

**EFFECTIVENESS AND EFFICIENCY OF FISCAL DECENTRALIZATION ON
HEALTH SERVICE DELIVERY IN UGANDA: A CASE OF KIRUDU REFERRAL
HOSPITAL**

NEBERT MUHANGA

Kampala International University in Tanzania,
Department of Postgraduate and Research Kampala
International University in Tanzania Dar es salaam,
Tanzania, P.O Box 9790 Gongo la Mboti Dare es Salaam, Tanzania,
Department of Postgraduate and Research

PROF. AMON E. CHALIGHA

Senior Lecturer Kampala International University in Tanzania,
P.O Box 9790 Gongo la Mboti Dare es Salaam,
Tanzania

DR LUCAS ANTONY KISASA

Lecturer Kampala International University in Tanzania,
P.O Box 9790 Gongo la Mboti Dare es Salaam,
Tanzania

DOI: <https://doi.org/10.63452/IJAFSSR.2025.3203>

ABSTRACT

The study assessed the effectiveness of Fiscal Decentralization in Health Service Delivery in Uganda: A Case of Kirudu Referral Hospital. The objective was to examine the general public understanding on how fiscal decentralization has contributed to the availability of adequate quality health care service delivery at Kirudu Referral hospital. Mixed approaches of both Qualitative and quantitative methods were used in this study. The study encompassed 100 respondents, comprising of health workers and unit management, medical officers that work at the hospital, ward officers, district officer and health district officer. Data were collected through questionnaires and interviews and analyzed by using Statistical Package for Social Science (SPSS) version 22 and thematic analysis. The study's findings revealed that 79% of the general public understands how fiscal decentralization has contributed to the availability of quality healthcare services. Fiscal decentralization has enhanced healthcare delivery primarily through increased local funding. Regarding citizen participation in financial budgeting for adequate healthcare at Kirudu Referral Hospital, 92% of respondents noted that a key benefit of citizen involvement is that it allows local voices to be heard in the decision-making process. The study

concluded that the analysis revealed that a significant majority of respondents had a positive understanding of how fiscal decentralization enhances health services. Specifically, consistent communication about revenue sources and consultative meetings increased awareness among community members, fostering greater advocacy for essential health resources. The study recommended that implement programs that engage community members, especially women, in health service planning and budgeting.

KEYWORDS: - Fiscal Decentralization, Health Service Delivery.

INTRODUCTION

Globally, many governments have decentralized choice-making, with service provision encouraged by local demands (Mushemeza, 2019). This trend is common in each federal and non-federal system. monetary decentralization is a prominent issue in many developing economies, supported by using companies just like the world financial institution (2003) and the OECD since the Eighties. but, the focus on economic decentralization is frequently driven by using political considerations (Mushemeza, 2019).

In other African countries such as Ghana's decentralized governance machine, initiated in 1988, is predicated heavily on both nearby revenues and transfers from the vital government neighborhood authorities revenue sources include countrywide taxes (22%), user costs (nine%), and sizable transfers from the crucial authorities (69%), indicating a substantial dependency on imperative investment (Amagoh, 2012). Rwanda's decentralization techniques aim to promote political, economic, social, administrative, and technical improvement (Akai, 2015), however demanding situations persist, along with insufficient get entry to to medical services and a loss of crucial equipment.(Akin, 2017).

South Africa's 1996 charter established three ranges of government: countrywide, provincial, and nearby, appreciably enhancing the jobs of provinces and local government (Mahal, 2014). This framework expands provincial powers and grants neighborhood governments various sales sources and borrowing rights, except for financing recurrent deficits (Akin, 2017).

The implementation and effect of monetary decentralization vary broadly throughout international locations. Sub-national governments' fiscal obligations and powers concerning expenditure, revenue, and borrowing differ, influenced by nearby movements, relevant authorities' authority, and each improvement and institutional context (Akin, 2017). In a few instances, inclusive of Ethiopia, decentralization passed off without setting up the necessary institutions for powerful reform (Mushemeza, 2019). Many areas nonetheless struggle with a

lack of qualified human assets and rely closely on the principal authorities due to challenges like political loyalty and clientelism in civil carrier recruitment (Dolores Jiménez, 2015).

In East Africa, financial decentralization has been followed to improve fitness service transport, with the significant authorities encouraging network involvement in health decisions through neighborhood governments with revenue-elevating talents (Fjeldstad, 2016). Even as development has been made, challenges stay excessive mortality quotes, specifically amongst girls and toddlers; imply that monetary decentralization has not efficiently addressed key fitness troubles (Fjeldstad, 2016).

Fiscal decentralization entails transferring the authority and responsibility for public spending from valuable to neighborhood governments, with the goal of improving carrier shipping through better addressing community desires. In Uganda, this system commenced in the 1990s, based totally on the belief that local governments could control sources extra effectively and respond more immediately to community needs (Kavosi, 2013). The goal is to gain a extra green allocation of resources, as local authorities are notion to have a clearer understanding of the health troubles their populations face (Kavosi, 2013).

However, the effectiveness of economic decentralization in improving health provider shipping continues to be uncertain. For instance, Uganda's maternal and toddler mortality rates are alarmingly excessive, at 500 in keeping with 100,000 live births and a hundred and twenty consistent with 1,000 stay births, respectively—notably worse than the ones in similar low-earnings international locations (Mushemeza, 2019). Those statistics improve doubts approximately whether or not decentralization has led to progressed health effects.

The efficiency of fitness carrier transport is frequently assessed through useful resource allocation and usage. Local governments are anticipated to enhance efficiency via specializing in neighborhood desires and minimizing bureaucratic delays common of centralized structures (Faguet, 2014). Despite the fact that, problems like insufficient investment, political pressures, and unequal resource distribution can avoid these objectives. In areas like Makindye department, health facilities regularly lack present day gadget and professional personnel, revealing a disconnected among the decentralized framework and real health carrier capabilities (Seti, 2018).

In Uganda, economic decentralization commenced with the Resistance Council structure, aiming to enhance carrier shipping (Kavosi, 2013) the expectation changed into that neighborhood residents would advantage possession of presidency programs, engage extra actively, and make a contribution to software design and implementation, such as tax payments (Seti, 2018).

notwithstanding these efforts, Uganda's fitness outcomes are still negative, with an infant mortality rate of a hundred and twenty consistent with 1,000 and a maternal mortality ratio of 500 per one hundred,000, both appreciably better than in comparable low-earnings countries (Mushemeza, 2019) these excessive charges reflect inadequate socio-monetary conditions and insufficient primary fitness offerings, in particular for maternal and baby fitness get admission to to pleasant healthcare stays constrained, with simplest 49% of the population dwelling inside 5 kilometers of a medical institution (Mushemeza, 2019). Disparities in get admission to are stark, various from 8.9% in some northern areas to over 90% in Kampala, even as 60% of Ugandan mothers lack educated help in the course of childbirth bad management of fitness services has led to low-first-class care and poorly stimulated healthcare employees (Mushemeza, 2019).

1.1 Statement of the Problem

The effectiveness of monetary decentralization in improving fitness provider transport in Uganda, especially in Makindye County, is tremendously questionable, despite great policy efforts to decentralize health services, alarming gaps in fitness outcomes persist. as an example, the infant mortality ratio is a hundred and twenty in step with 1,000 live births, that's appreciably higher than the average in low-income international locations (Mushemeza, 2019). Additionally, Uganda's maternal mortality ratio stands at 500 per100, 000 live births, and highlighting severe public fitness troubles (Waiswa, 2019).

Despite the fact that Makindye County has skilled development in numerous areas, it still faces large challenges in health provider shipping. Many district health centers lack contemporary gadget, which hampers the best of care provided to residents (Seti, 2018).

Get access of healthcare is likewise inadequate, with only forty nine% of the population residing inside five kilometers of a clinic, revealing stark disparities in provider availability (Waiswa, 2019).This raises a critical question: can economic decentralization absolutely improve fitness service shipping in the face of such significant boundaries? The shortcomings of nearby government in presenting effective health services in rural areas have led to doubts about whether or not the decentralization policy can help the usa triumph over its improvement demanding situations and gain the MDGs by way of 2025 via stepped forward healthcare. In light of these issues, this study aims to evaluate the effectiveness of fiscal decentralization in health service delivery in Makindye Division, Uganda, and to propose potential solutions to the underlying challenges.

1.2 Objective of the Study

To examine the general public understanding on how fiscal decentralization has contributed to the availability of adequate quality health care service delivery at Kirudu Referral hospital

2. LITERATURE REVIEW

2.1. Fiscal decentralization and health services delivery

Ghuman and Singh (2016) examined the outcomes of decentralization on fitness provider delivery. They have a look at located that the impact of decentralization varies based totally on factors such as the design of the decentralization coverage, implementation demanding situations, and the want to conform the model to encompass dissenting stakeholder businesses, which include personnel, as well as the role of participatory governance. Especially, they referred to that decentralization progressed health service delivery when it became supported by a robust economic basis for neighborhood governments, full autonomy over human useful resource management, regular education for local officials, overall performance-primarily based incentives, and participatory governance. But, the look at did no longer discover how ability constructing and governance participation prompted fitness provider transport in Kabale Municipality.

Narasimban (2016) referred to that fitness services in lots of developing nations, mainly in sub-Saharan Africa, are insufficiently allotted and poorly aligned with demand high mobility throughout neighborhood, countrywide, nearby, and global borders poses serious challenges to enhancing healthcare delivery (Boris, 2015). The geographical imbalance in the distribution of healthcare workers exacerbates the crisis inside the health staff, traditionally; the wide variety of trained healthcare professionals in Africa has been inadequate, with severe shortages throughout nearly all classes (Bogopane, 2015). The expansion of healthcare centers across many African nations has often been uncoordinated, with new structures and renovations failing to align with the countrywide health system's capability to personnel and maintain them sustainably (Okarafor, 2017).

Further, Ibok (2014) studied neighborhood governance and healthcare transport, noting that insufficient funding because of poor finances allocations, constrained revenue resources for nearby governments, and useless use of inner sales extensively avoid healthcare delivery on the neighborhood level. This take a look at evaluated health and social offerings based totally on factors such as literacy, get admission to healthcare facilities, protection, employment, earnings levels, water and sanitation, and food safety. The findings highlighted the essential position of the constituency improvement fund in improving the socio-economic conditions of the populace, urging policymakers to enhance the management of decentralized funds.

3. METHODOLOGY

This study employed a case study design with mixed research approaches (Both qualitative and quantitative research approaches. The study adopted Purposive sampling techniques and simple random sampling techniques to obtain respondent's needed. Is a probability sampling The study

used Slovenes formula to obtain sample size of 100 respondents from target population of 130 respondents. The study used questionnaire, interview and Focus Group Discussion to obtain data needed.

4. STUDY FINDINGS

The study finding was based on study objective as follows.

4.1. To examine the general public understanding on how fiscal decentralization has contributed to the availability of adequate quality health care service delivery at Kirudu Referral hospital.

Table 4.2 below shows the results of objective one that was to examine the general public understanding on how fiscal decentralization has contributed to the availability of adequate quality health care service delivery at Kirudu Referral hospital. Results are presented in table 4.2

Table 4:2 Gender response: general public understanding on fiscal decentralization

No	ITEMS	Agree	Strongly agree	Disagree	Strongly disagree	Undecided	N
1	Male	23(23%)	12(12%)	2(2%)	0(0%)	0(0%)	37(37%)
2	Female	37(37%)	24(24%)	0(0%)	2(2%)	0(0%)	63(63%)
	Total	60(60%)	36(36%)	2(2%)	2(2%)	0(0%)	100(100%)

Source: Field Data, (2024)

Table 4.2 presents the responses from 100 participants, consisting of 37 males and 63 females, regarding the general public's understanding of fiscal decentralization and its impact on the availability of quality healthcare services. Among the respondents, 36 (36%)—including 24 (24%) females and 12 (12%) males strongly agreed that public understanding of fiscal decentralization positively affects the availability of quality healthcare. Additionally, 60 (60%) respondents, comprising 37 (37%) females and 23 (23%) males, agreed with this statement. Meanwhile, 2 (2%) respondents both males disagreed, and another 2 (2%), both females, strongly disagreed. These results suggest that a significant majority of female respondents (60%) believe that public understanding of fiscal decentralization contributes to the availability of adequate quality healthcare services.

Table 4.3 Fiscal decentralization has contributed to the availability of adequate quality of Health care service delivery

No	ITEMS	Agree	Strongly	Disagree	Strongly	Undecided	N
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		agree		y		ed	
				disagree			
1	Male	20(20%)	7(7%)	5(5%)	5(5%)	0(0%)	37(37%)
2	Female	35(35%)	16(16%)	7(7%)	2(2%)	2 (2%)	63(63%)
Total		55(55%)	24(24%)	12 (12%)	7(7%)	2 (2%)	100(100%)

Source: (Field Data, 2024)

The findings revealed that 55 (55%) of respondents agreed, 24 (24%) strongly agreed, 12 (12%) disagreed, 7 (7%) strongly disagreed, and 2 (2%) were undecided. This indicates that a majority of respondents believe that the division of authority regularly announces the times and locations for consultative meetings to discuss revenue sources for the hospital and other services. Frequent announcements of these meetings help stakeholders better understand the various funding sources that support health services. Awareness of funding sources, including government allocations, donor contributions, and local fundraising efforts, is vital for stakeholders to grasp the hospital's financial situation. This understanding can promote increased advocacy for necessary resources and greater community participation in fundraising activities. Respondents likely agree that these meetings are important for improving their financial literacy regarding health service funding. This finding aligns with the studies through Dyer et al. (2020), which suggests that knowledgeable stakeholders are more inclined to help monetary regulations and governance structures that meet community health wishes. Such alignment is important for ensuring that resources are allotted correctly where they're most needed.

Table 4.4: Hospital delivers service with qualified health providers and doctors recruited by the central government

S. No.	ITEMS	Agree	Strongly agree	Disagree	Strongly disagree	Undecided
1.	Division authority frequently announces the time and venues for consultative meetings for discussing the sources of revenues for the hospital and other services	55(55%)	24(24%)	12(12%)	7(7%)	2(2%)
2.	Citizens are consulted on decision making regarding the sources of revenue during the budget consultative for hospital	33(33%)	32(32%)	17(17%)	0(0%)	18(18%)
3.	Citizen participate on making	47(47%)	13(13%)	14(14%)	9(9%)	17(17%)

	decision for generating more local revenues for improving health services delivery						
4.	Division and local government authority informs the citizen revenue expenditure according to decision made	40(40%)	27(27%)	11(11%)	9(9%)	13(13%)	
5.	Health delivery correlate with the revenue expenditure	36(36%)	35(35%)	15(15%)	7(7%)	7(7%)	
6.	The funds from the national government are part of revenue received by the division/local government authority for health services	50(50%)	43(43%)	0(0%)	0(0%)	7(7%)	

Source: Field Data, (2024)

Table 4.5: Hospital delivers service with qualified health providers and doctors recruited by the central government

No	ITEMS	Agree	Strongly agree	Disagree	Strongly disagree	Undecided	N
1	Male	16(16%)	10(10%)	5(5%)	0(0%)	6(6%)	37(37%)
2	Female	17(17%)	22(22%)	12(12%)	0(0%)	12(12%)	63(63%)
	Total	33(33%)	32(32%)	17(17%)	0(0%)	18(18%)	100(100%)

Source: Field Data, (2024)

The study's findings indicated that 33 (33%) of respondents agreed, 32 (32%) strongly agreed, 18 (18%) were undecided, and 17 (17%) disagreed. This suggests that a majority of respondents believe that citizens are consulted in decision-making regarding revenue sources during budget discussions for the hospital. Engaging citizens in these discussions promotes transparency in financial decision-making. When local authorities share information about revenue sources and budget allocations, it fosters trust between the community and government officials. Respondents likely feel that transparency is crucial for ensuring funds are used appropriately and that the community's needs are prioritized. This aligns with McAllister and McMillan (2020), who emphasizes those participatory budgeting practices can cause a extra equitable distribution of sources by means of thinking about local priorities. Such engagement is in particular essential in healthcare, in which knowledge network desires can enhance aid allocation and health consequences.

Similarly, the findings showed that 47 (47%) of respondents agreed, 17 (17%) were undecided, 14 (14%) disagreed, 13 (13%) strongly agreed, and 9 (9%) strongly disagreed. This indicates that a majority of respondents believe that citizen participation is important for generating additional local revenues to enhance health service delivery. Citizens offer valuable insights into their communities' specific needs and priorities, allowing decision-makers to leverage this local knowledge to develop relevant and effective revenue-generating strategies. Respondents likely see local input as essential for identifying the best sources of revenue, which can ultimately improve health service quality. Those findings support Desai et al. (2019), who observe that transparency in choice-making and lively citizen engagement drastically strengthen public agree with in fitness governance. This believes is vital for successfully implementing sales-producing strategies and ensuring the sustainability of health services.

Table 4.6: Division and local government authority informs the citizen revenue expenditure according to decision made

N	ITEMS	Agree	Strongly agree	Disagree	Strongly disagree	Undecided	N
1	Male	16(16%)	9(9%)	5(5%)	3(3%)	4(4%)	37(37%)
2	Female	24(24%)	13(13%)	6(6%)	6(6%)	9(9%)	63(63%)
	Total	40(40%)	27(27%)	11(11%)	9(9%)	13(13%)	100(100%)

Source: Field Data, (2024)

Results from statement number four indicated that 40 (40%) of respondents agreed, 27 (27%) strongly agreed, 13 (13%) were undecided, 11 (11%) disagreed, and 9 (9%) strongly disagreed. This suggests that a majority of respondents believe that the division and local government authority effectively communicate revenue expenditure decisions to citizens. Clear communication of expenditure decisions by local authorities fosters trust within the community. Respondents likely value knowing how public funds are allocated and utilized, which helps build confidence in local governance. This locating aligns with Gilman (2018), who notes that when local governments offer clear factors for his or her economic selections, it enhances public expertise of complicated budgetary tactics. Such transparency demystifies government operations, making it less complicated for citizens to interact in knowledgeable discussions approximately local priorities and wishes.

The study also found that 36 (36%) of respondents agreed, 35 (35%) strongly agreed, 15 (15%) disagreed, and 7 (7%) were undecided. This indicates that the majority of respondents believe there is a correlation between health delivery and revenue expenditure, as increased revenue expenditure often leads to improved quality of health services. Respondents likely recognize that allocating more funds to healthcare can enhance staffing, facilities, and the procurement of

essential medical supplies. This direct relationship implies that higher expenditures can result in better health outcomes, a point that respondents are acutely aware of. This finding helps Sutherland et al. (2018), who observed that modernized centers not simplest enhance patient consolation and protection but also decorate the efficiency of care shipping. Respondents probably admire that making an investment in facility improvements creates an extra conducive surroundings for handing over higher health services.

Table 4.7: Division and local government authority informs the citizen revenue expenditure according to decision made

No.	ITEMS	Agree	Strongly agree	Disagree	Strongly disagree	Undecided	N
1	Male	18(18%)	17(17%)	0(0%)	0(0%)	2(2%)	37(37%)
2	Female	32(32%)	26(26%)	0(0%)	0(0%)	5(5%)	63(63%)
	Total	50(50%)	43(43%)	0(0%)	0(0%)	7(7%)	100(100%)

Source: Field Data, (2024)

The findings indicated that 50 (50%) of respondents agreed, 43 (43%) strongly agreed, and 7 (7%) were undecided. This suggests that a majority of respondents strongly believe that funds from the national government contribute to the revenue received by the division/local government authority for health services. Local authorities often depend significantly on financial support from the national government to carry out health programs and maintain services. Respondents likely recognize that without these funds, local governments would face challenges in providing adequate healthcare, leading to widespread agreement on the importance of national funding. This aligns with the findings of Phua et al. (2016), which highlight that well-funded local health systems are better equipped to address public health emergencies, thus protecting community health.

In a related development, interviews were conducted with district officers, medical and hospital management unit staff, and ward officers, as they possess crucial information about the implementation of fiscal decentralization and the delivery of health services at Kirudu Referral Hospital. This inquiry focused on assessing the effectiveness of fiscal decentralization in health service delivery in Uganda, specifically at Kirudu Referral Hospital.

Here is what Chief Medical Officer (CMO) said:

Fiscal decentralization allows for more localized decision-making regarding budget allocations. This means that funds can be directed toward specific health care needs in the community, improving the responsiveness of health services to local demands.

Here is what district officers said:

With decentralization, local authorities are more accountable to their communities. This fosters greater public participation in health care planning and budgeting, ensuring that the services provided align with the actual needs of the population.

The findings suggest that fiscal decentralization has significantly improved the availability and quality of healthcare service delivery by fostering localized decision-making and resource allocation. One of the key advantages of this approach is that it allows local governments to respond more effectively to the specific health needs of their communities. By granting budgetary control to local authorities, resources can be directed toward critical health issues that vary by area, ensuring that services are tailored to the actual demands of the population. This aligns with the research of Sutherland et al. (2018), which shows that localized choice-making permits healthcare systems to be more conscious of community-specific health demanding situations by empowering nearby governments to allocate assets based totally on their specific demographics and health profiles, monetary decentralization ensures that funding is channeled where it's far most wanted this adaptability is crucial for addressing pressing fitness issues, as local government can unexpectedly mobilize assets and implement effective answers without the bureaucratic delays often associated with centralized structures

5. SUMMARY CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study's findings revealed that 79% of the general public understands how fiscal decentralization has contributed to the availability of quality healthcare services. Fiscal decentralization has enhanced healthcare delivery by increasing local funding. By enabling local authorities to manage budgets, Kirudu Referral Hospital is better positioned to allocate resources according to the specific health needs of the community. This local responsiveness ensures that funding is directed toward essential services, such as maternal and child health, emergency care, and disease prevention programs. As a result, the hospital has enhanced its capacity to provide quality health services that directly address the population's needs.

5.2 Conclusion

From above summary the study concluded that significant majority of respondents had a positive understanding of how fiscal decentralization enhances health services. Specifically, consistent communication about revenue sources and consultative meetings increased awareness among community members, fostering greater advocacy for essential health resources.

5.3 Recommendations

Based on the research findings, the study recommends the following;

- Implement programs that engage community members, especially women, in health service planning and budgeting. This could involve hosting regular community forums where residents can express their health concerns and priorities.
- Provide training for local government officials and health managers on fiscal decentralization principles and their impact on health service delivery. Emphasizing the importance of community participation can help ensure that local needs are effectively addressed.

6. ACKNOWLEDGEMENTS

I would like to begin by thanking almighty God for his grace throughout my academic journey to accomplish my field research. This dissertation has come about due to the support and invaluable contributions of number of individuals. I cannot mention all of them but a few deserve a mention.

Throughout the preparation of this work, I was privileged to work under Prof. AmonChaligha and Dr. Lucas Kisasa my supervisors. Their constructive scholarly support, critical mind and guidance helped me a lot in this dissertation. To them I wish to express my deep gratitude.

With much respect I would like to extend my profound gratitude to the administration of KIUT for their support during my study, the Administration of Kirudu Referral hospital in Uganda for their cooperation and allowing me to conduct a research within their jurisdiction. Finally I wish to appreciate the intellectual inputs and constructive comments from Dr. Benard Oyagi, the Director of Postgraduate studies and Research at KIUT, Dr Mary Mosha for her constructive comments and intellectual inputs.

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