
**Local Government And Its Role On Health Service Delivery In Wakiso Town Council, Wakiso District,
Uganda**

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Abstract

The study examined the role of local governments on health service delivery in Wakiso Town Council, Wakiso District. Specifically, the study set out to establish the relationship between local government planning and health service delivery in Wakiso Town Council, Wakiso District, to analyse the relationship between revenue control and health service delivery in Wakiso Town Council, Wakiso District and to establish the relationship between revenue allocation and health service delivery in Wakiso Town Council, Wakiso District. A cross sectional research design was adopted to collect both qualitative and quantitative data from 137 respondents. Data collection was done using questionnaires, interview guide and documentary checklist and analysis was done using Statistical Package for Social Sciences (SPSS Version 20). Results indicate a strong positive correlation ($r = 0.958^{**}$) between decentralized planning and health service delivery. In addition, there was a significant positive relationship between revenue control and health service delivery ($r = 0.957^{**}$) and significant positive relationship between revenue allocation and health service delivery in Wakiso Town Council, Wakiso District ($r = 0.953^{**}$). Generally, findings show that there was a significant relationship between decentralized planning and health service delivery. Therefore, the study concluded that presents of revenue enhancement plan/strategies, increased revenue mobilization/collection, participatory planning and budgeting improve on the quality of health service delivery. The results indicated a significant positive relationship between revenue control and health service delivery in Wakiso Town Council, Wakiso District. The results from the analysis indicated a significant positive relationship between revenue allocation and health service delivery in Wakiso Town Council, Wakiso District. The study concluded that allocating adequate funds to Wakiso Town Council, Wakiso District, better allocation and proper use of financial resources in the delivery of quality services and monitoring revenue allocation in health improves on health service delivery. The study recommended that there is a need to strengthen decentralized planning for health services by allowing the input of local policy makers and creation of a funding for that input. There is need for Wakiso Town Council, Wakiso District to strengthen and increase on revenue management strategies in order to mobilize adequate revenues to finance the delivery of health services. The study recommended that bigger releases should be made to health service activities. The district should deliberately allocate a specific percentage of its budget to health service delivery activities and annually evaluate the actual releases made. This means that funds allocated to health sector and intergovernmental transfers to local governments should be increased to finance the delivery of health services. There is need to ensure better allocation and proper use of financial resources in the delivery of quality health services in Wakiso Town Council, Wakiso District.

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Background of the Study

The independent variable of this study was the role of local government, while the dependent variable was rural development (Faith et al., 2023). Local government refers to the lowest or nearest level of public administration within a country. It is the level of government that is closest to citizens and directly provides basic services and administration within legally defined jurisdictions such as villages, cities, towns or counties (Gracious, 2023). Local government referred to a set of institutions, mechanisms and processes through which citizens and their groups can articulate their interests and needs, mediate their differences and exercise their rights and responsibilities at the local level (Deus, 2023).

According to (Paul et al., 2023), local government is a form of public administration that in most contexts exists as the lowest level of government in a given state. The term is used in contrast to state-level authorities, which are referred to as central government, national government or (as appropriate) government, and also to supranational government, which deals with governing institutions between states. Health service delivery is the operational process of providing health services to individuals and communities (Alex et al., n.d.). It includes the planning, implementation and evaluation of clinical and non-clinical patient services and public health initiatives. Key components include availability, coordination, continuity and quality of care. (Peters et al., 2020) Health service delivery consists of core functions of public health and primary care services provided through community health centers, schools, workplaces and other points of first contact in communities. The aim is to address health needs close to where people live and work through primary care, health promotion, disease prevention and basic emergency services (Richard, 2022). Wakiso Municipal Council is located in Wakiso District which surrounds Uganda's capital Kampala. As a local government entity, Wakiso Town Council plays an important role in providing primary health care and community health services to the growing urban population (Annet, Andrew, & Sarah, 2023). Wakiso Town Council oversees a large population that puts pressure on its primary health services. According to the 2022 national census, the municipality's population has rapidly grown to over 500,000 (Uganda Bureau of Statistics, 2023). This number of people in need of basic care has strained the city council's resources. There are only 6 government health centers and 2 private clinics that serve the entire population (Ronald & Kazaara, 2023). Long waiting times, stockpiles of essential medicines and insufficient staff are persistent challenges we face in providing quality care in such a large catchment area. The poor delivery of health services in Wakiso Town Council stems from several factors. As a local authority, it receives limited funding from national tax revenue to operate and expand services proportional to population growth (Ramadhan et al., 2023). Other constraints include large numbers of patients that overburden facilities, a lack of qualified health workers willing to work in an urban primary care setting, and a lack of adequate transportation infrastructure that negatively affects access (Robert et al., 2023). As a result, residents often resort to expensive private alternatives or go without the necessary treatment. The

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effects of limited service provision are reflected in health outcomes. Non-communicable diseases are increasing, but preventive programs are lacking. Immunization rates have also declined, according to reports from the District Health Authority (Wakiso District Local Government, 2023). This deterioration in public health has consequences such as increased mortality and out-of-pocket expenses that push more people below the poverty line. To limit these impacts, there is an urgent need to strengthen primary health care provided by local councils (Christopher & Micheal, 2022). Based on the above, this study was conducted to investigate the role of local governments in health service delivery in Wakiso District Local Government.

Statement of the Problem

Ideally, local governments should provide effective primary health care services that meet the basic needs of their growing urban populations (Richard et al., 2022). As a body responsible for the communities within its jurisdiction, Wakiso Town Council is expected to oversee affordable and high quality care through its network of public health centers and programmes. However, the real problem is that health service delivery in Wakiso Town Council faces significant challenges in meeting this mandate (Richard et al., 2023). A rapidly expanding population of more than 500,000 has placed a severe strain on limited local government resources, resulting in overburdened facilities, long waiting times and stockpiles of basic medicine (Uganda Bureau of Statistics, 2023; Wakiso Municipal Council, 2022). Other causes of poor service delivery include insufficient funding from national tax revenues commensurate with population size, a lack of health workers to fulfill primary care roles, and a lack of transport infrastructure that hinders accessibility for residents (Annet, Andrew, & Sarah, 2023). As a result of limited service capacity, health outcomes have declined, as evidenced by rising NCDs without prevention programs and declining vaccination coverage (Wakiso District Local Government, 2023) (Ntirandekura and Friday, 2022). Community members report increased out-of-pocket costs, unmet medical needs and reduced quality of life due to deficiencies in public provision of basic services (Wakiso Town Council, 2022). To begin to address these issues, Wakiso City Council worked to expand public-private partnerships and mobilize additional district support (Wakiso City Council, 2022). However, the problems of underfunding, understaffing, and transportation barriers that prevent residents from accessing care remain pressing issues that require cooperative solutions between local, county, and national levels of government (Richard, 2022). Unless these pressing issues are addressed holistically, the health status of communities under the jurisdiction of Wakiso Town Council will continue to deteriorate. It is against this background that this study was undertaken to examine the role of local governments in health service delivery in Wakiso Municipal Council, Wakiso District, Uganda (Christopher, Muhindo et al., 2022).

Specific Objectives

1. To establish the relationship between local government planning and health service delivery in Wakiso Town Council, Wakiso District.

2. To analyse the relationship between revenue control and health service delivery in Wakiso Town Council, Wakiso District.

3. To establish the relationship between revenue allocation and health service delivery in Wakiso Town Council, Wakiso District.

Methodology

Cross-sectional survey research design was used in the study. This design was chosen because cross sectional research design helped to collect data from a large number of cases at a particular point in time (Sekarani, 2009). Quantitative and qualitative approaches were used to support the research design. Qualitative approach was of particular importance to this research because of its ability to penetrate into the different expressions and experiences of respondents to the subject matter. Quantitative approach was used due to the desire of establishing the magnitude of the problems using statistical data and evidence. A study population is that one that was affected by the problem under investigation and enabled generalization of the findings to the entire population and led to the selection of a sample that did not destroy the characteristics of the elements of the entire population (Amin, 2005). The study targeted 208 employees of Wakiso Town Council, Wakiso District.

The researcher used a sample of 137 respondents which was reached using Sloven (1960) formula $n = \frac{N}{1 + Ne^2}$ where N is the target population, n is the sample size, e is the level of precision (0.05)

$$n = \frac{208}{1 + 208(0.05^2)} = \frac{208}{1 + 208(0.0025)} = \frac{208}{1.52} = 137$$

The distribution of the sample was indicated in the table below;

Table 1: Distribution of the Sample Size

Categories	Study population	Sample size	Sampling techniques
Administration staff	6	6	Purposive sampling
Medical staff	25	25	Purposive sampling
Revenue mobilisers	15	15	Purposive sampling
Finance department	2	2	Purposive sampling
Councilors	40	20	Simple random sampling
Health service users	120	69	Simple random sampling
Total	208	137	

The selection of 69 service users and 20 councilors/policy makers was through simple random Sampling because it gives all the respondents an equal chance of being selected in the sample and avoids biases on side of the researcher (Mugenda and Mugenda, 2003). Service users were selected from Health Centre IIs and Health Centre IIIs. Their

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names of service users were got from registers at Health centre IIs and IIIs and these names were written using initials on tags that identified elements of the population to be sampled. The tags were placed in a container and well stirred. A tag would then be drawn from the container and the process would be repeated until the required number of tags were obtained. The 69 names were then randomly picked giving each an equal opportunity to be picked.

Both primary and secondary data sources were the main sources of data used in the study. Concerning the primary data, the study used questionnaires and interview guide. The researcher collected secondary information from different sources like local government reports, Ministry of Health Reports; health centres reports and text books. This method is mainly used to generate quantitative data. In this study it involved the use of self-administered questionnaires to respondents who were health workers, 10 administrative officers, mayor and finance officer, councilors and tax collectors. These instruments aided the collection of quantified data from the field of study. The questions designed in the instruments were based on five-point Likert-type scale to measure variables (strongly agree, agree, undecided, disagree, strongly disagree). The five-point Likert-type scale provided less bias in mean, variance, correlation coefficient and the reliability of scores. In addition, using questionnaires helped to elicit primary information and respondents provided their opinions from alternative answers and also express their feelings about the study.

Reliability means the measure of consistency in producing similar results on different but comparable occasions. This means that even if other researchers administer the instrument, it should produce the same results. Reliability was obtained using Cronbach's Alpha coefficient and a score of 0.5 suggested that the instrument was reliable (Amin, 2005).

The reliability alpha coefficients for the dimensions of decentralized revenue management and health services were as follows;

Table 2: Reliability Statistics of Variables

	Number of Items	Cronbach's Alpha
Decentralised planning	6	.990
Revenue control	6	.987
Revenue allocation	5	.993
Health service delivery	6	.985

The results showed a Cronbach-alpha coefficient of greater than 0.60 for each variable which indicated that the instruments were reliable (Suhr & Shay, 2009).

Analyzing of data was done both qualitatively and quantitatively as indicated below

The qualitative data from the interview responses, documentary review was analyzed using the thematic procedures. This involved organizing the statements and responses (through summaries, coding and testing out main study

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themes) and useful conclusions and interpretation was generated based on patterns and explanations of the study findings and research objectives.

After data collection, tallying of the information started immediately. Frequencies and percentages were used to determine the profile or demographic characteristics of respondents while basic descriptive statistics such as mean and standard deviation together with correlation analysis was used to characterize the data. Data was analyzed in form of tables, frequencies and percentages using SPSS & STATA (Nelson et al., 2022). Descriptive statistics enabled the researcher to meaningfully describe a distribution of measurements and summarize data. In this study, mean score of below 3.00 indicated that many respondents disagreed, a mean score above 3.0 meant that many respondents agreed.

RESULTS

Table 3: Statements on Decentralised Planning in Wakiso Town Council, Wakiso District

Statement	SA	A	UD	D	SD	Mean	Std Dev
Wakiso Town Council has revenue enhancement strategies	24(21.4%)	30(26.8%)	22(19.6%)	20(17.9%)	16(14.3%)	3.23	1.356
Wakiso Town Council has revenue enhancement plan which has helped in resource mobilization and collection	24(21.4%)	30(26.8%)	22(19.6%)	20(17.9%)	16(14.3%)	3.23	1.356
I usually participate directly or indirectly in planning for improved quality health services	32(28.6%)	36(32.1%)	0(0%)	26(23.2%)	18(16.1%)	3.34	1.498
My views are considered during planning for quality health services	25(22.3%)	35(31.3%)	20(17.9%)	22(19.6%)	10(8.9%)	3.38	1.275
Decentralized planning helps in making correct decisions for health services to increase	26(23.2%)	32(28.6%)	13(11.6%)	26(23.2%)	15(13.4%)	3.25	1.392

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satisfaction services

Decentralized planning improves access to health services	24(21.4%)	28(25.0%)	0(0%)	35(31.3%)	25(22.3%)	2.92	1.525
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Source: Primary Data, 2023

From Table 3, the findings on Wakiso Town Council has revenue enhancement strategies was strongly agreed by 24(21.4%) of the respondents, 30(26.8%) agreed, 22(19.6%) of the respondents undecided, 20(17.9%) disagreed while 16(14.3%) of the respondents strongly disagreed. Data provided evidence that majority of the respondents 54(48.2%) agreed that the District had revenue enhancement strategies (Isaac et al., 2023). This means that Wakiso Town Council tries to fulfill its mandate of having revenue enhancement strategies which are critical for increased local revenue generation. The mean value of this sub contracts was 3.23 while the standard deviation was 1.356. The mean score implies that majority of the respondents agreed while the standard deviation implies difference in responses (Isaac et al., 2023).

“An administrator at Wakiso Town Council stated that “*The we first assess tax payers before paying tax as a component of revenue enhancement planning which helps us to ensure that we properly identify local revenue sources, provide timely assessment of revenue and its collection and ensure debt and credit managements. These when well-handled results in improved local revenue bases that is used to finance health sector in the district*”

Findings revealed that 24(21.4%) of the respondents strongly agreed, 30(26.8%) agreed, 22(19.6%) undecided, 20(17.9%) disagreed while 16(14.3%) of the respondents strongly disagreed that Wakiso Town Council has revenue enhancement plan which helped in resource mobilization and collection. This can further be supported by a mean score of 3.23 and standard deviation score of 1.356. From the findings, a mean score of 3.23 indicates that 54(48.2%) of the respondents agreed implying that the revenue enhancement plan helped in resource mobilization and collection in Wakiso Town Council (Kazaara & Christopher, 2023). However, a standard deviation of 1.356 indicated that there was variation in respondents’ views. The findings are in agreement with Byrnes (2016) who acknowledges that to curb and reverse the declining local revenue, many LGs come up with revenue enhancement plans that entail identifying revenue sources among others to increase the revenue base. The scholar adds that the actual collections could be less than the budgeted.

The findings was also confirmed by the key respondents that included the Chief administrative officer and the district planner who confirmed that decentralized planning had created an enabling environment for local revenue

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generation but it has not generated adequate resources for districts to meet their responsibilities of generating local revenue to finance health service delivery.

Statistics representing 32(28.6%) of the respondents strongly agreed, 36(32.1%) agreed, 26(23.2%) disagreed while 18(16.1%) strongly disagreed that they usually participated directly or indirectly in planning for improved quality health services. From the findings, a mean score of 3.34 shows that 68(60.7%) of the respondents agreed they usually participated directly or indirectly in planning for improved quality health services. A standard deviation of 1.498 showed that there was much variation in the views of the respondents. In support of the findings, Litvack and Seddon, (2015) contends that the general argument for decentralizing health care is that greater citizen/community participation in health policy and local accountability could lead to improved quantity (including coverage) and quality of health services (Polycarp et al., 2023).

The findings are also in harmony with Shah (2017) who asserts that in local government revenue planning, the citizenry should be involved in each stage of the process, as a means of making government responsive to public interests and as a means of monitoring the results of government programmes to improve health service delivery.

My views were considered during planning for quality health services was strongly agreed by 25(22.3%) of the respondents agreed, 35(31.3%) agreed with the item however, 20(17.9%) undecided, 22(19.6%) disagreed while 10(8.9%) strongly disagreed which suggests that the views of the people were considered during planning for quality health services. The mean value of this subcontract was 3.38 while the standard deviation was 1.272. The mean score implies that majority of the respondents agreed that the views were considered during planning for quality health services (Collins et al., 2023).

However, one key informant attested that “*though people views are considered in planning for health services, the problem of inadequate revenue limits monitoring of health services, purchase of health facilities which contributes to ineffective health service delivery*”.

Decentralized planning helped in making correct decisions for health services to increase satisfaction services was strongly agreed by 26(23.2%) of the respondents, 32(28.6%) agreed, 13(11.6%) of the respondents undecided, 26(23.2%) disagreed while 15(13.4%) of the respondents strongly disagreed (Faith et al., 2023). From the findings, the mean score of this item was 3.25 while the standard deviation was 1.392. This indicates that majority of the respondents agreed decentralized planning helped in making correct decisions for health services to increase satisfaction services. The standard deviation of 1.392 meant that there was much variation in responses regarding

decentralized planning helped in making correct decisions for health services to increase satisfaction services. Bossert (2015) states that decentralization has been linked with enhanced local level internal health sector resource mobilization through allowing districts to make local decisions on user fees and health service provision (Racheal et al., 2023).

In support of the findings, Wong and West (2015) also pointed out that setting conditions while planning minimizes ambiguous decision making and tends to depend on local leaders' personal decisions. This is in agreement with the reason for conditional grants. In Uganda, the legal instruments such as the Constitution of Uganda, 1995 and Local Government Act 1997, empowers the local governments with responsibility of delivering health services and promoting participatory decision making (Samuel et al., 2023).

Decentralized planning improved access to health services was strongly agreed by 24(21.4%) of the respondents, 28(25.0%) agreed, 35(31.3%) whereas 25(22.3%) of the respondents strongly disagreed indicating that majority of the respondents 52(46.4%) disagreed that decentralized planning improved access to health services. This was supported by a mean score of 2.92 while the standard deviation of 1.525 meant that there were differences in responses (Moses et al., 2023).

In an interview with one administrator, it was reported that Wakiso Town Council had approved budget and development plan signed by the district chairperson and the chief administrative officer and sub counties also had the approved budget and development plan. The budget is consistent with the development plan since only what has been planned is budgeted for implementation. It should be noted that Wakiso Town Council comply with the guideline because of assessment from ministry of local government in order to received local government development grant and failure to comply leads to penalty and reduction in funding while compliance lead to bonus & increased in funding for health service delivery.

Another interviewee said, *“Local revenue collection is not an easy task, to realize local revenue, enforcements must be done and are therefore inevitable yet the town council needs local revenue to foster service delivery”*.

A respondent reported that *“Although there are approved revenue enhancement strategies to guide the collection of revenue in in our district, revenue collection is not well performing and not all the revenue approved by the district is collected; this is so because of poor taxpayer education and sensitization coupled with tax evasion and avoidance by tax payers.*

The correlation in this study was determined using the Pearson correlation technique and results are provided below.

Table 4: Correlation Results for Decentralised Planning and Health Service Delivery

		Decentralised	
		Planning	Health Service Delivery
Decentralised Planning	Pearson Correlation	1	.958**
	Sig. (2-tailed)		.000
	N	112	112
Health Service Delivery	Pearson Correlation	.958**	1
	Sig. (2-tailed)	.000	
	N	112	112

** Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data, 2023

Table 4 shows a strong positive correlation between decentralized planning and health service delivery ($r=.958^{**}$; $p<0.05$) (Nelson et al., 2023). The study found out the presents of revenue enhancement plan/strategies, increased revenue mobilization/collection, participatory planning and budgeting will increase health service delivery. The above quantitative results are supported by a related qualitative observation in which one respondent was quoted as having remarked that: “*It is true revenue planning has had a relative contribution towards health service delivery*”.

Table 5: Revenue Control and Health Service Delivery

Statements	SA	A	UD	D	SD	Mean	Std Dev
Local revenue collected is spent according to the budget to provide quality health services	22(19.6%)	30(26.8%)	16(14.3%)	24(21.4%)	20(17.9%)	3.09	1.411
Local revenue collected is shared among local governments and administrative units	35(31.3%)	40(35.7%)	12(10.7%)	15(13.4%)	10(8.9%)	3.67	1.290
District has mechanisms for internal revenue control to avoid wastage and improve	30(26.8%)	35(31.3%)	15(13.4%)	18(16.1%)	14(12.5%)	3.44	1.367

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the quality of health services

Local revenue control	20(17.9%)	24(21.4%)	18(16.1%)	30(26.8%)	20(17.9%)	2.95	1.387
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measures have enhanced
accessibility to health
services

The council monitors the management of local revenue to ensure that the whole revenue is used to increase access to services	25(22.3%)	28(25.0%)	12(10.7%)	30(26.8%)	17(15.2%)	3.13	1.421
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Accountability for revenue has improved delivery of quality health services	18(16.1%)	22(19.6%)	14(12.5%)	30(28.6%)	28(25.0%)	2.75	1.436
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Source: Primary Data, 2023

From table 5, 22(19.6%) of the respondents strongly agreed and 30(26.8%) agreed with a mean score of 3.09 and a standard deviation of 1.411 agreed that local revenue collected is spent according to the budget to provide quality health services compared with 24(21.4%) who disagreed and 20(17.9%) who strongly disagreed while 16(14.3%) were undecided which implies that local revenue collected is spent according to the budget to provide quality health services (Christopher, Komunda, et al., 2022).

Regarding the item that local revenue collected is shared among local governments and administrative units, 35(31.3%) of the respondents strongly agreed, 40(35.7%) agreed, 12(10.7%) of the respondents undecided, 15(13.4%) of the respondents disagreed while 10(8.9%) strongly disagreed. The mean score 3.67 was obtained with a standard deviation of 1.290 which implies that there was sharing of local revenue collected among local governments and administrative units to finance the delivery of health services (Christopher, Komunda, et al., 2022).

From the table, the district has mechanisms for internal revenue control to avoid wastage and improve the quality of health services was strongly agreed by 30(26.8%) of the respondents, 35(31.3%) agreed, 15(13.4%) undecided, 18(16.1%) disagreed while 14(12.5%) of the respondents strongly disagreed. From the findings, 65(58.1%) who were the majority of the respondents agreed indicating a mean score of 3.44 and the standard deviation of 1.367 meant that there was variation in responses which the respondents gave on this item. In support of the findings, (Winny et al., 2023) states that management of any company should be acquitted with internal control procedures that would ensure effective health service delivery and the desired revenue generation.

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A fraction of 20(17.9%) and 24(21.4%) of the respondents strongly agreed and agreed respectively that local revenue control measures enhanced accessibility to health services, 18(16.1%) of the respondents undecided, 30(26.8%) disagreed while 20(17.9%) strongly disagreed. The findings generated a mean score of 2.95 which indicated that majority of the respondents disagreed whereas a standard deviation of 1.387 indicated that there was differences in participants' responses. The findings concur with (Annet, Andrew, Kazaara, et al., 2023) who argue that budgetary expenditures controls within LGs improved local revenue availability, decreased misappropriation of public funds, decreased unnecessary spending and improved the delivery of health services. Additionally, Kadiresan (2015) the creation of new districts has put more expenditure pressures on the local governments, reducing and in some cases taking away completely resources that would have been used in increasing and improving service delivery.

Furthermore, 25(22.3%) of the respondents strongly agreed, 28(25.0%) agreed that the council monitors the management of local revenue to ensure that the whole revenue is used to increase access to services, 12(10.7%) undecided, 30(26.8%) of the respondents disagreed while 17(15.2%) of the respondents strongly disagreed indicating that 53(47.3%) of the respondents who were the majority agreed implying that the council monitors the management of local revenue to ensure that the whole revenue was used to increase access to services. The mean value of this item was 3.13 which meant that majority of the respondents agreed while the standard deviation of 1.421 meant a higher variation in responses (Lydia et al., 2023).

Additionally, 18(16.1%) respondents strongly agreed, 22(19.6%) agreed, 14(12.5%) of the respondents undecided, staff however, 30(28.6%) of the respondents disagreed while 28(25.0%) of the respondents strongly disagreed that accountability for revenue had improved delivery of quality health services. The findings concur with (Akankwasa et al., 2022) who argues that accountability as a revenue control is often best strengthened by working through a multi-stakeholder approach involving citizens, government and health service providers to improve health service delivery. Todd (2015) further argues that it is important to recognize and strengthen systems of mutual accountability and partnership at local level inclusive of LGs since accountability ensures proper utilization of financial resources for improved health service delivery (Kazaara & Kazaara, 2023).

It was noted in an interview that community priorities are implemented after planning and budgeting due to political interest however; most of them are decided at higher levels with authority and not all community priorities are taken into consideration. One respondent noted that "not all activities and/or projects for health budgeted for are implemented in a transparent way this is because many stakeholders have different interests in the different



activities budgeted for and above all work plans are not shared with other stakeholders. In addition to this, misappropriation of funds is greatly affecting implementation of revenue plan for health service delivery”.

Based on the information obtained through interviews, both the administrators and patients compliant of few health practitioners in the health centers. There was shortage of different carders in the health centers and this made health workers to be overloaded with work making implementation of revenue plan difficult. One of the health workers was quoted saying, “As there are few health workers in this health center, we are forced to do both administrative and clinical duties.” This statement clearly indicates that there is shortage of human resource at the health centers in Kabale District Local Government. This implies that implementers of revenue plans were not adequate to ensure effective health service delivery in Kabale District Local Government.

Through interview method, respondents also confirmed that they tend to get discouraged whenever they come for services and health officials fail to attend to them. This suggests that if health centers are well equipped with human resource, services are likely to be effective and people’s accessibility to health services is likely to improve. This is testified by one of the patients as she said (Ntirandekura & Christopher, 2022b):

“What discourages me most whenever I go to health centers is to keep waiting in pain and health officials are not there to attend to you. Sometimes you think of looking for other ways rather than going again to suffer in Health center whose official cannot attend to you easily”.

The correlation in this study was determined using the Pearson correlation technique and results are provided below.

Table 6: Correlation results for Revenue Control and Health Service Delivery

Revenue control		Health service delivery
Revenue control	Pearson Correlation	1
	Sig. (2-tailed)	.957**
	N	.000
Health service delivery	Pearson Correlation	112
	Sig. (2-tailed)	.957**
	N	.000

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data, 2023

The study found out that a significant positive relationship existed between revenue control and health service delivery in Wakiso Town Council as indicated by a correlation coefficient of .957** which means that spending

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revenue according to the budget to provide quality health services to support health service delivery, sharing revenue among local governments and administrative units, putting in place mechanisms for internal revenue control to avoid wastage and improve the quality of health services and revenue control measures improves on health services delivery. In addition monitoring the management of revenue and ensuring accountability increases health service delivery (Ntirandekura et al., 2022).

The findings are supported by Luzige (2016) who states that sources of revenue for instance parking fees, rent, licenses, and permits among others are instrumental in realizing service delivery in LGs including expenditure on health, education. To the scholar, any increase in local revenue collection improved health service delivery thus a significant relationship between local revenue performance and health service delivery.

Table 7: Statements about Revenue Allocation in Wakiso Town Council

Statements	SA	A	UD	D	SD	Mean	Std Dev
There is better allocation and proper use of financial resources in the delivery of quality services	20(17.9%)	27(24.1%)	15(13.4%)	28(25.0%)	22(19.6%)	2.96	1.417
The allocated funds are adequate for the local government to increase access to health services	19(17.0%)	26(23.2%)	14(12.5%)	29(25.9%)	24(21.4%)	2.88	1.425
Revenue allocation to priority sectors is monitored to avoid delay in health service delivery	25(22.3%)	28(25.0%)	13(11.6%)	29(25.9%)	17(15.2%)	3.13	1.417
Through revenue allocation the Wakiso Town Council can prioritize and put into action its programs and policies within the constraints of its financial capability to improve health service delivery	28(25.0%)	30(26.8%)	10(8.9%)	24(21.4%)	20(17.9%)	3.20	1.476
Revenue allocation determines the priority areas for spending	22(19.6%)	30(26.8%)	16(14.3%)	24(21.4%)	20(17.9%)	3.09	1.411

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the conditional grants is
critical in determining quality
of health services delivered

Source: Primary Data, 2023

Findings in table 7 revealed that there was better allocation and proper use of financial resources in the delivery of quality services was agreed by 47(42%) of the respondents, 15(13.4%) of the respondents undecided while 50(44.6%) of the respondents disagree. The mean score of 2.96 indicates that majority of the respondents disagreed with the item and the standard deviation of 1.417 shows a higher variation in respondents' opinions (Moses et al., 2023).

The allocated funds were adequate for the local government to increase access to health services was agreed by 45(40.2%) of the respondents, 14(12.5%) undecided whereas 53 (47.3%) disagreed that the allocated funds were adequate for the local government to increase access to health services. From the findings, the mean score value for this item was 2.88 which suggests that the allocated funds were not adequate enough for Wakiso Town Council to increase access to health services. The standard deviation of this sub construct was 1.425 indicating higher variation in responses (Gibson et al., 2023).

Furthermore, 53 (47.3%) of the respondents agreed, 13(11.6%) undecided while 47(41.1%) disagreed that revenue allocation to priority sectors was monitored to avoid delay in health service delivery. Since majority of the respondents as indicated by a mean of 3.13 agreed, it implies that monitoring of revenue allocation to priority sectors was done to avoid delays in health service delivery. Additionally, variation in respondents' views was found to be high as indicated by a standard deviation of 1.417 (Emmanuel et al., 2023).

More still, a mean score of 3.20 and 58(51.8%) of the respondents agreed that through revenue allocation Wakiso Town Council can prioritize and put into action its programs and policies within the constraints of its financial capability to improve health service delivery however, 10(8.9%) of the respondents undecided while 44(39.3) disagreed. Since majority of the respondents agreed, it implies that revenue allocation to priority areas of health sectors helps Wakiso Town Council put in action its programs and policies within the constraints of financial capability which improved health service delivery (Akankwasa et al., 2022).

In addition, the mean score of 3.09 indicated that 52(46.4%) of the respondents agreed that revenue allocation determined the priority areas for spending the conditional grants is critical in determining quality of health services delivered, 16(14.3%) of the respondents undecided while 44(39.3) disagreed with the item. The responses of this sub

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construct were found to have variations as indicated by a standard deviation of 1.411. The findings concur with Geldenhuys, (2013) who states that the factor besides financial need which necessitates the allocation of revenue to the different spheres of government is financial capacity. Before sources of revenue can be allocated to the different spheres of government, the financial capacity of such government must be determined.

The above findings disagreed with Green (2017) who states that despite the policies being put in place for revenue allocation, the revenue allocation has been unable to produce significant changes in the performance of government institutions in the country. This is mainly because of failure to ensure accountability by civil servants mandated to run the public sector organizations (Wegulo et al., 2023).

A more recent study by Hou, Lunsford, Sides, and Jones (2015) examined variations in budget allocation practices in 11 sample states in different time periods using a series of anonymous interviews. They concluded that budget allocation had not been fully exploited and that just a part of its design purpose had been achieved. They also concluded that budget allocation was relied on much more by the states during economic upturns than during economic downturns. Additionally, (Ntirandekura & Christopher, 2022a) examined the impact of budget allocation innovation on state expenditures in Nigeria by using panel data from 1970 through 1997. They concluded that budget allocation did have an impact on state spending per capita by at least two percentage points, but also find that budget allocation didn't affect all state government programs equally.

The observation here is that there are still enormous local revenue management challenges that have had effect on health service delivery in Wakiso Town Council as articulated by one of the key informant *“Very few indicate sources of revenues. Inadequate revenue collectors and mobilizes. Laxity on the part of the Local Government at all levels– there are still revenues that go un collected , what control do we have in the markets, who is there to monitor? Lack of commitment to collect local revenue. Local Revenue has also to do with Politics; they compromise with locals because town agents serve in their places. Existing markets across the border are competing. The population is poor. They produce food but excess is very little”*.

One respondent in an interview with him reported that “there has been improper revenue allocation which constrained the health service delivery because government funds are diverted for personal projects and there is lack of transparency in revenue management.

The correlation in this study was determined the effect of revenue allocation on health service delivery in Wakiso Town Council using the Pearson correlation technique and results are provided below.

Table 8: Correlation results for Revenue Allocation and Health Service Delivery

	Revenue Allocation	Health service delivery
Revenue Allocation	Pearson Correlation	1
	Sig. (2-tailed)	.953**
	N	112
Health service delivery	Pearson Correlation	.953**
	Sig. (2-tailed)	1
	N	112

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Primary Data, 2023

The study found out that a significant positive relationship existed between revenue allocation and health service delivery in Wakiso Town Council since the correlation value was .953** which suggests that allocating adequate funds to Wakiso Town Council, better allocation and proper use of financial resources in the delivery of quality services and monitoring revenue allocation in the health improves on health service delivery (Nelson et al., 2023).

Table 9: Health Service Delivery in Wakiso Town Council

Statements	SA	A	UD	D	SD	Mean	Std Dev
Patients in Health Centers can easily access drugs	24(21.4%)	30(26.8%)	0(0%)	30(26.8%)	28(25.0%)	2.93	1.552
Patients can get access to doctors available in health centers	20(17.9%)	28(25.0%)	0(0%)	34(30.4%)	30(26.8%)	2.77	1.519
Many women get maternal care in the health centers	22(19.6%)	29(25.9%)	25(22.3%)	20(17.9%)	16(14.3%)	3.02	1.332
Patients who come for treatment are regularly treated in the health centers	19(17.0%)	25(22.3%)	10(8.9%)	30(26.8%)	28(25.0%)	2.79	1.465
The health centers have enough rooms for patients (as wards/ offices)	20(17.9%)	25(22.3%)	0(0%)	30(26.8%)	37(33.0%)	2.65	1.558
The health centers have sufficient beds for patients	19(17.0%)	24(21.4%)	0(0%)	32(28.6%)	37(33.0%)	2.61	1.538

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Source: Primary Data, 2023

The findings in Table 9 indicated that 54(48.2%) of the respondents agreed while 58 (51.8%) disagreed that patients in health centers can easily access drugs. The score mean value of this item was found to be 2.93 indicating that majority of the respondents revealed that patients in health centres in Wakiso Town Council could not easily get drugs. This implies that there were inadequate drugs in health centres and this was attributed to limited revenue and improper allocation of revenue in the health sector. The standard deviation of 1.552 suggests a higher variation in responses given by the respondents.

Patients could get access to doctors available in Health Centers was agreed by 48(42.9%) of the respondents whereas 64(57.1%) of the respondents disagreed indicating a mean of 2.77 and a standard deviation of 1.519. Findings indicated that majority of the respondents disagreed with the item that patients could get access to doctors available in Health Centers meaning that patients did not easily get doctors. This could probably be because of limited doctors in Health centres in Wakiso Town Council and limited revenue allocation to finance the delivery of health services (Richard et al., 2022).

In addition, 51(45.5%) of the respondents agreed that many women got maternal care in the health centers, 25(22.3%) of the respondents undecided while 36(32.2%) of the respondents disagreed. The mean score for this sub constructs is 3.19 indicating that majority of the respondents agreed that majority of women sought maternal care in the health centers of Wakiso Town Council. The standard deviation of 1.332 showed that there was variation in responses (Richard et al., 2023).

The findings on the sub construct that is patients who come for treatment are regularly treated in the health centers was agreed by 44(39.3%) of the respondents, 10(8.9%) of the respondents undecided, 58(51.8%) of the respondents disagreed. The scored mean value for this item was 2.79 indicating that majority of the respondents disagreed that patients regularly got treatment from health centres. The findings imply that some patients did not regularly get treatment from health centers. Some patients could be referred to private clinics and health centres because of limited drugs from government health centres. The limited drugs could either be attributed to poor revenue management in Wakiso Town Council (Cand et al., 2022).

More still, the health centers have enough rooms for patients (as wards/ offices) was agreed by 45(40.2%) of the respondents with a mean score 2.65 and a standard deviation of 1.558 while 67(59.8%) of the respondents disagreed. Since majority of the respondents disagreed, it implies that there were no enough beds in health centres of Wakiso Town Council. Therefore, there was need for the district to ensure effective revenue management that would improve health service delivery in health centres in the Wakiso Town Council.

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The health centers had sufficient beds for patients was agreed by 43(38.4%) of the respondents while 69(61.6%) of the respondents disagreed. The mean value of this item was 2.61 indicating that majority of the respondents revealed that there were no sufficient beds for patients in health facilities in Wakiso Town Council. The standard deviation for the item was 1.538 indicating that there was higher variation in responses.

In an interview with one key informant, it was reported that *“Some of our patients who seek some medical services in Level II and Level III health centers tend to be referred to private clinics and health centers because of limited drugs. He further stated that patients also find it very hard to access specialized health services in Wakiso Town Council because there are no specialized doctors to provide the services hence making accessibility to the health services difficult.*

Conclusions of the Study

This section of the study provides the conclusions based on the study objectives

Decentralised Planning and Health Service Delivery in Wakiso Town Council

The study indicated that there was a significant relationship between decentralized planning and health service delivery in Wakiso Town Council. Therefore, the study concluded that revenue enhancement plan/strategies, increased revenue mobilization/collection, participatory planning and budgeting improve on the quality of health service delivery. Therefore, identifying more revenue sources and encouraging community participation in planning as a component of revenue management would help to realize more local revenue to improve health service delivery in Wakiso Town Council.

Revenue Control and Health Service Delivery in Wakiso Town Council

The results indicated a significant positive relationship between revenue control and health service delivery in Wakiso Town Council although there are limited local revenue control measures and accountability done for the revenue collected. Thus, it can be concluded that if local revenue control measures are properly used, proper accountability done, spending revenue according to the budget for health sector, sharing revenue among local governments and administrative units and putting in place mechanisms for internal revenue control to avoid wastage, there would be improved quality of health services.

Revenue Allocation and Health Service Delivery in Wakiso Town Council

The results from the analysis indicated a significant positive relationship between revenue allocation and health service delivery in Wakiso Town Council. The study concluded that allocating adequate funds to Wakiso Town Council, better allocation and proper use of financial resources in the delivery of quality services and monitoring revenue allocation in health improves on health service delivery.

Recommendations of the Study

The recommendations provided below are linked to the objectives of the study and findings.

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Decentralised Planning and Health Service Delivery in Wakiso Town Council

There is a need to strengthen decentralized planning for health services by allowing the input of local policy makers and creation of a funding for that input. Local policy makers therefore should be given more opportunities to plan for health service activities which focus on disease prevention and concerns of the majority clients.

There is need for Wakiso Town Council to strengthen and increase on revenue management strategies in order to mobilize adequate revenues to finance the delivery of health services.

The district needs to deploy adequate enforcement staff to collect revenue since it was established that they ensure timely revenue collection to put in health sector for improved health services.

Revenue Control and Health Service Delivery in Wakiso Town Council

The study recommends that Wakiso Town Council should ensure that there are proper accountability practices in execution of the local government activities such as planning, revenue control and allocation among others.

The study also recommends that the Wakiso Town Council should the following accountability practices such as information dissemination, complaint mechanisms, community monitoring and public hearings and social audits to improve the delivery of health services.

Wakiso Town Council should put emphasis on revenue control measures as this will avoid wastage of financial resources and increase funding for improved health service delivery.

Local governments need to put in place internal local revenue control mechanisms that will guarantee proper allocation of resources for enhanced health service delivery in the district.

Revenue Allocation and Health Service Delivery in Wakiso Town Council

The study recommends that bigger releases should be made to health service activities. The district should deliberately allocate a specific percentage of its budget to health service delivery activities and annually evaluate the actual releases made. This means that funds allocated to health sector and intergovernmental transfers to local governments should be increased to finance the delivery of health services.

There is need to ensure better allocation and proper use of financial resources in the delivery of quality health services in Wakiso Town Council.

Local governments also need to ensure effective sharing of local revenue collected among themselves and administrative units.

References

Akankwasa, A., Akakikunda, T., Ntirandekura, M., Murezi, C. M., & Christopher, F. (2022). *Effect of Capital*

Received: 18.03.2024

Accepted: 23.03.2024

Published on: 30.03.2024

Budgeting on Development of Organizations Empirical Studies of Kashinge Child Development Centre Kisoro District . 6(9), 5–10.

Alex, I., Gracious Kazaara, A., Lukman, N., Kasenene, E., & Julius, A. (n.d.). *CORRUPTION PRACTICES AND PUBLIC FINANCE MANAGEMENT IN WAKISO DISTRICT.*

Annet, N., Andrew, N., Kazaara, A. G., Christopher, F., & Moses, N. (2023). *Impact of Budgeting On the Profitability of a Manufacturing Company , a Case Study of Harris International.* 7(2), 112–126.

Annet, N., Andrew, N., & Sarah, A. (2023). *IMPACT OF BUDGETING ON THE PROFITABILITY OF A MANUFACTURING COMPANY, A CASE STUDY OF HARRIS INTERNATIONAL* (Vol. 2).

Cand, A. R., Ijeoma, P., Blessing, A., Janice, A. B., & James, T. (2022). *Students ' Sick-Role Behavior and Course Completion in Public and Private Universities in Uganda .* 6(6), 125–126. <https://doi.org/10.1007/s10578-014.Patterson>

Christopher, F., Komunda, T. R., & Milton, N. (2022). *The Impact of Supervision on the Quality-Of-Service Delivery at Kirima Community Secondary School in Kanungu District , South Western Uganda.* 6(5), 157–162.

Christopher, F., & Micheal, M. (2022). *The Role of Tourism on Poverty Reduction of People : A Case Study of Magambo Sub County in Rubirizi District.* 6(5), 23–29.

Christopher, F., Muhindo, M. E., & Nakalema, F. (2022). *Decentralization and Social Service Delivery in Uganda : Acritical Analysis of the Decentralization and Social Service Delivery in Uganda : Acritical Analysis of the literature review.* November.

Collins, A., Kazaara, A. G., & Kazaara, A. I. (2023). *Agricultural Loans and Farmer ' s Livelihood in Uganda a Case Study of Nyakayojo Sub County in Mbarara District.* 7(3), 40–46.

Deus, T. (2023). *Inventory Control And Financial Performance Of Private Health Institutions . A Case Study Of Nakasero Hospital , Central Division.* 7(2), 158–166.

Emmanuel, N., Julius, A., & Alex, I. (2023). *COMMUNITY PERCEPTIONS AND UTILIZATION OF IMMUNIZATION SERVICES AMONG CHILDREN UNDER ONE YEAR. A CASE STUDY OF KARUNGU SUB-COUNTY, BUHWEJU DISTRICT* (Vol. 2).

Faith, K., Kalikola, J., Kazaara, A. G., Catherine, M., & Ismail, L. (2023). *The Effects of Public Sector Monitoring and Evaluation on Promoting Good Governance in Uganda : A Case Study of the Ministry Of Local Government.* 7(3), 71–83.

Gibson, A., Ariyo, D., Kazaara, G., & Julius, A. (2023). *DETERMINANTS OF TAX COMPLIANCE AMONG SAVINGS AND CREDIT COOPERATIVE ORGANIZATIONS (SACCOS) IN MBARARA CITY: A CASE OF MBARARA CITY, WESTERN UGANDA.* In *Metropolitan Journal of Social and Educational Research* (Vol. 2, Issue 1).

Received: 18.03.2024

Accepted: 23.03.2024

Published on: 30.03.2024

-
- Gracious, A. (2023). *The Effects Of Electronic Banking On Customer Service Delivery , A Case Study Of Cairo Bank Uganda , Nakasero*. 7(2), 80–87.
- Isaac, O., Kazaara, A. G., & Kazaara, A. I. (2023). *Assessment of the Effect of Workplace Conflict on Employees Performance and Organizational Productivity , a Case Study of Tororo General Hospital*. 7(3), 279–289.
- Kazaara, A. G., & Christopher, F. (2023). *Impact of Micro Credit Financing on Agricultural Production A case Study of Bundibugyo District In The Western Region Of*. 7(3), 56–62.
- Kazaara, A. G., & Kazaara, A. I. (2023). *Assess The Impacts Of Inflation To The Development Of Societies . A Case Study of Kagadi District*. 7(3), 281–290.
- Lydia, N., Kazaara, A. G., Kazaara, A. I., Brenda, T., & Bafaki, G. (2023). *Promotion of Small-Scale Industries and Development of Business . A Case Study ; Masafu Subcounty (Busia)*. 7(3), 240–245.
- Moses, K., Kazaara, A. G., Kazaara, A. I., & Ismail, L. (2023). *External Auditing and the Financial Performance of Marianum Press Limited , Kisubi*. 7(3), 258–266.
- Nelson, K., Christopher, F., & Milton, N. (2022). *Teach Yourself Spss and Stata*. 6(7), 84–122.
- Nelson, K., Kazaara, A. G., & Kazaara, A. I. (2023). *Teach Yourself E-Views*. 7(3), 124–145.
- Ntirandekura, M., Ainebyoona, A., Registrar, D., District, B., & Commission, E. (2022). *HUMAN RESOURCE MANAGEMENT STRATEGIES AND ENHANCEMENT OF STAFF RETENTION IN PUBLIC SECTOR ORGANISATIONS : AN EMPIRICAL INVESTIGATION IN KABALE*. 6(7), 89–103.
- Ntirandekura, M., & Christopher, F. (2022a). *Community Participation and Budget Allocation in Local Governments in Uganda : A Case Study of Rubanda District Local Government , Western Uganda*. 6(5), 124–134.
- Ntirandekura, M., & Christopher, F. (2022b). *Human Resource Recruitment and Labour Turnover in Local Government : a Case Study of Kabale Municipality*. 6(7), 154–159.
- Ntirandekura, M., & Friday, C. (2022). *Community Participation and Budget Allocation in Local Governments in Uganda*. May.
<http://ir.miu.ac.ug:8080/jspui/handle/123456789/70%0Ahttp://ir.miu.ac.ug:8080/jspui/bitstream/123456789/70/1/IJAMR220513-1.pdf>
- Paul, K., Alex, I., Kazaara, A. G., & Kazaara, A. I. (2023). *Corruption and Public Finance Management A Case Study Of Wakiso District*. 7(3), 298–306.
- Polycarp, K., Kazaara, A. G., Kazaara, A. I., Prudence, K., & Nicholas, K. (2023). *The effect of loan defaults on profitability of financial institutions in Uganda : a case study of post bank , Anaka branch , Nwoya district*. 7(3), 172–178.
- Racheal, N., Enock, Z., & Kazaara, A. G. (2023). *Impact of quality financial reporting on an organization resource management: a case study of humuza holding limited kampala uganda 1*. 2(2), 408–425.

-
- Ramadhan, B., Alex, I., Kazaara, A. G., Nelson, K., Deus, T., & Pascal, T. (2023). *Taxation and the Development of Small Businesses in Uganda , a Case Study of Iganga District*. 7(2), 136–149.
- Richard, A. (2022). *Sleep Among Students in Public and Private Universities in*. 6(6), 24–25.
<https://doi.org/10.1007/s10578-014.Patterson>
- Richard, A., B, A. I., Janice, B., Omolaja, M., & James, T. (2022). *Course completion among the students in Public and Private Universities in Uganda* . 6(7), 47–48.
- Richard, A., Deus, T., James, T., Ijeoma, A., & Janice, B. (2023). *The impacts of using music instruments on learning in post- secondary institutions in Uganda*. 7(3), 35–39.
- Robert, S., Gracious Kazaara, A., & Rosebell, T. (2023). TAXATION AND BUSINESS PERFORMANCE OF SMALL AND MEDIUM SIZED ENTERPRISES IN UGANDA; A CASE STUDY OF RUBAGA. In *METROPOLITAN JOURNAL OF BUSINESS & ECONOMICS (MJBE)* (Vol. 2, Issue 7).
- Ronald, K., & Kazaara, A. G. (2023). *Influence of Population Growth on Land Use in Uganda . A Case Study of Biguli Subcounty Kamwenge District*. 7(3), 291–299.
- Samuel, S., Gracious Kazaara, A., Nelson, K., & Kazaara, A. I. (2023). *EXAMINING THE IMPACT OF CONTRACTOR SELECTION ON SERVICE DELIVERY IN THE PUBLIC SECTOR, A CASE STUDY OF KAWOLO HOSPITAL, LUGAZI MUNICIPALITY Background to the Study* (Vol. 2, Issue 1). Online.
- Wegulo, N. A., Kazaara, A. G., Kazaara, A. I., Deus, T., Moses, N., & Charles, N. (2023). *Effect Of Public Sector Monitoring And Evaluation On Promoting Good Governance In Uganda , A Case Study Of Ministry Of Local Government*. 7(3), 227–239.
- Winny, N. D., Ariyo, D., Kazaara, G., Kazaara, A. I., & Deus, T. (2023). *Effect Of Motivation On Employee Performance In Non-Government Organizations (NGOS): A Case Of Mbale City*. In *International Journal of Academic Multidisciplinary Research* (Vol. 7).