

EFFECT OF CORRUPTION ON HEALTH SERVICE DELIVERY IN UGANDA. A CASE
STUDY OF BUGWERI DISTRICT

BY

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DECLARATION

This Research Report is my original work and has not been presented for examination in any other university.

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APPROVAL

This Research Report has been submitted for examination with my approval.

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DEDICATION

This study is dedicated to Robert my friend and also my family I Love you so much all.

ACKNOWLEDGEMENT

First I would like to thank the almighty God for having seen me through the entire period. Secondly, I would like to register my appreciation to my father Mr. Kayongo wilson , my mother Mrs Namaganda sulaina and my brother Eric Wasswa and lastly my sister Babirye Mariam for the love and support through my entire education may the lord bless them with what they desire in their entire life.

My sincere thanks goes to all the lecturers who walked and guided us through this journey of seeking knowledge. Special thanks to my supervisor Dr. Oketch Chrisostom for your guidance, patience and positive guidance.

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Figure 1: Conceptual framework showing the relationship between health corruption and service delivery 7

ACRONYMS

Hc	Health centre
PCA	Penal Code Act
IGG	The Inspectorate of Government.
PFAA	The Public Finance and Accountability Act 2003
LCA	The Leadership Code Act 2002
PPDP	Public Prosecution and Disposal of Public Assets Act 2003
APNAC	African Parliamentarians Network against Corruption Uganda Chapter (200)
PAC	The Parliament Account Committees

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ABSTRACT

The study was done on the effect of corruption and health service delivery in Uganda a case study of Bugweri District. Various study objectives under the topic were established and these were; to examine the causes of corruption in health sector in Bugweri district, to examine the public perceptions about health officials involvement in the provision of health services in Bugweri district and to examine the effect of corruption on health service. The study design used was both quantitative and qualitative research approaches to analyze and interpret the findings. Furthermore, the study Population that was targeted was 100 people and a sample of 67 was used due to the little time that was available to use all the people. The data that was collected was both from primary and secondary sources the key methods of data collection were key informant interview guide, semi structured questionnaire, focus group discussions and document analysis. The statistical package for social scientists was used to analyse the data that was obtained from the field, the mean and standard deviation was used to examine the causes of corruption in health service delivery, to examine the public perceptions about health officials and to examine the effect of corruption on health services delivery. The response about the causes of corruption had an average mean of (4.4378) which is equivalent to agree on the rating scale that was used, the response about the public perceptions on health officials had an average mean of (4.3035) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are diverse perceptions of the public on security regarding corruption in the health sector, the response about the effects of corruption on health services had an average mean of (4.1941) which was also equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are adverse effects of corruption has got a great impact on the health service sector in Bugweri District. Conclusions were based on the objectives of the study that Corruption drivers had a significant influence on health service delivery in Bugweri district. The results established that corruption was found to significantly and positively influence health service delivery. When all the stated variables were tested in the mean and standard deviation, they were found to have a significant relationship and health service delivery in Bugweri District Local Government. Recommendations were also drafted that the Health sector needs to develop mechanisms to ensure that Health workers are in health centres as is required, just like the inspection function should work in the education sector, Drug thefts by Health worker, as revealed by civil society, must stop henceforth and also the ministry of Health must devise mechanism to ensure inefficiency and theft in the health sector is eliminated and finally the Areas of further research were made which stated that the relationship between decentralization and service delivery in local governments a case study of Bugweri District should be researched upon, and the impact of domestic violence on the welfare of children in Bugweri district should also be looked at in future.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Among the many challenges facing public service institutions in developing countries, corruption remains one of the most pervasive and the least confronted (Kaufmann, 1998). Transparency International (1998) considers corruption as one of the greatest challenges of the contemporary world. It undermines good government, fundamentally distorts public policy, leads to the misallocation of resources, harms the private sector and private sector development and particularly hurts the poor. Amundsen (1999) argues that corruption is found almost everywhere, though it is stubbornly entrenched in the poor countries of Sub-Saharan Africa, while it is widespread in Latin America. In addition, Agbu (2001) further asserts that corruption as a phenomenon, is a global problem, and exists in varying degrees in different countries. Corruption is a word with broad meanings in every day speech, tied to both designating facts and passing of moral judgement and condemnation. Social scientist understands corruption as the misuse of public office or a comparable position of trust for private purpose (Cremer (2008). Hence Lipset and Lenz (2000) conclusion that corrupt practices are not an issue that just begins today; but the history is as old as the world.

A growing body of evidence suggests that corruption in low income countries is a significant constraint on economic performance (Mauro, 1995; and Treisman, 2000). According to the World Bank studies, corruption accounts for over \$1 trillion per year (12%) of the Gross Domestic Product of nations like; Nigeria, Kenya and Venezuela (Nwabuzor, 2005).

In Colin Nye's classical and most widely used definition, corruption is "behaviour which deviates from the formal duties of a public role because of private-regarding (personal, close family, private clique) pecuniary or status gains; or violates rules against the exercise of certain types of private-regarding influence" (Nye, 1967). Therefore, corruption is when individuals (like; civil servants, functionaries, bureaucrats and politicians or anyone who holds a position of authority to allocate rights over scarce public resources in the name of the state or the government) are misusing the public power they are bestowed with for private benefit. The

corrupt act is when this responsible person accepts money or some other form of reward, and then proceeds to misuse his official powers by returning undue favours. Corruption manifests itself in various forms of which security is among.

In defining corruption specifically is the miss use of public office or authority for private gains , most scientists agree that it is any transaction between private and public sector actors through which collective goods are illegitimately converted into private-regarding payoffs (Heidenheimer et al., 1993).Corruption in security hence entails the manipulation of the security institutions and the rules of procedure, and therefore it influences the institutions of government and the security system, and it frequently leads to institutional decay (Amundsen, 1999). Furthermore, it is when laws and regulations are more or less systematically abused by the rulers, side-stepped, ignored, or even tailored to fit their interests.

Uganda is one of the countries which have often been highlighted among some of those worst hit by corruption moreso the security one (Afrobarometer, 2006; Global Integrity, 2008; The Bertelsmann Foundation, 2008). Even though the government of NRM has committed itself to zero-tolerance to corruption as evidenced in its manifesto's (NRM Manifesto, 2006/10; 2011/16), this has been farfetched. For instance; the Global Integrity's 2006 report on Uganda estimated that more than half the government's annual budget is lost to corruption each year, amounting to USD 950 million (Global Integrity Reports, 2006). The report further indicated that corruption scandals involving personalities close to those in power periodically hit the headlines citing an example of a former health minister Jim Muhwezi and loyal supporter of the president, along with two deputies, who have been charged with misappropriating USD 2 million from funds provided by the Global Alliance for Vaccine and Immunization (GAVI) in 2005.

Health patronage and favouritism further characterise the Ugandan administration, with NRM patronage systems reaching into the private sector (Global Integrity Reports, 2006). In local government bodies, giving jobs and contracts to relatives or supporters appears to be common practice. A 2006 Freedom House report denounces widespread patronage and corruption in government, with the exception of the public, health and education service commissions that are generally credited with making open, merit-based appointments. However, there have been recent cases of interference in the appointment of senior officials in the ministries of health and of education and sports. From a national overview, Corruption in security seems to start from the

top and narrows down to smaller administrative units. This study seeks to examine the extent to which corruption in security has affected service delivery in local governments like Bugweri District.

1.2 Problem statement

Despite numerous attempts pronouncing zero-tolerance to corruption by the government of Uganda, the vice of corruption more so corruption patronage in health continues to take root from top to lower local administrative units. Major anti-corruption legislation include; the Penal Code Act (PCA) and the Prevention of Corruption Act which criminalise the offering or receipt of bribes, with penalties reaching up to 10 years in prison. The Inspectorate of Government Act 2002 (IGG Act), the Public Finance and Accountability Act 2003 (PFAA), the Leadership Code Act 2002 (LCA), and the Public Prosecution and Disposal of Public Assets Act 2003 further constitute Uganda's legal framework against corruption. The role of parliament in fighting corruption has been strengthened with Uganda a member of the African Parliamentarians Network against Corruption Uganda Chapter (APNAC) established in Africa in 2000. The Public Account Committees (PAC) has also been instituted to carry out its budget oversight responsibility. Currently there is a fully fledged high court (the Anti-corruption Court) to try suspected corrupt public officials. However, despite all such legislative and institutional frameworks, corruption continues to thrive in health service.

For instance in Bugweri district referring to the 14th may 2014 new vision page 7 .The Resident District Commissioner (RDC) was involved in misappropriation of about 4,000 boxes drugs meant for IDP returnees. In regard to public contracts, politicians have been sighted in meddling the process of awarding the contract for road maintenance of Bugweri-Lamogi road. A similar scenario is where houses for security workers though approved were not constructed making most health officers fail to deliver services as they stay far way from the police station centres (affected centres include; Labongo Ogali HC, Olwal Mucaja HC, Pabbo HC, Atyak HC and bugweri HC) which has been attributed to security sabotage by some area leaders. Furthermore, many councillors in Lamogi, Bugweri and Pabbo sub county have been sighted in creation of ghost Community Based Organisations (CBOs) of which are allowed by security personnel including the Bugweri resident district commission (RDC) which they use to receive funds for personal gains. The District Chairman tried to block the renewal of the District NAADS

Coordinators contract. To date, he is still trying to revoke the appointment by the District Service Commission who claims that there was no reason to stop the appointment (Okech, 2011). The evidence suggests that politicians instead of being policy-makers and whistle blowers to IGG on corruption, they have gone as far as using their offices helped by security officers in the district to influence and interfere with public services especially involvement in contract awards and procurements of services and goods, influence of recruitment and promotion of health workers and resource allocation to different police units. All these have led to poor health service delivery as seen by increasing crimes, poor construction security infrastructures like training schools, police centres, conference centres, low salaries to police officers , high absenteeism of police servants, poor performance in health systems in BUGWERI, high food insecurity and return of unspent funds to central government. This study hence sought to investigate whether corruption in security has undermined health service provision in Bugweri district as described above.

1.3 Objectives of the study

1.3.1 General objective

Overall, the study intended to investigate and describe the effect of corruption on health service delivery in local government. Bugweri district was used as a case study as it had been found that corruption interfere with health services.

1.3.2 Specific Objectives

The study aimed at achieving the following objectives:

- 1) To examine the causes of corruption in health sector in Bugweri district.
- 2) To examine the public perceptions about health officials involvement in the provision of health services in Bugweri district.
- 3) To examine the effect of corruption on health service

1.4 Research Questions

The following questions guided the study:

- 1) What are the different manifestations of corruptions on health service in Bugweri district?
- 2) What is the public perception about health officials' involvement in the provision of health services in Bugweri district?
- 3) What possible strategies may be adapted to overcome the vice of corruption in local governments?

1.5 Scope of the study

1.5.1 Content scope

This study on effect of corruption on health service delivery in Uganda was conducted in Bugweri districts between January 2019-June2019)

The study focused on corruption and its effects on service delivery in local governments. Particular focus will be on health as a form of corruption which has widely undermined service delivery. Corruption in health will be looked at in terms of; health decisions, policy outcomes, contract awarding, budget allocation and health sentiments. On the other hand, the study investigated on service delivery as a dependant factor of health outcomes. It looked at education, road, agriculture (specifically NAADS), and health service provision.

1.5.2 Geographical scope

The study was carried out in Eastern Uganda particularly in Bugweri District. The District is a recent creation out of Iganga District. The District is bordered by Iganga in the west, Jinja in the east and Kamuli District in the southern direction. Despite its short distance, it has been held in a number of corrupt practices which has greatly affected service delivery. It's on such background that the district has been selected for the research study.

1.5.3 Time scope

The study covered a period of five months from January to May 2019. This period was appropriate considering the fact that the district was created in 2006 and has existed as a local

government within that period. The period was also appropriate for establishing the extent of variation in corruption health in the district.

1.6 Significance of the study

The study was significant in the following ways:

- 1) The study intended to generate information on the past and current trends in the existence of corruption. The information generated was used by policy-makers, civil servants and other stakeholders in understanding the magnitude of the impact caused by the vice hence finding alternatives to overcome the problem.
- 2) The study added to the existing body of knowledge about corruption. In particular, corruption in health.
- 3) The study influenced the practice of corruption in health an attempt to improve service delivery in the district. In attempt to investigate corruption among health officers, information on forms and perception of the public on the most corrupt health structures will influence response on quality service delivery in the districts
- 4) The findings of the study helped inform policy and decision making organs in regard to service provision. By highlighting areas most prone to corruption, the policy makers were in position to control any resources allocated to such.

1.7 Justification of the study

Corruption is a vice which eats into the institutional set-up of the government only to cause challenges in its obligations. In Uganda the vice has become a phenomenon in at all levels of systems and structure especially in the decentralised systems of governance in Uganda. It has eaten away the institutional fabric and currently its perceived to be institutionalised. This means that even if one is involved in a corrupt scandal, it is normal and such a person will instead be promoted, praised and rewarded rather than prosecuted. The worst part of it all is that, service delivery has been hampered and hardly do the required services reach the local people as planned. Resources allocated to benefit the public are mismanaged or misappropriated through tender commissions, delayed contracts, bribery and conflict of interests in normal and official

The conceptual framework above illustrated the relationship between corruption in health and service delivery. It postulates that corruption in health manifested itself in form of security decisions, policy outcomes, contract awarding or management, budget allocation and health sentiments made. These had a bearing on the service sectors more especially; education, road, agriculture and health services. The politicians; it's assumed will make 'empty promises' during campaigns which in their capacity was not be able to fulfill through the local government system. This forced them to peddle the existing structures within the implementing sectors. The interference was exhibited in security directives to civil servants on basis of policies which had been passed. The budget was infiltrated while contract awarding strictly followed the interests of the budget holders (decision makers). This was achieved by manipulation of systems and administrative structures and were resistance is found; the officer concerned will either be removed or bribed to approval the process. All this happening, it is further assumed that government policies will be side-lined and more particular on corruption; the politicians will not abide by the proper procedures. the civil society will also be monitoring or watching but in silence just like the institutions charged with checking the procedures only to wake up when all has happened and gone wrong. With all the above happening, the services say health or road maintenance will be affected by lowered quality and untimely completion or delivery of outputs while at the same time the services will be rendered unreliable. In this case we could say that corruption in health has impended service provision. If the system continues, then service provision at one time will cease and personal gratification lifted up.

1.9.1 Definition of terms

1) Corruption: it means an act of which deviates from formal rules of conduct of a public office bearer using opportunities accrued to his office and status to gain private benefits and favours.

Corruption in health means

2) Corruption in health means manipulation of the health institutions and the rules of procedure to influence formal processed for personal gain or favours.

3) Local government is an administrative unit as defined in the decentralised systems of governance.

4) Services. These are non tangible and non tangible products and services used by the public for their own development.

5) Service delivery is the process by which policies are translated from budgets, work plans and decisions into resources (human and financial) to produce quality end product to the public in form of good roads, quality health services, increased agricultural production, efficient use of public funds, improved performance of education systems.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter comprised of a detailed review of related literature. It presented related scholarly work on corruption particularly health one and its effect on service delivery in local governments. Information presented was obtained from previous studies, articles, journals, published and unpublished works, and academic and conference presentations as well as written records from the district authorities or even government reports. The review followed the objectives of the study.

2.2 Causes of corruption in health service delivery

Corruption is a complex and multifaceted phenomenon with multiple causes and effects, as it takes on various forms and functions in different contexts. The phenomenon of corruption ranges from the single act of a payment contradicted by law to an endemic malfunction of a health and economic system. The definition of corruption consequently ranges from the broad terms of 'misuse of public power' and 'moral decay' to strict legal definitions of corruption as an act of bribery involving a public servant and a transfer of tangible resources (Fjeldstad and Andvig, 2001).

Health or sometimes referred to grand corruption takes place at the highest levels of health authority. It was when the politicians and health decision-makers (heads of state, ministers and top officials), who are entitled to formulate, establish and implement the laws in the name of the people, are themselves corrupt. Corruption in health is furthermore when policy formulation and legislation are tailored to benefit health officials and legislators (Moody-Stuart 1997; Doig and Theobald 2000).

Corruption in health might take place on arenas without the general public coming across it in their daily life, or even knowing about it. It might be incidental, controlled or concealed, as in most consolidated liberal democracies. In Uganda, this seems not true instead corruption among health officers has become the order of the day. This study investigated the cause of such health corruption tendencies in local governments.

More broadly, the cultures of distrust and private-spiritedness have been found to foster higher rates of venality than occur in communities where generalized trust and civic engagement are strong (Putnam, 1993). Distrust and suspicion boost the demand for corrupt services on the part of private agents. The greater perceived uncertainty of entering into partnerships with strangers may impede legitimate private business activity (La Porta et al., 1997). This may render transactions with family members and close acquaintances (including corrupt exchanges with friends in public office) relatively more attractive thus causing one-side to bribe the other.

Corruption has also been linked to ethnic polarization. It is held that in deeply divided societies, the demand for corrupt services tends to be higher at any given price. Generalized trust is likely to be lower. Members of ethnic groups tend to feel that demanding favors from co-ethnics in a given office is the only effective way to obtain public services. Additionally, the supply of corrupt services tends to be increased by the social leverage that ethnic leaders have over officials of their ethnicity: fear of social ostracism makes them reluctant to refuse their co-ethnics' demands. Various scholars have argued that competition between different ethnic groups within the same state has at times fostered patronage politics and bureaucratic predation (Easterly and Levine 1997).

According to Gunnar Myrdal, in underdeveloped countries "a bribe to a person holding a public position is not clearly differentiated from the 'gifts,' tributes, and other burdens sanctioned in traditional, pre-capitalist society or the special obligations attached to a favour given at any social level" (Myrdal, 1970). When giving presents to officials can be defended as accepted etiquette, businessmen are likely to have fewer scruples about seeking favors in return.

Various conjectures link the supply of corrupt services to characteristics of countries' security systems and state structure. Some scholars suggest a simple positive relationship between state size and corruption or rent-seeking (Tanzi 1994, Buchanan 1980). They argue that the greater the share of GDP redistributed by government, the greater the spoils for corrupt allocation. Similarly, the more officials there are in public office, the more potential bribes available.

Industrial organization arguments suggest that the internal structure of the state may also influence the supply of corrupt services. When bureaucracies are more decentralized, with less

internal discipline, bureaucrats may compete to extract maximal rents (Shleifer and Vishny 1993).

Low civil service salaries and poor working conditions, with few incentives and rewards for efficient and effective performance, are strong incentives for corruption as found in Nigeria by Abiodun (2007). Other factors which were found included: less effective government works with slow budget procedures, lack of transparency, inadequate strategic vision and weak monitoring mechanisms make Nigeria a fertile environment for corrupt practice. This study thus investigated whether the same factors account for corrupt practices in Bugweri district.

In more decentralized or federal states, the burden of corruption may thus be greater. According to James Q. Wilson, one cause of corruption in the system is “the need to exchange favours to overcome decentralized authority” (Wilson 1970). Another security scientist argues that “decentralized security systems are more corruptible, because the potential corrupter needs to influence only a segment of the government, and because in a fragmented system there are fewer centralized forces and agencies to enforce honesty.” In addition, a number of economists also suggest that corruption is more widespread at the local level, perhaps because of the greater intimacy and frequency of interactions between private individuals and local officials (tanzi 1995, prud’homme, 1995). In this study, the link between the various causes of corruption in the ugandan sense was investigated more so in the local governments.

2.3 Public perception about health officials involvement in the provision of services in local governments

Perceptions of corruption depend on where individuals are (where are they located both socially and spatially) and who they are. Since corruption entails both petty corruption, with which citizens probably have some direct experience, and elite-level scandals, which most citizens are unlikely to have any direct experience with, the public often relies on discussion with other citizens, news reports, and rumour to make their judgments. This means that the public is most likely far removed from elite-level corruption, and that its perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction.

In a study of public perceptions of corruption in Pittsburgh, Pennsylvania, for example, Johnston (2002) found that judgments of corruption depended on the identities of the perpetrator and the victim, and tended to be less harsh when the perpetrator of the corrupt act had a justifiable reason (i.e., taking a cut of a contract was seen as less corrupt if the official did so to pay his sick child's hospital bills).

2.4 Effect of corruption on health service delivery

gupta et al., rajkumar and swaroop, azfar and gurgur and azfar et al. found a negative effect of corruption on services like education, security, health and others. Additionally, mauro (1998) and knack and sanyal (2000) found that corruption greatly reduced the share of public expenditures on services like education. azfar and lee (2002) also investigated the relationship between corruption and spending on public services such as health and education, and did find, like mauro (1998), that there is a clear relationship between corruption and education expenditures but only a fragile relationship between corruption and health expenditures which disappears if income is controlled for.

Rajkumar and Swaroop (2001) reported that reducing corruption (or, improving the quality of government) improves education outcomes largely by improving the effectiveness of public expenditures. This means that if corruption leads to large leakages in public funds allocated to education, public expenditure on education is likely to be less effective. In this we find that the more the public servants fail to a bid by the regulations of managing public finances allocated to them, thereby giving way for security peddling, there is a high risk of compromising service delivery.

Several empirical studies have shown a negative relationship between corruption and economic growth (mauro, 1995). Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment (mauro, 1997; wei, 1997 and alesina, 1999). Corruption saps a country's economy by hampering tax collection and undermining the enforcement of important regulation. Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences (murphy, 1993), and is likely to produce certain composition of capital flows that makes a country more vulnerable to shifts in international investors' sentiments and expectations (lambsdorff, 2000).

and 2005). In addition corruption has an adverse effect on human development, and increases the cost of basic social services (kaufman, 1998).

Corruption was found to diminish national prestige and respect, leading to brain drain, civil arrest, business failure and unemployment, election rigging, absence of law and order, and failure of government institution (ribadu, 2003). in such scenarios, the ability to provide all the required social services is affected as important resources are simply diverted, misappropriated or the service providers ignore the contractual terms as they are already favoured by the security heads.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter comprised which were followed in executing the research. It provided the research design which was followed, the study area and population, the sample size and sampling techniques, the methods and techniques of data collection. It looked at how data was managed, processed and analysed.

3.2 Research approaches

The study used both quantitative and qualitative research approaches. These approaches allowed for generation of statistical information while the later helped provide a full description and explanation of the respondents feeling and perceptions about the vice of corruption and its effect on service provision. The case study research design was used alongside the descriptive analytical design to gain an insight into the issue of investigation. There was correlation of information from civil servants, security leaders and the public on corruption to determine the relationship between corruption and service delivery.

3.3 Study area and Population

The study was carried out in Eastern Uganda with a case study of Bugweri district. The district has been noted for having increasing cases of corruption yet little information is available hence its choice. Two sub counties were selected that is Bamogi and Ibulaku. These two were selected on the basis of limited resources which may not allow for a wider population being drawn from other sub-counties. Additionally, a number of corruption scandals have been recorded in the duo. The study targeted 13821 people from whom data was collected. The population included; security heads (area Members of Parliament, LC III and Council V), the public servants (head teachers, medical workers, and district head quarter staffs in works and technical services, directorate of health and education; the planning unit, contracts committee, finance committee, tender board, internal audit, accounts and CAOs office – Senior Assistant Secretaries, finance and accounts and contract committee), and service users particularly, health and Education service users.

3.4 Sample size

The sample size was determined using Morgan population sample table. Total population target is 100. In the Morgan table, this will have a sample of 67.

3.5 Sampling techniques

The study used the stratified sampling technique to categorise the study respondents. The respondents were stratified into homogenous strata. Thereafter, the simple systematic sampling technique was used to select respondents mainly the public servants. The random techniques were used so as to help avoid biasness among the selected respondents hence giving each member an equal chance to participate in the study. The purposive technique was used to select the security heads as well as the service users. Simple random technique was used for head teachers and officers in charge of health centers. Snowball technique was used to locate service providers who had major complain on security leaders over tender contracts.

3.6 Methods and tools of data collection

The study obtained data from both primary and secondary sources. Primary data was collected from respondents while secondary data was collected from documentations and written materials. Four data collection methods and tools were used namely; key informant interview guide, semi-structured questionnaire, focus group discussion and document analysis.

3.7 Validity and reliability of research tools

Validity established by designing the data collection tools were administered to experts, lecturers and academicians to comment on the appropriateness of the items. They were asked to indicate which items on the tools are relevant and which ones are irrelevant. Validity is the extent to which research results can be accurately interpreted and generalised to other populations. It is the extent to which research instruments measure what they are intended to measure. The expert evaluated the relevance of each instrument to the objectives and rate each on the scale of very relevant (4), quite relevant (3), somewhat relevant (2) and not relevant (1). The items to be rated are 3 or 4 by the experts divided by total number of items in the questionnaires. The irrelevant ones were amended before the actual tools are used. On the part of reliability, the tools were administered to respondents of the same characteristics to answer the questions. The data was then pretested to ensure the reliability of the tools in capturing the required data.

3.8 Data management and analysis

Data after being collected was put together by the researcher. The researcher then checked it for completeness and consistence while identifying answers which are similar. The responses were coded into a code frame. Thereafter the data was entered into a computer using the EPI-INFO software. Analysis was then done using the Statistical Packages for Social Scientists software. Multivariate analysis was done to determine any relationship and patterns among the responses. Data was then presented in tabular forms or figures showing percentages and frequencies.

3.9 Ethical procedures

The researcher obtained a letter of introduction from the university which was presented to different authorities to seek permission to collect data. The respondents also were required to participate voluntarily in the study without any coercion whatsoever.

The responses given were treated with utmost confidentiality. All participants in the research have the right to remain anonymous, that their identities are salient features in the study.

The ethical problems in this study are privacy and confidentiality, access to specific lists and files (minutes) on corruption cases and other disciplinary measures taken by the district authorities which is infringement on privacy of the respondents.

3.7. Data Collection instruments

Questionnaires and interview guides were used to collect data from the respondents above.

3.7.1 Interview guide

The study employed structured interviews to interview the public since they were the people affected vice, it supplemented and helped to obtain quality data from the questionnaires. The interviewing process was conducted by the researcher because interviews involved probing into unclear responses that was made by the interviewee.

3.7.2 Questionnaires

Self- Administered Questionnaires (SAQs) were administered to the selected respondents among the people in Bugweri District. The questionnaires were designed with closed ended questions to enable the respondents answer the questions in a timely manner. The questionnaires were used because they generated a lot of information within a short time and collect data that was to be referred to in future. The questionnaires were distributed to the respondents by the researcher to enable the researcher obtain more reliable replies.

3.8 Data Processing

The data obtained was checked, edited, coded and reduced into tables and figures for validation before processing for the presentation of the findings. This involved cross checking the completed self-administered questionnaires to check for any errors that were committed.

3.9. Data Analysis

After summarizing the data, it will be analyzed so as to make sense out of it. The data was analyzed using the descriptive statistics to enable meaningful description of the pieces of data collected. Qualitative data will be analyzed using description and explanations.

The data will be entered into SPSS to process data for analysis. Frequencies and average ranking system were used to determine patterns in the study findings.

Limitation

There was limited time to have face to face meeting to explain any confusion with the questionnaires. There were also some difficulties in getting the employees' responses to the

survey questions because of their workload and the responsibility they had. Some respondents also felt unsure if it is legal to answer such questions through the questionnaire that was provided to them. The researcher overcame this by using simple language while constructing the questionnaire and giving brief and direct questions that require short answers.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

The chapter covers data presentation, analysis and interpretation of data collected with the view of answering the research questions. Data analysis and interpretation was based on the three research objectives. Below are the data presentations and analysis;

4.1 Demographic characteristics of the Respondents

In this study, the section was to reveal the background characteristic of respondents and profile of respondents based on their gender, level of education and age.

4.1.1 Profile of respondents

Table 1 : Showing the Profile of respondents

Item	Frequency	Percentage
Education level		
Never been to school	15	22.4
Primary	17	25.4
Secondary	20	29.9
Tertiary	15	22.4
Total	67	100
Age (years)		
10-15	9	13.4
16-18	15	22.4
19-35	16	23.9
36-45	10	14.9
46+	17	25.4
Total	67	100.0
Gender		
Male	37	55.2
Female	30	44.8
Total	67	100.0

Source: Primary Data 2019

Table 1 results indicated that majority of the respondents in this sample were male with (55.2%) as compared to female respondents (44.8%), hence implying a gender gap since majority of employees in Bugweri district are male.

Results in indicated that majority of respondents in this sample ranged between 40 and above years of age (25.4%), this implied that majority of respondents in this sample were in their middle adulthood, these were followed by those between the range of 19-35 years of age constituting (23.9%), 22.4% were between 16-18 years, (14.9%) were in the range of 36-45 and (13.4%) were in the age bracket of 10-15

With respect to the level of education in the study further showed that secondary level leavers of (29.9 %) dominated the study, these were followed by Primary (25.4%) and these were followed by Tertiary leavers (22.4%), and similarly those that had never attained education were (22.4%).

4.2 The causes of corruption in health service delivery in Bugweri district

The first objective aimed at examining the causes of corruption in Bugweri district health service sector. Three questions were developed on the five linkert scale where respondents were asked to indicate the extent to which they agree or disagree with each question, and their responses were analyzed using the tables below;

Table 2: The causes of corruption in health service delivery in Bugweri district

Causes of Corruption	Mean	Std deviation	interpretation
Poor working conditions	4.4328	.70117	Very High
Few incentives and rewards for efficient and effective performance.	4.3433	.66406	Very High
Lack of transparency	4.5373	.61122	Very high
Average mean	4.4378		Very High

Source: Primary Data, 2019

The means in table 6 indicate that the causes of corruption in the health sector rated at different levels. Out of the items, all the four items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that There are poor working conditions had a mean of (4.4328), the mean for respondents who agreed with the statement that there are Few incentives and rewards for efficient and effective performance of employees, was (4.3433) and standard deviation of (.66406) and (4.5373) for those that agreed that Lack of transparency. When you sum up all the three categories, the overall average mean is (4.4378) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that corruption in the health service sector in Bugweri district since all the items were rated high.

Table 3: Showing the public perceptions about healthy officials involvement in the provision of health services in Bugweri district

Public perceptions on corruption	Mean	Std deviation	Interpretation
Depend on where individuals are (where are they located both socially and spatially) and who they are	4.3731	.77530	Very high
The public often relies on discussion with other citizens, news reports, and rumor to make their judgments	4.0299	1.04403	Very high
Perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction.	4.5075	.53295	Very high
Average mean	4.3035		Very high

Source Primary Data

The means in table 7 indicate that the public perceptions about security officials involvement in the provision of health services in Bugweri district were rated at different levels, all the three items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that public perception Depends on where individuals are (where are they located both socially and spatially) and who they are had a mean of (4.3731), the mean for respondents who agreed with the statement that the public often relies on discussion with other citizens, news reports, and rumor to make their judgments was (4.0299) and (4.5075) is for those that agreed that Perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction. When you sum up all the three categories, the overall average mean is (4.3035) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are diverse perceptions of the public on security regarding corruption in the health sector.

Table 4: The Effect of Corruption on Health Service delivery in Bugweri district

Effect of corruption on health service	Mean	Std deviation	Interpretation
Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment	4.5672	.55661	Very high
Corruption saps a country's economy by hampering tax collection and undermining the enforcement of important regulation	4.2090	.89675	Very high
Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences and is likely to produce certain composition of capital flows that makes a district more vulnerable to shifts in international investors' sentiments and expectations.	3.8060	1.19644	Very high
Average mean	4.1941		

Source: Primary Data, 2019

The means in table 8 indicate that the effects of corruption were rated at different levels, all the three items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment had a mean of (4.5672), the mean for respondents who agreed with the statement that corruption saps a country's economy by hampering tax collection and undermining the enforcement of important regulation was (4.2090) and (3.8060) is for those that agreed that there is Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences and is likely to produce certain composition of capital flows

that makes a district more vulnerable to shifts in international investors' sentiments and expectations. When you sum up all the three categories, the overall average mean is (4.1941) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are adverse effects of corruption on the health service sector in Bugweri District.

positive slope of the regression line. This made the researcher to infer that there exists a significant relationship between Corruption and Health Service Delivery in Bugweri district.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter gives a comprehension into the study findings and relating with findings by other researchers especially those included the literature review. Conclusions and recommendations are then made before the researcher suggests areas for further research.

5.1 Discussion of Findings

This section provides a critical review of research findings and relating them with relevant studies carried out beforehand. It aims at revealing consistencies and inconsistencies that may be there as a result of carrying out of this study.

5.1.1 The causes of Corruption in health service delivery in Bugweri District

The study examined the causes of Corruption in health sector in Bugweri District and the means in table 6 indicated that the causes of corruption in the health sector were rated at different levels it was discovered that respondents who agreed with the statements that There are poor working conditions had a mean of (4.4328), the mean for respondents who agreed with the statement that there are Few incentives and rewards for efficient and effective performance of employees, was (4.3433) and standard deviation of (.66406) and (4.5373) for those that agreed that Lack of transparency. When you sum up all the three categories, the overall average mean is (4.4378) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that corruption in the health service sector in Bugweri district since all the items were rated high.

5.1.2 Showing the public perceptions about healthy officials involvement in the provision of health services in Bugweri district.

Results about public perceptions about healthy officials involvement in the provision of health services in Bugweri district were that all the three items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that public perception Depends on where individuals are (where are they located both socially and spatially) and who they are had a mean of (4.3731), the mean for respondents who

agreed with the statement that the public often relies on discussion with other citizens, news reports, and rumor to make their judgments was (4.0299) and (4.5075) is for those that agreed that Perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction. When you sum up all the three categories, the overall average mean is (4.3035) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are diverse perceptions of the public on security regarding corruption in the health sector.

5.1.3 The Effect of Corruption on Health Service delivery in Bugweri district

The means in table 8 indicate that the effects of corruption were rated at different levels, all the three items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment had a mean of (4.5672), the mean for respondents who agreed with the statement that corruption saps a country's economy by hampering tax collection and undermining the enforcement of important regulation was (4.2090) and (3.8060) is for those that agreed that there is Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences and is likely to produce certain composition of capital flows that makes a district more vulnerable to shifts in international investors' sentiments and expectations. When you sum up all the three categories, the overall average mean is (4.1941) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are adverse effects of corruption on the health service sector in Bugweri District.

5.2 Conclusions

The conclusions were based on the objectives of the study that Corruption drivers had a significant influence on health service delivery in Bugweri district. The results established that corruption was found to significantly and positively influence health service delivery. When all the stated variables were tested in the mean and standard deviation were found to have a significant relationship between themselves and health service delivery in Bugweri District Local Government.

The causes of Corruption in health service delivery in Bugweri District

The study examined the causes of Corruption in health sector in Bugweri District and the means in table 6 indicated that the causes of corruption in the health sector were rated at different levels it was discovered that respondents who agreed with the statements that There are poor working conditions had a mean of (4.4328), the mean for respondents who agreed with the statement that there are Few incentives and rewards for efficient and effective performance of employees, was (4.3433) and standard deviation of (.66406) and (4.5373) for those that agreed that Lack of transparency

Showing the public perceptions about healthy officials involvement in the provision of health services in Bugweri district.

Results about public perceptions about healthy officials involvement in the provision of health services in Bugweri district were that all the three items were rated very high equivalent to agree meaning that respondents agreed with the statement. The respondents who agreed with the statements that public perception Depends on where individuals are (where are they located both socially and spatially) and who they are had a mean of (4.3731), the mean for respondents who agreed with the statement that the public often relies on discussion with other citizens, news reports, and rumor to make their judgments was (4.0299) and (4.5075) is for those that agreed that Perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction.

The Effect of Corruption on Health Service delivery in Bugweri district

The means in table 8 indicate that the effects of corruption were rated at different levels, all the three items were rated very high equivalent to agree meaning that respondents agreed with the

statement. The respondents who agreed with the statements that Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment had a mean of (4.5672), the mean for respondents who agreed with the statement that corruption saps a country's economy by hampering tax collection and undermining the enforcement of important regulation was (4.2090) and (3.8060) is for those that agreed that there is Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences and is likely to produce certain composition of capital flows that makes a district more vulnerable to shifts in international investors' sentiments and expectations.

5.3 Recommendations

Recommendations will be made following the objectives made in chapter one as shown below;

5.3.1 The causes of Corruption in health service delivery in Bugweri District

About the causes of corruption in health service delivery in Bugweri District Local Government, Lack of transparency was the ranked to the most serious cause with the mean of (4.5373), followed by Poor Working Conditions with a mean of (4.4328) and finally few incentives and rewards for efficient and effective performance of employees, was (4.3433) therefore the local government officials should be transparent. When performing their designated district services and also the local government should improve on the reward management systems upon employees to mitigate on the rate of corruption in Bugweri District Local Government.

5.3.2 The public perceptions about healthy officials involvement in the provision of health services in Bugweri district.

Concerning Public Perceptions about healthy officials involvement in the provision of health services in Bugweri district, the respondents who agreed with the statements that public perception Depends on where individuals are (where are they located both socially and spatially) and who they are had a mean of (4.3731), the mean for respondents who agreed with the statement that the public often relies on discussion with other citizens, news reports, and rumor to make their judgments was (4.0299) and (4.5075) is for those that agreed that Perceptions of corruption are probably highly associated with other general evaluations of government, such as trust of state institutions and democratic satisfaction. When you sum up all the three categories, the overall average mean is (4.3035) which is equivalent to agree on the rating scale used and thus basing on these results, it can be concluded that there are diverse perceptions of the public on security regarding corruption in the health sector.

5.3.3 The Effect of Corruption on Health Service delivery in Bugweri district

With regard to the effects of corruption on health service delivery in Bugweri District, About the effects of corruption health service delivery in Bugweri District Local Government, Corruption diverts resources from the poor to the rich; increases the cost of running businesses, distorts public expenditures, and deters foreign investment with a mean of (4.5672) corruption saps a

country's economy by hampering tax collection and undermining the enforcement of important regulation indicated by the mean of (4.2090) and (3.8060) is for those that agreed that there is Corruption also creates loss of tax revenues and monetary problems leading to adverse budgetary consequences. Therefore the researcher suggests that for purposes of mitigating the rate of corruption in Bugweri District Government should ensure that there is maximum financial discipline.

5.4 Areas of further research

The researcher recommends that further research be done on the following topics

The relationship between decentralization and service delivery in local governments a case study of Bugweri District Local Government

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APPENDIX I

Introduction

My name is Tenywa Harold a final year student Kampala international university pursuing a degree in public administrations I am currently conducting a research on Topic "effect of corruption on health service delivery a case study of Bugweri district". You have been identified as one of the respondents in this study. You are therefore kindly requested to answer these questions to the best of your ability. Your answers shall be confidential and used for Purpose of this research only. Please feel free and answer all the questions truthfully.

Instructions

Section A of the questionnaire from question 1-5 is the background seeking information regarding bio data.

SECTION A: BACKGROUND

1. Type of a health officer

a) Nurse b) Doctor

2. Gender

a) Male b) female

3. Age

a) 20-29 b) 30-39 c) 40-49 50 and above

4. working experience as a personnel

a) 1-3years b) 4-6years c) 7-9 years d) 10 +year

5. Highest level of education

a) Certificate b) diploma

c) Bachelors

Section A of the questionnaire from question 1-5 is the background seeking information regarding bio data of the people affected.

5. Highest level of education

- a) Certificate b) diploma
c) Bachelors

Section A of the questionnaire from question 1-5 is the background seeking information regarding bio data of the people affected.

SECTION A: BACKGROUND

1. Gender

- a) Male b) female

2. Age

- a) 20-29 b) 30-39 c) 40-49 d) 50 and above

3. Working experience as a farmer

- a) 1-3years b) 4-6years c) 7-9 years d) 10 +year

4. Highest level of education

- a) Certificate b) Diploma
c) Bachelors d) Masters and above

3.4 Sample size

The sample size will be determined using Morgan population sample table. Total population target is 13,821. In the Morgan table, this will have a sample of 375.

Fig 2. Table for determining sample size from a given population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size

"S" is sample size.

Krejck, Robert V., Morgan, Daryle W., "Determining Sample Size for Research Activities", Educational and Psychological Measurement, 1970