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Original Article

Administrative Decentralisation and Health Service Delivery in Ibanda District Local Government, Uganda

Happy Herbert Mayanja[1*] *& Doreen Akunda*[2]

[1] Teams University, P. O. Box 8128, Mengo-Rubaga, Kampala, Uganda.
[2] Victoria University, P. O. Box 30866, Kampala. Kampala.
*Author for correspondence ORCID ID: https://orcid.org/0009-0008-8927-0336; Email: happymayanja@gmail.com

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ABSTRACT

While research on public service delivery in the Ibanda administrative area is abundant, there is a notable dearth of studies addressing the shortcomings in public health services. This investigation is specifically concerned with examining the influence of governance on the quality and accessibility of public health services in Ibanda District, as well as the impact of administrative decentralization on these services. A cross-sectional research design was employed for this study, involving data collection from 574 participants through self-administered surveys and interviews. Quantitative data were subjected to descriptive and inferential statistical analysis, while qualitative data underwent content analysis. The study's findings and conclusions reveal a positive correlation between governance and the quality of public health services, as well as a favorable association between governance management and these services. Additionally, administrative management was found to have a positive impact on public health services. Consequently, the study offers recommendations for the central government, urging consistent vigilance in supporting district performance and allocating adequate resources for drug distribution and medical equipment to bolster healthcare within the district. Furthermore, the study advocates for a continued emphasis on effective administration, encouraging public involvement in decision-making processes, open communication through public hearings, and grassroots participation in financial planning, all aimed at enhancing public health services. In conclusion, this study underscores the need for greater attention to public health services within the Ibanda administrative area, as it contributes to the existing body of research on public service delivery.

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INTRODUCTION

Progress in improving health service delivery worldwide has been slow and uneven in various aspects of healthcare, including comprehensiveness, accessibility, quality, coverage, continuity, person-centeredness, coordination, accountability, and efficiency (World Bank, 2018). In high-income countries, one in ten patients is adversely affected during treatment, which could be avoided through better hygiene practices and intelligent use of antimicrobials (World Health Organization, 2018). Health care coverage, provision, and delivery still have unwarranted variations, and a significant number of patients do not receive appropriate, evidence-based care (World Health Organization, 2018). Despite a goal of 75% influenza vaccination coverage by 2010 set by the World Health Assembly in 2003, rates of vaccination vary greatly from 1% to over 78% across high-income countries (Hinchcliff et al., 2012).

While the rate of skilled birth attendance has increased from 58% in 1990 to 73% in 2013, largely due to more facility-based births, there are still many women and babies who die or develop lifelong disabilities due to poor quality of care even after reaching a health facility. Every year, an estimated 303,000 mothers and 2.7 million newborn infants die around the time of childbirth, with many more affected by preventable illnesses (World Health Organization, 2018). Additionally, nearly 40% of healthcare facilities in low- and middle-income countries lack improved water sources, and almost 20% have poor sanitation, which impacts the quality of care (Peters & Kashima, 2007). The distribution and control of raised blood pressure also highlight the importance of quality preventive services, as many adults with raised blood pressure in selected countries outside the OECD have not been diagnosed or treated. Effective coverage for hypertension is considerably lower than overall coverage (World Bank, 2018).

In Africa, health service delivery continues to face numerous challenges, which are similar across the continent. For example, in Mali, there is poor accessibility to health services due to limited medical facilities and frequent shortages of medicines (World Health Organization, 2010). In Niger, the healthcare system lacks resources and has a limited number of health providers relative to the population, resulting in a chronic lack of essential medicines. Zimbabwe's health system has collapsed due to political and economic crises, leading to a severe decline in health service delivery (World Health Organization, 2010).

Uganda's health system was once considered one of the best in sub-Saharan Africa; however, it experienced a significant deterioration in the 1970s and 1980s, resulting in dilapidated facilities, demoralized healthcare workers, and unreliable funding (UBOS, 2009; Ministry of Health, 1999). Despite reform efforts in the late 1990s, progress in improving health outcomes has stagnated. Uganda implemented a decentralization policy in 1994 to improve social services, including health, but its impact on service delivery has been limited (Anokbonggo et al., 2004; Muriisa, 2008).

Decentralization in Uganda involved political, administrative, and financial components, with local government councils playing a vital role in

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delivering public services (Villadsen & Lubanga, 1996). Health care decentralization shifted responsibility from the central government to the district level, aiming to improve the quality and utilization of health services (Ondoa, Basheka & Basaasa, 2013). Uganda's local government system operates with five levels of local councils, providing the foundation for decentralized health systems (Ministry of Local Government, 2016). However, challenges such as poor infrastructure, limited medicines and supplies, insufficient human resources, and inadequate maintenance of facilities persist, hindering quality health service delivery (MOH, 2010; MOH, 2005).

Although the Ugandan government has made efforts to expand health infrastructure and bring services closer to the population, many health facilities lack the necessary staff and equipment (MOH, 2010). Additionally, factors like poor infrastructure, low salaries, and inadequate supervision contribute to limited utilization of health services (MOH, 2010; MOH, 2005). Variations in access to health facilities also exist, with some districts having as low as 7% of the population within a five-kilometer radius of a health facility (MOH, 2010).

In summary, while progress has been made to improve health service delivery globally, there are still significant challenges related to accessibility, quality, coverage, and infrastructure. These challenges are particularly prevalent in low-income countries like those in Africa. Decentralization efforts in Uganda have had limited success in addressing these challenges, and further interventions and resources are needed to improve health outcomes and ensure quality health service delivery.

Research Objectives

- To explore the influence of administrative decentralisation on the quality of public health services in the Ibanda district.
- To find out the influence of administrative decentralisation on accessibility to public health services in the Ibanda district.
- To establish the influence of administrative decentralisation on the coverage of public health services in the Ibanda district.

Research Questions

H_1 – Administrative decentralisation influences the quality of public health services in the Ibanda district.

H2 – Administrative decentralisation influences accessibility to public health services in the Ibanda district.

H_3 – Administrative decentralisation influences coverage of public health services in the Ibanda district.

METHODOLOGY

The research adopted a correlation research design, characterized by the in-depth analysis of a single case or situation within social phenomena, such as an individual, group, event, or episode, to examine elements of interest (Hunt & O'Leary, 2017). Data were gathered from 574 participants through a self-administered questionnaire and an interview guide. The study employed a simple random sampling method to select participants, ensuring a comprehensive exploration of health service delivery (Amin, 2005; Creswell, 2003; Creswell, 2014). Primary data collection primarily relied on a questionnaire survey (Kothari, 2003; Kothari, 2004; Creswell, 2014; Amin, 2005). Data analysis involved the use of the Pearson correlation coefficient. The study adhered to rigorous research ethics, including the principles of voluntary participation, participant respect (Yin, 2013), safeguarding participants from risks and harm, and maintaining their privacy and confidentiality.

RESEARCH FINDINGS

The background information considered in this study encompassed gender, age groups, educational levels, workplace, years of service, and the frequency of respondents' healthcare needs as either patients or attendants. This demographic information holds significance as it provides insights into the respondents' profiles

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and the factors influencing their attitudes regarding decentralization and health service delivery.

Table 1: Information background of the respondents (n=525)

Variable	Category of respondents	Frequency	Percentage
Gender	Female	301	57.3
	Male	224	42.7
Age	18-29 years	87	16.6
	30-39 years	175	33.3
	40-49 years	211	40.2
	50 and above	52	9.9
Education Level	Certificate	84	16
	Diploma	189	36
	Bachelor's degree	191	36.4
	Post graduate diploma	61	11.6
Time spent working with the Ibanda district	Less than 4 years	125	23.8
	5-8 years	258	49.1
	9 years and above	142	27.1

Source: Field data (2023)

The findings presented in *Table 1* show that the study had a balanced gender representation, with 301 (57.3%) male respondents and 224 (42.7%) female respondents. This gender balance enhances the reliability and representativeness of the study, as it includes respondents who are likely mature enough to comprehend and evaluate matters related to decentralization and health service delivery.

Furthermore, the age distribution in *Table 1* indicates that the highest proportion of respondents, 87 (16.6%), belonged to the 20-39 years' age group, followed closely by 175 (33.3%) in the 30-39 years age group. Additionally, 211 (40.2%) fell into the 40-49 years' age group, while the smallest segment (52, 9.9%) was above 50 years old. This suggests that a substantial portion of respondents belonged to the 40-49 years' age group, signifying that they were still within their productive years and likely possessed substantial experience and understanding of the health service situation in the Ibanda district.

Concerning the educational levels, respondents held certificates (84, 16%), diplomas (189, 36%), bachelor's degrees (191, 36.4%), and postgraduate diplomas (61, 11.6%). The data indicates that a significant majority of respondents held bachelor's degrees, indicating that the study drew insights from a well-informed group.

Lastly, the study found that 125 (23.8%) of respondents had less than 4 years of experience, 258 (49.1%) had 5-8 years of experience, and 142 (27.1%) had 9 years and above. This suggests that a majority of respondents had 5-8 years of experience, which aligns with the timeframe during which health service delivery in the Ibanda district has faced challenges.

The Quality of Public Health in Relation to Administrative Decentralisation

This section presents descriptive findings on the quality of public health in the Ibanda district in relation to administrative decentralisation. A 5-Likert scale was used, ranging from 1 (strongly disagree) to 5 (strongly agree). The scale also included options for strongly disagree (SD), disagree (D), not sure (NS), agree (A), and strongly agree (SA). A mean above 3 indicates agreement among respondents, a mean of 3 suggests uncertainty, and a mean below 3 indicates disagreement among respondents.

According to *Table 2*, 162 (30.9%) strongly disagreed, 204 (38.9%) disagreed, 24 (4.6%) were not sure, 78 (14.9%) agreed, and 57 (10.7%) strongly agreed that the local government should

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recruit sufficient healthcare staff to provide quality health services. The mean of 1.92 indicates that, on average, the respondents disagreed with this statement.

Table 2: Quality of public health

Statement	SD	D	NS	A	SA	M
Local government to recruit adequate health care staff to provide quality health services	162 (30.9)	204 (38.9)	24 (4.6)	78 (14.9)	57 (10.7)	1.92
Local government has adequate policies for health services	28 (5.3)	35 (6.7)	7 (1.3)	241 (45.9)	214 (40.8)	4.42
There are quality medicines for health services	135 (25.7)	228 (43.4)	27 (5.1)	71 (13.5)	64 (12.2)	1.23
Quality machines are available	177 (33.7)	234 (44.6)	18 (3.4)	52 (9.9)	44 (8.4)	1.03
All tests are carried out at health facilities	114 (21.7)	209 (39.8)	21 (4)	92 (17.5)	89 (17)	1.23
Residents are contented with the excellence of the well-being facilities distributed	246 (46.9)	234 (44.6)	5 (0.9)	19 (3.6)	21 (4)	1.09

Source: Field data (2023)

The results showed that 28 people (5.3%) disagreed, 35 people (6.7%) disagreed, 7 people (1.3%) were not sure, 241 people (45.9%) agreed and 214 people (40.8%) agreed.) showed that he participated in local government. has adequate health services. The average value of 4.42 displays that the participants agree with this statement on average. The results in *Table 2* show that 135 people (25.7%) disagreed, 228 people (43.4%) disagreed, 27 people (5.1%) were not sure, 71 people (13.5%) agreed, and 64 people (13.5%) agreed. 12.2) shows that he/she participates. There is good. Treatment and treatment. The average value is 1.23, which shows that the popular of participants disagree with this statement.

When all the tests performed in the clinics were examined, it was determined that 114 people (21.7%) did not participate, 209 people (39.8%) did not participate, and 21 people (39.8%) did not participate. 4% were undecided, 92 (17.5%) agreed, and 89 (17%) agreed. The average value is 1.23, which shows that the majority of participants disagree with this statement. The results showed that 246 people (46.9%) disagreed, 234 people (44.6%) disagreed, 5 people (0.9%) disagreed, 19 people (3.6%) agreed well and 21 people agreed (4%) showed that they strongly agreed. The public is satisfied with the quality of health services provided. The average value of 1.09 indicates that the majority of participants disagree with this statement. Correlation coefficient between governance and public health

This study aims to find out whether there is a relationship between respect for governance and public health. Good public health. Analysis was performed using Pearson correlation coefficients. The resulting responses stand revealed in *Table 3*.

Table 3: Correlation matrix between administrative decentralisation on the quality of public health

		Administrative decentralisation	Quality of public health
Administrative decentralisation	Pearson Correlation	1	.428**
	Sig. (2-tailed)		.000
	N	525	525
Quality of public health	Pearson Correlation	.428**	1
	Sig. (2-tailed)	.000	
	N	525	525

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

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The correlation analysis presented in *Table 3* indicates a noteworthy but relatively weak positive association between administrative decentralization and the delivery of high-quality public health services within Ibanda town. This observation is substantiated by a correlation coefficient of 0.428**, along with a P-value of 0.000, which falls below the significance threshold of 0.05. As a result, it can be reasonably inferred that administrative decentralization and the quality of public health service delivery are closely intertwined, and improvements in administrative decentralization would likely lead to enhancements in healthcare services in Ibanda town.

Moreover, qualitative insights obtained through interviews with key informants align with the quantitative results. These interviews unveiled that many citizens have limited awareness of the roles and responsibilities of local officials and limited interaction with them. The sporadic presence of certain local officials exacerbates this situation, posing challenges for citizens in addressing their healthcare needs. Consequently, the provision of quality health services faces hindrances, with instances of healthcare workers' absenteeism further compounding difficulties in accessing timely and adequate healthcare services.

One of the key interviewees, H, also noted that while certain freedoms exist, limitations arise from the administration's insufficient time for public consultations on crucial matters, impacting democratic participation. This not only restricts civil liberties but also hinders an understanding of the community's basic needs.

Another participant, B, highlighted that most representatives fail to effectively voice the concerns of the people.

These findings collectively underscore ongoing issues in the quality of healthcare services in the Ibanda area.

Regarding the "Accessibility of Administrative Decentralization of Public Health Services," the research employs a 5-point Likert scale, ranging from 1 (disagree) to 5 (strongly agree). Where SD represents disagreement (1), D indicates disagreement (2), NS denotes uncertainty (3), A stands for agreement (4), and SA represents strong agreement (5). A score of 3 reflects the participant's agreement, a mean of 3 implies uncertainty, and a mean below 3 suggests disagreement.

Table 5: Coverage of public health services

Statement	SD	D	NS	A	SA	M
Required health services are consistently accessible	202 (38.5)	214 (40.8)	12 (2.3)	51 (9.7)	46 (8.8%)	1.72
There is minimal dissatisfaction among the population regarding the quality of services provided in the district.	199 (37.9)	153 (29.1)	17 (3.2)	82 (15.6)	74 (14.1)	1.52
There are very few people complain of the nature of the services delivered in the district	131 (24.9)	156 (29.7)	28 (5.3)	102 (19.4)	108 (20.6)	2.85
Necessary healthcare equipment is consistently available and well-maintained.	276 (52.5)	244 (46.5)	_	3 (0.6)	2 (0.4)	1.01
Citizens can access health services whenever required.	182 (34.7)	184 (35)	18 (3.4)	42(8)	99 (18.9)	1.64
The proximity to public health facilities is convenient for the residents	162 (30.9)	174 (33.1)	5 (0.9)	102 (19.45)	79 (15)	1.85

Source: Field data (2023)

Table 5 presents significant findings regarding the accessibility and satisfaction with public health services in the district. A notable proportion of respondents found that required health services were consistently accessible (38.5% agreed, 40.8% somewhat agreed), though a substantial

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number remained uncertain or disagreed. The mean value of 1.72 suggests an overall tendency toward disagreement. Regarding the satisfaction with service quality, participants displayed varying degrees of agreement (15.6% agreed, 14.1% strongly agreed), alongside significant disagreement (37.9% disagreed, 29.1% somewhat disagreed). The mean score of 1.52 suggests a general sentiment of disagreement regarding satisfaction. Few complaints were reported about the nature of services, with a higher number expressing agreement (20.6% strongly agreed, 19.4% agreed). The mean value of 2.85 indicates overall agreement. Necessary healthcare equipment's availability and maintenance evoked disagreement (52.5% disagreed, 46.5% somewhat disagreed). Participants also leaned towards disagreement in terms of easy access to health services when needed (34.7% disagreed, 35% somewhat disagreed). Convenience regarding the proximity of public health facilities garnered mixed responses (15% strongly agreed, 33.1% somewhat disagreed). These findings provide a nuanced picture of the public's views on health services, offering insights for improvements.

Correlation Coefficient Between Administrative Decentralisation Accessibility Public Health

The relationship between administrative decentralization and accessibility of public health services in the Ibanda district was assessed using the Pearson correlation product moment method (a bivariate analysis). The outcomes of this analysis are outlined in *Table 5*

Table 4: Correlation matrix between administrative decentralisation accessibility to public health

		Administrative decentralization	Accessibility of public health distribution
Managerial decentralization	Pearson Correlation	1	.571**
	Sig. (2-tailed)		.000
	N	525	525
Accessibility of public health delivery	Pearson Correlation	.571**	1
	Sig. (2-tailed)	.000	
	N	525	525

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

Source: Primary Data (2023)

The correlation results in *Table 5* show that there is a significant relationship between governance and access to public healthcare in Ibanda District. This is indicated by the correlation coefficient of 0.571** at a P value of 0.000, which is below the 0.05 significance level. This means that democratic governance and access to public health services go hand in hand and improvements in self-government translate into development leading to improved access to public health services in Ibanda District.

The positive results obtained from the interviews supported many conclusions. The findings revealed that Ibanda District does not have sufficient funds to support its activities and health facilities are struggling to provide health services to the people of the district. The Ministry of Health was charging patients to fuel the generator, but this regulation was met with objection from patients. Therefore, this situation affects the accessibility of public health services

According to charter A, the city council has the authority to collect taxes and decide how to distribute them, but the revenue is not sufficient to fulfill the duties assigned by the city council. This was revealed by key informant B, who said:

"The city has strong tax laws and guidelines, but the difficulty is only that the economy pressure is low and there is a small base for taxation. Income is limited to one business, taxi stand Several tax bases such as, shops etc are not able to raise enough money based on our work as an area and our health center in Ibanda was receiving very little funding Public drinking in Ibanda Local Government Area 5 Point Likert Usage 1 (disagree) to 5 (agree) scale ranging from SD = Strongly Disagree (1), D = Disagree well (2), NS

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= Not sure (3), A = Agree (4), and SA = Strongly Agree (5). Above 3 indicates that respondents agree. A mean of 3 indicates that the respondents are undecided, while a mean of less than 3 indicates that the respondents disagree. Agree" means "disagree", "disagree" means "agree" means "disagree".

Table 5: Coverage of public health services

Statement	SD	D	NS	A	SA	M
Comprehensive public health services are accessible to the entire population.	148 (28.2)	139 (26.5)	14 (2.7)	118 (22.5)	106 (20.2)	1.98
Sufficient funding is allocated for healthcare services.	99 (18.9)	108 (20.6)	27 (5.1)	128 (24.4)	163 (31)	3.72
Roles and responsibilities for public service delivery are well-defined.	13 (2.5)	15 (2.9)	8 (1.5)	254 (48.4)	235 (44.8)	4.71
Health facilities are strategically located within each sub-county of the district.	130 (24.8)	134 (25.5)	8 (1.5)	118 (22.5)	135 (25.7)	2.87
The required health services are consistently accessible.	158 (30.1)	171 (32.6)	17 (3.2)	91 (17.3)	88 (16.8)	1.62
A majority of community members access healthcare from government facilities located within a 5-kilometer radius of their homes.	78 (14.9)	82 (15.6)	19 (3.6)	124 (23.6)	122 (23.2)	3.82

Source: Field data (2023)

The results in *Table 6* indicate that 148 people (28.2%) disagreed, 139 people (26.5%) disagreed, 14 people (2.7%) were not sure and 118 people (22.5%). %) agree and 106 people (20.2%) agree that public healthcare should cover the entire population. The average value of 1.98 indicates that the participants disagree with this statement. The survey results in *Table 6* show that 99 people (18.9%) disagreed, 108 people (20.6%) disagreed, 27 people (5.1%) were not sure, 128 people (24.4%) agreed and 163 people agreed. (31%) shows that they agree. surprised. Ensuring adequate financing for health services. This means that the mean value of 3.72 indicates that the average number of respondents agreed with the statement.

The results in *Table 6* show that 13 people (2.5%) disagreed, 15 people (2.9%) disagreed, 8 people (1.5%) disagreed, of course, 254 people (48.4%) agreed shows that there are 235 people (44.8%).) %) Agree I agree that the role and responsibility for public service is clear. The fact that this average is 4.71 means that the participants agree with the statement. *Table 6* shows that 130 people (24.8%) disagreed, 134 people (25.5%) disagreed, 8 people (1.5%) were undecided, 118 people (22.5%) agreed and 135 people (25%) agreed. 7) shows that you agree with everything. They are medical centers in all countries. Regional Vice President. The fact that this average value is 2.87 shows that the average value of the participants disagrees with the statement.

The results showed that 158 people (30.1%) disagreed, 171 people (32.6%) disagreed, 17 people (3.2%) were not sure, 91 people (17.3%) agreed well and 88 people agreed (16.8%). we agree that medical attention should always be available. This means that the average of the participants does not agree with the statement, as the average is 1.62. *Table 7* shows that 78 people (14.9%) disagreed, 82 people (15.6%) disagreed, 19 people (3.6%) did not know, 124 people (23.6%) agreed and 122 people (23.2%) agreed.) shows that most communities participate. Members seek medical services from government facilities within 5 km of their homes. The average value is 3.82, which shows that the participants disagree with this statement. Correlation coefficient between administrative control and public health

Pearson correlation product moment technique (bivariate) was used to generate the results establishing the relationship between administrative control and public health

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management in Ibanda District, the results are shown in *Table 7* below.;

Correlation Coefficient Between Administrative Decentralisation on Coverage of Public Health

A Pearson correlation product moment technique (bivariate) was used to produce the results to establish the relationship between the administrative decentralization on coverage of public health in the Ibanda district, and the results are as indicated in *Table 7* below

Table 6: Correlation matrix administrative decentralisation and public health service delivery.

		Administrative decentralization	Coverage of public health
Administrative decentralization	Pearson Correlation	1	.783**
	Sig. (2-tailed)		.000
	N	525	525
Coverage of public health	Pearson Correlation	.783**	1
	Sig. (2-tailed)	.000	
	N	525	525

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

The correlation results in *Table 7* show that there is a significant relationship between governance and public health in Ibanda District. This is indicated by a correlation coefficient of 0.783** at a P value of 0.000, which is below the 0.05 significance level. This means that democratic governance has led to improvements in public health services in Ibanda district.

One of the key documents that further supports the above findings revealed that Ibanda District was not fully accountable for the performance of the activities of the Central Appointment Office. A senior healthcare worker wanted to escape by taking advantage of the personnel service crisis. Workers can only attend clinics three times a week, impacting the delivery of services as they require daily consultations.

Another major source reported that there were too many patients in the hospital compared to the medical staff. This alleges that some healthcare workers are taking advantage of the situation to extort money from patients.

During the conversation with some of the main interviewees, it was reported that medical facilities are recognized as legal entities and have guidelines for cooperation and monitoring of healthy working, but suffer from poor management and lack of accountability.

Conclusion

The study's findings revealed a clear positive correlation between governance and public healthcare, indicating that enhancements in distribution management can elevate the quality of healthcare services in the Ibanda area. In addition, the research concluded that governance management is positively associated with public healthcare, signifying that advancements in self-governance have resulted in improved accessibility to public health services in the Ibanda region. The results highlight a robust link between self-management and public healthcare, signifying that the progress in self-governance has contributed to the enhancement of public health services in the Ibanda region.

Recommendations

Improving good governance such as transparency, efficiency, legality, accountability, fairness and participation We also thank the district administration for their management, regular monitoring and performance evaluation in Ibanda District Whistleblower. When these lines of communication are established, employees respond.

The central government should continually hold regions accountable for their performance to

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stimulate growth and raise awareness about the proper distribution of funds, drug use and other expenses. Their machines are provided with sanitary equipment to support health-related studies.

Furthermore, this research recommends ongoing training and development for administrative management in order to enhance public health services. This can be achieved by placing a greater emphasis on public interests and actively involving the public in decision-making processes. It is vital to engage the community in discussions and include them in the budgeting procedure.

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