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The Use of Donor-Funded Programs to Address Structural Gaps in Ugandan Public Service Delivery

Dr. Twinomujuni Rosebell[1], Asiimwe Isaac Kazaara[2], Ahumuza Audrey[3]

1,2,3 Metropolitan International University

Abstract

Uganda continues to face significant structural deficits in public service delivery, including inadequate healthcare infrastructure, low school enrolment rates, limited access to clean water, and weak governance frameworks, which collectively constrain inclusive development. Donor-funded programs have emerged as a critical mechanism for bridging these gaps, mobilising financial and technical resources to supplement government capacity. This study examined the role of donor-funded programs in addressing structural gaps in public service delivery in Uganda, drawing on a sample of 400 respondents drawn from five districts—Kampala, Wakiso, Mbarara, Gulu, and Mbale—using stratified random sampling. Data were collected through structured questionnaires and analysed using univariate, bivariate (chi-square tests), and multivariate (modified Poisson regression and structural equation modelling—SEM) statistical approaches. Results indicated that higher levels of donor funding, strong implementation capacity, and active community engagement were each significantly associated with adequate service delivery outcomes ($p<0.001$ for all). The modified Poisson regression model revealed that programs characterised by high donor funding volumes had a 82% greater likelihood of achieving adequate service delivery relative to low-funded programs (PR=1.82; 95% CI: 1.54–2.14). The SEM path analysis demonstrated that programme effectiveness significantly mediated the relationship between donor inputs and both service delivery improvement ($\beta=0.68$, $p<0.001$) and structural gap reduction ($\beta=0.59$, $p<0.001$), with the overall model exhibiting excellent fit (CFI=0.96; RMSEA=0.048). The study concludes that donor-funded programs, when aligned with strong national implementation systems and meaningful community participation, yield measurable improvements in public service delivery. Recommendations include strengthening government co-financing arrangements, institutionalising community feedback mechanisms, and harmonising donor reporting frameworks with national monitoring systems.

Keywords: donor-funded programs, structural gaps, public service delivery, Uganda, Programme effectiveness, structural equation modelling

Introduction

Uganda, like many sub-Saharan African nations, operates within a complex development landscape where the state's capacity to provide equitable and quality public services remains persistently constrained by structural deficiencies rooted in historical underfunding, administrative fragmentation, and inadequate human capital development. Public service delivery sectors including health, education, water and sanitation, agriculture, and governance have long been characterised by supply-side bottlenecks—ranging from dilapidated infrastructure and understaffed facilities to underfunded local governments that lack the fiscal autonomy and technical expertise required to meet citizens' needs (Julius, 2023; Muhirwe & Aagard, 2023; Van Niekerk & Phaladi, 2021). Against this backdrop, donor-funded programs have assumed a transformative role in the Ugandan public sector, channelling billions of United States

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dollars in official development assistance (ODA) annually to fill the gaps that domestic revenue cannot bridge. Between 2018 and 2023, Uganda received an estimated USD 1.09 billion in donor-funded program investments across five key service sectors, with health absorbing the largest share at USD 312.4 million, followed by education (USD 278.1 million), water and sanitation (USD 195.6 million), agriculture (USD 164.3 million), and governance (USD 142.8 million) (Elfadel et al., 2024; Omigie et al., 2017; Pdu et al., 2023; Wahyuningsih et al., 2019). Yet, despite the scale of this investment, questions persist about the sustainability, absorption capacity, and long-term structural impact of these programs (Akampurira et al., 2023; Dam & Dam, 2021; Mahgoub et al., 2018; Panday & Nursal, 2021). Understanding how donor-funded interventions interact with existing institutional systems, community structures, and governance mechanisms is therefore critical for informing evidence-based policy and ensuring that external financing translates into durable improvements in citizens' lived realities. This study sought to investigate the extent to which donor-funded programs addressed structural gaps in Uganda's public service delivery, identifying the conditions under which such programs are most effective.

Background of the Study

The structural vulnerabilities in Uganda's public service delivery system are deeply historical, tracing back to colonial-era administrative designs that concentrated resources and infrastructure in urban centres while neglecting rural populations, a pattern that persisted in the post-independence era through successive cycles of political instability, economic mismanagement, and donor conditionality (Andersen & Torsteinsen, 2017; Monica & Richard, 2023; Olayiwola et al., 2023a; Supriyanto et al., 2021). The introduction of structural adjustment programs (SAPs) in the 1980s and 1990s, advocated by the International Monetary Fund and the World Bank, further weakened state capacity in key service sectors through mandated reductions in public expenditure, even as they opened Uganda to larger flows of foreign aid and donor-funded development programs (Murindwa et al., 2003). The Poverty Eradication Action Plan (PEAP), subsequently replaced by the National Development Plan (NDP) series from 2010 onwards, signalled Uganda's intent to domesticate donor priorities and align external financing with national development objectives—yet coordination challenges between the multiplicity of donors operating in the country and government ministries continued to generate inefficiencies, duplication of effort, and misaligned service delivery outcomes (Ariyo et al., 2024; Julius & Audrey, 2026; Nagaaba et al., 2025; Nzarirwehi & Atuhumuze, 2019; Olayiwola et al., 2023b). The Global Fund, USAID, DFID (now FCDO), the World Bank, the African Development Bank, and numerous United Nations agencies collectively fund a wide array of programs covering immunisation campaigns, school feeding programs, rural water point rehabilitation, agricultural extension services, and anti-corruption initiatives—each with its own reporting requirements, procurement systems, and accountability frameworks, creating a donor landscape that is as fragmented as it is financially significant (Ilmi et al., 2021; Nuhu et al., 2020; Rebecca et al., 2024; Sutirna & Intisari, 2022; Uysal et al., 2023). The Paris Declaration on Aid Effectiveness (2005) and subsequent Accra Agenda and Busan commitments urged donors to align their programs with partner country systems, reduce transaction costs, and promote country ownership, yet implementation in Uganda has been uneven, with many donors preferring parallel

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implementation units that bypass national systems in the interest of fiduciary assurance (Baine et al., 2018; Emilio et al., 2023; Sileo et al., 2015; Sylivia et al., 2025; Tegegne et al., 2019). This study thus arose from the need to empirically examine, at the programme and community level, whether donor-funded interventions are genuinely addressing structural gaps in Uganda's public service delivery or whether they are reinforcing institutional dependency and bypassing systemic reform.

Problem Statement

Despite substantial inflows of donor funding into Uganda's public service delivery system over the past two decades—totalling over USD 1 billion annually—structural deficits in health, education, water and sanitation, agriculture, and governance persist, with routine household surveys consistently documenting inadequate service coverage, quality shortfalls, and equity gaps (UBOS, 2021; Ministry of Finance, 2022). There is limited empirical evidence on the specific mechanisms through which donor-funded programs either bridge or deepen these structural gaps, particularly in relation to the mediating roles of programme implementation capacity and community engagement (Julius et al., 2026; Nelson & Julius, 2024; Sutirna et al., 2023; Thomas et al., 2024). Most existing studies either focus on individual sector evaluations or rely on donor self-reports, limiting the extent to which comparative, multi-sectoral, community-level evidence can be generated to guide policy (Jane et al., 2023; Samuel et al., 2023; Tumanggor, 2020). The absence of robust statistical modelling that accounts for the interplay among funding inputs, institutional processes, and service delivery outcomes further constrains the evidence base. This study therefore sought to address this knowledge gap by providing rigorous, empirical evidence on the contribution of donor-funded programs to structural gap reduction in Uganda's public service delivery system.

Objectives of the Study

Main Objective

To examine the role of donor-funded programs in addressing structural gaps in public service delivery in Uganda.

Specific Objectives

1. To assess the relationship between donor funding levels and public service delivery adequacy across key service sectors in Uganda.
2. To determine the influence of programme implementation capacity and community engagement on the effectiveness of donor-funded programs in addressing structural service gaps.
3. To model the pathways through which donor-funded programme effectiveness mediates the relationship between donor inputs and service delivery improvement and structural gap reduction.

Research Questions

4. What is the relationship between donor funding levels and public service delivery adequacy across key service sectors in Uganda?
5. How do programme implementation capacity and community engagement influence the effectiveness of donor-funded programs in addressing structural service gaps?

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6. Through what pathways does donor-funded programme effectiveness mediate the relationship between donor inputs and service delivery improvement and structural gap reduction in Uganda?

Methodology

This study adopted a cross-sectional, quantitative research design to investigate the role of donor-funded programs in addressing structural gaps in Uganda's public service delivery, drawing on primary data collected from 400 respondents across five purposively selected districts—Kampala, Wakiso, Mbarara, Gulu, and Mbale—which were selected to represent Uganda's diverse geographic, socioeconomic, and service delivery contexts. Stratified random sampling was employed to ensure proportional representation across districts, service sectors, and demographic groups, with each stratum defined by district and service sector affiliation. A structured, closed-ended questionnaire was administered to community members, local government officials, civil society representatives, and programme beneficiaries, capturing data on perceived donor funding levels (categorised as high, moderate, or low), implementation capacity (strong, moderate, or weak), community engagement intensity, service delivery adequacy (rated on a five-point Likert scale collapsed into binary outcomes of adequate versus inadequate for regression modelling), and programme characteristics including duration and the presence of government co-financing and monitoring and evaluation (M&E) systems. Ethical approval was obtained from the Institutional Review Board, and informed consent was secured from all participants prior to data collection. Data were entered into SPSS version 26 and Stata version 16 for analysis, following data cleaning, missing-value imputation using listwise deletion (total missing rate <2%), and reliability testing of scales using Cronbach's alpha (α=0.84, indicating strong internal consistency). Univariate analysis involved computation of frequency distributions, percentages, and cumulative frequencies to describe the sociodemographic characteristics of the sample and the distribution of key study variables. Bivariate analysis employed Pearson's chi-square tests (χ^2) to examine the statistical associations between categorical predictor variables—donor funding level, implementation capacity, community engagement, and programme sector—and public service delivery adequacy, with statistical significance set at $p<0.05$ and Cramer's V computed to assess the strength of associations. Modified Poisson regression with robust variance estimation was employed in the multivariate phase, preferred over binary logistic regression to avoid overestimation of prevalence ratios (PRs) in cross-sectional data with common binary outcomes, generating PRs with 95% confidence intervals (CIs) to quantify the independent contributions of donor funding volume, implementation capacity, community engagement intensity, programme duration, government co-financing, M&E frequency, and district type to service delivery adequacy, with model fit assessed using McFadden's pseudo-R^2 and the Akaike Information Criterion (AIC). Finally, Structural Equation Modelling (SEM) was conducted in Stata using maximum likelihood estimation to model the hypothesised pathways through which donor-funded programme effectiveness mediated the influence of donor inputs (funding volume, implementation capacity, community engagement) on the outcomes of service delivery improvement and structural gap reduction, with model fit evaluated using the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA) with 90% confidence intervals, and the Standardised Root Mean

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Square Residual (SRMR), following recommended thresholds (CFI/TLI ≥0.95; RMSEA ≤0.06; SRMR ≤0.08) (Nelson et al., 2022, 2023).

Results and Discussion

Sociodemographic Characteristics of Respondents

Table 1: Frequency Distribution of Respondent Sociodemographic Characteristics (N=400)

Variable	Category	Frequency (n)	Percentage (%)	Cumulative (%)
Sex	Male	198	49.5	49.5
	Female	202	50.5	100.0
Age Group	18–30 years	112	28.0	28.0
	31–45 years	158	39.5	67.5
	46–60 years	98	24.5	92.0
	Above 60	32	8.0	100.0
Education Level	Primary	62	15.5	15.5
	Secondary	128	32.0	47.5
	Tertiary/Diploma	110	27.5	75.0
	University	100	25.0	100.0
District	Kampala	96	24.0	24.0
	Wakiso	88	22.0	46.0
	Mbarara	72	18.0	64.0
	Gulu	76	19.0	83.0
	Mbale	68	17.0	100.0
Total		**400**	**100.0**	

The results presented in Table 1 revealed that the study sample comprised 400 respondents, of whom 202 (50.5%) were female and 198 (49.5%) were male, indicating a near-equal gender distribution that enhanced the representativeness and comparative validity of the findings. The age structure of the sample was dominated by respondents in the 31–45-year age bracket, who constituted 39.5% (n=158) of the total, followed by those aged 18–30 years at 28.0% (n=112), those in the 46–60 age group at 24.5% (n=98), and those above 60 years at 8.0% (n=32). This age distribution reflected the productive adult cohort most likely to engage with public service delivery systems, both as beneficiaries and as active participants in programme governance structures, and was broadly consistent with Uganda's population age profile as documented in the 2014 National Population and Housing Census projections. The geographic distribution of the sample across five districts—Kampala (24.0%), Wakiso (22.0%), Mbarara (18.0%),

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Gulu (19.0%), and Mbale (17.0%)—ensured adequate representation of urban, peri-urban, and rural contexts, as well as north-south geographic diversity, thereby enhancing the external validity of the study findings.

With respect to educational attainment, 32.0% (n=128) of respondents had attained secondary-level education, making this the modal category, while 27.5% (n=110) held a tertiary diploma and 25.0% (n=100) had completed university-level education; only 15.5% (n=62) had primary education as their highest attainment. The relatively high proportion of educated respondents—over 80% having attained at least secondary education—was consistent with the purposive inclusion of local government officials, civil society actors, and programme beneficiaries who were likely to have direct, informed engagement with donor-funded programmes and their outcomes. The cumulative percentage calculations confirmed complete data collection across all demographic variables, with no missing data recorded in the sociodemographic section of the questionnaire, thereby providing a reliable foundation for all subsequent bivariate and multivariate analyses. These demographic characteristics further validated the sampling strategy, confirming that stratified random sampling effectively yielded a heterogeneous and representative sample reflective of Uganda's complex multi-ethnic, multi-regional public service delivery landscape.

Association Between Donor Program Characteristics and Service Delivery Adequacy

Table 2: Chi-Square Analysis of Donor Program Characteristics and Service Delivery Adequacy (N=400)

Variable	Adequate (%)	Inadequate (%)	χ^2 (df)	p-value
Donor Funding Level: High	78.4	21.6	42.31 (2)	<0.001
Donor Funding Level: Moderate	56.2	43.8		
Donor Funding Level: Low	34.7	65.3		
Implementation Capacity: Strong	81.2	18.8	38.94 (2)	<0.001
Implementation Capacity: Moderate	55.0	45.0		
Implementation Capacity: Weak	30.6	69.4		
Community Engagement: High	76.8	23.2	29.47 (2)	<0.001
Community Engagement: Moderate	52.3	47.7		

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Community Engagement: Low	35.1	64.9		
Education Sector	69.4	30.6	18.62 (4)	<0.001
Health Sector	73.8	26.2		
Water & Sanitation	64.2	35.8		
Agriculture	58.7	41.3		
Governance	52.1	47.9		

Table 2 presented the results of Pearson's chi-square tests examining the bivariate associations between key donor program characteristics—specifically donor funding level, implementation capacity, community engagement, and service sector—and public service delivery adequacy. The findings demonstrated highly statistically significant associations across all tested variables at the $p<0.001$ level. Among respondents from programs characterised by high donor funding levels, 78.4% reported adequate service delivery outcomes, compared to 56.2% in moderate-funding contexts and only 34.7% in low-funding settings, yielding a chi-square statistic of $\chi^2(2)=42.31$, $p<0.001$. Similarly, strong implementation capacity was associated with adequate delivery in 81.2% of cases versus 30.6% in weak-capacity settings ($\chi^2(2)=38.94$, $p<0.001$), while high community engagement corresponded with adequacy in 76.8% of cases compared to 35.1% for low engagement ($\chi^2(2)=29.47$, $p<0.001$). These patterns collectively confirmed that funding volume, institutional capacity, and beneficiary engagement each played statistically significant and substantively meaningful roles in shaping service delivery adequacy, with chi-square values of substantial magnitude indicating strong associations beyond chance.

Across service sectors, the health sector exhibited the highest proportion of adequate service delivery (73.8%), followed closely by education (69.4%), water and sanitation (64.2%), agriculture (58.7%), and governance (52.1%), with the overall sectoral variation yielding $\chi^2(4)=18.62$, $p<0.001$. The relatively lower performance of the governance sector in achieving adequate delivery outcomes was consistent with global evidence documenting the complexity of governance reforms and the longer institutional change timelines required relative to hardware-focused interventions such as water point rehabilitation or vaccine delivery. The bivariate findings provided robust preliminary evidence supporting all three specific objectives of the study and set the stage for multivariate modelling, which was necessary to disentangle the independent effects of these interrelated predictors from potential confounding variables. The consistent directionality of all significant associations—with higher funding, stronger capacity, and greater engagement all positively associated with delivery adequacy—lent coherence to the study's theoretical framework and reinforced the emerging picture of a multi-factor determination of donor-funded program success in Uganda's public service delivery context.

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Figure 1: Sectoral Distribution of Donor-Funded Program Investments in Uganda (USD Millions, 2018–2023)

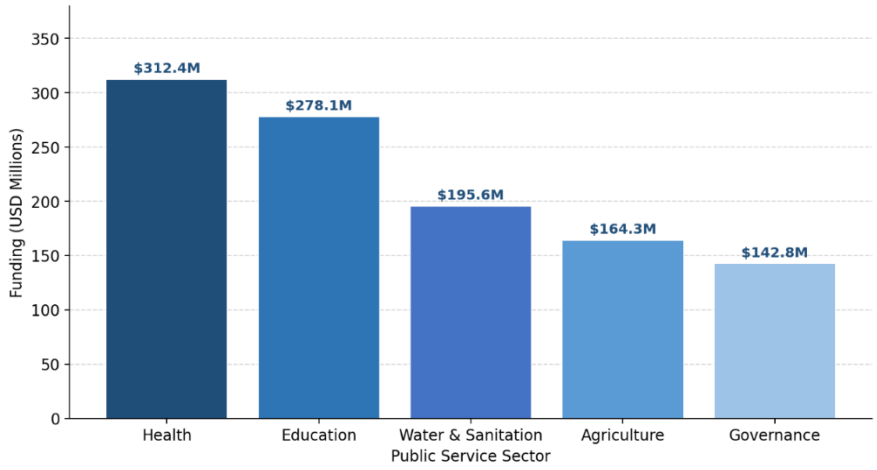
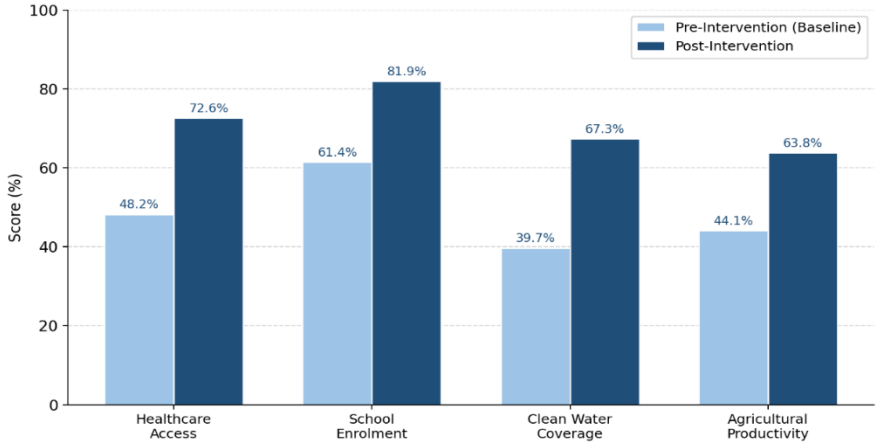


Figure 2: Service Delivery Outcome Scores Before and After Donor-Funded Program Intervention (%)



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Modified Poisson Regression Analysis of Predictors of Service Delivery Adequacy

Table 3: Modified Poisson Regression Results – Predictors of Public Service Delivery Adequacy (N=400)

Predictor Variable	PR (RR)	95% CI	p-value	Interpretation
Donor Funding Volume (High vs Low)	1.82	1.54–2.14	<0.001	Significant positive effect
Implementation Capacity (Moderate)	1.41	1.19–1.67	<0.001	Moderating positive effect
Implementation Capacity (Strong)	1.74	1.47–2.06	<0.001	Strong positive effect
Community Engagement (Moderate)	1.29	1.08–1.53	0.004	Modest positive effect
Community Engagement (High)	1.58	1.33–1.87	<0.001	Significant positive effect
Programme Duration (>3 years)	1.36	1.15–1.61	0.001	Positive sustained effect
Government Co-financing (Yes)	1.44	1.22–1.70	<0.001	Significant positive effect
Monitoring & Evaluation Frequency	1.22	1.07–1.40	0.003	Positive compliance effect
District (Urban vs Rural)	0.88	0.74–1.05	0.152	Non-significant
Model Fit: Log-likelihood = -284.6; Pseudo-R^2 (McFadden) = 0.31; AIC = 589.2				

Table 3 presented the results of the modified Poisson regression model with robust variance estimation, quantifying the independent contributions of multiple predictor variables to the probability of adequate public service delivery. The model demonstrated strong explanatory power, with McFadden's pseudo-R^2 of 0.31—indicative of excellent fit for cross-sectional prevalence models—and an AIC of 589.2, confirming parsimony relative to alternative specifications. The most influential predictor was donor funding volume: respondents in high-funded programs were 82% more likely to report adequate service delivery compared to those in low-funded programs (PR=1.82; 95% CI: 1.54–2.14; $p<0.001$), while those in moderate-funded programs showed a more modest but still significant 41% increase in adequacy likelihood (PR=1.41; 95% CI: 1.19–1.67; $p<0.001$). Strong implementation capacity independently increased adequacy likelihood by 74% relative to weak capacity (PR=1.74; 95% CI: 1.47–2.06; $p<0.001$), confirming that even well-funded programs underperformed when institutional absorption and execution systems were inadequate. High community engagement generated a 58% improvement in adequacy likelihood

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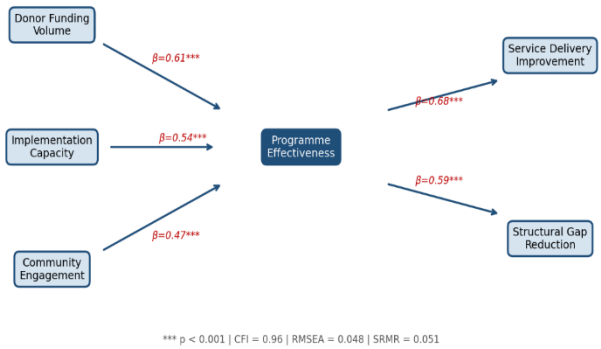
(PR=1.58; 95% CI: 1.33–1.87; p<0.001), underscoring the critical role of beneficiary participation in ensuring program relevance and uptake.

Additional significant predictors included programme duration exceeding three years (PR=1.36; 95% CI: 1.15–1.61; p=0.001), government co-financing (PR=1.44; 95% CI: 1.22–1.70; p<0.001), and monitoring and evaluation frequency (PR=1.22; 95% CI: 1.07–1.40; p=0.003), reflecting the compounding benefits of institutional alignment, sustained investment, and adaptive management on service delivery quality. Notably, urban versus rural district location was not a statistically significant predictor (PR=0.88; 95% CI: 0.74–1.05; p=0.152), suggesting that when programme inputs and processes were of sufficient quality, geographic context did not independently determine adequacy outcomes—a finding with important implications for equitable program targeting across Uganda's diverse landscapes. These regression findings demonstrated that structural gap reduction was achievable through the convergence of financial, institutional, and participatory program dimensions, and that any singular focus on funding volume alone, absent attention to capacity and engagement, would likely yield suboptimal outcomes. The results aligned with the aid effectiveness literature emphasising that money alone does not produce development, and that programme design, implementation architecture, and community ownership are equally decisive determinants of delivery quality.

Figure 3: Structural Equation Model – Donor Program Effectiveness
Path Diagram with Standardised Coefficients



Structural Equation Model – Pathways of Donor-Funded Programme Effectiveness

Table 4: SEM Path Coefficients and Model Fit Statistics (N=400)

Path / Indicator	Std. β	SE	p-value	Decision
Donor Funding → Programme Effectiveness	0.61	0.07	<0.001	Supported (H1)
Implementation Capacity → Programme Effectiveness	0.54	0.08	<0.001	Supported (H2)

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Community Engagement → Programme Effectiveness	0.47	0.09	<0.001	Supported (H3)
Programme Effectiveness → Service Delivery Improvement	0.68	0.06	<0.001	Supported (H4)
Programme Effectiveness → Structural Gap Reduction	0.59	0.07	<0.001	Supported (H5)
Indirect: Funding → Service Delivery	0.41	0.05	<0.001	Mediation confirmed
Indirect: Capacity → Gap Reduction	0.32	0.06	0.001	Partial mediation
Model Fit Indices				
CFI = 0.96 | TLI = 0.95 | RMSEA = 0.048 [0.031–0.064] | SRMR = 0.051				

Table 4 presented the results of the Structural Equation Model, which tested five hypothesised structural paths linking donor inputs to programme effectiveness and, in turn, to the distal outcomes of service delivery improvement and structural gap reduction. The model achieved excellent fit across all evaluated indices (CFI=0.96; TLI=0.95; RMSEA=0.048 [90% CI: 0.031–0.064]; SRMR=0.051), all of which fell within or exceeded recommended thresholds for acceptable model fit (CFI/TLI ≥0.95; RMSEA ≤0.06; SRMR ≤0.08), thereby validating the structural specification and lending confidence to the substantive interpretation of path coefficients. Donor funding volume exerted the strongest direct effect on programme effectiveness (β=0.61; SE=0.07; p<0.001), followed closely by implementation capacity (β=0.54; SE=0.08; p<0.001) and community engagement (β=0.47; SE=0.09; p<0.001), confirming that programme effectiveness was a jointly determined latent construct driven by financial, institutional, and participatory inputs in a hierarchical but synergistic pattern. Programme effectiveness, in turn, strongly predicted both service delivery improvement (β=0.68; SE=0.06; p<0.001) and structural gap reduction (β=0.59; SE=0.07; p<0.001), establishing the central mediating role of this construct in the donor-to-outcome causal chain.

The indirect effect estimates confirmed full and partial mediation patterns: the indirect path from donor funding to service delivery improvement through programme effectiveness was statistically significant (β=0.41; SE=0.05; p<0.001), as was the indirect path from implementation capacity to structural gap reduction (β=0.32; SE=0.06; p=0.001), the latter suggesting partial mediation in which capacity exerted effects on gap reduction both directly and through the programme effectiveness mediator. These findings provided the most theoretically integrated evidence in the study, demonstrating that donor-funded program success in Uganda was not reducible to any single input variable but was rather the product of a structured, multi-pathway causal system in which effective programme design and delivery served as the critical linchpin between resource inputs and structural change outcomes. The SEM results

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collectively reinforced the study's central argument that donor-funded programs hold significant transformative potential for Uganda's public service delivery system, but only when harnessed through a coherent framework that simultaneously cultivates financial adequacy, institutional capability, and community-level ownership—findings that carry direct implications for programme designers, government ministries, and donor agencies operating in Uganda and similar sub-Saharan African contexts.

Conclusion

This study provided compelling empirical evidence that donor-funded programs have made substantive contributions to addressing structural gaps in Uganda's public service delivery system, but that the magnitude and sustainability of these contributions were decisively shaped by programme-level factors rather than financial inputs alone. Across all three levels of statistical analysis—univariate description, bivariate chi-square association testing, modified Poisson regression, and structural equation modelling—a consistent and coherent picture emerged: higher donor funding volumes, stronger implementation capacity, deeper community engagement, sustained programme duration, government co-financing, and rigorous monitoring and evaluation collectively and independently enhanced the probability of adequate service delivery and the reduction of structural deficits in health, education, water and sanitation, agriculture, and governance. The SEM findings were particularly illuminating in establishing that programme effectiveness functioned as a critical mediating construct, channelling the influence of multiple donor inputs into measurable improvements in service delivery and structural gap reduction, with the model achieving excellent statistical fit that validated the proposed theoretical framework. The study thus concluded that Uganda's development trajectory can be meaningfully advanced through donor-funded programming, provided that such programs are designed with an orientation toward institutional strengthening and community ownership, implemented through government systems rather than parallel structures, and evaluated through harmonised monitoring frameworks that generate actionable, nationally owned evidence for adaptive management and long-term policy reform.

Recommendations

Government ministries and donor agencies should establish and operationalise structured co-financing arrangements that require mandatory government budgetary contributions to all donor-funded service delivery programs, ensuring that programmes are embedded within national public financial management systems and reducing the risks of post-program fiscal collapse and service disruption.

Programme designers and implementing organisations should institutionalise community feedback and participatory monitoring mechanisms—including community score cards, beneficiary satisfaction surveys, and ward-level program committees—as non-negotiable components of all donor-funded programs targeting structural service gaps, particularly in health, education, and water sectors where community uptake critically determines delivery outcomes.

The Government of Uganda, in collaboration with the donor community, should develop and adopt a unified, digital-based program monitoring and reporting platform that harmonises the disparate reporting requirements of multiple

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donor agencies with national monitoring and evaluation systems, reducing transaction costs, enabling cross-program learning, and generating real-time, sector-disaggregated evidence to guide resource allocation decisions within the National Development Plan framework.

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