# THE STATUS OF SERVICE DELIVERY IN HEALTH AND EDUCATION IN THE RWENZORI REGION

## A SUMMARY REPORT


**Rwenzori Ant-corruption coalition**

# The status of service delivery in health and education in the Rwenzori region

Rwenzori Ant-corruption Coalition


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The status of service delivery in health and education in the Rwenzori region

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## OVERVIEW

The Research assessed the status of service delivery in the Rwenzori region based on five objectives including: investigating accessibility to quality services at public facilities (health centres, schools), determining the proportion of health facilities and school facilities providing quality services. The was Research carried out in 8 districts, covering 16 sub counties, 15 health facilities, and 14 schools, The study used a combination of methods including document review and analysis, also used direct observation and Photography. Questionnaire method were also employed. Key findings revealed the following;

- All health facilities had permanent buildings as infrastructure at all levels. However all health facilities had sections that were dilapidated.
- In all health facilities there was understaffing especially for technical health workers and this was more prevalent at hospital level, this had greater impact on the health workers in terms of workload.
- It was found out that 33.3% of the health facilities had pit latrines which were shared between staff and patients, a factor that could put health workers at risk hence impacting further on service delivery.
- The study reveals that on average 2,199 patients are attended too by one health worker at Rwenzori region level while Kabarole had the highest patient health worker ratio of 6,361 patients.

- All (100%) of the health facilities faced a challenge of pit latrines for both patients and staff which in a critical sense is affected sanitation conditions at the facilities
- All (100%) of the health facilities had HMCs whose members were said to be ineffective as they hardly contributed of effective service delivery in terms of engaging key stakeholders.
- In terms of pupils-teachers ratio, 64.3% of the schools lied within the threshold with exception 35.7% of the schools that had pupil-teacher ratios above threshold level.
- All (100%) of the schools were seen to have challenges with pit latrines for both pupils and staff as seen in some of the pictures taken.

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## OUTLINE OF THE METHODS USED

The study was conducted in selected sub-counties and parishes in the eight districts of the Rwenzori region i.e. Kabarole, Kamwenge, Kasese, Kyenjojo, Bundibugyo, Ntoroko, Bunyangabu and Kyegegwa.

## METHODS THAT WERE USED

The methods used in this study included the following:

1. **Document analysis**
   This was used to analyse documents at health facility level, and schools with focus on education standards and performance.

2. **Interview**
   Interviews were made medical personnel comprising mainly the In-charges at the health facilities, and Head teachers of selected schools.

3. **Direct observation/Photography**
   This was used to observe and record the state of health facilities and schools and take photographs as exhibits of the quality or state of the facilities.

4. **Questionnaire**

This was used to gather information at the household level from responsible household members aged 18 years and above.

## FINDINGS

### State of service delivery in the health sector

### Existing structures and the Functionality of health facilities

The Research sought to find out the status of the structures and the functionality of the health facilities in terms of the existence of permanent structures, semi-permanent structures, the conditions of the existing structures, dilapidated, and/or need renovations, painting, and demolition. The Ministry of health guidelines on Standards of Infrastructure requirements gives the number of structures that are expected to be at each specific level of a public health facility.

Fifteen health facilities were selected to participate in the baseline study of which data was obtained from 15 of them as the responsible officers in the one of the selected facilities could not be accessed.

**Table 1 Distribution of Health facilities by Level**

| Level | Frequency | Percent |
|---|---|---|
| Hospital | 2 | 13.3 |
| HC IV | 3 | 20.0 |
| HC III | 9 | 60.0 |
| HC II | 1 | 6.7 |
| **Total** | **15** | **100.0** |

Out of 15 health facilities selected, 2 (13.3%) health facilities were at hospital level, 1 (6.7%) health centre II, 3 (20%) health centre IV and 9 (60%) health centre IIIs participated in the study.

During the baseline, the Hospital administrators and health centre In-charges were the main respondents. Through observation and taking photographs, the currents situation/conditions of the medical buildings were observed.

Generally all (100%) of selected health facilities in the eight 8 districts were observes to have permanent structures comprising among others; medical buildings, pit latrines, maternity wards, general wards, staff houses, Kitchens; and other semi-permanent structures observed to be present in the facilities such as kitchens, generator houses, and pits latrines for staff houses. This implies that nearly all government facilities have got permanent structures.
According to the respondents and through observation, most to the permanent structures were found to be dilapidated and in bad conditions in terms of floors, walls and ceilings.

This implies that the state of the facility affects those offering a service and those accessing the service in terms of having a conducive environment. For instance, Nyabani HC III and Nyankwanzi HC III had leaking ceilings; something the In-Charges of those health centers complained this affected operations especially during the rainy seasons. Failure to repair such conditions was attributed meager PHC funds.

The Research intended to find out the state and the number of toilets/pit latrines at the selected Health facilities. The Research reveals that all the 15 (100%) health facilities had inadequate number of toilets and pit latrines in comparison to the served number of people. For instance out of 15 health facilities 33.3% had 2 to 4 stances that were only designated for staff, another

33.3% had pit latrines which were shared among staff and patients, a condition that puts health workers at risk. Ntara HC IV served an estimated population of 120,000 and had only 9 stances on three separate blocks, of which one block was for males clients and two blocks for females resulting into an estimated 13,300 patients per stance. Also Kibiito HC IV served an estimate of 20,640 people and had only 4 stances distributed equally among the male and female patients one bathroom for females resulting into a ratio one stance for 5,160 patients. Clearly this it is clear that both health facilities served populations beyond capacity evidenced by the current congestions and poor sanitation which could result of outbreak of other diseases, increasing the burden of disease. This could impact on the health services seeking practice by the citizen for fear of being infected with other diseases due to congestion sanitation related issues.

The research team also visited other units of the facilities such as maternity wards, general words, Mortuaries among others. Findings showed all (100%) the health facilities recommended to have maternity and general wards reported congestion in both maternity and general Wards. This is an indicator that facilities congested, a factor that affected the effectiveness of staff in delivering services to the citizens. Ministry of Health (MoH) guidelines provides for the existence of a Mortuary at HC IVs and Hospitals. All the health facilities at this level had Mortuaries. However, with the exception of Buhinga Referral hospital that had a Mortuary with the capacity to hold 10 bodies and in good conditions, others were able to keep the bodies for only two days according as they lacked the required facilities such as adequate beds and refrigeration.

According to the patient respondents, the common services sought at HC IVs and Hospitals included the theatre services. The MoH guidelines provides for Theatre at HCIVs and Hospitals. Of the health facilities at these levels, Kyegegwa HC IV reported poor Theatre services resulting into patients moving long distances to other districts while others die before accessing any nearest health facility with Theatre services. All (100%) of the facilities at this levels, also reported the availability of Theatre services that lacked equipment for smooth operations. Lack of sufficient electricity source to manage Theatre was a major concern.

Under the MoH guidelines, HC IIIs and HCIVs are expected to remain open for 24 hours, seven days of the week. The Research assessed whether health facilities were always open to clients. Clients respondents at the facility revealed that the facilities were always open but with limited number of staff in operation. Because of this, clients waited for long hours (2 to 4hrs) to be served. It was also observed that health workers reported late and left duty early in contrary to the set standards. Client respondents also revealed that health workers often took long breaks and while others did not report for duty for days. On the same aspect all the In-Charges, indicated that there was shortage of staff. In addition there was lack of favourable staff accommodation near the health facilities and those health facilities that had staff houses, they could only accommodate few staff. This signifies and demonstrates the existing gaps in delivering services to the citizens by most health facilities.

**Overall quality of Health service accessed**

The study assessed the quality of the health services provided across districts. This was based on a number of aspects including; the state of infrastructure at the facility, the number of health personnel, availability of medicine and the general environment. Findings were as in table 2.

**Table 2: Opinions on the quality of Health service accessed**

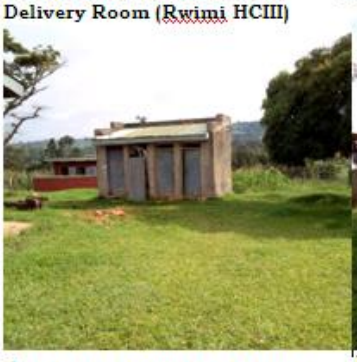
| District | Good quality | Average | Poor quality |
|---|---|---|---|
| Bundibugyo | | 1 (50.0%) | 1 (50.0%) |
| Bunyangabu | 1(50.0%) | | 1(50.0%) |
| Kabarole | | 2 (100.0%) | |
| Kamwenge | 1(50.0%) | | 1(50.0%) |
| Kasese | 1(50.0%) | | 1(50.0%) |
| Kyegegwa | | 1(50.0%) | 1(50.0%) |
| Kyenjojo | | | 2(100.0%) |
| Ntoroko | | 1(50.0%) | |
| Total | 3 (20.0%) | 5 (33.3%) | 7 (46.7%) |

As observed in table 10, overall 20% of the facilities were deemed to be providing good quality services, 33% provided averagely quality services while 46.7% were regarded to be providing poor quality services.

This implies that the proportion of citizens accessing quality services from public health

3Dilapidated structures: Delivery Room (Rwimi HCIII)

2Ceiling of facility at Nyabani HCIII



4Dilapidated Structures latrine at Butiiti HCIII

1Dilapidated Structures at Butiiti HCIII

facilities was very small while majority continued to access poor quality services as evidenced from the status of the some of the health facility infrastructure.

**Staffing levels versus government standards for the last 3 years**

Generally, the Research sought to establish the staffing levels at the health facilities and how this was impacting on service delivery. Findings were as observed in table 3 in relation to national standards.

**Table 3: Staffing levels of the selected Health facilities**

| Health Facilities | MoH Standard Staff | Actual Staff (Both Technical and Support Staff) | |
|---|---|---|---|
| | | Technical | Support |
| Buhinga Hospital | 800 | 325 | 25 |
| Kasenda HC III | 19 | 14 | 3 |
| Kibiito HC IV | 49 | 40 | 4 |
| Rwimi HC III | 19 | 15 | 2 |
| Bundibugyo Hosp. | 185 | 132 | 20 |
| Kayenje HC II | 09 | 04 | - |
| Ntoroko HC III | 19 | 16 | 2 |
| Kyegegwa HCIV | 49 | 38 | 4 |
| Kakabara HCIII | 19 | 17 | 5 |
| Nyankwanzi HCIII | 19 | 10 | 4 |
| Butiiti HC III | 19 | 16 | 2 |
| Ntara HC IV | 49 | 41 | 2 |
| Nyabani HC III | 19 | 14 | 2 |
| Bugoye HC III | 19 | 17 | 2 |
| Kasese Mun HC III | 19 | 15 | 2 |

*Source: MoH Staffing Norms and Document Analysis*

As observed in table 11, staffing levels were below the optimal. Citizens and management reported the acute shortage of staff at the health facilities. All respondents reported the shortage of technical health workers compared to the support staff. An

average table 4 presents a summary of the staffing as computed from the visited health facilities.

**Table 4: Summary of facility Staffing levels by facility category**

| Health Centre level | Recommended staff (Mean) | Current staff (mean) |
|---|---|---|
| Hospital | 492 | 251 |
| HC IV | 49 | 43 |
| HC III | 19 | 18 |
| HC II | 9 | 4 |

As observed, there was understaffing at all levels of health facilities. In-Charges reported closing the health facilities early due to the fact of limited number of staffs. *"There is a staffing problem in the health sector. You cannot imagine working at the health centre alone for a month yet there are many patients*" In-charge, Kasenda HC III. The MoH still provides for 4 medical doctors at HC IV, all the HC IV visited had one medical doctor who also doubled as the Health Centre administrator.

Understaffing at health facilities implies work overload given the target populations at facility level. This affects efficiency levels and sometimes lows the moral to deliver.

**Population served**

The Research sought to find out the number of patients accessing health facilities in terms of the catchment population. Table 5 presents the recommended catchment population and the actual population served.

**Table 5: Distribution of the population accessing Health services**

| Facility | Recommended popn | Actual Popn. | Patients per health worker |
|---|---|---|---|
| Buhinga Hospital | 2,000,000 | 4,000,000 | 12,308 |
| Kasenda HC III | 20,000 | 22,000 | 1,571 |
| Kibiito HC IV | 100,000 | 20640 | 516 |
| Rwimi HC III | 20,000 | 23,000 | 1,533 |
| Bundibugyo Hospital | 2,000,000 | 430,000 | 3,258 |
| Kayenje HC II | 5000 | 2,148 | 537 |
| Ntoroko H.C. III | 20,000 | 6,000 | 375 |
| Kyegegwa H. C. IV | 100,000 | 48,000 | 1,263 |
| Kakabara H.C III | 20,000 | 61,061 | 3,592 |
| Nyankwanzi H. C. III | 20,000 | 23,700 | 2,370 |
| Butiiti HC III | 20,000 | 18,500 | 1,156 |
| Ntara HC IV | 100,000 | 250,000 | 6,098 |
| Nyabani H. C. III | 20,000 | 11,613 | 830 |
| Bugoye H. C. III | 20,000 | 2,781 | 164 |
| KaseseMun. HC III | 20,000 | 24,000 | 1,600 |

Based on the population and health worker data accessed, the team estimated the patient health ratio and findings were as in table 6.

**Table 6: Patient-health worker ration at district level**

| District | Patient |
|---|---|
| Bundibugyo | 1,683.0 |
| Bunyangabu | 911.0 |
| Kabarole | 6,361.3 |
| Kamwenge | 3,269.9 |
| Kasese | 779.1 |
| Kyegegwa | 1,959.2 |
| Kyenjojo | 1,360.3 |
| Ntoroko | 333.3 |
| **Average** | **2198.7** |

As observed overall, there were high numbers of patients served by health worker inclusive of the support staff. It was estimated that a regional level, every health worker had 2,199 patients. However, district wise, a health worker in Kabarole district attended to more patients (6,361), followed by Kamwenge (3,270) while health workers in Ntoroko district had relatively fewer (333) clients attached.

**Table 1: Citizens to accessing services at public health facilities**

| District | Recommended | Mean Actual |
|---|---|---|
| Bundibugyo | 1,002,500 | 216,074 |
| Bunyangabu | 60,000 | 21,820 |
| Kabarole | 1,010,000 | 2,011,000 |
| Kamwenge | 60,000 | 130,807 |
| Kasese | 20,000 | 13,391 |
| Kyegegwa | 6,0000 | 54,531 |
| Kyenjojo | 20,000 | 21,100 |
| Ntoroko | 20,000 | 6,000 |
| **Overall** | | **329,562** |

As observed more clients accessed health services than the recommended in most of the districts with the exception of Bundibugyo and Ntoroko. For instance Buhinga referral

hospital in Kabalore district (2,000,000 versus 4,000,000), Ntara Health Centre IV in Kamwenge district (100,000 versus 250,000 and Kakabara Health Centre III in Kyegegwa district (20,000 versus 61,061) respectively.

In general most In-charges revealed that they were receiving many clients at the health facilities beyond their capacities exceeding the recommended. This implies that there is a lot of overstretching in delivering all the services that it requires proper planning and budgeting to be able to meet the needs of all the clients. The table below as well presents the mean actual population that is service in the selected health facilities versus the recommendation population to further explain issues of accessibility by the populations to the health facility.

**Drug supply in the facilities within the last 3 years**

The Research sought to establish the supply of drugs at the health facilities in the period of three years 2016-2018 respectively. According to the Ministry of Health drug supply is done every two months in a financial year. The drug supply in public health facilities is done through National Drug Authority (NDA) by National Medical Stores (NMS) who supply drugs to the health facilities. Majority respondents (15) reported the constant supply of drugs by NMS in the recommended time. However, some concerns were raised in line with the supply ranging from inadequate; the push system for drug supply was responsible for supplying excess of less demanded medicines (panadol, ARVs, promethazine, used in treating mental illness, ORS, CD4 cartridges) and less of highly demanded medicines such as (antibiotics, anti-malarial (Coartem and quinine), Septrine, anti-hypertension, cotrimoxazole, intravenous fluids). Sometimes, stock-outs

lasted for two months and in such cases patients are expected to buy medicines from drug shops, clinics or pharmacies. Failure to purchase the prescribed drugs meant under- dosage which could affect their full recovery. For example, the In-charge Kyegegwa district presented this case; *"For instance, Kyegegwa HC IV received 68 million in the financial years 2016 and 2017 to purchase drugs. 68 million shillings is distributed within the six times drugs are supplied to the facility making it 11 million shillings, which is later distributed to 60 days (two operational months), at the end, the facility uses drugs worth 183,300 shillings for a day to serve the big numbers of patients who visit the facility"*

To support the above finding, patient respondents also revealed that patients who failed to get the full dosage of medicines were expected to purchase the rest from private clinics or drugs shops. In the event that such patients did not have money, they were limited to the half dosage (if any) received from the facilities or the medicines they could afford. Many patient respondents noted that hampered their recovery of and hence health situations among citizens in the region. From the findings it was recommended that National Medical Stores should supply drugs in consultation with the facility administrators to fill the gaps of the most wanted medicines.

**PHC funds/releases in the last 3 years**

The Research investigated the amount of PHC funds received by the facilities and findings were as in table 8.

**Table 8: Distribution of PHC fund Releases for the last 3 years**

| Health Facility | 2016 | 2017 | 2018 |
|---|---|---|---|
| **Buhinga Hospital** | 5,000,000,000= | 5,000,000,000= | 5,000,000,000= |
| **Kasenda HC III** | 3,500,000= | 3,500,000= | 7,500,000= |
| **Kibiito HC IV** | 15,000,000= | 15,000,000= | 15,000,000= |
| **Rwimi HC III** | 8,000,000= | 8,000,000= | 8,000,000= |
| **Bundibugyo Hosp.** | 142,000,000= | 142,000,000= | 172,000,000= |
| **Kayenje HC II** | 400,000= | 400,000= | 400,000= |
| **Ntoroko HC III** | 6,400,000= | 6,400,000= | 4,800,000= |
| **Kyegegwa HC IV** | 30,800,000= | 27,600,000= | 12,900,000= |
| **Kakabara H.C III** | 5,000,000= | 5,000,000= | 9,000,000= |
| **Nyankwanzi HC III** | - | - | - |
| **Butiiti HC III** | - | - | - |
| **Ntara HC IV** | 40,000,000= | 40,000,000= | 20,000,000= |
| **Nyabani HC III** | 9,200,000= | 9,200,000= | 6,900,000= |
| **Bugoye HC III** | 3,200,000= | 9,200,000= | 9,300,000= |
| **Kasese Mun HC III** | - | - | 7,405,000= |

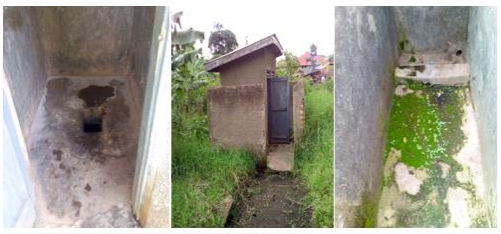
Source: Records at health facilities

As observed, the release of PHC funds to the health facilities. All of the respondents reported PHC funds as not enough to run facilities and agitated for increment in the subsequent financial year. From this assertion, it implies that there are limitations in offering services with meagre resources in running facilities.

**General sanitation of the health facilities**

The Research also intended to find out the sanitation status of the facilities that were selected to participate in the study. The Research sought to establish where cleanness at the health facilities, whether the facilities were having cleaning materials and

2Dilapidated a bath room at Kibiito HC IV3 Dilapidated water point at Kayenje HCII 1Dilapidated dumping pit at Rwimi HCIII



Sanitation status at Kasenda HCIII in Kabarole district

cleaning schedules for the support staff. The status of cleanliness of the facilities was observed basing on the availability of water supply, the existence of placenta and waste pits and the general look of the facilities. All (100%) of the health facilities are facing a challenge of pit latrines for both patients and staff which in a critical sense is affecting the sanitation at the facilities. To observe the status of cleanliness, photographs were taken of various facilities presented as follows;

**Functionality of Health Centre Management Committees**

The Research sought to establish the existence and functionality of Health Centre Management committees from the selected health facilities. The functionality was to be observed through the awareness by the health facility management committee members on their mandate roles and responsibilities. It was observed from the Research that all of the health facilities were having the committees which were functional. However, most respondents recommended for the HMC members to be trained in the mobilization of resources, reporting and notwithstanding offering them refresher workshops on their management and monitoring roles.

**Service delivery in education sector**

**Enrolment and drop out in the last 3 years**

The Research sought to find out the status of pupil enrolment in the selected primary schools for the last three years, this was to establish the drop out levels in the subsequent three years and establish whether the causes of drop outs have been as a result of poor service delivery by duty bearers. Majority of the respondents (15 Head teachers) reported slight number of pupil drop outs citing the number of government and NGO interventions in improving the standards of primary schools. However, some other factors were stated that are causing school drop outs such as boys joining the boda-boda business, child labour, early marriages, early pregnancies, migration to private schools among others. Respondents asserted that that in case the government improved all other areas, pupils would be retained in schools mitigating the witnessed drop out of pupils. The status of enrolment in the selected schools is observed in table 9 below;

**Table 9: Distribution of 3 year enrolment in selected primary schools**

| **Selected Respondents** | **2016** | | **2017** | | **2018** | |
|---|---|---|---|---|---|---|
| **Primary Schools** | **Boys** | **Girls** | **Boys** | **Girls** | **Boys** | **Girls** |
| Kasenda Primary School | - | - | - | - | 322 | 202 |
| Haibale Primary School | - | - | - | - | - | - |
| Mujunju Primary. School | 340 | 407 | 340 | 370 | 365 | 368 |
| Nyabwina Primary School | 261 | 305 | 261 | 301 | 309 | 329 |
| Busaru Primary School | 341 | 423 | 330 | 420 | 405 | 415 |
| Ighomero Primary School. | 151 | 150 | 142 | 148 | 201 | 228 |
| Ntoroko Primary School | - | - | - | - | - | - |
| Karugutu Primary School | 230 | 226 | 215 | 224 | 230 | 233 |
| Humura Primary School | 239 | 240 | 244 | 262 | 354 | 371 |
| Kisoko Primary School | 344 | 350 | 424 | 430 | 550 | 558 |
| Kitaihuja Primary School | 229 | 272 | 259 | 255 | 250 | 297 |
| Katoosa Primary School | 309 | 298 | 279 | 224 | 270 | 240 |
| Nyarurambi Primary School | 270 | 286 | 272 | 284 | 269 | 272 |
| Rwengoro Primary School | 447 | 468 | 463 | 442 | 542 | 535 |
| Buzira Primary School | 212 | 220 | 213 | 229 | 199 | 218 |
| Mirami Primary School | 406 | 470 | 381 | 420 | 311 | 318 |

Source: Document Analysis

**Table 2: School Enrolment, staffing and latrine status by district**

| District | Enrolment | | | Staffing | Teacher pupil ratio |
|---|---|---|---|---|---|
| | 2016 | 2017 | 2018 | | |
| Bundibugyo | 532.5 | 520.0 | 624.5 | 9.5 | 64.8 |
| Bunyangabu | 656.5 | 636.0 | 685.5 | 14.0 | 48.9 |
| Kabarole | | | 524.0 | 12.0 | 43.8 |
| Kamwenge | 735.5 | 730.5 | 809.0 | 11.0 | 72.3 |
| Kasese | 654.0 | 621.5 | 523.0 | 14.5 | 37.4 |
| Kyegegwa | 586.5 | 680.0 | 916.5 | 12.5 | 72.8 |
| Kyenjojo | 554.0 | 508.5 | 528.5 | 10.5 | 50.5 |
| Ntoroko | 456.0 | 439.0 | 463.0 | 11.0 | 42.1 |
| **Overall** | | | | | **54.1** |

As observed, there was variation in enrollment, staffing hence pupil student ratio.

**Existing structures (classrooms, latrines, classroom environment and facilities like desks)**

The Research sought to find out the status of the structures and the functionality of the primary schools in terms of the existence of permanent structures, semi-permanent structures, the conditions of the existing structures,

Some of Dilapidated latrines in some of the visited schools during the survey

Some of Dilapidated classrooms in some of the visited schools during the survey

dilapidated, and/or need renovations, painting, and/or need demolition. Generally, majority of the respondents (15 head teachers) registered satisfaction on the existence of classrooms, pit latrines and staff houses though most of them were not in good state. However, they advocated for the renovation of the existing structures and/or construction of new classrooms and staff houses. The other articulated challenge in some schools was the number of pit latrines versus number of pupils and the absence of pit latrines specifically for teachers. Majority schools at least hard two blocks of pit latrines with at least four stances.

**Staffing Levels versus Teacher Pupil Ratio**

The Research sought to find out the staffing levels at the public schools. On average there were about 12 teachers in a school in the region. However the smallest number of teachers was 10 while 13 was the highest number of teachers in a school. It was observed some schools did not meet the staff ceiling in line with the MoE allocations. The Ministry of Education and Sports provides for the teacher-Pupil ratio to be 1:55. Table 11 provides a school teacher to pupil ratio.

**Table 11: Teacher Pupil Ratio**

| School | Pupil – teacher ratio | Percentage |
|---|---|---|
| Kisoko Primary School | 85.23 | 35.7% are |

| | | |
|---|---|---|
| Rwengoro Primary School | 76.93 | above the national ceiling |
| Busaru Primary School | 68.33 | |
| Nyarurambi Primary School | 67.63 | |
| Ighomero Primary School. | 61.29 | |
| Humura Primary School | 60.42 | 64.3% lie within the threshold |
| Kitaihuka Primary School | 54.70 | |
| Mujunju Primary. School | 52.36 | |
| Katoosa Primary School | 46.36 | |
| Nyabwina Primary School | 45.57 | |
| Kasenda Primary School | 43.67 | |
| Karugutu Primary School | 42.09 | |
| Buzira Primary School | 41.7 | |
| Mirami Primary School | 33.11 | |

It was observed, that majority (64.3%) of the schools lied within the threshold with exception 35.7% of the schools had pupil-teacher ratios above threshold level.

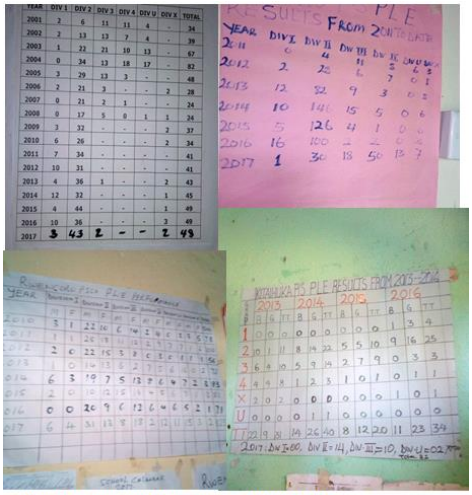
Also some 29% of the schools employed teachers on PTA status comprising of Nyarurambi primary school in Kamwenge district with 4 teachers, Kitaihuka primary school in Kyenjojo with 2 teachers, Humura primary school in Kyegegwa district with 2 teachers and Mujunju primary school in Bunyangabu district with 3 teachers.

**Funding**

The Research sought to find out the status of funding from the UPE program for the last three years in the selected schools. The funding from the Ministry of Education and Sports is released in three terms that schools are in operation. All of the head-teachers acknowledged that the funding is normally released. However they retaliated on the constant delays that normally affect the smooth running of the schools. It was also observed from all schools that school receive funding that ranged from 1.2 millions - 3 millions. All head teachers advocated for the government to release the money in time such that school activities can run smoothly. Few head teachers were willing to share the actual accountabilities however they articulated on their major expenses at school.

## School Academic performance

The Research sought to find out the performance in Primary Leaving Examinations (PLE) of selected primary schools in the last two years 2016 and 2017. Through document analysis, it was observed that majority of the schools had very few pupils passing in first division. Similarly also small numbers but high than those in the division one passed in second division while majority passed through division three as evidenced from some of the samples in the picture.



*Samples of PLE results for some selected Schools*

## Sanitization of the Schools

The Research also investigated the sanitation status of schools. The status of cleanliness of the school facilities was observed basing on the availability of water supply, waste pits and the general look of the school facilities. All (100%) of the schools were seen to have challenges with pit latrines for both pupils and staff as seen in some of the pictures taken.

**The status of general sanitation in the selected schools**

## The functionality of School Management Committees

The Research sought to establish the existence and functionality of School Management committees in the selected schools. The functionality was to be observed through the awareness of their mandate roles and responsibilities. It was observed from the Research that majority of the schools were having committees which were functional. However, most respondents advocated for the SMCs to be trained in the mobilization of resources notwithstanding offering them refresher workshops on their management and monitoring roles.

**RECOMMENDATIONS**

- To improve efficiency at health facilities there is need to reduce on the understaffing levels by recruiting more health workers at all levels. This will reduce on the workload that is currently encountered.
- There is need to improve sanitation status at all health facilities by constructing more latrines and urinal places. There is also need to separate the sanitation facilities of the patients from those of the health workers.
- There is need to improve the pupil – teacher ratio in most of the schools.
- There is need to address the problem of dormant PDCs by empowering and orienting them on their roles and responsibilities. In addition, there is need to ensure that PDC members are motivated to that they can delivery on their mandate. This will enable PDCs to engage citizens in determining their priorities during the planning and delivery of service.
- There is need for government representatives to reflect on their relationship with the citizens they are meant to serve as most leaders were said to be rare and did not engage the citizens for service delivery.
- There is need for RAC to widen and increase on the number of sub counties/town councils for awareness creation so that more citizens can learn how to demand for engagement space from their leaders. This is based on the fact that in areas where RAC operated there was fair citizen engagement with government representatives as compared to elsewhere.
- There is need to elect new leaders at village level as the current leadership either has lost interest and disbanded

or did not exist especially in areas where boundaries have been redrawn.

- There is need for parish level leadership to engage citizens in the planning and budgetary process. This will bridge the existing gap between villages and sub counties.

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This report constitutes research which was aimed at finding out the level of citizens' access to quality services at public facilities at primary level schools and health facilities and to ascertain the proportion of health facilities and primary schools providing quality health and education services to the citizens in the Rwenzori region.

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