

## Exploring the Impact of Decentralization on Service Quality at Bwera District Local Government Hospital in Kasese District.

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### ABSTRACT

This study investigates the relationship between decentralization and service quality in Bwera District Hospital, focusing on fiscal, political, and administrative decentralization. The target population is health workers at the hospital, and a simple random technique was used to reach the sample. Data was collected through closed open questionnaires and analyzed using the Statistical Package of Social Sciences (SPSS). The findings indicate that fiscal decentralization has improved service quality, political decentralization has empowered community members, and administrative decentralization has significantly influenced service quality. The study recommends more debate and bargaining on the balanced distribution of fiscal resources among different districts, local governments controlling their own-source revenues to allow some discretion in matching citizens' needs with taxes paid, and the government of Uganda partnering with its agencies to build capacity at lower levels of communities through better intergovernmental transfers.

Keywords: Fiscal decentralization, service quality, political decentralization and Hospital

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### INTRODUCTION

Every organization has been forced to evolve as a result of Scientific Revolution in form of creativity and innovation to improve on service quality in both education and health public institutions [1]. The government Aided institutions tend to look forward on the notion of welfare intent amongst the citizens or the community. Therefore the government invests much in the building of structures which are; fiscal, political and administrative in a given institutions .the government has the fundamental explanations to the members of the community by providing wonderful services in public institutions such as

hospitals [2] . The decentralization became the way to improve decentralization to improve on service quality across the globe. Decentralization was divided into three parts namely: fiscal, political and administrative. This kind of approach of managing public institutions purposely to improve service quality in the developed and the developing world [3]. Across the world especially in Asia, Bangladesh is among the countries that have poor and disadvantaged populations as they are situated in the hard to reach areas of Char land province. The study was carried in Char

land of about 222 respondents using the interview guide on the family heads. The results showed that the family members were suffering from different types of diseases but they did not have adequate scientific facilities, less man power and the qualities of service were very poor [4]. The government of Uganda made tireless efforts through decentralization to improve on service quality in the country's healthcare sector in all sub-national governments. This drive aimed at enriching the millennium development goal of making the world free from diseases and people live a health and

better life. The government of Uganda aligned two Ministries namely: Health and local government to facilitate the running of district hospitals in the country. This effort helps to improve on service quality in the local communities of the country [5]. The local governments are authorized to provide permissive and mandatory services through public to provide services to local communities [6]. In line with this, Bwera District local government hospital was given full powers and responsibilities to improve on services in Kasese District [7].

**Statement of the problem**

Despite the fact that the government of Uganda developed Bwera District Hospital in Kasese district purposely to improve on services in the area. The start off point by the government of Uganda was to build fiscal, political and administrative structures purposely to improve health services of the people. Besides that the government has established committees to oversee financial and other managerial running

of the hospital. However report indicates that the beds for patients are inadequate, buildings are in bad shape, patients hardly receive enough care from health experts and drugs are scarce [8]. Therefore the current study aims at investigating the real route cause of poor service quality in Bwera district hospital in spite of the Ugandan government' relentless effort to improve health services in Kasese district.

**Aim of the study**

The major aim of the study is to investigate the relationship between

decentralization and service quality in Bwera District Hospital.

**Specific objectives of the study**

- (i) To explore the relationship between fiscal decentralization and service quality in Bwera District Hospital.
- (ii) To examine the relationship between political decentralization and service

- quality in Bwera District Hospital.
- (iii) To determine the relationship between fiscal decentralization and service quality in Bwera District Hospital

**Specific Questions of the study**

- (1) What is the relationship between fiscal decentralization and service quality in Bwera District Hospital?
- (2) What is the relationship between political decentralization and service quality in

- Bwera District Hospital?
- (3) What is the relationship between fiscal decentralization and service quality in Bwera District Hospital?

**The justification of the study**

The government of Uganda adopted decentralization purposely to improve on service quality in health sector of Uganda. Therefore the justifications of the study include the following; the

findings between decentralization as the independent variable and service quality as the dependent variable shall be useful for policy formulation and planning of a better service quality of the country.

The findings of this study shall be used by other researchers to improve on service quality in healthcare sector; the journal articles of the study shall uplift Kampala international University in the World Web Rankings, the study also

shows the gap between theory and practice between the concepts of decentralization and service quality. The study is important in a sense that will help people of Kasese District to improve the healthcare sector.

#### **Theoretical Review**

The study theory is soufflé which aims at strengthening structures of the organization for better services. The three dimensions of decentralization

namely; fiscal, political and administrative are meant to be at the center stage in improving services in the organizations in a given society, [9].

#### **Soufflé Theory of Public Management**

This theory was designed by Park in 1995 purposely to strengthen public intuitions and in the end the services are improved for the people in the community to benefit. Park stressed that, these three basic dimensions namely; fiscal, political and administrative are seen as the drivers for service quality improvement. Park further stated that decentralization is a multi-dimensional process that proceeds with success and setbacks. In the process the central

government transfers some of its fiscal, political and administrative powers to the local sub- government. However [10], stated that if structures are built alongside a single community this might ignite secessionist tendencies in the country. Therefore the theory provides the in-depth understanding of various constructs namely; fiscal, political and administrative being examined in the study.

#### **Fiscal Decentralization and Service Quality in Healthcare Sector**

This involves the transfer of financial planning authority from central government to local councils and government appointees in the healthcare sector of a given sub-national or local Government [11]. Besides that but health units can collect some revenue for the health institution. Fiscal decentralization also encourages robust role of citizen's participation,

responsiveness, and creates enough environment for stakeholders to work out for their mandate to improve services in their localities. The government has take the initiatives of transferring of both conditional and un conditional grants to facilitate healthcare sector in the sub-national government, [12].

#### **Political decentralization and service quality in healthcare sector**

This category of decentralization allows enterprises, community groups, cooperatives, private Voluntary organizations and other non-government entities to perform services that was solely or mostly responsibility of the central government [13]. Political decentralization increases accountability in healthcare sector. The political wing always gives feedback on local government decision making for responsible actions to take place. In this context of decentralization, supply of services in healthcare sector becomes

appropriate. [14], believes that political decentralization is necessarily for accountability and efficient gains. Political decentralization is advantageous for citizen participation in budget formulation process. Besides that it is important because local governments have the ability to make choices and put them into account, [15]. In addition to that, political decentralization becomes helpful in service improvement if the political system is free and fair.

#### **Administrative decentralization and service quality in Healthcare sector.**

Administrative decentralization means the transfer of administrative planning and management of public institutions

from central government to field units of government agencies [15]. Administrative decentralization aims at

transferring Of Planning both financial and non-financial, control of services from central government to local unit levels. Administrative decentralization could command respect if the health duties are fully decentralized to the local communities as a policy matter between the central and local government. The local government human resource divisions should thoroughly monitor and

oversee recruiting, manage wage bills, payrolls, pensions, and control of scholarships [16]. The central government should hold accountable for its performance on regular basis to instill a sense of urgency and proper allocation of funds as well as proper utilization of disbursed drugs and machines assigned to aid health related operations [17].

### **Service Quality in Healthcare Sector**

The ministry of Health in Uganda aimed at improving service quality in the country. The research industry did not have a clear framework to help improve service quality in the country. Therefore in 2016 the Ministry adopted the framework of Batalden and Stoltz of 1993. The framework contains ten dimensions namely; safety, effectiveness, efficiency, equity, technical competence, patient and family centered care, continuity, inter-personal relationships and choice. This framework [18]. The ten dimensions gave a link between the patients and the professionals that gives a picture that would ultimately improve on service quality in the healthcare sector of any country. The framework gives an understanding of the whole picture of the patient in the whole journey of the patient illness that could lead to improved service quality. The framework depicts the coordinate in terms of the experiences, comments, and suggestions from the next of kin in finding ways of solving the problem [19]. The dimensions were elucidated as follows; safety: harm free healthcare and degree to which patients are protected from risks of harm which might be produced by clinical practice or other aspects of healthcare and the activities carried out to prevent and reduce risks; effectiveness: involves the delivering of healthcare that is adherent to an evidence trained by the external factors [20].

base and results to bring about healthcare outcomes to individuals and communities based on need; efficiency : the delivering of healthcare in the manner which maximizes resource use and avoids waste ; access : the delivering of healthcare that is largely from geographically and settings where skills and resources are appropriate to the need ; involves the delivering of healthcare that provides services that do not put in account personal characteristics such as gender, race, ethnicity, geographical location , and socio-economic status ; technical competence : this involves the healthcare individual knowledge , skills, attitude, and behavior which health workers needs in order to perform a good job; Patient and family centeredness: delivering of healthcare which ensures that decisions taken by the health personnel respects patients and family wants , needs, and preferences and support they require to make decisions and participate in the care of the patient ; continuity : the ability of the health service center to initiate and complete a program of care to the individuals and communities ; inter-personal relationships between the managers, patients and communities ; and choice : involves the working patterns whereby the individual opportunities and autonomy to perform an action selected from at least two available options and uns

### **Research Methodology**

#### **Research design**

The research design is a plan of methods and techniques to be adopted for collection and analysis of data required to answer questions .this study adopted a descriptive research survey design. The design states

that descriptive studies are fact-finding enquiries and their purpose is describe the state of affairs as it exists at present. The study intends to describe the variables associated with the problem [21].

### Target Population

Population is defined as a set of people, services, elements, events, group of things or households that are being investigated. The target population was the health workers from Bwera District Hospital in

Kasese District. The study aims to explain the characteristics of the population that the researcher has to make generalization [22].

### Sample size & Sampling Technique

There is general consensus that if the sample size is above 10 percent of the accessible population is enough for descriptive surveys. Therefore the study thought to generate information from 78 workers from Bwera District Hospital in Kasese District. The simple Random Technique was used. The technique

produced estimates of overall population parameters with greater precision. The population selected element of the population that is to be studied. The technique used 78 respondents to ensure that the sample size accurately represents the views of the total population [22].

### Data collection Methods and Instruments.

The researcher collected data using closed ended questions in in order to investigate decentralization and service quality in Bwera District Hospital. The questionnaire

was designed to collect quantitative data. The study employed five likert scale for data gathering.

### Validity Reliability Results

Construct	Validity tests	Reliability tests
Political Decentralization	.67	.796
Fiscal Decentralization	.71	.764
Administrative Decentralization	.70	.887

### Data Analysis

The study generated quantitative data as the questionnaire was closed ended. The descriptive statistics such as frequencies, percentages, means and standard deviations was used to produce a report

and present data. Analysis was done using statistical package for social sciences (SPSS) as it is compressive and offers extensive data handling capacity.

### Four interpretation of results

Bio data

**Table 1: Gender of the respondents**

Gender	Frequency	Percent	Cumulative Percent
Valid male	40	51.3	51.3
female	38	48.7	100.0
Total	78	100.0	

From the table above, the majority of the respondents were male (51.3%) while the minority were female (48.7%).

**Table 2: Current age in years**

Response	Frequency	Percent	Cumulative Percent
Valid (17-27yrs)	21	26.9	26.9
(28-38 yrs)	29	37.2	64.1
(39-49 yrs )	16	20.5	84.6
(50-60 yrs)	11	14.1	98.7
(61-69)	1	1.3	100.0
Total	78	100.0	

From the table above, the majority of the respondents were aged (28-38 yrs). This age bracket is considered to be active in

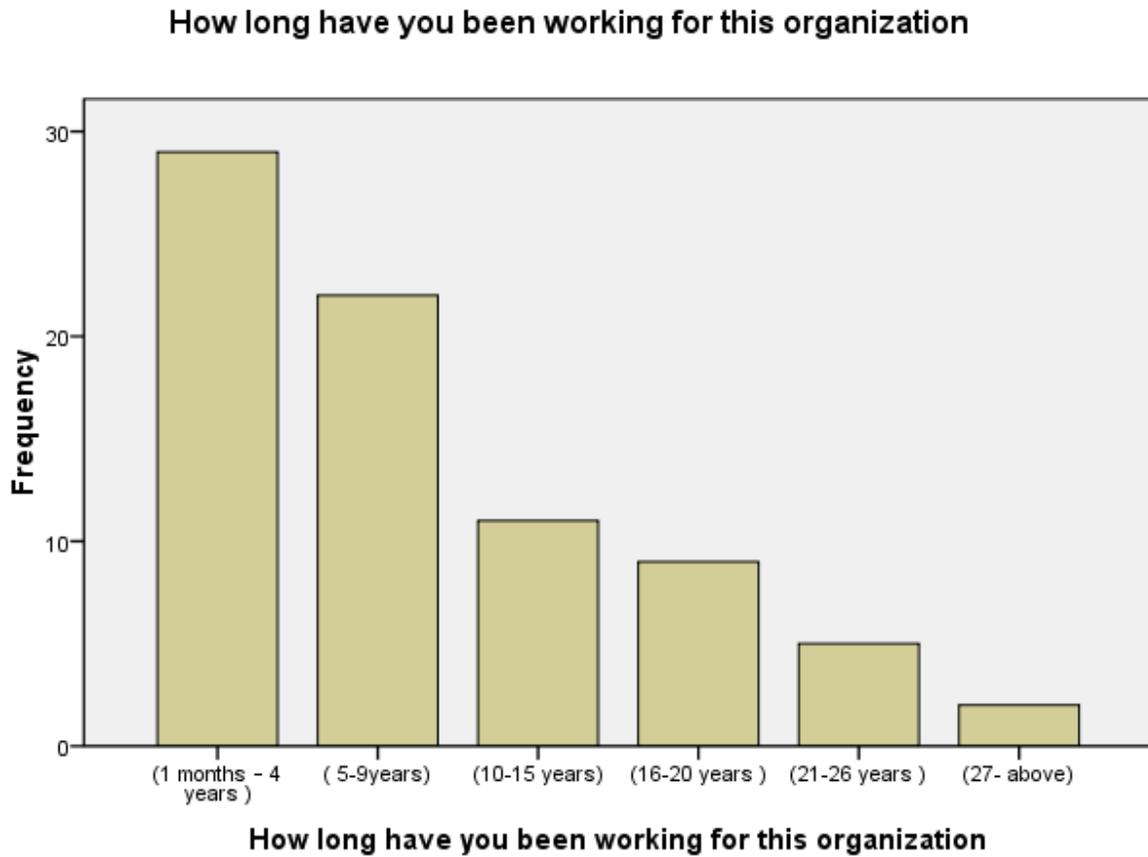
the day today running of the any organization or institution.

**Table 3: Current position in your organization**

Response	Frequency	Percent	Cumulative Percent
Valid Senior Management	18	23.1	23.1
Mid-level Management	39	50.0	73.1
Operational Management	21	26.9	100.0
Total	78	100.0	

According to the table above, the majority of the respondents were in their Mid-level Management 39(50%) while the minority 18(23.1%) were in the Senior Management. The mid level management are responsible for carrying out the

decisions made by upper management and ensuring the directives are executed efficiently and effectively. This implied that the right group of respondents were considered.



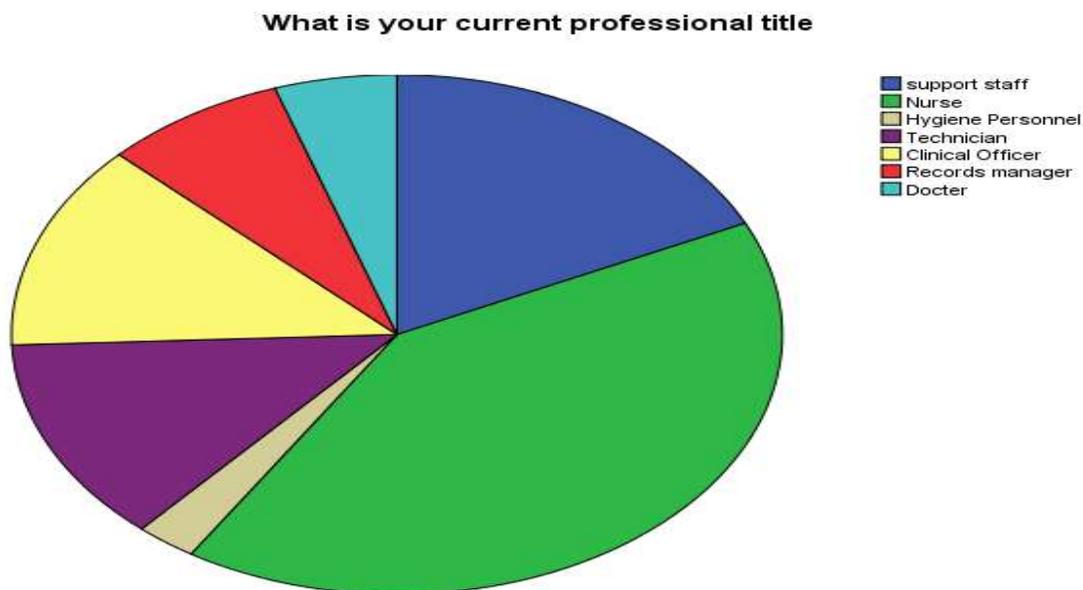
**Figure 1: The working period the employees have been working for the organization**  
From Figure 1 above, the majority of the respondents had spent between 1 months to 4 years making 29(37.2%) in the organization while the minority 2(2.6%) had spent 27 and above years in the organization. This implied that the minority had more experience about the issues of the organization.

**Table 4: Highest level of education attained**

Response	Frequency	Percent	Cumulative Percent
Valid Phd	3	3.8	3.8
Masters	3	3.8	7.7
Post-Graduate Diploma	11	14.1	21.8
Bachelors	39	50.0	71.8
Diploma	16	20.5	92.3
Professional Certificate	1	1.3	93.6
UACE	3	3.8	97.4
UCE	2	2.6	100.0
Total	78	100.0	

According to the table above, the majority of the respondents 39 (50%) had attained Bachelors as the highest level of education while the minority 1(1.3%) had attained a Professional Certificate. Since the majority had bachelor’s degree this implies that they had the basic knowledge to enable them work in this

organization. Earning a e degree show your ability to complete academic work. Some employers consider this a demonstration of your mental capacity and work ethic. Employers view a degree as verification of the skills, intelligence and ability to dedicate yourself to difficult tasks.



**Figure 2: Current professional title of respondents**

According to the figure above, the majority of the respondents were nurses

32(41%) while the minority were records manager 6 (7.7%).

**Table 5. District hospital**

Response	Frequency	Percent	Cumulative Percent
Valid Bwera	78	100.0	100.0

According to the table above all the respondents were working at the District hospital.

**Table 6: Certificate or course accomplished in public administration**

Response	Frequency	Percent	Cumulative Percent
Valid Phd	1	1.3	1.3
Masters	2	2.6	3.8
Post-Graduate Diploma	1	1.3	5.1
Bachelors	12	15.4	20.5
Diploma	10	12.8	33.3
Professional Certificate	52	66.7	100.0
Total	78	100.0	

From the table above, the majority of the respondents got the knowledge about public administration during their

Professional Certificate. This implies that they did not go deep in studying public administration.

**Table 7: The relationship between fiscal decentralization and service quality in Bwera District Hospital**

	Response	Frequency	Percentage (%)
Local government authority sets the rates for local revenue in this hospital	Strongly Disagree	6	7.8%
	Disagree	11	14.3%
	Neutral	18	23.4%
	Agree	27	35.1%
	Strongly agree	15	19.5%
The majority of fiscal transfers for this hospital are formula-based and unconditional	Strongly Disagree	5	6.4%
	Disagree	18	23.1%
	Neutral	21	26.9%
	Agree	25	32.1%
	Strongly agree	9	11.5%
The money remitted to this hospital, matches with its responsibilities	Strongly Disagree	6	7.7%
	Disagree	9	11.5%
	Neutral	23	29.5%
	Agree	26	33.3%
	Strongly agree	14	17.9%
Departments in this hospital account for their expenditure properly	Strongly Disagree	9	11.5%
	Disagree	14	17.9%
	Neutral	20	25.6%
	Agree	20	25.6%
	Strongly agree	15	19.2%
Procurement activities for this hospital are done by the hospital management	Strongly Disagree	14	17.9%
	Disagree	16	20.5%
	Neutral	15	19.2%
	Agree	20	25.6%
	Strongly agree	13	16.7%
Financial requisitions meet the desired obligations	Strongly Disagree	13	16.7%
	Disagree	11	14.1%
	Neutral	16	20.5%
	Agree	23	29.5%
	Strongly agree	15	19.2%

As far as getting answers on the issue of whether there is the relationship between political decentralization and service quality in Bwera District Hospital.

It was established that local government authority sets the rates for local revenue in this hospital indicated by the majority 27(35.1%) agreed while the minority

6(7.8%) strongly disagreed. This an indication that political leaders in the district has influence on the service delivery in the hospital. On the issue of whether the majority of fiscal transfers for the hospital are formula-based and unconditional the majority agreed 25(32.1%) agreed while the minority 5(6.4%) strongly disagreed. Therefore this indicates that on fiscal transfers the level of decentralization is low. More to that about the issue of whether the

money remitted to the hospital, matches with its responsibilities, the majority 26(33.3%) agreed while the minority 6(7.7%) strongly disagreed. Since the majority agreed it implies that political decentralization has an impact on service quality in Bwera District Hospital. On the issue of whether Departments in this hospital account for their expenditure properly, the majority 20(25.6%) agreed while the minority 9(11.5%) strongly disagreed.

**Table 8: The relationship between political decentralization and service quality in Bwera District Hospital.**

	Response	Frequency	Percentage (%)
The executive at the district that is nominated by the central government to manage the hospital is approved at the district by popular vote	Strongly Disagree	9	11.5%
	Disagree	14	17.9%
	Neutral	22	28.2%
	Agree	22	28.2%
	Strongly agree	11	14.1%
There is some degree of political freedom in your hospital	Strongly Disagree	5	6.4%
	Disagree	18	23.1%
	Neutral	21	26.9%
	Agree	23	29.5%
	Strongly agree	11	14.1%
There is political party impartiality on job appointment in this hospital	Strongly Disagree	8	10.3%
	Disagree	9	11.5%
	Neutral	23	29.5%
	Agree	27	34.6%
	Strongly agree	11	14.1%
The political wing at the district has full autonomy to formulate laws related to the management of this health facility	Strongly Disagree	8	10.3%
	Disagree	16	20.5%
	Neutral	20	25.6%
	Agree	20	25.6%
	Strongly agree	14	17.9%
Authority is located in the senior management	Strongly Disagree	11	14.1%
	Disagree	14	17.9%
	Neutral	16	20.5%
	Agree	24	30.8%
	Strongly agree	13	16.7%
Political decisions are made through patronage that rotates on personalities with power in relation to the management of this health facility	Strongly Disagree	3	3.8%
	Disagree	8	10.3%
	Neutral	30	38.5%
	Agree	26	33.3%
	Strongly agree	11	14.1%

According to the table above, concerning the issue of whether the executive at the district that is nominated by the central government to manage the hospital is approved at the district by popular vote indicated that the majority 22 (28.2%) and the same number 22(28.2%) strongly agreed while the minority 9(11.5%) disagreed. This implied that the district executive have a hand on the appointment of the hospital staff which can help them to influence their service delivery. On the issue of whether there is some degree of political freedom in the hospital, the majority 23(29.5%) agreed while the minority 5(6.4%) strongly disagreed. This implied that the staffs can participate in the decision making as an indicator of being decentralized. As for as whether there is political party impartiality on job appointment in this hospital, the majority 27(34.6%) agreed while the minority 8(10.3%) strongly disagreed. This implied that the political party of an individual has an impact on

job appointment in this hospital. As for as to whether the political wing at the district has full autonomy to formulate laws related to the management of the health facility, the majority 20(25.6%) agreed while the minority 8(10.3%) strongly disagreed. This shows that the district has participate in formulating laws to manage the hospital. More to that, on the issue of whether authority is located in the senior management, the majority 24(30.8%) agreed while the minority 11(14.1%) strongly disagreed. This indicated that the management has a say on the decisions of the hospital. In addition to the above, on the issue of whether the political decisions are made through patronage that rotates on personalities with power in relation to the management of this health facility, the majority 30(38.5%) were neutral on the issue of discussion while the minority 3(3.8%) strongly disagreed. This implied that the respondents were not sure on how political decisions are made.

**The relationship between administrative decentralization and service quality in Bwera District Hospital.**

Response	Frequency	Frequency (%)	
There are always voluntary consultations between local and central government	Strongly Disagree	6	7.7%
	Disagree	20	25.6%
	Neutral	24	30.8%
	Agree	20	25.6%
	Strongly agree	8	10.3%
The hospital has freedoms to exercise its duties freely	Strongly Disagree	18	23.1%
	Disagree	22	28.2%
	Neutral	17	21.8%
	Agree	17	21.8%
	Strongly agree	4	5.1%
The hospital is semi-autonomous from referral hospital	Strongly Disagree	6	7.7%
	Disagree	22	28.2%
	Neutral	23	29.5%
	Agree	20	25.6%
	Strongly agree	6	7.7%
Decentralization has improved on decision making in this hospital	Strongly Disagree	8	10.3%
	Disagree	24	30.8%
	Neutral	15	19.2%
	Agree	24	30.8%
	Strongly agree	7	9.0%
Decentralization has improved the operation of health sector in your district	Strongly Disagree	11	14.1%
	Disagree	14	17.9%
	Neutral	19	24.4%
	Agree	26	33.3%
	Strongly agree	8	10.3%
Administrative structures are well established to improve quality in this hospital	Strongly Disagree	8	10.3%
	Disagree	20	25.6%
	Neutral	20	25.6%
	Agree	18	23.1%
	Strongly agree	12	15.4%

The table shows the relationship between administrative decentralization and service quality in Bwera District Hospital as shown below; Concerning the issue of whether there is there are always voluntary consultations between local and central government, the majority were Neutral 24(30.8%), while the minority 6(7.7%) strongly disagreed. On the issue of whether the hospital has

freedoms to exercise its duties freely, the majority 22(28.2%) strongly disagreed while the minority 4(5.1%) strongly agreed. This implies that there is administrative decentralization towards service quality in Bwera District Hospital. Concerning the issue of whether the hospital is semi-autonomous from referral hospital, the majority 22(28.2%) were neutral while the

minority 6(7.7%) strongly agreed. More to that on the issue of whether decentralization has improved the operation of health sector in the district the majority 26(33.3%) agreed while the minority 8(10.3%) strongly agreed. This implies that the services of the hospital have improved. On the issue of whether

Administrative structures are well established to improve quality in this hospital, the majority 20(25.5%) Disagreed while minority 8(10.3%) strongly Disagreed. This implies that the structures to help decentralization are not fully established.

### CONCLUSION

#### **The relationship between fiscal decentralization and service quality in Bwera District Hospital.**

The study concludes that fiscal decentralization and service quality in Bwera District Hospital. fiscal decentralization helps to improve the quality of decisions/decision-making at the top level management in relation to health service delivery. Decentralization of authority among other executives at all levels in the district relieves the top executive of the excessive burden saving his valuable time which can devote to more important and long-term problems.

The study also concludes that fiscal decentralization also encourages development of managerial personnel. This provides wide exposure to personnel or administrators and hence that gives an opportunity to grow and to have self-development and thus the more talented and capable persons learn and improve and qualify themselves for higher managerial positions within the district and thus improves on the performance thus contributes to better health service delivery.

#### **The relationship between political decentralization and service quality in Bwera District Hospital**

The Political decentralization policy has led to increased utilization of the health facilities on the perception that the policy was good because it empowered the local community in terms of creating sense of ownership in the stakeholders, that has facilitated the sustainability of the public institution in spite the views expressed, the policy has failed to deal with drug shortages, inefficient utilization of the resources ,morale among the staff, retraining of the staff and better remuneration in order match effective implementation of the policy. Improved

effectiveness; which is the view that government functions should be carried out at the lowest level that can perform those functions effectively and efficiently. This is linked to the notion that decentralization can lead to improved service delivery, because local officials, as compared to the central government, due to their knowledge of local needs and the incentive to use this information, are better equipped to respond to local variations in conditions, standards and requirements for services and infrastructure.

#### **The relationship between administrative decentralization and service quality in a District Hospital**

The study revealed that administrative decentralization has a significant influence on service quality in a District Hospital. In spite of its significance, the study however noted that there is there are always no

voluntary consultations between local and central government in addition to the fact that the hospital administrators has no freedoms to exercise its duties freely.

### RECOMMENDATIONS

The study recommends that there needs to be more discussion and agreement on the degree of balanced distribution of fiscal resources among different regions. Furthermore, what is important is for the national government to provide a steady

stream of transfers that local governments can rely on for budget purposes. The study recommends that the revenue-sharing formula should be transparent. Furthermore, there is need to create some incentives for the development of own-

source revenue at the regional and local level. Local governments should control their own-source revenues sufficient to allow some discretion in matching the needs of citizens and the taxes paid. It is

also recommended that government of Uganda in partnership with its agencies should ensure to build capacity at lower levels of the communities through better intergovernmental transfers.

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