

**ROLE OF INTERNATIONAL RESCUE COMMITTEE (IRC) IN HEALTH  
SERVICE DELIVERY IN UGANDA. A CASE STUDY OF MUCWINI  
SUB- COUNTY, KITGUM DISTRICT.**

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**A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY  
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UNIVERSITY**

**SEPTEMBER, 2013**

## DECLARATION

I, Galigwa Isaac, declare that the information given in this dissertation is entirely my own work and no body has ever before presented it for award of either a degree, diploma or their equivalent in any institution of learning.

Signed ..... 

**Researcher:** Galigwa Isaac

Date 24<sup>th</sup> 09/2013 .....

### **APPROVAL**

This research dissertation entitled "Role of International Rescue Committee (IRC) in Health Service Delivery in Uganda has been done under my supervision as a university supervisor.

**Signed** .....



Mr. Mukuye Mark

**Supervisor**

**Date** .....

24/09/2013.

## **ACKNOWLEDGEMENT**

First and foremost, I attribute all my success to the Almighty God for the gift of life, wisdom, and the endless support availed to me during all the challenging times.

Appreciation goes to all my course mates

## **DEDICATION**

I dedicate this book to my lovely parents Mr. Jangwe James and Jangwe Alice.

Still I cannot forget to thank my friends; Twijkye Devis, Tembo Kuhimba, Walukonde Hassan and my lovely sisters Teddy, Suzan, Annet, for their wonderful advice and support towards my education and completion of my course. I salute you and may the almighty reward you abundantly.

Finally I dedicate this book to my supervisor Mr. Mr. mark Mukuye for having helped me to finish this book and the time you spent for supervision, sir all I can say is thank you very much.

## **LIST OF ABBREVIATIONS**

<b>R H.....</b>	Reproductive Health
<b>MOH.....</b>	Ministry Of Health
<b>NRM.....</b>	National Resistance Movement
<b>UPDF.....</b>	Uganda People's Defense Force
<b>IRC.....</b>	International Rescue Committee
<b>LRA.....</b>	Lord's Resistance Army
<b>EVIs.....</b>	Extremely Vulnerable Individuals
<b>IDPs.....</b>	Internally Displaced Persons
<b>UPDA.....</b>	Uganda People's Democratic Army
<b>CHA.....</b>	Cessation of Hostilities Agreement
<b>UN.....</b>	United Nations
<b>UNSC.....</b>	United Nations Security Council
<b>OTI.....</b>	Office of Transition Initiatives
<b>W H O.....</b>	World Health Organization

## TABLE OF CONTENTS

<b>DECLARATION.....</b>	<b>i</b>
<b>APPROVAL.....</b>	<b>ii</b>
<b>ACKNOWLEDGEMENT.....</b>	<b>iii</b>
<b>DEDICATION .....</b>	<b>iv</b>
<b>LIST OF ABBREVIATIONS .....</b>	<b>v</b>
<b>TABLE OF CONTENTS.....</b>	<b>vi</b>
<b>LIST OF TABLES.....</b>	<b>ix</b>
<b>LIST OF FIGURES .....</b>	<b>x</b>
<b>ABSTRACT .....</b>	<b>xi</b>
<b>CHAPTER ONE.....</b>	<b>1</b>
1.0 Introduction .....	1
1.1 Background of the study.....	1
1.2 Statement of the problem.....	1
1.3 General objective of the study .....	2
1.3.1 Specific objectives of the study.....	2
1.4 Research Questions .....	2
1.5 Significance of the study .....	3
1.6 Area of study (see shaded area on the map).....	3
1.7 Conceptual frame work.....	5
<b>CHAPTER TWO .....</b>	<b>6</b>
<b>LITERATURE REVIEW .....</b>	<b>6</b>
2.0 Introduction .....	6
2.1 Background of the conflict in Northern Uganda.....	6
2.2 The role of IRC in health service delivery in the conflict zone.....	8
2.3 Role of other humanitarian organizations in supporting those affected by the war .....	9

2.4 Reproductive Health in Northern Uganda .....	10
2.5 Limitations to Humanitarian organizations in providing health facilities..	11
<b>CHAPTER THREE .....</b>	<b>13</b>
<b>RESEARCH METHODOLOGY .....</b>	<b>13</b>
3.0 Introduction .....	13
3.1 Research design.....	13
3.2 Study population .....	13
3.3 Sample and sampling procedure .....	14
3.4 Data collection methods.....	14
3.5 Instruments for data collection .....	14
3.6 Validity and reliability of instruments .....	15
3.7 Data quality control .....	15
3.8 Data processing and analysis.....	15
3.9 Limitations of the study .....	16
<b>CHAPTER FOUR .....</b>	<b>17</b>
<b>PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS .....</b>	<b>17</b>
4.0 Introduction .....	17
4.1 Background information of the respondents.....	17
4.1.1 Sex of the respondents.....	17
4.1.2 Age of the respondents.....	18
4.1.3 Marital status of the respondents.....	19
4.1.4 Education level of the respondents.....	20
4.1.5 Duration of stay in Kitgum district by the respondents.....	20
4.2 Presence of IRC in Kitgum district.....	21
4.2.1 Services delivered by IRC in Northern Uganda.....	21
4.2.2 Limitations of IRC in delivery of the above services.....	22



<b>CHAPTER FIVE.....</b>	<b>24</b>
<b>SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>24</b>
5.0 Introduction .....	24
5.1 Summary.....	24
5.2 Policy Recommendations.....	25
5.2.1 IRC .....	25
5.2.2 Government.....	25
5.2.3 Local leaders and the community.....	26
5.2.4 General.....	26
5.3 Conclusions.....	27
 <b>REFERENCES .....</b>	 <b>28</b>
<b>APPENDIX I: BUDGET ESTIMATES .....</b>	<b>32</b>
<b>APPENDIX II: THE WORK PLAN.....</b>	<b>33</b>
<b>APPENDIX III MAP OF THE AREA OF STUDY .....</b>	<b>34</b>
<b>APPENDIX IV: TIME FRAME OF THE STUDY .....</b>	<b>35</b>
<b>APPENDIX V: QUESTIONNAIRES .....</b>	<b>36</b>

## **LIST OF TABLES**

Table 1: Sex of respondents .....	17
Table 2: Age of the respondents .....	18
Table 3: Shows the distribution in as far as the marital status is concerned..	19
Table 4: Level of education of the respondent.....	20
Table 5: Duration of stay in Kitgum district by respondents .....	20
Table 6: Services offered by IRC in Mucwini .....	21
Table 7: The limitations of IRC in health service delivery .....	22
Table 8: Solutions to the challenges faced by IRC in health service delivery...	22

## **ABSTRACT**

This dissertation explores the role of IRC in health service delivery in the conflict zone, examining the activities of the organization in Mucwini Sub County Kitgum district. The study was based on analysis of primary and secondary data about the role of IRC in health service delivery in the conflict zone.

The study used both descriptive and explanatory research design. Data was collected by use of questionnaires, interviews and observation. Random sampling was used to select the respondents from, among the district and all beneficiaries. The findings from the research were in position to show the approximate contributions of IRC in health service delivery in the conflict zone.

The conclusion of the study shows that health service delivery by IRC to people in northern Uganda need to be improved for it to give satisfaction to the targeted area. This can be achieved by the government giving more support to the organization not only in finance but also in man power. However, to sum it all the organization has achieved some of its objective that is to say peace is now availing in the region and some people are now moving free because of IRC.

## **CHAPTER ONE**

### **1.0 Introduction**

This chapter dealt with the introduction, background to the study, problem statement, scope of the study, its significance and the conceptual frame work to show the dependent and independent variables.

### **1.1 Background of the study**

In the past 11 years in Kitgum district, IRC has moved away from delivering emergency interventions and focusing on helping people, rebuild and enhance self sustainability to communities. To that end, they are supporting communities as they return home by providing essential services such as medical care, sanitation, education, economic assistance, and protection and promotion of rights. In the past, Mucwini sub-county was referred to as ‘Mucwini ngich’, meaning a cool place with abundant food supply, however for the last six years the village has experienced very unreliable rainfall patterns. The village had very adequate and reliable rainfall and the people had a lot of livestock and use bulls for ploughing. However the village has experienced persistent drought for the last six years and insecurity in the past fifteen years did not give people time to concentrate on economic activities (IDP Health and Mortality Survey; 2005).

### **1.2 Statement of the problem**

Normal health service delivery systems in northern Uganda were broken down, forcing health professionals away to safer parts of the country or abroad in search of peace, employment and better pay. Health centers and schools were destroyed or looted, and abandoned in the bush, rendering even the limited physical infrastructure useless and susceptible to destruction by the vagaries of weather, termites and wild fires. The disease burden is high and the health situation poor. Accessibility to health care, defined as the proportion of the

population within a radius of 5km of a Health Centre III, was in 2001 estimated at only 8.9%, against a national average of 49% (Ministry of Health; 2002).

The burden of disease consists mostly of communicable diseases, including malaria, diarrhea, Acute Respiratory Infections (ARIs), intestinal worms, trauma and injury. The HIV prevalence rate in north-central Uganda, where Kitgum District lies, averages about 8.2%, significantly above the national average of 6.7%. The infant mortality in Kitgum is estimated at 274/1000, more than three times the national average rate of 88/1000. At the height of the insurgency, malnutrition among children, is acute in the affected areas, affecting up to 31% of under-fives and is a major underlying cause of their high death rate (IAH In a Conflict Situation; 2007).

### **1.3 General objective of the study**

The general objective of the study was to examine the role of IRC in health service delivery in Kitgum district.

#### **1.3.1 Specific objectives of the study**

- i) To examine the reproductive health in Northern Uganda.
- ii) To find out the role played by other humanitarian organizations during and after the war in Northern Uganda.
- iii) To find out limitations faced by IRC in trying to provide health services to people in Northern Uganda.
- iv) To research on to the role of IRC in the provision of health services in Mucwini Sub County.

### **1.4 Research Questions**

- i) What is the role played by other humanitarian organizations during and after the war in Northern Uganda?
- ii) What are the limitations to IRC in providing health services?
- iii) What is the role of IRC in health services in Mucwini Sub County, Kitgum district?

### **1.5 Significance of the study**

To the policy makers, the study will help realize the need to check the performance of IRC towards health service delivery in Kitgum Enriching the existing knowledge base in Mucwini Sub County, Kitgum district.

To the government, it will help realize the need for fair treatment of such organizations since they help in development and where possible support them in terms of finance.

It will assist the community of Kitgum district to attend to the activities of IRC.

### **1.6 Area of study (see shaded area on the map)**

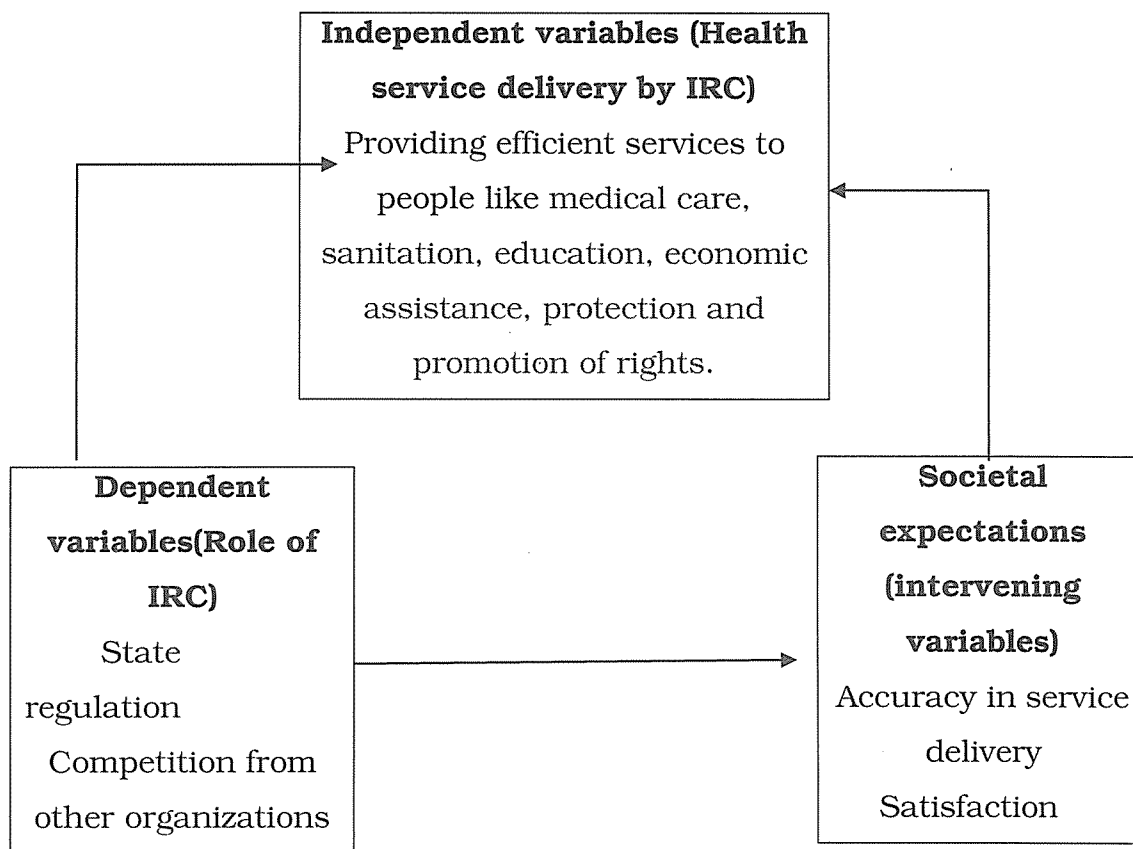
The study was carried out in Mucwini Sub County, Kitgum district. Kitgum District lies in the northern region of Uganda where a nasty civil rebellion waged by the rebel Lord's Resistance Army (LRA) against the Uganda government has raged for the past two decades. The war and violent tribal cattle raids from the neighboring north-eastern Karamoja region have displaced over 90% of the entire population of northern Uganda, and caused an estimated 1.7 million people in the region to live in Internally Displaced Persons' (IDP) camps for more than 10 years. Kitgum is one of the most remote districts in Uganda, lying on the border with the Republic of Sudan, with Kotido District to its East, Pader District to the South and Gulu District to the West. Its land area measures about 7,557 square kilometers. The land is semi-arid but about 80% of it is classified as arable. The vegetation is predominantly savannah and the relief generally flat in most of the district except toward the border with Sudan, where there are hills with gentle slopes (Kitgum District Report; 2002).

The district is divided into two administrative counties, Lamwo and Chua, and further subdivided into smaller administrative units: 19 sub-counties, 98 parishes, and 1,058 villages. Under Uganda's decentralized administrative

structure, most of the government funded services are provided at the level of the district, which is administered by an elected Chairperson, his/her cabinet and a quasi-legislature formally known as Local Council Five (LC V). The LC V is constituted by elected representatives of sub-counties. The second most important level of service delivery in the local government hierarchy is the sub-county (Local Council III), with an administrative setup similar to that at the district level (Kitgum District Report; 2000).

## 1.7 Conceptual frame work

**Figure 1: Conceptual frame work**



**Source: The researcher's conceptualization 2013**

The conceptual frame work indicated that the role of most humanitarian organizations was to provide efficient social services to people and protect their rights. This could be achieved through overcoming challenges like competition and state regulation. This could be with regard to societal expectations which need satisfaction, equality and accuracy in provision of services like health, education, security. Good health facilities could be efficiently provided to residents of Mucwini Sub County only if IRC overcame the challenges it faces. If all that is attained it could lead to a sound organizational performance and satisfaction of the service from residents of Mucwini sub county.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presented a review of literature relating to the variables under investigation; it presented the theoretical orientation of the study and the literature review. The related literature was presented with the objectives of the study and cited to suit the role of IRC in the conflict zone.

#### **2.1 Background of the conflict in Northern Uganda**

Uganda is located in East Africa and shares borders with Sudan, Kenya, Tanzania, Rwanda and the Democratic Republic of the Congo (DRC). It has a population of over 28 million, 50 percent of which is under the age of 15. The official language is English; Swahili and Luganda are also widely spoken. Sixty-six percent of the population is Christian; 18 percent hold indigenous beliefs and the remainder are Muslims. Kampala is the capital. The country is divided into 80 districts; conflict has mainly affected three districts in the north of the country: Gulu, Kitgum and Pader. However the districts of Amuru, Lira, Pac, Oyam, Dokolo and Amolatoar in Lango sub-region and Adjumani in Madi sub-region were also affected at some time during the insurgency (WCRHP; 2006).

Upon gaining independence from Britain in 1962, Uganda experienced 10 years of multi-party democracy under the increasingly authoritarian president Milton Obote. In 1971, Ugandan General Idi Amin led a coup that successfully ousted Obote and established a severely repressive military regime. Under Amin, more than 300,000 people, particularly Ugandans from the northern region with the same ethnic origin as Obote were killed or “disappeared and Uganda’s mercantile South Asian populations were expelled from the country, devastating the country’s economy. Obote returned to power in 1980 and Uganda witnessed the death of another 100,000 people due to widespread human rights abuses under his rule. The current president, Yoweri Museveni,

came to power in 1986 and installed a no-party government system (Otunnu; 2006).

In 1986, the Lord's Resistance Army (LRA), a rebel group claiming to represent the ethnic Acholi minority from northern Uganda, formed in order to overthrow the government and rule the country along the lines of the Biblical Ten Commandments. The resulting conflict between the LRA and the national army, the Uganda People's Defense Forces (UPDF), has lasted for almost 20 years and has led to the displacement of over 1.5 million people, approximately 90 percent of the Acholi population. Their displacement has been provoked by the violence inflicted on them by both the LRA and government operations, notably the relocation of the civilian population to "protection camps" under UPDF control (Otunnu; 2000).

The LRA have persistently targeted civilians in northern Uganda, subjecting them to indiscriminate killings and abuse, including the abduction of more than 30,000 children to serve in the rebel forces as soldiers, sex slaves and porters. Soldiers of the UPDF deployed to the internally displaced person's camps have also committed abuses, including rape and killing, and have largely been given impunity. In August 2006 an agreement for cessation of hostilities was signed between the Ugandan government and the LRA (Museveni; 2006).

Pressing issues, however, remain unresolved, notably the question of the pending arrest warrants issued by the International Criminal Court against LRA leaders and the continued marginalization of the Acholi by the central government. Since the ceasefire, the government has been encouraging the internally displaced population in certain districts to relocate to decongestion camps or to return home. Some IDPs have sought to move to the less congested sites in the hope of gaining access to land; others have moved out while keeping their spots in the main camps (WCRHP; 2006).

In theory the government's relatively comprehensive IDP Policy supports voluntary return and a range of governmental structures have been set up to deal with the issue. However, in practice, the government and the army often determine whether or not IDPs can return home. Furthermore, not all IDPs are keen to return: insecurity remains widespread, infrastructure in places of return is in disrepair and at times non-existent and some of the younger IDPs have become accustomed to living in a more urban environment (International Crisis Group Northern Uganda; 2002).

## **2.2 The role of IRC in health service delivery in the conflict zone**

The IRC working within the return and resettlement strategy is following the population it serves with access to basic services like health, clean water, protection of people's rights, livelihoods, recreational activities, and programs for children and youth so as to facilitate complete return, this has been done through a number of strategies. For instance, support to the District Health Office in provision of health care services in nine health centers of Palabek Ogili, Palabek Kal, Palabek Gem, Loporom, Mucwini, Agoro, Padibe, Paloga and Potika, Weekly outreach activities with health facility staff to counties (Internal Displacement Monitoring Center; 2000).

The basic package of health services delivered is health education, clinical services, vaccinations, reproductive health care and referral. The reproductive health care services are focused on antenatal care, prevention and treatment of sexually transmitted infections, prevention of mother to child transmission of HIV/AIDS through counseling and testing of and provision of nevi rapine. Between January to July 2008 a total of 14,000 people out of which 4,000 are children under 5 years of age received curative care 500 infants vaccinated against measles, 4,000 pregnant women provided with ANC services, ITNS, counseling and testing for HIV (International Crisis Group Northern Uganda; 2002).

Other partners providing outreach services in the district include; International Committee of the Red Cross. The program works closely with the district health administrative structures through supporting the establishment and training of health unit management committee, Village health teams, Parish development committees and conducting joint support supervision with district and health Sub district officials (Ministry of Health; 2000).

Challenges faced in improving access to health care in return sites and Mucwini village include: Low staffing level across all IRC supported health units, frequent absenteeism of health staff, lack of space for consultation at outreach sites and heavy patient case load during outreaches as some of the patients are drawn from the neighboring districts of Gulu (Ministry of Health; 2002).

### **2.3 Role of other humanitarian organizations in supporting those affected by the war**

The first humanitarian agency is the Women's Commission for Refugee Women and children which works to improve the lives and defend the rights of refugee and internally displaced women, youth and children. The Women's Commission works in consultation with refugee women, youth and children. Through our advocacy, we ensure that their voices are heard in the halls of power and taken into account in the decision-making process. Our work contributes to long-term solutions, thereby lessening the likelihood of continuing cycles of conflict and displacement. The Women's Commission is legally part of the International Rescue Committee (IRC), a nonprofit organization. The Women's Commission receives no direct financial support from the IRC (Benyat; 1995).

The United Nations Population Fund is another organization and it is the world's largest multilateral source of population assistance. Since it became operational in 1969, UNFPA has provided close to \$6 billion to developing

countries to meet reproductive health needs and support sustainable development issues. The Fund helps ensure that women displaced by natural disasters or armed conflicts have life-saving services such as assisted delivery and prenatal and post-partum care. It also works to reduce their vulnerability to HIV infection, sexual exploitation and violence (Benyat; 1995).

Besides that there is the Northern Uganda Transition Initiative whose aim is to fill a gap in programming that often occurs at the beginning of a peace process, democratic change or other transitional windows of opportunity. OTI decided to open a program to support the USG in promoting lasting stability in Northern Central Uganda (Gulu, Amuru, Kitgum and Pader Districts). The program, which quickly awards small in kind grants to active local partners on the ground, focuses on three objectives: Increase the visibility of and confidence in the government of Uganda, Increase access to information on peace, recovery and development, Support truth and reconciliation processes. OTI supports the sub-county leaders in areas of high returns through a participatory approach, sitting with government and deciding together their needs and priorities. This demonstrates to the population that the government is in control and is striving to deliver services. Reconstruction is focused on markets, schools, health centers, water sources, and government offices (International Crisis Group Northern Uganda; 2002).

## **2.4 Reproductive Health in Northern Uganda**

The conflict has clearly had a very negative impact on basic health services in northern Uganda. The infrastructure has been damaged and many facilities and agencies, including the Family Planning Association of Uganda, were forced to shut down as the conflict intensified. The ongoing insecurity has thwarted improvements to RH services and facilities in the camps. As a result, health care units in the camps are often overwhelmed and managed by predominately unqualified staff. Access to the better equipped district hospitals is severely limited for many people living in the camps, due to lack of transport,

workers, resulting in fair to poor RH services in the settings visited. In addition, although Ministry of Health (MOH) protocols for the delivery of comprehensive RH services are developed and were observed at the WHO, they are not used at the facility level (Benyat; 1995).

The RH status of adolescent girls is particularly dismal. Uganda has one of the highest levels of adolescent pregnancy in sub-Saharan Africa, primarily as a result of inadequate information on sexual and reproductive health for adolescents, lack of adolescent-friendly services, early marriage, early sexual activity and low contraceptive use. HIV/AIDS infection rates among young women (15 to 24 years of age) are more than double those of their male counterparts (Human Rights Watch; 2003).

Violence against women, including rape, is a significant problem. Domestic violence is particularly high and law enforcement officials rarely intervene in such cases. Women rarely report such cases although there has been a significant increase in the number of women and girls coming forward since the latter half of 2006 due to the establishment of GBV prevention and response programs. Early forced marriages remain common particularly in rural areas. It should be noted that intimidation, threat and violence by partners have been shown to prevent women from gaining access to HIV/AIDS services. The government has set up a task force on infant and maternal mortality that includes within its mandate addressing sexual violence (Human Rights Watch; 2003).

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter dealt with the type of research design, the description of the study population, the sample and sampling procedures, data collection procedures, data quality control measurements and finally data analysis procedures.

#### **3.1 Research design**

This research was carried out using a survey design where information was obtained systematically using interview schedules and questionnaires. Observations, both participant and non-participant were used. Other related literatures were also used. A survey design was used since it helped the researcher to equally justify the extent to which IRC contributed to the delivery of health services through the information acquired from questionnaires and interviews.

#### **3.2 Study population**

The target population was members in Mucwini Sub County, political leaders from different communities in Kitgum district and others from different districts in Northern Uganda who will make a total of 100 respondents. People dominating such areas are multi-ethnic. Politicians in those areas were used as informants on the role played by IRC in health service delivery because as heads of sections they experience an impact on how such organizations work which critically need most of such company's performance being investigated.

The total population of Kitgum District was estimated to be at 337,178, reflecting a relatively low population density of 29 persons per square kilometer. Its annual population growth rate, estimated to be at 3.6% per annum, is just above the country's average (Kitgum District Population Office;

2003). Most of the people about 312,559 (September 2006; estimate) belonging to 65,454 households have been living in squalid conditions in IDP camps for more than a decade, amid what has been described as the world's most forgotten humanitarian crisis (Kitgum District Report; 2002) .

### **3.3 Sample and sampling procedure**

In order to get the sample from a population of 100, that is, 30 members from the district's Administration for example Chairman LC IV and the cabinet, 30 respondents from Mucwini Sub County, 10 members with in Kitgum district but not from Mucwini and 30 members who are not part of the district. For easier and practical study, all were divided into three categories. This was because members from same region tend to exhibit similar attitudes and characteristics.

### **3.4 Data collection methods**

With an authority letter from the University dean for social sciences, that service as an introduction to various respondents, the researcher proceeded to the field to carry out the research. Data collection was from two main sources; primary and secondary. Secondary sources included relevant documents and reports. Primary sources collected data from selected respondents. Primary data was gathered using the following instruments:

### **3.5 Instruments for data collection**

#### **The questionnaire**

The semi- structured questionnaire was the main instrument of the study administered to the selected groups of people. The questionnaire was designed according to likert scale to explore key variables of the role of IRC in health service delivery in the conflict zone. The researcher used this method because of its ability to solicit information from respondents within a short time (Gupta; 1999). Moreover, respondents were given time to consult records to ensure that sensitive questions were truthfully answered (Proctor; 1997).



### **Structured interviews**

Interviews were administered to the departmental heads and the heads of the other sections of the International Rescue Commission concerning its performance in improving health services in Mucwini Sub County. Structured interviews were designed in such a way that more specific and truthful answers related to the role of IRC in health service delivery were got. Interviews were preferred because, they give an opportunity to probe and obtain detailed information on the issue (Gay; 2003).

### **3.6 Validity and reliability of instruments**

#### **Validity of questionnaires**

The validity of questionnaire was established by expert judgment method proposed by (Gay; 1996). Two experts in the field of research in addition to my supervisor were contacted to judge the materials. The researcher adjusted the materials according to the expert's recommendation.

### **3.7 Data quality control**

Well constructed research instruments with the assistance of researchers in the field of research were used. The information obtained through questionnaires was crosschecked by observing whether the behavior patterns match with what the respondents filled in the questionnaires.

### **3.8 Data processing and analysis**

Data was collected by use of questionnaires; entered into the computer, edited, sorted and coded to minimize errors. Then it was grouped into tables and graphs. The collected data was analyzed, interpreted and discussed.

### **3.9 Limitations of the study**

The researcher experienced a number of problems:

- i) Question avoidance arose in the answers since some of the respondents feared to speak the truth.
- ii) Language barrier limited the work since most people in Kitgum district did not understand English.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

#### 4.0 Introduction

This chapter deals with the presentation, analysis and discussion of the findings of the study.

#### 4.1 Background information of the respondents

Since the research design was random sampling, the respondents had differences in terms of the background, this included differences in age groups, education level, marital status and sex.

##### 4.1.1 Sex of the respondents

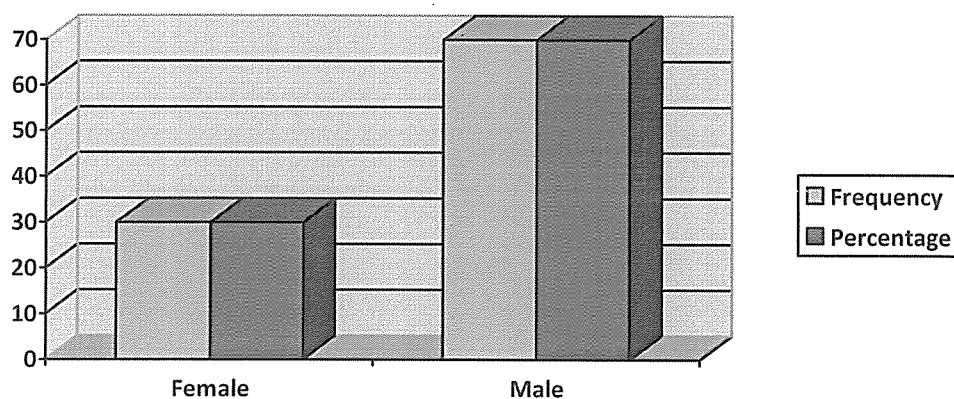
**Table 1: Sex of respondents**

<b>Respondents</b>	<b>Frequency</b>	<b>Percentage</b>
Female	30	30.0
Male	70	70.0
Total	100	100.0 %

Source: Primary data

Since the sampling was done randomly, both males and females were interviewed. Table 1 indicates that, 70 out of the 100 respondents were male representing 70.0 % of the respondents while 30 out of 100 respondents were female representing 30.0 % of the respondents.

**Figure 2:** Sex of respondents



**Source: Primary Data**

From Figure1, the study shows that the percentage of male that is to say 70.0% were more than that of female which is 30%.

#### 4.1.2 Age of the respondents

**Table 2:** Age of the respondents

Age of respondents	Frequency	Percentage
16-20	10	10.0
20-28	40	40.0
28-35	22	22.0
35-45	18	18.0
45 and above	10	10.0
Total	100	100.0 %

Source: Primary Data

Table 2 shows that 10 out of 100 respondents representing 10.0% are between the age of 16-20 years, 40 out of the 100 respondents representing 40% are between the age of 20-28 years yet 22 out of the 100 respondents representing 22% are between the age of 28-35 years, where as, 18 out of the 100 respondents representing 18.0% are between the age of 35-45 years and 10 out

of the 100 respondents representing 10% are between the age of 45 years and above.

#### 4.1.3 Marital status of the respondents

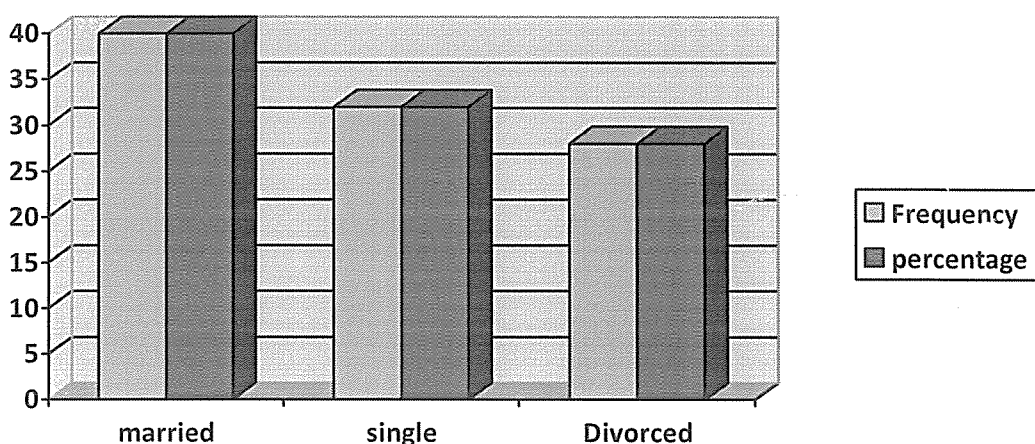
**Table 3:** Shows the distribution in as far as the marital status is concerned.

Marital status	Frequency	Percentage
Married	40	40.0
Single	32	32.0
Divorced	28	28.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

Source: Primary Data

Table 3: Shows that 40 out of the 100 respondents representing 40% are married, yet 32 out of the 100 respondents representing 32.0% are single and lastly 28 out of the 100 respondents representing 28.0% are divorced.

**Figure 3: Marital status of respondents**



**Source: Primary data**

Figure 2 shows that the percentage of married couples that is to say 40% is more than the singles which is 32% and the divorced who have 28%.

#### 4.1.4 Education level of the respondents

The researcher collected data on the level of education of the respondents. After analyzing the challenges faced by IRC in health service delivery in the conflict zone, it was evident that most of the respondents were illiterate that is to say they did not manage to go to school because of the war.

**Table 4: Level of education of the respondent**

Education level	Frequency	Percentage
Primary	45	45.0
Secondary	25	25.0
Tertiary	30	30.0
Total	100	100.0

**Source: Primary data**

Table 4 shows that 45 out of the 100 respondents representing 45.0% reached primary level, yet 25 out of the 100 respondents representing 25.0% completed secondary and 30 out of the 100 respondents representing 30.0% completed tertiary level.

#### 4.1.5 Duration of stay in Kitgum district by the respondents

**Table 5: Duration of stay in Kitgum district by respondents**

Duration	Frequency	Percentage
2 years	18	18.0
3 years	12	12.0
8 years	20	20.0
10 and above	50	50.0
Total	100	100.0

**Source: Primary data**

Table 5 Indicates that 18 out of the 100 respondents representing 18% have stayed in Kitgum for 2 years yet 12 out of the 100 respondents representing 12.0% have been there for 3 years, while 20 out of the 100 respondents

representing 20.0% have stayed there for 8 years and 50 out of the 100 respondents representing 50.0% have been in Kitgum district for more than 10 years.

## 4.2 Presence of IRC in Kitgum district

From the study it was clear that IRC appeared in Kitgum district after serious destructions imposed on people in northern Uganda by LRA leaders thus IRC has been in Kitgum for almost 19 years. IRC is not only involved in health activities in Kitgum district but also in other activities as seen below.

### 4.2.1 Services delivered by IRC in Northern Uganda

The study was geared towards finding out the role played by IRC in health service delivery in the conflict zone. Being one of the objectives of the study, it was important to know which services IRC is involved in, in Kitgum district. Thus, Table 6 shows the services offered by IRC to people in Mucwini sub county of Kitgum district.

**Table 6: Services offered by IRC in Mucwini**

Service	Frequency	Percentage
HIV reduction	18	18.0
Good health	50	50.0
Food aid	10	10.0
Poverty reduction	22	22.0
Total	100	100.0

**Source:** Primary data

Table 6 shows that 18 out of 100 respondents representing 18.0% say that IRC has placed more emphasis on HIV reduction, yet 50 out of the 100 respondents representing 50% say that it has led to good service delivery while 10 out of the 100 respondents representing 10% say that IRC has played a very big role not only in food aid and lastly 22 out of the 100 respondents representing 22.0% say that IRC has put emphasis on poverty reduction in Mucwini.

#### 4.2.2 Limitations of IRC in delivery of the above services

Objective 2 of the study sought to find the limitations of IRC in health service delivery in Mucwini Sub County.

**Table 7: The limitations of IRC in health service delivery**

Limitations	Frequency	Education level
Government policy	20	20.0
Coordination	30	30.0
Instability	40	40.0
Poor infrastructure	10	10.0
<b>Total</b>	<b>100</b>	<b>100.0</b>

**Source: Primary Data**

Table 7 shows that 20 out of the 100 respondents representing 20% say that government policy limits IRC services, yet 30 out of the 100 respondents representing 30.0% say that lack of coordination is also limitation to IRC, whereas 40 out of the 100 respondents representing 40.0% argue that IRC is limited by political instabilities since in some areas people are not yet settled, and lastly 10 out of the 100 respondents representing 10.0% argue that poor infrastructure hinder the smooth running of IRC health service delivery.

**Table 8: Solutions to the challenges faced by IRC in health service delivery**

Solution	Frequency	Percentages
Cooperation	29	29.0
Strict policies	11	11.0
Infrastructural development	20	20.0
Subsidization from the government	40	40.0
<b>Total</b>	<b>100</b>	<b>100.0%</b>

**Source: Primary Data**

Table 8 shows that 29 out of the 100 respondents representing 29% say that cooperation should be among the solutions for the effectiveness of IRC health



service delivery, 11 out of the 100 respondents representing 11% argue that strict policies should be put especially on those who practice corruption, 20 out of the 100 respondents representing 20.0% argue that emphasis should be put on infrastructural development and lastly 40 out of the 100 respondents representing 40.0% say that government should increase its subsidies for organizations like IRC to run smoothly.

## **CHAPTER FIVE**

### **SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter deals with the summary of findings from the research carried out in Mucwini Sub County, conclusions and recommendations for the different respondents that are involved in this research about the role of IRC and the conclusion.

#### **5.1 Summary**

The study came up with positive responses where by all the 100 questionnaires submitted were responded to. This showed a high level of cooperation among respondents and a smooth process of collecting data. Among those who responded to the interview, 60 % were female and 40 % were male.

From the study, health, education, poverty reduction, security, subsidization of humanitarian organizations, food and nutrition were mentioned as some of the services which need to be improved for the effectiveness of IRC in delivery of its services.

The research findings show that the government and some NGOs which come up to help people who are in deep sufferings face a lot of challenges for instance lack of participation by members of the community, corruption especially at the local level, poor transport systems, lack of coordination with the local people and embezzlement of funds.

According to the findings of the research, Humanitarian organizations, the government together with the local leaders are working hand in hand to ensure that people in areas which have experienced instabilities enjoy equal opportunities as those living in peaceful areas. Such opportunities include

good working environment, better wages, health services, education, security, proper food and nutrition among others. The government together with IRC have brought up especially in areas disastrously affected by war the policy of free health services, refugee camps and food aid system.

## **5.2 Policy Recommendations**

If the IRC health service delivery is to be made more effective and the adopted policies be made a reality, Mucwini sub county and Kitgum district as whole, local leaders from all parts of the district, the Government and local people must connive and work together. Thus the following recommendations will be appropriate:

### **5.2.1 IRC**

IRC should specialize in a particular service so that it can be in position to do it perfectly hence lead to success in its activities. Most NGOs are involved in more than one activity and at the end of the day all the activities are done in a shallow way. Therefore, IRC should take one activity at a time and gear all the effort towards that such that if the results are achieved they begin on another activity. Still transparency and accountability must be on tips of IRC such that a transparent organization succeeds more than that which is not. This involves first of all creating the conditions which will allow for open expression of views, free disseminations of information and the rule of law which is essential to the effective functioning of every NGO.

### **5.2.2 Government**

Government should be supportive and protective of the different humanitarian organizations through giving them support especially in form of finance and security to promote their activities. The government can do this by encouraging the local community to involve themselves in activities brought up by different humanitarian groups for example abiding by the law concerning such organizations and also the government reducing on the strict policies imposed

on those groups of people. It can do this through reducing ties and strings attached, reducing taxes and if possible give them some subsidies. Laws should be enforced against any person involved in issues of embezzlement and thus IRC, Kitgum district administrators should work together with the government to ensure that such cases are severe punished.

### **5.2.3 Local leaders and the community**

The local community should be willing to participate in the activities brought up by different humanitarian groups how ever they must be selective since there are some organizations which come in the umbrella of rescue yet they are targeting other things. Being the main beneficiary of the policies of humanitarianism, the local community should be willing to provide all the necessary advices to such organizations. However, this should mainly be done by the elderly who are more familiar with the environment. Lastly local community should help IRC in the implementation process if for example they start up development projects to rescue other areas which were affected by the war. This can be done through identifying the best place where the project can be implemented, providing assistance in terms of labour where necessary for the smooth running of the projects.

### **5.2.4 General**

If the health service delivery by IRC is to be made more effective and a success, the local population, the local leaders, the government and youth groups in Kitgum district must join and work together. Each of them must perform its role so as to achieve the desired goal. In other wards, there must be a mutual relationship between the above groups. Further more, in fulfilling the desired goals, it is important that the most pressing needs of the Kitgum community are tracked first. Thus, the government, local community, local leaders and the international community should be in position to provide the most pressing needs of those affected by the war first.

**d) Areas for future researchers should include the following:**

- i. Impact of Good NGO-Government relationship.
- ii. Importance of community participation in rescue process.

**5.3 Conclusions**

**The study concludes as follows:**

- i) The government of Uganda is dealing in different fields which aim at creating a peaceful environment not only to people in Northern Uganda but almost in other parts of the world. Such activities range from security, health, educational, environment, women and child care. However, all these are for the citizens of Uganda to enjoy a better life.
- ii) However, it should be noted that the government faces a lot of challenges that hinder its activities. Most of the challenges however are created by the residents themselves and it is from them that challenges can be overcome.
- iii) Good relationship among NGOs, local leaders, local people and the government help in hastening security. Thus all of the above groups should work together to bring a secure environment of the nation of Uganda especially Mucwini sub county in Kitgum district.

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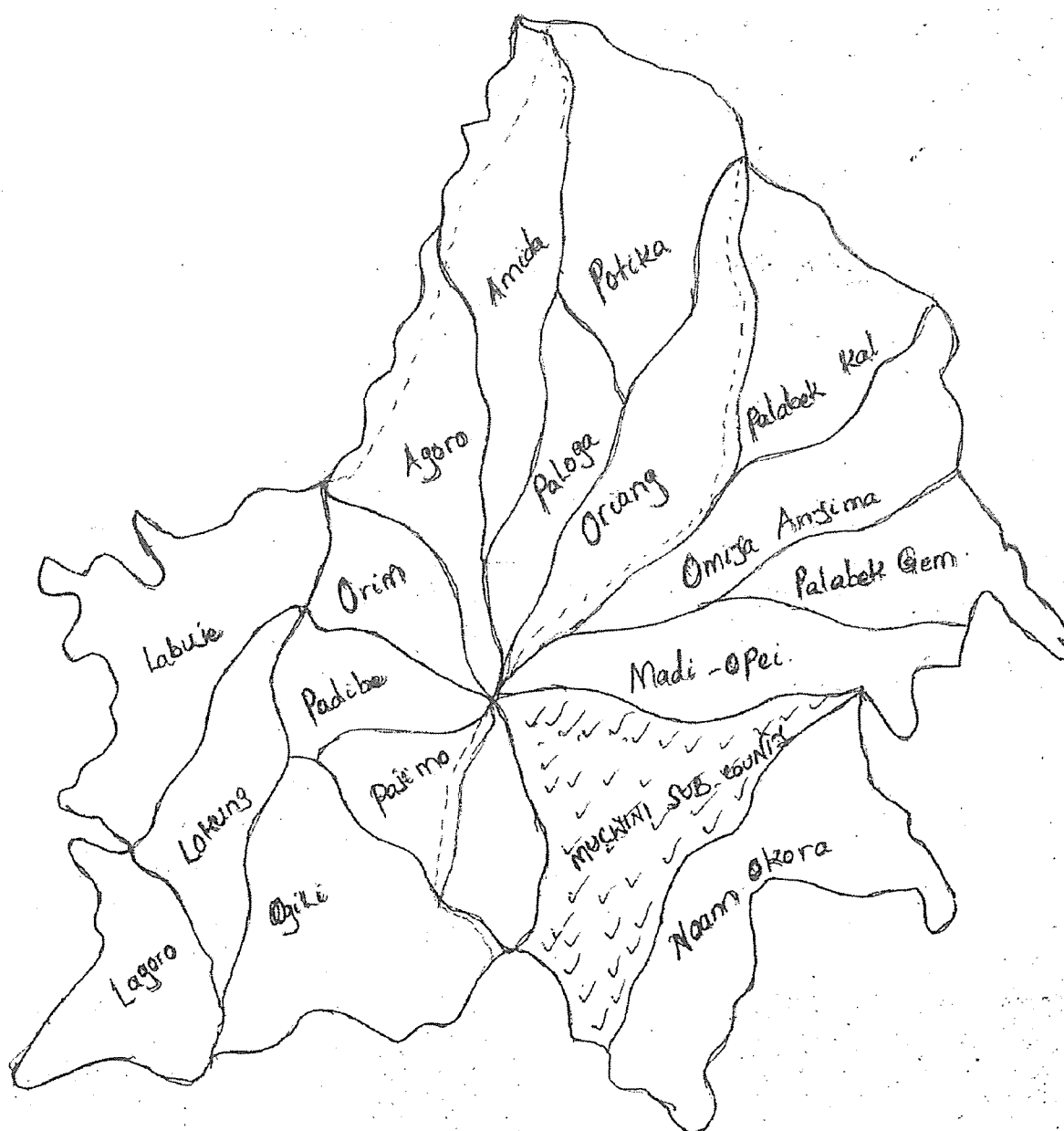
**APPENDIX I**  
**BUDGET ESTIMATES**

<b>ITEMS</b>	<b>QUANTITY</b>	<b>AMOUNT</b>
Two reams of papers	2	30,000
A half dozen of pens	6	1,800
Flash disk	2	70,000
Typing and printing		50,000
Transport		50,000
Research assistant		200,000
Grand Total		401,800

**APPENDIX II**  
**THE WORK PLAN**

<b>Activities</b>	<b>Time/Period</b>
Formulating the topic	September 2012
Writing proposal	December 2012-february 2013
Submitting proposal for the first time	Feb 2013
Submitting proposal for the second time	June 2013
Submitting dissertation for the first time	September 2013

**APPENDIX III MAP OF THE AREA OF STUDY**  
**(See shaded area)**



On the above map, the location of Mucwini Sub County is shaded.

**APPENDIX IV**  
**TIME FRAME OF THE STUDY**

<b>ACTIVITY</b>	<b>TIME IN MONTHS</b>			
<b>Time</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Proposal writing				
Data collection				
Data analysis				
Submission				

**APPENDIX V**  
**QUESTIONNAIRES**

**KAMPALA INTERNATIONAL UNIVERSITY**  
**COLLEGE OF APPLIED ECONOMICS AND MANAGEMENT SCIENCES**  
**DEPARTMENT OF PUBLIC ADMINISTRATION**

I am Galigwa Isaac a student from Kampala International University pursuing a degree in Public Administration, year three, semester two. In our final year we are required to carry out research on a topic of our choice therefore my topic is about “the role of the International Rescue Committee in Health Service Delivery in Uganda. Therefore, the designed questionnaire will help me gather the data required for my topic of research. In reference to the above, I request you to respond to the following questions appropriately thanks.

**Questionnaires for political leaders in Mucwini Sub County**

1Q) According to your point of view, what does IRC mean?

.....

.....

.....

2Q) How has it fulfilled its promises towards service delivery in your sub county?

.....

.....

3Q) According to your research, do most people in your district support it?

.....

.....

4Q) In brief what are some of the challenges (limitations) IRC faces in implementing its policies?

.....

.....

.....

5Q) According to you how can the above challenges be overcome?

.....

.....

6Q) Do you have any other humanitarian organization doing a similar job to that of IRC?

.....

.....

7Q) As an individual, what would be some of your views on IRC?

.....

.....

.....

**Thank You**

**Questionnaires for residents in Kitgum district**

1Q) As residents, do you support the IRC policies?

.....  
.....

2Q) If yes, why?

.....  
.....

3Q) If no, why?

.....  
.....

4Q) What advice do you give to members in other districts concerning IRC?

.....  
.....

5Q) What are some of the likely limitations to IRC policies?

.....  
.....

6Q) What do you think are possible solutions to those challenges?

.....  
.....

7Q) Which advice or comment would you want to pass to the government concerning providing assistance to such organizations?

.....  
.....

**Thank You**



**Questionnaires for members from other parts of the country**

1Q) In your district, have you ever heard of IRC? If yes, how successful is it?

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

2Q) If no, would you like it to come in your district?

.....  
.....

3Q) If yes, do you think IRC is fulfilling its role of providing health services to residents in northern part of Uganda?

.....  
.....

4Q) What do you think are the limitations to the work of IRC in northern Uganda?

.....  
.....

5Q) What solutions do you give to IRC and other organization related to it to be successful in doing their work?

.....  
.....

End