like level of income, religion, and marital status of people in Mende Sub- County also affect the growth of the facility.

One person said *the first time she came to this facility, there was an outreach and so she got very good services and medication for free, the next time she returned with two sick children, she was asked to pay right from consultation fees to laboratory services which to her was very disappointing, initially she thought the*

person at the front desk was trying to cheat her but she later realized it's actually the routine. She left very disappointed as she expected something different.

Another one said; "I like that facility because when you go there in the morning, all the staff are praying and this way am sure that God is under control of the services they will be offering to me. One time I took my sick girl and she was on admission for some days but the medical workers would come to the ward and pray with me and encourage me that she would be fine and indeed she is now fine and has not been sick in a long while."

All this implies that as we work to improve the service and invite more people to the facility, there's need to know our target clients and work towards their satisfaction rather than trying to attend to everyone, yet the community needs and expectations are different.

4 DISCUSSION OF FINDINGS

Introduction

This chapter further discusses the research findings by comparing them to what previous scholars found in their studies.

Characteristics of respondents

The study findings revealed that majority of the people in this community are female with 58.23% female respondents and 40.96% male respondents. During the study observations, many of the people who came to the facility were women and children, very few men came around most of whom were escorting a woman or child to the facility. This may be because naturally the health seeking behaviors of women are better than those of men. This finding is in line with the findings by Musoke, Petra & Miph, 2011 which stated that more women visit a health care center when they feel sick as compared to men. And the findings of Ashley, Yvonne & Kris, 2016 which revealed that more women visited their primary care provider than men for both physical and mental health concerns.

The study findings revealed that majority, 67.07% of the people in this community are married/cohabiting. These findings align with the study by Debra Umberson, 2022 that marital status has observable influence on health seeking behavior among community members as marriage is associated with the attempt to control the health of the other. This therefore means that more married people are encouraged to visit a health facility when sick than the singles.

The study revealed that majority of the people in this community are Christian (78.54%). The same study also revealed that someone's religion has a significant effect on their decision to use MMC. Some Muslims, 24% said they're not comfortable obtaining a service from a Christian faith based medical center while others don't

mind provided the required service is present. This is in line with Ursula, 2023 study which revealed that one's religious objections determine their willingness to visit a particular health facility even when they're sick.

The study also revealed that majority, 64% of the people in the community have at least an ordinary level education certificate while only 6.83% had never been to school. It was more common that the educated sought health care services compared to the uneducated. This finding aligns with Katung,2001 finding that health services utilization is dependent on level of education, gender, marital status, among other factors. This therefore means that gender, marital status, religion, and level of education all have an impact on the health seeking behavior of an individual and their choice of facility to seek health services.

Many people think that this facility is for a certain class of people, based on its appearance, customer service and the quality of services offered. This alone keeps some people away from it even when they can afford to pay for the service.

STAGNATION IN GROWTH AND DEVELOPMENT

The findings of the study revealed that although majority (57%) of the population have visited MMC, many people (43%) have never visited the facility.

The study findings revealed some of the reasons why some people in the community have never visited Mercy Medical Center. Some of them are; it is far, some people don't know it or do not know where it is, others said they use government hospitals, some use VHT services, others self-medicate, other people think it is expensive, while others are on medical insurance which services are not available at MMC and finally others said the services are limited.

Furthermore, the study revealed why some clients who had in the past visited MMC have not returned, majority (40.16%) said it is expensive, others have not fallen sick since their last visit, for others it is far, among other reasons. All these reasons

could be the reason why there is stagnation in growth of MMC. According to a report from National Center for Health Statistics (NCHS), 2017, several factors influence the utilization of health services by an individual ranging from poverty, need for services and location. It further states that Health service delivery has changed drastically over the years, with new and improved drugs, devices, procedures, tests, and imaging machinery. All these have changed patterns of care and sites where care is provided and thus redirected people especially the educated and cooperate on how and where they go to get health services. This therefore means that MMC should devise means to resolve the issues raised especially by those who have previously visited before to attract more clients.

ROLE OF HEALTHCARE IN COMMUNITY DEVELOPMENT

The study findings showed that majority 57% of the people living in Mende sub-county have visited MMC while 43% have not visited MMC. This could be a good representation of the impact of health centers in the communities where they exist. According to Jocelyn, 2007, Enjoying good health and longevity is fundamental to the human experience. Healthy people are more active, more energetic and have a more positive attitude towards life. These characteristics not only have a positive impact on social infrastructure, but they also affect economic development. Shaikh & Hatcher, 2005 said that health services utilization determines the health outcome of the population, and this is largely dependent on the health seeking behavior of a given community. All these findings are evidence therefore proving that MMC contributes to community growth and development.

The study further revealed that majority (54%) of the community members, agreed that MMC has helped improve health services in the community by providing good treatment of people in an ethical way, organizing medical outreaches which help sick people who can't afford health service costs to get quality care, improved

access to quick and quality health services in their area, provided a referral health center in the community, done community health education which helps people improve their living standards, free immunization services, cleaning the community, road maintenance, training people in health service delivery, empowering communities with knowledge among others. According the MoH Uganda, 2018, good health and nutrition help people to remain active and contribute to national development. This further proves the importance of MMC in community development.

EFFECTIVENESS OF AWARENESS STRATEGIES

How did you get to know about mmc?

The research findings revealed that majority (68%) of the respondents know about the existence of MMC. When asked how they got to know about the existence of MMC some said they saw it while they were passing by, others got to know about it after seeing a signpost, others got to know it via television/radio/community megaphone, others through friends and relatives who had visited it before, drives, among others. Some said they got to know through a medical outreach organized by MMC in their community and while others got to know about it after hearing it being talked about at the church they attend. Generally, this is a good representation of the knowledge about this facility in the community although a lot more needs to be done. However, these findings also align with Seattle University, 2020 findings that awareness programs that target specific populations as opposed to the general population are more successful in improving knowledge and health outcomes than non-specific. This therefore means that MMC should further seek to understand which people benefit from a particular service and target to create awareness to them specifically with the desired mode of communication which addresses those particular people as opposed to focusing on the entire community always.

How do you prefer to get information?

Majority, 76.71% of the participants said they would prefer to get information via road drives, others said via the community megaphones, others via IEC materials, some via signposts, radio, social media or television, others prefer to get information from the medical center itself, while others prefer to get information about MMC from their church. This further affirms the Seattle University, 2020 findings that awareness programs that target specific populations as opposed to the general population are more successful in improving knowledge and health outcomes than non-specific. This also further means that MMC should stick to awareness platforms that target particular populations as opposed to general population.

What should be done to increase awareness?

The study findings showed that the following should be done to increase awareness of MMC in the community where it exists; do more road drives, advertisement on radio or television, do more community medical outreaches, putting up more branches, introduce membership for regular clients, reduce prices, get an ambulance, do social media publicity, among others.

CUSTOMER CARE

For those who have visited the medical center and received treatment, when asked about the treatment given and if they got well majority (133 of 140) 95% said yes, they got well. This could be a sign that the kind of treatment given at MMC is of good quality.

The research findings also revealed that majority (120 Of 141) 85% of the community members agree that the staff at MMC listen carefully to clients. Most clients agree that they were attended to in a timely manner when they visited MMC,

receive their desired service and/or treatment, were treated with courtesy and respect, the staff take time to explain things to them in an understandable way. All these and more are a representation quality treatment and good customer care. Furthermore, majority of the respondents said that at their time of visiting MMC, the facility was neat and well cleaned and that they would recommend it to other people.

All the above and more are service delivery factors influencing health seeking of people and each of them could determine whether a person returns to the facility or not. Spenser, 2020 says that both quality treatment and customer care are equally important in the medical world as both the facility and the patients literally live and/or die based on the quality of care given and received plus the interactions between patients and staff that guide this care. These findings therefore reveal that the customer care of staff at MMC is good since most people strongly attested to good treatment during their visit to MMC. However, more must be done to fix the challenges of those who felt not well treated when they visited as they could be part of the reason for stagnation in growth.

COST AND QUALITY OF SERVICES

When asked to compare the cost of medical services at MMC in comparison with the cost of services from other medical service providers, majority, 61% of the respondents said that MMC prices are high. This could be so because MMC must maximize resources being a PNFP that purely depends on its resources for survival through being cost effective.

The research findings also revealed that majority, 79% of the people who visit MMC always get the required service, which is paid for, while 0.8% rarely receive the

desired service due to failure to pay. This could be because of one's willingness to pay for a quality service and the nature of service in relation to need.

Some people are poor and so are unable to pay for the services offered at the facility. Even though they are working, their earnings are not enough to meet the basic needs of life including health services and so they choose self-medication or its equivalent when they're sick.

Finally, when asked about giving information, majority 74% of the respondents said that the staff always give information clearly. A report from zlibrary, 2016 stated that effective and high-quality health systems rely entirely on great teams and a cooperative community alongside friendly cost. Therefore, the findings above align with this report since majority of people who have visited the facility are fine with the services offered. This therefore provides evidence the cost and quality of services offered at MMC is not the major cause of stagnation of this facility.

5 CHAPTER 5 CONCLUSION

Introduction

This chapter gives a summary of the study, conclusions, and a better understanding of why MMC seems stagnant in its growth amidst community growth in Mende Sub-County, Wakiso district.

Central research question: Why is there stagnation in growth of Mercy Medical Center amidst community growth?

Conclusion

Generally, this study was of great importance especially getting to know how the facility is viewed in the community and what can be done to fix the existing challenges in order to serve people better.

Information collected through the survey questionnaires and personal interviews with key informants revealed that several individual and socio-economic factors influence the impact of health services offered by MMC.

Individual factors like age, level of education, knowledge of services, customer care, attitude among the people of Mende Sub- County contribute to the limited access to MMC.

According to the findings from the survey, interviews, and observations, I can conclude that majority of the people staying in Mende Sub- County Wakiso district know about the services offered at Mercy Medical Center and thus its existence. However, most of the people have individual and/or socio-economic factors that limit their usage of services at Mercy Medical Center.

These factors together with the fact that new health facilities have been planted in the community explain the reason why there is a level of stagnation in growth of Mercy Medical Center amidst community growth.

However, it is important to note that most of these challenges are workable and if fixed, they can be used to improve the facility visits and thus increase number of clients for better growth.

Generally, the question Mercy Medical Center team must answer now is “what can we do differently to stand out amidst community development”.

6 CHAPTER 6: RECOMMENDATIONS

Action question: What can be done to increase the impact of Mercy Medical Center in the surrounding communities?

Based on the conclusions, below are some of the recommendations of what Mercy Medical Center can do to increase their impact in the surrounding communities.

1. Do more community outreaches to increase awareness about the dangers of self-medication and the importance of early hospital visits when one is sick.
2. Involve Village Health Teams in community sensitization about various health issues and the importance of receiving professional medical care.
3. Health authorities should help regulate the increasing numbers of fake clinics that give people unprofessional care at a cheaper fee and in the end these people think that professional services are expensive.
4. The government should increase investment in health education so that more people are educated about how to take good care of themselves.
5. Mercy Medical Center should know it's target audience and set itself to serve this specific group and not everyone since the community is vast. As the community grows, different people have different needs and MMC needs to embrace this fact and decide on who to serve.
6. Pastors and other religious leaders should encourage their people to always seek professional services when they're sick.
7. Mercy Medical Center should also work on renovating its premises so that it can attract people who can afford to pay for the services.

Areas for further research

This study focused on Mercy Medical Center but there's need to study the nature of the new small emerging clinics in the community.

Finally, to answer the central research question therefore, on why there is stagnation in growth of Mercy Medical Center amidst community growth; the following must be considered;

Increased number of facilities in the area mean increased competition in the business of health service delivery and therefore MMC needs to figure out how they can stand out amidst this. They need to think about what they can do differently, how they can improve service delivery to attract more clients, how to create more awareness, how to keep the clients who come and encourage them to refer others.

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Work plan

ACTIVITY	PERSON RESPONSIBLE	TIME FRAME
Pre-testing	Wilfred	3 weeks
Preparing for the field	Wilfred	4 weeks
Collecting data	Wilfred and research assistants	13 th Nov 2023
Compiling data	Wilfred and research assistants	4 weeks
Analyzing and presenting data	Wilfred and supervisor	4 weeks
Handing in the first draft	Wilfred	3 weeks
Handing in the second draft	Wilfred	3 weeks
Submission of final report	Wilfred	30 th Jan 2024

Budget

ACTIVITY	ACTION	DAYS	RATE (Ugx)	+RESEARCH ASSISTANTS	TOTAL COST(Ugx)
Pre-testing	Transport	15	6000/=	0	90,000/=
	Lunch	15	6000/=	0	90,000/=
	Stationery	15	1000/=	0	15,000/=
Subtotal					195,000/=
Data collection	Transport	40	6000/=	3	720,000/=
	Meals	40	6000/=	3	720,000/=
	Stationery	40	0	0	50,000/=
Subtotal					1,490,000/=
Data analysis	Transport	20	6000/=	2	240,000/=
	Meals	20	6000/=	2	240,000/=
	Stationery	20	0	0	30,000/=
Subtotal					510,000/=
Report presentation	Transport	3	20,000/-	0	60,000/=
	Meals	3	20,000/=	0	60,000/=
	Printing	3	50,000/=	0	150,000/=
	Binding				75,000/=
Subtotal					345,000/=
Total					2,540,000/=

TOOLS

MERCY MEDICAL CENTER QUESTIONNAIRE

Dear respondent, this survey is purposed to help us find out what can be done to increase the impact of Mercy Medical Center in the community that it serves. Therefore, this questionnaire is to help me gather information in line with this research. You have been selected as a respondent because I trust that you will give me the information that is needed to address this issue. Please note that the information that you give will be treated with a high level of confidentiality. Thank you.

A) Demographic Information

1. What is your age group?

- a) 18-29 Years
- b) 30-45 Years
- c) 46+ Years

2. What is your gender?

- a) Male
- b) Female

3. What is your highest education Level?

- a) Primary Level
- b) S.1 to S. 4
- c) S.5 to S.6
- d) Certificate Level
- e) Diploma
- f) Degree

4. If applicable, please specify your religion.

- a) Anglican
- b) Catholic
- c) Moslem
- d) Born Again
- e) Others specify

5. How Long have you stayed in Mende subcounty?

- a) 0-1-year
- b) 2-5 years
- c) 5- 9 years
- d) 10+ years

6. What is your income source?

- a) Employed
- b) Unemployed

7. Where do you stay, please specify parish and village ?

.....

8. What type of Household do you belong to?

- a) male headed
- b) Female headed
- c) Child headed

B) Role Of Healthcare In Community Development

1. How often do you do a health checkup?

- a) once a month
- b) once in 6 months
- c) once a year
- d) only when needed
- e) never get it done

2. What contribution has Mercy Medical Center made towards community growth?

.....

C) Effectiveness Of Awareness Strategies (Tick Yes or No)

NO.	DESCRIPTION	YES	NO
1.	Do you get enough information about Mercy Medical center?		
2.	Have you attended any outreach organized by Mercy Medical Center?		
3.	Have you got information about mercy Medical Center from the community radio?		
4.	Are you familiar with the services offered at Mercy Medical Center?		
5.	Do you get regular updates about change in services offered at the center?		

D) Customer Care (Tick appropriately)

No.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The staff listened carefully to me.					
2.	I was attended to in a timely manner.					
3.	When I came, I received the service I wanted.					
4.	I was treated with courtesy and respect					
5.	The staff took time to explain things to me in an understandable way					
6.	The facility was neat and well cleaned.					
7.	I would recommend other people to Mercy Medical Center					

E) Cost and quality of Services (Tick appropriately)

NO.	DESCRIPTION	Always	Very often	Sometimes	Rarely	Never
1.	Do you get your required service when you come to the medical center					
2.	Are you able to pay for the services provided?					
3.	Do you find the services offered affordable?					

4.	The staff know what to do.					
5.	The staff are confident					
6.	The staff give information in a way that is clear.					

F) OTHER INFORMATION

1. How did you get to know about Mercy medical center

- a) Medical Outreaches
- b) Church
- c) Television, Radio and community megaphone
- d) Social Media
- e) Signpost
- f) Other specify _____

2. Do you have any service that you need that is not available at Mercy medical center? What service?

3. How do you prefer to get information about Mercy medical center?

4. What should be done to increase community awareness of mercy medical center

Thank you very much for your time.

OBSERVATION CHECKLIST

Things to lookout for;

1. General cleanliness at the medical center
 - Very clean and Tidy
 - Clean
 - Not clean
2. Patient waiting time.
 - More than 1 hour
 - One hour
 - Less than 30 minutes
3. General Patient Care
 - Caring staff
 - Listening
 - Courtesy
 - Respect
 - Not good
4. Turn up for medical services.
 - Very good
 - Moderate
 - Poor
5. Staff act with confidence.
 - Very professional
 - Somewhat professional
 - Not professional
6. Is the toilet facility clean?
 - Yes
 - No
7. Is waste well-disposed off?
 - Yes
 - No
8. Do people pay off their bills with ease?
 - Yes
 - No
9. What mode of transport do patients use?
 - Private cars
 - Motorcycles
 - Bicycle
 - On foot

KII FOR LOCAL LEADERS - LC1, LC3, Parish Chiefs, CDO

<p>Understanding Community Perception and Needs</p>	<p>1. How aware do you think the community is about the services offered at MMC?</p> <p>2. Have you noticed any trends or changes in how the community utilizes MMC's services?</p> <p>3. What are the main barriers that prevent community members from using MMC's services?</p> <p>4. What are the most pressing health needs or concerns in the community currently?</p>
<p>Assessing MMC's Role and Impact</p>	<p>5. How has MMC contributed to addressing the community's health needs?</p> <p>6. Are there any health services or programs that the community needs but MMC does not currently offer?</p>

	<p>7. What are your thoughts on MMC's efforts in community engagement and health education?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Suggestions for Improvement</p>	<p>8. What suggestions do you have for MMC to increase its impact in the community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Are there opportunities for MMC to partner with local organizations or initiatives for better health outcomes?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. How can MMC improve its services to be more culturally sensitive and relevant to the community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Feedback Mechanisms</p>	<p>11. How can MMC effectively gather feedback from the community about its services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>12. How do you see the role of local leaders like yourself in supporting MMC's growth and community alignment?</p> <p>.....</p> <p>.....</p> <p>.....</p>

KII FOR VHTs

<p>Background Information</p>	<p>1. Can you describe your experience as a VHT member and your primary responsibilities in the community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. What are the most common health issues you encounter in your work with the community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Perception and Utilization of MMC Services</p>	<p>3. How familiar do you think community members are with the services provided by MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. What factors influence whether community members choose to use MMC's services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. In your experience, what are the most significant barriers that prevent people from accessing MMC's healthcare services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>MMC's Community Engagement and Outreach</p>	<p>6. What types of health outreach or education programs does MMC conduct, and how effective are they?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>7. How does MMC engage with VHT members like yourself? Are there areas for improvement in this collaboration?</p> <p>.....</p>

	<p>.....</p> <p>.....</p> <p>.....</p> <p>8. Based on your experience, what outreach strategies could MMC employ to better serve the community's health needs?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Service Quality and Improvement</p>	<p>9. What feedback have you received from community members regarding the quality of care at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. Are there specific health services or programs that you feel are lacking at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. What improvements would you suggest for MMC to better serve the community and enhance its growth?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>12. Invite any additional comments or suggestions not covered in the interview.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

MEDICAL STAFF

<p>Professional Background and Experience</p>	<p>1. Could you describe your role at MMC and your professional experience in the medical field? <i>(Include the position, duration at MMC, and general experience in terms of years)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. Have you observed any significant changes at MMC during your tenure in terms of patient care, services, or community engagement?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Perception of MMC Services and Operations</p>	<p>3. In the past 2 years, what has been the trend in the number of people seeking medical services at Mercy Medical Centre?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. In your own perspective, what do you think are the major factors behind this trend</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. How would you rate the quality of services provided at MMC? What are the strengths and areas for improvement?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>6. What are the major operational challenges you face in providing healthcare services at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

	<p>7. How effective is the current allocation of resources (staff, equipment, funding) at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Community Engagement and Patient Care</p>	<p>8. From your perspective, how does the community perceive MMC and its services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Can you describe the typical patient care experience at MMC? What are the key areas where patient care could be improved?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. Are there effective mechanisms in place for staff to provide feedback or suggestions regarding MMC's operations and patient care?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Collaboration and Team Dynamics</p>	<p>11. How effective is the collaboration between different departments within MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>12. Are there sufficient opportunities for professional development and training for medical staff at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>13. What strategies would you suggest for MMC to overcome its growth challenges and improve service delivery?</p> <p>.....</p> <p>.....</p> <p>.....</p>

MEDICAL SUPPORT STAFF

Background and Role	<p>1. Could you describe your role at MMC and how long you have been working here?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. Have you noticed any significant changes in the center's operations or environment during your time here?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Operational Efficiency and Challenges	<p>3. How would you describe the work environment and culture at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. What are the main challenges you face in your role that impact your efficiency or effectiveness?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. Do you feel that the support staff are adequately equipped and resourced to perform their duties effectively?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Perception of MMC's Services and Community Engagement	<p>6. From your perspective, how does the community perceive MMC and its services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

	<p>7. What is your level of interaction with the medical staff and patients, and how does this impact your work?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Communication and Feedback</p>	<p>8. How effective is the communication within MMC, particularly between support staff and other departments?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Are there mechanisms in place for support staff to provide feedback or suggestions about MMC's operations?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Growth and Improvement</p>	<p>10. In what ways do you think the support staff contribute to the growth and success of MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. What improvements would you suggest to enhance the operational efficiency and service quality at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

MERCY CHILD MINISTRY STAFF

<p>Background Information</p>	<p>1. Can you describe your role at Mercy Child Ministry and your experience working with the children here?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. What are the primary healthcare needs of the children in your care?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Utilization of MMC Services</p>	<p>3. How often do children from Mercy Child Ministry visit MMC for healthcare services?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. How satisfied are you with the healthcare services provided by MMC for the children?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>5. Can you describe the process of coordinating healthcare services for the children with MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Challenges & Specific Needs</p>	<p>6. What challenges, if any, do you face in ensuring the children receive appropriate healthcare at MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>7. Are there any specialized healthcare services or support that the children at Mercy Child Ministry require which MMC currently does not provide?</p>

	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Feedback & Communication</p>	<p>8. How would you describe the communication and relationship between Mercy Child Ministry staff and MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. Is there a feedback mechanism in place for sharing your experiences and concerns regarding the healthcare services provided by MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Suggestions for Improvement</p>	<p>10. What improvements or changes would you suggest to MMC for better catering to the healthcare needs of the children from Mercy Child Ministry?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. What additional support or collaboration would you like to see from MMC to enhance the health and wellbeing of the children?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

MENDE SUB-COUNTY HEALTH ASSISTANT

<p>Role and Experience</p>	<p>1. Can you describe your role and responsibilities as the Health Assistant of Mende Sub- County?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. What has been your experience in addressing public health needs in Mende Sub- County?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Community Health Overview</p>	<p>3. What are the most significant health challenges currently facing the Mende Sub- County community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>4. How do community members typically access and utilize healthcare services in the sub-county?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Perspective on MMC's Role and Services</p>	<p>5. From your perspective, what role does MMC play in the healthcare system of Mende Sub- County?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>6. How do residents of Mende Sub- County utilize the services provided by MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

	<p>7. What are MMC's strengths and areas for improvement in serving the community's health needs?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Collaboration and Support</p>	<p>8. Can you describe any existing collaborations between your office and MMC? Are there areas for potential improvement or further collaboration?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>9. What kind of support or resources, if any, does your office provide to MMC?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Public Health Initiatives and Strategies</p>	<p>10. Are there any public health initiatives or programs in Mende Sub- County that MMC could be more involved in?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. What strategies would you suggest for MMC to better serve the health needs of the community?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

CONSENT FORM

Dear respondent,

My name is Wilfred Blair Rugumba, am a student doing a master’s degree in organizational leadership. Am conducting a study about “Assessing the Impact of Health Services In The Context Of Community Growth: A Case Of Mercy Medical Center, Mende”.

I seek for your involvement in this study.

Please note that all the information provided will be kept confidential and used only for the purposes of this research.

Thank you for your cooperation.

I (CODE of respondent) acknowledge that I have received information about this study, and I am willing to participate.

.....

Data collection personnel

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Date