



UGANDA MANAGEMENT INSTITUTE

**EFFECTS OF MONITORING PROCESSES ON THE QUALITY OF BIRTH AND
DEATH REGISTRATION SERVICES IN UGANDA:
A CASE STUDY OF KITGUM DISTRICT LOCAL GOVERNMENT**

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**A DISSERTATION SUBMITTED TO SCHOOL OF MANAGAMENT SCIENCES IN
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DECLARATION

I Fatuma Ongwen Akello (Reg. No. 11 /MMSPPM/ 24 /079) declare that this dissertation is my original work which has not been submitted in part or in whole to any institution of higher learning for any academic award.

Signature.....

Date

APPROVAL

We testify that this work has been done under our supervision and guidance and the work is ready for submission in partial fulfilments of the award of a master degree in management science.

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DEDICATION

I dedicate this piece of work to my family members especially my mother Mrs. Florence Ogole and my father Mr Wilson Ogole Okullo for your love, encouragement and support throughout my education time.

May The Almighty God bless you.

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My first thanks goes to the almighty God for giving me the strength and wisdom to finish this monumental work.

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LIST OF LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BDR	Birth and Death Registration
DHS	Demographic and Health Surveys
HIV	Human Immunodeficiency Virus
MDG	Millennium Development Goal (United Nations)
MOVE	Monitoring Of Vital Events
NGO	Nongovernmental Organization
UBOS	Uganda Bureau of Statistic
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNSD	United Nations Statistics Division
WHO	World Health Organization

ABSTRACT

Birth and death registration (BDR) is an inalienable human right for everyone in order to protect the rights of children from exploitation, abuse and those affected by HIV and AIDS. The study sought to establish the the effects of monitoring processes on the quality of birth and death registration services in Uganda with following objectives: To describe the monitoring process, examine the effect of resource availability and to assess the effects of the legal framework on the quality of BDR services among children of 0-5 years olds in Kitgum district. To achieve the above objectives, the study adopted an explanatory case study design where both qualitative and quantitative approaches were used in four Sub counties in Kitgum District with a sample size of 95. Data was analysed using both quantitatively and qualitatively using descriptive (SPSS), inferential and content analysis respectively. The study found out that monitoring process, resources and legal frame works have a positive effect on the quality of BDR services delivery. Finally the study recommends that there should be development of national birth registration policy clearly specifying the roles and responsibilities of government and other stakeholders, with a view to streamlining registration implementation and reliable funding. Also there should be development of a national strategic plan for the entire birth registration programme with clear targets, indicators and a specific monitoring plan at all levels and structured into the broad frameworks of government programmes for continuity and sustainability.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

Birth and death registration (BDR) is an inalienable human right for everyone, yet it is of particular importance to protecting the rights of children from exploitation, abuse and those affected by things like HIV and AIDS. BDR is a significant statistical and legal tool as it establishes the child's legal existence before the State, providing them with a name, age, nationality, and heritage. In a court of law, a birth certificate is the primary tool to incriminate perpetrators against children's physical, sexual abuse and exploitation, early marriage, child labour, trafficking, early recruitment into armed forces, and access to juvenile justice.

A birth certificate is vital to protecting children's human rights, and to decreasing their vulnerability to contracting HIV among others. It help policy and decision-makers meet the challenges of HIV and AIDS by monitoring the number of AIDS related deaths, HIV infected adults and children, and the number of orphaned and other children made vulnerable by HIV and AIDS. This helps States and donors to design, plan and programme for effective interventions, including allocating appropriate funds and effectively distributing prevention, treatment, care and support services for both adults and children. The data compiled by birth and death registration further provides the foundation for achieving the Millennium Development Goals.

1.2 Background to the Study

Development and strengthening of civil registration and vital statistics systems are important for improving the quality of a country's vital statistics, and for using this information to guide policies and programmes. This broader concept has been captured in the UN definition of a vital statistics system (United Nations, 2001).

In most countries, a civil registration system is used to record statistics on “vital events” such as “births”, deaths, marriages, divorces and “foetal deaths”. This government administrative system creates a permanent record of each event. The records derived from civil registration systems have two main uses: They are personal legal documents, required by “citizens” as proof of facts (e.g. age and identity) surrounding events and they provide data that form the basis of a country’s vital statistics system.

Civil registration records are the best source of vital statistics because they generate data on a continuous basis and for the whole country, at both national and local levels. However, such systems are often weak or incomplete in developing countries. In countries where the civil registration system lacks complete coverage, or has major deficiencies due to issues of quality and timeliness, it may be necessary, on an interim basis, to use alternative sources to generate vital statistics. Sources for such interim data include “population censuses”, “household sample surveys”, “demographic surveillance” in sentinel sites and sample registration systems. Although these sources can and do generate measures of vital events, they cannot replace civil registration, which is the only method that collects such information on a continuous basis, and the only source that can provide individuals with a legal document of a vital event.

Lack of resources has often been cited as the main reason why some low-income countries have poorly performing civil registration systems. Although cost is an important consideration, costs are not an insurmountable barrier to improvement, as shown by a number of relatively low-income countries like Cuba, Sri Lanka and Uruguay that have well-functioning civil registration systems to monitor health outcomes and provide reliable population data (Mahapatra, Shibuya, Lopez, et al, 2007).

If a country lacks civil registration and vital statistics systems, or has systems that do not produce data of sufficient quality, then costs of social and economic programmes are likely to be higher because of inefficiencies and other wasteful use of resources. Without reliable vital statistics it is difficult for communities, governments, donors and multilateral organizations to effectively undertake and monitor the planning and impact of a whole range of social programmes and health initiatives (Ruzicka,Lopez, 1990).

If information is lacking on the number of births and deaths, and on sex, age and “cause of death”, it is difficult to achieve real progress towards the fundamental goal of any health system, which is to keep people alive and healthy for longer (Hill K Lopez AD Shibuya K et al., 2007).

The fact that births, deaths and causes of death are the fundamental events that countries need to know about to guide health programmes, monitor population dynamics and measure key health indicators and that registration of foetal deaths is clearly important in measuring “perinatal mortality”, pregnancy outcome and quality of prenatal health services, these exercise are not being done regularly and when it is done the qualities are not convincing in Kitgum District. Yet at the local level, accurate population data are essential for planning the needs of the community, and for addressing and monitoring regional inequalities.

Countries ravaged by war or internal conflict rarely have a functioning system of civil registration, for obvious reasons. And the impact can last for years. Uganda once had a thriving registration system. Created in 1904, the system covered the entire country by 1930 but was completely unravelled as a result of bloodshed under General Amin and the years of turmoil that followed. Uganda is now making great efforts to revive birth registration services using its Birth and Death Registration Act, 1970, as the legislative starting point.¹⁸ but again Kitgum district being one of the Northern districts which has been affected by Lord’s

Resistance Army (LRA) war, the functionality and the quality of birth and death registration has been affected severely.

The registration of Births and Deaths in Uganda started in 1903 and, was compulsory for persons of European, American and Asian origin but remained not obligatory for other ethnic groups. In 1973 it was made compulsory for the entire population, in the late 70s and 80s the system relapsed. Efforts to reactivate it started with a pilot exercise which was initiated by UNICEF in 2000 in collaboration with the Government of Uganda in two districts of Arua and Busia. The exercise used a slightly different approach where the Birth and Death Registration was to be carried out at the Local Council 1 level. The lessons learned were then used to implement the activity in another 20 districts under the GOU-UNICEF Country Program 2001-2005 to date the exercise is running in 23 of the 80 district.

In 2002, the government of Uganda through the Uganda Bureau of Statistics (UBOS) kick started the revival of registration of births and deaths throughout the entire country. This was initiated alongside the 2002 Population and Housing census. However due to lack of subsequent supporting facilitation, the process was not successful. An assessment carried out by UBOS in 2006 on the current Birth and Death Registration System revealed under coverage in the focus districts. Therefore data from the Birth and Death Registration System was not used in the generation of population projections.

In particular, Kitgum district since 2006 BDR is mainly supported by UNICEF and implemented by the Community Based Services Department with technical support from Planning unit and monitoring process is loosely embedded in just like for any other government programme. This has affected the quality of birth and death registration in the district and in addition, there were still no properly trained personnel and budget to handle birth and death registration in the district. Therefore, the purpose of this study is to assess the

effects of monitoring process on the quality of Birth and Death Registration services in Kitgum District Local Government.

1.3 Statement of the problem

Several National Plans of Action (NPAs) on Orphans and Vulnerable Children reflect that birth registration is considered an essential service to which all children have the right to access to social services. The National Plans of Action (NPAs) on Orphans and Vulnerable Children in Uganda explicitly acknowledge that birth registration is a fundamental and inalienable human right but there is no proper operation plan or sufficient funds allocation to implement it. Birth and Death registration in Uganda however is facing several challenges like limited documentation of evidence of progress realised as attested to by Kitgum district Local Government Annual Report (2009). There are also seems to be no linkages of birth registration to the assessment of basic services, such as education, health care and legal protection.

In addition to the above problems, there is another problem of inadequate resources required to conduct training, monitoring supervision and motivating the field staff which makes the quality of birth and death registration very poor. It is against this background that this study tried to understand the effects of monitoring process on the quality of BDR services delivery in Kitgum district. With its findings, this study will help other districts to improve on quality of BDR services in particular since other previous studies in Uganda did not focus on monitoring and the effects on quality for BDR services in Kitgum in particular.

1.4. Purpose of the study.

The purpose of the study is to assess the effects of monitoring process on the quality of Birth and Death Registration services among children aged 0-5 years in Kitgum District Local Government.

1.5. Specific objectives

- i) To describe the monitoring process that influences the quality of BDR services for children who are 0-5 years in Kitgum district,
- ii) To examine the effect of resource availability on the quality of BDR services among children 0-5 years in Kitgum district,
- iii) To assess the effects of the legal framework on the quality of BDR services among children 0-5 years in Kitgum district.

1.6. Research Questions.

- i) What is the effect of monitoring process on the quality of BDR services among children 0-5 years in Kitgum district?
- ii) What is the effect of resources availability on the quality of BDR services among children 0-5 years in Kitgum district?
- iii) How does legal frame work affect the quality of BDR services among children 0-5 years in Kitgum district?

1.6.1 Research Hypotheses

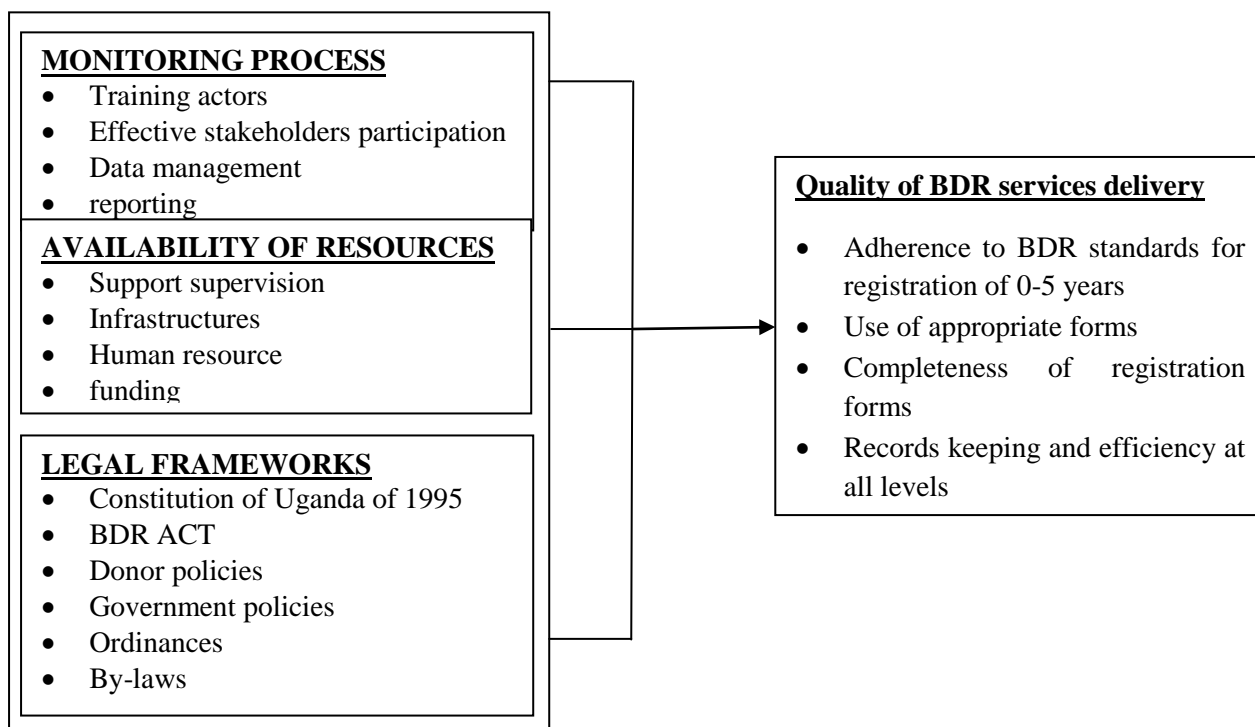
- i. Ho: Monitoring process has no significant effect on BDR service quality.
Ha: Monitoring process has a significant effect on BDR service quality.
- ii. Ho: Resource availability has no significant effect on BDR service quality.
Ha: Resource availability has a significant effect on BDR service quality.
- iii. Ho: Legal framework has no significant effect on BDR service quality.
Ha: Legal framework has a significant effect on BDR service quality.

1.6.2 Conceptual Framework

The conceptual framework below illustrates the relationship between quality of BDR and factor affecting it like monitoring process in Kitgum district. The scope of the independent variables is monitoring process, availability of Resources and legal frame work.

INDEPENDENT VARIABLES

DEPENDENT VARIABLES



Source: adapted and modified from shedic rickalla & bones l.r (1998), conon (2002) and bossert (1990)

Figure 1: Conceptual Framework relating the effects of monitoring process on the quality of birth and death registration services in Uganda.

The relationship can be depicted as follows: - when there is proper monitoring process in matters of training actors, effective stake holder's participation by all relevant institutions, data management (Data collection, analysis and dissemination), periodic reporting, availability of resources for Support supervision, infrastructure then there are enough human resource and funds then timely monitoring processes will be done well and would like to improved quality for BDR services in Kitgum district. The independent variables of Legal frame work. Its dimensions are: - the constitution of Uganda of 1995, BDR act, Government policies, and donor polices ordinances and by-laws. Which all form a basis for implementation of BDR and regulate quality of services.

The Dependent variable has been decomposed into the quality of BDR services. The dimensions of the quality of BDR services being: Adherence to BDR standards for

registration of 0-5years old by use of appropriate forms ,completeness of registration forms and record keeping at all levels ensuring efficiency and effectiveness of BDR services delivery.

1.7. Significance of the study

The study generated data and information useful for proper planning and decision making process of ensuring quality birth and death registration monitoring process in Kitgum district local government congruent with its goals.

The study findings and recommendations is useful to the district leaders, Management, and administrators who should not rely on subjective judgment in the way of how they manage birth and death registrations processes but base their methods, decisions and actions on concrete knowledge of issues of monitoring process supported by research findings. This will re-invent Kitgum district as a center of excellent innovation in ensuring quality birth and death registration.

The results from this study will help to bridge gap which have been identified in the existing laws and help the policy makers to allocate resources in areas identified by this study as key requirements for improved quality of BDR services in Uganda and particularly in Kitgum district.

The study is also a basis of further research on the the effects of monitoring processes on the quality of birth and death registration services in Uganda as a whole. This should lead to the generation of new ideas for the better and more efficient management of quality birth and death registration in Uganda and the rest of the world.

1.8 Justification of the study

Uganda had a national law governing births and deaths since the 1970s, today the law is known as the Birth and Death Registration Act (Cap 309). With support from UNICEF and Plan International, a comprehensive strategy for scaling up birth and death registration (BDR)

in Uganda has been developed. In addition the Government enacted the Uganda Registration Service Bureau Act (URSB) Act (Cap 210) in 2004. URSB has developed independent work plan for 2006/2007 to scale up BDR in 11 districts.

Much as all these developments on birth and death registration are taking place in Uganda, there is no documented evidence which has shown enforcement of these laws and no functional system put in place to track the quality of data collected from the communities. In addition, there are no documented best practices which have led to excellent quality of birth and death registration data. The study revealed the effects of monitoring processes on the quality of birth and death registration services in Kitgum district.

1.9. Scope of the study

The study was conducted in four sub counties in Kitgum District, which is located in Northern Uganda. Kitgum district has got a municipal council with two divisions. The study was limited to stakeholders who are directly implementing BDR program in the district. It focused on the dimensions of monitoring process management and how it affects the quality of BDR services in Kitgum district.

The study covered a period from 2009 to 2012 this being the timeframe when UNICEF started intervention in Kitgum to improve BDR programme. The actual data collection was undertaken for a period of six months (February 2012 to August 2012) due to the need to find out the facts on monitoring process and the effects on the quality of BDR

1.10. Operational Definitions.

Services: is any activity that is tangible and implies an interaction to be realized between services providers and customer/consumer.

Quality of services is referred to degree to which a service meets a standard, which if attained, meets the needs and interest of the target beneficiaries.

Monitoring is the systematic and continuous collecting and analysing of information about the progress of a project or program over time.

Systems Theory can be defined as an abstract philosophical framework that nonetheless entails a highly empirical and investigative form of management science

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter reviews related literature on Birth and Death registration. This chapter contains; introduction, theoretical review, actual literature review and summary of the literature review. The literature focused on the key concepts of the theoretical reviews and the Independent and Dependent variables of the study showing the factors and their indicators.

2.2. Theoretical Review

The study will be guided by the general system theory. Systems Theory can be defined as an abstract theoretical structure that nonetheless entails a highly empirical and investigative form of management science (Luhmann N (1995), Social Systems). The theory was developed by Ludwig Von Bertalanffy and furthered by Ross Ashby, Ludwig von Bertalanffy advanced what he called Allgemeine Systemlehre (general theory of systems or, more popularly, general system theory -- GST) provides an analytical framework which can be used to describe some of the many factors involved in community development such as assessing power and influence, understanding the dynamics of inter-group relationships, and considering the changes involved in planning development activities, can be understood and described using System Theory (Von Bertalanffy, 1968).

In Tororo District in Uganda, the total birth and death registration rate is approximately 97%, of which 98% of the registered population has a birth certificate. Due to the lack of such an approach in Kawempe Division in Kampala city, an estimated birth registration rate of 0.02% and an estimated 124/300,659 death registration rate has been calculated Uganda Bureau of Statistics (2006).

As adapted in this study the general systems theory holds that organizations have parts that makes up the whole system and they are interrelated for example, implementation strategies

relies on availability of resources got through resource mobilization and can only operate well where the legal environment is favourable and its life depends on its foundation who are its, owners. The theory also states that the health of the organization which in this case is the quality of BDR services is reliant on the sub systems functionality in this case they are monitoring process, resource mobilization, legal framework. It also states that the organization which is an open system has permeable boundaries and therefore imports and exports resources through the above subsystems to ensure its' survival. It therefore implies that the quality of monitoring process is sweeping on the availability of resources and guiding legal frameworks which will enhance quality BDR services.

In adapting the above theory the researcher is not ignorant of the limitation of the general systems theory such as the management of the institution that must be planned to make the monitoring process to function well. It also ignores the fact that the system/ organization can actually take decisions for its growth without having to consider the outside factors that might be confusing and affecting the quality of BDR services.

2.3. Actual Literature Review

2.3.1 Monitoring process and the quality of BDR services.

2.3.1.1 Training of Actors

According to Kenneth & Sheila (1986), they suggested monitoring process on monitoring officials ought to be trained with new skills. This may be possible when trainings to those executing are habitually conducted. Training health workers and stakeholders on how best they can execute the BDR service increases the human capital and positively influences positive outcomes, (Thereon, Latimer and conroy1994).

Further still Pfeiffer (1998) considers training those to implement any activity in ensuring secure and quality BDR services, not only because it is a way of developing skills but as a way of improving on the quality of monitoring process. It is critical that In-Service Training

(IST) opportunities be available to all health professionals in particular monitoring process officials regardless of the cadre or location. However incapacity resources and systems are still impacting on the ability to ensure equitable training opportunities and to comprehensively monitor the full range of monitoring process functions undertaken to effectively evaluate its impact on the quality of BDR services (MoH, 2008a).

2.3.2. Effective Stakeholders Participation

Kusek (2004) describes Stakeholders as agencies, organizations, groups or individuals who have a direct or indirect interest in the development intervention of any project/ organization. Similarly, UNFPA (2004) takes Stakeholders to be, people, groups or entities that have a role and interest in the aims and implementation of a program. They include the community whose situation the program seeks to change; field staff who implement activities; and program managers who oversee implementation; donors and other decision makers who influence or decide the course of action related to the program; and supporters, critics and other persons who influence the program environment.

In addition to stakeholder's participation, Gulbrandsen et al (2003) affirms that, Participation is an expression of human dignity and implies shared responsibility for the human community. Effective stakeholders participation in Monitoring process ensures that the findings are relevant to the local conditions; it gives the stakeholders a sense of ownership over the project results, this promotes the use to improve on decision making; it increases local level capacity in monitoring process which in turn contributes to self-reliance in overall program implementation; it increases the understanding of stakeholders of their own program strategy and process, what works out and what does not and why; contributes to improved communication and collaboration between program actors who are working at different levels of program implementation (Aubel,1999; UNDP,1997).

2.3.3. Data Management

Chaplowe (2008) comments that data management expands on the information provided in the indicator matrix by describing in detail how data and information will be defined, collected, organized, analysed and collective planning measures are applied basing on the information reported. Record management in the health sector was enhanced through establishment of a user friendly health management information system (HMIS) in all health canters and hospitals to improve on the quality of monitoring process services. Birth registration provides a basis for accountability (Human Rights Watch, Uganda, Vol.15, and No.7 and Human Rights Watch New York, 2003, pp. 20-21). It's upon routine report of data that the impact of monitoring process is assessed if the same methods should proceed or changed; every report will affect the quality of BDR services both positively and negatively.

Data on birth registration are provided primarily by household surveys, specifically, the Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). According to data provided by household surveys and vital registration data, more than one third – an estimated 36 per cent – of all births is not registered. As a result, 48 million children each year are without legal proof of existence. UNICEF, New York, 2004, p. 7. The available data may only offer snapshots of the situation. In addition, surveys indicate that monitoring staffs have a limited ability to detain dynamic and constant changes, such as mass population movements, and without more comprehensive information the analysis may be incomplete or even misleading. The qualitative information is often insufficient to explain the quantitative data on gender and geographical disparities in birth and death registration and to analyse the causal links of monitoring process to armed conflict

The traditional methods of family counting and tracing the knowledge of who was born, who has died and who belongs to who have been lost and makes monitoring process difficult. Without a formal birth and registration system to replace these traditional methods, neither

the State nor the community officially recognizes the children, which compromises their protection. Steps are being taken to address the lack of systematic birth registration in Ethiopia, including preparations to conduct a new nationwide census. In addition, plans are under way to initiate pilot birth registration campaigns in Amhara and Tigray. (Worby, P.48). Due to poor M& E functions false registration may be forced on children. For example in Timor-Leste, among the children who fled with their families to West Timor in September 1999, several hundred remain separated.

Some of these children were reportedly placed in boarding schools in West Timor under a false identity and have been prevented from reuniting with their families. However without a defined system/ method of registration to provide the basis for tracing identity, in extreme cases, children's identity may be lost or forgotten and this will still affect the quality of monitoring process services. For example, during the decade-long war in Sierra Leone (1991-2002), thousands of children were abducted and forced to fight. Often these children were given combat names, and when they were demobilized after years of combat and captivity, some could not remember their birth names due to lack of birth registration data. Children who were abducted as babies or at a very young age had no memories of family life (Save the Children, London, 1995, p.16.). Alternatively in an attempt to improve on the data collection, the Sri Lanka government passed a legislative reform, in October 2003, which streamlines the process of registration and the acquisition of citizenship for Tamils of recent Indian origin. The quality of monitoring process and the quality of BDR services will not improve unless a similar regulation method of the United Nations Transitional Administration in East Timor (UNTAET) Regulation No 2001/3 set out a legal framework on birth registration. The Regulation gave responsibility for maintaining registration to the Central Civil Registry. It also established a decentralized system of district-level civil registry offices where parents could apply for their children's birth certificates. A Child's First Right, Bangkok, Thailand,

6-9 January 2003, pp. 2-3. However, many challenges remain in gaining public trust and support for a civil registry

A Robert chamber (1997) describes the new approach which starts with people's needs as the basis of planning with the participation of stake holders from the start of any project to be implemented. When stakeholders participate in the monitoring processes this will help improve on the quality of the birth and death registration the service and accountability.

UNFPA (2004) reported that stakeholder participation in program design, implementation, and the quality of monitoring process Programme improves and helps address development needs. Stakeholders Participation increases ownership and the BDR service and its impacts are sustainable. Traditional or cultural practices can also create obstacles if communities are not fully engaged in the monitoring process program and this negatively affects the quality of BDR services. The recognition of a child's identity within a community is often linked to deeply rooted traditions, which in some cases may be inconsistent with civil registration and the establishment of a legal identity. For example, in Afghanistan, village elders and religious leaders perform religious rituals when a child is born. And the system is a more sustainable and cost-effective birth registration system, the government with an attempt to improve on the quality of BDR service decided to involve stakeholders by training an estimated 40,000 to 50,000 village elders, together with 1,300 staff from the Ministry of the Interior, were trained in birth registration. An additional 75,000 religious leaders trained as advocates for women's and children's rights, including the right to birth registration.

2.4. Resources availability and quality of BDR services.

2.4.1. Human resources

Nadler (1984) says, human resource is a term used to describe the individuals who comprise the workforce of an organization, in this case the monitoring process experts who are to effect the birth and death registration services ,Berg (2000) notes that, staff acquisition, involves

getting the needed human resources (monitoring specialists) apportioned to work on a project. In most environments, the “best” resources may not be available and the monitoring team must take care to ensure that the resources that are available will meet the project requirements. In selecting candidates of a monitoring team, consider what each member will contribute not only in terms of his/her individual expertise and experience, but also in terms of his/her ability to function as member of a team.

In agreement to this, organizations need employees who participate and monitor rapid changes in the quality of BDR services and figure out how to deal with these challenges (Organ, Podsakoff and Mackenzie 2006). It is generally agreed that the human resource can be a source of competitive advantage. Human resource practices have the most direct influence on employee/ M& experts attitudes and outcomes, (Deleyand Shaw 2001).

2.4.2. Infrastructures

However on the infrastructure development (work environment), it is widely acknowledged that the work environment has an impact on the productivity of staff (MoPS 2005 p.50). The strategy for enhancing the work environment in the public service of Uganda is pronged in three; in agreement, Michael (2000), revealed that climate (work environment) affects performance through its influence on individual motivation. A positive climate will encourage this discretionary effort while a negative climate might not (Hay Group2004).

Hues (2001) studied motivation of service providers in reproductive health programmers in Uganda and Bangladesh. During armed conflict in northern Uganda, the challenges to universal birth registration were aggravated or severely increased, Birth records were destroyed and fighting prevented access to the civil registry. In some cases, hostilities can result in a collapse of the State registration system. UNICEF (2004, p. 7). In Northern Uganda, the Ministry of Health, together with its health development partners, provided

financial incentives of up to 30% salary top-ups, to attract and retain professional health workers and to address the HR crisis in this part of the country after 20 years of armed insurgency.

In particular, (MoH 2007 p.3) examined that a number of health workers including doctors and nursing staff received this allowance as a salary top-up for a period of six months. The quality of monitoring process improved following this payment, more health workers moved to northern Uganda and Kitgum in this particular case of the study and were recruited (MoH 2007 p.3). In accord to the quality of BDR at such times positive results came out according to the monitoring process findings despite the insecurity of the area UNICEF (2004, p. 7). The results showed that monitoring staff was motivated by personnel needs, altruism, and good management style of monitoring, security and good relationship with the community and when the incentives reduced they had to abandon their services to greener pastures and in turn this has affected anonymously the even achieved birth and registration services (MoH 2007, p.3).

2.4.3. Funding

Unwin (2004) acknowledges that, we live in a funding economy. Funders and funded alike are engaged in a complex dance in which the agenda of those wishing to make grants is reconciled with the agenda of those applying for them. But due to the incongruity flanked by the monitoring executioners and the funders this has prolonged on the actual time of implementation, stumpy funds, and in the end the executioners are dragged to cut short all their expenses to carter for the funds hence poor BDR services. This reconciliation is rarely straightforward, and is challenging to both sides.

2.4.4. Support supervision

Berg et al (2000) “says that project time management includes the process required to ensure timely completion of a project. The major process in developing the project time schedule is: activity definition, activity sequencing, activity duration estimating, schedule development and schedule control”. These processes interact with other knowledge areas. Monitoring process too has to be completed within a certain period of time, while monitoring the required process for a timely completion of a project or programme to ensure the quality of birth registration.

Kusek (2000) further warns that, if the monitoring systems are to be a useful management tool, it needs to be manageable. Do not overload the system with too many indicators. Otherwise, too much time will be spent managing the system that produces the data, and not enough time will be spent using the data to manage which in the end will greatly affect the quality of BDR services.

2.5.0. The legal framework for quality of BDR services.

2.5.1. The constitution of Uganda

The Constitution of the Republic of Uganda (1995) is the overriding national legal framework for ensuring that the rights of children and the general population are protected. The Constitution provides special protection to children in general and vulnerable children in particular. It makes specific mention of the rights of children to know and to be cared for by their parents or guardians, access medical treatment, and be protected from all forms of exploitation and abuse. Article 18 of the 1995 Constitution of the Republic of Uganda states that: “The state shall register every birth, marriage and death occurring in Uganda.” This is regulated by the Birth and Death Registration Act of 1970, Cap 309, and implemented by the Office of the Registrar General in the Ministry of Justice and Constitutional Affairs. The law is administered by the Attorney General. It is a mandatory obligation for everyone in Uganda

to be registered at birth, and the office of the Registrar General is responsible for ensuring that registration is carried out in all districts in the country. Birth registration records are kept by district registrars and are supposed to be sent to the Office of the Registrar General for the issue of long birth certificates.

The legal instruments backing birth registration are, therefore, in place, and the political commitment of government to ensure this is evident. This legal framework is operated through the establishment of institutions necessary for birth registration implementation. The Uganda Registration Services Bureau (URSB), an autonomous body responsible for birth and death registration, has been established under the Ministry of Justice and Constitutional Affairs. A national taskforce comprising a team from key ministries, government departments and the donor community was formed to coordinate and harmonize all the birth registration revitalization initiatives in Uganda. The revitalization initiative has now covered up to 54 out of 81 districts. These include 47 UNICEF supported districts (24 previously supported by the GoU-UNICEF Country Programme 2001-05 and 23 currently supported under the GoU-UNICEF CP 2006-10), and 7 Plan Uganda districts. Birth registration is now increasingly getting financial support from the Justice Law and Order Sector (JLOS) to enable districts that are lagging behind to raise their ability to kick start the program, rather than waiting for external support from donor agency.

2.5.2. Birth and Death Registration Act.

The Children's Act, 2000 (cap 59) operationalises constitutional issues concerning children in Uganda. Other relevant legislations include the National Council for Children Act (2003), the National Youth Council Act (2003), the Penal Code Act (Cap. 160), the Local Governments Act (1997), and the Succession Act (1964), the Marriage Act. This is however in line with the Rights of the Child (CRC); it recognizes the right of the child to be registered

at birth. Key provisions in the CRC were addressed by Birth Registration: Right from the start (2002).⁴ Provisions of other international human rights instruments are also relevant, such as article 24 of the International Covenant on Civil and Political Rights (ICCPR), according to which “every child shall be registered immediately after birth and shall have a name”. At the regional level, the African Charter on the Rights and Welfare of the Child, article 6, recognizes that, “every child shall have the rights from his birth to a name shall be registered immediately after birth has the right to acquire a nationality”. UNICEF, New York, 2004, p. 7. Bhattacharya (2006) points out that, a policy is a predetermined established guideline towards the attainment of accepted goals and objectives. A policy is a strategy or tactic that monitoring experts should consider before embarking on any implementation of BDR service.

2.5.3 Government policies

UNICEF (2004) suggests that each organization policies should develop an explicit policy statement on monitoring process. The policy should provide a clear explanation of the concept, role and use of monitoring process within the organization, including the institutional framework and definition of roles and responsibilities; an explanation of how the monitoring function are planned, managed and budgeted; and a clear statement on disclosure and dissemination to beneficiaries.’

Quesnel (2005) comments that, “governments are the member states forming the United Nations System, supporting its secretariat and many specialized offices, agencies, programs and funds. No doubt, governments have been the main protagonist of monitoring”. They use monitoring for the purpose of good governance, accountability, learning by doing, re-engineering ways and means for improving the quality of monitoring process, value-for-money and assessing quality of BDR services. In spite of improvements in the national

response for BDR services in Uganda – BDR policy, national plan and increased resources – it was realized that there was no guidance to ensure the quality of services delivered. Subsequently, a national quality-standards framework and tools were developed by the Ministry of Gender, Labour and Social Development to provide a structure and methodology for the development and application of relevant standards for quality, consistent protection, care and support of birth and death registration at all levels. The standards are intended to be used by government and non-government service providers, programme implementers, donors and beneficiaries themselves, with each being associated with an indicator that is collected by a different sector or department.

The United Nations report on the quality of BDR services denotes that the efficiency and effectiveness of birth and death registration services will be improved when the government improves on the civil registration system used to record statistics on “vital events” such as “births”, deaths, marriages, divorces and “fetal deaths” (UN, 2001).

Given the weakness of BDRs in the developing countries and infrequent censuses, population-based surveys are the single most important source of population health information. In actual fact, 17 of the 23 health-related MDG indicators can be generated through household surveys. Despite this increasing trend and heavy reliance on household surveys for many health indicators, national surveys have been conducted on average only once every 3-5 years. The efficiency is often too low to allow close monitoring processes of BDR services of several indicators. Moreover, data emanating from household surveys are inevitably subject to margins of uncertainty with the result that apparent changes between surveys may not be statistically significant (WHO 2007).

2.5.4. Ordinances and by –laws

The decentralization systems used in Uganda based on the local government Act which makes provision to district local governments to enact ordinances and by-laws at sub county levels to enforce implementation of government programme like universal primary Education and BDR amongst others hence adherence to those Acts helps improve quality of services.

2.6. Summary of Literature Review.

From the literature review Kenneth & Sheila (1986) suggested that for quality monitoring reported that due to little resources trainings are not easily facilitated (MoH 2008a). The quality of monitoring process strongly depends on the work environment as (Hay Group2004) noted that a positive climate will encourage this discretionary effort while a negative climate might not.

Berg et al (2000) notes that, staff acquisition, involves getting the needed human resources, (monitoring specialists), funds apportioned to work but Kusek (2000) further warns that, if the monitoring systems are to be a useful management tool, it needs to be manageable. The constitution is a very important tool that carters for children’s right if fully utilized. The only challenge is the ignorance of stakeholders about their constitutional right; the government should put this under positive consideration. No doubt, governments have been the main protagonist of monitoring”. Basing on the literature and comments from different authors the researcher therefore believes that the factors affecting the quality of monitoring process and the quality of birth and death registration services is still broad but this is yet to be authenticated by the data conclusion as per the study objectives.

CHAPTER THREE

METHODOLOGY

3.1. Introduction.

This chapter focuses on the methods used in the study. It covered research design, study population, sample size and selection, sampling techniques and procedures, Data collection methods and their corresponding data collection instruments, data quality control that is Validity and Reliability of results, Research procedures of data collection, Data analysis, and Measures of variable. All these facilitated systematic presentation and discussion of data collected.

3.2. Research Design

This study used an explanatory case study design and employed the triangulation approach where both qualitative and quantitative technique was used. Case study is an empirical inquiry that investigates a contemporary phenomenon within its real life context. It was used qualitatively for deeper examination of the effects of monitoring process on the quality of BDR. Being a single-case design, it was triangulated with other methods in order to ensure the validity of the process.

3.3. Study Population

The population consisted of District Community Development Officer's at sub counties CSO'S, District Planning Unit staffs , district authorities both political and technical wing, community structures (Local Councils). The above categories have been chosen because of their direct involvement in BDR services delivery in Kitgum district.

3.4. Sample Size and Selection

According to Amin (2005), sampling is “the process of selecting a sufficient number of elements from the population, so that a study of the sample and an understanding of its properties or characteristics would make it possible to generalize properties or

characteristics to the population elements applicable. The Krejcie and Morgan's Table, was adopted to select the sample size of the study respondents. Furthermore, Krejcie & Morgan (2002) assert that treat each sub-group as a population and then use the table to determine the recommended sample size for each subgroup.

Purposive sampling was used to select those at the community and the sub county who are involved in the BDR activities because of no proper sample frame, high dropout and there those who were trained but not active on the ground. Those who were involved in key informant interview were district officials and CSO's.

Table 1: Showing the sample Size and selection

CATAGORIES	POPULATION	SAMPLE SIZE	SAMPLING METHOD
Sub county chief	10	4	Purposive sampling
LC5	1	1	Purposive sampling
LC 3	10	4	Purposive sampling
LC 1	364	75	Purposive sampling
CDO'S	10	4	Purposive sampling
ACDO'S	10	4	Purposive sampling
Planner	1	1	Purposive sampling
Statistician	1	1	Purposive sampling
A CAO	1	1	Purposive sampling
Data clerk	1	1	Purposive sampling
NGO'S	8	3	Purposive sampling
Parish chiefs	50	16	Purposive sampling
Total	467	115	

Source: Kitgum report by the researcher.

3.5. Data Collection Methods.

Both primary and secondary data were collected using questionnaires and Documentary /records review methods. However these methods were used one at a time, for example, use of interviews after a questionnaire was used to capture unclear issues that are provided and use questionnaire for respondents to answer questions that are personal more accurately than when its face to face with the interviewer who is a complete stranger. The researcher employed four (4) research assistants who were senior six vacists, who then were trained and equipped on how to conduct data collection (Mugenda, O.M. and Mugenda, A.G., 2003)

3.5.1 Questionnaires surveys

The main method of data collection was the use of questionnaires surveys method. These were designed in English. This method was chosen because it enabled the respondents to answer questions that were personal, more accurately than when it is face to face with the interviewer who is a complete stranger, can be answered at the respondents convenience, presents a uniform stimulus to all the subjects and the researcher assistant distributed 95 questionnaires to were given to the LC1, LC 3, ACDO and parish chiefs (Mugenda, O.M. and Mugenda, A.G., 2003)

3.5.2. Interviews

The interview method was also used to collect data from respondents on their opinion about the study variables. The researcher used a Face to Face – one on one semi structured interview so that data not captured by the questionnaire was captured during the interviews for better insights of the study. The interview guides were distributed to sub-county chiefs, chief administrative officers, district planner, CDO, and CSO's (Mugenda, O.M. and Mugenda, A.G., 2003)

3.5.3. Documentary review

This method was used as a secondary source of data and was collected majorly from M& E systems records and BDR reports from planning unit in district and sub county levels. Document review helped in finding information available on monitoring processes and BDR services. It also verified the resources availability and the report also helped in identification of existing gaps and verifying them during other means of data collection.

3.6. Data Collection instruments.

In regard to what was described above, the study used questionnaires, interviews and documentary review as the types of instruments for data collection. It therefore, used 75 hard copies of questionnaires and 20 interview guide, which were applied in Kitgum district local government. The study employed the use of the types of data collection instruments; in consideration to the nature of the population under study. Questionnaires were administered to the respondents who filled them at their convenience, interview guides were conducted on a face to face interaction with the respondents that lasted only a moment and did not require paper work and effort of remitting the respond sheet. Documentary review was also explored by the researcher using the BDR records/reports and registers (Mugenda, O.M. and Mugenda, A.G., 2003)

3.6.1. Questionnaire schedule;

The data collection tools were self-administered Questionnaires containing two categories of questions. Structured (closed-ended) and semi-structured (open-ended) questions. The sample populations were issued with 95 hard copies of questionnaires out of which 93 copies were collected back. The questionnaire was verified and no invalid paper was found; consequently the data was captured into electronic data base and analysed by use of SPSS tool (Mugenda, O.M. and Mugenda, A.G., 2003)

3.6.2. Interview schedule

The interview was guided by the structured, semi structured and unstructured questions that helped to bring out the best information for the data collection. Structured interviews required specific responses to a set of predetermined answers and it was good in time saving besides giving a precise answer to researchers most needed answer. This was a face to face and a telephone interview. Unstructured interview guide are more flexible in that the interviewer asked or guided the interviewee in such a way that led the respondents towards giving data that are relevant to the objectives of the study, semi-structured interview guides contain both open and close-ended questions. In summary 12 interviews were conducted out of the intended 20 interviews based on the availabilities of the respondent and the reach ability.

3.6.3. Documentation review check list

This instrument contained a list of document which was reviewed to provide necessary data for the study. Document review document analysis entailed reviewing of reports, BDR registers among others and insights on how quality was observed, accuracy in documents, timeliness of reporting and coverage of target beneficiaries.

3.7. Validity and Reliability of data collection instrument

Validity refers to whether the statistical instrument measures what is intended to measure, i.e. accuracy of measurement (Sekran 2003). Validity of the questionnaire was censured by the researcher through the use of Content Validity Index (Amin, 2004). After constructing the questionnaire, the researcher contacted the two supervisors. Hence the researcher established the validity of the instruments by using expert judgment method as suggested by Gay (1996).

Validity was determined by using a formula Content Validity Index (C.V.I). $C.V.I = \frac{\text{items rated 3 or 4 by both judges}}{\text{total number of items in the questionnaire}}$. Using these assumptions, Lawshe developed a formula termed the content validity ratio:

$$\text{CVR} = (\text{ne} - \text{N}/2) / (\text{N}/2) = \frac{93 \times 100}{95} = 97.89$$

Where CVR = content validity ratio, ne = number of relevant items indicating “essential”,
N = total number of items.

This formula yielded values which ranged from +1 to -1; positive values indicate that at least half rated the item as essential. The mean CVR across items was used as an indicator of overall test content validity.

The Content Validity Index for the methodology of the research depends on the actual and valid questionnaire as well as the interviews that has been conducted and compiled. In fact out of the intended 95 questionnaire a total number 93 questionnaires were retrieved, which constitute 97.89% of the turnover. On the other hand out of the intended 20 interviews conducted, 12 was actually done constituting 60% of the component and thus this proved that both methods were valid means for attainability of information, The originality of the research confirmed the validity of this research and this has been established by the expert on the bases of the justification and the uniqueness of this research.

Reliability of the instruments

Reliability refers to whether a measurement instrument is able to yield consistent results each time it is applied. It is the property of a measurement device that causes it to yield similar outcome or results for similar inputs. Statistically, reliability is defined as the percentage of inconsistency in the responses to the survey results from the differences in the respondents. (Amin, 2004). This implies that the responses to a reliable survey will vary because respondents have different opinions, not because the questionnaire items are confusing or ambiguous. Reliability of the data collection instrument was ensured through pilot testing on at least 13 subjects did not participate in the final study. Reliability of the analysis instrument that is termed as Cronbach’s alpha was calculated on the number of items on the survey (k)

and the ratio of the inter-item covariance to the average item variance as illustrated below by the formula.

$$\alpha = k \frac{(\text{cov}/\text{var})}{1 + (k-1)(\text{cov}/\text{var})}$$

This ratio assumes that the item variances are all equal; it specifies to the average inter-item correlation, and the results is known as the standardised item alpha (or spearman- Brown stepped-up reliability coefficient)

$$\alpha = k \frac{kr}{1 + (k-1)r}$$

The results of the Cronbach's alpha retrieved from the SPSS output for all dimensions

According to Sekran (2003) some professionals use the rule of thumb, require a reliability of 0.70 or higher (obtained on a substantial sample) before they use an instrument. Upon performing the test with the above formula, the results that yielded an estimate of at least 0.70 In addition to the above the following steps were taken to ensure reliable data collection and analysis process:

1. The right target population was identified, the employees of the Kitgum district local government
2. The representativeness of the sample was ensured since the sample was made up of adequate representation of individuals from the Kitgum district local government.
3. The sampling method was appropriate since respondents were selected through purposive and sampling to remove participant errors and biases.

3.8. Procedures of data Collection

The researcher got introductory a letter from UMI which was presented to the authorities in the district to obtain permission to collect data from all categories of respondents. Four research assistants were identified, trained and recruited to conduct data collection. Appointment for interviews was sought in advance. The questionnaires was self-administered however, they were delivered to respondents and picked by assistants, allocated serial numbers, recorded and filed.

3.9. Data Analysis

Quantitative Data Analysis

Data analysis involved both descriptive and inferential analysis. In descriptive analysis, data descriptive tables and graphs like frequency tables, pie charts and bar charts will be used to present the data. Inferential analysis involved testing the hypothesis at 0.05 level of significance and drawing conclusions based on the chi square coefficient. The statistical package for social sciences (SPSS) was used for quantitative data analysis. In inferential analysis, the researcher established the relationship between the related variables by running a chi square test that yielded a chi square coefficient. The decision criteria was to accept the null hypothesis (Ho) if the p- value yielded is greater than 0.05 (Mugenda, O.M. and Mugenda, A.G, 2003)

Qualitative Data Analysis The researcher employed the usage of content analysis which was done in the field work. Continuous independent variables (such as age, distance from the nearest health facility) was summarized into mean, median range and standard deviation.

3.10. Measurement of Variable:

The variable in the interview schedules was measured using the five point Likert scale. The Likert scale consist of numbers of statement which express either favourable or unfavourable attitudes towards the given object to which the respondent is asked to respond. The scale of 5-1 was used to help the researcher measure the extent to which research objectives are being achieved whereby 5=strongly agree, 4=agree with statement, 3 neither agree nor disagree, 2=Disagree, 1= strongly disagree.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS/FINDINGS

4.1 Introduction

This chapter looks at presentations of findings and the analysis of results for the study. The results were presented in percentages (proportions) and graphs. It covers demographic characteristic, and monitoring processes which relates to the quality of birth and death registration.

4.2 Response Rate

Response rates show participants that were involved in the study as a result of dividing the number of people who were interviewed by the total number of people in the sample who were eligible to participate and should have been interviewed.

According to Phelps et al., (2001) he said that poor response rates reduce sample size and consequently precision giving rise to sampling bias if the non-response is unequal among the participants regarding exposure and/or outcome. This is a potential source of bias lessening the confidence with which findings can be accepted and generalized. He further stressed that although, there is no standard acceptable response rate, but published opinion indicates that response rate below 60% is barely acceptable. Therefore, response rate presents the validity of the study. In this study, 93 respondents out of 95 as a sample were reached indicating 97.9% response rate and therefore the response rate for the study was good.

4.3 Demographic Characteristics

In this study, the demographic characteristics was established in terms of respondents title, occupation, gender, age, religion, education level, year of recruitment.

4.3.1 Title of the respondent

The table below depicts that 26.9% of the respondents were parish chiefs, 2.2% were sub county chiefs, 9.7% were local council three chairpersons, 6.5% were local council two chair persons, 25.8% were local council one chair persons and 29% others who included the town agents, community development officers, speakers among others.

Table 4.3.1 Title of the respondent

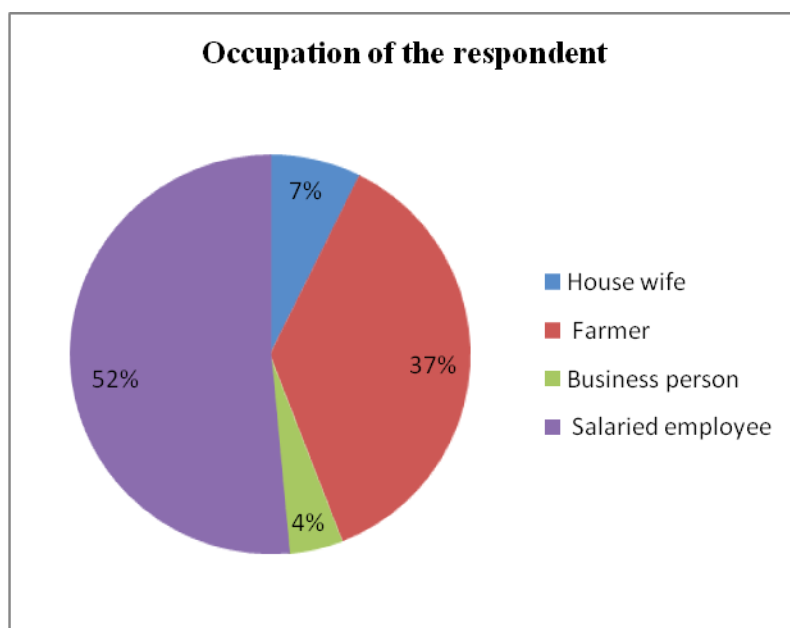
	Frequency	Percent
Valid Parish chief	25	26.9
Sub county	2	2.2
LC III	9	9.7
LCII	6	6.5
LCI	24	25.8
Others	27	29.0
Total	93	100.0

Source: Data from the field

4.3.2 Occupation of the respondent

The figure below shows that majority of the respondents were salaried employees as shown by the 52%, 37% were farmers, 7.0% were house wives, and 4% were business people.

Figure 4.3.1 occupation of the respondent

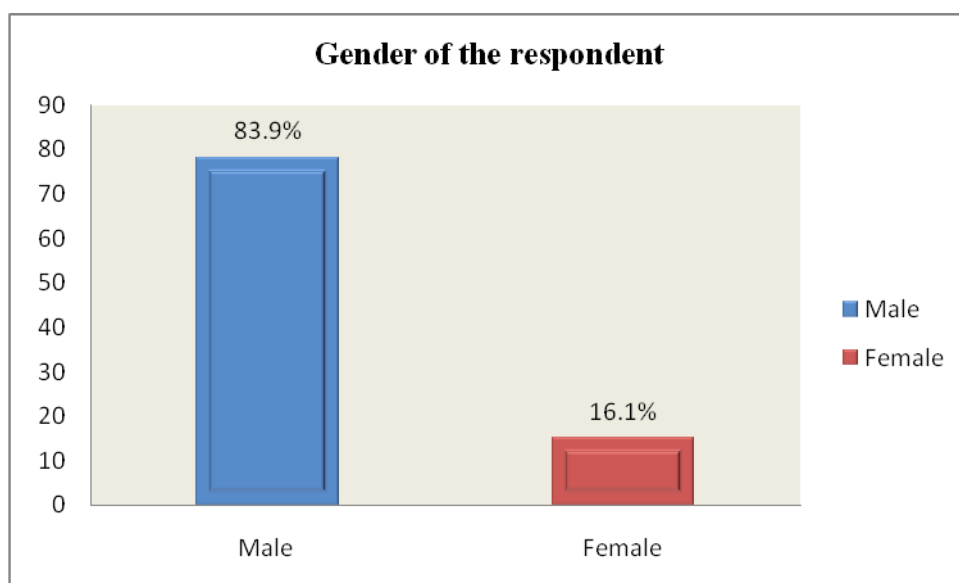


Source: Data from the field

4.3.3 Gender distribution of the respondents

The figure below depicts the gender distribution of the respondents, 83.1% of the respondents were male and 16.1% of the respondents were female. As shown in the figure, majority of the respondents were male and this could be attributed to the fact that few females take on the positions in leadership at local councils.

Figure 4.3.2 Gender of the respondent



Source: Data from the field

4.3.4 Age distribution of the respondent

The table above shows that 9% of the respondents were below the age of 25 years, 44% were between the age of 26 and 35 and 47% were 36 years and above. This clearly indicated that majority of the respondents were above the age of 25 and this is a good indication that the respondents were mature enough to participate in the study.

Table 4.3.2 Respondents' age

	Frequency	Percent
Valid Less than 25	8	9.0
26-35	41	44.0
36 and above	44	47.0
Total	93	100.0

Source: Data from the field

4.3 5 Religion of the respondent

In relation to religion, 51.6% of the respondents were Catholics, 38.5% were Protestants and 1.1% were Muslims while 8.8% indicated other religions like Pentecostal Christians among others. This implies that majority of the respondents were Catholics followed by Protestants. The results are clearly indicated in the table below.

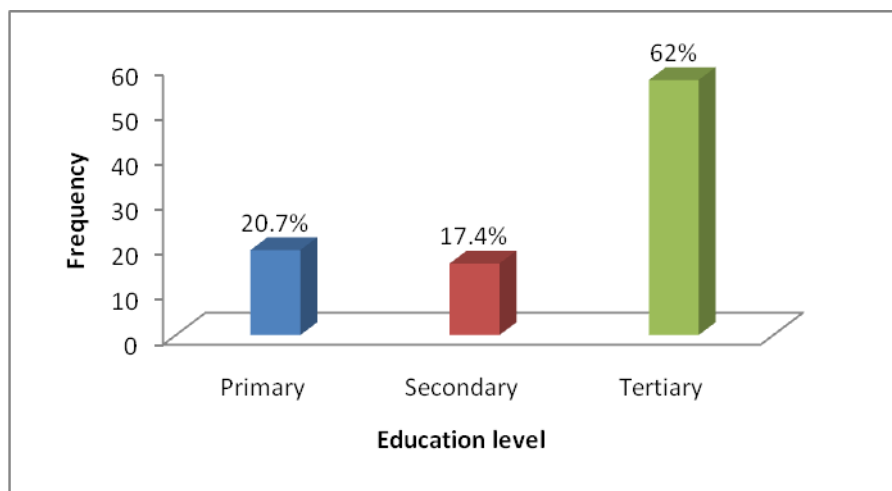
Table 4.3.3 Religion of the respondent

		Frequency	Percent
Valid	Catholic	47	51.6
	Protestant	35	38.5
	Muslim	1	1.1
	Others	8	8.8
	Total	91	100.0

Source: Data from the field

4.3.6 Education level of the respondent

Figure 4.3.3 Education level of the respondent



Source: Data from the field

The figure above portrays the education levels attained by the respondents, majority of the respondents (62%) had tertiary level of education, 20.7% had primary, and 17.4% had secondary level. The 62% is a good indicator that the people who participate in birth death registration are educated which implies that they were informed about the BDR process.

4.3.7 Year the respondent was recruited

The table above shows the descriptive statistics of the year the respondent was recruited, the minimum year was 1985, and the maximum was 2012. This implies that the respondents had served for some time and this is a good indicator that they were aware of the of birth and death registration program.

Table 4.3.4 Descriptive Statistics for year of recruitment

	N	Minimum	Maximum	Mean	Std. Deviation
year of recruitment	92	1985.00	2012.00	2006.0435	5.63333
Valid N (listwise)	92				

Source: Data from the field

4.3. 5 Table showing appointment authority, appointment type, duration of contract.

	Response	Frequency	Percent
Appointing authority	Kitgum district local government	45	49.0
	Voters	47	51.0
	Total	92	100.0
Appointment type	Permanent	50	53.8
	Contract	43	46.2
	Total	93	100.0
Duration of contract	8 months -1 year	8	18.2
	1-5 years	27	61.4
	More than 5 years	9	20.4
	Total	44	100.0

Source: Data from the field

From the above table, 51% of the respondents who participated in the study were appointed by the voters while 49% were appointed by Kitgum district local government. The 51% is an indication that the respondents were local leaders while 49% were local government servants who were participating in the process of birth and death registration.

In addition to that, majority (53.8%) of the respondents were permanent workers while 46% were on contract and this could be attributed to the fact that they are elected by voters and these could be voted out any time. However the 53.8% is a good indicator which could help in the process of birth and death registration for a long time and could help define the challenges involved in the process of BDR

The table further depicts that 61.4% of the respondents who were on contract said that their contract was between one to five years, 20.5% said the contract was more than five years while 18.2% said the contract was between eight months and one year.

4.3 Monitoring Process and effects on quality of BDR

Under this objective the study sought to look at the training Actors, effective stakeholders' participation, Data management and Reporting.

Table 4.4.6 shows the role played by stakeholders in BDR, whether the workers were trained and duration of training, whether the training eased the work of the workers and whether the insufficient funds affect the training process.

	Response	Frequency	Percent
Role played in BDR	Notifier	7	7.9
	Supervisor	20	22.5
	Monitoring	18	20.2
	Mobilize	13	14.6
	Registration	31	34.8
	Total	89	100.0
Trained on BDR	Yes	73	80.2
	No	18	19.8
	Total	91	100.0
Longevity of the training	1 day	17	23.9
	2 days	34	47.9
	3 days and above	20	28.2
	Total	71	100.0
The training eased work on BDR	Disagree	9	11.3
	Undecided	6	7.5
	Agree	62	77.5
	Strongly agree	3	3.8
Insufficient resources have affected the training implementation	Strongly disagree	2	2.5
	Disagree	27	33.8
	Undecided	16	20.0
	Agree	31	38.8
	Strongly agree	4	5.0

Source: Data from the field

In relation to the role played by the respondents, 34.8% of the respondents were carrying out registration, 22.5% were supervising the process, 20.2% were monitoring, 14.6% were mobilizing and only 7.9% of the respondents were acting as notifiers.

In an attempt to find out whether the actors were trained, 80.2% of the respondents were trained while 19.8% opposed the notion that they were trained. The 80.2% is a good indicator

that could lead to an improvement in the process of birth and death registration while the 19.8% calls for attention towards training. The table also shows that majority of the respondents (47.9%) who were trained were trained for two days, 28.2% were trained for three days and more and 23.9% were trained for one day.

The table above shows that 15% of the respondents strongly disagreed to the notion that the training duration was adequate, 43.8% disagreed, 35% agreed while 6.3% were undecided. This implies that the duration of training was not enough and this could affect the performance of actors as some people could leave the training without understanding how to carry on the activities of BDR.

The results also indicate that 81.3% of the respondents agreed that the training contents were relevant to BDR, 8.8% strongly agreed, 1.3% strongly disagreed with the notion that the contents were relevant to BDR, 2.5% disagreed while 6.3% were undecided. The majority of the respondents who agreed that the contents were relevant implied that the training could lead to proper BDR activities

In an attempt to find out whether the training eased peoples work on BDR, 77.5% of the respondents agreed that the training eased their work on BDR, 3.8% strongly agreed, 11.3% disagreed and 7.5% were undecided. This implies that the trainings eased BDR work.

The results indicated that 38.8% of the respondents agreed that insufficient resources affected the training on BDR, 5% strongly agreed, 33.8% disagreed with the view that insufficient resources affected the training, 2.5% strongly disagreed and 20% were undecided. It can therefore be concluded that insufficient funds affects the training and this could lead to poor outcomes from the BDR processes.

Table 4.4.7 shows the level of operation, stakeholders involved in BDR, role of the stakeholders, whether the monitoring teams visit the workers, the frequency of the visits, the persons who carries monitoring and whether the monitoring reports are shared to stakeholders.

	Response	Frequency	Percent
Level of operation	Sub county	25	27.5
	Parish	30	7.5
	Village	34	77.5
	Others	2	3.8
Stake holders	Sub county chief	20	23.5
	Parish chief	35	41.2
	Community development officer	15	17.6
	Others	15	17.6
Role of stake holders	Mobilization	9	10.3
	Registration	50	57.5
	Validation of data	18	20.7
	Sensitize communities	10	11.5
Receive monitoring teams	Yes	78	84.8
	No	14	15.2
How often	Monthly	13	17.8
	Quarterly	48	65.8
	Bi annually	3	4.1
	Annually	9	12.3
Who does the monitoring	Sub county	12	17.9
	District	15	22.4
	Health teams	10	14.9
	Politicians	20	29.9
	Others	10	14.9
Monitoring reports are shared to stakeholders	Yes	41	54.7
	No	34	45.3

Source: Data from the field

In an endeavour to find out the level of operation as far as BDR activities are concerned, 77.5% of the respondents were at village level, 7.5% were at parish level, 27.5% were at sub county level and only 3.8% were at other levels say county, district among others.

The table above also shows that 23.5% of the respondents agreed that sub county chiefs are stakeholders, 41.2% said parish chiefs, 17.6% said community development officers, and 17.6% said others like NGOs, politicians among others.

In making an effort to find out the roles of the stake holders, the study discovered that 10.3% respondents were doing mobilisation, 57.5% on registration, 20.7% were on validation of

data and 11.5% said sensitization. The 57.5% implies that registration could be the major role that the stake holders play in community.

Furthermore 84.8% of the respondents received monitoring teams while 15.2% did not agree to have received the teams. The 84.8% is a good indication that monitoring BDR is carried out and this could improve on the performance of the workers. In view of how often is the monitoring done, 65.8% of the respondents agreed that it's done quarterly, 17.8% monthly, 4.1% said bi-annually and 12.3% said annually.

Additionally on who does the monitoring processes, 22.4% agreed that its responsibility of the Sub County, 14.9% agreed that it's the District, 29.9 agreed that Health teams have that responsibility of carrying out the monitoring process while 17.9 said Politicians are in charge and only 14.9 where among Others like individuals, the private organisations to mention.

Conclusively the table shows that 54.7% said that the monitoring reports are shared to the stakeholders while 45.3% did not agree that the reports are shared to the stakeholders. The 54.7% is a good indicator for monitoring which could help the stakeholders realize the performance of BDR.

Table 4.4.8 shows completeness of the register, timely reporting, whether training: Improved birth and death registration in community, frequent use of BDR, awareness in community, data management tool and whether the tool is sufficient

	Response	Frequency	Percent
Completeness of the register	Good	24	26.4
	Fair	35	38.5
	Poor	29	31.9
	Very poor	3	3.3
Timely reporting to sub county, district and national level	Very good	1	1.1
	Good	22	23.9
	Fair	23	25.0
	Poor	41	44.6
	Very poor	5	5.4

Improved birth and death registration in community	Very good	4	4.3
	Good	45	48.9
	Fair	27	29.3
	Poor	13	14.1
	Very poor	3	3.3
frequent use of BDR data at district and sub county	Very good	2	2.2
	Good	36	39.1
	Fair	27	29.3
	Poor	24	26.1
	Very poor	3	3.3
Awareness of communities on BDR	Very good	24	26.1
	Good	40	43.5
	Fair	14	15.2
	Poor	11	12.0
	Very poor	3	3.3
Data management tool	Register book	88	100.0
The tool is efficient	Yes	35	41.2
	No	60	58.8

Source: Data from the field

The results indicate that 26.4% were in agreement that the completeness of the register is good, 38.5% agreed that it is fair while 1.9% said it is poor and only 3.3% agreed that it is very poor. It can therefore be concluded that the completeness of the register is good and of a great use in BDR.

The table also depicts that 44.6% of the respondents said that timely reporting to sub counties, district and national level is poor, 5.4% said it is very poor, 25% said it is fair, 23.9% said it is good and 1.1% of the respondents said it is very good. It can therefore be concluded that there is delayed reporting to sub counties, districts and national level.

The findings also indicate that 4.3% of the respondents said that improved birth and death registration in the community is very good, 48.4% said it is good, 29.3% said it is fair 14.1% said it is poor while 3.3% said it is very poor. It can therefore be concluded that after training, BDR improved in community.

Furthermore, 2.2% of the respondents said very good to the view that there is frequent use o BDR data at district and sub county level, 39.1% ranked it to be good, 29.3% of the respondents said fair to the notion, 26.1% poor and 3.3% very poor. On the awareness of the

communities on BDR, the table showed that 26.1% said very good, 43.5% were good, 15.2% fair, 12.0% poor and 3.3% very poor which implies that after training, there is an increased awareness of communities on BDR.

In an attempt to find out which data managing tools used for BDR, 100% of the respondents who attempted this question said that it was the register book that was used to manage the data. This implies that the register books are the only data managing tools used for BDR this is attributed to the fact that they are easy to use compared to other means such as computer software that require computer skills.

Lastly the majority (58.8%) of the respondents said that the data management tool is not efficient while 41.2% said that it is efficient. The 58.8% could be attributed to the fact that it is hard to transfer registers from one place to another, it is also hard to store and in case you want to cross check it takes a lot of time since there are many and packed together.

4.4.4 Hypothesis testing

In an attempt to find out whether monitoring process has an effect on BDR service quality, a chi-square test was carried out to test the null hypothesis that monitoring process has no significant effect on BDR service quality. The hypothesis was tested by running a chi-square test between receiving monitoring teams and the whether there was improved BDR services in the community. The test was the appropriate one since the dependent and independent variables were categorical.

Table 4.4.9 chi- square test between receiving monitoring teams and the whether there were improved BDR services in the community

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.378 ^a	4	.010
Likelihood Ratio	14.443	4	.006
Linear-by-Linear Association	.616	1	.432
N of Valid Cases	90		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .57.

Source: Data from field

Since the p-value (0.10) is less than 0.05, it can therefore be concluded that monitoring process has an effect on the quality of BDR services. This implies that an improvement in monitoring process could lead to improvement in the quality of BDR.

4.4.1 Resource availability and its effect on the quality of BDR services

Table 4.5.1 Resource availability and its effect on the quality of BDR services

	Response	Frequency	Percent
Human resource employed for BDR are qualified	Strongly disagree	8	8.6
	Disagree	56	60.2
	Undecided	4	4.3
	Agree	24	25.8
	Strongly agree	1	1.1
Human resource working on BDR are adequate	Strongly disagree	3	3.2
	Disagree	31	33.3
	Undecided	3	3.2
	Agree	50	53.8
	Strongly agree	6	6.5
There are adequate funds to conduct BDR activities in sub county	Strongly disagree	42	45.2
	Disagree	46	49.5
	Undecided	3	3.2
	Agree	1	1.1
	Strongly agree	1	1.1
There is adequate funding to facilitate monitoring of BDR implementation	Strongly disagree	46	49.5
	Disagree	40	43.0
	Undecided	4	4.8
	Agree	2	2.2
	Strongly agree	1	1.1
There are adequate BDR supplies material/stationeries	Strongly disagree	4	4.3
	Disagree	19	20.7
	Undecided	14	15.2
	Agree	51	55.4
	Strongly agree	4	4.3
There is adequate support	Strongly disagree	5	5.4

supervision of BDR services implementation in the district	Disagree	50	54.3
	Undecided	7	7.6
	Agree	27	29.3
	Strongly agree	3	3.3
sub county budget during the FY2011/12	Yes	6	6.0
	No	50	50.0
	Do not know	42	42.0
What are the sources of funding	Government	6	20.7
	Donor	7	24.1
	Do not know	15	51.7
Are you aware of sub county expenditure on BDR during the FY2011/2012	Yes	2	4.5
	No	15	34.1
	Do not know	27	61.4
Are budget funds for BDR implementation sufficient	Yes	2	3.8
	No	52	96.2

Source: Data from the field

In an attempt to find out whether the human resource employed for BDR are qualified, 8.6% strongly disagreed that the human resource is qualified, 60.2% disagreed, 4.3% were undecided, 25.8% agreed and only 1.1 % strongly agreed. Since the majority disagreed, it can be concluded that the human resource is not qualified and this could lead to a negative outcome in the process of BDR since the actors could not be knowledgeable about the BDR.

In addition to that 3.2% of the respondents strongly disagreed to the notion that human resource working on BDR is adequate, 33.3% disagreed, 3.2% were undecided, 53.8% agreed that the human resources are adequate and 6.5% strongly agreed. Since the majority agreed it implies that there is enough human resource to work on BDR.

Further still to find out whether the funds to conduct BDR activities in Sub County are adequate, 45.2% of the respondents strongly disagreed to the view that the funds are adequate, 49.5% disagreed, 3.2% were undecided, 1.1% agreed, and 1.1% strongly agreed. It is indicated that majority agreed that the results are inadequate and this could delay the process of BDR.

Also the table shows that 49.5% of the respondents strongly disagreed that there are adequate funding to facilitate monitoring of BDR implementation, 43% disagreed, 4.3% were undecided, 2.2% agreed and only 1.1% strongly agreed. This implies that there is no enough funding to facilitate monitoring the implementation of BDR. This affects the implementation process which could lead to delays in the course of BDR.

The table also shows that 4.3% strongly disagreed that the BDR supplies are adequate, 20.7% disagreed, 15.2% were undecided, 55.4% agreed that the supplies materials/stationary were adequate and 4.3% strongly agreed. This implies that the BDR process is facilitated with BDR supplies such as stationary.

The results found out whether there is adequate support supervision of BDR service implementation at the district, 5.4% strongly disagreed with the notion, 54.3% of the respondents disagreed, 7.6% were undecided, 29.3% agreed that support supervision of BDR service implementation is adequate and 3.3% strongly agreed.

The table further shows that of the respondents who were aware of the sub county budget for financial 2011/2012, 6% said yes, 50% said no and 42% did not know. This implies that the budget is not known to most of the stake holders.

In an effort to find out the sources of funding, 20.7% of the respondents said that it is the government while 24.1% said it is donors and majority (51.7%) did not know. It can therefore be concluded that the government supports the process however the role played by donors should not be ignored.

Last but not least the findings also show that only 4.5% of the respondents were aware of the sub county expenditure while 34.1% said that they were not aware of the expenditure for the financial year 2011/2012. This means the budget expenditure is not disclosed to the stake holders.

The table finally shows that 1.9% said yes to the notion that the budget funds for BDR implementation are sufficient while 96.3% said that the budgets are not sufficient. This implies that the budgets are not sufficient and this could affect the implementation process.

4.5.1 Hypothesis testing

In an attempt to find out whether resource availability has an effect on BDR service quality, a chi-square test was carried out to test the null hypothesis that resource availability has no significant effect on BDR service quality. The hypothesis was tested by running a chi-square test between there are enough funds to conduct BDR activities and whether there was improved BDR services in the community. The test was used because the dependent and independent variables were categorical.

Table 4.5.2 chi-square test between there are enough funds to conduct BDR activities and whether there was improved BDR services in the community.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	54.882 ^a	16	.000
Likelihood Ratio	29.754	16	.019
Linear-by-Linear Association	9.260	1	.002
N of Valid Cases	92		

a. 19 cells (76.0%) have expected count less than 5. The minimum expected count is .03.

Source: Data from field

Since the p-value (0.00) which is less than 0.05 (level of significance), it can be concluded that resources have a significant effect on the quality of BDR. This implies that an increase in the resources could lead to improvement in the quality of BDR services.

4.5 The effects of the legal framework on the quality of BDR services

Table 4.6.1 legal framework

	Response	Frequency	Percent
The constitution of Uganda guidelines on BDR is being adhered to by authorities	Strongly disagree	2	2
	Disagree	16	17.4
	Undecided	24	26.1
	Agree	50	54.3
BDR Act is disseminated and adhered to by all stakeholder in implementation	Strongly disagree	1	1.1
	Disagree	12	12.9
	Undecided	39	41.9
	Agree	41	44.1
Government policies are clear and designed to improve the quality of BDR	Strongly disagree	5	5.4
	Disagree	16	17.2
	Undecided	12	12.9
	Agree	58	62.4
	Strongly agree	2	2.2
Donor policies are supportive for BDR implementation	Strongly disagree	1	1.1
	Disagree	7	7.5
	Undecided	10	10.8
	Agree	52	55.9
	Strongly agree	23	24.7
There are ordinances/bye laws designed to ensure quality BDR registration	Strongly disagree	18	19.4
	Disagree	44	47.3
	Undecided	8	8.6
	Agree	15	19.4
	Strongly agree	5	5.4
The designed ordinances/bye laws are efficiently implemented to ensure quality	Strongly disagree	21	22.6
	Disagree	47	50.5
	Undecided	10	10.8
	Agree	13	14.0
	Strongly agree	2	2.2
Are there sub county by laws/ordinances established to ensure quality BDR	Yes	18	19.6
	No	74	80.4
Suggestions to improve quality of BDR	Support supervision should be improved	50	27.0
	Improve on sensitization	45	24.3
	Improve on funding	60	32.4
	Bye laws should be put to encourage BDR	30	16.2

Source: Data from the field

In an attempt to find out whether the constitution guidelines are adhered to by the authorities during the implementation, 2.2% of the respondents strongly disagreed to the notion, 17.4% disagreed, 26.1% were undecided and 54.3% agreed. This implies that the constitution guidelines are adhered to during the implementation. This is a good indicator for proper BDR process.

The table further shows that 1.1% of the respondents strongly disagreed that BDR act is disseminated and adhered to by all stakeholders in implementation, 12.9% disagreed, 41.9% were undecided and 44.1% agreed. This is a good indicator that the BDR is lawful guided.

The results further indicate that 5.4% of the respondents strongly disagreed the idea that government policies are clear and designed to improve the quality of BDR, 17.2% disagreed, 12.9% were undecided, 62.4% agreed and 2.2% strongly agreed. This implies that the government policies are clear and therefore this could lead to an improvement in the quality of BDR.

In an endeavour to find out whether donor policies are supportive for BDR implementation, 1.1% strongly disagreed to the notion, 7.5% disagreed, 10.8% were undecided, 55.9% agreed and 24.7% strongly agreed. This implies that the BDR implementation is supported by donor policy. The findings also indicate that 19.4% strongly disagreed to that there are by- laws designed to ensure quality BDR registration service in the district, 47.3% disagreed, 8.6% were undecided, 19.4% agreed that there are by- laws and only 5.4% strongly agreed. It can therefore be concluded that there are no by- laws to ensure quality if they are there they are not put in practice and this compromises with the quality of BDR registration services at the district.

Of the respondents who said that there are by- laws, 22.6% strongly disagreed to the view that bye laws are implemented, 50.5% disagreed, 10.8% were undecided, and 14% agreed that the bye laws are implemented, 2.2% strongly agreed. This implies that the bye laws are not implemented and could affect the quality of BDR services.

In an attempt to find out whether there sub county bye laws to ensure quality of BDR services, 19.6% said that there are sub county bye laws while 80.4% said no to the that idea.

This implies that there are no bye laws established at sub county level to ensure the quality of BDR services.

In an attempt to find out what should be done to improve the quality of BDR, 27% of the respondents said that support supervision should be improved, 24.3% of the respondents said that there should be an improvement in sensitization, 32.4% said that there should be an improvement in funding in form of increased funding and 16.2% said that the by- laws at local levels should be put and emphasized to encourage BDR.

Hypothesis Testing

In an attempt to find out whether legal framework has an effect on BDR service quality, a chi-square test was carried out to test the null hypothesis that legal framework has no significant effect on BDR service quality. The hypothesis was tested by running a chi-square test between there are enough funds to conduct BDR activities and whether there was improved BDR services in the community. The test was used because the dependent and independent variables were categorical.

Table 4.6.2 chi-square test between there are enough funds to conduct BDR activities and whether there was improved BDR services in the community.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.207 ^a	12	.014
Likelihood Ratio	28.060	12	.005
Linear-by-Linear Association	6.811	1	.009
N of Valid Cases	91		

a. 14 cells (70.0%) have expected count less than 5. The minimum expected count is .04.

Source: Data from field

Since the p-value (0.014) is less than 0.05, it can be concluded that the legal frame work has a significant effect on the quality of BDR services. This implies that strengthening the legal framework could improve the quality of BDR services especially ordinances at district level and by-laws at sub-county levels.

In conclusion, the findings from the study showed that monitoring processes has an effect on the quality of BDR services which implies that an improvement in monitoring process could lead to improvement in the quality of BDR. Also resources have a significant effect on the quality of BDR which implies that an increase in the resources (Human and financial) could lead to improvement in the quality of BDR services. And that the legal frame work has a significant effect on the quality of BDR services hence strengthening the legal framework could improve the quality of BDR services.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1. Introduction

This chapter presents the summaries of the findings of the study undertaken, discusses the results, draws conclusions and makes recommendations based on the findings from the study for future use.

5.2. Summary

This study assessed the effects of monitoring process on the quality of Birth and Death Registration services among children aged 0-5 years in Kitgum District Local Government.

The study was intensely guided by the specific objectives below;

- i) To describe the monitoring process that influences the quality of BDR services for children who are 0-5 years in Kitgum district,
- ii) To examine the effect of resource availability on the quality of BDR services among children 0-5 years in Kitgum district,
- iii) To assess the effects of the legal framework on the quality of BDR services among children 0-5 years in Kitgum district.

In addition, the study found out that regular monitoring and supervision, availability of resources (both financial and human), training of notifies and sensitization of the communities have a direct impact on the quality of birth and death registration. It is also believed by many that the by- law by district local government compelling everybody to register any birth or death would contribute to the sustainability of birth and death registration.

5.3.0 Discussion of the results

5.3.1 Monitoring process and effects on quality of BDR

The study found out that training health workers and stakeholders on how best they can execute the BDR service increases the human capital and positively influences positive outcomes on birth and death registration process, the study findings indicate that 80.2% of the respondents said that the workers are trained. For quality and sustainable birth and death registration, there must be continuous training/mentoring of actors. This is in line with Kenneth & Sheila (1986) who suggested that monitoring process on monitoring officials ought to be trained with new skills. This may be possible when trainings to those executing are habitually conducted.

It is true that all these mechanism are in place in Uganda however, implementation has been a challenge. Due to incapacity resources and systems which still impact on the ability to ensure equitable training opportunities and to comprehensively monitor the full range of monitoring process functions. According to the study, 44% of the respondents agreed that insufficient funds have affected the training implementation. This is in line with the ministry of health report (MoH, 2008a). For example, the national taskforce has developed some monitoring tools used to follow up the implementation of activities from the village level to the national level. The Ministry of Justice and Constitutional Affairs is responsible for organizing regular monitoring and evaluation visits to the districts, and these are also used to provide technical support in specific areas identified in the districts during implementation. But all these are hardly implemented.

The study findings show that the major data base used are the register books and this were supported by all the respondents (100%), it was found out that this is the major tool used in local areas, also the completeness of the registration is vital as supported by 64.9% of the

respondents. Civil registration records (birth and death) are the best source of vital statistics because they generate data on a continuous basis and for the whole country, at both national and local levels. However, such systems are often weak or incomplete in Uganda.

In countries where the civil registration system lacks complete coverage, or has major deficiencies due to issues of quality and timeliness, it may be necessary, on an interim basis, to use alternative sources to generate vital statistics. Sources for such interim data include “population censuses”, “household sample surveys”, “demographic surveillance” in sentinel sites and sample registration systems. Although these sources can and do generate measures of vital events, they cannot replace civil registration, which is the only method that collects such information on a continuous basis, and the only source that can provide individuals with a legal document of a vital event.

There are many steps between when a birth or death occurs and when it is included in a country’s vital statistics. Timeliness of data depends not only on how quickly an event is registered, but also on how quickly the information is processed and forwarded to the vital statistics agency. Understanding what data are collected from individuals, and how they are transcribed, compiled, transmitted, checked and stored in archives and databases before becoming vital statistics will help to identify potential problem areas in the system.

This knowledge is also essential for understanding how to alleviate problems and improve the quality of the information produced and it can only be achieved through proper training, monitoring and supervision. According to (Berg et al, 2000), Project time management includes the process required to ensure timely completion of a project. The major process in developing the project time schedule is: activity definition, activity sequencing, activity duration estimating, schedule development and schedule control”.

These processes interact with other knowledge areas. Monitoring process too has to be completed within a certain period of time, while monitoring the required process for a timely completion of a project or programme to ensure the quality of birth registration.

5.3.2 Resources allocations and effects on quality of BDR

Training, monitoring and supervisions and all other activities related to birth and death registration need resources both human and financial, which in most cases are inadequate, especially at the local government levels where these activities are being implemented and affected the quality of BDR.

The study finding showed that 60.3% of the respondents said that human resource employed is not enough. This means that there are delays in the process of birth and death registration since human resource is not enough and a sustainable process requires that there be enough human resource. In agreement to this, organizations need employees who participate and monitor rapid changes in the quality of BDR services and figure out how to deal with these challenges (Organ, Podsakoff and Mackenzie 2006). It is generally agreed that the human resource can be a source of competitive advantage. Human resource practices have the most direct influence on employee/ M& experts attitudes and outcomes, (Deleyand Shaw 2001).

Further the study findings showed that the funds are inadequate showed by 94.5% and we depend on funders this affects the quality of BDR quality. The inadequate funds also affect the implementation of monitoring processes this was indicated by 92.5% of the respondents. By acknowledging that, we are Living in a funding economy, funders and funded alike are engaged in a complex dance in which the agenda of those wishing to make grants is reconciled with the agenda of those applying for them (Unwin 2004). The two sometimes do not reconcile either because of the modalities to use the funds of lack of accountability and in the event that they don't reconcile, the BDR quality remains questionable.

At the national level, governments with meagre budgets and competing demands may be reluctant to divert scarce resources to the creation of an effective civil registration system. And a registration system, once established, requires ongoing resource allocation, albeit relatively modest, to keep functioning. If a government does not fully appreciate the value of such a system, the costs may be the decisive deterrent.

In existing registration systems, under resourcing fuels such basic problems as the scarcity of well trained, full-time personnel, the lack of registration facilities and shortages of basic materials such as registers and certificate forms.

In some countries, including Guatemala, Nicaragua, Peru, the Philippines and Venezuela, the national authority for civil registration has only technical responsibility over local registration officials, who depend administratively and financially on local authorities such as the mayor's office. Local budgetary constraints can lead to a high turnover of registration staff or their use for other duties.

National economic constraints can drive a wedge between central authorities and the individual. This can undermine birth registration, particularly if the link between women and health services is broken. Women's access to maternity centres, for example, has declined in a number of countries in sub Saharan Africa because of increased poverty and higher medical costs in the wake of the economic changes of the 1990s. In Cameroon, for example, GNP declined by 1.5 per cent per year over the decade, and the proportion of deliveries attended by trained medical personnel fell from 64 per cent in 1983-1994 to 55 per cent in 1995-2000 (State of the World's Children, and UNICEF, 2001) While Cameroon's birth registration remains relatively high close to 80%, it is important given this situation to monitor closely the trends in vital registration. Therefore, there is no doubt that for quality BDR to be realized, there must adequate resources to maintain the system.

5.3.3. Policy framework and effects on quality of BDR

This study found that the existence of policy framework had some impact on the quality of the BDR this was supported by 54.3% of the respondents who said that the constitutional guidelines are being adhered to meaning that there are guidelines that help in the birth and death registration. But its impact on BDR could not be explained by the fact that very few of the respondents were aware of the existence of these policies. These policies exist but the challenge is the dissemination and the sensitization of the BDR actors. The United Nations report on the quality of BDR services denotes that the efficiency and effectiveness of birth and death registration services will be improved when the government improves on the civil registration system used to record statistics on “vital events” such as “births”, deaths, marriages, divorces and “fetal deaths” (UN, 2001).

Despite obligations under the Convention on the Rights of the Child, some countries have no legislation requiring birth registration. In Eritrea, for example, birth registration upon specific request to the one national office, and anyone needing a birth certificate must provide up to four witnesses. A study is now under way to examine the possibility of introducing birth registration in each of the six zones, or regions (UN Statistics Division).

Other countries do not yet have a specific law addressing civil registration, and issues related to registration may be included, in a general fashion, in the civil code or other laws relating to the family, personal identification, the national statistical system and so on. Such laws are either so general that they offer insufficient guidance to local registrars, or address only some technical aspects of registration. In Nicaragua, the recording of vital events falls under the 1904 civil code and efforts have been made over the years to legislate on different aspects of civil registration, resulting in a diverse set of laws and decrees. A comprehensive law has now been drafted (Consejo Supremo, 2000).

Where birth registration laws do exist, many are out of date, complex or inflexible, posing practical barriers to registration. Those that are decades old may now be out of step with current realities, inadequate in terms of international law, overly centralized, insensitive to cultural practices, patriarchal or ineffective in obtaining valuable health statistics based on gestational age, weight at birth and so on. And some of these problems applied to Uganda where it is a bit over centralized.

Birth registration in Bangladesh is governed by laws adopted in 1873 (UNICEF 2001), and in Benin, where the basis of the civil registration legislation dates back to 1950 (Hacheme, Françoise, 1995) (pre-independence) steps are now being taken to introduce a new family code.

In some cases, legislation does not allow enough time for registration, given the geographical terrain and the availability of registration services, as in Cameroon and Côte d'Ivoire where births must be reported within 15 days (Akoto, 2001). In Côte d'Ivoire, there are also costly and complicated legal procedures for late registration (UN Committee on the Rights of the Child 2000).

Most problems are also created by laws that do not cover the entire country, allowing conflicting systems of registration and by the absence of clear and detailed rules and regulations. In Indonesia, the fourth most populous nation in the world, and where 37 per cent of children under five had not been registered in 2000 (UNICEF Indonesia, 2000). The problem in is that there is no law forces birth and death registration making it mandatory and if it is there, it is not being enforced.

5.4 Conclusions

5.4.1 Monitoring process and effects on quality of BDR

The study found out that training of key stakeholders, monitoring and supervision of birth and death registrations activities have positive effects on the quality of Birth and Death Registration services.

5.4.2 Resource allocations and effects on quality of BDR

Reliable financial and human resources availability are the major factors which is important to maintain the quality of birth and death registration in Kitgum district. Availability of funds and skilled human resources not only help in quality but also in sustainability of Birth Death Registration activities.

5.4.3 Policy framework and effects on quality of BDR

The study found out the legal framework has a significant effect on the quality of birth and death registration services. The political, stewardship by national and local authorities in operationalising and enforcing birth and death registration laws is a major factor in improving the quality. In addition, trust and collaboration of “civil society”, households, the medical professionals and community and religious leaders also help in quality improvement.

Lastly, the issues of sustainability and ownership of the Programme have not been properly addressed since the revitalization initiative began. The state has put in place a strong legal framework, the national birth registration policy document, and built the capacity of the relevant institutions for birth registration however the element of sustainability for programme is not being realized translating to lack of ownership. It is important that the issue of sustainability and ownership by local authorities be addressed for the success of the BDR programme.

5.5. Recommendations.

Considering that the study found out that there is weak policy framework for implementation of BDR, the study recommends for the development of national birth registration policy and its wide dissemination which specifies the roles and responsibilities of government and other stakeholders, with a view to streamlining BDR implementation and all levels.

Considering that the study found out that there is no national strategic plan for BDR, the study recommends for a development of a national strategic plan for the entire birth and death registration programme with clear targets, indicators and a specific monitoring plan and structures. This could also mean creation of a monitoring unit with a specific structures at all levels , as well as roles and responsibilities, identification of monitoring personnel, training of monitoring personnel, launching of the monitoring exercise (facilities, equipment, and facilitation) and designing a monitoring database for reference and informing future aspects of the programme.

Considering that the study found out that BDR is faced with challenge of poor documentation, storage of data ,reporting to central government database, poor usage of information therefore the researcher recommends for an improvement in the paper based documentation systems to a computerised systems of BDR records hence making it more accessible and improved usage of information for development planning , distribution of resources from national to sub national and lower levels of governments and enhance services delivery for communities.

Considering that resources are often limited and BDR gets inadequate budget allocations, the researcher recommends for an increased government commitment in resource allocation to the BDR Programme at the national levels and subsequently district and sub county levels which requires stepping up lobbying and negotiations with the key departments during the

planning cycle to ensure BDR programmes are given due consideration in prioritisation of resources allocation for sustainability.

Finally, considering the facts the study found out on limited coverage of Birth registration due to challenges of “hard to reach areas “or districts due to either insecurity ,pastoralist lifestyle ,land terrain and child care institutions ,the study recommends that there should be a specific strategy focusing on registration of hard-to-reach areas children, especially in the Karamojong region , children in children’s homes; street children; urban communities in Kampala; and returnees from IDP camps in Northern Uganda.

5.6. Limitation of the Study

The scope of the study was limited to case study of Kitgum district being carried in four sub counties only hence it may not be easily generalizable not applicable to make generalisations to whole country since kitgum also had insecurity for over 22 years which could have also affected the BDR programme quality service delivery.

The study was limited to stakeholders who were directly implementing BDR programme in the district but did not reach final households whose children were registered to verify the quality of services. This therefore reflect the quality of the quality of registration

The study covered a period of 2009 – 2012 and did not consider the previous years before the UNICEF intervention started. This period before the intervention could have a bearing on the current status of the death and birth registration.

5.7 Contribution of the Study

This study is unique on this subject matter and peculiar to kitgum being the first of its kind .It raised the following issues that: monitoring processes like training of stakeholders, support supervision, availability of BDR materials have a positive effect on the quality of birth and death registration in Kitgum district. Therefore, for sustainability, more resource should be

put in creating community awareness on the importance of birth and death registration in Uganda generally and Kitgum in particular for protection benefits of the services for children and social services planning and provision.

The study also demonstrated that despite the existence of the legal frame work, the existing laws on BDR should be fully implemented and ordinances and by-laws enacted at districts and community levels to improve on its quality services delivery.

The study demonstrated the need for the district to allocate adequate resources for BDR programmes quality to be improved, avail competent human resources plus enough financial resources since the poor services have been attributed to inadequate resources especially at the local government levels where these activities are being implemented and hence affected the quality of BDR.

The study will also lead to development of knowledge and improving documentation of best practices for implementation of BDR programmes in the future in Kitgum district since no documentations existed before this study.

5.8. Areas recommended for future research

1. Researcher does recommend for a wider geographical coverage and longer period study to be conducted covering periods before UNICEF (2009) to document best practices and track BDR programme progress in Kitgum district.
2. Researcher also does recommend a study to be conducted with households at the community level on knowledge, attitude and practice on birth and death registration services.
3. Researcher also does recommend a study to be done to find the best alternative for sustainability of Birth and Death Registration services in Uganda and Kitgum in particular.

4. Researcher also recommends a study on the contribution of religious institutions to improvement in Birth and Death registration coverage and sustainability of programmes at district levels.
5. Researcher also does recommend a study on effectiveness of (legal frameworks) particularly ordinances and by-laws in districts towards improving coverage and quality of BDR programme for benefits of children.

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APPENDICES

Appendix I

Introduction

This questionnaire has been designed for the study on the effects of monitoring processes and quality of birth and death registration services in Uganda: A case study of Kitgum district. The information that you are going to provide shall be used only for academic purposes of this study.

The questionnaire focuses on the following:

- a) Monitoring process
- b) Resources for Monitoring Policies and legal framework that affect the quality Monitoring
- c) Quality of birth and death registration services

Please respond frankly and honestly because your answers will determine the validity of this study. Thank you very much.

APPENDIX 1- QUESTIONNAIRE

The effects of monitoring process on the quality of birth and death registration services in Kitgum district

SECTION A: BIO DEMOGREPHY

a) Title/Responsibility held by the respondent.....

1. Department of work

2. Please what is your gender?

a. Male	1
b. Female	2

3. In which age group do you fall in?

Less than 25yrs	1
26 -35yrs	2

36 and above	3
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4. What is your religion?

a. Catholic	1
b. Protestant	2
c. Muslim	3
d. Others(specify)	4

5. Please indicate your appointment type.

a. Permanent appointment	1
b. Contract appointment	2

6. If on contract what is the duration of your contract?

Less than six months	1
6 Months -1- year	2
Years	3
More than Five years	4

SECTION B: EFFECTS OF MONITORING AND THE QUALITY OF BIRTH AND DEATH REGISTRATION SERVICES.

On a scale of 1 – 5, please respond by placing an **X** in the appropriate box

NO...

Likely response options

1	2	3	4	5
Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

a) Monitoring process

Answers

No.		1	2	3	4	5
1.	Training is carried out for all actors on monitoring					
2.	Insufficient resources' have affected the training of implementers					
3.	There is a reliable database for BDR in the district.					
4.	Monitoring information is disseminated to stakeholders					

5.	Monitoring information is used in decision making processes in district					
6.	There is frequent report of data findings to the monitoring officials					
7.	Stakeholders demand for birth registration services					
8.	Stakeholders participation is important					

b) Resources options

No.		1	2	3	4	5
1.	Human resource employed for BDR are qualified at all levels of implementation					
2.	Human resources working on BDR are adequate					
3.	There are adequate funds to conduct birth and death registration activities in the district					
4.	There is adequate funding to facilitate monitoring of BDR implementation					
5.	There are adequate BDR supplies materials /stationaries					
6.	There is adequate support supervision of BDR services implementation in the district					
7.	The BDR infrastructures are in place and supporting implementation					

c) Legal framework options

No		1	2	3	4	5
1.	The constitution of Uganda guidelines on BDR is being adhered to by authorities during implementation					
2.	BDR Act is disseminated and adhered to by all stakeholder in implementation					
3.	Government policies are clear and designed to improve the quality of birth and death registration.					
4.	Donor policies are supportive for BDR implementation					
5.	There are ordinances designed to ensure quality birth and death registration services in the district					
6.	The designed ordinances are efficiently implemented to ensure quality birth and death registration services					
6.	Are there any by laws designed to ensure quality birth and death registration services in the sub counties.					
7.	The designed by-law are efficiently implemented to ensure quality birth and death registration services					
8	Suggestions to improve quality of BDR					

APPENDIX II: INTERVIEW GUIDE

Introduction

This interview guide has been designed for the study on the effects of monitoring processes and the quality of birth and death registration services in Uganda: A case study of Kitgum district.

The information that you are going to provide shall be used only for academic purposes of this study.

The interview focuses on the following:

- a) Monitoring process
- b) Resources for Monitoring Policies and legal framework that affect the quality Monitoring
- c) Quality of birth and death registration services

Please respond frankly and honestly because your answers will determine the validity of this study.

Thank you very much.

Sub-Theme 1: Monitoring process

1. What are the roles played by the different stakeholders?

- a. Mobilisation
- b. Registration
- c. Validation of data
- d. Sensitisation

2. At what level is BDR done

1-District

2-County

3-Subcounty

4-Village/LC

5-Others (specify)

3. Who does the BDR activities at the level/s mentioned above

1-District.....

2-County.....

3-Subcounty.....

4-Village/LC.....

5-Others (specify).....

4. Are all members carrying out the BDR services trained and qualified?
YES/NO

If yes, by who and for how long

.....
.....
.....

4. If not why? Multiple answers allowed.

- a. Training all members is expensive
- b. Training materials are not enough
- c. It's not necessary

5. Are the infrastructures for BDR adequate for implementation?

Response assessment

YES/NO

Comment.....

.....

6. What data management tools are being used for BDR and are they being used efficiently?

.....
.....
.....

7-If the tools mentioned above are not being used efficiently, what are the challenges and what are your suggestions to resolve them?

.....
.....
.....
.....

8. Are there any Stakeholders participating in BDR in the District?
YES/NO

If yes, who are they and what do they do?
.....
.....
.....

Sub-Theme 2: Resource

1. District Budget for BDR.....
2. What are the sources of funding and how much allocation for BDR in the District.....
.....
.....
3. District expenditure on BDR during the FY 2011/2012.....
4. Are budget funds for BDR implementation Sufficient?
YES/NO

If no what is being done to supplement the funding gap
.....
.....

5. Do you supervise BDR activities or are BDR activities being supervised? YES/NO

If yes how often and what do you do/are done during the supervision?
.....
.....

Sub-Theme 3: Policy and legal framework

1. What are the donor policies on BDR and are the policies in favour of BDR implementation?
.....
.....

.....
.....
2. What are the National policies on BDR and are the policies in favour of BDR implementation?

.....
.....
.....
.....

3. What does the constitution of Uganda state about BDR and how does this affect the rights of children

.....
.....
.....
.....

4. Are there by- laws and ordinances' established to ensure quality birth and death registration service?

RESPONSES

1. YES

2. NO

If no, why?

.....
.....
.....

5. How do you rate the quality of birth and death registration services in Kitgum district?

Response

a) Very good

b) Good

c) Poor

APPENDIX III: DOCUMENT REVIEW CHECKLIST.

Introduction

This document review checklist has been designed for the study on the effects of monitoring processes and the quality of birth and death registration services in Uganda: A case study of Kitgum district.

The information gathered shall be used only for academic purposes of this study.

The study focuses on the following:

- a) Monitoring process
- b) Resources for Monitoring and legal framework that affect the quality Monitoring
- c) Quality of birth and death registration services

Document Review for Quality of birth and death services delivery

No.		Y/N			
1	Standard BDR registers in places for BDR services				
2	BDR forms are used during implementation				
3	The BDR registration forms are appropriately completed while carrying out birth and death registration services				
4	There is an effective records keeping system at district level				
5	There is an effective records keeping system at sub county levels				
6	The Constitution of Uganda				
7	BDR Act				
8	Kitgum district annual reports 2006-2010				
9	UNICEF Annual reports 2006-2010				
10	Police documents				
11	Articles and journals on Birth registration systems and monitoring				

Appendix IV: Work plan and Time frame

The study was scheduled to take four months from Sept 2012 to Dec 2012

Activity	Months					
	Aug	Sept	Oct	Nov	Dec	Jan
Proposal defense and Approval						
Pretesting of data collection tool & Data collection						
Data coding, entry, Analysis						
Interpretation and report writing						
Dissertation Defense						