

**ASSESSMENT OF THE EFFECT OF DECENTRALIZATION POLICY ON HEALTH
SERVICE DELIVERY.A CASE STUDY KAPCHORWA MAIN HOSPITAL.**

BY

CHEBORYOT ROBERT

REG NO: BPA/44569/143/DU

**A RESEARCH PROSPOSAL SUBMITTED TO THE DEPARTMENT OF POLITICAL AND
ADMINISTRATIVE STUDIES, FACULTY OF HUMANITIES AND SOCIAL
SCIENCES, IN PARTIAL FULFILLMENT OF THE REQUIREMENT
OF THE AWARD OF BACHELORS DEGREE IN PUBLIC
ADMINISTRATION AND MANAGEMENT OF
KAMPALA INTERNATIONAL
UNIVERSITY.**

APRIL, 2017

DECLARATION

I Cheboryot Robert declare that this is my own work, it has never been submitted to any institution for any academic award of a degree.

Sign  Date... 07/09/2017'

CHEBORYOT ROBERT

BPA/44569/143/DU

APPROVAL

This is to certify that the research proposal submitted with my approval as the University Examination Supervisor.

Sign.......... Date..........

Mr. SEKITOLEKO ABDULAZIZ

(UNIVERSITY SUPERVISOR)

DEDICATION

This work is dedicated to my kind parents **Mr.Kuminy Francis** and **Mrs. Yeko Sophy** not forgetting my wife **Mrs; Cherotin Ruth** and my son **Kipmutai Elisha** who tirelessly and generously supported me throughout the study. I also cordially dedicate to all my brothers whom I can't afford to forget.

I also dedicate this work to my supervisor **MR. SEKITOLEKO ABDULAZIZ** who gave me academic skill as well as correcting this work. His time, energy and support were of paramount pertinence and cannot be done away with.

ACKNOWLEDGEMENT

I would be regarded a bad person if i forgot to firstly acknowledge the Almighty God's protection the journeys I made in collecting this information from scattered respondents in order to come out with this work.

I thank my parents kuminy francis and yeko sophy for offering me opportunity to study Bachelor's Degree in public administration and management in Kampala International University. Special thanks to the Professors and Lecturers of the Department of poltical and administrative Studies at Kampala International University

I appreciate the contribution of a number of people who have played a big role in helping me with this dissertation. First and foremost, appreciation goes to my supervisor, **MR.SEKITOLEKO ABDULAZIZ** for the guidance, professional supervision and critique during the period of writing this research. I thank my classmates for the friendship and all the words of encouragement and wisdom during the tough times of the programme Kampala International University.

Thanks to the municipal government hospital official, local leaders, respondents and Community members and all the other informants who were contacted during the process of data collection. Your contribution to this study is appreciated and I pray and hope that the dream to see the delivery of better health services is realized.

List of abbreviations and acronyms

CHD	:	Community Health Department
DHA	:	District Health Administration
DMO	:	District Medical Officer
HMS	:	Health Management System
HUMC	:	Health Unit Management Committee
MOH	:	Ministry of Health
MoLGs	:	Ministry of Local Government
MS	:	Medical Superintendent
NGOs	:	Non-Governmental Organization
NO	:	Nursing Officer
NRM	:	National Resistance Movement
PDHO	:	Public Dental Health Officer
RCs	:	Resistance Councils
VCT	:	Voluntary Counseling and Testing
HA	:	Hospital Administrator

TABLE OF CONTENT

DECLARATION	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
List of abbreviations and acronyms	v
TABLE OF CONTENT	vi
 ABSTRACT	 ix
CHAPTER ONE	1
INTRODUCTION	1
1.0 Background	1
1.2. Statement of the problem	4
1.3. Objectives to the study	4
1.3.1. General objective	4
1.3.2. Specific objectives	4
1.4. Research question.....	4
1.5. Scope of the study	5
1.5.1 Content scope	5
1.5.2 Geographical scope	5
1.5.3 Time scope	5
1.6. Significance of the study	5
1.7. Figure: 1. Conceptual framework	6
1.8. Definition of key terms	6
CHAPTER TWO	8
LITERATURE REVIEW	8
2.0. Introduction.....	8
2.1. The effect of decentralization policy in delivering health services in Kapchorwa main hospital Kapchorwa Municipality.....	8
2.1.2. The challenges hindering decentralization policy in delivering health services in Kapchorwa hospital.	9
2.1.3. What extent has decentralization affected the delivery of health services to the local people.....	9
CHAPTER THREE	12
METHODOLOGY	12

3.0. Introduction.....	12
3.1. Research design.....	12
3.2. Population of the study.....	12
3.3. Sample size	13
3.4. Sample techniques.....	13
3.4.1. Random sampling.....	14
3.4.2. Purposive sampling	14
3.4.3. Data collection methods	14
3.4.4. Questionnaires.....	14
3.4.5. Interview	14
3.5. Data collection tools.....	15
3.5.1. Questionnaires schedule to hospital administrators	15
3.5.2. Interview guide to the health workers	15
3.5.3. Secondary source of data	15
3.6. Data analysis	15
CHAPTER FOUR.....	16
PRESENTATION, DISCUSSION, AND ANALYSIS OF FINDINGS	16
4.0. Introduction	16
4.1. The distribution and return of questionnaires from the respondents.....	16
4.2. Demographic characteristics of respondents.....	17
4.3 The effects of decentralization policy on health services in Kapchorwa main hospital.....	21
4.4 The challenges hindering decentralization policy in delivery health services in Kapchorwa hospital.	25
4.5 How decentralization policy has affected the delivery of health services to the local people.	28
CHAPTER FIVE.....	33
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	33
5.0. Introduction.....	33
5.1. Summary of findings.....	33
5.1.1. Summary of findings on personal data or characteristics.....	33
5.1.2: How decentralization policy has helped in the delivery of health services.....	33
5.1.3. How the challenges hinder the delivery of health services in Kapchorwa main hospital.	34
5.1.4: How decentralization policy has affected the delivery of health services in the hospital.	34
5.2. Conclusions.	34
5.3. Recommendations.	35
5.4. Areas for further research;	36

REFERENCES.....	37
APPENDIX I.....	41
QUESTIONNAIRES TO THE HOSPITALS ADMINISTRATORS.....	41
APPENDIX II	45
INTERVIEW GUIDE TO THE HEALTH WORKERS.....	45
APPENDIX: III.....	47

ABSTRACT

The research study was conducted from June 2017 in Kapchorwa Main hospital covering the local community, civil servants and local leaders such as the councilors.

The study was intended to sample forty respondents, but a number of them turned up for interview while District health officials also turned up to participate.

The research was aimed at finding out how decentralization has impacted on the water, establishing the challenges faced in decentralized provision of water services and suggested possible mitigation measures for such challenges.

It was found out that the major impact of decentralization on the water sector was the promotion of people's participation in the affairs water services within their localities which has promoted easy mobilization of resources from people and sustainability of water projects.

The major challenges faced in decentralized provision of health services were found to be corrupted within the sector, limited funding and inadequate qualified personnel at local levels. Other challenges are limited community participation in terms resource mobilization and maintenance of water projects and poverty which limits the ability of people afford better health services.

A number of suggestions to solve the above challenges were raised by the respondents; these include fighting against corruption at all levels of health service delivery, increase in funding, monitoring and participation of the local community in decision making.

CHAPTER ONE

INTRODUCTION

1.0 Background

This chapter contained the following, background to the study, statement of the problem, objectives of the study, research questions, and scope of the study and significance of the study.

According to Ahmad, J. (2005), decentralization literally refers to the transfer of power from the central government to the Local government to enable them in decision making, electing their leaders in the areas of jurisdiction. The system of local government in Ghana has gone through several phases since independence (Crock 1994). Inherited at independence was a British system of local government in the 1950s and 1960s. The present system of government in Ghana was created in 1959 with the approval of the Local Government Act 1989 which re-introduced democratic institutions at the local levels Significant improvement government capacity.

But initially, political participation increased and the legitimacy of the state at least at the local level appeared to be improving. However, as a result of lack of resources, insufficient local political autonomy and no support from other important actors, the achievements have been sustained. (Ges. S.L (2008) advanced public administration. Learners submission; decentralization governance in Kenya 24/02/2013 12:300pm decentralization is an ambiguous and broadly used concept and the definition varies across countries in this article decentralization is defines as “devolution” of power and competence to independent governments below the central governments level, which are given responsibilities (typically within certain levels) for determining the level and quality of the services to be provided, the manner in which those services will be provided and the source and the size of funds to finance the delivery of those services.

In Tanzania during the 1980s and more intensely during the 90s, governments have tries to overcome the flow decentralization by transferring decision-making powers, not to local levels of central governments organs, or to semi-autonomous public agencies, but rather to elected officials of local jurisdictions and to civil society organizations. After two decades of stagnation, governments in Africa have demonstrated new commitment to reforms and a correspondingly

enhanced potential for contributing to national development. Among these are democratization, decentralization and economic liberalization reforms that have together reinforced and encouraged the granting of greater autonomy to public institutions and developments sectors in Africa.

In the meantime, the countries governments are showing willingness to break away from inherited traditional ways of governance and administration and embark on new innovative management and service delivery strategies. In Uganda, when the national resistance movement (NRM) government come to power in 1986, it initiated the process of empowering local government through decentralization. The first step to revive local government powers and functions was the enactment of the 1987 Resistance council (RCS) statute No. 9. This statute legalized RCs and gave them powers in their areas of jurisdiction at local level. Decentralization is a system that was established in Uganda in 1997 under the provision from the constitution of 1995. This was a move to restore the function of Local government councils that had been left in limbs a period of nearly 30 years (1967 to 1995)

According to Mamdani (1894) the colonial state in Uganda was highly decentralized, the basic unit of administration was district. The 1919 native authority Act provided for native chiefs to pursue executive, legislative and judicial authority presenting a system of decentralization despotism allowing colonial administration semi-federal constitution with a strong local government. According to the world Bank 1999/2000 the decision to decentralized was motivated by the desire to improve on the effectiveness of governance at all levels in transforming of responsibility for both financing and providing public services from the central government to the sub nation.

Uganda's desires for decentralization governance structure has emanated for its tumultuous past of civil wars and brutal dictatorship under Idi Amin (1971-1979) and Obote 2 (1981-1086). It finally embraced decentralization in 1886 under the leadership of Yoweri Museveni who through the national resistance movement (NRM) galvanized local support for participatory democracy on his accession to power he formalized the channels of NRM in order to promote local participation and established a unique no-party-system (Azfor et al, 2007: Francies and Junes 2003). According to Asiimwe D (2007) when the NRM government came to power in 1986 it initiated the process of empowering local government through decentralization. Uganda

decentralization policy was outlined in chapter eleven of the 1995 constitution of the republic of Uganda and it was operationalized in 1997 by the local Government Act.

Decentralization according to theoretical definitions presented in the literature, decentralization is generally broken down in to three different parts but related processes such as;

Deconcentration which is the process whereby the central government disperses responsibilities for certain services to regional branch offices without any transfer of authority.

Delegation, which simply refers to a situation in which the central government transfers responsibility for decision making and administration of public functions to local governments. In this instance, local governments are not fully controlled by central governments but are accountable to them.

Devolution, this happens when the central government transfers authority for decision making, finance and administrative management to quasi-autonomous units of local government. In this case recent literature considers devolution to be purest or at least the most extensive form of decentralization (Stacey White, Government Decentralization in the 21st century. December 2011).

Service Delivery, is a common phrase in South Africa used to describe the distribution of basic needs citizens depend on like water, electricity, sanitation infrastructure, land and housing.(Le chen, Janice Dean, Jesper Frant, and Rachana Kumar).

According to Cambridge Business English Dictionary, the term service delivery is the act of providing a service to customers.

Decentralization

This refers to the transfer of power from the central government to the local governments to enable them involve in decision making, electing their own leaders in the areas of jurisdiction.

Health services

These are services delivered to individuals, group of people or community in order to safeguard their lives against diseases like malaria, HIV/AIDS, cholera among others.

The study was to be taken in Kapchorwa main hospital, Kapchorwa Municipality in the Eastern part of Uganda. This study was also taken in my home region and I have chosen it because it shelter's the less costs since it is my area of residence and so makes it easy for me to get information from home ground people and even saves me in terms of cost. Decentralization and

service delivery was still taking its operation in trying to offset the work of the government as far as service delivery is concerned, besides decentralization and service delivery in the health sector is still poor due to many challenges admits its set objectives such as corruption leading to poor accountability of the health service delivery in Kapchorwa Municipality.

1.2. Statement of the problem

According to World Bank 1999/2000 the decision to decentralization was motivated by the desire to improve on the effectiveness of public services. The government of Uganda has put much emphasis on decentralization policy as a strategy to achieve success through extending health sensitization programs, clean water, drugs among others. Despite the existence of decentralization policy in Kapchorwa district Local Government, health service delivery faces a number of challenges like inefficient utilization of the available resources, delayed payments to health workers improper delivery of health services among others in the hospital.

1.3. Objectives to the study

Objective of the study was divided into two that is the general objective and the specific objectives these objectives showed as the purpose of the study.

1.3.1. General objective

To find out the effect of decentralization policy on the delivery of health service in Kapchorwa main hospital.

1.3.2. Specific objectives

- i) To find out the effect of decentralization policy in delivering health services to local communities
- ii) To find out the challenges hindering decentralization policy in delivering health services in Kapchorwa hospital.
- iii) To find out the extent decentralization policy has affected the delivery of health services to the local people.

1.4. Research question

- i) What were the effects of decentralization policy in service delivery?

- ii) What were the challenges hindering decentralization policy in delivering health services?
- iii) To What extent was decentralization policy affected the delivery of health services in Kapchorwa main hospital?

1.5. Scope of the study

1.5.1 Content scope

The content scope was to access the effect of decentralization policy on the delivery of health services in main hospital Kapchorwa district and it was involved, to find out the extent to which decentralization policy has advanced effective delivery of health services, to find out how decentralization policy has encouraged the delivery of health services and to examine the factors affecting delivery of health services.

1.5.2 Geographical scope

The study was conducted in Kapchorwa main hospital. Kapchorwa main hospital is located along Kapchorwa Mbale highway on your right when going to Mbale and on your left when coming from Mbale about 500 kilo meters Kapchorwa Municipality.

1.5.3 Time scope

The research study was carried out in a period of one academic year of 2016-2017 to be able to collect the data required for the research.

1.6. Significance of the study

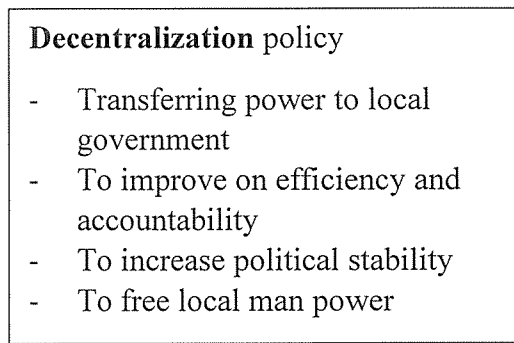
The information obtained was expected to benefit the local people and stakeholders in Kapchorwa main hospital through organizing meetings as a way to avail people with feedbacks of what has been taking place at the hospital.

- It was to help to know the level of health service delivery in the hospital through monitoring and supervision activities on how the hospital is running on their respective programs.
- The study was to help to establish the effectiveness of the decentralization policy on the performance of the hospital services in Kapchorwa hospital.

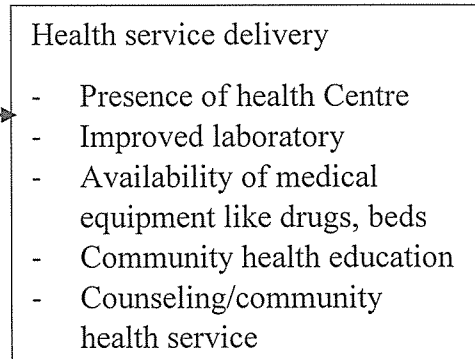
- The study was also to help to identify the problems facing health service delivery in Hospitals.

1.7. Figure: 1. Conceptual framework

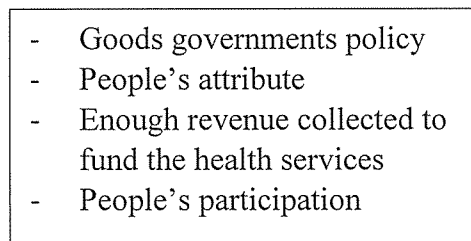
Independent variable



Dependent variable



Moderating variable



Source: Researcher, 2014

From the above conceptual model show that there was a relationship between independent and dependent variable. Decentralization as an independent variable and health service delivery which was dependent variable which implies that independent variable of the study (decentralization) influences the health service delivery in Kapchorwa main Hospital. However there are also moderate variables which may affect health service delivery which include; good governance policy people's attitudes and also people's participation.

1.8. Definition of key terms

Services

This refers to the functional outcomes of the project or programs

Service delivery

These are the functions and activities local governments are to do there towards giving the people through the taxes that they pay to the local government councils.

Community

These are the people living within a given locality/geographical entity that comprises of a group of people or families sharing a set of common goals, needs and resources with its characteristics such as people, goals, environment, boundaries, social structures and systems. .

Decentralization

This refers to the transfer of power from the central government to the local governments to enable them involve in decision making, electing their own leaders in the areas of jurisdiction.

Health services

These are services delivered to individuals, group of people or community in order to safeguard their lives against diseases like malaria, HIV/AIDS, cholera,tatenus, among others.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter was highlight on the related literature from different scholars to address the problem, effects of decentralization policy in health service delivery, challenges facing the policy, and its impact on the local people.

2.1. The effect of decentralization policy in delivering health services in Kapchorwa main hospital Kapchorwa Municipality.

According to Lubanga (1996) in his book, democracy and decentralization in Uganda added that the ultimate call of the Services Delivery Survey (SDS) with the decentralization had enabled effective delivery of social services to the local people for instance, in the pursuit of this goal, the service delivery survey had produced information that had been used to set the baseline of service delivery. According to Francis Lubanga (1996) in his book, Democracy and decentralization in Uganda, fountain publishers limited. He said that decentralization policy had worked effectively on the delivery of health services to people because the government of Uganda through institutional capacity building system and training to implement the result oriented management.

According to Kisubi (1996) in his book rural health providers in south west Uganda Kampala fountain publishers Decentralization had transferred all political and administration authority from the central government to the local government authorities, including the power to approval district budgets. The function of the central government has thus been directed exclusively to policy formulation, planning inspection, management of national programs, projects, security and foreign policy. The responsibility for the delivery of health services now lies within the district, the role of the line ministries is to formulate policies and guidelines set standard and carryout inspections in order to ensure appropriate quality. According to Marakas (1998) in his book “political and administration relations in decentralization. He states that, decentralization policy had worked effectively on the delivery of health services throughencouraging localgovernments at the lower levels to be cautious in various methods and options available for delivery of health services.

2.1.2. The challenges hindering decentralization policy in delivering health services in Kapchorwa hospital.

Demographic health survey of 1995 showed that there has been insignificant reduction in infant and maternal mortality during the early 1990s. Data from the subsequent Uganda demographic health survey of 2000-2001 suggests even worsening indicators of health status and health services delivery compared to the situation 5 years earlier. Infant mortality and malaria morbidity are on the increase and material mortality remains constant at high level estimated at 50% deaths per 100,000 live births (MHO, 2000). The proportion of fully immunized children has decline from 47% - 37% and TT (Tetanus Toxoid) immunization of pregnant women shows a decline from 54% - 42%. Uganda decentralization process falls short of achieving its services delivery targets .many reasons can be cited for this, such as the poor autonomy of the local government, tight fiscal control by higher government and capacity constraints.

According to Rondinlli Cheema(1993),and Lubanga(1991) have focused on lack of capacity at local government ,poor staff without specialized training ,unimpressed civil leaders, lack of and material resources such as offices and equipments,all reflect the challenges to application decentralization There is great fear that the state will not fully give away its political power, bureaucratic power and authority to the decentralized areas. Therefore there is great lack of political will and commitment to decentralized powers and authority the tight fiscal relationship between the levels of government has complicated the Centre's role which is often constructed by local authorities as interfering with the affairs of local government.Great expectation for decentralization as an instrument was observed that decentralization of administration does not guarantee that would be more economic growth, greater efficiency in service delivery

2.1.3. What extent has decentralization affected the delivery of health services to the local people

Devolution in Uganda has put the responsibility for providing key public services on the shoulders of local governments .The experience providing education, health, and water and sanitation services has been mixed in Uganda. In this case the researcher looks closely at the outcomes of public health service delivery Ahmad 2006 cast doubts on the reach and quality of health service. They cite the worsening of mortality indicators to support their argument,

further Aztar 2007 highlights the lack of transparency in service provisions which has led to overcharging of health unit fees.

According to Hutchinson (2003), in 1995-1996, the most important health areas were diarrhea diseases, sanitation programs and HIV/AIDS. Absolute expenditure in all the health areas except diarrhea increased these three years. But since then there has been a reduction and health centers improved to curb the diseases.

Okidi and Guloba (2008), believe delivery, of health services to be successful and report an increase in access to health centers over time. Health is another social priority in Uganda and local level institutions have been entrusted with resources to finance the district hospitals. Okidi and Guloba (2008), outcomes in access to safe water, Uganda's spending on water is not as grand as that on education and health. Outcomes in the improvement of safe water have been relatively better than those in health. Rural water coverage jumped from 55% to 60% between 2003 and 2004 alone. The data suggestion is significantly improve water service provision particularly in poor jurisdictions.

According to Apollo Nsibambi (1998) in his book decentralization and civil society in Uganda fountain publishers. He stated that decentralization policy had encouraged the delivery of equality health services at the local level through its statutory obligations to provide services like maternal and child health services, essential drugs, treated mosquito nets and beds, solar power systems with the aim of improving standards of living through health sector. As a result of the policy, people no longer say this was a government property but they now refer to it as our property and there was a great deal of zeal to contribute towards the maintenance of such programs like health education. Francis Lubanga (1996) also added that, decentralization policy had entrusted a lot of responsibility to the district councils with the aim of fostering the delivery of health and social services to the efficient especially primary health care.

According to the report field by the ministry of local government (MOLG) decentralization policy strategic framework Kampala, health sector improved service sector under decentralization when use fees were abolished in 2001 in government health facilities (except for private wings in hospitals) the health was recognized into hierarchy similar to the political structure of the country. The system now comprises of national and regional referral hospitals and health Centre's that are categorized as health center IV health center III, health Centre and health Centre I, the categorization is eventually determined by the extent of the services that are designed to be delivered at a given facility level. The operationalization of this structure required the construction of several new facilities leading to growth in the number of health especially at the health center II, level which almost tripled in number between 2001 and 2004.

CHAPTER THREE

METHODOLOGY

3.0. Introduction

This chapter was contain the research methodologies which was constituted the research design, the study population, the sample design and the sampling techniques and lastly the data collection techniques and analysis of the research carried out from the field.

3.1. Research design

Research design is the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance for research purposes with economy. The descriptive design was used in order to be relevant because the study population is quite large which includes a cross section of respondents that include thee administrative units and the employees found in the organization. This was work in line to minimize the biases and maximization of liability. However the research design put into consideration all the necessary steps that were used in the survey in ascertaining an assessment of the effect of decentralization policy on the delivery of health services in main hospital Kapchorwa Municipality.

3.2. Population of the study

The area of study was at the main hospital in Kapchorwa Municipality and it was targeted the health workers and the community (men and women) from which the researcher was obtained to assess the effect of decentralization policy on delivery of health services.

The respondents 100%

Participants		Population size	Sample size
Hospital administrator		2	1
Human Resource managers		1	1
Health workers (nurses)		30	19
Cleaners		10	5
Gate keepers (askari's)		3	2
Mass population		54	40

(surrounding
community).

Total

100%

68

3.3. Sample size

To determine the sample size on population, the researcher used the formula below;

Will use the Toro Yomani formula seen below

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

Where n = the desired sample size

N = population size

e = margin of error (5%)

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

$$= \frac{40}{1+40(0.05)^2}$$

$$= \frac{40}{1+40(0.0025)}$$

$$= \frac{40}{1+0.1}$$

$$= \frac{40}{1.1}$$

$$= 36.36$$

$$= 36$$

3.4. Sample techniques

The following sample techniques were used to collect data and they are listed below as follows;

3.4.1. Random sampling

The samples was randomly selected from the individuals from the given population of study. This involved employees of Kapchorwa main Hospital.

3.4.2. Purposive sampling

This was based on respondents (community, head of department staff) who was the expertise in the health department among others who are purposively sampled for the utilization of their knowledge which were required in the field of study and this helped in collecting vital and valid information.

3.4.3. Data collection methods

The data collection instruments consisted of the primary and secondary data which was used to collect information.

The primary data included the following methods

3.4.4. Questionnaires

These are questions that were given to the respondents either manually by asking or written sheets which were then be filled for collecting the data in the field.

The researcher is using questionnaires because large samples can be made of and thus the results were made more dependable and reliable and it is free from the bias of the interviewer, answer are in respondents own wards.

3.4.5. Interview

The interview method of collecting data involves presentation of oral, verbal stimuli and reply in terms of oral responses. This method was used through personal interview and if possible through telephone interviews and this was targeted respondent.

Under this method, the interview was to collect supplementary information about the respondent's personal character and the community at large which was of great value in interpreting results.

3.5. Data collection tools

3.5.1. Questionnaires schedule to hospital administrators

These are questions that was given to the respondents either manually by asking or written sheets which were then be filled for collection of data in the field

3.5.2. Interview guide to the health workers

The interview guide of collecting data involved presentation of oral, verbal stimuli and reply in terms of oral responses .This tool was used through personal interview and if possible though telephone interview and this target respondent.

3.5.3. Secondary source of data

Here data was collected from written books made by other scholars or researcher about the same topic of study or problem. It was also included obtaining data through journals, handbooks and magazines written by some professors in government departments either as reports. All this was obtained from the library and use of the internet.

3.6. Data analysis

The data was analyzed manually on a sheet containing statistical inferences such as tables, pie-charts supported with detailed narratives for simplicity and for proper understanding and this involve using of qualitative and quantitative research in the analysis of data before computing into meaningful information

CHAPTER FOUR

PRESENTATION, DISCUSSION, AND ANALYSIS OF FINDINGS

4.0. Introduction

This chapter presents the interpretation of findings of the study, the analysis of those findings and their discussions in relation to the objectives of the study and the research questions. It is divided in to the distribution and return of questionnaires from the respondents and four other sections whereby the first section presents the analysis and results on the demographic characteristics of the respondents, the other section presents how decentralization policy has affected the delivery of health services, effect of decentralization on health services and the challenges hindering delivery of health services

4.1. The distribution and return of questionnaires from the respondents.

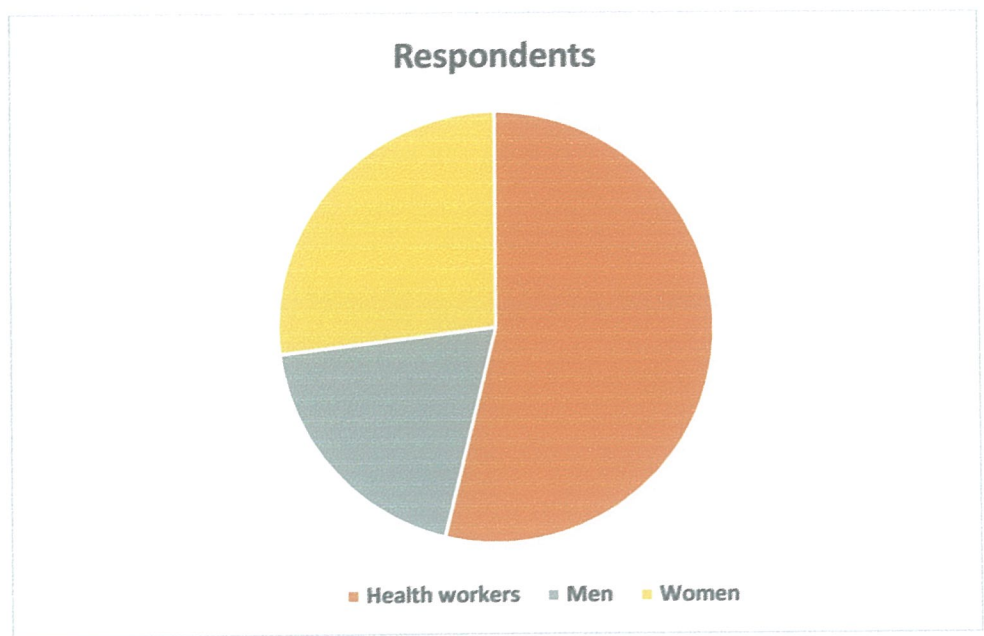
Table .2. Showing the distribution and return of questionnaires.

Respondents	Number of questionnaires		Percentage (%)
	Given out	Received	
Health workers	19	14	53.8
Men	8	05	19.2
Women	9	07	26.9
Total	36	26	100

Source: primary Data, 2016.

According to table.2, above, the findings from primary data (2016) indicates that the researcher issued 36 questionnaires in total and among which 19 were given to the health workers, 8 to men and 9 were given to women. The research in total received 26 questionnaires which is 72 percent indicating that the system was effective enough in collecting data of the study from the field thus the method worked positively for the research, out of the 26 questionnaires received, 54 percent were from health workers ,19 percent from men and 27 percent were from women. This helped the researcher to attain data from different levels of the hospital.

Figure.2. A chart showing the distribution and return of questionnaires.



Source: Primary data, 2016.

4.2. Demographic characteristics of respondents

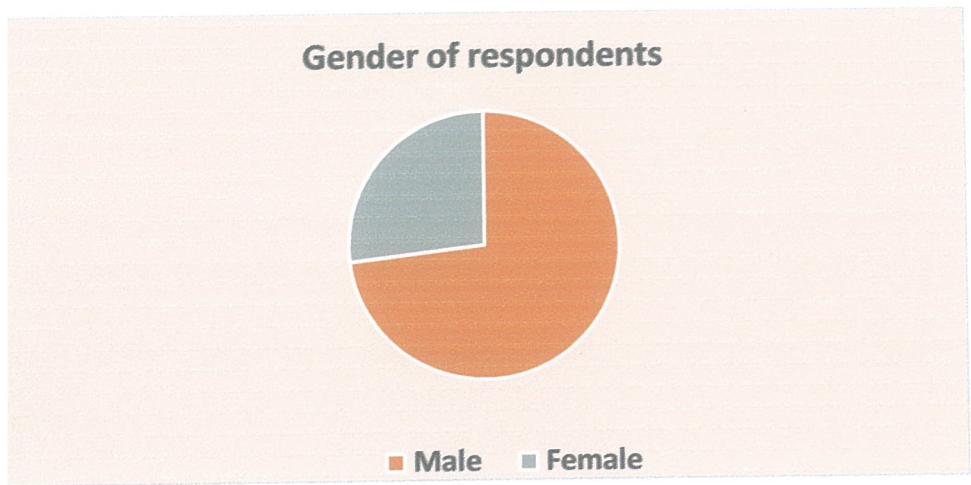
Table.3. Gender of Respondents

Gender	Frequency	Percentage (%)
Male	19	73.07
Female	07	26.9
Total	26	100

Source: primary data, 2016

From table.3 above, results obtained from primary data (2016) show that Kapchorwa hospital has more males involved in the health service delivery which is at 73 percent compared to females placed at 27percent involvement therefore causing a positive effect towards the delivery health services and solving related health problems.

Figure.3. A chart showing gender of respondents.



Source: Primary data, 2016.

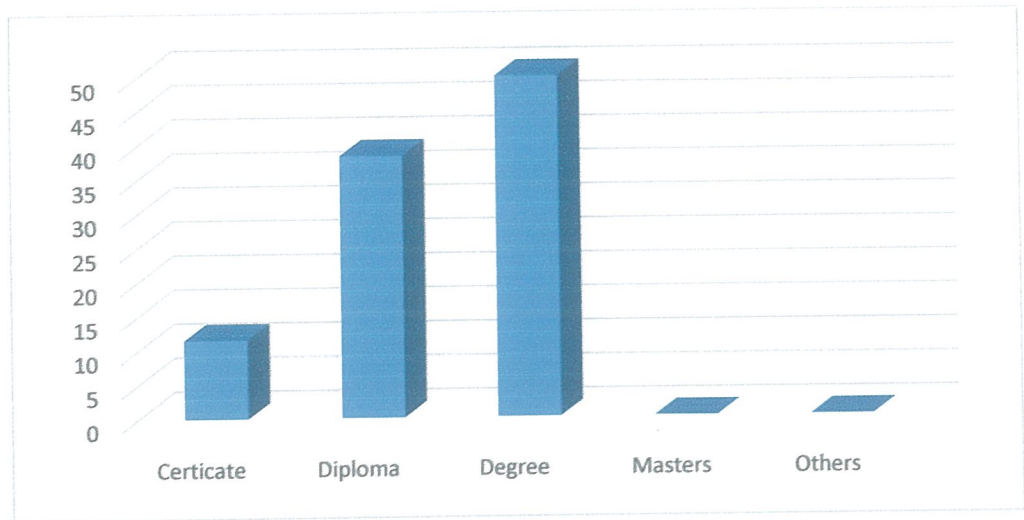
Table.4. Respondents level of Education

Level of education	Frequency	Percentage (%)
Certificate	03	11.53
Diploma	10	38.4
Degree	13	50
Masters	00	00
Others	00	00
Total	26	100

Source: primary data, 2016

According to table.4 above, findings obtained from primary data (2016) indicates that the majority of respondents were Degree holder which were 50 percent .These were followed by 38 percent who are Diploma holders and then 12 percent were certificate holders .This implied that the population in Kapchorwa hospital had acquired some knowledge through at different levels and had skills to exercise the duties their respective departments.

Figure.4. A bar graph showing respondents by level of education in Kapchorwa Main Hospital in Kapchorwa Municipality.



Source: Primary data, 2016

 Frequency.

Table.5. Age of respondents

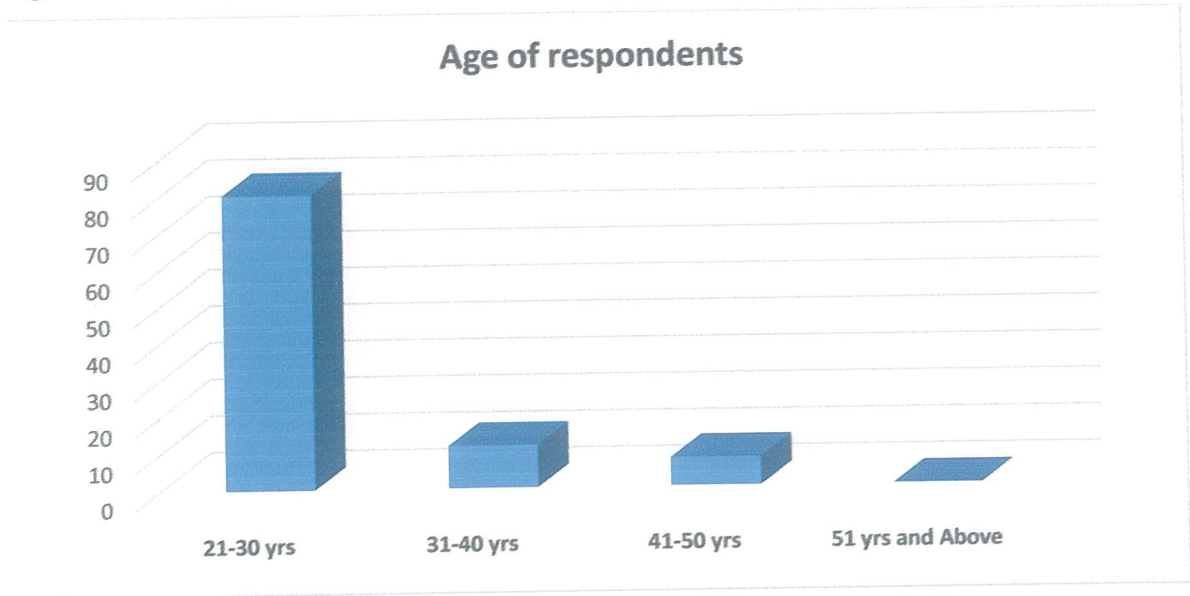
Valid	Frequency	Percentage
21-30 years	21	80.7
31-40 years	03	11.53
41-50 years	02	7.69
51 and above	00	00
Total	26	100

Source: primary Data, 2016

From table.5 above, primary data (2016) indicates that the majority of the respondents 80 percent were within the age bracket of 21-30 years of age and there was no one in the bracket of 20 years and below are in 50 and above .Those between 31-40years of age were 12 percent which showed

hat Kapchorwa hospital consist of mature people who can effectively carryout the duties of the hospital.

Figure.5. A bar graph showing age of respondents.



Source: Primary data, 2016.

Frequency

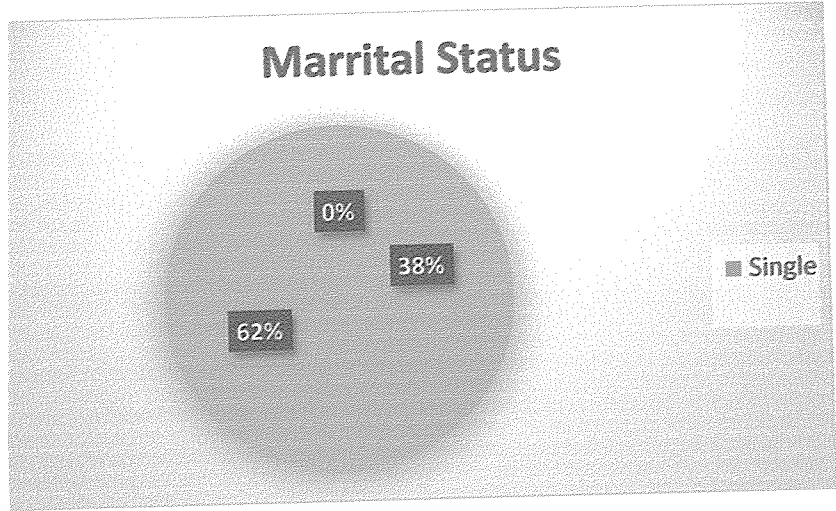
Table.6. Status of Respondents.

Valid	Frequency	Percentage (%)
Single	10	38.46
Married	16	61.58
Total	26	100

Source: Primary Data, 2016.

According to the above table. 6, the results obtained from primary data (2016), show that Kapchorwa hospital more married people are believed to be experienced, committed and stress less when doing the work, this implies that the hospital employs more married workers.

Figure.6. A chart showing status of respondents in Kapchorwa Main Hospital, Kapchorwa Municipality.



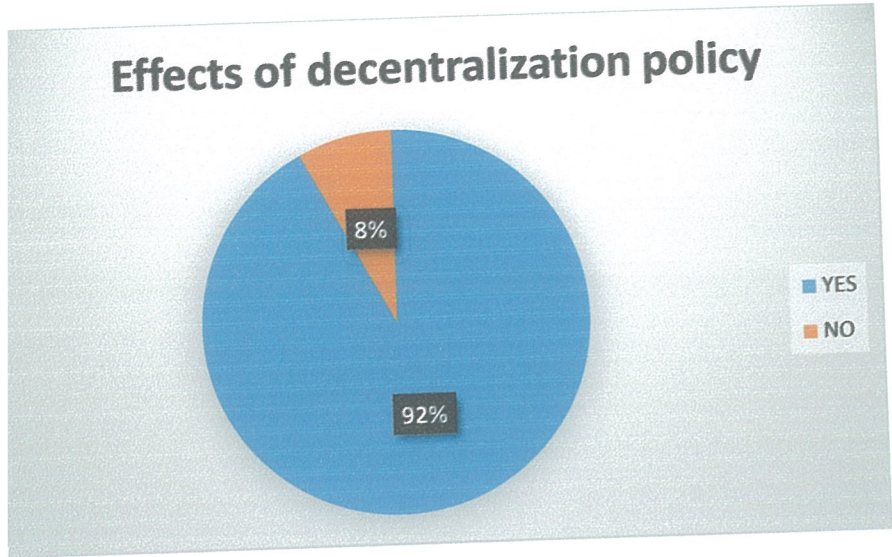
Source: Primary data, 2016.

4.3 The effects of decentralization policy on health services in Kapchorwa main hospital
Table.7. Showing how decentralization policy has been realized in Kapchorwa hospital.

Respondents	Frequency	Percentage (%)
Yes	24	92.3
No	2	7.69
Total	26	100

Source: Primary Data, 2016.

Figure.7. A bar graph showing the effects of decentralization policy in health service delivery in Kapchorwa Main Hospital.



Source: Primary data, 2016.

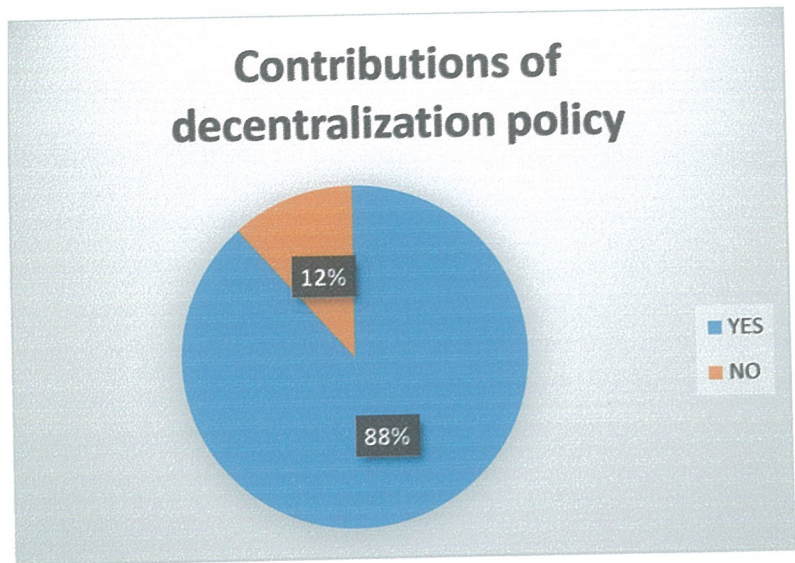
According to research findings from Primary data (2016), Figure.7 above, show that 24 of the respondents agreed that decentralization policy has been realized in Kapchorwa main hospital represented by 92.3 percent while 2 respondents represented by 7.69 percent disagreed .The majority of respondents agreed simply because of the following: Decision making can be made at the level of hospital; local leaders represent the local community, currently some people have been given powers as SHA (senior hospital administrator) levels, councilors make their own decisions that meets the local needs, construct ruction of health Centre’s like Kawowo health Centre, presence of peoples participation for example extension of services nearer to the people in Kapchorwa district.(says, the members of Kapchorwa main hospital 2016).

Table.8. Showing how decentralization policy has contributed towards the delivery of health services in Kapchorwa main hospital.

Respondents saying	Frequency	Percentage (%)
Yes	23	88.46
No	3	11.53
Total	26	100

Source: Primary Data, 2016.

Figure.8. A chart showing how decentralization policy has contributed towards the delivery of health services in Kapchorwa main hospital.



Source: Primary data, 2016.

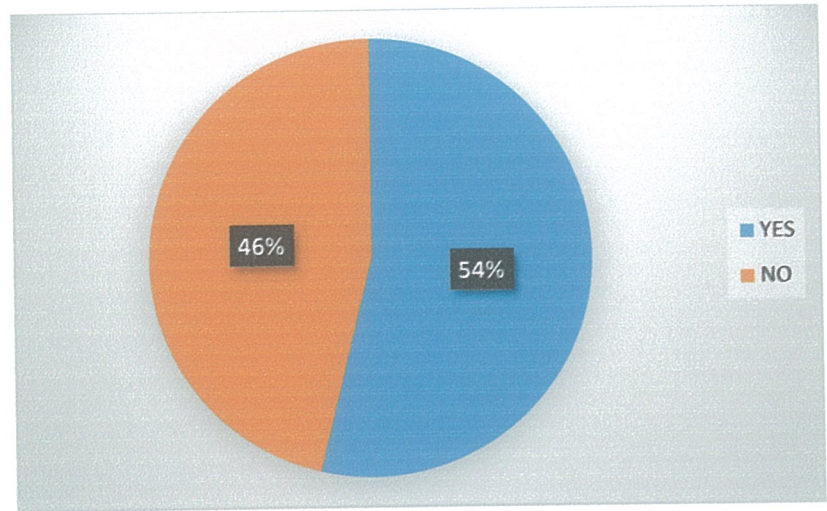
According to Figure.8 above, findings from primary data reveal that 23 respondents agreed that decentralization policy has contributed towards the delivery of health services in Kapchorwa main hospital represented by 88.46 percent while 3 respondents disagreed and represented by 11.53 percent .This implies that the majority of the respondents agreed because of the following: Appointment and selection of village Health Team (VHT) in the hospital ,they have provided protected malaria fever by providing mosquito nets, drugs have been availed to the people free of charge in some health Centre like Kawowo health Centre, provision of health services in the hospital, rehabilitation of the available health centers ,provision of furniture and hospital materials like beds, mattresses , blackest, operational equipment’ .This implies that decentralization policy has had a positive effect on health service delivery in Kapchorwa main hospital as per above reasons and this is in line with what Apollo Nsmibambi said that decentralization policy had encouraged the delivery of quality health services at local levels through its statutory obligation to provide services like maternal and child service, essential drugs.

Table.9. Showing the extent to which decentralization policy has enabled the delivery of health service in the local communities of Kapchorwa district.

Respondents	Frequency	Percentage (%)
Yes	14	53.84
No	12	46.15
Total	26	100

Source: Primary Data, 2016.

Figure.9. A chart showing the extent to which decentralization policy has enabled the delivery of health service in the local communities of Kapchorwa district.



Source: Primary data, 2016.

From figure.9 above, Findings from primary data (2016) it reveals that 14 respondents agreed that to the a greater extent decentralization policy has enabled the delivery of health services in the local communities of Kapchorwa district represented by 53.84 percent while 12 respondents disagreed and represented by 46.15 percent in that the majority agreed because of the following reasons, people are sanitized through use of media like television, Newspapers ,Radios among others , through use of posters, Health workshop and seminars have been organized, involvement of local leaders in health programs among others .(says the community of Kapchorwa hospital).

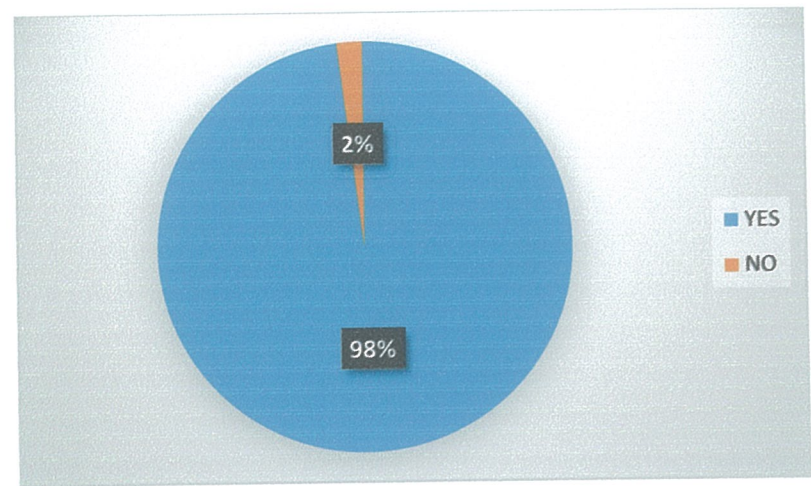
4.4 The challenges hindering decentralization policy in delivery health services in Kapchorwa hospital.

Table.10. Showing some of the challenges in health services delivery in the hospital.

Respondents saying	Frequency	Percentage (%)
Yes	25	98
No	01	2
Total	26	100

Source: Primary, 2016.

Figure.10. A chart showing challenges hindering decentralization policy in delivery health services in Kapchorwa hospital



Source: Primary data, 2016.

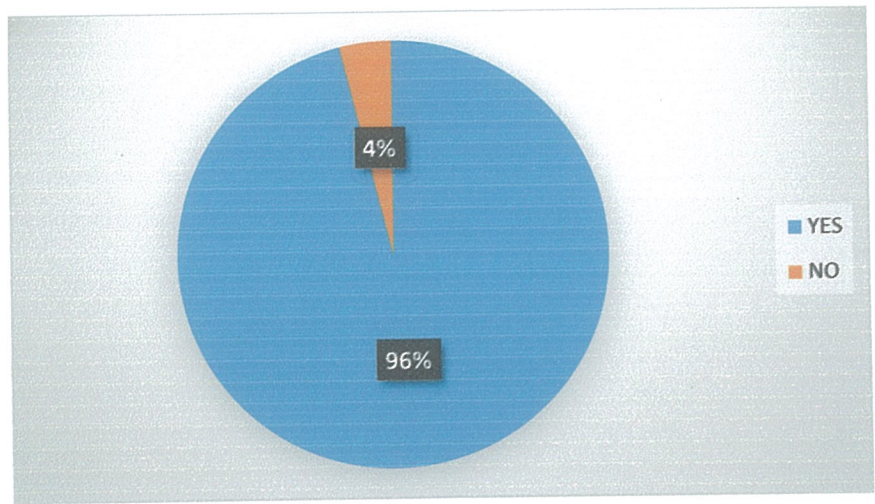
According to figure.10 above, Findings from primary data (2016) shows that, 25 agreed that there are some challenges in the service delivery in Kapchorwa hospital represented by 98 percent and only 2 percent disagree. Respondents agreed because of the following, misallocation of drugs to clinics other than health centers, embezzlement of drugs by some members in power, lack of enough facilitation given to village health team, low salary given to the service renders has led to poor service delivery in health department, high rate of corruption at every level of administration, negligence of some medical personnel (says, the community members of Kapchorwa hospital 2016).

Table.11. Showing whether infrastructure is a challenge in the hospital

Respondents	Frequency	Percentage (%)
Yes	25	96.15
No	01	3.84
Total	26	100

Source: Primary Data, 2016.

Figure.11. Showing whether infrastructure is a challenge in the hospital



Source: Primary data, 2016.

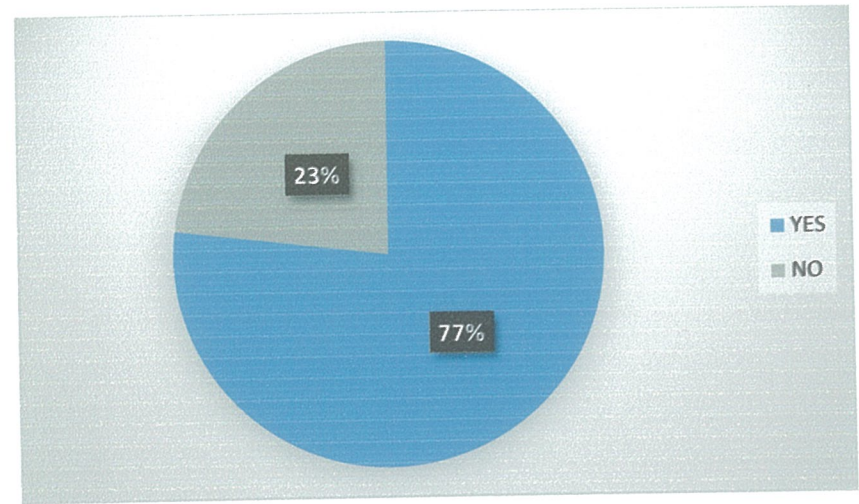
Figure.11 above, Primary data (2016) reveals that 25 respondents agreed that infrastructure is a challenge in the hospital represented by 96 percent, while 01 respondent disagreed and represented by 4 percent. This implies that the majority of respondents agreed because of the following reasons: dilapidated structures which need renovation, few offices in the hospitals, and inadequate wards which cannot accommodate the increased number of patients. (Says the administrators of Kapchorwa hospital).

Table .12. Showing whether financing of activities is a challenge in the hospital.

Respondents	Frequency	Percentage (%)
Yes	20	76.9
No	06	23.07
Total	26	100

Source: Primary Data, 2016.

Figure.12. A chart showing whether financing of activities is a challenge in the hospital.



Source: Primary data, 2016.

Figure.12 above, Findings from primary data (2016) shows that, 20 respondents agreed that financing of the activities is a challenge in the hospital represented by 76.9 percent, while 06 respondents disagreed and represented by 23 percent .This shows that the majority of the of respondents agreed because of the following reasons, inadequate funds to finance the activities, employees are not directly handling finance, the money allocated to the hospital is too little compared to what is demanded by the customers.(says the administrators of Kapchorwa hospital 2016).

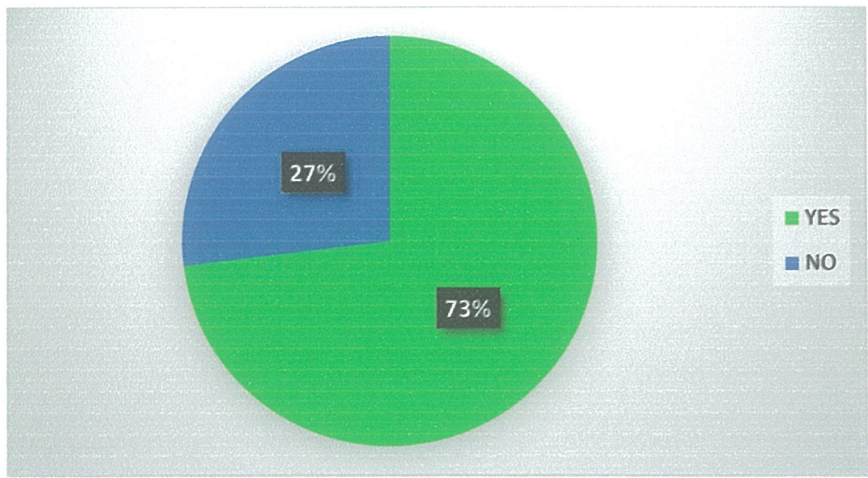
4.5 How decentralization policy has affected the delivery of health services to the local people.

Table.13. Showing how decentralization policy has worked effectively on the delivery of health facilities in the hospital.

Respondents saying	Frequency	Percentage (%)
Yes	19	73.07
No	7	26.9
Total	26	100

Source: Primary Data, 2016.

Figure.13. A chart showing how decentralization policy has worked effectively on the delivery of health facilities in the hospital.



Source: Primary data, 2016.

According to figure.13 above, Primary data (2016) reveals that 19 respondents agreed that decentralization policy worked effectively on the delivery of health facilities in the hospital represented by 73 .07percent, while 7 respondents disagreed and represented by 26.9 percent. This implies that the majority of the respondents agreed because of the following reasons, provision of treated mosquito nets to pregnant mother plus Antenatal care, Health center were constructed like Kaserem health Centre, provision of drugs like ARVs, Ambulances have been provided, staff houses have been constructed especially doctors quarters .this implies that

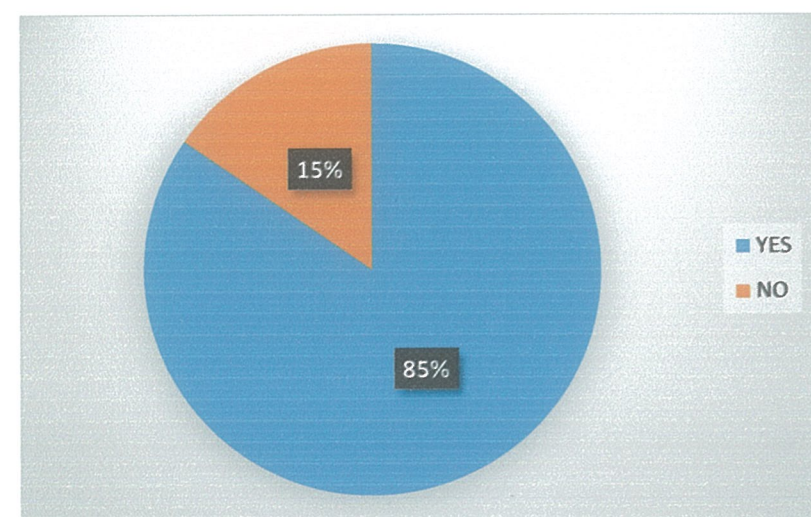
decentralization policy has had positive effect on health service delivery in Kapchorwa main hospital as per above reasons and this also in line with what Apollo Nsibambi narrated “that decentralization policy had encouraged the delivery of quality services at the local level through its statutory obligations to provide services like maternal and child health services (MCH)”.

Table.14. Showing weather decentralization policy provides financial support to health centers.

Respondents saying	Frequency	Percentage (%)
Yes	22	84.6
No	4	15.38
Total	26	100

Source: Primary Data, 2016.

Figure.14. A chart showing weather decentralization policy provides financial support to health centers.



Source: Primary data, 2016.

From figure.14 above, findings obtained from primary data (2016) indicates that, 22 respondents agreed that decentralization policy provides financial support to health center represented by

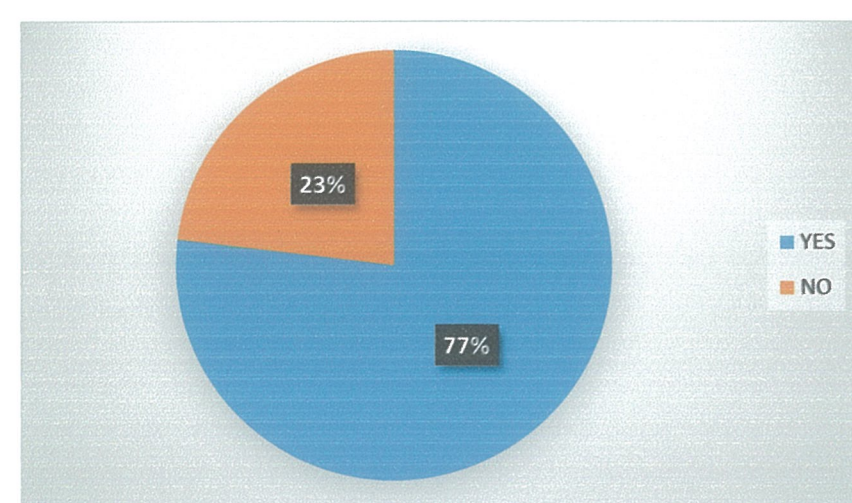
84.6 percent, while 4 respondents disagreed and were represented by 15.3 percent. The majority agreed because of the following, funds inform of soft loans are allowed from the district to health center within the hospital, provision of grants with little strings attached to health center within the hospital and this is in line with what Francis Lubanga narrated “that decentralization policy had encourage the delivery of health services through extending financial support to health center at the local level through local government program(LGDP).This fostered improvement in the delivery of health services to the local the communities.

Table .15. Showing the benefits of decentralization policy under health service delivery to the hospital.

Respondents saying	Frequency	Percentage (%)
Yes	20	76.9
No	06	23.07
Total	26	100

Source: Primary Data, 2016.

Figure.15. A chart showing the benefits of decentralization policy under health service delivery to the hospital.



Source: Primary data, 2016.

According to figure.15, above, Findings from primary data (2016) reveals that, 20 respondents agreed that the hospital is benefiting from decentralization policy under health services delivery represented by 76.9 percent, while 6 respondents disagreed and represented by 23 percent. This implies that the majority of the respondents agreed because of the following reasons, through this policy, spread of malaria have reduced and done through the provision of drugs and mosquito nets to the people, hygiene at least has been improved in the hospital through counseling and guidance, and there is reduction of infant mortality rate due to prevention of malaria. (Says the administrators of Kapchorwa hospital 2016).

From the interview conducted, the researcher found out that decentralization policy has been realized in the hospital through the following; activities are carried out, accountability to the service, construction of health Centre, provision of drugs and recruitment of health workers (said by the nursing officer Kapchorwa hospital).

After the research, the researcher analyzed the data from the respondents as the major challenges hindering service delivery.

Interferences of the stakeholders at the higher levels, they tend to over drive the lower levels to work upon their will without or before inquiring from the members for example decisions for development programs hence leads to the failure of some programs. (Says the health workers Kapchorwa hospital (2015).

Corruption in the selection of the contractors for instance the construction of health building ,leaders are very and this leads to the delay of the contract by the contractors(says the nursing officer Kapchorwa hospital).

The challenge is the delay of government transfer of services like drugs and money utilized in the project and this has led to the delay in the delivery of services by hospital stakeholders to the local people(says the clinician of the Kapchorwa hospital).

Therefore the above challenges have hindered the decentralized service delivery in the hospital.

From the interview conducted, the researcher found that decentralization policy has effectively affected the delivery of health service. According to Okidi (2008), believed delivery of health services to be successful and reports increase in access to health centers over time. Therefore the

respondents view, positively there has improved service providers and health centers are now up to grass root level. (Says the health workers of Kapchorwa hospital).

According to respondents view, there has been devolution of power and responsibilities from the local levels to high levels for example people are involved in planning when setting up projects at the grass root

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This chapter summary all the findings reported in chapter four based on the research questions and objectives drew conclusions, and suggested recommendations for the findings.

5.1. Summary of findings.

This part presented the summarized results and interpretation (findings) based on the study objectives as established at the beginning of the study

5.1.1. Summary of findings on personal data or characteristics.

The study comprised of 36 respondents of whom *only* 26 responded.

According to study findings on the gender of the respondents, it reveals that, the highest proportion was of male with (73%) and females had (27%). Still basing on the status of the levels of education of the respondents, it reveals that, the highest proportion were those who had attained Bachelor's degrees with a percentage of (50%) followed by those of diploma with (38%) and last with those of certificate with (12%). In addition, basing on the age bracket of respondents, study findings reveal that, 80 percent were within 21-30 years, 12 percent were also within 31-40 years and only 8 percent between 41-50 years and then on the side of marital status of respondents, it reveals the married ones with the highest proportions of 62 percent to the single ones who were only 38 percent.

5.1.2: How decentralization policy has helped in the delivery of health services.

The study find out that decentralization has been realized in Kapchorwa main hospital through the following public participation, construction of health Centre like Kaserem health Centre, construction of schools, decentralization policy contributed towards the delivery of health services in Kapchorwa main hospital through the following, provision of mosquito nets, provision of drugs, construction of health Centre, recruitment of health workers, rehabilitation of available health centers. To the greater extent decentralization policy has enabled the health services in the local communities of Kapchorwa district in the following use of media like radio,

television, through use of posters, sensitizing of the community through village Health Teams (VHT).

5.1.3. How the challenges hinder the delivery of health services in Kapchorwa main hospital.

A number of challenges were found to be affecting the delivery of health services in Kapchorwa main hospital and these include the following, embezzlement of drugs, high level of corruption at all levels administration, misallocation of drugs, negligence of some medical workers and the following should to be done to overcome the challenges and these include monitoring and supervision to health centers, encouraging of peoples participation, robbing of funds from donor countries and recruitment of enough health workers.

5.1.4: How decentralization policy has affected the delivery of health services in the hospital.

According to the study findings, decentralization policy has worked effectively on the delivery health facilities in the hospital through the following ,provision of treated mosquito nets to the community, provision of drugs like ARVs, provision of beds, decentralized policy provides financial support to health Centre through provision of grants and soft loans, benefits of decentralization policy under health service delivery to the hospital may include :improvement in personal hygiene, reduction in infant mortality rate and reduction in maternal rate.

5.2. Conclusions.

According to research study findings, the researcher concludes that decentralization policy has a strong effect on the delivery of health services in the hospital of Kapchorwa district simply because most of the findings tested positive, e.g. effectiveness and efficiency of services, transferred powers to the local centers, decision making can be made at local level. Further still the research conducted indicates that the hospital is hindered by some challenges in service delivery embezzlement of drugs by some members in powers, lack of enough facilitation, low salary, corruption, few offices, and inadequate fund to finance the activities.

Lastly, the research findings obtained shows that, there is provision of mosquito nets in the hospital, ambulances have been provided, quality services delivered to the people which is in line with what Apollo Nsibambi said that decentralization policy had encouraged the delivery of

quality services to the local people, provision of grants to the hospital from the central government and hygiene in the hospital has been improved

5.3. Recommendations.

According to the research study findings obtained from primary data (2016), the researcher recommends the following;

The researcher recommends need to encourage the people of Kapchorwa main hospital if they are to achieve development in their communities they should participate in government programs and policies like decentralization policy especially in the delivery of services like health at the hospital in order to improve on their standards of living. In addition, the government should construct more health units and provide them with equipment in order to reduce on the death rate caused by curable diseases like malaria.

The research also recommends the need for close monitoring and supervision of the workers in order to strengthened them at all levels as a way to ensure efficient delivery of services and the emphasis should be as well on quality service delivery.

There is also need for expansion on the infrastructural facilities such as more offices need to be created in the hospital and other structures.

The government should put in place strict laws, rules and regulations plus penalties to those involved in corruption and embezzlement practices like misallocation of drugs and mosquito nets.

The researcher also recommends the need for government to increase funds to facilitate the increasing needs at the hospital promises inform of increasing the budgetary for health sector, and also lobby for more funds from outside inform of grants and loans to run the activities in the hospital.

The researcher recommends that there is need recruit more doctors and qualified nurses to handle large number of sick people within the hospital.

There is need to create a positive working relationship between the health department and the public in order to win peoples participation in different programs like immunization.

The government should put in place strict laws, rules and regulations plus penalties to those involved in corruption and embezzlement practices like misallocation of drugs and mosquito nets.

There should be motivation of the health workers within the hospital so as to increase on the moral and ability to produce the desired results for example provision of allowances on weekly basis.

The hospital authorities should deliver budgets to the relevant authorities in time in order to attain transparency and good health performance at all levels in the hospital.

5.4. Areas for further research;

There is need for academia to look forward on the progress of decentralization policy in ensuring quality service delivery in the water sector by 2020.

There is need to research on the extent to how other factors influence service delivery in health sector.

REFERENCES

- Ahmad. J. (2005), decentralization and delivery, World Bank policy research working paper
- Apollo (1998) decentralization and civil society in Uganda, fountain publishers' ltd, Kampala.
- Mogedal, S. et al (1995). 'Health sector reform and organizational issues from selected African countries', Journal of International Development, 7, NO.3.
- Asiimwe. D. Decentralization and Transformation of Governance in Uganda, Makerere University, Kampala (u).
- Cassels, A. (1995), "Health sector reforms: Key issues in Less develop countries", Journal of International Development, 7, No.3.
- Gilson, L.et al (1994), 'Local government decentralization of health sector in Tanzania', Public Adminstrtion and Development, 14, No.5.
- Bossert, T. (2000), Decentralization of health systems, Harvard school of public health, Latin
- Cheema, G.S. (1983), the concept of decentralization, sage publication, Beverly Hills.
- Ges.S.L. (2008), Advanced public administration, deep and reap publication, New Delhi
- Lubanga F.X.K. (1991), Decentralization in Uganda, African regional workshop, Kampala Uganda
- Mamdani, (1894), the colonial state in Uganda, native authority,
- Ongach-olaa, M. (2003), the challenges of implementing Decentralization, "Publication administration and development, Uganda.
- Paul.H. (1998), Decentralization in Uganda's health sector, (World Bank, Uganda).
- Willesden, S and, L. (.1996), Democratic Decentralization in Uganda A new Approach to local governance, Uganda Fountain publishers, Kampala.
- World Bank, (2000), World Bank development report 2001, Washington, DC.
- Okidi .J.A and Guloba.m. (2008)"Decentralization and Development. Bertin international policy Bertin workshop

Kisubi (1996), rural health providers in south west, Uganda fountain publishers, Kampala city.

Marakas (1998), Political and administration relation in decentralization.

Liu X, Martineau T, Chen L, Zhan S, Tang S: Does decentralisation improve human resource management in the health sector? A case study from China. *Social Science & Medicine* 2006, 63(7):1836-1845.

Kolehmainen-Aitken R: Decentralization's impact on the health workforce: Perspectives of managers, workers and national leaders. *Human Resources for Health* 2004, 2:5.

Pinto R: Service delivery in Francophone West Africa: the challenge of balancing deconcentration and decentralization. *Public Administration and Development* 2004, 24:263-275.

Khemani S: Local government accountability for health service delivery in Nigeria. *Journal of African Economies* 2006, 15(2):285-312.

Ssengooba F, Rahman SA, Hongoro C, Rutebemberwa E, Mustafa A, Kielmann T, McPake B: Health sector reforms and human resources for health in Uganda and Bangladesh: mechanisms of effect. *HumanResources for Health* 2007, 5(1):1-13.

Ministry of Health, Direction des finances et du materiel: Situation du personnel sanitaire en 2009 Bamako 2009.

Ahmad, Junaid et al (2005) Decentralization and Service Delivery. World Bank Policy Research Working Paper 3603, May.

Ahmad, J (1996) "The Structure of Urban Governance in South African Cities" *International Taxation and Public Finance*, 3(2), pp. 193-213.

Azfar, O et al (2005) "Decentralization, Governance and public Services: The Impact of Institutional Arrangements" in Mwangi, K et al eds. *Ibid*.

Bardhan, Pranab (2002) "Decentralization of Governance and Development" *Journal of Economic Perspective*, 16 (4): 185-205

Davoodi, Hamid and Heng-fu Zou (1998) "Fiscal Decentralization and Economic Growth: A Cross-country Study" *Journal of Urban Economics*, 43.

Ekpo, Akpan and E. Ubok=udom eds. (2003). Issues in Fiscal Federalism and Revenue Allocation in Nigeria. Ibadan, Future Publishing.

Ekpo, Akpan (2005) Fiscal Theory and Policy: Selected Essays. Lagos, Some print.

Fjeldstad, O-H et al (2004) Local Government Finances and Financial Management in Tanzania, Dar-es-Salaam, REPOA.

Fjeldstad, O-H (2002) Decentralization and Corruption: A Review of the Literature. Processed. CMI, Norway.

Ahmad. J. (2005), decentralization and delivery, World Bank policy research working paper

Apollo (1998) decentralization and civil society in Uganda, fountain publishers' ltd, Kampala.

Asiimwe. D. Decentralization and Transformation of Governance in Uganda, Makerere University, Kampala (u).

Bossert, T. (2000), Decentralization of health systems, Harvard school of public health, Latin

Cheema, G.S. (1983), the concept of decentralization, sage publication, Beverly Hills.

Ges.S.L. (2008), Advanced public administration, deep and reap publication, New Delhi

Lubanga F.X.K. (1991), Decentralization in Uganda, African regional workshop, Kampala Uganda

Mamdani, (1894), the colonial state in Uganda, native authority,

Ongach-olaa, M. (2003), the challenges of implementing Decentralization, "Publication administration and development, Uganda.

Paul.H. (1998), Decentralization in Uganda's health sector, (World Bank, Uganda).

Willesden, S and, L. (.1996), Democratic Decentralization in Uganda A new Approach to local governance, Uganda Fountain publishers, Kampala.

World Bank, (2000), World Bank development report 2001, Washington, DC.

Okidi .J.A and Guloba.m. (2008)"Decentralization and Development. Bertin international policy, Bertin workshop

Kisubi (1996), Rural health providers in south west, Uganda fountain publishers, Kampala city.

Marakas (1998), Political and administration relation in decentralization

APPENDIX I

QUESTIONNAIRES TO THE HOSPITALS ADMINISTRATORS AN ASSESSMENT OF THE EFFECT OF DECENTRALIZATION POLICY ON THE DELIVERY OF HEALTH SERVICES IN KAPCHORWA MAIN HOSPITAL, KAPCHORWA MUNICIPALITY EASTERN UGANDA.

Dear respondent,

I am a student pursuing a Bachelor's Degree in Public Administration and management from Kampala International University (main campus) I conducting a research study on the above mentioned topic. Any information given by you in the questionnaires shall be treated by maximum privacy and shall specifically be used for academic purpose only.

You are requested to fill in answers by putting a tick in the box that best suits your opinion. Answer options are YES or NO and where necessary give a brief explanation for choosing YES or NO in the black spaces provided

Section A: Personal data

1. Gender

Male ☐

Female ☐

2. Respondents level of education

Certificate ☐

Diploma ☐

Degree ☐

Masters ☐

Others (specify).....

3. Age of the respondents

20 years and below ☐

21-20 years ☐

31-40years ☐

41-50 years ☐

☐

4. Marital status

Single ☐

Married s ☐

Section B: the effects of decentralization on health services in Kapchorwa main hospital?

1 (a) has decentralization policy been realized in Kapchorwa main Hospital?

☐☐

Yes No

b) If yes, how?

.....

.....

.....

2(a) has decentralization policy contributed towards the delivery of health services in Kapchorwa main Hospital?

Yes ☐ No ☐

b) If yes, how?

.....

.....

.....

3(a) to what extent has decentralization policy enabled the delivery of health services in the local communities of Kapchorwa Main Hospital

Greater ☐ Smaller ☐

b) If greater, how?

.....

.....

.....

Section C: The challenges hindering decentralization policy in delivering health services in Kapchorwa hospital.

1(a) are there some challenges in the hospital?

Yes ☐

No ☐

(b) If yes what are these challenges?

1(a) has infrastructure been a challenge in the hospital?

Yes ☐

No ☐

(b) If yes, how?

3(a) is financing of the activities a challenge in the hospital?

Yes ☐

No ☐

(b) If yes, how

Section D: What extent has decentralization affected the delivery of health services to the local people

1(a) how decentralization policy worked effectively on the delivery of health facilities in the hospital?

Yes ☐

No ☐

b) If yes, what are some of these facilities?

.....

.....

.....

2 (a) Does decentralization policy provide financial support to health Centre's?

Yes ☐ No ☐

b) If yes, How?

.....

.....

.....

3 (a) is the hospital benefiting from this policy under health service delivery?

Yes ☐ No ☐

Thank you very much for yours participation

APPENDIX II

INTERVIEW GUIDE TO THE HEALTH WORKERS AN ASSESSMENT OF THE EFFECT OF DECENTRALIZATION POLICY ON THE DELIVERY OF HEALTH SERVICES IN KAPCHORWA MAIN HOSPITAL, KAPCHORWA MUNICIPALITY IN EASTERN UGANDA.

Dear respondents

I am Cheboryot Robert student pursuing a Bachelor's Degree in Public Administration and Management from Kampala International University (main campus) I am conducting a research study on the above mentioned topic. Any information given by you in the questionnaires shall be treated with maximum privacy and shall specifically be used for academic purpose only.

1. What is your marital status
2. What is your highest level of education
3. Which age bracket do you fall in
4. Has decentralization policy been realized in Kapchorwa main hospital
5. If yes, explain how it has been realized
6. Has decentralization policy contributed towards the delivery of health services in Kapchorwa main hospital?
7. If yes, show clearly how
8. Are there some challenges in the hospital?
9. If yes mention them?
10. Has infrastructure been a challenge in the hospital?
11. If yes how?
12. Is financing of the activities a challenge in the hospital?
13. If yes explain how?
14. To what extent decentralization policy affected the delivery of health services in the Local communities of Kapchorwa main hospital
15. If greater how?
16. Has decentralization policy worked affectively on the delivery of health facilities in the hospitals

17. If yes, what are some of the facilities
18. Does decentralization policy provide financial support to health Centre's
19. If yes, how
20. is the hospital benefiting from this policy under health service delivery
21. If yes, how are you benefiting?

Thank you very much for your participation

APPENDIX: III

Map showing Kapchorwa Municipality in Eastern part of Uganda



KEY



KAPCHORWA MUNICIPALITY