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**Corruption as a Barrier to Health Service Delivery in Lira District,  
Uganda**



## Corruption as a Barrier to Health Service Delivery in Lira District, Uganda

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### ABSTRACT

**Purpose:** This study set to investigate the relationship between corruption and health service delivery in the Lira district. Four objectives were targeted: determining the effect of corruption on health service delivery, examining corrupt actions, mechanisms of fighting corruption and challenges faced by the public in fighting corruption in Lira district.

**Methodology:** The study adopted a cross-sectional study design that employed a mixed-methods approach of both quantitative and qualitative methods. The study population consisted of 120 people, which comprised patients, in-charges of Ogur and Amach Health Center IV, village health teams, and some community leaders. The researcher used self-administered questionnaires to collect data, an interview guide, and a focus group discussion checklist for qualitative. The descriptive statistics (mean, frequency, and standard deviation) and the regression statistics were used to determine the effect of corruption on health service delivery.

**Findings:** The study found that corruption is associated with poor health service delivery in government health facilities. The regression coefficient of 0.97 and R-square of 0.97 reveal a strong correlation, which affects health service delivery by 38.2 percentage points. There are numerous corruption actions in health facilities, such as the selling of government drugs to patients; bribery, especially in the outpatient department; theft of health commodities; nepotism; favoritism; segregation at all service points in health facilities; and poor accountability. The mechanisms of fighting corruption in the health sector were community empowerment, community campaigns against corruption, reporting of suspected cases of corruption, tight supervision of government employees, and others. The challenges faced by the public in fighting against corruption were lack of community empowerment, a lack of information, unclear reporting channels for corrupt perpetrators, community ignorance, and fears of being mistreated by health workers, a weak political system, and bribery.

**Unique contribution to theory, policy and practice:** It was recommended that the government of Uganda should increase health worker salaries; tighten supervision of health workers at least weekly for effective monitoring; and a contract for fighting corruption be awarded to a private company because it worked well with the Apac anti-corruption coalition (TACC). This study contributes to the re-awakening of stakeholders on the depth of corruption in basic service delivery in Uganda.

**Keywords:** *Corruption, barrier, health, service delivery*

## 1. Introduction

Corruption is one of the global phenomenon threatening economic developmental efforts across all countries and has been part of human societies since the ancient dynasty times. Forms of corruption such as fraud, embezzlement, theft, bribes, and kickbacks are increasing drastically among the public sectors and even at the lower level of the community. Therefore, chapter one presents the background of the study, problem statement, research objectives, research questions, scope of the study, and justification of the study, significance of the study, theoretical frame work and conceptual frame work on corruption prevalence and health services delivery in Lira district, Northern Uganda. Corruption dates back to ancient times, and it initially was observed in Egypt's judiciary circa 3100-2700 BC, as well as in other ancient countries such as China and Greece. The Alcmaeonid dynasty bribed the Oracle of Delphi priestesses, one of the most powerful mystical forces in ancient Greek historian Herodotus (Biswas et al., 2018). Corruption in Africa is deeply rooted in the Indian Ocean trade around 1500 AD and became well-known during the colonization of African countries in 1800-1960 because some goods in Africa, particularly minerals, were smuggled and taken to European countries by colonialists, which was considered as corruption on the African people (Heywood, 2017). Since 1995, the corruption index has been considered as the best tool in determining public corruption, and the latest report in 2021 revealed most of the African countries scored below 50 index.

In Uganda, corruption is not a new thing for the public, but its origins started before attaining independence in 1962, and it follows government regimes. However, corruption was extreme in some of the regimes, as between 1970 and 1980, the destruction of the economy through Idi-Amin was extreme since all areas of society were being mismanaged and disciplined, which made corruption the central aspect of society, and many people left government sectors for private sectors where there was no strict regulation by the government (Imafidon, 2016). However, from 1986 up to date, the ruling party NRM has put in place a lot of efforts to eradicate corruption in the country, but corruption in the public sector is still increasing rapidly. Adi (2015) explains that corruption is considered a criminal offense that is undertaken by a person or an organization entrusted with a position of authority in order to acquire illicit benefits or abuse power for one person's gain rather than community gain (Hadi, 2015). It involves practices such as bribery, fund embezzlement, misallocation of funds, influence peddling, theft of government assets or finance, fraud, electoral fraud, and skimming of foreign aid money. Additionally, corruption has proven to be one of the constraints hindering the development of many countries due to its effects on access and quality of services delivered to the community (Bashaasha et al., 2011).

Social services delivery is a mechanism in which social programs are delivered to the needy by private or public agencies, and these services may include quality education, quality health services, welfare, infrastructure, mail, social work, food banks, universal health care, police, fire services, public transportation, and public housing. Corruption has become a way of life in numerous countries, but it has affected the level and quality of social services delivered to the

community as a result of distortion or total loss of financial or non-financial resources directed to the community (Biswas et al., 2018). A study conducted on the utilization of health services by women in Uganda found that corruption has contributed a lot to the low utilization of health services based on the fact that most of the health facilities lack equipment as a result of thefts of funding directed by governmental and non-governmental agencies to the health sector (Rutaremwana et al., 2015). Worldwide, over 7% of the health care expenditure is lost to corruption with the annual global health expenditure now stands at 7.5 trillion, this implies that over US\$500 billion of health resources are wasted to corruption (Transparency international, 2019). In addition to that, corruption continues to threaten the development efforts in promoting globalization and the achievement of the sustainable development goal of 2015 with a target of eradicating poverty and enhancing the effectiveness of service delivery to the community. The bad practices of fund embezzlement, misallocation of funds, and bribery have been seen in all countries across the world, but little effort is implemented to eradicate the practices (Tormusa & Idom, 2016). Even in Western European countries, the United States, and Canada, the losses are high, estimated at up to 10% of public health expenditure in Germany, 56 billion euros annually in Europe, and \$75 billion in the United States for Medicare and Medicaid payments alone. The British Centre for Counter Fraud Studies found that 'since 2008, losses as a result of corruption have increased by 25% worldwide and even by 37% for the National Health Service in the UK (García, 2019).

In the developing countries, some \$1.26 trillion per year is lost through corruption, in the form of bribery, theft, tax evasion, and other illicit financial flows, which is roughly the combined size of the economies of Switzerland, South Africa, and Belgium, and enough money to lift the 1.4 billion people who get by on less than \$1.25 a day above the poverty threshold and keep them there for at least six years (Fleming, 2019). The report from the Transparency International Corruption Perception Index scores 178 countries on their degree of corruption, and all of the countries were found practicing corruption (Index, 2017). In Africa, more than 75% of people have paid bribes in the past few years with the intention of gaining or securing a job position, and this has been worsened by the current high unemployment rate among the African countries (Ugaz, 2015). The report from the World Health Organization (WHO) revealed that over 6.2 million unnecessary caesarean sections are performed every year, and 50% of drugs are believed to be fake (WHO, 2019). The latest statistics show that 58% of people in Africa reported that corruption is increasing rapidly, and about 20% and 26% of people who use public services have paid bribes in urban and rural areas, respectively. Another report in Africa shows that corruption has increased in the past decades in all institutions or sectors, even among the police (Asongu & Kodila-Tedika, 2016). The situation in Africa looks like governments are not fighting corruption. Since transparency and clear accountability in government sectors have been lacking for decades, political and economic stability across countries has been regarded as the best tool for fighting corruption (Nam, 2018).

In Sub-Saharan Africa, the overall performance in the government sectors has been observed for the past years, as indicated by 44 out of 49 countries scoring below 50%. 33% of countries have

shown no improvement in the anti-corruption index. The worst performing countries were Equatorial Guinea (17), Somalia (13), and South Sudan (11) and they are considered as corruption endemic countries (Adegbite et al., 2022). The study conducted by Olabiyi, 2022, shows that the Sub-Saharan African population lives on less than \$2 a day and is more easily intimidated into paying a bribe. The East Africa region is ranked as the first region in Africa with high levels of bribery, followed by central Africa and, lastly, South Africa. The high level of corruption in East Africa is associated with a high unemployment rate, high poverty, and political instability, which make it difficult for the government to fight corruption (Mahagaonkar, 2008). Nationally in Uganda, there is a high risk of corruption in Uganda's judicial sector due to political interference, and an estimate of 9.4 percent of total contract values was lost to corruption at the local and central government levels (ICS 2017). There has been a lack of transparency in government procurement and possible collusion between competing business interests and government officials in tendering processes. According to a study conducted by Kakumba, (2021), corruption is on the rise in Uganda, with 78% of Ugandans reporting that the government is not doing enough to combat corruption.

The survey conducted in Uganda shows that a sum of 20 trillion shillings every year is lost to corruption. 131 billion Shillings are lost through taxation; 459 billion Shillings are lost in user fees and utilities; another 820 billion Shillings are lost in natural resources; and 15 billion Shillings are lost in environmental degradation. Two billion Shillings are lost as a result of absenteeism in government departments; 451 billion Shillings in health care and education services; 86 billion Shillings in security provision; 590 billion Shillings in procurement and budgeting; and 233 billion Shillings in regulation (Komugisha, 2019). This revealed that Uganda has a high level of corruption, which impacts a lot on the delivery of social services to the community. Locally in Lira district, 13 people were arrested and transferred to Kampala as the result of suspected mishandling or theft of money in the district, and in 2018, the district failed to send back a sum of 150,000 dollars to the local government for the past two years (Masumba, 2021). In 2019, cases of misallocation, fund embezzlement, and mismanagement of government finances were reported in some of the nine districts in the Lango sub-region, such as Dokolo, Kole, Oyam, Apac, Lira district, and Amolatar district. There have been numerous cases of corruption in Lira district, including the latest arrest of the secretary of the Lira district land board about the issues of smuggling documents at night, delays in the construction of Anyangatir Health Center III, a poorly constructed maternity ward in Ogur Health Center IV, the collapse of the ceiling board in Aromo Health Center III, and others. Therefore, this study investigated the influence of corruption prevalence on health service delivery in Lira district, Northern Uganda.

### **1.1 Statement of the Problem**

Despite international efforts, the government of Uganda, NGOs, and CBOs are fighting corruption through open access to information, ending impunity, public administration, and financial management reforms, promoting transparency in both the government and non-governmental

sectors, strengthening citizen demand for anti-corruption, and closing international gaps. Furthermore, the Ugandan government has implemented an open system of fighting corruption in the country by bringing together both formal and informal sectors, increasing citizen access to information, and increasing fiscal transparency and accountability, but the latest statistics show that corruption in Uganda has increased by 15% between 2012 and 2019 due to misallocation and embezzlement of funds (Brophy & Wandera, 2019). The Lango sub-region in the national service delivery survey reported a loss of 1.9 billion shillings meant for social service delivery in the key areas of roads, water, health, and education in 2019 (Uganda Media Center, 2019). The health sector report indicates that four government health facilities have been non-functional and that 70% of mothers were delivering without the assistance of qualified health professionals. Roads were in poor condition and completely inaccessible, and only 4 km of roads were rehabilitated during FY 2010/2011. In the agricultural sector, especially the NAAD program, the report noted insufficient finance to cover the entire work plan and also the late release of funds to service providers (ACODE, 2013). The overall statistics above revealed poor health service delivery in the community. Notably, corruption exists in Lira district in all sectors; this study focused only on the health sector. Therefore, this study investigated the influence of corruption prevalence on health service delivery in Lira district, Northern Uganda.

## **1.2 Purpose of the study**

To investigate the effect of corruption on health services delivery in Lira district, Northern Uganda. Specifically, four objectives were focused on; (i) To examine actions of corruption in Lira district, Northern Uganda (ii) To determine the effect of corruption on health service delivery (iii) To determine the mechanism of fighting corruption in Health sector, Lira district (iv) To investigate challenges faced by public in fighting corruption

## **2. Methodology**

### **2.1 Study Design, area of study and sampling**

This study was conducted using a cross-sectional research design using both quantitative and qualitative methods. The researcher chose quantitative and qualitative data collection methods because they enabled the researcher to understand the details of a process, the magnitude of the problems, the needs of the community, the real context of the subject under investigation, and the descriptive account of the observation. The quantitative method is powerful when you want to understand the details of a process, problems, needs, or community and the real context of the subject under investigation. On the other hand, qualitative data are data that take the form of descriptive accounts of observations, while quantitative data are presented in numbers or numerical values. The study was conducted in Lira district and specifically in Ogur health center IV and Amach HCIV. Lira District is located in Lira (Lira) with a population of 119,323 people with approximately 87% Lango tribe and 13% other tribes. The distance from Lira District to capital Kampala (Kampala) is approximately 217 km. A convenience sampling method was used to select

patients and local leaders. This was basing on their availability at the health facilities. Purposive sampling technique was used in the selection of accounting committee, In-charges, Local leaders, Opinion leader and VHTs. This was based on their vast knowledge on the subject investigated by the researcher.

## **2.2 Data Collection**

Based on the study design, a closed-ended questionnaire developed basing on five (5) Likert scale was used to collect the quantitative data. In this study, the interview lasted for 35–40 minutes for both In-depth and focus group discussions in order to collect sufficient data. These methods ensured that the researcher could collect sufficient and meaningful data from the respondents. During the interview, heterogeneity of the members was ensured during the focus group discussion. Two focus group discussions were conducted, one in Amach HCIV and another in Ogur HCIV. In the process, there were 2 males and 2 females in the inpatient department and 2 females and 2 males in the outpatient department per focus group. During the study, two focused group discussions were organized, one in Ogur Health Center IV, consisting of ten (10) participants, and another in Amach Health Center IV, consisting of twelve (12) participants. These respondents were selected using the purposive method because of their wider knowledge of the subject matter. Each group spent about 40 minutes discussing the checklist for focus group discussion (FDG).

## **2.3 Data Quality Control**

To ensure the reliability of the questionnaire, a test-retest was conducted. The tool was tested to 10 patients in Ogur health center IV twice in the first and second week of September 2022. The Cronbach coefficient between test 1 and 1 was determine using SPSS version 20 and found to be 0.811. Also, both face and content validity were applied to assess the validity of the questionnaire.

## **2.4 Data Analysis**

The quantitative data was edited, entered and analyzed using SPSS version 26 and Stata version 16 which are a software package used for interactive, or batch, statistical analysis. Univariate analysis was performed and presented informs percentage, means, frequency, standard deviation in table. Bi-variate analysis was used to find the effect of corruption on health service delivery. For qualitative data collected through Key-informant interviews and documentary. It was analysis using thematic technique of data analysis or abstractions analysis. According to Polkinghorne & Arnold (2014), Content analysis is a qualitative data analysis technique that is very useful when analyzing interview data. The qualitative data was analyzed using the recursive methods in which the data was translated, transcribed, coded, grouped into sub-themes and themes, and lastly, the main theme was generated. The recursive abstraction analysis involved six steps. In the first step, every phrase and sentence of interest was highlighted; grouping the data by questions to make sure each individual point was separated. This was conducted by transferring the highlighted data into a table, with the question topic on the rows and the interviewee's response in the columns.

### **3. Results of the study**

#### **3.1 Demographic Characteristics of the Respondents**

Respondents were asked to provide information regarding their demographic profiles such as Age bracket, gender, marital status, education qualification and occupation. The age of the respondents was classified as follows: 18-30 years, 31-50 years, 51-60 years and Above 60 years. Majority of the study participants were aged between 18-30 years (70.0%), those aged between 41-51 years (22.5%) followed this and the least were those aged between 51-60 years (2.5%). This implies that people aged people of average age ranging from 18-30 years most get health services from the government facilities compared to those aged above 50 years and above. Also, majority of the respondents were female (80%) and the rest (20%) were male. This suggests that the majority of people who go for medical service in government health facilities are female. This could be as the results of poor health seeking behaviors among males and in most cases female takes responsibilities of caring for sick people at families. Additionally, majority of the study respondents were married (92.5%) while minority were single (7.5%). This implies that the majority of people who normally seek for health services from the government health facilities are married and they have others responsibilities such as taking care of their children and educating them as well. Concerning educational level attained by the study participants, majority of them had primary level of education (82.5%), and few of them had certificates (05%). This implies that the people who participated in the study were of low educational status and they may find difficulties in accessing private facilities. On the occupation of the study participants, almost all of them were peasant farmers 112 (97.5%). This indicates that people who participated in the study are from low socio-economic status and they depends on only farming as source of income to run their families and care of sick people.

#### **3.2 Prevalence of corruption in Lira district**

On understanding the concept of corruption by the study participants, several meanings were pointed out by the respondents during the focus group discussion (FDG). The majority of the participants believe that corruption has many meanings depending on the situation and the crime committed, and they view corruption as the misuse of power and resources. Therefore, the general opinion from the study participants is that corruption is the chopping of some parts of the services directly for public use for the benefit of some individuals, as against the laws. In addition to that, most of the study participants during the focus group discussion (FGD) reported that corruption prevalence is very high, with an average prevalence of 65% in all sectors in Lira District. All the study participants described corruption in the health sector through selling of medicine in government health facilities by smuggling the supplied medicines into drug shops and clinics for sale; bribing of positive HIV test results whereby a client pays want his or her result to be negative yet he or she is sick in order to marry or have asexual affair with a truly negative person; asking money from patients by health workers in a situation where there are many clients in a long queue, a client who wants to be served fast is charged some amount of money; theft of drugs; asking



patients to buy drugs from a designated clinic; and segregation at the facility like tribalism, favoring the relatives and friends. There has been no difference in the opinion of the study participants with regard to the concept of corruption and its prevalence, as shown below.

*A respondent reported, "If I hear about corruption, my major focus will always be on how people will chop money before reaching the beneficiaries" (FGD, 25-year-old male, September 2022, venue Amach HCIV).*

*Another respondent said, "Corruption is just denying people what rightfully belongs to them. Like if I come to the Ogur Health Center IV and the nurse's demand some money from me in order to get treatment. It means that health workers "(FDG, 60-year-old female, September 2022, at Ogur Health Center IV) are corrupting me.*

*Another respondent also reported, "I understand corruption as not giving out what is supposed to be given out and the payment of money for free services. When you go to the government hospital, just pull out some money, and they work on your patients quickly." (FDG, 33-year-old female, September 2022, at Ogur HCIV)*

### 3.3 Actions of Corruption in the health sector of Lira district

This is the first objective of the study. It was set to determine some of the corruption actions in Lira district, northern Uganda. Both quantitative and qualitative methods were used to gather data from the study participant, as presented below: In order to determine corruption actions in health sectors in Lira district, respondents were assessed on the following items in Table 8. Respondents rated the different corruption actions from 1 to 5, depending on their level of agreement with the statements. The mean score for all respondents (mean), the standard deviation, and the percentage agreement with the statements are shown in Table 8.

**Table 1: Descriptive statistics on corruption actions**

Variable	Min	Max	Mean	SD	Interpretation
Selling of drugs to patients	1	5	4.56	0.545	Very high
Bribery	1	5	4.72	0.672	Very high
Theft of medicine and other medical equipment's	1	5	3.88	0.885	High
Favoritism of relatives	1	5	3.18	1.222	Moderate
under-dose prescription of medication	1	5	3.56	0.923	High

Favoring of relatives	1	5	2.84	1.167	Moderate
Intimidation of patients by health workers,	1	5	3.68	0.911	High
Asking patients to buy drugs from clinics	1	5	4.56	1.214	Very high
Discrimination in the facility	1	5	3.40	1.271	Moderate
Absenteeism of health workers	1	5	3.08	1.207	Moderate
<b>Overall</b>			<b>3.75</b>	<b>1.00</b>	<b>High</b>

**Source: Field data (2022)**

Legend: 4.21-5.0 (*Very high*); 3.41-4.20 (*High*), 2.61-3.40 (*Moderate*); 1.81-2.60 (*low*); 1.00-1.80 (*very low*)

As manifested in Table 1 above, the descriptive statistics reveal that the selling of drugs to patients by health workers in government facilities is very high (mean = 4.56, SD = 0.545), and bribery was also reported to be very high between health workers and patients (mean = 4.72, SD =0.672). The study also found out from the respondents that they steal medicine and other medical equipment (mean = 3.88, SD = 0.885), favoring relatives (mean =2.84). In addition to that, intimidation of patients by health workers so that they pay money (mean = 3.68, SD = 0.911) and asking patients to buy drugs from clinics are very common in both Amach and Ogur Health Center IV (mean =4.56, SD =1.214). Finally, segregation in the facility (mean = 3.40, SD =1.271) and absenteeism of health workers (mean = 3.08, SD =1.207) are relatively moderate. Generally, the overall mean of 3.75 and standard deviation of 1.00 implies that there are high levels of corruption in the health sector in Lira district. The standard deviation of 1.00 indicates that respondents had different views on corruption actions in the health sector.

The above findings are supported by the qualitative findings, which reveal the manifestation of corruption in the health sector in various ways. The majority of the study participants mentioned the theft of health commodities and bribery as the most prevalent corruption actions. Most of the participants cited that health workers always sell drugs to them or ask them to buy from the designated drug shops. Others mentioned the blindfolding of patients after the drugs were finished. In addition to that, a high number of study participants mentioned nepotism, under-dose prescription of medication, relativism, intermediation of patients by health workers, favoritism of relatives, and a lack of accountability. Some of the corruption actions in the health sector in Lira district, such as segregation, absence of health workers, late start of work, especially at 10:00 am, intimidation, and lack of medical ethics among health workers The study participants believed that some of the corruption actions in the health sector have become normal, and the public observes that all government workers are corrupt, as noted by the participants:

*"Last week, I came to this health center, and the Nurse told me that drugs were not available. As a result, I was asked to pay \$20,000 for Artesunate, a syringe, and normal saline. There is always a high demand for patients to buy drugs at Ogur Health Center IV. " (IDIs, 24-year-old female, September 2022, at Ogur Health Center IV)*

*Another respondent said, "I see in the public and the community that the rate of bribery, embezzlement, and diversion of public funding is increasing rapidly" (IDIs, 35-year-old male, September 2022, at Ogur Health Center IV).*

*Another respondent also reported, "In Ogur Health Center IV, if you want to go back home early with drugs, you must have to put some money in your medical book. One day, I came to Ogur Health Center IV very late, at around 10:00 a.m., and I thought that they would not work on me. Some patients told me just to put some two thousand (2000/=) in the middle of my medical book so that they could work on me. After doing so, I was the first to leave the facility, going back home "(FDG, 35-year-old male, September 2022, at Ogur Health Center).*

Participants did not agree on some of the corruption actions in the health sector. They believed that it varies from one health facility to another. They claimed that the actions of health workers in Amach Health Center IV differ significantly from those of health workers in Ogur Health Center IV in terms of collecting money from patients. The following are some of the participants' opinions on corruption actions in Amach Health Center IV:

*Last year, when I was pregnant, we came to the facility together with my husband for delivery. The nurse told my husband to buy some medicine, which cost about 25,000. Immediately, that very nurse went back to her home, came with medicine, and injected me. She told my husband to pay twenty-five thousand (25000/=) for the medicine (IDIs, 20-year-old female, September 2022, at Amach Health Center IV).*

*Another respondent also reported, "I went to Anyangatir Health Center III for antenatal care last year, 2021. I was requested by the midwife to pay 20,000 Ugsh for the maternity ward. I thought that the government always paid for the service, and they told me that the money would be used for rectifying lights in the ward. "(IDIs, 25 year old female, September 2022 at Amach Health Center IV).*

This study's findings are in line with the functionalist cogitative theory coined by Samuel Huntington (1968), which viewed corruption as the impact of psychological influences like power, personal gain and self-control, loss aversion and risk acceptance, rationalization, and emotion on the propensity to act corruptly. Zaloznaya (2014) pointed out that people are more likely to act corruptly when they stand to gain personally, have lower self-control, perceive that corruption will only cause indirect harm, and work in organizations where unethical behavior is not punished. A

study conducted by Mwesigwa and Oladapo (2021) in municipal councils in Uganda found out that local government managers take a long time to respond to pro-poor service delivery despite the fact that a high number of people in the community are having difficulties in accessing and utilizing quality services in the community, and this has been as a result of a high level of embezzlement, misallocation, bribery, and thefts of government properties

### 3.4 Effect of corruption on health service delivery

This was set up to investigate the effect of corruption on health service delivery, and the results are as shown in Table 8 below. To assess the effect of corruption on health service delivery, responses were asked with numerous questions.

**Table 2: Effect of corruption on health service delivery**

Health service delivery aspects	Percentage			Mean	SD	Interpretation
	4-5	3	1-2			
Outpatient coverage	22.1	13.4	64.5	3.95	1.01	Good
Inpatient coverage	13.9	16.9	69.2	2.66	0.75	Moderate
Immunization coverage	9.3	21.5	69.2	2.11	1.22	Poor
Maternal and Child Health coverage	51.6	28.1	20.3	3.31	0.75	Moderate
Health promotion and disease prevention	0.0	22.2	70.8	1.52	0.59	Very poor
Overall				2.71	0.864	Moderate

#### Data source: Field Data (2022)

Legend: 4.21-5(*very good*); 3.41- 4.20(*Good*); 2.61- 3.40(*Moderate*); 1.81- 2.60(*Poor*); 1.00- 1.80(*Very poor*).

From the table above, most of the respondents reported that outpatient coverage, as one of the health service delivery aspects was good with mean of 3.49. Inpatient service delivery and maternal and child health coverage were reported as moderate with mean of 2.66 and 3.31 respectively, Immunization coverage was reported that it was poor with the mean of 2.11 and lastly, health promotion and disease prevention was reported that it was very poor with the mean of 1.59. The overall mean (2.71) indicates that generally health service delivery was moderate. To answer research question one ‘What is the effect of corruption on health service delivery’, researcher employed simple linear regression between corruption and health service delivery. From the

results, corruption has the adjusted R Square value of .382. This shows that corruption contributes about 38.2% to negative effects on health service delivery in Lira district. The remaining 61.8% were contributed by other factors outside the scope of the study. The coefficient regression was also determined in the study as shown below

**Table 3: Regression coefficient**

Model	Unstandardized coefficients		Standardized	T	Sig	Collinearity statistics	
	B	Std Error	Beta			Tolerance	VIF
(Constant)	28.84	4.56		16.44			
Corruption	.42	.034	.97	5.032	0.000	1.00	1.00

**Data source: Field Data (2022)**

Corruption has a standard regression coefficient of 0.97 indicating that corruption significantly affect health service delivery to the public by government facilities since the standardized beta coefficient is above 0.05 confidence interval. This therefore answers the research question “what is the effect of corruption on health service delivery?”. This implies that there is poor health service in health facilities with high rate of corruption and vice versa. The above findings are in congruence with the results from the qualitative survey, in which the majority of the respondents mentioned that corruption affects health service delivery in many ways. In the findings, the money budgeted for fighting disease has been diverted or embezzled, and the community will not acquire proper and quality health care. Some of the participants believed that the inadequacy of drugs in government health facilities is attributed to the high level of theft of medical equipment, the selling of medicine by health workers, the diversion of public funding, and delays in the payment of health workers. In addition to that, the majority of the study participants cited that segregation at the health facilities is directly linked to high-level bribery among health practitioners. The following were noted during interview:

*The study participants, so that you are served first, also commonly mentioned the issue of payment of money to the record departments. This serves as clear evidence that corruption “Health service in the government facilities is not satisfactory since we always buy drugs, gloves, syringes and even normal saline from outside. Always I spend more than twenty thousand (20000/=) when I come here for medical treatment” (IDIs, 26 years old female, September 2022, Amach HCIV).*

*“It happen last year, drugs was brought to the health facility and just within two days we realized that it was stolen by some four Health workers. People who rely on government*

*health facilities suffered a lot because there was no drugs” (FGDs, 37-year-old male, September 2022, Ogur Health Center IV)*

*Another respondent said, "I see that corruption prevalence is increasing almost every day. Even now, health workers demand money so that they can work on your patients. This was not there in government hospitals and it has diminished the quality of services completely (FDG, 27-year-old male, September 2022, at Amach HCIV).*

The study findings is in line with a study conducted by Akokuwebe and Adekanbi (2017) which found out that corruption is one of the obstacles affecting the provision of quality health care services. This has been manifested in the inadequacy of drugs; poor infrastructure; lack of diagnostic equipment; inequitable health care; and poor allocation of health services.

Another similar study by Tormusa and Idom (2016) found out that effectiveness poor health service associates with poor human resource management, poor financial management, supply and delivery of timely services to the community, lack of transparency and accountability, lack follow-up of government projects, and poor record management. Therefore, this implies that corruption associates with poor health service delivery to the community.

### **3.5 Mechanism of fighting against corruption in Health sector**

This was the third (3) objective of the study. It was set to determine the mechanism of fighting corruption in the health sector of Lira district. The respondents were assessed with numerous responses on some of the mechanism of fighting corruption. Their responses are rated in scale of 1-5 as shown in the Table 4 below.

**Table 1: Mechanisms of fighting corruption in health sector in Lira district**

<b>Variable</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>SD</b>	<b>Interpretation</b>
IGG (Inspector General of Government)	1	5	3.25	1.354	Neutral
Public accounts committee both at national and local level	1	5	4.56	0.526	Strongly agree
Reporting to stakeholder	1	5	3.56	0.937	Agree
Follow up of corruption cases	1	5	4.75	0.553	Strongly agree
Community corruption campaigns	1	5	3.76	0.853	Agree
Close supervision by the district health officials	1	5	4.85	1.264	Strongly agree

Criminal investigation department	1	5	4.41	0.567	Strongly agree
Auditor general reports	1	5	3.011	1.01	Neutral
Whistle blower acts	1	2	2.79	1.06	Disagree
<b>Overall</b>			<b>3.88</b>	<b>0.902</b>	<b>Agree</b>

**Source: Field data (2022)**

Liker Scale used: 4.21-5.0(Strongly agree), 3.41-4.20 (agree), 2.61-3.40(neutral), 1.81-2.60(disagree), 1.00-1.80(strongly disagree).

From the table above, the respondents reported IGG as a neutral mechanism of fighting corruption with the mean of 3.25 meaning they can agree or disagree due to their own reasons. Furthermore, public accounts committee both at national and local was strongly agreed as a mechanism of fighting corruption with the mean of 4.56, Reporting to stakeholders was agree (3.56) to be effective in fighting corruption, follow up of corruption cases had mean of 4.75 meaning the respondents strongly agreed that it is an effective mechanism of fighting corruption. Community corruption campaigns had a mean of 3.76 implying that the respondents agreed that it was one of the mechanisms of fighting corruption, as it would sensitize the community on how to fight corruption. Close supervision by the district health officials was also one of the strongly agreed upon mechanisms of fighting corruption with a mean 4.85. The study also reveal that criminal investigation department always take actions in the fight against corruption (Mean = 4.41, SD = 0.567), Auditor general reports (Mean = 3.011, SD = 1.01) and Whistle blower acts are among the mechanism of fighting corruption reported by the respondents. Finally, the overall mean of the respondents' opinions on the mechanisms of fighting corruption was 3.88 meaning and the standard deviation of 0.902. This implies that respondent's responses on the mechanism of fighting corruption was heterogeneous.

The above findings are in congruence with the qualitative data collected in in-depth interview and focus group discussion. The study reveal that the mechanism for combating corruption in Uganda has been unclear for several years. Firstly, most of the respondents mentioned that the way to fight corruption is not to be involved in activities that may foster corruption. The majority of them mentioned reporting any suspected cases of corruption to the stakeholders, police and even to anti-corruption units. This was explained by exposing if you have been bribed or paid for any free service to the public. Community corruption campaigns were mentioned by most of the study participants during both in-depth interviews and focus group discussions as the mechanism of fighting against corruption. This was described through demands for accountability, follow-up of the corruption cases, corruption talks, and social service demands.

*"I haven't seen any clear way of combating corruption because corruption in the country is still on the rise." (FGD, 27-year-old female, September 2022, at Ogur Health Center IV).*

*"During the distribution of mosquito nets last year, 2021, a lot of people missed those nets and I observed community campaigning against corruption. It was very effective because some of the LCIs who stole those nets brought them back to the community "(IDIs, 28 year old male, September 2022, at Amach Health Center IV).*

A majority of the participants believed that fighting corruption puts their lives at risk of being injected with toxic drugs at the health facility by health workers. The majority of them mentioned tight supervision of health workers by superiors and the suspension of corruption culprits from work. The study participants also highly mentioned the termination of an employee's contract and removal from payroll during both the in-depth interview and the focus group discussion. In addition to that, at the organization level, some of the respondents cited that the culprits must be ordered to pay what they have corrupted or stolen. The study participants mentioned other mechanisms such as provision of accommodation for health workers, recruitment of more health workers, and implementation of corruption policies by the government and salary increment for health workers. As manifested by the study, some statements were noted by the study participants as follows:

*"I think that the high prevalence of corruption in the health sector has been attributed to low salaries and delays in payment. In my opinion, health workers always suffer a lot because of the issues associated with salary. I even support their action of asking for a little money from patients "(FGD, 6-year-old female, September 20202, at Ogur Health Center IV).*

*Another respondent "I noted that there should be a private company in the district whose work will include monitoring, supervising, auditing financial accountability, and organizing meetings with patients or the general community. This will make it convenient for patients to report cases of bribery, theft, and selling of health commodities (IDIs, 25-year-old male, September 2022, at Amach Health Center IV).*

*Another respondent also reported, "This year, 2022, I heard that four (4) health workers were arrested in Ogur Health Center IV over the theft of drugs. Taking them to face the law makes others who have escaped feel a lot of fear. By doing so, we can reduce corruption "(IDIs, 24 year old female, September 2022, at Ogur Health Center IV).*

The findings of this study imply that there are numerous mechanisms in place to combat corruption in Uganda, but the rising prevalence could be due to poor implementation of anti-corruption strategies employed by both the government and the public. Huntington (1968) viewed corruption as a way to "grease the wheels" to get things done, especially for investors, and as a means of quickly cutting through burdensome regulatory requirements, distributing resources, and



generating economic growth. He concluded that corruption has its functions and benefits for society. According to Agubamah (2009), the uniqueness of each society or country, the dynamic or changing nature of the socio-political and economic interactions within the global community, and the differences in the perception of corrupt practices by different academic disciplines have made fighting corruption very problematic. This finding is also consistent with the findings of Asongu (2013), who stated that population growth, democracy in the process of fighting corruption in the country, the relevance of voice and accountability in the fight against corruption, political stability, government effectiveness, and anti-corruption laws are all mechanisms for fighting corruption. Ngumbi (2020), on the reconstruction of the elusive fight against corruption in Africa, found out that there are corruption fighting mechanisms such as ensuring strong accountability, good leadership styles, a national mechanism against corruption, and fighting political corruption by re-characterizing political corruption, policies, and sentences of culprits according to the laws.

### **3.5 Challenges faced by public in fighting corruption in Health Sector, Lira District**

This was the third objective of the study. It was to investigate challenges faced by public in fighting corruption in health sector, Lira district. Both qualitative and quantitative methods was employed to gather the information's from the respondents. In order to determine the challenges faced by public in fighting corruption, respondents were assessed with number of questions and their responses rated in the scale of 1-5 as shown in the Table below 13

**Table 5: Descriptive statistics on Challenges faced in fighting corruption**

<b>Variable</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>SD</b>
Community always ignore corruption cases if they encountered	1	5	3.788	0.945
High level of poverty is one of the barrier in fighting against corruption	1	5	4.41	0.672
Lack of self-confidence hinder fights on corruption	1	5	3.67	0.885
Inadequate community empowerment is one of the factor affecting fight against corruption	1	5	3.45	1.222
Weak political system impeded fights against corruption	1	5	4.98	0.531
Lack of transparency and accountability hinder fight against corruption	1	5	3.56	1.167

High level of bribery among government employees and the security personnel's	1	5	3.67	0.951
Fighting corruption in health sector is difficult due to low salaries for health workers	1	5	3.76	1.014
Overall			<b>3.48</b>	<b>0.923</b>

**Source: Field data (2022)**

Legend: 4.21-5.0 (*Strongly agreed*); 3.41-4.20 (*Agreed*), 2.61-3.40 (*Moderate*); 1.81-2.60 (*Moderate*); 1.00-1.80 (*Disagreed*)

The results in Table reveal that the respondents agreed on community ignorance (mean = 3.788, SD = 0.945) as one challenge in fighting corruption in the health sector. This implies that patients who get treatments in government facilities have more information about corruption in government health facilities, but they take it as not their responsibility. The study also reveals a weak political system (mean = 4.98, SD = 0.531). This always manifests in the election process, where politicians buy votes from the community, and by doing so, they tend to neglect the fight against corruption since they are also corrupt. A high level of poverty (mean = 4.41, SD = 0.672) and a lack of self-confidence (mean = 3.67, SD = 0.885) were also reported by a number of respondents as factors affecting fighting corruption in the community. The study also found inadequate community empowerment (mean = 3.45, SD = 1.222) as a big threat in the fight against corruption in the health sector. This implies that they lack social accountability, knowledge, skills, and resources to critically assess the conduct and decisions of office holders, thereby affecting the fight against corruption. This makes the community vulnerable, with no voice in the fight against corruption.

Furthermore, the study also found that a weak political system (mean = 4.598, SD = 0.531), a lack of transparency and accountability (mean = 3.56, SD = 1.167), a high level of bribery among government officials (mean = 3.67, SD = 1.167), and low salaries for health workers are major challenges in the fight against corruption in the health sector. Generally, the overall standard deviation of 0.923 implies that the responses were heterogeneous. The above findings are supported by qualitative data collected through in-depth interviews and focus group discussions. The study reveals inadequate community empowerment, which was explained by a lack of information on whether they were supposed to pay money at the facility, a lack of a reporting channel for corruption culprits, and a lack of knowledge about the community's role in fighting corruption. A majority of the respondents cited ignorance among people in the community, fears of being treated badly by health workers, a high level of poverty, a lack of self-confidence, and a high population increase as challenges impeding the fight against corruption at the community level. It was revealed that most of the challenges are within the community during both the in-depth interview and focus group discussion (FDG), as follows:

*"For me, I fear reporting some of the cases of corruption because, after reporting, they may work on your patients badly and sometimes inject them with deadly medicine. That is why I better get myself out of the thing to do with reporting health workers "(FDG, 39-year-old male, September 2022, at Ogur Health Center IV).*

*Another respondent said, "Sometimes we arrest the culprit, but if they go to the police, within 2 to 3 days you realize that they are back in their jobs and even very comfortable working" (IDIs, 24 year old male, September 2022, at Amach Health Center IV).*

*Another respondent also reported, "In most circumstances, I see that communities are not performing their roles and responsibilities in the fight against corruption. I can say that we lack empowerment and self-confidence (IDIs, 29-year-old female, September 2022, at Amach Health Center IV).*

It was revealed that the fight against corruption does not end only at the community level; even organizations face many challenges while fighting corruption. The majority of the participants reported high-level bribery among the security personnel. Some participants expressed this concern about how corruption victims bribed security personnel and the high demand for money from the police, in case you want to record a statement on corruption. Other challenges mentioned by the study participants were lack of accountability and transparency, low salaries of government employees, corrupt politicians in Uganda, greed among public servants, and unclear reporting channels for corruption cases. It was noted during in-depth interviews and focus group discussions (FGD), as in the statements below:

*"I have noted that there is a high level of bribery among the police because sometimes corruption victims may be arrested and taken to the police. Within a few days, you find that the person is back at his or her office as normal" (FGD, 40-year-old female, September 2022, at Amach Health Center IV).*

*Another respondent reported, "If I hear about political leaders, tears start falling out of my eyes. Our politicians are full of greed, and they just focus on their stomachs. We always tend to ignore them because even if you report any case of corruption to them, instead of investigating, they just hurry and look for that corrupt person with the aim of investing money (IDIs, 30-year-old male, September 2022, at Ogur Health Center IV).*

*Another respondent also reported, "We are talking about stopping corruption in Uganda, but I don't see any hope, maybe by miracles. Let me tell you, the government always appoints corrupt people to head the state House anti-corruption team. This is why you find that the government is working but producing no results (FGD, 60-year-old female, September 2022, at Ogur Health Center IV).*

Marquette and Peiffer (2018) pointed out that incomplete collective responsibility, failures of theories to recognize corruption in the community, effectiveness of anti-corruption teams, political

interference, a high rate of unemployment, and the failure of the community to report cases of corruption are all factors contributing to the corruption problem. Another study done in China on fighting corruption as an environmental challenge revealed challenges such as sustainability of the regulatory policy, economic restructuring, a lack of public participation, and public attitudes towards corruption (Saw, 2015). The findings are also in line with a study conducted in Nigeria, which pointed out that challenges faced in fighting corruption were lack of public participation, democracy, lack of capacity, result-oriented workers, limited resources, poor institutions, poor implementation of corruption policies in the country, low capacity development on how to manage and handle corruption, poverty, and unemployment (Langseth et al., 1997). In conclusion, Zaloznaya (2014) argued that people are more likely to act corruptly when they stand to gain personally, have lower self-control, perceive that corruption will only cause indirect harm, and work in organizations where unethical behavior is not punished. This has been happening in many countries where some cases of misuse of public money are reported but no action is taken.

### **Conclusion**

From the study, it was concluded corruption in healthcare provision is endemic and systematic requiring every stakeholder to come to the fore.

### **Recommendations**

Based on the findings and conclusions of the study, the following are recommended:

- i. The government should increase salaries and welfare for health workers
- ii. Lira district local government should increase supervision of health workers since work without tight supervision is usually accompanied by many errors.
- iii. The community be sensitized and educated about their roles in the fight against corruption.

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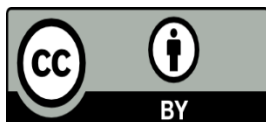
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