LOCAL GOVERNANCE AND HEALTH SERVICE DELIVERY IN NAKAWA DIVISION KAMPALA CAPITAL CITY AUTHORITY

A Dissertation

Presented to the

College of Social Work and Social Sciences

Kampala International University,

Kampala, Uganda

In partial fulfillment of the requirement for the degree of

Bachelor of Public Administration

BY

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BPA/32693/123/DU

JULY, 2015

DECLARATION

I **NABULWALA DIANA,** hereby declare that the work contained in this research dissertation is my original work and it has never been submitted to any higher institution of learning.

Signed: .....

Date: 06/07/2015

NABULWALA DIANA

APPROVAL

"I confirm that the work reported in this Dissertation was carried out by the candidate under my supervision".

Name of the supervisor:

BULUNGU JOHN

Signature: _____ 06/07/2015

DEDICATION

This report is dedicated to the late Birungi Grace and Nagalira Samson (my parents).

May your Souls rest in eternal peace. Amen

ACKNOWLEDGEMENT

I specially thank mrs. Modoi agnes, mrs Nabwire Rebecca and sister Bukanza Doreen for their support and love has enabled me complete my education successfully. I extend sincere thanks to my lecturers ; mr Begumya Martha, mr muhwezi ivan, mr john bulungu, mr david asiimwe mr William mwesigye and many more for their academic counselling has enabled me complete my studies.

ABSTRACT

The purpose of the study was to test the hypothesisDissertation of no significant relationship between Local governance and Health service provision in Nakawa division,to generate new information on Governance and Service Delivery and to bridge the gaps from the exiting review of literature.the study was guided by three specific objectives that include;to investigate the level of health service delivery in Nakawa division,to determine the extent of local governance in Nakawa division in relation to health service delivery and to establish the relationship between local governance and service delivery. The study employed a descriptive survey design specifically the descriptive corelational strategy and a sample size of 133 respondents out of 200 was used . he study revealed that local governance in Nakawa division is visible and practical in providing health services to the people. This was supported with an overall mean of 2.51 interpreted as high further studies indicated that out that health service provision needs serious focus to meet the demands of the people in Nakawa division. The study analysis ranked health service provision with a low rank at a mean of 1.92 interpreted as low. The average mean of the study on level of health service provision was 2.45 interpreted as high. The study showed that there is an existing gap in health service provision in the division,the relationship between the Level of Local Governance and Health Service Delivery is significant since the computed P-value is less than 0.05. The null hypothesis Dissertation was rejected. The study recommends that On Level of Local Governance, the researcher recommends that leaders try to be cooperative with the local community to find solutions to the problems that retard development of the service provision sector in the division. There should be accountability of all resources of the division to avoid corruption and resource related issues as stated by the respondents in the interview guide. There should be a budget line for the division to improve in order to allocate funds to the health sector in order to reduce delays of services. On Health in Nakawa division, there should be the council Authorities and other agencies should readily improve sanitation through rubbish collection.

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CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This chapter of the dissertation comprises of the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope of the study, definitions of key termsand all were discussed deeply since there are roots of this research. This chapter will mainly focus on the reasons as to why a given topic is chosen i.e. local governance and health service delivery in Nakawa division in Kampala capital city authority.

1.1 Background of the Study

Local governance is a form of public administration which in a majority of contexts, exists as the lowest tier of administration within a given state (Kayizzi Mugerwa 1999:42). The term is used to contrast with offices at state level, which are referred to as the central government, national government, or (where appropriate) federal government and also to supranational government which deals with governing institutions between states (J. Klugman; 1997). Local governments generally act within powers delegated to them by legislation or directives of the higher level of government. In federal states, local government generally comprises the third (or sometimes fourth) tier of government, whereas in unitary states, local government usually occupies the second or third tier of government, often with greater powers than higher-level administrative divisions (Masanyiwa 2015).

W.B. Stephens (1964), states that the history of local governance got roots in 1702 in England as a rightful way to solve prolonged court cases. In his book "Political and Administrative History, Stephens stated that the judicial cases had to wait for many more days to be heard until the formation of manorial organization that helped solving local cases and later in 1770 local villages started making their own local courts judgments.

Internationally, local governance has been embedded in democratic stands and development of constitutionalism. The American style of leadership (Federalism) is considered to be the best form of governance which provides the best form of local governance world wide (Tanodrine Armstrong 1997). Many parts of the world have embraced local governance in their democratic styles of development. In Europe, regions are given strategic to provide leadership to their local respective districts, or areas. This case is not different from democratic African states especially those that went through a process of colonialism.

In Africa, Ghana has been chosen as an African model economy whose constitution generally values local voices and powers especially with intentions of need to develop the communities. It should be noted that in 2006 Ghana was chosen among the best African countries which provide effective leadership to the masses at the lowest levels through a fair election (Osue Yebe Johns 2009).

During the period between 1961 and 1970, Uganda had an annual economic growth rate of 5.1%, however, in the period between 1970 and 1980, the country experienced a decline in GDP of about 25% (Jitta et al, 1996). This economic decoration had adverse impacts on the health sector. Recruitment and development budgetary allocations to the health sector have continued to decline in financial flows for health service as of the percentage of the central local governance budget.

East Africa has experienced many local governance reforms. These reforms have been experienced in Uganda, Tanzania and Rwanda to mention but a few. For example, Tanzania and

Uganda has undergone major local governance reforms over the past ten years (Masanyiwa 2015). The overall aim of these Local Government reforms (LGRs) was to improve the quality access and equitable delivery of public services provided through or facilitated by Local Government authorities (LGAs) (Masanyiwa 2015). Even though local government has been an important part of the development agenda for much ofthe post-independence period, there are major variations in the forms that local governance has taken place. Earlier attempts from the 1960s to mid-1990s were often

implemented by 'de-concentrating' and 'delegating' responsibilities to regional and local governance (Tordoff, 1994; Hirschmann, 2003; Shivji and Peter 2003,Kessy and McCourt, 2010) as cited by (Masanyiwa 2015). Recent reforms which started in 1998 have been described as more 'holistic'and 'far reaching' (URT, 2008). LGRs are being implemented under the policy of 'local governance by devolution' with a goal of restructuring LGAs1 to identified local priorities of service delivery (URT, 1996,1998, 2008a, 2009).

Since then, many studies focusing on different dimensions of the reforms have been carried out including those looking at the fiscal aspects (Boex, 2003;Fjeldstad, 2004; Fjeldstad et al., 2004; Lund, 2007), political devolution and local democracy (Lange, 2008;Kessy and McCourt, 2010), and local government discretion and accountability (Venugopal and Yilmaz,2010). Few researchers have examined the relationship between the process of local government and its outcomes on health service delivery. Examples include those looking athealthsector (Mubyazi, et al., 2004, Boon, 2007, COWI and EPOS, 2007; Maluka et al., 2010). Although some of these studies highlight the types of institutions created bythe reforms to facilitate delivery and management of public services, little attention has been paid to the interplay between the local level institutional arrangements and the broader governance structures based on an analytical framework. Similarly, the differences and constraints in institutional arrangements between different sectors have not been fully explored.

The assumption is that having the right local institutional framework will result into better use of resources leading to improved service delivery (Mubyazi et al., 2004, Cleaver and Toner, 2006, Ribot et al., 2006). Although local governments has mostly been approached as a sector neutral process, effective institutional arrangement for public services delivery could be sector specific. Hence, it is important to analyze local government not by focusing on one sector only or on local public services in general. Furthermore, it can be hypothesisthesized that local government processes are gendered meaning that they will not equally address men's and women's needs, while

this will also differ per sectors. We see gender as a cross cutting perspective using Moser's (1993) distinction between practical and strategic gender needs.

Local government reforms especially extending services closer to the people hold many promises including local level, local government and possibly improved service delivery for the poor. However, effective implementation often lags behind rhetoric and the effective delivery of promises also depends on a range of preconditions and the country specific context for reforms. In several countries it can be observed that local government reforms are pursued in an uneven manner some elements of the Government may wish to undertake substantial reforms, other elements will intentionally or unintentionally counter such reforms. The present study on local government service delivery in East Africa is undertaken with this in mind. The study is primarily undertaken with a broad analytical focus and is not specifically undertaken as part of a program formulation, in East Africa were informed by the study.The study explicitly looks at service delivery mainly on health services in relation to local government. As such, the study can be considered a follow-up to an earlier study looking at local government whilst comparing the Local Government systems in Uganda.(Jiménez and Pérez Foguet, 2010, Mubyazi et al., 2004; Boon, 2007; COWI and EPOS, 2007)

Currently thinking in health service, management has focused on local government as one of the ways to address the existing inefficiencies and make services more responsive to local preferences. local government is said to be appropriate in health services delivery because of the spatial variation in patent preferences and the ability of local officials to identify needs better. Local government management is in a better position to deliver such services. local government management can be more flexible and adaptable, managers are closer to the sphere of influence produced by patients, students, an local people preferences and the ability of local officials to identify needs better. Local government management is in a better position to deliver such services. Local governance management can be more flexible and adaptable,

managers are closer to the sphere of influence produced by patients and the health care personnel providing their services. (Boissoneau, 1986). Contemporary literature also posits that local government creates a better environment for initiative.

It is claimed that Local governance improves health services management. The extent to which local government health service delivery results in better services, however, has yet to be explored. Local governance is one of the most ambitious reforms undertaken by Uganda since its independence in 1962. It is held to be among the most far reaching Local Governance reforms in the developing world. Uganda's desire for decentralized governance structure emanated from its tumultuous past of civil war and brutal dictatorship under Idi Amin (1971-1979) and Obote II (1981- 1986). It finally embraced decentralization in 1986 under the leadership of Yoweri Museveni who, through the National Resistance Movement (NRM), galvanized local support for participatory local democracy. On his accession to power he formalized the channels of NRM in order to promote local participation and established a unique no party-system' (Azfar et al. 2007, Francis and James, 2003).Uganda promoted Local governance with the objective of empowering its nationals to participate in the process of development to improve their livelihood. This objective is fundamentally geared towards reducing problems related to health services and enhancing inclusiveness (Bitarabeho, 2008). The legislative framework of decentralization is provided by the Local Government Statute of 1993. This law facilitated administrative and financial decentralization, which was soon followed by another act that enabled human resources decentralization. The enactment of the Local Government Act, 1997 provided the way for further decentralization. Currently thinking in health service, the management has focused on decentralization as one of the ways to address the existing inefficiencies and make services more responsive to local preferences. Decentralization is said to be appropriate in health services delivery because of the spatial variation in patent preferences and the ability of local officials to identify needs better. Decentralized management is in a better position to deliver such services. Decentralized management can be more flexible and adaptable, managers are closer to the sphere of influence produced by patients and

local people preferences and the ability of local officials to identify needs better. Decentralized management is in a better position to deliver such services (Boissoneau 1986).

To add on the above, administratively Nakawa division is a local authority with the mandate to plan and budget under decentralization. It is divided into 21 parishes that is to say, the hill tops of Buziga, Muyenga, Konge, Katusoare inhabited by medium to high income groups while the parishes of Ggaba, Namuwongo, Wabigalo. Kibuye and Katwe house the low income groups and Nakawa division is the most populated division, housing 24% of the city population (UBOS,Population Census Report, 2002). According to the Kampala Urban Study (2005), the population of Nakawa division is 387,089. The population growth in Nakawa Division is 5.2%. This is mainly due to rural-urban migration. Poverty is one of the major problems facing the people of Nakawa Division especially the youth and women. The majority of the population (70%) is comprised of low income earners. The people engage predominantly in small-scale businesses, small scale industries, urban farming, fish vending and small-scale service industries., communications, sale of alcoholic and non-alcoholic beverages, commercial cycling, taxi driving and special hire; peddling, roadside vending, and a variety of other business (Nakawa Division Development Plan, 2005/06-2007/08).

1.2 Statement of the problem

According to the Ministry of Health (2005), service delivery like health is a complex one in the sense that many variables affect the health of individuals and the community at large Uganda's health sectors have been plagued with serious problems, such as inadequate drug supply, mismanagement of the health units, equipments and inaccessibility. Centralized delivery institutions like health sectors have not responded well in providing services to the people, preventive health interventions have failed to achieve the desired results. Thus infant mortality rates in Uganda are still higher than in the neighboring countries (Jittaet al., 1996).

Nakawa division is one of the dirtiest division in the whole of Kampala with streams flowing with dirt and human sates. The division has severe concerns of health

issues and ranging from clean water to waste disposal which have struck home communities.

The division is well known for some of the most expensive private hospitals but the health situation is not the best due to the issues earlier stated not forgetting the circulation of food vendors and unplanned food centers. A research conducted by Allan Ntungire (2003),stated that Nakawa division had the worst toilets since the division is neighboring the city centre and main trading areas in the country. This has made the area fluctuate with a number of unplanned houses of which some have no toilets.

Most of the issues described above are public health issues since they involve toilets, drainage, garbage, drugs use and flooding. Nakawa is sitting on a time bomb and an epidemic is about to break out unless these issues are addressed urgently.

Currently the division has only one functional health centre at Kirudu Salama. This is a health centre 3, which has a maternity centre and outpatients department. It also runs a large HIV counseling and treatment program, with eighteen hundred patients on treatment with ARVs. It should be receiving three essential drug kits per cycle, which is every two months, from National Medical Stores. It is therefore against this background that the study examined what was the role of Local governance in preventive health programs under decentralization policy? How can local governance use the public resource to maintain and adjust the situations in the division?

1.3 Purpose of the study

The purpose of the study was not limited to but will include the following;

1) To test the hypothesis Dissertation of no significant relationship between Local governance and Health service provision in Nakawa division.
2) To generate new information on Governance and Service Delivery.
3) To bridge the gaps from the exiting review of literature.

1.4 Objectives of the Study

The study sought to achieve the following objectives

1. To investigate the level of health service delivery in Nakawa division
2. To determine the extent of local governance in Nakawa division in relation to health service delivery
3. To establish the relationship between local governance and service delivery.

1.5 Research Questions

1. What is the level of health services delivered in Nakawa division?
2. To what extent has the local government improved the health sectors as well as service delivery in Nakawa division?
3. How is local governance related to health service delivery?

1.6 Significance of the Study

The study were useful in guiding the Local Government officials, managers and other stakeholders in the management on service delivery in communities and academic achievement. These study findings may be useful to other researchers planning or carrying out research on local governance and health service delivery and academic achievement. The Ministry of Finance and Economic Planning, Ministry of Infrastructure can benefit and formulate appropriate policies that could guide better management of all services delivered to institutions for better achievement.

District Council and Local Authority developers should also integrate this study findings in the training programs for institutional manager. It will also be beneficial to policy makers in government on how to ensure effectiveness of decentralization and service delivery. It will act as an eye opener to the local officials who are the beneficiaries of decentralization to realize their rights to service delivery which were demanded by them. Finally, this study will also contribute to the existing body of knowledge on the proper management of all services delivered as far as health is concerned.

1.7 Scope of the study

1.7.1 Geographical scope

The study was conducted in Nakawa Division, one of the five divisions of Kampala District. It is located in the South Eastern part of Kampala District. It is bordered by Kampala Central and Lubaga Divisions in the North-West, Mpigi District in the west, Lake Victoria and Mukono in the South. It has got 21divisions and 24% of the population of Kampala city lives in.

1.7.2 Content scope

The researcher concentrated more on local governance and health service delivery and looking more in terms of quality, quantity of services and time of delivery of services.

1.7.3 Time scope

The study was conducted between march 2015 and July 2015

1.8 Operational Definitions of Key Terms

Service delivery

It is a noun which means the act of providing a service to customers/ community or people. (Cambridge Business English Dictionary)

A service is something that the public needs, such as transport, communications facilities, hospitals, or energy supplies, which is provided in a planned and organized way by the government or an official body. (From Wikipedia, the free encyclopedia)

Governance can be defined as the manner in which power is exercised in the management of a country's economic and social resources for development
(Miller, Keith. 2000. Decentralization, Local Governance and Community Participation)

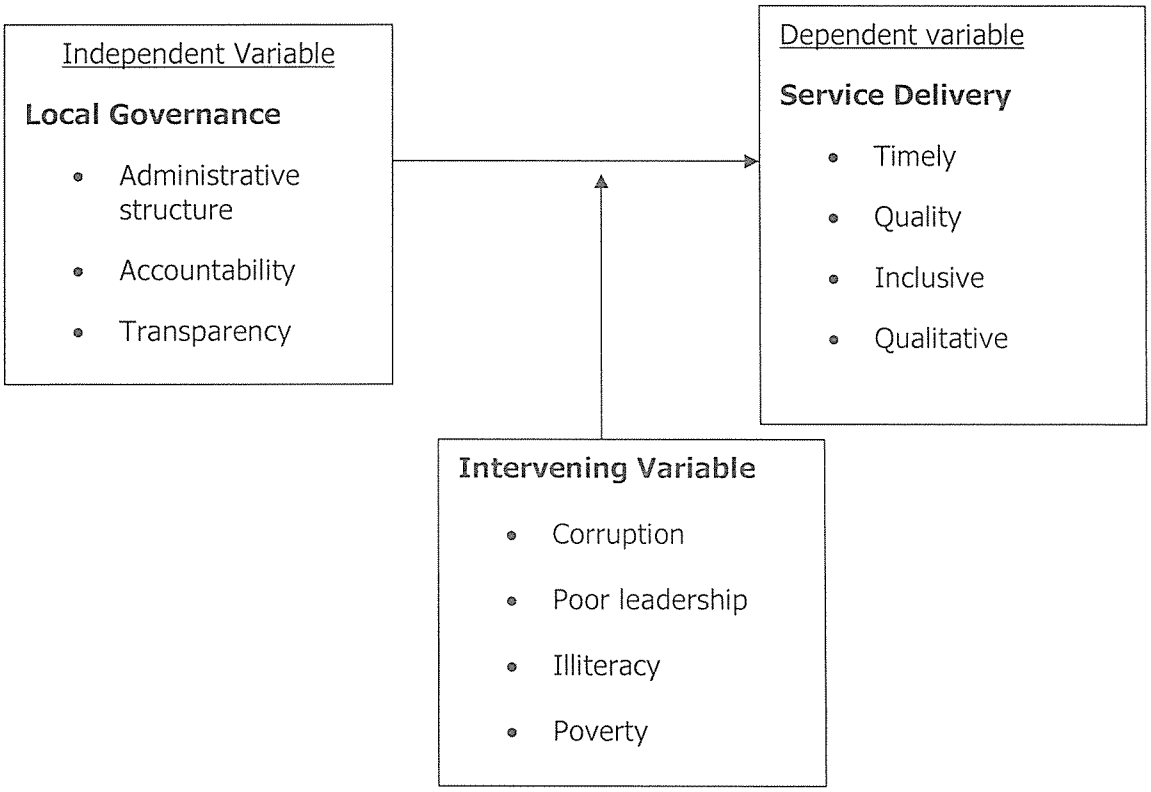
Local government is a form of public administration which in a majority of contexts, exists as the lowest tier of administration within a given state.

Decentralization

From the World English Dictionary Decentralizationis to reorganize (a government, industry, etc) into smaller more autonomous units (www.businessdictionary.com) or

According to Word Net 3.0, 2006 by Princeton University, **Decentralization is** the spread of power away from the center to local branches or governments

1.9 Conceptual Frame work



Source: Primary Data 2015

In the conceptual frame work above, Local governance is comprised of an administrative structure which is accountable, transparent and inclusive to cater for meaningful and popular participation. This will help the administrative team to deliver timely, quality and quantitative services to the masses. However, there are intervening variables that make it impossible for the services to be delivered as planned especially by the administrative teams and these include corruption, poor leadership, illiteracy and poverty among others.

CHAPTER TWO

REVIEW OF THE LITERATURE

2.0 Introduction

The literature on local governance and its effects on socio economic variables is too vast to be reviewed here. Instead, this Chapter discusses the existing literature on local governance and health service delivery, with a focus on health care services. More specifically, this chapter aims to lay down the basis for a more structured analytical framework to examine this relationship in the subsequent chapter. It starts by discussing the literature that examines the vehicles through which decentralization and its three dimensions (fiscal, administrative, and political) can improve service delivery. Then it discusses the literature with specific arguments and evidence on the effects of the health as a dimension of local governance as well as health is concerned. Finally, it discusses the literature that argues for the incorporation of institutional governance variables in the examination of changes in health service delivery due to institutional/economic reforms (such as decentralization). Local governance and its vehicles for improved health service delivery, theory and evidence.(Oates 1972), Tiebout (1956)

2.1 Local Governance and Health service delivery in Uganda

Local governance in Uganda is taking place alongside broad economic and political reforms and should be seen in the context of these fundamental reforms. Uganda's 1995 constitution and 1997 Local Government Act specify five levels of local government that is to say, district, county, sub-county, parish and village, among which the 78 districts and more than 900 sub-counties have political authority and financial autonomy. Each of the local governance efforts (political and financial) had specific goals of improving service delivery. Financial decentralization is expected to facilitate access to resources by the local governments. The financial decentralization involves devolving budgetary and spending powers to the districts. Important expenditure responsibilities in the social sector were devolved to its sub national governments (Nsibambi 1998). The goal of political decentralization was to involve more people in

the decision-making and planning processes to respond to local needs. The LCs are consultative forums for local decision-making (Saito 1999). Through elected representatives, policy dissertations are channeled to the legislative bodies. Within the LC framework, all districts are expected to compile district development plans, which must reflect grassroots needs.

The LCV is the council in which development plans of the district are made. The LCs are supposed to implement the development plans such as provision of public services. Within the LC framework, extension workers to implement the development plans are employed at the LC3 level. The public service officials (local administrators) report to local council officials, who in turn account to the people, not to the central government as was the case in the former centralized system. This accountability procedure is reflective of the democratic process in service provision in Uganda. Saito (1999) traces the planning process in the districts of Kampala, Rakai and Mukono, and argues that the planning process and accountability procedures reflect popular participation in initiating and implementing development programs.

The goal of financial decentralization was to transfer authority for collecting and allocating taxes and other financial grants to local governments. The provision, management and maintenance of primary healthcare, and basic urban services were decentralized to districts. In spite of local governance, however, some important decisions and responsibilities remained at the centre. For example, in health, staffing decisions are made at the district level but district funding comes largely from the central government in the form of conditional grants with explicitly identified uses. (World Bank 2001).

In Uganda, the provision of health care serves as a good example in which participation of the people in the delivery of services is exhibited. The community and the local population provide labour for the construction of hospitals while government provides funding for equipments and other capital inputs. In health, the immunization program shows a marked success through decentralization. Nsibambi (1998) points out

that in Bushenyi district, the District Three Year Development Plan, 2001–2004indicated that district service coverage of immunization was 80 percent. This program succeeded largely because of the involvement and participation of local leaders in mobilizing local people. The local council officials, especially the local council secretary for women and health, were instrumental in mobilizing people to take children for immunization.

Through competitive tendering water and road maintenance has improved. Many rural and feeder roads and wheals are maintained. However, there are complaints that many private bodies do not pay employees the going rate for their labour. The poor pay structure has not only led to low motivation for workers but also is reflected in the shoddy work provided by some private contractors. These contractors use poor materials in road-building, wheal construction resulting in constructed roads and wheals deteriorating quickly.

Failures and challenges of local governance as policy forimproving health service delivery in Uganda

Despite the few identified examples of successful service delivery in Uganda resulting from decentralization, there still remains a gap between service provision and local needs. This gap is created by lack of adequate funding at the local level, and is largely reflected in the health sectors. In health, provision of medical care and services has fallen far short of local needs through lack of finances. A survey of health services conducted in1996 found that the most common problem facing the health sector was that no drugs were being provided to patients. This was because most of the grants transferred to districts for health had been used for salaries (Nsibambi1998:58). In addition, the lower tiers of government lacked the ability to manage public finances and maintain proper accounting procedures. Spending on primary healthcare halved, from 33 percent to 16 percent, during decentralization (Akin, Hutchinson and Strumpf 2001).

According to Nsibambi(1998:58), it should be noted that for local governance to achieve its targets, there has to be high level of public accountability. A number of problems with regard to accountability have been registered. There was lack of transparency in the allocation of resources and weak budgetary procedures with regard

to record-keeping and auditing. In health sectors, for example, there was disproportionate distribution of finance to the hospitals, with the poorly constructed hospitals receiving less or nothing of the capitation grants. Doctors and patients had little or no information regarding the amount of the capitation grant entitled to them.

Kayizzi Mugerwa (1999:42) argues that the success of decentralization will depend on the capacity of districts and urban governments to raise their own revenue and use it efficiently in the provision of services. However, the generation of local revenues is limited, with local governments largely depending on central government financial transfers. In the 1990s, on average, only 13.2 percent of revenue in Uganda could be generated locally (Saito1999). A national graduated tax had been operational for many years until2006. With the introduction of decentralization, many districts started to charge communities, sanitation, and health taxes along with graduated tax. These additional charges specifically targeting certain service sectors substantially contributed to the service delivery in these sectors. Graduated tax, however, was removed in 2006, leaving these districts financially paralysed. The abolition of the Graduated Personal Tax (GPT) meant that the local and urban governments had limited financial sources to finance public services, as is the case with health centers as cited above. As a result there has been an increase in the reliance by local governments on central government.

This lack of financial autonomy affects the implementation of development plans and consequently limited service delivery since most of funds are diverted before they reach their final destination.

The Ministry of Finance, Planning and Economic Development survey on health service delivery in Uganda (1998) found that there was deficiency in the percolation of funds allocated to these sectors. Despite the bid for financial autonomy implied by decentralization, the central government still provided funding for major services at local government level. However, provision of funding suffered diversion in the process of allocation to local governments. MFPED (1998) thus reported a shortage of incentives

and facilitation for districts. This resulted in the inability to deliver Agricultural Extension Services (AES) to grassroots farmers. Analysis of most district budget estimates for the 1997/1998 financial year showed that only 1 percent of the total expenditure was allocated to AES. It should be pointed out that the most doubting challenge facing decentralization as a framework for service delivery is a lack of capacity and personnel at sub-national government level to exercise responsibility for service delivery. The lower-level governments lacked the ability to manage public finances and maintain proper accounting procedures. As a result, lower levels of funding reached the local level. The lack of funding at the local level paralysed the personnel sector. In the first instance, decentralization led to staff retrenchment through civil service reform.

In Bushenyi, Muriisa (2001) found that whereas extension workers had motorcycles touse to visit farmers, they only had a monthly allocation of 25 liters of fuel for extension work. Only 1 percent of farmers were receiving extension services. The same problems of shortfalls in funding and personnel were observed in health, with limited medical personnel and medicine, and in education with limited teaching staff. Spending on public health, as earlier mentioned, fell from 33 percent to 16 percent during decentralization (Akin, Hutchinson, and Strumpf 2001), as also noted, increased enrolment of primary school children during UPE resulted in overcrowding and low staff capacity to handle large classes. Another challenge of local governance to improved service delivery is the perception gap between service receivers and providers about the benefits of the policy. According to Saito (1999), on the one hand, the public service officials perceive that local governance improves control and the mobilization of resources, and on the other, the service receivers perceive that services have not improved in recent years. Further, decentralization as an approach to service delivery is limited by the failure of politicians to cede political power to the local governments.

Golola (2003) maintains that politicians at the centre have little wish to cede power to the local governments. They propose reforms including decentralization when they expect benefit for themselves. This failure to cede power by politicians at the centre limits democracy and autonomous decision-making at the local level. One of the

objectives of local government is to transfer real power to the district and thus reduce the load on the 'remote' and under-resourced central government officials. These officers are often remote in terms of geographical distance and frequently unknown to the local people in terms of language, culture, interests and values (Murembe,Mokhawa and Sebudubudu 2005).The *Daily Monitor* for 20th August 2007. Further, implementation of the decentralization program is marred by the conflicts between the politicians and the civil servants. Largely, conflicts emerge from the demand for accountability by the civil servants from the politicians. In several districts, there have been conflicts between the Local Council Five (LCV) chairman and the Residence District Commissioner, forexample, Ntungamo and Kiruhura districts. In the *Daily Monitor* for 20th August 2007, it was reported that the Ntungamo RDC claimed to be under threat from the LCV chairman because he demanded accountability and had exposed the LCV chairman's corruption practices. In Kiruhura, the acting RDC reportedly resigned, citing corruption and intimidation from elected representatives.

Another limitation of the decentralization policy comes from the response to externally determined programs that differ from local needs. In one district, residents argued that funds to implement local governance were usually obtained from donors who fund specific projects even when these may not be priorities of the local area. In the district, members cited an example of a road recently constructed in the area, but pointed out that if they were given a choice, they would have preferred equipping the health centers with medicine.

In terms of accountability, the lack of financial autonomy and insufficient funds to facilitate local government officials means that many of the local government officials including councilors have remained voluntary, without compensation. Such people are difficult to hold accountable to the local communities (Golola 2003). There is increased corruption by these officials who try to compensate themselves by misappropriating funds and by extortion from the citizens. In the decentralized framework, I can rightly assert that there is decentralization of corruption. This is a big challenge to health

service delivery because much of the available financial resources end up enriching individuals employed in the public sectors.

How does local governance create efficiency gains in health service provision/delivery?

A premise commonly articulated in the literature on this topic is that many of the anticipated benefits of decentralization flow from bringing decision makers and decision making closer to the people and their needs. Classic descriptions of the benefits of local governance typically argue along the following lines of reasoning (for example, Tiebout 1956 and Musgrave 1959): local decision makers have access to better information on local conditions than central authorities; this knowledge allows them to better tailor services and public spending patterns to local needs and preferences , this in turn, with other things hold constant, is expected to improve efficiency and quality of services delivered for local constituents . Economists such as Oates (1972) examine heterogeneity in tastes and spillovers from public goods through models in which local government can adapt outputs to local tastes, whereas central government produces a common level of public goods for all localities. Thus, sub national governments that are closer to the citizens can adjust budgets to local preferences in a manner that best leads to the delivery of the bundle of public services that is more fitted and responsive to community preferences.

Economists commonly assume a better match between local government outputs and local preferences under decentralization, and consequently rate local provision of services as more efficient, unless this situation is outweighed by spillovers or other efficiencies (for example , economies of scale) in central government provision(Oates 1972). Tiebout (1956) argues that decentralization is a vehicle to fulfill highly heterogeneous demand that may arise from different local governments. Scholars also examine the efficiency argument supporting local government from the perspective of consumers' gains due to all locative efficiency and producers (e.g. government)gains in technical efficiency in delivering goods and services. Allocative efficiency may arise due to a more fitted bundle (i.e. set and composition)of services provided by the local government to their citizens, in other words, through the adjustment that may take

place in the proportions of public spending geared to services such as health, sanitation provision or others based on local government's response to local claims in a decentralized context. Faguet (2000) and Arze (2003) provide evidence to this effect (this is later discussed in more detail for specific services). Higher technical efficiency is achieved when larger quantities and quality of goods and services are provided with the same amount of resources(Martinez V azquezand McNab2002). Overall, devolving some of the centralized responsibilities to local levels has been envisaged in most decentralization agendas as a way to improve both Allocative and technical efficiency across different public services (Wallich 1994, Ebel 2002) Several economists have argued that the efficiency gains that could be achieved owing to decentralization could also be outweighed by other efficiency gains arising from central provision such as economies of scale, ability to attract better personnel, and the like (DeMello 2004, Tanzi1996) .This indeed is a valid argument, but other scholars have also argued that those gains arising from central provision may also be overestimated (Oates 1972,Prud'homme 1995, Sewell and Wallich1995). Nonetheless, the theory that Allocative and efficiency gains could be achieved have important implications for improving public service delivery that need to be evaluated, specially in the context of developing and transition countries.

It is also argued that efficiency gains in health service delivery haveto be examined from the accountability perspective (e.g.Prud'homme 1993,Treisman 2002). For example, Rondinelli (1990) argued that central government ministries rarely have the incentives to perceive citizens as their clients. In the same line, Dillinger (1994) suggested that systems where central ministries concentrate large proportions of expenditure discretion would have more difficulties responding to their national constituencies' demands. Heargues that in those systems, people have fewer channels of communication and expression with the government.

2.2 Local Governance and its effects on the health sector

The general argument for decentralizing health care services is that greater local participation in health policy and local accountability can lead to improved quantity (including coverage) and quality of service. Yet, exactly how these benefits can be realized and the impact of different kinds of reforms is not well understood (Litvack and Seddon 1999). The highly differentiated levels of health provision (i.e. primary, secondary, and tertiary) and several additional aspects of health care services , such as family planning, information campaigns, and the training and supervision of personnel, make the effects of local governance on this service more difficult to understand, particularly when looking at final outcomes.

Moreover, DeMello (2004) stated that decentralization in the health sector tends to be more complex than in other sectors because diseconomies of scale. He argues that these diseconomies of scale tend to discourage sub-national governments in the provision of costly curative treatments and immunization. At the same time, he argues, spillover effects tend to discourage the sub-national provision of preventive health care services, particularly immunization and epidemiological controls.

Nevertheless, decentralization of the health sector has become appealing to many researchers, international donors, and policy makers because it raises expectations about several advantages including the following (Mills 1994, p.24), A less unified health service that is better tailored to local preferences, Improved success in the implementation health programs. That is, day-to-day overlooking

Division of tasks for local service delivery between the different levels

The commitment to decentralization by devolution is manifested by the division of tasks between the different levels of government. The central institutions are mainly responsible for formulating policies, setting standards, issuing guidelines, sector coordination, and technical supervision and backstopping. Local governments have the primary mandate for service provision but there are intentions of increasing the involvement of the user groups including hospitals and other related health sectors.

Management Committees (SMC), Health Unit Management Committees (HUMCs) and family groups especially in service planning and operation under sector specific programs.

However, the commitment to local governance by devolution is encountering a number of

Challenges, most of the funding for local service delivery through central government transfers are largely earmarked to sector specific activities. There is limited financing by the local governments due to dwindling LG own local revenues. This has compromised the participation and autonomy of the LGs in local service delivery planning, local level implementation and inspection, and service operation and maintenance.

Other factors to consider when looking at local governance and health service delivery

Governance aspects such as corruption and citizen participation in decision-making have been evaluated as the cause of a variety of socio economic outcomes including significant variance in health service delivery outcomes. However, these variables seem to be ignored in most of the literature that evaluates the impact of local governance on health service delivery. Only a few studies like Khaleghian (2003), which has a variable for political rights in the local governments, consider this type of constraining factors.

Corruption

Administrative corruption can be profoundly damaging to the quantity and quality of service delivery across these key sectors. Corruption is often deeply rooted in public administration and leads providers of services to have unethical behaviors. The health sector, for instance, is characterized by a deep interdependence of providers and clients (Pritchet 1996). In this relationship there are factors like asymmetric information, divergence between public and private interests and incentives, and other characteristics that provide fertile ground for corruption (Lewis 1999). Patients,

especially the poor, are in a distinctively weak position to counter these difficulties (WDR 2004).

Kaufman et al. (1999) argue that governance factors such as corruption and infant mortality rates have a strong negative correlation. Gupta, Verhoeven, and Tiongson (1999) also find that countries with higher levels of corruption tend to have higher child and infant mortality rates than countries with lower indexes of corruption. Rajkumar and Swaroop (2002) evaluate the links between public spending, governance, and service outcomes. Using data from a cross-section of countries for two periods of time, they found that increasing public spending on primary health care is likely to be more effective in increasing primary education attainment but only in an environment where governance can take control of corruption and also improves it. One of the main variables to measure good governance was the level of corruption. This study clearly frames the questions of public spending and its effect on health attainment on governance issues. Based on survey data of health care users and health facilities across 105 urban and rural municipalities in Bolivia, Gatti, Gray-Molina and Klugman (2002) examined the determinants of corruption and citizen participation in health services. They found that corruption was significantly associated with longer waiting time to obtain medical care. Another important issue to consider in corruption is the likelihood of capture by interest groups, particularly in poor countries (Bardhan and Mookherjee 2000). That is, while local governments may have better local information and generate better accountability, they may be more vulnerable to capture by local elites, who will then receive a disproportionate share of sub-national spending on public goods adjusted to their preferences (Bardhan 2001). Evidence from country experiences signals that this is likely to happen in sub-national governments where civic participation is low (Shah 2002).

Voice and Citizen Participation for Greater Accountability

As Gatti, Gray-Molina, Klugman (2003) argue, citizen participation in the public policy debate is envisaged as a mechanism to bring more accountability and

transparency to the decision making, particularly at the local level. Aside from voting out politicians (in the context of political decentralization) citizens can address their disapproval of public services by protesting (e.g., through the media or citizens' organizations), through involvement in political affairs, or by finding alternative sources of supply. Thus, citizen and civil society organizations involvement in decisions about how public money is budgeted and spent at the sub-national level has been proposed as a very important tool for accountability. The channels for this participation include the traditional civic involvement in political affairs (i.e. electoral participation), freedom of speech, political rights, the formation of civic groups, and the use of the media (Kaufmann et al. 2003)

There is growing country-case based evidence about the effects of citizen participation resulting in improvements in health service delivery within the context of local governance. In Mexico, over 22,000 health committees were created by 1998 to oversee health provision and participate in health campaigns and training with positive initial results (World Bank 1999). Evidence from Colombia and Bolivia show that citizens/constituent's oversight can be a force in pushing local governments to improve their capacity and responsiveness (Faguet 2000; 2005). Thus, regular and clean elections, and citizen participation can increase the pressure on local leaders to turn citizens' demands into outputs. Indeed, civic engagement can importantly influence how governments allocate resources, especially if local government budget information is available and disseminated to citizens (Keefer and Khemani 2004).

The city of Porto Alegre, Brazil, for example, is a widely cited example of how civic involvement in budgeting can enhance resource allocation as well as contribute to democratic governance. In this city, budgets are of public domain and informal preparatory meetings are held to discuss demands of various community associations (unions, cooperatives, mothers' clubs, etc.) for investment across service sectors and total budget availability (Santos 1998; World Bank 2001). These demands are then ranked and aggregated for budget allocation by needs and population size. Since 1989, the workers party has won three consecutive municipal elections in Porto Alegre. In this

case, the level of participation extends beyond information sharing and consultation. Citizens and civil society organizations propose spending projects, set priorities, and help decide which projects should be funded. There appears to be a direct link between increased civic participation in municipal budgeting and service delivery outcomes, including increases in infrastructure investment and health expenditures in poor areas (WDR 2004).

There is also some empirical evidence about the influence of citizen and community participation in improving accountability and health service delivery. In a study of Bolivia's citizen participation under a newly decentralized system of health care service provision, Gray-Molina et al. (1999) found that informal payments and longer wait times for service in municipal health providers were less prevalent in cities and towns where local citizens participated in health boards. A follow up study on the former developed by Gatti, Gray-Molina and Klugman (2003) found that wait times for medical treatment and informal payments in the health sector were reduced were, the grass root organizations created by the decentralization law, were more active. This later study also found that exit options (i.e., private health care facilities) do not help to reduce the situation of informal payments and waiting times for medical treatment. Also in Bolivia, Kaufmann et al. (2002) based on a survey of central and local government agencies found that citizen's voice and participation variables were statistically significant in improving public sector performance. Moreover, they found that citizen voice was more important for government performance in delivering services than public management tools such as higher salaries or rule enforcement. This may be evidence to support Dillinger's (1995) statement about urban health service delivery; he argued that public service delivery performance seemed an issue that hardly could be addressed only through the organizational context. Rather, this issue should be addressed by observing and taking into account other factors that affect the relationships between governments and their constituencies.

2.3 Conclusion

This chapter discussed in a focused manner the literature that articulates the linkages between local governance policy and health service delivery, particularly for services like health as far as sanitation is concerned. On addition to that, it highlighted the studies that provide some evidence of the impact of local governance, through each of its dimensions, namely fiscal, administrative, and political on different aspects of public service delivery, including quantity and quality of services.

However, this focused review showed that only fewer studies provide cross-country examination of the effects of this policy on public services, which enables the evaluation of the effect of different levels decentralization. The discussion in this chapter captured / fragmented treatment of the local governance process in the literature, that is, local governance and its effects on the health sector, how does local governance create efficiency gains in health service provision/ delivery, failures and challenges of decentralization as policy for improving health service delivery in Uganda, decentralization and service delivery in Uganda, looking at a single dimension of this policy.

The next chapter articulates the case for looking at local governance in a more comprehensive way and discusses the various methodologies used in this research and its effects on health service delivery.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research design, study location, target population, sample size and sampling procedures, research instruments, data collection procedure and the data analysis plan to be used in this study.

3.1 Research Design

This study employed a descriptive survey design specifically the descriptive corelational strategy. Descriptive studies are non-experimental researches that describe the characteristics of a particular individual, or of a group. The descriptive survey design was employed because it deals with the relationship between variables, testing of hypothesisDissertation and development of generalizations and use of theories that have universal validity. Descriptive surveys were used to discover causal relationships (descriptive corelational) between, microfinance and poverty reduction. The social-demographic characteristics of respondents were also included in the study.

The Descriptive survey design therefore described the Local Governance in Nakawa Division as included in the questionnaire and also provided the relevant information needed for the state of Health Service delivery in Nakawa division.

3.2 Study Location

The study was conducted in Nakawa division in Kampala Capital City Authority. The location was chosen due to the homogeneous nature of the study population and as well as its poor health facilities as far as health is concerned. Singleton (1993) argues that the ideal setting for any study should be easily accessible to the researcher.

3.3 Target Population

The target population was 200 locals of the division that is 150 local residents of Nakawa division and 50 local government officials. The local residences were involved because they are the beneficiaries of the services rendered by local governance and

mean while the local governmental officials were used because they are the implementers of the project.

3.4 Sample Size

Given the target population Sloven's Formula was adopted to determine the sample population which were 200. A total of 133 respondents were interviewed and included; 100 local residents who might have been affected by health services, and 33 key informants representing the institution of the state, civil society and NGO's. Their selection however was based on convenience sampling owing to the fact that the local residents were highly mobile and the snow-balling technique. Key informants on this issue of health care were purposively chosen and these included; officials from the Ministry of health, Labour and Social Development, Uganda Police Force (CFPU) and representatives from lead international organizations, NGO's and CSO's including; ILO, UNICEF, ANPPCAN and Raising Voices (CEDOVIP). These representative institutions were deemed appropriate and provided substantial information that was used in the study.

Sloven's Formula that was used to determine the sample size

$$n = \frac{N}{1 + Ne^2}$$

Table 3.1: Respondents of the study

Location	No of Respondents	Total
Government officials	50	33
Local residents	150 (LC1,)	100
Total	**200**	**133**

Source: Primary Data 2015

3.5 Sample and Sampling Procedure

Gay (1992) asserts that for survey design, a sample of at least 81% percent is justifiable for the study. By use of a multi stage sampling the researcher used simple random sampling of the 200 local residents' i.e. key informants, government officials, civil society, Non-Governmental Organisations and local people from register established by the ECD district co-coordinator.

3.6 Data collection Instruments

This study used questionnaires and interview schedule to collect data. Best and Kahn (1992) observe that questionnaires enable the person administering them to explain the purpose of the study by giving meaning of the items that may not be clear. A self administered questionnaire for doctors was employed. The questionnaires will contain both open-ended and closed items.

An interview guide was used to collect data from the local authorities and local people. According to Orodho (2004), an interview guide makes it possible to obtain the data required to meet the specific objectives of the study. It also enables the researcher to obtain in-depth information from the respondents (Kothari, 2007).

3.7 Validity and Reliability of Instruments

To ensure the validity and reliability of the instruments, the researcher employed the expert judgment method. After constructing the questionnaire, the researcher contacted experts in the study area to go through it to ensure that it measured what it was designed to measure and necessary adjustments were made after consultation and this ensured that the instrument is clear, relevant, specific and logically arranged. Alternatively, the reliability and validity of the instrument was established by Corn-bachs Co-efficient alpha variable. Variables with Corn-bachs, Co-efficient Alpha test value for less than 0.5 were mot used.

3.8 Data Analysis

The frequencies, percentages, mean and ranks were used to determine the level of Local Governance in Nakawa Division and the Extent of Health service delivery. All item

strategies were established in terms of mean and rank. The following mean ranges were used to arrive at the mean of individual indications

A. Level of Local Governance

Mean range	Response mode	Interpretation
3.26-4.00	Strongly agree	Very satisfactory
2.51-3.25	Agree	Satisfactory
1.76-2.50	Disagree	Fair satisfactory
1.00-1.75	Strongly disagree	Unsatisfactory

B. For the Extent of Health Service Delivery

Mean range	Response mode	Interpretation
3.26-4.00	Strongly agree	Very High
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very Low

Pearson correlation coefficient was used to test the relationship between the two variables.

Data processing and analysis

Data obtained were edited, coded, arranged and thereby analyzed by using percentage and ratios. The data were analyzed according to objectives in such a way that each objective were analyzed separately using descriptive statistics and tabulated by use of tables and graphs.

Data Analysis and Presentation

This section discussed the approaches that were followed when analyzing the documents, interviews and questionnaire data. The purpose of data analysis was to reduce sets of data as a basis for data management. Both qualitative and quantitative techniques of analysis were used to present the research findings.

Documentary Data Analysis

Documents were analyzed for relevant information relating to service delivery in health sector. Preliminary units of data was determined and consequently broad categories of data units were created from the reviewed documents. The documents related to local governance and health service delivery activities and their associated effects, how records are created, indexed, stored, and retrieved and what policy and standards related to service delivery. Data were gathered and detailed analysis involved identifying the effects of local governance and health service delivery.

3.9 Data Gathering Procedures

Before the administration of the questionnaires

An introduction letter was obtained from the College of higher Degrees and Research for the researcher to solicit approval to conduct the study from respective respondents. When approved, the researcher secured a list of respondents and select through systematic random sampling from this list to arrive at the minimum sample size. The respondents were explained about the study and were requested to sign the Informed Consent Form (Appendix)Reproduce more than enough questionnaires for distribution.

During the administration of the questionnaires

The researcher will distribute the questionnaires to the respondents and brief them on the questions. The respondents were requested to answer the questionnaires completely. The researcher will emphasize retrieval of the questionnaires within two days from the date of distribution.

After the administration of the questionnaires

On retrieval, all returned questionnaires were checked if all are answered. The data gathered were collected, edited, coded and summarized into the computer and statistically treated using the Statistical Package for Social Sciences (SPSS).

3.10 Limitation of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin of error at 0.05 level of significance. Measures was also be indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study.

1. *Extraneous variables* which were beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study.

2. *Instrumentation:* The research instruments on resource availability and utilization are not standardized. Therefore a validity and reliability test were done to produce a credible measurement of the research variables.

3. *Testing:* There is a likelihood of research assistants being inconsistent in terms of the day and time of questionnaire administration. There was thorough briefing and orienting the research assistants in order to address the threat.

4. *Attrition:* There was a likelihood of some respondents of not returning back the questionnaires and this was to affect the researcher in meeting the minimum sample size. To solve this threat, the researcher gave quit more questionnaire exceeding the minimum sample size.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

4.1 Level of Governance

The first objective of the study was to determine the level Local Governance in Nakawa Division. This study was broken in to 15 questions and were rated using the scale ranging from 1-4 (1-strongly disagree, 2- Disagree, 3-Agree 4-Strongly agree). Respondent's responses were analyzed and described using means and standard deviations as shown in table 3 below.

The researcher also provided an open ended interview guide that requested the respondents to provide their view of the study. These were analyzed using frequencies and percentages.

Table 4.1: Level of Governance

Item	Means	Ranks	Interpretation
Local government have sensitized community about their responsibility	2.94	1	High
Local members participate in local government programs/ project.	2.84	2	High
Community members know about local governance services	2.82	3	High
Local governance is accountable to local community	2.77	4	High
Local government has delivered coordinated services closer to the people.	2.64	5	High
Local governance has promoted creative local mobilization	2.53	6	High
Local government services are timely	2.50	7	High
There is a transfer of authority for planning administration and financial management to the local people	2.49	8	High
A functional administrative system at local level has been established	2.48	9	High
Local government has promoted creative local resource mobilization	2.47	10	High
Local governments execute their functions using resources transferred from the central governance	2.42	11	High
Ordinary people have a "say" in the decision making as far local government is concerned	2.29	12	Low
Local governance services address local needs of the people.	2.25	13	Low
Local government programs are well monitored by the central government	2.23	14	Low
Local government services are accessible to every member of the community	2.04	15	Low
Average mean	**2.51**		**High**

Source: Primary Data 2015

Mean range	Response mode	Interpretation
3.26-4.00	Strongly Agree	Very satisfactory
2.51-3.25	Agree	Satisfactory
1.76-2.50	Disagree	Fairly satisfactory
1.00-1.75	Strongly disagree	Unsatisfactory

Table 2 shows that Local government has sensitized community about their responsibility were ranked first with mean 2.94 interpreted as high. This could have been due to the possibility that local governments encourage local council meeting that help community dwellers to understand their responsibilities maintaining proper health ties to foster health service delivery.

Local members participate in local government programs/ project was ranked second with a mean of 2.84 interpreted as high. This is because the local members want to work hand in hand with the local government for better deliverance of their community's health concerns.

Community members know about local governance services was ranked third with a mean of 2.82 interpreted as high. This means that the local community members know about the various health services which is the obligation of the local government to ensure their fulfillment.

Local governance is accountable to local community was ranked fourth with a mean of 2.77 interpreted as high. This means that local government is responsibility for health welfare of the community at large and is answerable for whatever failure in the healthy service sector by the community members.

Local government has delivered coordinated services closer to the people was firth with mean of 2.64 interpreted as high. This means that the local government has extended health service facilities like government clinics, hospitals and health service counselors to take care of people's healthy concerns.

Local governance has promoted creative local mobilization was sixth with mean of 2.53 interpreted as high. This means the local government has sensitized the local people about the various health hazards and how they can leave a good health life.

Local government services are timely was ranked seventh with a mean of 2.50 interpreted as high. This means that the local government's deliverance of health services is done on certain periods of the day, week, and month or yearly to the local community members.

There is a transfer of authority for planning administration and financial management to the local people was ranked eighth with mean of 2.49 interpreted as high. This means that the local government has put part of the health service management authority for planning administration and finance so as to have a better service delivery since the local people understand themselves and their concerns more.

A functional administrative system at local level has been established was ranked ninth with a mean of 2.48 interpreted as high. This means that the local government has established an organization whose responsibility is monitor the healthy standards in the community.

Local government has promoted creative local resource mobilization was ranked tenth with a mean of 2.47 interpreted as high. This means that the local government ensured has proper utilization of the health services which are being provided to the local people.

Local governments execute their functions using resources transferred from the central governance was ranked eleventh with a mean of 2.42 interpreted as high. This means that the local government extends its health services to the local people with the aid of the central government.

Ordinary people have a "say" in the decision making as far as local government is concerned was ranked twelfth with a mean of 2.29 interpreted as low. This mean

that the local people have little say about the health service decisions makings of the local government.

Local governance services address local needs of the people was thirteenth with a mean of 2.25 interpreted as low. This means that the local government is not effective in addressing the healthy concerns of the local people.

Local government programs are well monitored by the central government was ranked fourteenth with a mean of 2.23 interpreted as low. This means that the central government despite providing health service resources to the local government it has however failed to monitor its proper utilization.

Local government services are accessible to every member of the community was ranked fifteenth with mean of 2.04 interpreted as low. This means that it's not true that the health service provided by the local government has been accessed by every member in the community.

The highest mean on level of local government was 2.94 interpreted as high while the lowest was 2.04 interpreted as lo. The average mean in determining the level of local governance was 2.51 interpreted as high. This had an implication that local governance in Nakawa division is visible and practical in providing services to the people. How ever due to a low mean, the study implicated that there are some elements that have to be put in place to improve local governance as a way forward in improving service delivery.

The study was supported by the interview guide which was guided by four open ended questions that indicated the government should extend health services to needed places with in the division, drawing development partners on board on board to provide free drugs in the health centers and hospitals among others as a way Local Government can improve on the quality and access to health services in Nakawa community.

The interview guide further indicated that the respondents suggested providing quality health programs, hiring very qualified doctors in the health centers getting more ambulances, constructing a maternity ward in all health centers were some of the reactions forwarded on how the LG can be responsible for the health demands of the community.

The researcher's question on "why haven't LG realized their potential in enhancing public health service" indicated that there was a lot of corruption in the local government, poor infrastructure, lack of qualified personnel hence making it hard for enhancing public health services.

4.2 Level of service delivery in Nakawa Division

The second objective of the study was to determine the Health provision in Nakawa Division. This study was broken in to 15 questions and were rated using the scale ranging from 1-4 (1-strongly disagree, 2- Disagree, 3-Agree 4-Strongly agree). Respondent's responses were analysed and described using means and standard deviations as shown in table 3 below.

The researcher also provided an open ended interview guide that requested the respondents to provide their view of the study. These were analyzed using frequencies and percentages.

Table 4.2: Level of service delivery in Nakawa Division

Item	Means	Ranks	Interpretation
The community has access to primary health care	2.84	1	High
Climate change e.g. prolonged drought, prolonged rain has increased disease in the community.	2.78	2	High
There is counseling and guidance by health workers to community members	2.77	3	High
The community has improved health services	2.71	4	High
Community have confidence in health workers	2.57	5	High
Health centers have trained and qualified staff	2.56	6	High
Health workers sensitize community on proper health care	2.55	7	High
The community know abound the availability of health services in Nakawa	2.52	8	High
Community are assured of confidentiality by health workers	2.49	9	High
Health provider are well motivated in doing their work	2.33	10	Low
Health services are affordable	2.28	11	Low
Basic needs of life e.g food, water, shelter and clothes are affordable.	2.26	12	Low
Health services are well supervised	2.20	13	Low
Community get health services on time	2.05	14	Low
Health workers make follow up after provision of their services	1.92	15	Low
Average mean	**2.45**		**High**

Source: Primary Data 2015

Mean range	Response mode	Interpretation
3.26-4.00	Strongly Agree	Very satisfactory
2.51-3.25	Agree	Satisfactory
1.76-2.50	Disagree	Fairly satisfactory
1.00-1.75	Strongly disagree	Unsatisfactory

The community has access to primary health care was ranked first with a mean of 2.84 interpreted as high, This because the local government has made there accessibility of health care possible through the building of health service centers near to the local people

Climate change e.g. prolonged drought, prolonged rain has increased disease in the community was ranked second with a mean of. 2.78 interpreted as high. This means that despite the local governments efforts to control health welfare of local people, prolonged drought and increased rain has however negatively affected the provision of there services.

There is counseling and guidance by health workers to community members was raked third with a mean of 2.77 interpreted as high. This means that with local government has extended the service of the health counselors to sensitize the local about the health hazards in it's efforts to promote health standards'.

The community has improved health a service was ranked fourth with a mean of 2.57 interpreted as high. This means that local government has improved the local health service through the building of health centers in the community like clinics and health counseling centers.

Community has confidence in health workers was ranked fifth with a mean of 2.57 interpreted as high. This means that the community members have entrusted in the services of the health workers because of the positive change they done on their lives.

Health centers have trained and qualified staff was raked sixth with a mean of 2.56 interpreted as high. This means the local government has put trained and qualified health worker in the established health centers which ensure efficient and effective delivery of services.

Health workers sensitize community on proper health care was ranked seventh with a mean of 2.55 interpreted as high. This means that the local government efforts to promote basic health standard has been effected with the health workers education of the community about the health concerns.

The community knows about the availability of health services in Nakawa was ranked eighth was a mean of 2.52 interpreted as high. This means the local government has strongly embarked on sensitizing the community about the viability of the various health services and there accessibility.

Community is assured of confidentiality by health workers was ranked ninth with a mean of 2.49 interpreted as high. This means that the local people have entrusted there health issues with health workers.

Health provider is well motivated in doing their work was ranked tenth with a mean of 2.33 interpreted as low. This means the despite the health workers' deliverance of services to the local people, the local government has not been able to motivate them in terms increasing on their pay and other allowance.

Health services are affordable was ranked eleventh with a mean of 2.28 interpreted as low . This mean that despite the local government's extension of health services the local people but they are highly priced which hampers there affordability.

Basic needs of life e.g. food, water, shelter and clothes are affordable was ranked twelfth with a mean of 2.26 interpreted as low. This means that some basic needs like water, food have been evenly distributed with in the community.

Health services are well supervised was ranked thirteenth with a mean of 2.20 interpreted as low. This drives the points that even though the local government claims to provide enough supervision of health services but most of them are not effectively supervised due the inefficient services provided.

Community gets health services on time was ranked fourteenth with a mean of 2.05 interpreted as low. This means that although the local government claims to provide health service on time, the local people do not get the services according to the stated period of its provision.

Health workers make follow up after provision of their services was rank fifth with a mean of 1.92 interpreted as low. This means that the health workers do not adequately follow up there services because inefficiencies are still perceived with in the health sector.

The highest mean on level of local government was 2.84 interpreted as high while the lowest was 1.92 interpreted as low. The average mean in determining the level of local governance was 2.45 interpreted as high. This had an implication that local governance in Nakawa division is visible and practical in providing services to the people. However due to a low mean, the study implicated that there are still inefficiencies within the sectors which the local government has got to iron out for a better service delivery.

The data was further supported by the interview guide that was open ended. The guide revealed that Community regular checkups, provide free ARVs to mothers and HIV infected persons and other reactions were the best options in reducing infant mortality, child mortality, and maternal mortality in Nakawa community.

Respondents furthers revealed that, Reduced polio cases, Increased heaths of children and reduced deaths were the cases that revealed the effectiveness of the immunization program in Nakawa division.

The study revealed that health service delivery was not at its worst in the division but still required more intervention in order to improve the situation in the division.

Table 4.3: Correlation between local governance and health service delivery

Variable correlated	Computed r-value	p-value	Interpretation of Correlation	Decision on H_o
local governance and health service delivery	0.586	0.000	Positive and significant	Reject

Source: Primary Data 2015

Using the Pearson Linear Correlation Coefficient at 0.05 level of significance, table 5 shows that the relationship between the Level of Local Governance and Health Service Delivery is significant since the computed P-value is less than 0.05. The null hypothesis Dissertation is rejected; therefore there is a relationship between local governance and health service delivery.

Table 4.4: Regression Analysis between Local governance and Health Service provision
(Level of Significance = 0.05)

Variable Regressed	Adj. R^2	F – Value	p-value	Interpretation	Decision on H_0
Local Governance and Health Service provision	0.338	67.969	0.000	Significant relationship	Rejected
Coefficients	**Beta**	**T**	**p-value**	**Interpretation**	**Decision on H_0**
Constant	0.746	3.545	0.001	Significant relationship	Rejected
Local Governance	0.684	8.244	0.000	Significant relationship	Rejected

Source: Primary data (2015)

The Linear Regression results above indicates that Local Governance plays a vital role in provision of health services (independent variable) on regression model contribute over 68.4% towards provision of health services (dependent variable) in Nakawa division as indicated by a high Adjusted R^2 of 0.686. This implies Local Governance should be improved and accountable because it has been found to be instrumental in provision of health services to the people of Nakawa division.

Results further suggest that the independent variable (Local Governance) include in the model significantly influences changes in the dependent variable (Health service provision) (F=67.969, sig. =0.000). These results lead to a conclusion that Local Governance in Nakawa division significantly explains the Health service problems in Nakawa division.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS, AND RECOMMEDATIONS

5.1 Findings

The study revealed various findings as exposed by the respondents as determined by the questionnaires and interview guides. These findings can be summarized in the following manner depending on the research objectives.

Level of local governance in Nakawa division

The study revealed that local governance in Nakawa division is visible and practical in providing health services to the people. This was supported with an overall mean of 2.51 interpreted as high. The lowest mean in the objective was 2.23 interpreted as high. This study agrees with the literature on Local Governance in Uganda which indicates that service delivery is not only left to government but also but also popular participation with public, NGOs and other well wishers. Uganda's health service provision is mostly assisted by many players in the service industry which is mainly comprised of NGOs and individual volunteers in serving the communities. For example, most times the government through NGOs move the immunization campaign where many children are immunized.

In the interview guide, some study findings agreed with the outcomes of questionnaire findings, for instance, respondents agreed that local governance in Nakawa division has been instrumental in improving the health services and health related information to the people. However, the respondents in the interview guide still commented that these services would improve further especially if more maternity wards are construction in public health centers, more qualified doctors are hired to provide the health service demands and more health provision partners are brought on board to improve the health situation in the area.

On a wide picture basing on observation, Nakawa division houses a number of NGOs ranging from health provision NGOs to Human rights NGOs. These NGOs through the support of Kampala City Council Authority (KCCA) have tried to provide the best

they can to improve the division. For instance, the division use to be one of the dirtiest in Kampala but currently it is improving on the sanitation and this has decreased the rate of disease out brakes in the division. The division currently enjoys free Voluntary Canceling and Treatment on HIV/AIDs and other sexually related illnesses.

Level of Health Service provision in Nakawa Division

The study found out that health service provision needs serious focus to meet the demands of the people in Nakawa division. The study analysis ranked health service provision with a low rank at a mean of 1.92 interpreted as low. The average mean of the study on level of health service provision was 2.45 interpreted as high. The study showed that there is an existing gap in health service provision in the division.

The interview guided questions indicated that community health regular check ups, provision of consistent ARVs to mothers infected with HIV and other persons infected with any form of disease would help in reducing mortality rates in the division. Respondents did not differ from the finding in the literature review where Apollo Nsibambi (1998) indicated that revision of health development strategies can help in availing health services and reducing immunizable diseases in Uganda.

The findings in the interview guide further indicated that there is need to improve on the whole system of service delivery just as Nsibambi (1998) agitated for the improvement on the infrastructure to make accessibility to health facilities paramount for every person in need. He also suggested an increased in the Primary Health Care budget to equip health centers with the capacities to improve the health demands of the people.

The Relationship between Local governance and health service provision

The study concluded that there was a relationship between local governance and health service provision in Nakawa division. The study indicated that the level of significance at 0.000 which is less than 0.05 implying a relation between the two variables. This implied that if local governance in Nakawa division is improved, health service delivery will also improve in return. For example, if the money allocated towards

the development and improvement of all hospitals and health centers in the division is properly utilized in providing the required services, the health services will be improved especially if more structures are set up to host more patients, more drugs are procured for the centers and more ambulances are purchased to help people who need such assistances.

While regressing the study variables, the Linear Regression results indicated that Local Governance plays a vital role in provision of health services (independent variable) on regression model contribute over 68.4% towards provision of health services (dependent variable) in Nakawa division as indicated by a high Adjusted R^2 of 0.686. This implies Local Governance should be improved and accountable because it has been found to be instrumental in provision of health services to the people of Nakawa division. In other words, if the Local Governments are not accountable for all the resources they use in providing the required services in the respective areas, then this affects service delivery in a negative way especially in providing the required health needs to the people.

5.2 Conclusions

The hypothesisDissertation of there is no significant relationship between Local Governance and Health Service Delivery in Nakawa division. Therefore there is a relationship between Local Governance and Health Service Delivery in Nakawa division.

The regression analysis indicated that an increase in the level of local governance by 68.4% may improve in health service delivery.

5.3 Recommendations

Basing on the findings of the study, the researcher puts in place the following recommendation in relation to the data interpretation of both the questionnaires and interview guides.

On Level of Local Governance, the researcher recommends that leaders try to be cooperative with the local community to find solutions to the problems that retard development of the service provision sector in the division.

There should be accountability of all resources of the division to avoid corruption and resource related issues as stated by the respondents in the interview guide. There should be a budget line for the division to improve in order to allocate funds to the health sector in order to reduce delays of services.

On Health in Nakawa division, there should be the council Authorities and other agencies should readily improve sanitation through rubbish collection. This can also be done a liaison with local communities and organisations to facilitate this development.

Immunization of children should be taken as a priority to avoid spread of immunizable diseases in the division.

5.4 Areas for future Research

Notwithstanding the efforts made by the researcher, she could not exhaust entirely this particular area; therefore she recommends that the future researchers should focus on the following.

1. Local governance and improvement of Infrastructure in Kampala District
2. Waste disposal management and cleanliness of Kampala Metropolitan

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APPENDIX I

FACE SHEET: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

I NABULWALA DIANA REG NO. **BPA/32693/123/DU** a candidate of public administration at Kampala international university with Dissertation entitled "Local governance and health service delivery in Nakawa Division Kampala capital city authority"., as I learn towards reaching the climax of fulfilling this appropriate information in the questionnaires provided.

The information you will provide shall only be for academic purpose and will be treated with utmost confidentiality.

PART 1: Demographic Characteristics of the Respondents

Name.....

1. Gender

a) Male ☐

b) Female ☐

2. How old are you?

a) 18 - 25 ☐

b) 26 - 33 ☐

c) 34 – 41 ☐

d) 50 and above ☐

4. Level of education

(a) Primary ☐

(b) Secondary level ☐

(c) Institution level ☐

(d) University level ☐

☐

(e) Others (specify)

5. Departments

(a) Education ministry ☐

(b) Health ministry ☐

(c) Finance ministry ☐

(d) Administration / Management ☐

(e) Others (specify)

6. Marital Status

a) Married ☐

b) Single ☐

c) Divorced ☐

d) Separated ☐

PART 2: To Determine The Role Of Local Governance In Enhancing Health Service Delivery In Nakawa Division.

Direction: Please respond to the options kindly be guided by the scoring system below. Please write your rating in the space provided.

Rating	Response Mode Description	Legend
4. Strongly agree	you agree with no doubt at all	SA
3. Agree	You agree with some doubt	A
2. Disagree	You disagree with some doubt	D
1. Strongly Disagree	You disagree with no doubt at all	SD

☐ 1. Community members know about local governance services

☐ 2. Local government services are accessible to every member of the community

☐ 3. Local governance services address local needs of the people

☐ 4. Local governance is accountable to local community

☐ 5. Local members participate in local government programmes/projects

☐ 6. Local government services are timely

7. Local government programmes are well monitored by the by the central government

8. Local government have sensitized community about their responsibility

9. Local government has promoted creative local resource mobilization

10. Local government has delivered coordinated services closer to the people

11. Ordinary people have a "say" in decision making as far as local government is concerned

12. A functional administrative system at the local level has been established

13. Local governments execute their functions using resources transferred from the central government

14. Local governance has promoted creative local resource mobilization

15. There is transfer of authority for planning administration and financial management to the local people.

PART 3: To determine the level of health service delivery in Nakawa division

1. The community has access to primary health care

2. The community has improved health services

3. Health centers have trained and qualified staff

4. Health services are well supervised

5. Health providers are well motivated in doing their work

6. The community know about the availability of health services in Nakawa

7. Community get health services on time

8. There is counseling and guidance by health workers to community members

9. Community have confidence in health workers

10. Community are assured of confidentiality by health workers

11. Health workers make follow-up after provision of their services

12. Health workers sensitize community on proper health care

13. Health services are affordable

14. Basic needs of life e.g food, water, shelter and clothes are affordable

15. Climate change e.g prolonged drought, prolonged rain has increased diseases in the community.

PART 4: GENERAL QUESTIONS ABOUT LOCAL GOVERNANCE

SECTION A:

1. How can local government improve on the quality and access of Health services in your community?

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2. How are local government health programmes responsible to the demands of the community?

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3. Why haven't local government realized their potential in enhancing public health service in your community?

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4. Is there a good relationship between local service providers and community members?

   Give reasons for your answer

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SECTION B: GENERAL QUESTIONS ABOUT HEALTH SERVICES

1. In your view, suggest what should be done to reduce infant mortality, child mortality, and maternal mortality in your community.

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2. How effective has been immunization programmes in your community?

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3. Identify strategies that have been put in place to improve on sanitation hygiene in your community.

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4. How can the community address the challenges of climate change in your community?

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Thank you very much for your favorable co-operation