

**Effect of corruption on health service delivery in Uganda: a case study of Lira District,
Northern Uganda.**

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Background: This study was set up to investigate the effect of corruption on health service delivery in Lira District. Corruption has been on the rise countrywide, and about 78 percent of Ugandans report that the government is not doing enough to combat corruption. The statistics reveal 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. Therefore, the study was governed by four objectives such as determining the effect of corruption on health service delivery, examining corruption actions in the health sector, determining some of the mechanisms of fighting corruption and investigating challenges faced by the public in fighting corruption in Lira District.

Methods: The study adopted a cross-sectional study design that employed a mixed-method 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 service delivery by 38.2 percentage points. The study also revealed that 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. On the mechanism of fighting corruption in the health sector, Lira District the study revealed some mechanisms such as community empowerment, community campaigns against corruption, reporting of suspected cases of corruption, tight supervision of government employees and others. On the challenges faced by the public in fighting against corruption, the study found that some common challenges are 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.

Recommendations: Finally, the researcher suggests recommendations 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).

Keywords: *Corruption, Health Service Delivery, and Lira District.*