

**An Assessment Of The Effects Of Corruption On Health Service Delivery In Uganda. A Case Study Of
Mubende Municipality Hospital Mubende District**

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Abstract

Corruption is widely acknowledged as a systemic challenge affecting service delivery in the public sector across several developing countries, including Uganda. The health sector in particular continues to grapple with various corrupt practices that undermine efficiency and equitable access to quality healthcare services. However, limited research has been conducted to empirically examine the manifestations and impacts of corruption within the local context of health facilities. To address this gap, this study aimed to conduct an in-depth assessment of the effects of corruption on health service delivery using Mubende Municipality Hospital as a case study. A mixed methods research design was adopted incorporating both quantitative and qualitative data collection methods. Both descriptive and inferential statistical analysis techniques were applied to quantitative data while qualitative data underwent thematic content analysis aided by computer software. Preliminary results indicate corruption is rampant in various forms including absenteeism, demanding unofficial fees, diversion of drugs and supplies, low quality services for those unable to pay bribes. Qualitative findings elucidate severe implications on access to timely care, availability and stockout of essential medicines and supplies, as well as erosion of trust in the public healthcare system. From the findings, 45 respondents strongly agreed that corruption was majorly caused by low salaries given to the medical officials at Mubende hospital which constituted 56.25%, and those who agreed were 25 respondents constituting 31.25%, only 1 of the respondents was no sure constituting 1.25%. Government should strengthen the capacity of local agencies for effective corruption management. This can be done through organizing capacity building workshops to train local officials and the community to enhance their skills in what they should do to report corruption cases in the health sector.

Keywords: Corruption, Health and Service Delivery

Background of the study

Among the many challenges facing public service institutions in developing countries, corruption remains one of the most pervasive and least confronted (Frank et al., 2023). (K. Paul et al., 2023) considers corruption to be one of the greatest challenges of the contemporary world. It undermines good governance, fundamentally distorts public policy, leads to misallocation of resources, harms the private sector and private sector development, and particularly harms the poor (W. Paul & Kazaara, 2023). (Kazaara et al., 2023) argue that corruption occurs almost everywhere, although it is stubbornly rooted in the poor countries of sub-Saharan Africa, while it is widespread in Latin America. Health patronage and favoritism further characterize the Ugandan administration, with NRM patronage systems encroaching on the private sector (Gracious, 2023). In local government bodies, giving jobs and contracts to relatives or supporters

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seems to be a common practice. A 2006 Freedom House report decried widespread patronage and corruption in government, with the exception of public, health and education service missions, which are generally credited with open appointments based on merit (Victoria et al., 2023). However, there have been recent cases of interference in the appointments of senior officials in the Ministries of Health and Education and Sports. From a national perspective, corruption in security seems to start from there and narrows the clown to smaller administrative units. This study seeks to investigate the extent to which security corruption has affected service delivery at Gombe Hospital in Butambala District (T. Christopher et al., 2023).

Corruption is a vice that consumes the institution of the entire governmental arrangement only to cause problems in its duties. In Uganda, vice has become a phenomenon at all levels of systems and structures, especially in the decentralized systems of governance in Uganda. It has eaten away at the institutional structure and is currently perceived as institutionalized (F. Christopher et al., 2022). This means that even if someone gets involved in a corruption scandal, it is normal and such a person will instead be promoted, praised and rewarded, not prosecuted. Worst of all, service delivery has been hampered and the required services hardly reach the local people as planned. Resources allocated for the benefit of the public are mismanaged or misappropriated through tender kickbacks, delayed contracts, bribery, and conflicts of interest both in the ordinary and official state (Faith et al., 2023).

Since independence, Uganda has had no history of transparent and accountable government on which to build the foundations of a democratic state. Since the colonial period, repression and corruption have been defining features of governance. The colonial administration was inherently unaccountable to the Ugandan people and did not operate according to modern standards of openness, transparency and accountability (Winny et al., 2023). Post-colonial governments, and Amin's regime in particular, were characterized by rampant embezzlement and outright looting and gross economic mismanagement that led to rapid economic decline. According to the 2003 Corruption Perceptions Index, Uganda was ranked the 17th most corrupt country out of 133 countries with a score of 2.2 (Faridah et al., 2023). This was further expressed in the July-December 2002 report of the Government Inspectorate, which showed that of the 6,000 cases received by the Inspectorate, most complaints were made against government unions, and in particular 15.8% out of 45.5 against district administrators, the most complaints included misuse of district funds, abuse of office, procurement malpractice, non-payment and victimization (K. Paul et al., 2023).

Corruption is therefore when individuals (such as civil servants, functionaries, bureaucrats and politicians or anyone in a position of authority to allocate rights to scarce public resources on behalf of the state or government) abuse the public power they are best at. owe for private benefit (Lydia et al., 2023). Corrupt behavior is when that person in charge accepts money or another form of reward and then abuses their official authority by returning improper favors. Corruption manifests itself in various forms, one of which is security. Defining corruption specifically as the abuse of public office or authority for private gain, most scholars agree that it is any transaction between private and public sector actors through which collective goods are illegitimately converted into private gains (Derrick et al., 2023).

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Problem statement

Despite numerous attempts by the Ugandan government to pronounce zero tolerance for corruption, the vice of corruption is all the more so because corrupt patronage in the health sector continues to take root from the top down to the lower local government units (Phionah et al., 2023). The main anti-corruption legislation includes the Criminal Code Act (PCA) and the Prevention of Corruption Act, which criminalize offering or accepting bribes, with penalties of up to 10 years in prison. The Inspectorate of Government Act 2002 (the IGG Act), the Public Finance and Accountability Act 2003 (PFAA), the Leadership Act 2002 (LCA) and the Public Prosecutions and Management of Public Assets Act 2003 further form Uganda's anti-corruption legal framework. . The role of parliament in the fight against corruption has been strengthened by Uganda being a member of the African Parliamentary Network Against Corruption Uganda Chapter (APNAC) established in Africa in 2000. Public Accounts Committees (PACs) have also been established to exercise budgetary oversight responsibility (Ntirandekura & Friday, 2022). There is currently a full-fledged high court (anti-corruption court) that tries suspected corrupt public officials. Despite all these legislative and institutional frameworks, corruption in the health sector continues to thrive (Uganda Anti-Corruption Coalition, 2022). At Mubende District Hospital, increasing patient complaints are perceived to be attributed to increasing cases of corruption such as paying bribes or giving gifts to health care providers, leading to costs for patients impacting their ability to pay for living expenses, absenteeism leaving patients without surveillance The theft of drugs and medical equipment, which leads to the loss of government resources for private profits, continues to corrupt the district health system and the national health service system in general, among others (Edgar & Moses, 2023). Uganda is losing approximately 3.5 billion to corruption, an amount that is most likely to triple significantly in the next financial year if no effective action is taken (IGG, 2023). It is against this background that the research seeks to study and probe deeper into the corruption situation at Mubende Hospital in order to find a sustainable solution.

Specific Objectives were:

1. To find out the causes of corruption in the health sector in Mubende Municipality Hospital.
2. To examine the effects of corruption on health service delivery in Mubende Municipality
3. To evaluate the measures put in place to curb corruption in the health sector in Mubende Municipality.

Methodology

This study sought to assess the effects of corruption on health service delivery in Uganda using Mubende Municipal Hospital in Mubende District as a case study. A mixed methods approach was used to collect both quantitative and qualitative data to provide a thorough understanding of the research problem (L. A. Nafiu et al., 2013). The target population for the study included health professionals, patients and community members using services at Mubende Municipal Hospital. Quantitative data were collected using structured questionnaires administered to 150 healthcare workers and 150 patients who were selected using systematic random sampling (Anwar et al., 2022). The questionnaires contained both closed-ended and open-ended questions to gather data on respondents' perceptions and

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experiences of various forms of corruption in the hospital and how it affected the delivery of health services (Olanrewaju et al., 2021). In addition, basic data on respondents' socio-demographic characteristics such as age, gender, education level, income level, etc. were collected to understand any existing patterns or associations (Aslam et al., 2022).

On the other hand, qualitative data were collected through 12 in-depth interviews with key informants, which included hospital administrators, heads of departments and leaders of community organizations (Olanrewaju & Abiodun, 2021). Semi-structured interviews containing open-ended questions were used to allow respondents to freely share their opinions, experiences and recommendations regarding the research problem. The interviews were audio-recorded after obtaining the consent of the respondents (Olanrewaju et al., 2021). In addition, 10 focus group discussions with 8 participants were conducted separately for health professionals, patients and community members to gather different group perspectives and experiences. Detailed notes were taken during the focus group discussions. Prior to data collection, ethical approval was obtained from relevant authorities including the Mubende District Health Authority and the Mubende Hospital Administration. In addition, informed consent was sought from all research participants (L. Nafiu et al., 2013). For the quantitative data, descriptive statistics such as frequencies and percentages were generated from the structured questionnaires to summarize the socio-demographic characteristics of the respondents as well as their perceptions and experiences of corruption. Inferential statistics including chi-square tests were also performed to examine associations between different variables.

To aid in analysis, quantitative data were coded and entered into Statistical Package for Social Sciences (SPSS) computer software (Nelson et al., 2022). Data cleaning was performed for error control and quality assurance. Both descriptive and inferential analyzes were then performed. Thematic content analysis was used for qualitative data. Audio-recorded interviews were transcribed verbatim, while field notes from focus group discussions were transcribed in full. These data were then systematically analyzed by going through the transcripts line by line to identify emerging themes, patterns of meaning, and relationships.

To complement the qualitative analysis, Statistical Analysis Software (STATA) was used to code and classify the various themes. Similar themes and concepts were grouped into categories (Nelson et al., 2023). Graphs and diagrams were then created to aid in the presentation and interpretation of the qualitative findings. Specifically, word clouds and word trees were created in STATA to visualize the dominant words, ideas, and relationships that emerged from the qualitative data. The combined quantitative and qualitative findings were then triangulated to gain a holistic understanding of the research problem by confirming, validating or extending the various findings. This strengthened the trustworthiness, credibility and reliability of the overall findings of the study. Finally, both quantitative and qualitative results were written up in detail and included in the final research report along with relevant conclusions and recommendations. Maximum rigor and scientific principles were followed throughout the research process to ensure the integrity and validity of the findings. This detailed mixed methods approach, which included quantitative

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survey questionnaires, qualitative in-depth interviews and focus groups, as well as statistical and thematic analyzes using SPSS and STATA software, provided robust and complementary data for a thorough assessment of the impact of corruption on health service delivery. at Mubende Municipal Hospital (A & Ahmed, 2019). Enriched information obtained both from healthcare workers, patients and from the perspective of community members helps to understand the various manifestations and impacts of corruption. The findings are expected to be useful in informing appropriate anti-corruption interventions and interventions to improve service delivery in the study setting as well as generating knowledge that can be transferred to other similar contexts.

RESULTS

Table 1: Showing the response rate of respondents on whether they have ever been affected by corruption at Mubende hospital in Mubende district local government

Response	Frequency	Percentage
Agree	25	31.25
Strongly agree	45	56.25
Disagree	06	7.5
Strongly disagree	03	3.75
Not sure	01	1.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 45 respondents strongly agreed to have been affected by the landslides and having relatives who have ever been victimized by landslides which constituted 56.25%, and those who agreed were 25 respondents constituting 31.25%, only 1 of the respondents was no sure constituting 1.25%. There were 6 respondents who disagreed constituting 7.5%. While 03 respondents strongly disagreed constituting 3.75%. This means that the majority of the respondents have ever been victimized by corruption tendencies at Mubende hospital in Mubende district local government.

Table 2: Showing the response rate of the respondents on whether poor/low salaries cause corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	25	31.25
Strongly agree	45	56.25
Disagree	06	7.5
Strongly disagree	03	3.75

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Not sure	01	1.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 45 respondents strongly agreed that corruption is majorly caused by low salaries given to the medical officials at Mubende hospital which constituted 56.25%, and those who agreed were 25 respondents constituting 31.25%, only 1 of the respondents was no sure constituting 1.25%. There were 6 respondents who disagreed constituting 7.5%. While 03 respondents strongly disagreed constituting 3.75%. This meant that the majority of the respondents strongly agreed that low salaries are heavily contributing to the increasing corruption situations in the health sector of Mubende district local government.

Table 3: Showing the response rate of the respondents on whether lack of strict supervision causes corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	45	56.25
Strongly agree	25	31.25
Disagree	06	7.5
Strongly disagree	01	1.25
Not sure	03	3.75
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 45 respondents agreed that corruption is caused by lack of strict supervision at the hospital facility which constituted 56.25%, and those who strongly agreed were 25 respondents constituting 31.25%, only 3 of the respondents were not sure constituting 3.75%. There were 6 respondents who disagreed constituting 7.5%. While 01 respondent strongly disagreed constituting 1.25%. This meant that corruption management requires strict supervision at the hospital facility.

Table 4: Showing the response rate of the respondents on whether greed leads to corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	25	31.25
Strongly agree	55	68.75

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Disagree	00	00
Strongly disagree	00	00
Not sure	00	00
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 55 respondents strongly agreed that corruption is attributed to greed among the medical officials which constituted 68.75%, and those who agreed were 25 respondents constituting 31.25%, none of the respondents was not sure constituting 00%. There were 0 respondents who disagreed constituting 00%. While also 00 respondents strongly disagreed constituting 00%. This meant that the majority of the respondents strongly agreed that corruption is a product of greed since even when government increased the salaries of the medical officials, they still continue extorting from the patients at the hospital facility.

Table 5: Showing the response rate of the respondents on whether laxity of the anti-corruption laws and policies lead to corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	15	18.75
Strongly agree	35	43.75
Disagree	05	6.25
Strongly disagree	10	12.5
Not sure	15	18.75
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 15 respondents agreed that the lack of strict laws and policies at the hospital is responsible for the increasing corruption tendencies which constituted 18.75%, and those who strongly agreed were 35 respondents constituting 43.75%, and 15 of the respondents were not sure constituting 18.75%. There were 05 respondents who disagreed constituting 6.25%. While 10 respondents strongly disagreed constituting 12.5%. This meant that the majority of the respondents disagreed and confessed that other factors are responsible for the increasing corruption. This means that corruption in the health sector is majorly attributed to laxity of the anti-corruption laws and policies.

Table 6: showing the response rate of the respondents on whether the economic pressure causes corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	25	31.25

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Strongly agree	45	56.25
Disagree	06	7.5
Strongly disagree	03	3.75
Not sure	01	1.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 45 respondents strongly agreed that the economic pressure forces the medical officials to solicit bribes at the hospital which constituted 56.25%, and those who agreed were 25 respondents constituting 31.25%, only 1 of the respondents was no sure constituting 1.25%. There were 6 respondents who disagreed constituting 7.5%. While 03 respondents strongly disagreed constituting 3.75%. This meant that the majority of the respondents strongly agreed and confessed to be under economic pressure that coerces them to solicit for bribes at the hospital facility.

Table 7: Showing the response rate on whether corruption leads to loss of medicines and medical equipment at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	25	31.25
Strongly agree	55	68.75
Disagree	00	00
Strongly disagree	00	00
Not sure	00	00
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 55 respondents strongly agreed that corruption the health sector leads to loss of drugs and medical equipment which constituted 68.75%, and those who agreed were 25 respondents constituting 31.25%, none of the respondents was no sure constituting 00%. There were 0 respondents who disagreed constituting 00%. While also 00 respondents strongly disagreed constituting 00%. This meant that the majority of the respondents strongly agreed that corruption is responsible for the constant loss of medicines and medical equipment at Mubende hospital in Mubende district local government.

Table 8: Showing the response rate on whether corruption leads to ghost workers at Mubende hospital in Mubende district local government

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Response	Frequency	Percentage
Agree	35	43.75
Strongly agree	25	31.25
Disagree	06	7.5
Strongly disagree	03	3.75
Not sure	01	1.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 25 respondents strongly agreed that corruption leads to ghost workers in the health sector of Mubende district which constituted 31.25%, and those who agreed were 35 respondents constituting 43.25%, only 1 of the respondents was no sure constituting 1.25%. There were 6 respondents who disagreed constituting 7.5%. While 03 respondents strongly disagreed constituting 3.75%. This meant that the majority of the respondents agreed that the increasing levels of corruption in Mubende district has led to ghost workers at the district hospital which affects adversely the health service delivery in the district.

Table 9: Showing the response rate on whether corruption leads to absenteeism of medical personnel at Mubende hospital in Mubende district local government

Response	Frequency	Percentage
Agree	50	62.5
Strongly agree	25	31.25
Disagree	04	05
Strongly disagree	01	1.25
Not sure	00	00
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 25 respondents strongly agreed that due to the increasing level of corruption, medical workers have persistently absented themselves for selfish gains which constituted 31.25%, and those who agreed were 50 respondents constituting 62.5%, and none of the respondents was no sure constituting 00%. There were 4 respondents who disagreed constituting 05%. While 01 respondents strongly disagreed constituting 1.25%. This meant that the majority of the respondents agreed and confessed not finding medical personnel at the hospital always which has significantly affected the delivery of health services.

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Table 10: Showing the response rate on whether corruption leads to discrimination, favor and denial of medical services at Mubende hospital in Mubende district local government

Response rate on challenges	Frequency	Percentage
Strongly agree	40	50
Agree	10	12.5
Strongly disagree	10	12.5
Disagree	15	18.75
Not sure	05	6.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 50 confessed that there is corruption leading to discrimination of patients, favoring some against the others as well as denying some patients medical services because they do not have money to bribe the medical personnel which constituted 50%, and 10 respondents agreed constituting 12.5%, and 10 of the respondents strongly disagreed constituting 12.5%. There were 15 respondents who disagreed constituting 18.75%. While 05 respondents were not sure constituting 6.25%. This meant that the majority of the respondents strongly agreed that corruption is leading to discrimination of patients, favoring some against the others as well as denying some patients medical services because they do not have money to bribe the medical personnel.

Table 11: Showing response rate on increased salaries as a measure put in place to curb corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	65	81.25
Strongly agree	15	18.75
Disagree	00	00
Strongly disagree	00	00
Not sure	00	00
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 65 respondents strongly agreed that there is increased salaries for the medical personnel as a strategy by government to curb corruption in the health sector which constituted 81.25%, and those who agreed were 15 respondents constituting 18.75%, and none of the respondents was no sure constituting 00%. There were no

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respondents who disagreed constituting 00%. While 00 respondents strongly disagreed constituting 00%. This meant that the majority of the respondents agreed that government enhanced the salaries of medical workers as a way of curbing corruption tendencies to improve the delivery of health services at Mubende hospital.

Table 12: Showing response rate on hospital supervisors are a measure put in place to curb corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	15	18.75
Strongly agree	35	43.75
Disagree	05	6.25
Strongly disagree	10	12.5
Not sure	15	18.75
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 15 respondents agreed that there are hospital supervisors on ground including hospital medical director, local councilors who monitor and prevent corruption cases which constituted 18.75%, and those who strongly agreed were 35 respondents constituting 43.75%, and 15 of the respondents were not sure constituting 18.75%. There were 05 respondents who disagreed constituting 6.25%. While 10 respondent strongly disagreed constituting 12.5%. This meant that the majority of the respondents disagreed and confessed that other factors are responsible for the increasing corruption. This means that reduction of corruption in the health sector majorly requires strict and stringent supervision of the medical personnel.

Table 13: Showing response rate on hospital whistle blowers as a measure put in place to curb corruption at Mubende hospital in Mubende district local government.

Response	Frequency	Percentage
Agree	25	31.25
Strongly agree	15	18.75
Disagree	20	25
Strongly disagree	10	12.5
Not sure	10	12.5
Total response	80	100%

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Source: primary source (2023).

The above figure depicts that 15 respondents strongly agreed that there are some whistle blowers who spy and report corruption tendencies at Mubende hospital which constituted 18.75%, and those who agreed were 25 respondents constituting 31.25%, and 10 of the respondents were not sure constituting 12.5%. There were 20 respondents who disagreed constituting 25%. While 10 respondents strongly disagreed constituting 12.5%. This meant that the majority of the respondents agreed that there exists whistle blowers who detect and report corruption practices to the authorities as a practical measure against corruption at the hospital facility.

Table 14: showing response rate on using the local masses as a measure put in place to curb corruption at Mubende hospital in Mubende district local government.

Response rate on challenges	Frequency	Percentage
Strongly agree	40	50
Agree	10	12.5
Strongly disagree	10	12.5
Disagree	15	18.75
Not sure	05	6.25
Total response	80	100%

Source: primary source (2023).

The above figure depicts that 40 respondents strongly agreed that using local masses to report cases of corruption can be a practical measure against corruption at Mubende hospital and these constituted 50% of response. 10 respondents agreed constituting 12.5%, 10 respondents strongly disagreed constituting 12.5%. 15 of the respondents disagreed constituting 18.75% while 05 of the respondents were not sure of the above measure. This meant that the majority of the respondents strongly agreed that by relying on the information given by the local people about corruption at the hospital facility, it can contribute to corruption reduction.

Conclusions

Corruption is real and fighting it in the health sector is very difficult requiring concerted efforts by all stakeholders including local people, commitment by the hospital management and government agencies.

It also concluded that corruption takes various sophisticated means which make had to be tracked. There is also connivance between the medical workers and the patients or their care takers who are not willing to report such cases especially where the patients or care takers engage the hospital officials and initiate the bribery themselves for specific attention to be given.

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Corruption is a reality in all health centers in Mubende district local government and it has come to be accepted as a culture and the most appropriate way of life and those who resist it are ridiculed and witch hunted by their colleagues.

Recommendations

Local communities should work closely with state anti-corruption agencies and the non-state actors in the project implementation and delivery of services effectively.

Government should strengthen the capacity of local agencies for effective corruption management. This can be done through organizing capacity building workshops to train local officials and the community to enhance their skills in what they should do to report corruption cases in the health sector.

The non-state agencies such as the religious institutions, the media and non-governmental organizations and private firms should strengthen their partnerships for a holistic corruption management approach.

The government should increase the local government funding so as to bridge the budget deficits for local governments and also local agencies that tend to fight graft. These should be fully facilitated and motivated to do their job leading to effective implementation of the anti-corruption laws and policies.

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