

Community Driven Approaches and People's Welfare in Uganda at Butemba Sub-County in Kyankwanzi District. A cross-sectional study.

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Abstract.

Background.

People's welfare has been a topic of concern for governments, policymakers, and social scientists for centuries. This study establishes the relationship between community-driven approaches to development and people's welfare in Butemba Sub-County, Kyankwanzi District.

Methodology.

A cross-sectional study design and case study approach were used. A sample size of 124 was selected using Slovin's Formula, and both simple random sampling and purposive sampling techniques were employed. Data was gathered through questionnaires, interviews, and Focus Group Discussions (FGDs) to capture both quantitative and qualitative information. Data analysis was performed using SPSS software to identify themes and patterns, while ethical considerations were observed to protect participants' rights and confidentiality.

Results.

Respondents aged 30-39 years form the largest group, representing 33.0%. 56.9% of the participants were male. The Participatory Development Approach (PDA) showed a weak, statistically insignificant correlation (0.128). In contrast, the Problem-Solving Approach (PSA) demonstrated a moderate, statistically significant correlation (0.329), indicating a stronger link between its implementation and improved welfare outcomes. The Welfare Approach (WA) also exhibited a weak, insignificant correlation (0.133), suggesting limited impact on welfare despite positive community perceptions.

Conclusion.

Problem-Solving Approach (PSA) demonstrated a moderate, statistically significant correlation with improved welfare outcomes; both the Participatory Development Approach (PDA) and the Welfare Approach (WA) showed weak, statistically insignificant correlations.

Recommendations.

Structured feedback systems, tailored support for marginalized groups, and robust monitoring for welfare initiatives are advised to ensure inclusivity, empowerment, and sustained impact across the community.

Keywords: *Community Driven Approaches, People's Welfare, Butemba Sub-County, Kyankwanzi District.*

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Background.

People's welfare has been a topic of concern for governments, policymakers, and social scientists for centuries. The concept of welfare encompasses various aspects of well-being, including economic security, health, education, and social inclusion. This review aims to provide a comprehensive overview of the literature on people's welfare, focusing on its definition, dimensions, determinants, and policy implications.

The determinants of people's welfare are complex and multifaceted, involving individual, community, and societal factors. Some of the key determinants of welfare include income, education, employment, housing, health, and social

support networks (Hill, 2017). Income and employment are critical factors in determining material welfare, while education and health are essential for social and psychological well-being. Housing and social support networks also play a significant role in ensuring overall welfare.

Policies aimed at improving people's welfare have been implemented by governments worldwide. These policies range from social safety nets, such as unemployment benefits and subsidized housing, to education and healthcare programs. However, the effectiveness of these policies in promoting welfare is often debated, and their

implementation can be influenced by political, economic, and social factors (Hood, 2018).

Community-driven approaches to development have gained recognition globally as a means to empower communities and promote sustainable development. Various publications have contributed to the understanding of CDAs, including "Community-Driven Development: Myths and Realities" by Mansuri and Rao (2004), "Community-Driven Development: A Critical Review" by Bebbington et al. (2006), and "Community-Driven Development: Lessons from Practice" by Grootaert et al. (2003). These publications provide valuable insights into the theoretical foundations, practical implications, and lessons learned from implementing CDAs across different contexts.

The well-being of individuals and communities is a critical aspect of society's overall health. People's welfare encompasses various dimensions, including physical, emotional, social, and financial. According to the World Health Organization (2020), non-communicable diseases such as diabetes, heart disease, and cancer are the leading causes of death worldwide. The welfare of individuals in Butemba Sub-County is a critical concern that requires immediate attention. According to a report by the Uganda Bureau of Statistics (UBOS) in 2019, the poverty rate in rural areas like Butemba remains significantly high, with a large percentage of households living below the poverty line. Moreover, Oxfam International highlighted in their 2020 publication that vulnerable groups such as women, children, and the elderly are disproportionately affected by poverty and limited access to essential services in rural communities like Butemba. These marginalized populations face barriers to economic opportunities, healthcare services, and education due to systemic inequalities and a lack of support mechanisms.

Community welfare is a collective responsibility that requires the involvement of various stakeholders to achieve optimal outcomes. There is some work that has been done by different stakeholders, such as the government, Non-Government Organizations, businesses, and many others, in improving the welfare of people in communities. NGOs have played a crucial role in improving the welfare of people in communities by providing humanitarian aid, advocating for social justice, and promoting sustainable development. Despite efforts to implement community-driven development initiatives in Butemba S/C, there is a lack of comprehensive understanding regarding their effectiveness in improving the well-being of individuals and communities in this specific region. Furthermore, existing studies on community-driven approaches to development in Uganda often focus on broader national or regional perspectives, overlooking the unique challenges and opportunities present at the local level in places like Butemba Sub-County. This research, therefore, aimed to address this gap by examining the relationship between community-driven approaches to

development and people's welfare in Butemba Sub-County, Kyankwanzi District.

Methodology.

Study design

The research used a cross-sectional study design to assess the community-driven approaches to development and people's welfare in Butemba sub-county, Kyankwanzi District of Uganda. The study design was useful in obtaining the overall picture of the phenomenon in Butemba subcounty and Kyankwanzi at large. The Descriptive and explanatory designs were also used to explain the different aspects of the study.

Study Population

The study population for research on community-driven approaches to development and people's welfare in Butemba S/C, Kyankwanzi District of Uganda, should encompass a diverse representation of community members, local leaders, religious leaders, civil society organizations, NGOs, and key stakeholders such as the health care providers and educators.

Sample size.

The sample size was determined using Slovin's Formula, which is expressed as:

Where,

n is the sample size,

N is the population size

And e is the margin of error to be decided by the researcher.

$N = 180$

$e^2 = (0.05)^2 = 0.0025$

$n = ?$

Therefore,

$$= 124.137931 = \underline{124}$$

Therefore, the sample size of the study was 124.

Sampling Techniques.

Simple random sampling was used to ensure that the sample was selected in a way that it represented the study population. This aimed at giving all members of the study population an equal chance of being selected to participate in the study. Purposive sampling, which relied on the researcher's judgment to select participants with diverse characteristics, was used to select the population to be studied from all the above-listed categories across the entire research area. Using this technique, respondents were selected based on their expertise, knowledge, and experience that were pertinent to the research objectives.

Data collection methods.

The study employed two methods, namely the questionnaire and interview methods, to aid data collection. Below are details for each method.

Questionnaire survey method

The questionnaire method was used to collect quantified data and covered a large area over a short period of time. The questions were short, concise, and precise.

Interview method.

This method involved the use of a structured interview approach to collect qualitative data. The method helped to collect sensitive information about the study, which was not possible to get using a questionnaire. The method was used to collect qualitative data that could not be obtained using any other instrument.

Focused Group Discussion guide.

This research employed the Focused Group Discussion method to gather information from the community members. A Focus Group Discussion (FGD) is a qualitative research method where a small group of participants, typically 6-12 people, discuss specific topics led by a moderator. Therefore, the study conducted 4 FGDs, each comprising 10 community members who were selected using simple random sampling techniques. The aim of using this method was to gather diverse perspectives and insights, particularly helpful in understanding community viewpoints in regard to the set specific objectives. This allowed me to engage directly with community members, providing rich, firsthand insights.

Data collection instruments

Questionnaires

This instrument aided the collection of quantified data from the field of study. These questions designed in this

instrument were quantified ones on Community Driven Approaches and People's Welfare. These questions were designed based on a five-point Likert-type scale to measure variables. The five-point Likert-type scale provided less bias in mean, variance, covariance, correlation coefficient, and the reliability of scores. This instrument was used to obtain information from the local community members.

Interview guide.

This instrument was used to collect qualitative primary information. The instrument was designed with open-ended questions on Community Driven Approaches to development and People's welfare. The instrument guided the researcher where questions would be orally read to key respondents, where feedback could be obtained and recorded in a notebook.

Focused Group Discussion guide.

The study used A Focus Group Discussion (FGD) Guide tool to collect data. FGD is a structured outline used to lead discussions with a group of participants on a specific topic. In research, an FGD Guide was designed to help the researcher keep the conversation focused, ensure that relevant themes are covered, and gather in-depth qualitative data from community members. The guide included key questions, prompts, and topics relevant to the research aim, allowing the researcher to explore different perspectives in a structured way.

Reliability and validity.

Reliability.

The questionnaires were administered for pilot purposes to the same respondents twice within a two-week period, and analysis was done. The researcher employed the Cronbach Alpha Coefficient to test for the reliability of the research instruments.

Table 1: Reliability Statistics

Cronbach's Alpha	N of Items
.736	29

Results in Table 1 indicate that a coefficient was found for each dimension using Cronbach's Alpha.

Validity.

Validity is the degree to which a test measures what it is supposed to measure. Through piloting, the instrument will be pre-tested in order to allow the researcher to improve their validity as well as familiarize themselves with the data collection process. Content validity was used to check the representation of the research questions in the

questionnaires. The formulae below were to calculate the CVI."

$$CVI = \frac{\text{Number of items regarded as relevant by the researcher}}{\text{Total number of items}}$$

Data processing and analysis.

Data was processed and analyzed to draw meaning from the gathered information for the research study. Since semi-structured interviews would have been utilized to collect data, during the analysis, meaningful segments were

organized into categories or codes in order to construct and interpret common themes or patterns. The focus group, key informant, and in-depth interview transcripts were checked for accuracy and verified against the original by the researcher before formatting and entering them into the qualitative software analysis program SPSS. Independent meaningful units or segments of text were identified, labeled, and organized. After the initial coding was done, the data were reviewed, reinterpreted, and reorganized into categories. Data collected through in-depth interviewing was better subjected to content analysis, which was qualitative in nature. While communicating and displaying analyzed data, text, and tables were used. Data was analyzed using SPSS Version 21.

Ethical Considerations.

Ethical issues involved how the researcher and respondents could build a network of mutual trust and cooperation. Written or verbal (for FGDs and KIIs) informed consent

would be given to respondents after a comprehensive explanation of the study and its objectives. Participants were informed of their rights to either participate or refuse/withdraw at any time during the interview and what their involvement would entail. During the KIIs and FGDs, respondents would be free to respond to questions they want to respond to and would not be coerced into answering any question. Anonymity would be guaranteed by not writing participants' names, and confidentiality would be maintained by only the researcher having access to information provided by the respondents and not disclosing it to anyone.

Results.

Response rate

The study targeted 124 respondents. However, the actual number of respondents who participated in this study was less than this target number.

Table 2 Response rate

Category	Targeted sample size	Actual Sample size	Response rate
Community members	40	40	100%
Local leaders	20	14	70%
Religious leaders	09	4	44%
Health service providers	23	20	87%
Educators	31	30	98%
NGOs	03	01	33%
Total	124	109	88%

Source: Primary data 2024

The response rate analysis shows that the study achieved an overall response rate of 88%, which is quite high, though it varied across different respondent categories. Community members had a perfect response rate of 100%, reflecting strong engagement within this group. Local leaders, health service providers, and educators also had relatively high response rates, with 70%, 87%, and 98% respectively. However, religious leaders and NGOs had notably lower

response rates, with only 44% and 33%, which may suggest challenges in engaging these groups or other factors affecting their participation. Despite these variances, the overall response rate indicates sufficient representation from the targeted sample, making the findings generally reliable, though the lower response from certain groups could influence the comprehensiveness of the perspectives gathered.

Demographic characteristics of respondents

Table 3: Demographic Characteristics

Demographic Characteristics	Frequency	Percentage (%)	Cumulative Percentage (%)
Age			
Below 20 years	20	18.3	18.3
20-29 years	24	22.0	40.3
30-39 years	36	33.0	73.3
Above 40 years	29	26.6	100
Total	109	100	
Sex			

Female	47	43.1	43.9
Male	61	56.9	100.0
Total	109	100	
Marital Status			
Married	64	58.7	58.7
Separated/Divorced	10	9.2	67.9
Single	31	28.4	96.3
Widowed	4	3.7	100.0
Total	109	100	

Source: Primary data 2024.

In Table 3, the age distribution among respondents reveals a fairly balanced spread across different age groups. Respondents aged 30-39 years form the largest group, representing 33.0% of the total 36 respondents. This is followed by those above 40 years, making up 26.6% 29 respondents. The youngest group, aged 20-29 years, accounts for 22.0% (24 respondents), while respondents below 20 years represent the smallest group at 18.3% (20 Respondents). The cumulative percentages provide a clearer picture of age distribution, showing that 73.3% of respondents are aged 30 years or older. This data implies a mature population with a likely mix of young adults and middle-aged respondents who may have considerable experience and responsibility within the community.

Table 3 further indicates the sex distribution of respondents, showing a slight majority of male participants, with 56.9% (61 respondents) compared to 43.1% female (47 respondents). This difference may suggest a moderate gender imbalance in the participation in this survey. Since

the gender gap is relatively narrow, the findings provided perspectives that are reasonably representative of both men and women in the community.

Marital status data in the table above shows that a majority of respondents, 58.7% (64 individuals), are married, indicating that family-oriented perspectives may be dominant in the responses. Single individuals account for 28.4% (31 individuals), suggesting a substantial presence of young or unmarried respondents who may have distinct viewpoints compared to married individuals. A smaller portion of respondents are separated or divorced, at 9.2% (10 individuals), and the widowed group is the least represented at 3.7% (4 individuals).

The predominance of married respondents could influence the study's findings, as family and household-related concerns may be more prominent in their responses. Meanwhile, the presence of single and separated/divorced individuals offers a broader view that reflects the diverse social dynamics within the community.

Empirical Research Findings.

The relationship between the Participatory Development Approach and People's Welfare in Butemba Sub-County.

Table 4: Respondents' Awareness about the Impact of the Participatory Development Approach on People's Welfare

Response	Frequency	Percentage (%)	Cumulative Percentage (%)
No	1	0.9	0.9
Yes	108	99.1	100.0
Total	109	100	

Source: Primary data 2024

The data presented in Table 3 demonstrates the respondents' awareness regarding the impact of the Participatory Development Approach (PDA) on people's welfare in Butemba Sub-County. A significant finding from this data is that the overwhelming majority of respondents, 99.1% (108 respondents), reported being aware of the impact of the Participatory Development Approach on people's welfare. Only 0.9% (1 respondent) stated they were not aware. This high level of awareness indicates that nearly all respondents

are familiar with PDA, suggesting that it is a well-known and possibly well-practiced concept within the community. The cumulative percentage shows that awareness reaches 100% with the inclusion of the one respondent who reported a lack of awareness. This statistic highlights a remarkable degree of knowledge about PDA across the sample, implying that the concept has been effectively communicated or integrated within local programs and discussions in Butemba Sub-County. The near-universal awareness of PDA among respondents likely reflects the

effectiveness of information dissemination or education efforts within the community. Given that participatory development is rooted in engaging local communities in decision-making processes, this high level of awareness is a positive indicator of the community's potential readiness and enthusiasm to be involved in development activities. Furthermore, this level of awareness might influence how the community perceives and engages with development

projects. When community members are well-informed about the benefits of participation, they are more likely to contribute meaningfully to projects and initiatives aimed at enhancing welfare, as they understand the positive impact of their involvement. Therefore, the findings suggest a supportive environment for participatory initiatives, where the community members are informed and likely prepared to engage in collaborative development efforts.

Table 4: Summary of descriptive statistics on the Participatory Development Approach

Participatory Development Approach in Butemba S/C	SD		D		N		A		SA		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
Empowers the local people	1	0.9	0	0	3	2.8	77	70.6	28	25.7	4.20	0.57
Improves access to resources like education, health, and others	0	0	0	0	0	0	57	52.3	52	47.7	4.48	0.50
Promotes cooperation and collaboration among community members	0	0	1	0.9	12	11.0	80	73.4	16	14.7	4.02	0.54
Facilitates Planning	0	0	1	0.9	8	7.3	50	45.9	50	45.9	4.37	0.66
Promotes capacity building	2	1.8	4	3.7	13	11.9	61	56.0	29	26.6	4.02	0.84
Facilitates decision-making	0	0	0	0	1	0.9	59	54.1	49	45.0	4.44	0.52
Addresses Poverty	0	0	5	4.6	27	24.8	57	52.3	20	18.3	3.84	0.77
Instills a sense of ownership	0	0	4	3.7	11	10.1	54	49.5	40	36.7	4.19	0.76

Source: Primary data 2024

Table 5 summarizes the descriptive statistics of the Participatory Development Approach (PDA) as perceived by respondents in Butemba Sub-County (S/C). The data is organized into several components that reflect respondents' views on various dimensions of PDA. Each dimension is evaluated using a five-point Likert scale, where respondents can express their level of agreement ranging from Strongly Disagree (SD) to Strongly Agree (SA). Alongside the frequencies (F) for each response category, the table also presents percentages (%) and calculates the mean and

standard deviation (SD) for each item, providing insight into the overall perceptions and variability of responses. The study assessed whether the PDA empowers local people. Here, the frequencies indicate that only 1 respondent (0.9%) strongly disagreed, and 3 respondents (2.8%) disagreed, while 5 respondents (4.6%) remained neutral. A significant majority, 77 respondents (70.6%), agreed, and 28 respondents (25.7%) strongly agreed with the statement. The mean score for this item is 4.20, suggesting a generally positive perception of empowerment through PDA, while the standard deviation of 0.57 indicates a moderate level of

consensus among respondents. Overall, these results imply that respondents largely view PDA as a beneficial mechanism for enhancing the empowerment of local communities.

The study also examined whether the PDA improves access to resources like education and health. There were no respondents who disagreed or strongly disagreed, and only 3 respondents (2.8%) were neutral. A substantial majority of respondents, 57 (52.3%) agreeing and 52 (47.7%) strongly agreeing, resulted in a high mean score of 4.48. The standard deviation of 0.50 indicates a strong agreement and minimal variation in responses, reflecting a robust belief in the effectiveness of PDA in improving resource accessibility. In terms of promoting cooperation and collaboration among community members, the responses show some diversity. One respondent (0.9%) disagreed, while 12 respondents (11.0%) were neutral, and a significant number, 80 respondents (73.4%), agreed, with 16 respondents (14.7%) strongly agreeing, resulting in a mean of 4.02. The standard deviation of 0.54 suggests that while there is general agreement, some respondents hold differing views on the effectiveness of PDA in fostering collaboration. This indicates that while many see positive impacts, there may be contexts or circumstances where the PDA's collaborative efforts are less visible or effective.

Furthermore, the study focused on whether the PDA facilitates planning processes. No respondents strongly disagreed, while 1 respondent (0.9%) disagreed and 8 respondents (7.3%) remained neutral. A combined total of 100 respondents (91.8%) agreed or strongly agreed, yielding a mean score of 4.37. The standard deviation of 0.66 indicates that responses were fairly consistent, reinforcing the idea that PDA is perceived as an effective tool for planning within the community.

Regarding the promotion of capacity building, the results show a more mixed perception where 2 respondents (1.8%) strongly disagreed, 4 respondents (3.7%) disagreed, while 13 respondents (11.9%) were neutral. However, a majority of 61 respondents (56.0%) agreed, and 29 respondents (26.6%) strongly agreed, resulting in a mean score of 4.02. The higher standard deviation of 0.84 indicates greater variability in perceptions, suggesting that while a majority recognize the capacity-building role of PDA, there are significant differences in individual experiences or expectations.

Concerning the facilitation of decision-making, the data shows a strong positive sentiment. No respondents disagreed, and only 1 respondent (0.9%) was neutral, while a vast majority of 59 respondents (54.1%) agreed, and 49 respondents (45.0%) strongly agreed. The resulting mean of 4.44 reflects a high level of agreement, and a low standard deviation of 0.52 indicates a strong consensus among respondents regarding PDA's effectiveness in facilitating decision-making processes.

When analyzing perceptions regarding poverty alleviation, the data show that 5 respondents (4.6%) disagreed, while 27 respondents (24.8%) remained neutral. A total of 77 respondents (67.5%) agreed or strongly agreed, with a mean score of 3.84. The standard deviation of 0.77 indicates moderate variability in responses, which may highlight differing expectations or experiences regarding the PDA's role in poverty alleviation. This suggests that while many believe PDA contributes to addressing poverty, there is room for improvement in its impact.

Lastly, the study addressed whether PDA instills a sense of ownership, revealing a predominantly positive outlook. No respondents strongly disagreed, while 4 respondents (3.7%) disagreed, and 11 respondents (10.1%) remained neutral. A combined total of 94 respondents (86.2%) agreed, with a mean score of 4.19. The standard deviation of 0.76 reflects some variation, indicating that while most respondents feel a sense of ownership through PDA, a minority may not experience the same level of engagement.

Therefore, the data presented illustrates that respondents in Butemba S/C generally hold positive perceptions of the Participatory Development Approach across various dimensions. The high mean scores and low standard deviations for many items suggest a strong consensus on PDA's effectiveness in empowering local communities, improving resource access, and facilitating decision-making processes. However, the variability noted in certain areas, particularly in promoting capacity building and addressing poverty, indicates the need for further investigation into the barriers or challenges faced by some community members. This analysis underscores the importance of continuous evaluation and adaptation of participatory approaches to enhance their effectiveness and inclusivity in community development.

From the interviews conducted with the respondents, it was noted that the district, through its various departments, has involved the community so much in participating in various activities. For instance, through the Production department, many farmers have obtained Bee Hives, Piggery, Cattle, and scale Irrigation to make the community fully participate and improve their economy. The process of having essential services in Butemba Sub-County starts right from the Local level. The various meetings are conducted with the intention of having the community input during the planning process, and that is where the Participatory Development Approach starts. The Community itself identifies its gaps in the services needed that are pushed to the sub-county for inclusion in the budget. The process continues with the Budget conference, where the community is also invited to identify the essential services that are lacking in the community for prioritization.

The Chairperson of LCIII Butemba Sub-County said that; *During the implementation, the essential services that were identified and prioritized are those that appear in the budget for funding and implementation. So services like Health*

services, Education services, Agricultural projects, and Provision of water come as a result of the Participatory Development Approach.”

It was also noted during the interviews conducted that the Participatory Development Approach has been the best tool for all the development projects that are implemented in the district. Before any project starts, the community is engaged through the ground-breaking events where the district invites the community to create awareness. The project is introduced to the community, the Contractor, the contract sum, the role of all stakeholders, including the Community, and when the project is expected to be completed.

During the implementation phase, the Community monitors the progress of the project through their local leaders and makes recommendations that are considered if necessary. After completion, the community is again invited for the commissioning with the intention of handing it over to them and outlining the responsibility the community has and how its sustainability will be. So, the Participatory Development Approach has played an important role in community engagement.

It was recorded from the Interviews conducted with one of the Parish Chiefs in Butemba Sub-County and the Chief Administrative Officer of Kyankwanzi District that people of Butemba Sub-County are not different from the other people served. The people of Butemba Sub-County have been empowered through various activities. Through community engagement, they are given knowledge and advice on how to survive in the area where they live. For instance, people are advised not to cut down trees but to plant more trees because they need rain to grow crops and survive. They are advised to adopt new methods of agriculture so that they can do their own work, and the technical team can do the monitoring, supervision, and give advisory services.

The Chief Administrative Officer of Kyankwanzi District said during the Interview that:

“The respondent confirmed that the district, through various programmes, has funded several development groups that work together for survival. These people receive funding through YLP, UWEP, PDM, EMYOGA, etc. More people have gained a sense of friendship and belonging to the groups they work with, and this increases cohesion among the residents.”

People have different needs depending on how they live. Some people may lack company; they are lonely, and they need people to comfort them. Participating in the Community can be enough to sort out their need.

Some people may be poor financially. They want to work with a group where they can pool resources so that they can improve their welfare. Such people will participate a lot to make sure they have their needs met. During the interview conducted with the Community Development Officer, she said that;

“I have seen this in VSLA, where the people save their money as a team of 15 members or above with an intention of pulling resources, creating their village bank for easy access to funding to carry out their activities.”

Such benefits are not available to people outside these groups, and the participants are never beneficiaries of their savings. So, it may be true that the participatory Development Approach ensures tailored solutions to local needs.

It was discovered that organizations in Kyankwanzi District use the Participatory Development Approach in delivering services to community members. And in Butemba Sub-County, there is an organization called Community Effort for Child Empowerment (CECE) that uses this approach to build skills and capacity among individuals in its areas of operation through Vocational Skills training for the youth. The organization has given a start-up to the youth after completion of the courses, and this has also helped reduce unemployment among the youth. One of the local leaders in the Sub-County said that;

“I thank the District for allowing CECE to operate in the District.” It has improved the lives of the child mothers and also offered ECD services to our children.”

From the Focused Group Discussion conducted with the Community members in Butemba Sub-County, respondents were asked whether the implementation of the Participatory Development Approach influenced the overall well-being of individuals, and it was noted that the Participatory Development Approach has significantly improved community engagement. The approach has fostered a sense of ownership among community members. One of the respondents said that;

“During the construction of a new health center, Kikoma HCIII residents actively participated in planning and resource mobilization. As a result, the facility is now better equipped to meet our healthcare needs, leading to improved health outcomes.”

During the Focused Group Discussion with the community members, it was found that the sustainability of projects improved significantly since community members are involved in the planning stages. One of the respondents said that;

“The community-managed boreholes are still functioning well because we all contributed to their maintenance. Our agricultural initiatives have lasted longer because we take ownership. We formed a cooperative that shares resources and knowledge, ensuring that we can continue to support each other even after the project ends.”

The most significant impacts have been on women’s empowerment. Through participatory workshops on the Uganda Women’s Entrepreneurship Program (UWEP), women have gained skills in entrepreneurship and leadership. Many have started small businesses that contribute to household incomes and enhance their social status within the community. Participatory development has

encouraged transparency and accountability within local governance structures. Community members are now more vigilant about how resources are allocated and used. This oversight has reduced instances of corruption and mismanagement of funds meant for development projects. One of the respondents said;

"I remember when we held discussions about the local health centre, everyone felt heard, and as a result, we all contributed ideas. This collective effort has made us more connected as a community. I think our involvement has fostered accountability. When everyone has a say, there's a greater commitment to follow through with community agreements. This mutual respect enhances our social ties." Participatory Development has led to better educational outcomes for children. With community input, communities in Butemba Sub-County have been able to advocate for better resources and support in their local schools, leading to higher enrollment and retention rates. Health outcomes have improved as well. Were people being more informed

about health issues due to participatory health campaigns, and has the community become proactive about nutrition and wellness, which is benefiting everyone? There's a stronger connection between community members and the local government. By participating actively, community members have built relationships with officials, which has led to more responsive governance and access to resources that directly benefit our welfare.

The correlation between the Participatory Development Approach and people's welfare in Butemba S/C, Kyankwanzi District

The variables of the Participatory Development Approach and People's Welfare were measured using the Likert scale. The results were computed to establish the relationship between the two variables using Spearman's Rank Correlation.

Table 5: Correlation between Participatory Development Approach and People's Welfare

			Participatory Development Approach	People's Welfare
Spearman's rho	Participatory Development Approach	Correlation Coefficient	1.000	.128
		Sig. (2-tailed)	.	.184
		N	109	109
	People's Welfare	Correlation Coefficient	.128	1.000
		Sig. (2-tailed)	.184	.
		N	109	109

Source: Primary Data 2024

****.** Correlation is significant at the 0.01 level (2-tailed).

The table presents the results of a Spearman Rank Correlation analysis, conducted to assess the relationship between **the** Participatory Development Approach and People's Welfare. The Spearman correlation coefficient (ρ) between the Participatory Development Approach and People's Welfare is 0.128. This coefficient is close to zero, indicating a weak positive correlation. Essentially, it suggests a very slight tendency for People's Welfare to improve as the Participatory Development Approach increases, but the relationship is weak.

The p-value associated with this correlation coefficient is 0.184. A p-value below 0.05 typically indicates a statistically significant relationship. Here, since the p-value is above 0.05 (specifically, 0.184), the result is not statistically significant. This means we lack strong evidence to conclude that a real association exists between the Participatory Development Approach and People's Welfare in this data set, and the observed correlation might be due to random variation.

The analysis is based on a sample of 109 respondents. While this is a moderate sample size, it may still be insufficient to detect a statistically significant relationship when the observed correlation is weak.

The findings about the correlation suggest that there is a weak and statistically insignificant relationship between the Participatory Development Approach and People's Welfare. This means that, according to this data, changes in the participatory development approach do not have a strong or reliable impact on people's welfare. The weak positive correlation implies that, while there might be a slight association, it is not substantial enough to be statistically meaningful.

The relationship between the Problem-Solving Approach and people's welfare in Butemba S/C, Kyankwanzi District.

The study explored the relationship between the Problem-Solving Approach (PSA) and the welfare of the local population.

Table 7: Respondents' Awareness about the Impact of the Problem-Solving Approach on People's Welfare

Response	Frequency	Percentage (%)	Cumulative Percentage (%)
No	0	0.0	0.9
Yes	109	100.0	100.0
Total	109	100	

Source: Primary data 2024

Table 7 results reveal an overwhelmingly high level of awareness among respondents, with 100.0% (109 individuals) indicating that they are aware of the impact of the Problem-Solving Approach on welfare. This strikingly high percentage of awareness suggests that the PSA is a widely recognized concept among the community members surveyed.

The cumulative percentage reaching 100% indicates that nearly all respondents have engaged with or been exposed

to discussions regarding the Problem-Solving Approach. High awareness also indicates a readiness to engage with the Problem-Solving Approach in practical contexts. When individuals are familiar with the principles of the approach, they are more likely to actively participate in initiatives designed to tackle local issues. This sense of awareness may enhance community mobilization and cooperation, leading to improved welfare outcomes through shared understanding and action.

Table 6: Summary of descriptive statistics on the Problem-Solving Approach

The Problem-Solving Approach in Butemba S/C	SD		D		N		A		SA		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
Better access to essential services	2	1.8	3	2.8	10	9.2	74	67.9	20	18.3	3.98	0.75
Fosters unity and cooperation among individuals and groups	0	0	6	5.5	14	12.8	60	55.0	29	26.6	4.03	0.79
Empowers the community members	0	0	2	1.8	12	11.0	68	62.4	27	24.8	4.10	0.65
Contribute to environmental conservation efforts	1	0.9	5	4.6	14	12.8	60	55.0	29	26.6	4.02	0.82
Improved health outcomes and well-being	0	0	2	1.8	3	2.8	79	72.5	25	22.9	4.17	0.55
Helps to alleviate poverty	2	1.8%	5	4.6	22	20.2	51	46.8	29	26.6	3.92	0.90
Overall improvement in the quality of	0	0	2	0.9	1	0.9	79	72.5	28	25.7	4.23	0.50

life for the people												
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Source: Primary data 2024

Table 8 provides a summary of the descriptive statistics regarding the Problem-Solving Approach (PSA) as perceived by respondents in Butemba Sub-County (S/C). The table presents respondents' views on various aspects of the PSA using a five-point Likert scale, from Strongly Disagree (SD) to Strongly Agree (SA), offering insights into both overall perceptions and variability in responses.

The study assessed whether the PSA improves access to essential services. According to the data, 2 respondents (1.8%) strongly disagreed, 3 (2.8%) disagreed, 10 (9.2%) remained neutral, 74 (67.9%) agreed, and 20 (18.3%) strongly agreed. This results in a mean score of 3.98, indicating a generally positive perception of improved access to services through the PSA. The standard deviation of 0.75 suggests moderate variability in responses, with a majority recognizing improvements in access to services, although some may not have experienced the same level of benefit.

Regarding unity and cooperation, the responses indicate a favourable view. Here, 0 respondents (0%) strongly disagreed, 6 (5.5%) disagreed, 14 (12.8%) were neutral, 60 (55.0%) agreed, and 29 (26.6%) strongly agreed. The mean score of 4.03 suggests that most respondents see the PSA as fostering unity and cooperation, while the standard deviation of 0.79 indicates some variability in opinions.

The study also evaluated whether the PSA empowers community members. The results show that no respondents strongly disagreed, 2 (1.8%) disagreed, 12 (11.0%) were neutral, 68 (62.4%) agreed, and 27 (24.8%) strongly agreed. The mean score of 4.10 reflects strong overall agreement that PSA empowers community members. The standard deviation of 0.65 suggests low variability, indicating a shared belief in the empowering effects of the PSA.

When considering the PSA's role in contributing to environmental conservation, the findings show 1 respondent (0.9%) strongly disagreed, 5 (4.6%) disagreed, 14 (12.8%) were neutral, 60 (55.0%) agreed, and 29 (26.6%) strongly agreed. The mean score of 4.02 indicates a generally positive perception, with a standard deviation of 0.82, suggesting moderate variability in responses.

The study assessed whether the PSA leads to improved health outcomes. No respondents strongly disagreed, 2 (1.8%) disagreed, 3 (2.8%) were neutral, 79 (72.5%) agreed, and 25 (22.9%) strongly agreed. The mean score of 4.17 suggests a strong belief in the positive impact of the PSA on health outcomes, with a low standard deviation of 0.55 indicating a high level of consensus among respondents.

Regarding poverty alleviation, the data shows 2 respondents (1.8%) strongly disagreed, 5 (4.6%) disagreed, 22 (20.2%) were neutral, 51 (46.8%) agreed, and 29 (26.6%) strongly

agreed. The mean score of 3.92 reflects a moderate agreement on the PSA's role in poverty alleviation, while the standard deviation of 0.90 indicates a higher degree of variability in responses, with some uncertainty or scepticism regarding its effectiveness.

Finally, the study examined whether the PSA leads to an overall improvement in the quality of life for the community. No respondents strongly disagreed, 2 (0.9%) disagreed, 1 (0.9%) was neutral, 79 (72.5%) agreed, and 28 (25.7%) strongly agreed. The mean score of 4.23, coupled with a low standard deviation of 0.50, indicates a strong consensus on the PSA's positive impact on quality of life.

Table 8 highlights that the Problem-Solving Approach is generally viewed positively by respondents in Butemba S/C across various dimensions. The mean scores indicate strong agreement regarding its impact on access to essential services, empowerment, health outcomes, and overall quality of life, with low standard deviations reflecting a high level of consensus. However, areas such as environmental conservation and poverty alleviation show some variability, suggesting differing experiences or perceptions that warrant further exploration. These findings underscore the importance of the PSA in community development, while also identifying areas where enhancements or increased awareness might be needed to maximize its effectiveness and reach within the community.

In the interviews conducted with the respondents, it was found that in Butemba sub-county, the problem-solving approach has significantly enhanced healthcare delivery by fostering a culture of collaboration and innovation among healthcare providers. By identifying specific challenges such as inadequate facilities, limited resources, and patient accessibility, stakeholders have implemented targeted interventions that prioritize community needs. This proactive methodology has led to improved resource allocation, streamlined processes, and the establishment of feedback mechanisms, enabling healthcare workers to adapt and respond more effectively to emerging issues. As a result, patient outcomes have improved, community trust in healthcare services has increased, and overall health indicators in the sub-county have shown marked progress.

The problem-solving approach has significantly enhanced maternal and child health in Butemba Sub-County by fostering collaboration among healthcare providers, community leaders, and families. By identifying specific health challenges through community assessments and feedback, targeted interventions were implemented, such as improving access to prenatal care and enhancing the training of birth attendants. This approach has led to increased awareness about maternal health, a rise in facility-based

deliveries, and improved immunization rates for children. The active involvement of the community in monitoring health outcomes has created a sense of ownership, resulting in sustainable practices that prioritize the well-being of mothers and children.

During interviews, one of the respondents said;

"When people learn how to identify their problems, many benefits surface. When the government, NGOs, and other stakeholders started empowering the community through different trainings, people became beneficial to the community. For instance, People can now obtain treatment for some illnesses from VHTs. Men can now escort their women to antenatal visits. Kikoma Health Centre was constructed after the community obtained land".

From the Focused Group Discussions conducted, it was found that the Problem-Solving Approach has allowed community members to identify specific health issues in their communities. For example, they noticed high rates of Malaria spread and, through discussions, they organized training for local VHTs, which has improved outcomes. Through community meetings, gaps were identified in immunization coverage. Community members then worked with health workers to organize local vaccination drives, which have significantly increased immunization rates among children. One of the respondents during FGD said that;

"The Problem-Solving Approach has fostered trust between the community and service providers. For instance, when we raised concerns about the quality of care at the health centre, they responded positively and made improvements based on our feedback."

The approach has helped Communities to address crime more effectively. By forming neighborhood watch groups, the Butemba Community has been able to deter criminal activity and create a sense of security among residents. Discussions about domestic violence opened up. By addressing this issue openly, Communities created support networks for victims, which helps ensure a safer environment at home.

It was noted that the community cooperatives we formed have been a game-changer. We pooled our resources to buy farming equipment together, which has increased our productivity and allowed us to sell more at markets. Capacity for critical thinking was enhanced. Community members can now analyze problems deeply before acting, which has led to more effective and sustainable solutions for community issues. The approach has empowered women in the community through different programmes for women. They are now more involved in decision-making and community projects, leading to increased confidence and leadership skills among women.

Given the qualitative and descriptive nature of the data provided in tables (mostly based on frequencies, percentages, and Likert-scale responses), we can interpret trends and levels of agreement to understand the relationship qualitatively. Respondents show high mean scores across different dimensions (between 3.87 and 4.19), reflecting a generally positive perception of the PSA's impact. Lower standard deviations (e.g., 0.56 for "quality of life" and 0.59 for "health outcomes") suggest a strong consensus among respondents, implying that most people experience tangible benefits from the PSA.

Aspects like environmental conservation and poverty alleviation have higher standard deviations (around 0.92), suggesting more varied opinions. This variability might indicate that while some individuals feel PSA is effective in these areas, others may perceive it as less impactful, highlighting areas that may require more targeted interventions. *Improved health outcomes (Mean = 4.13, SD = 0.59)*: The high mean score with low variability suggests a strong, shared perception that the PSA positively influences health, supported by respondents' personal experiences. *Quality of life (Mean = 4.19, SD = 0.56)*: This very high mean indicates a broad acknowledgment of PSA's positive effect on life quality, with minimal disagreement, highlighting its perceived importance in overall community welfare.

From the interviews and focused group discussions, there is additional evidence of PSA's success in practical applications, like improving healthcare, addressing community safety, and empowering marginalized groups (e.g., women). These examples reveal that the PSA, through its participatory approach, aligns with local needs and leverages community resources effectively, thereby enhancing welfare. The high levels of agreement (awareness, positive perceptions, and satisfaction) suggest a strong association between the PSA and improved welfare in the community. While Pearson correlation analysis cannot be directly applied to the current data structure, the descriptive statistics and qualitative data indicate a positive trend where the PSA appears to contribute significantly to community welfare improvements, particularly in health, quality of life, and social cohesion.

The correlation between Problem-Solving Approach and people's welfare in Butemba S/C, Kyankwanzi District.

The variables of the Problem-Solving Approach and People's Welfare were measured using the Likert scale.

Table 9: Correlation between Problem-Solving Approach and People's Welfare

			Problem-Solving Approach	People's Welfare
Spearman's rho	Problem-Solving Approach	Correlation Coefficient	1.000	.329**
		Sig. (2-tailed)	.	.000
		N	109	109
	People's Welfare	Correlation Coefficient	.329**	1.000
		Sig. (2-tailed)	.000	.
		N	109	109

Source: Primary Data 2024

****.** Correlation is significant at the 0.01 level (2-tailed).

Table 9 presents the Spearman Rank Correlation results for assessing the relationship between Problem-Solving Approach and People's Welfare.

The Spearman correlation coefficient (ρ) between Problem-Solving Approach and People's Welfare is 0.329. This indicates a moderate positive correlation. A correlation of 0.329 suggests that as the Problem-Solving Approach increases, People's Welfare tends to improve to a moderate degree. In other words, when a problem-solving approach is emphasized, people's welfare may see a corresponding positive effect.

The p-value for this correlation is 0.000. Since this p-value is below the 0.01 significance level, the result is statistically significant at the 0.01 level. This strong significance suggests that the relationship observed is unlikely to be due

to chance, providing confidence that a genuine association exists between the Problem-Solving Approach and People's Welfare in this sample. The analysis is based on 109 respondents, which is a moderate sample size. This sample appears to be sufficient to detect a statistically significant moderate correlation.

These findings indicate a statistically significant and moderate positive relationship between the Problem-Solving Approach and People's Welfare. This suggests that emphasizing problem-solving approaches in development initiatives is associated with improvements in people's welfare. The moderate strength of this correlation implies that, while not an extremely strong relationship, the Problem-Solving Approach does have a meaningful impact on welfare outcomes in this context.

The relationship between the Welfare Approach on people's welfare in Butemba S/C, Kyankwanzi District

Table 7: Summary of descriptive statistics on the Welfare Approach

The Welfare Approach in Butemba S/C	SD		D		N		A		SA		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
Easy access to basic needs such as food, shelter, and clothing.	0	0	2	1.8	1	0.9	52	47.7	54	49.5	4.45	0.62
Promote social inclusion	2	1.8	3	2.8	13	11.9	62	56.9	28	26.6	4.04	0.82
Empowers vulnerable populations	0	0	4	3.7	17	15.6	53	48.6	35	32.1	4.09	0.79
Access to welfare services can positively	1	0.9	7	6.4	18	16.5	51	46.8	32	29.4	3.97	0.90

impact mental health												
Promotes food security	0	0	1	0.9	3	2.8	60	55.0	45	41.3	4.37	0.59
Promote gender equality	1	0.9	4	3.7	3	2.8	64	58.7	37	33.9	4.21	0.75
Promotes access to better healthcare services	0	0	1	0.9	3	2.8	64	58.7	41	37.6	4.33	0.58

Source: Primary data 2024

Table 10 presents a summary of the descriptive statistics regarding the Welfare Approach (WA) as perceived by respondents to have an impact on improving the welfare of people in Butemba Sub-County (S/C). This table captures various aspects of the WA, where each aspect is evaluated using a five-point Likert scale, allowing respondents to express their agreement from Strongly Disagree (SD) to Strongly Agree (SA).

In terms of easy access to basic needs, no respondents strongly disagreed or disagreed. Only 2 respondents (1.8%) were neutral, while a significant majority of 52 respondents (47.7%) agreed, and 54 (49.5%) strongly agreed. The mean score for this item is 4.45, reflecting a strong belief that the Welfare Approach enhances access to basic needs. The standard deviation of 0.62 suggests a low level of variability in responses, indicating a high level of consensus among respondents.

The research explored whether the WA promotes social inclusion. According to the data, 2 respondents (1.8%) strongly disagreed, and 3 (2.8%) disagreed. Additionally, 13 respondents (11.9%) were neutral, while the majority, 62 respondents (56.9%), agreed, and 28 (26.6%) strongly agreed, resulting in a mean score of 4.04. The standard deviation of 0.82 suggests moderate variability in perceptions, indicating that while many respondents view the WA positively in terms of social inclusion, some may have differing experiences.

The study also evaluated whether the WA empowers vulnerable populations. In this case, no respondents strongly disagreed, 4 (3.7%) disagreed, and 17 (15.6%) were neutral. A majority of 53 respondents (48.6%) agreed, and 35 (32.1%) strongly agreed, leading to a mean score of 4.09. This indicates a generally positive perception regarding the WA's role in empowering vulnerable groups. The standard deviation of 0.79 suggests a moderate level of variability in responses, indicating some differences in individual experiences.

On the impact of welfare services on mental health, 1 respondent (0.9%) strongly disagreed, 7 (6.4%) disagreed,

and 18 (16.5%) were neutral. A total of 51 respondents (46.8%) agreed, and 32 (29.4%) strongly agreed, resulting in a mean score of 3.97. The standard deviation of 0.90 reflects a higher variability in responses compared to previous items, suggesting that perceptions regarding the mental health impacts of the WA vary among respondents.

The study also evaluated the WA's effectiveness in promoting food security. Only 1 respondent (0.9%) strongly disagreed, and 0 disagreed. A small number of 3 respondents (2.8%) were neutral, while 60 (55.0%) agreed, and 45 (41.3%) strongly agreed. This results in a mean score of 4.37, indicating a strong positive perception of the WA's role in enhancing food security. The standard deviation of 0.59 suggests a low level of variability, reinforcing the consensus among respondents regarding the effectiveness of the WA in this area.

The study focused on the WA's role in promoting gender equality. In this instance, 1 respondent (0.9%) strongly disagreed, and 4 (3.7%) disagreed. A small number of 3 respondents (2.8%) were neutral, while 64 (58.7%) agreed, and 37 (33.9%) strongly agreed, leading to a mean score of 4.21. The standard deviation of 0.75 suggests moderate variability in perceptions, indicating that while many respondents recognize the WA's positive impact on gender equality, there may be some differences in individual experiences.

Finally, the study examined whether the WA promotes access to better healthcare services. No respondents strongly disagreed, 1 (0.9%) disagreed, and 3 (2.8%) were neutral. A significant majority of 64 respondents (58.7%) agreed, and 41 (37.6%) strongly agreed, resulting in a mean score of 4.33. The standard deviation of 0.58 indicates relatively low variability in responses, suggesting that most respondents perceive the WA as having a positive impact on healthcare access, with only some variability in individual experiences. Table 10 illustrates a predominantly positive perception of the Welfare Approach among respondents in Butemba S/C across various dimensions. The high mean scores reflect strong agreement regarding its effectiveness in providing

access to basic needs, promoting food security, empowering vulnerable populations, and improving healthcare access. However, some variability in responses, particularly concerning social inclusion, mental health impacts, and gender equality, suggests differing experiences and perspectives within the community. These findings emphasize the importance of continued efforts to enhance the Welfare Approach's reach and effectiveness while also addressing the specific needs and concerns of diverse community members to ensure that the benefits of the approach are felt widely.

In the interviews conducted, it was noted that the Welfare Approach has significantly improved access to essential services in Butemba Sub-County by implementing targeted programs that address the most pressing needs of our residents. Healthcare access has been expanded through health outreaches and health facilities, ensuring that even the most remote communities receive medical care. Additionally, educational initiatives, including the construction of classroom blocks, latrines, and resource provision, have increased school enrollment and retention rates.

By prioritizing food security and nutrition, communities have established the distribution of agricultural inputs such as maize seeds, banana suckers, mangoes, oranges, and beans that reach vulnerable households. These efforts collectively ensure that residents have better access to healthcare, education, and necessities, ultimately enhancing their quality of life and fostering community resilience.

The Welfare Approach has significantly enhanced social protection for the residents of Butemba Sub-County by providing a robust safety net that addresses the basic needs of vulnerable populations. Through cash transfer programs, food assistance, and healthcare support, community members have been able to reduce poverty levels and improve living standards for many families. Additionally, the approach has promoted social inclusion by empowering

marginalized groups, including women and the elderly, ensuring they have access to resources and opportunities. This has not only improved individual well-being but has also strengthened community cohesion, as residents feel more supported and connected. Overall, the Welfare Approach has been instrumental in fostering a more equitable and resilient community.

In the Interview conducted with the Chief Administrative Officer of the District, he said that;

“The Government of Uganda is also providing finance to senior citizens 80 years and above through SAGE (Social Assistance Grant for empowerment) to help the most vulnerable. Some of the caregivers for the elderly have put up projects such as piggery, goat rearing, to have continuity in income generation.”

The Welfare Approach has had a profound impact on creating healthier communities in Butemba Sub-County by significantly improving access to essential health services and promoting preventive care. Through targeted initiatives, there are increased vaccination rates, improved maternal health, and greater awareness of nutrition and hygiene practices. These programs have empowered local health workers to engage directly with residents, fostering a culture of health awareness and proactive care. As a result, community members have witnessed a decline in preventable diseases and enhanced overall well-being within the community, although we recognize the ongoing need to address disparities in access, particularly in rural areas.

The correlation between the Welfare Approach and people's welfare in Butemba S/C, Kyankwanzi District

The variables of the Problem-Solving Approach and People's Welfare were measured using the Likert scale.

Table 8: Correlation between Welfare Approach and People's Welfare

			Welfare Approach	People's Welfare
Spearman's rho	Welfare Approach	Correlation Coefficient	1.000	.133
		Sig. (2-tailed)	.	.167
		N	109	109
	People's Welfare	Correlation Coefficient	.133	1.000
		Sig. (2-tailed)	.167	.
		N	109	109

Source: Primary Data 2024

****.** Correlation is significant at the 0.01 level (2-tailed).

The table above shows the Spearman Rank Correlation results for the relationship between Welfare Approach and People's Welfare.

The Spearman correlation coefficient (ρ) between Welfare Approach and People's Welfare is 0.133. This coefficient indicates a very weak positive correlation. A value of 0.133

suggests that as the Welfare Approach increases, there is a slight tendency for People's Welfare to improve, but the relationship is minimal.

The p-value associated with this correlation is 0.167. Since this p-value is above the 0.05 level (and certainly above the 0.01 significance level), the result is not statistically significant. This lack of significance indicates that the observed relationship is likely due to chance rather than a genuine association in this sample. The analysis was

conducted with a sample size of 109 respondents, a moderate sample size that should be capable of detecting more substantial correlations if they existed.

In practical terms, this means that adopting a Welfare Approach may not necessarily lead to improvements in People's Welfare, or at least not to a meaningful extent in this context. Other factors or alternative approaches (such as a problem-solving approach) may have a more significant impact on welfare outcomes.

The people's welfare in Butemba S/C, Kyankwanzi District.

Table 9: Summary of descriptive statistics on the People's Welfare

The Welfare of People in Butemba S/C	SD		D		N		A		SA		MEAN	SD
	F	%	F	%	F	%	F	%	F	%		
Feel financially secure and able to meet my daily needs	19	17.4	38	34.9	20	18.3	27	24.8	5	4.6	2.64	1.17
Have access to quality healthcare services when needed	10	9.2	12	11.0	19	17.4	56	51.4	12	11.0	3.44	1.12
Feel safe and secure within my community	9	8.3	11	10.1	25	22.9	53	48.6	11	10.1	3.42	1.07
Satisfied with the quality of education available in my community	5	4.6	27	24.8	19	17.4	53	48.6	5	4.6	3.24	1.03
Have access to clean water and adequate sanitation facilities	4	3.7	27	24.8	19	17.4	48	44.0	11	10.1	3.32	1.07
Socially connected and supported by others in my community	6	5.5	19	17.4	30	27.5	47	43.1	7	6.4	3.28	1.01
Satisfied with the employment opportunities available in my community	14	12.8	44	40.4	37	33.9	14	12.8	0	0	2.47	0.88

Source: Primary data 2024

Table 12 provides a detailed summary of the welfare conditions in Butemba Sub-County, Kyankwanzi District, measured through responses to different welfare indicators. The frequencies and percentages of responses across different levels of agreement are shown alongside the mean and standard deviation, providing insights into the general sentiment and variability of perceptions.

A significant proportion of respondents felt financially insecure, with 19 (17.4%) strongly disagreeing and 38 (34.9%) disagreeing with the statement about meeting daily needs. Only a small percentage, 5 (4.6%), strongly agreed, indicating that financial insecurity is a common concern. The mean score of 2.64 is below the neutral point, which suggests a tendency towards disagreement with the

statement. The standard deviation of 1.17 indicates moderate variability, suggesting that while opinions differ, there is a general trend toward dissatisfaction in this area.

Healthcare access was generally rated positively. Over half of the respondents, 56 (51.4%), agreed, and 12 (11.0%) strongly agreed that they could access quality healthcare when needed. Only 10 (9.2%) strongly disagreed. The mean score of 3.44 reflects a positive sentiment towards healthcare access, indicating that more respondents feel they have adequate healthcare services. The standard deviation of 1.12 shows moderate spread, suggesting some diversity in views, though with a lean towards agreement.

Feelings of safety within the community also leaned positive, with 53 (48.6%) agreeing and 11 (10.1%) strongly

agreeing that they feel safe. Conversely, only 9 (8.3%) strongly disagreed. The mean score of 3.42 suggests a general feeling of security among respondents. The standard deviation of 1.07 indicates some spread in responses, but it is relatively low, showing that most people share a similar perception of community safety.

Regarding satisfaction with the quality of education, 53 (48.6%) agreed, and 5 (4.6%) strongly agreed, while 27 (24.8%) disagreed and 5 (4.6%) strongly disagreed. This resulted in a mean score of 3.24, indicating moderate satisfaction with education quality. The standard deviation of 1.03 suggests that responses are relatively consistent, although there is some variability, reflecting mixed experiences with the available educational services.

On the question of access to clean water and sanitation, 48 (44.0%) agreed and 11 (10.1%) strongly agreed, while 27 (24.8%) disagreed. This led to a mean score of 3.32, indicating a generally favourable view of water and sanitation access. The standard deviation of 1.07 shows some variation in experiences, yet responses tend to cluster around the agreement category, reflecting general satisfaction.

Responses to social connectedness show that 47 (43.1%) agreed, and 7 (6.4%) strongly agreed that they felt supported by others in their community, while only 6 (5.5%) strongly disagreed. The mean score of 3.28 suggests a generally positive sense of social connection, and the standard deviation of 1.01 indicates a low spread in responses, meaning that most people share similar views regarding social support.

Employment opportunities received the lowest satisfaction scores. A large portion, 44 (40.4%) disagreed, and 14 (12.8%) strongly disagreed, while only 14 (12.8%) agreed. The mean score of 2.47 reflects dissatisfaction with employment opportunities, and the low standard deviation of 0.88 indicates little variation in responses, showing a shared sense of dissatisfaction across the community.

Discussion of results.

The relationship between Participatory Development Approach and People's Welfare in Butemba Sub-County, Kyankwanzi District.

The study on the impact of the Participatory Development Approach (PDA) on people's welfare in Butemba Sub-County reveals a strong awareness and positive perception of PDA among the community members. Table 3 highlights that an overwhelming 99.1% of respondents are aware of the potential benefits of PDA, which indicates effective communication and integration of the approach within the community.

Table 5 further supports this by showing that respondents generally agree on the positive outcomes of PDA, particularly in areas such as empowerment, resource access, decision-making, and capacity building. While most

participants believe that PDA improves local welfare, some variability in responses, especially regarding its impact on poverty alleviation and capacity building, suggests that the approach may not be equally effective for all community members. Interviews and focus groups affirm these findings, illustrating that PDA has fostered improved community engagement, empowerment, and accountability.

However, the statistical analysis using Spearman's Rank Correlation shows a weak positive correlation between PDA and people's welfare, with a p-value above 0.05 indicating that this relationship is not statistically significant.

The relationship between Problem Solving Approach and People's Welfare in Butemba Sub-County, Kyankwanzi District.

The study revealed a significant positive relationship between the Problem-Solving Approach (PSA) and the welfare of the people in Butemba Sub-County. Respondents overwhelmingly reported being aware of the PSA's benefits, with 100% indicating familiarity with its impact.

The PSA was found to improve access to essential services, foster unity, empower community members, and enhance health outcomes, suggesting that its participatory, community-driven nature is effective in addressing local issues. The high mean scores and low standard deviations for key welfare indicators (such as improved health and quality of life) underscore a strong consensus that the PSA has positively influenced the community's well-being.

However, areas like environmental conservation and poverty alleviation showed more variability in responses, indicating potential areas for further development or tailored interventions. The Spearman correlation analysis further supported these findings, showing a moderate positive correlation ($\rho = 0.329$) between the PSA and people's welfare, with a statistically significant p-value (0.000). This suggests that the Problem-Solving Approach is positively associated with improved welfare outcomes, though its impact is moderate rather than overwhelmingly strong.

The relationship between Welfare Approach and People's Welfare in Butemba Sub-County, Kyankwanzi District.

The study on the relationship between the Welfare Approach (WA) and people's welfare in Butemba Sub-County, Kyankwanzi District, found that the community largely perceives the WA positively across various aspects, such as access to basic needs, social inclusion, empowerment of vulnerable populations, food security, gender equality, and healthcare access. Most respondents agreed or strongly agreed that the WA improves access to necessities like food, shelter, and healthcare, with mean scores indicating strong perceptions of its effectiveness. However, some variability in responses was observed, particularly regarding social inclusion, mental health, and gender equality, suggesting

diverse experiences within the community. The Welfare Approach has been associated with tangible improvements in the community, such as better healthcare access, increased school enrollment, and improved food security.

Despite these positive perceptions, the Spearman Rank Correlation results indicated a very weak positive relationship between the WA and people's welfare, with a correlation coefficient of 0.133. This weak association, coupled with a p-value of 0.167 (above the 0.05 threshold), suggests that the relationship between the WA and people's welfare is not statistically significant. As a result, the findings imply that while the WA may contribute to community improvements, other factors or approaches may play a more significant role in enhancing people's welfare in Butemba Sub-County.

The findings indicate a very weak and statistically insignificant relationship between the Welfare Approach and People's Welfare. This suggests that, according to this data, the Welfare Approach does not have a strong or reliable impact on people's welfare. The weak positive correlation (0.133) implies only a minimal association between the two variables, and the high p-value (0.167) means that this association is not statistically significant.

Conclusions.

Despite the weak statistical correlation, the qualitative evidence strongly supports the positive impact of PDA on the welfare of individuals in Butemba Sub-County. The high levels of awareness and positive perceptions of PDA across multiple dimensions suggest that community involvement in development projects has led to improvements in local welfare, including better access to essential services, increased economic opportunities, and enhanced social cohesion.

In summary, the PSA appears to be a valuable tool in community development, promoting unity, health, and empowerment. The study concludes that while the PSA has contributed meaningfully to community development, there remains room for improvement, particularly in areas where the approach's effects have been less consistent, such as in poverty reduction and environmental conservation. This highlights the need for targeted interventions to maximize the PSA's potential in all aspects of community welfare.

While the correlation analysis suggests a weak positive relationship between PDA and people's welfare, it is not statistically significant. This weak correlation implies that although there is a general positive perception of PDA's impact on welfare, the data do not provide strong evidence to support a direct, meaningful connection between the two variables.

Limitations of the study.

Lack of data or unreliable data limited the scope of analysis, the size of the sample, which was a significant obstacle in finding a trend and a meaningful relationship. Given the

sensitivity of the subject matter, some respondents didn't have enough time to respond to the questions.

Recommendations.

To address variability in perceptions of PDA's capacity-building impact, targeted training and mentorship programs should be established. These initiatives can focus on equipping community members with skills in leadership, financial literacy, and vocational training, which will empower them to contribute actively to local projects and sustain community-driven initiatives.

Since poverty reduction remains a critical concern, it is recommended to integrate income-generating activities into participatory development projects. Programs such as community savings and loan groups (e.g., Village Savings and Loan Associations) and micro-credit schemes should be expanded to support entrepreneurship, especially for women and youth, who stand to benefit significantly from these initiatives.

To ensure the sustainability of participatory development initiatives, a systematic approach to community-led monitoring and evaluation should be implemented. Establishing local monitoring committees that actively track project outcomes, address challenges, and provide feedback to local authorities will enhance accountability, ownership, and long-term effectiveness of development projects in the community.

Acknowledgement

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Abbreviations and Acronyms:

AIDS	Acquired Immune Deficiency Syndrome
CDAs	Community-Driven Approaches
CLTS	Community-Led Total Sanitation
ECD	Early Childhood Development
HIV	Human Immunodeficiency Virus
NGOs	Non-Governmental Organization
PDA	Participatory Development Approach
PDM	Parish Development Model
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
PSA	Problem-Solving Approach
S/C	Sub-County
UWEP	Uganda Women Entrepreneurship Program
VSLA	Village Saving and Loans Associations
WA	Welfare Approach
YLP	Youth Livelihood Program

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The author's contribution.

CN designed the study, conducted data collection, cleaned and analyzed data, drafted the manuscript, and SM supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

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