

**DECENTRALIZATION AND PERFORMANCE OF LOCAL GOVERNMENT IN
SOCIAL SERVICE DELIVERY IN KAGADI DISTRICT**

BY

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES
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DECLARATION

I, Komuhangi Leonida, declare that the content of this research is as a result of my original work and has been submitted for my academic award and it has never been submitted in this university or any other institution of higher learning.

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APPROVAL

I do hereby certify that this research has been submitted for university examination in partial fulfillment of the requirements for the degree of Bachelor of Arts in public administration of Kampala International University Uganda, with my approval as a supervisor.

Sign:  Date: Oct 17, 2018

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(Academic Supervisor)

DEDICATION

I dedicate this research report to my family father Valentine Muruli, mother Agnes Komuhendo and my husband Muhereza Sunday whose effort towards my education is fundamental to this far I have reached. I am very grateful for your contributions and May God bless you abundantly

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All my praises and thankful hands to God, the most merciful and gracious one for his abundant protection which enabled me to successfully complete this work. Without the Lord God, all this work and my entire study would have been but just a myth.

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ABSTRACT

The study set out to establish the effect of decentralization and performance of local government in social service delivery in Kagadi district. The study was to assess the contributions of decentralization in promoting health service delivery in Kagadi district, to explore the challenges encountered in implementing decentralization of health service delivery and explores measures for improving decentralization and, hence promotes efficient health service delivery in Kagadi district. The study was conducted based on descriptive research design, the study was based on the local leaders (politicians), civil servants at the district and health personnel in 3 government health centers of Kagadi district, these were 60 respondents. Data was collected using the closed ended questionnaires. The data collected was analyzed based on frequency and percentages. The study findings indicate that decentralization has low contribution to health service delivery, regarding the challenges to decentralization; the study established that funding, poor policy and administration constraints limit decentralization. The study found out that measures of funding, policy, administration are important enabling the local government function well. The study concludes that decentralization contributed to health services delivery, the contribution to the health services is low, and the mode of provision is quite low, hence, the need for more focus on the study. The study further concluded that decentralization for health service delivery is limited by policy, funding and regulatory issues that affect the provision and establishment of the means of work for the health service delivery in the country. The study concluded that the measures for improving decentralization and, hence, promote efficient health service delivery in Kagadi district there is need for determining a level of mechanisms through diversification, improved funding and necessary adjustments in policy that can determine the efficiency of the health sector in the environment of Kagadi district. The study recommended that decentralization system of governance seems to be working well and is a correct avenue for service extension an aspect of development for the people as seen from the respondents of Kagadi district council, therefore it should be strengthened, central government, the district officials should give all the necessary help to enable its operation with less inconveniences. The study further recommended for all the stakeholders involvement such as central government in giving advice for effective sensitization and prevention of corruption that is seen as a key impediment to development of local governments. Finally, the government should strengthen service delivery and improve social service accessibility even with direct provisions from central government.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents and describes the background of the study, theoretical perspective, problem statement, purpose and objectives of this study, research questions, significance of the study and the conceptual framework.

1.1 Background of the Study

The term decentralization sometimes refers to downward fiscal transfers, by which higher levels in a system cede influence over budgets and financial decisions to lower levels. This authority may pass to deconcentrated bureaucrats who are accountable only to superiors at higher levels, or to unelected appointees selected from up. When such fiscal transfers are linked to mechanisms which give people at lower levels some voice, no one would describe it as anything other than decentralization.(Nsibambi, 2009).

Health service delivery is provision of health requirements to a given society or community according to obligation and needs of the provided, it incorporate all measures designed to embrace the provision of organizational services to community members for the good of society (Scot 1995). Kodali and Routroy (2014) defined health service delivery as the provision of services of health nature such as hospital, immunization and primary health care services to the people of a given area.

Theoretical Perspective

The study was premised on traditional theory of fiscal federalism (or the organization of intergovernmental fiscal relations) first developed by Oates in 1972. Viewing government as a benevolent agent, he created a decentralization theorem, which states that in the presence of diverse preferences and needs, provision of services from a decentralized government will lead to increased citizen welfare. This occurs because decentralized government leads to information advantages and more flexibility in adapting to citizens' needs and preferences, as emphasized earlier by Hayek (1945). Today, the growing second-generation literature is based on the theory of "public choice," assuming a political economy with selfish officials, as opposed to the benevolent agents in the previous literature federalism, focuses on incentives for government officials not to deviate from good behavior and emphasizes the role of decentralization as a

mechanism to control an intrusive, expansive public sector and to support effective private markets. Classical federalism and the Tiebout hypothesis (addressing the competition among local governments and the mobility of individuals to find their preferred package of services) play major. Decentralization is a theme discussed in relation to a wide range of related subjects like public sector reform, democracy, and political fiscal and administrative decentralization. (Smoke, 2003) Although it has been described as “one of the fashions of our time” (Manor 2006: 283), there is still a lot of lack of clarity about its exact meaning. The reason why decentralization came to be a much talked-about subject stems partly from the fact that it has been adopted by people belonging to different political persuasions. The theory provides that decentralization aspects have a bearing on the services like health service delivery.

In the last quarter century, over 75 countries have attempted to transfer responsibilities of the state to lower tiers of government. Significantly, most of these lower-tier governments have been elected, so that the decentralization is not just administrative but fiscal. The motivation for the decentralization has varied. In Eastern Europe and the former Soviet Union, it was part of the political and economic transformation; in Latin America, it was to reinforce the transition to democracy; in South Africa, Sri Lanka and Indonesia, it was a response to ethnic or regional conflict; and in Chile, Uganda and Cote d’Ivoire, it was to improve the delivery of basic services (Shah and Thompson 2006). The reasons are twofold. First, these basic services, such as health, education, water and sanitation, all of which are the responsibility of the state, are systematically failing and especially failing poor people (World Bank 2013). That governments are falling short of their responsibility to ensure adequate health, education, water and sanitation to their people can be seen at various levels. At the macroeconomic level, the main instrument with which governments exercise this responsibility public spending seems to have only a weak relationship with outcomes (Filmer and Pritchett, 2007)

The evidence from sub-Saharan Africa is very limited and even more qualified as regards the equity impact of decentralized health service delivery. Despite the inclusion of decentralization in public sector reform efforts in the 1980s and early 1990s by countries such as Uganda, Botswana, Nigeria, Ghana, Côte d’Ivoire, Kenya and Tanzania, one leading commentator has stated that ‘there are no real success stories as far as improved development performance at the

local level is concerned (Adamolekun, cited in Francis and James 2003). This stark finding is corroborated by Wunsch (2007), who attributes to failure of decentralization in Africa to problems such as the over-centralization of resources, limited transfers to sub-national Governments, a weak local revenue base, lack of local planning capacity, limited changes in legislation and regulations, and the absence of meaningful local political process. These dismal assessments are reflected in studies of local governance and decentralized service provision from a number of countries in the region.

Fumihiko (2009) argues that factors hindering decentralization include weak local administrative or technical capacity may result in inefficient or ineffective services; inadequate financial resources may be made available to perform new local responsibilities, especially in the start-up phase when they are most needed; inequitable distribution of resources may result; decentralization can make national policy coordination too complex; it may allow local elites to capture functions; local cooperation maybe undermined by any distrust between private and public sectors; decentralization may result in higher enforcement costs and conflict for resources if there is no higher level of authority. Additionally, decentralization may not be as efficient for standardized, routine, network-based services, as opposed to those that need more complicated inputs. If there is a loss of economies of scale in procurement of labor or resources, the expense of decentralization can rise, even as central governments lose control over financial resources. Nsibambi (1998)

In Uganda, health services are failing poor people with lower rates of child immunization, skilled attendance at child birth, and TB and malaria treatment. It's also true that richer groups tend to benefit more from public sector subsidies to health care - hospitals in urban centers often receive disproportionate funds compared with primary care in poor rural areas. Uganda lack formal taxation and insurance systems, out-of-pocket payments are paid to both private and public providers, consume household income and assets, and contribute to impoverishment. (World Bank, 2013). Further more in the Uganda, government is responsible for the appropriation of funding to decentralized areas for the authority to provide services to the people Uganda at district level. The local governments take control of the appropriation of funding to the people. Despite this the states of health services in Uganda are worse off and do not meet the international standards (World Bank, 2013).

The current health sector in Kagadi district despite the provisions of decentralization, is a short lived one, the health sector is coupled with limited staffing and low availability of medical equipment, lack of medicines for the patients and poor health infrastructure in the country that explain the prevailing stakes of the health sectors, the services provisions are limited in the sector basis but also in the overall country assessments that indicate low or poor services delivered to the health sector of Kagadi district (MOH, 2015).

1.2 Statement of the Problem

Service delivery in Uganda is in the state of dire need given the complex management that adds constraints to the provision of services to communities (WHO, 2016). The state of health service delivery in Ugandan local governments is characterized by limited funding, limited health personnel, and poor state of infrastructures caused by the financial constraints, despite the fact that districts in Uganda have been given autonomy to manage their finances the decentralization of finances has not been successful enough to realize the intended objective because of corruption and limited resource constraints attributed to limited funding by the local governments (World bank, 2017). This has frustrated social service delivery that has created a situation where citizens have not realized the benefits of financial decentralization. It is against this background that the researcher intended to conduct a study in order to establish the effect of decentralization and health service delivery in Kagadi district.

1.3 Purpose of the Study

The purpose of the study was to establish the effect of decentralization and performance of local government in social service delivery in Kagadi district.

1.4 Specific objectives

- 1) To explore the contributions of decentralization in promoting health service delivery in Kagadi district.
- 2) To explore the challenges encountered in implementing decentralization of health service delivery in Kagadi district.
- 3) To explore measures for improving decentralization and hence promote efficient health service delivery in Kagadi district.

1.5 Research Questions

- 1) What the contributions of decentralization in promoting health service delivery in Kagadi district?
- 2) What are the challenges encountered in implementing decentralization of health service delivery in Kagadi district?
- 3) What measures can be attained for improving decentralization and hence promote efficient health service delivery in Kagadi district?

1.6 Scope of the study.

1.6.1 Time scope.

The research was carried out for the period of 3 months from June 2018 to August 2018 This time period was chosen because it provides ample time to collect factual data from the field.

1.6.2 Geographical scope.

The research was carried out in Kagadi district. The choice of the study area was because it has health service delivery constraints and the fact that it holds substantial information on the study and help the researcher accomplish the objectives set for the study.

1.6.3 Subject scope

The investigation was limited to the impact of decentralization and performance of local government in health service delivery. The key and focal points were on the contributions of decentralization, challenges encountered in implementing and measures for improving health service delivery.

1.7 Significance of the study

The research will provide an array of literature that is necessary to measure the extent and degree to which decentralization affect the performance of health service delivery.

The research will provide clear measures and parameters of handling the adverse effects of decentralization in attaining health service delivery

The findings of the study will be beneficial to the following; local people, the study will explore and provide information on awareness that is necessary for service. It will offer more current information to policy makers with current information on decentralization trends necessary for improving health service delivery in local governments.

CHAPTER TWO

REVIEW OF LITERATURE

2.0 Introduction

This section reviews the related literature in line with the study variables and was reviewed in line with the specific research objectives.

2.1 Theoretical Review

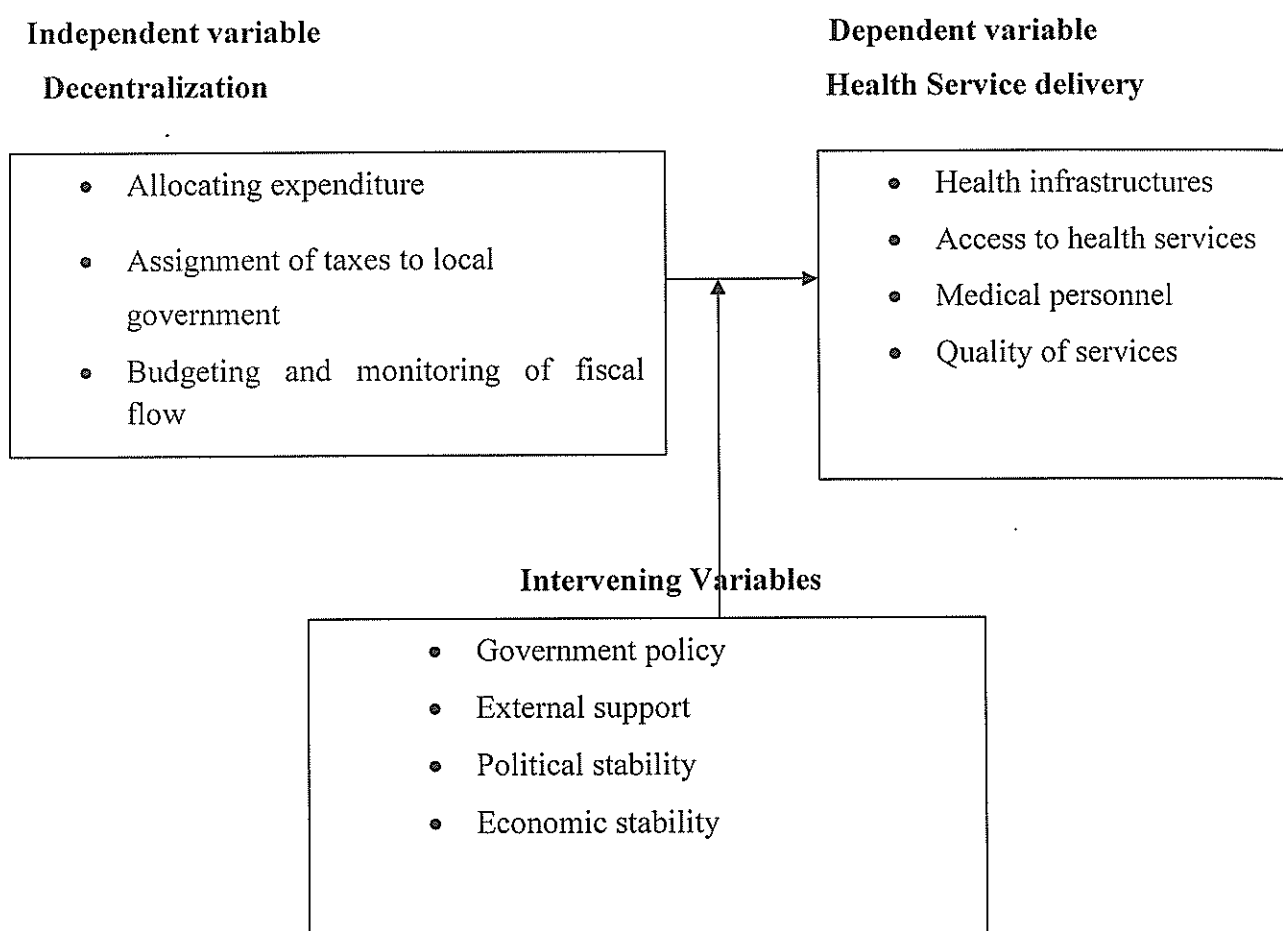
The study were premised on traditional theory of fiscal federalism (or the organization of intergovernmental fiscal relations) first developed by Oates in 1972. Viewing government as a benevolent agent, he created a decentralization theorem, which states that in the presence of diverse preferences and needs, provision of services from a decentralized government will lead to increased citizen welfare. This occurs because decentralized government leads to information advantages and more flexibility in adapting to citizens' needs and preferences, as emphasized earlier by Hayek (1945).

This line of reasoning (see, e.g. Weingast, 2009) suggests that tax decentralization, by explicitly connecting the effects of spending policies with the revenue budget, provides incentives to focus on growth-enhancing policies and to reduce rent-seeking and waste in government. In this second generation fiscal federalism theory, sub-national governments are considered to be pursuing their own interests rather than being benevolent (see also Oates, 2005). Financing through formula grants does not provide the adequate incentives to foster growth because the effect of a region's economic policies is translated to the growth of the national revenue pool, of which at most the region will be able to capture a tiny proportion. Careaga and Weingast (2003) call this effect the 'fiscal law of $1/n$ ', obviously referring to the share of national revenues captured by one region when there are n regions of same size. In contrast with this, entirely funding spending through taxes generated in the region means that 100% of the revenues generated as a result of a particular policy are kept in the revenue budget of the sub-national government.

The prediction of this theory is clear. Increasing tax decentralization would increase the % of revenues retained by the region (the so-called 'marginal retention rate') and this will increase the marginal benefit of productive spending vis-a-vis other possible uses of spending. These authors

focus on the effects of rents and wasteful spending (see Weingast, 2009, and Careaga and Weingast, 2003), meaning that tax decentralization would increase the efficiency in government spending and, under some conditions, even reduce the size of the overall budget. Note, however, that the stronger incentives to spend productively will also reduce other spending even if it can not be considered wasteful. But even in this case the effect would be efficiency-enhancing, since previous to tax decentralization the sub-national government was not considering the correct relative prices of the different types of spending. Note also that the argument does not depend on the mobility of tax bases, since the effects of productive spending on the tax base could simply occur through its effect on the growth of the national tax base.

2.2 Conceptual framework



Source: Adapted from MacAulay (2010) and Yee (2011)

The study was carried out basing on the interrelations between the variables in the research problem. It explored the connection between the independent, dependent and the intervening

variables. Levels in this study, the independent variable in terms of decentralization through allocating expenditure, assignment of taxes to local government and budgeting and monitoring of fiscal flow mentioned which positively or negatively translates into the state of service delivery. The presence of intervening variable (factors outside the main variables have a negative or positive bearing on decentralization variable which transforms into the nature of health service delivery.

2.3 Decentralization and social service delivery

2.3.1 Concept of decentralization

Various researchers and scholars define the concept of decentralization in different ways. Rondinelli (1981) defines decentralization as the transfer of responsibility for planning, management, and the raising and allocation of resources from the central government and its agencies to field units of government agencies, subordinate units or levels of government, semi-autonomous public authorities or non-governmental private or voluntary organizations. Mawhood (1993) argues that most individuals and governments favor the concept of decentralization because it necessitates the unlocking of an inert central bureaucracy, curing managerial constipation, giving more direct access for the people to the government and the whole nation to participate in the national development planning process. Govinda (1997) argued that decentralization as a fundamental value to be internalized into the system of educational management or as a technocratic solution for the problems that are encountered by any education system.

Reddy (1999) defines decentralization as the transference of authority, legislative, judicial or administrative from a higher level of government to a lower level. The World Bank (2001) also defines decentralization as the transfer of authority and responsibility of the public functions from the central government to the immediate and local governments and/or the private sector.

Decentralization can have the forms of fiscal, administrative and political decentralization

Administrative decentralization refers to the transfer of responsibility for the planning, financing and management of certain public functions from the central government and its agencies to field units of government agencies, subordinate units or levels of government (Tanzi, 2000).

Fiscal decentralization refers to the situation in which decisions about expenditures of revenues raised locally or transferred from the central government are done by the local authority. In many developing countries local governments or administrative units possess the legal authority to impose taxes, but the tax base is so weak. Fiscal decentralization” refers to the percentage of total government expenditure executed by sub national governments, considering the size and character of transfers, or the level of tax autonomy of sub national governments, or both (Golola, 2010).

2.3.2 Concept of Health service delivery

Alford (2009) defined health service delivery means integrated Primary Health Care services, providing a continuum of care with effective linkages between different levels of care through functional referral systems. Universal health coverage is most effectively achieved in synergy with health systems strengthening, governance and community engagement, including demand-creation. We employ evidence-based, cost-effective and sustainable approaches. Delivery of health services in low and middle-income countries to make them more patient and client centered and responsive to the needs and expectations of their beneficiaries (ACSQH, 2012)

Marshall (2012) argued that health Infrastructure comprises buildings - both medical & non-medical; Equipment - medical equipment, furniture and hospital plant; Communications (ICT equipment); and Ambulatory systems (ambulances, cars, pickups, vans, trucks, etc as required for healthcare delivery at different levels).While new facilities are being constructed and equipped during the implementation of the HSDP priority will be given to consolidation of existing facilities, to provide facilities for them to function effectively (e.g. staff housing, water and energy, theatres, equipment, stores etc) and required ICT and related infrastructure. The consolidation of facilities will also include the upgrading of facilities to higher level facilities specifically; the sector will aim at functionalizing HC IIIs in all sub-counties and piloting the establishment of Community Hospitals

2.3.3 Contribution of decentralization on health service delivery

Kayizzi-Mugerwa (2014) asserts that decentralization can affect service delivery by altering the accountability of lower- level governments to higher-level governments. For instance, there is often a concurrence in expenditure and financing responsibilities. This issue is well exemplified

by the way health and education services are funded and delivered in South Africa. Currently, each of these expenditures is constitutionally considered to be the concurrent responsibility of central and provincial governments. But the concept of concurrence that is responsible for what aspect of the joint responsibility has not been defined properly. While policy, delivery standards, and health and education financing are decided nationally, implementation is decentralized to provinces. Not surprisingly, this structure has created incentives for budget gaming. After spending their grants, many provinces leave the central government to worry about any funding gaps, arguing that central mandates need to be financed directly from the center. A system of properly defined concurrent responsibilities might have the center fund national standards, leaving the provinces with own resources to manage and if necessary pay for service delivery above the national minimum standards. Alternatively, responsibilities could be fully centralized with provinces contracted for service delivery through effective monitoring and enforcement mechanisms

Seabright (2006) argued that the assignment of expenditure and financing responsibility between different tiers of government can have a direct affect health service delivery. For example, in some countries in Latin America, the decentralization of water and sanitation services to small local governments have led to a loss of economies of scale in service delivery (ref:Fosters). On the other hand, recognizing that the spillover benefits of health and education outcomes and their impact on equity are national in scope have convinced many governments in Latin America and Africa to keep the financing of these sectors at a central level (Nsibambi, 2008). In the United States, the assignment of certain business taxes to local levels have led to inefficient tax competition a race to the bottom – with consequences for the tax base of municipalities and their ability to finance service delivery.

According to World Bank 2003, in principle, the factors that should come into play in deciding the optimal assignment of expenditure and tax responsibilities include economies of scale, spillover benefits, and cost of administering taxes, tax efficiency, and equity. In practice, political realities and historical legacies often determine the choices and, not surprisingly, give rise to mismatches. Political expediency led the Indonesian parliament to hastily pass laws in

1999 to implement a “big-bang,” decentralization, but left the expenditure law unclear on assignments. The laws have had to subsequently revised

Seabright (2006) assert that the accountability of lower- level governments to local clients is enhanced if sub-national governments have access to own-taxes with the right to adjust tax rates. Indeed, the service delivery incentives facing sub-national governments may improve if, at the margin, they have to raise their own revenues through tax increases rather than relying on central transfers or bailouts that soften the budget constraint. This potential impact of own-taxes suggests that proposals for national tax reforms should include tax instruments that can be devolved, or, at the very least, introduce a system of surcharges on national taxes. In the United States, the adherence to sales tax as an important source of revenue for states is a reflection of the country’s federal origins and a historical commitment to ensure the independence of states in economic management.

MacAulay (2010) argued that the design and implementation of intergovernmental fiscal transfers can influence the accountability of sub- national governments for service delivery. Own-tax sources will rarely meet the funding requirements of sub-national governments, nor does the theory of fiscal decentralization suggest that each tier of government should be self sufficient. Fiscal transfers typically have a conditional and an unconditional portion. The former leads to a more hierarchical system of accountability the center holding the sub national accountable for proper use of central transfers. The latter falls in the category of discretionary resources for which sub-national governments are directly accountable to their constituencies. Also critical is the predictability of fiscal transfers, essential in allowing sub-national governments to plan local service delivery more effectively. Predictability is enhanced through the use of formula-based allocation systems driven by simple measures of equity and efficiency.

Theresa (2004) contend that the use of unconditional, formula, and block transfers enhances both the predictability and “own revenue” properties of such fiscal flows. However, transfers are also subject to political manipulation by central governments. There is an emerging consensus in the literature that resource distribution across sub-national governments cannot be explained by efficiency and equity considerations alone, that political variables representing the incentives of central political agents are additional and significant determinants. Thus, sub-national

governments that is politically disadvantaged, in that there are weak political incentives for central resource transfer towards them, risk having poor capacity for service delivery. Recent evidence from India shows that even when transfers are supposed to be formula-driven they can be influenced by political concerns and constitutional rules delegating decision-making to independent agencies can make a difference in curbing political influence (Khemani 2003). Several countries, such as India and South Africa, have adopted independent commissions to oversee and protect fiscal transfers from the center to the sub-national from political vagaries. But, the performance of these commissions has been mixed. In the case of India, many states have not implemented state level finance commissions. In South Africa, the Financial and Fiscal Commission, while playing an important role in the initial years of the new democracy, has progressively lost its influence as the country made its transition from conflict years. These examples suggest that the politics that influence the distribution of resources between different tiers of governments may inevitably determine the design and effectiveness of independent commissions aimed at insulating intergovernmental finances from political capture (Foster and Rosenzweig, 2011).

Andrews and Shah (2007) contend that financial interdependence between different tiers of governments means that budgeting and evaluation of transfers are also important elements in ensuring efficient Service delivery and getting value for money. In their budgeting process, a number of countries have implemented a medium term expenditure framework (MTEF) that allows sub- national entities to participate in a multi-year budgeting system (e.g., South Africa). Even if the fiscal transfer system does not have a predictable, formula-driven division of total revenues between different tiers of government, the multi-year nature of the MTEF can provide some certainty, usually over a three-year span. To complement its MTEF process, South Africa has introduced a comprehensive Treasury bill that focuses on financial management within the intergovernmental system, including the regular publication of comprehensive financial information for each tier of government to assist in the monitoring of public resources. This facilitates public monitoring by nongovernmental civil society groups that can make budget information comprehensible to citizens (Singh and Shah 2007).

World Bank, (2012) argued that fiscal decentralization may provide greater economic efficiency in the allocation of resources in the public sector because sub national governments are better able to match differing preferences across jurisdictions. It is argued that citizens can influence decisions about service provision through mechanisms which enable them to indicate the type, level, quality and mix of services which they desire, and the cost they are willing to pay for such services. Tiebout (2008) argued that the gains in efficiency are enhanced if taxpayers are mobile because they can migrate or choose among the jurisdictions that best match their preferred tax-expenditure package.

Decentralization proponents argue that if the policy is well implemented it leads to improvements politically as well as developmentally. In 1994, the Ministry of Local Government in Uganda summarized the decentralization policy objectives as follows: In summary, decentralization is a democratic reform, which seeks to transfer political, administrative, financial and planning authority from the centre to Local Government Councils. It seeks to promote popular participation, empower local people to make decisions and enhance accountability and responsibility. It also aims at introducing efficiency and effectiveness in generation and management of resources and the delivery of services.

Tiebout (1956), Miller (2002) and Tanzi (2000) argued that fiscal decentralization may provide greater economic efficiency in the allocation of resources in the public sector because sub national governments are better able to match differing preferences across jurisdictions. It is argued that citizens can influence decisions about service provision through mechanisms which enable them to indicate the type, level, quality and mix of services which they desire, and the cost they are willing to pay for such services.

While decentralization or decentralizing governance should not be seen as an end in itself, it can be a means for creating more open, responsive, and effective local government and for enhancing representational systems of community-level decision making. By allowing local communities and regional entities to manage their own affairs, and through facilitating closer contact between central and local authorities, effective systems of local governance enable responses to people's needs and priorities to be heard, thereby ensuring that government interventions meet a variety of social needs. The implementation of SHD strategies is therefore increasing to require

decentralized, local, participatory processes to identify and address priority objectives for poverty reduction, employment creation, gender equity, and environmental (Miller, 2004).

Through financial decentralization, education grants are calculated centrally and then released to the districts as conditional, non-conditional or equalization grants. Equalization grants are paid to local governments for giving subsidies or making special provision to the least developed districts (Local Government Act, 1997, section 84(4)). Conditional grants are budgeted for as capitation grants that are distributed to the schools in accordance with their enrolments. UNESCO (2004) suggests that school formula funding, based on enrollment, location and the like, can reduce the opportunities for corruption.

Seabright (2006) contends that decentralization has been practiced for almost a decade in Uganda, longer than many countries in Africa. In the next section, we draw on the literature on decentralization to theoretically tease out strong aspects and weak points of the Ugandan education decentralization process. Even though no experimentation phases were built into the process, analyzing the benefits and risks of the implementation structures is likely to allow Sub-Saharan African countries to learn from the experience of others at decentralization. Where professional will is led by political will there are likely to be large gaps between proclaimed policies and implementation practices.

2.4 Challenges encountered in implementing decentralization for social service delivery

Many arguments against decentralization have also been advanced. One of the strongest arguments advanced against fiscal decentralization is that it can create problems for macroeconomic policy coordination. Tanzi (2000) argued that with a decentralized structure, it becomes more difficult to coordinate policy, in a counter-cyclical sense. He argued that at times a sub-national government may pursue expansionary fiscal policy at a time when the national government is pursuing a contractionary policy. Also, sub-national governments may accumulate large debts if they believe the national government will bail them out, and thereby create debt service problems for the nation. For years this has been a problem in Argentina and Brazil. A study for Latin America by Burki, suggests that most macroeconomic problems were related to the improper design of intergovernmental relations in these two countries.

Another argument advanced against fiscal decentralization is that it creates opportunities for corruption. Golola (2010) argued that corruption is likely to be increased at the local level because there is more opportunity. Increased opportunity is related to weaker accounting systems and the human resource capacity problem usually associated with sub-national governments.

It is also argued that decentralization can cause inter-regional inequalities to increase, since different regions are differently endowed in terms of natural resources and levels of economic activity. As a consequence, some regions enjoy far better quality of service provision and quality of life than others. These disparities can cause destabilizing effects on the country (Tanzi 2006). Further, it is also argued that decentralization can be a major impediment to much needed tax reforms. Tanzi (2006) argued that Brazil has been trying to reform its Value-added Tax for many years, but has faced great difficulties because of the Value-added Taxes levied at the state level. It has been impossible to reach consensus among the state authorities for changes that would make the tax systems more efficient. Similar problems have been experienced in Argentina and India.

Another argument against fiscal decentralization is that it leads to a decline in the quality of service government's offer the public (Hutchinson, 2009). This is related to the poor quality of local administration due to a lack of institutional capacity. It is argued that this will act to undermine the performance of local government bodies and their responsiveness to citizens' demands and social needs. Related to inadequate organizational structures, operational procedures.

People at the grassroots level desperately need more information. There are a number of methods by which policy messages can be sent to the public, but most of them have problems. Newspapers are expensive by the local income standard. In remote areas such as Rakai, the newspaper vendors are very few. Radio program sometimes broadcast the announcements of Council meetings, but the timing is not convenient for listeners, particularly farmers.²¹ Notices of meetings can be sent by memos from one hand to another, but this does not ensure that memo reaches the intended people and on Monday early morning, but normally this broadcasting time is very inconvenient for us. We are too busy to listen to the radio. But the content of the radio is also is not very attractive, and it is in a sense too messages are understood. Perry and Dillinger (2009)

Akin, Hutchinson and Strumpf (2011) argued that because of these problems, people are eager to receive any explanation of the current decentralization, and their own role in it. Once adequate information is provided, it appears that more people are willing to participate in Council meetings, as well as to contribute their time and energy to group activities, which can improve their lives.

Hutchinson (2009) contends that local Governance and Conflict Management', South Asia One crucial issue of decentralization is that there have not yet been much real improvements of service delivery. The ultimate objective of decentralization is to reduce the persistent poverty in Uganda by improving the essential public services like health, education, transport and environmental management.

However, this intention has not been fully realized. Generally, service providers, either health workers or teachers, claim that decentralization has brought better control over their resources, and this is one important reason why civil service staffs are supportive of decentralization.²⁶ yet, on the other hand, service receivers do not express that the services are improved in recent years. This perception gaps is a critical challenge which needs to be tackled in the near future. Another challenge is that local politicians prefer to have more visible and short term activities. Time consuming social development activities are not always popularly pursued by the Councilors. Environmental projects and primary health care activities are such examples. This is understandable from politicians' standpoint, but may have a negative effect on appropriate prioritization of LC activities. This has not attracted much attention among the policy makers yet, but has significant implication over the service delivery. Braun, Von Joachim and Grote, Ulrike, 2011)

2.5 Measures for improving the fiscal decentralization for social service delivery

Kayizzi-Mugerwa (2014) argues that decentralization in a Post-way situation should take the underlying theme is that decentralization and local government reform programs in developing countries have not met their potential. These programs have, often under donor pressure or influence, have tended to focus on desired outcomes defined by normative models of the public sector, rather than on the context-specific processes by which feasible and sustainable decentralized fiscal systems could be defined and implemented over time. This preoccupation with end results has tended to result in somewhat formulaic and unrealistic approaches to

decentralizing. The situation is farther complicated by the multitude of institutional and political constraints discussed throughout the paper. There is clearly no single model of good decentralization that covers all relevant concerns. In recent years, however, a number of countries around the world have managed to develop mechanisms that help to overcome, even if modestly, some of the formidable constraints on the design and implementation of decentralization and local government reform programs outlined earlier. A number of simple observations and lessons about approaches to decentralization can be adopted as shown

Brinkerhoff and Mayfield (2005) Reformers should recognize that decentralization is neither a panacea for public sector ills nor a standardized approach to reform. Offloading functions to local governments in times of central government crisis is far from a guarantee of better performance. Even if decentralization is desirable, appropriate levels and forms will vary across countries and types of services. Efforts to rush into decentralization and local government reforms and to other countries have done without tailoring reforms to the particular country in question more counterproductive than positive.

A solid enabling environment can be an important starting point for an effective centralization program. A well-developed policy framework- that articulates a clear vision for decentralization, however, is clearly not enough to ensure that a decentralization program will progress smoothly in practice and meets its intended goals.

Decentralization initiatives should employ checks and balances among various organizations and individual employees within key institutions, so that none are too powerful in the process of defining what decentralization means or controlling its implementation. This is particularly important in cases where there is considerable conflict among major central government agencies over control of the decentralization agenda. Once agreed upon, the responsibilities of all relevant actors should be formalized in a detailed contract, and a system of monitoring and enforcing compliance with the terms of the contract is needed. This is, of course, easier to say than to do, but the likelihood of realizing good cooperation is improved if the decentralization process is properly negotiated and appropriately structured from the start. (Yee, 2011)

Yee (2011) further argues that an effective decentralization program requires a strategic implementation approach. Those in charge of reform efforts must be careful not to do too much

too quickly, and they should try to phase in steps in a logical way. Reforms that have the greatest possibility of succeeding in a relatively short time frame should be undertaken first. This requires a process for prioritizing reforms, focusing on fairly simple tasks that don't immediately threaten in a significant way the tolerance of the central power base or overwhelm the capacity of local governments. Strategically differentiating among local governments can also foster success and improve central government resource use. Some local governments are likely to be relatively capable and can be given greater responsibility, while others will require technical assistance from the center and clear incentives to improve their performance. Collectively, these aspects of an initially modest, gradual approach should raise the prospects for early success, creating a stronger base on which to build further momentum in the future.

Faguet (2012) argued that decentralization needs to be thought of in broader institutional terms than just shifting power from central governments to local governments. In fact, decentralization may sometimes involve an increased role for central or regional agencies, at least at early stages. In addition, there may be a role for private sector firms, non-governmental organizations, and civic groups. The role that these alternative actors can play in the delivery of services traditionally provided by the public sector should be defined in a way that takes advantage of their particular strengths and opportunities but maintains fundamental public sector objectives. (Cammack, 2006)

There should be a greater balance between decentralization reforms on the supply and demand side of service provision. Consulting the consumer on public expenditure priorities can be critical, but reforming procedures for delivering a service in an appropriate and cost-effective way cannot be ignored. Some attention to both types of concerns is needed in designing any decentralization program, and some types of arrangements may need to be defined in a sector-specific way.

Pragmatic fiscal decentralization program should judge service providers and employees on the basis of results, not on their slavish adherence to fixed bureaucratic procedures, this requires structuring a process that provides incentives for good performance, but that also allows flexibility, so that providers are able to operate in a more customized way if this is appropriate. This type of approach requires a degree of discretion that is often difficult to achieve in

developing countries, but its success record in international experience suggests that serious consideration (World Bank, 2009)

This recommendation was not discussed separately in this paper, but it underlies most of the other topics explored. Without increased local input and accountability through political reform, decentralization of administrative and fiscal functions is ultimately a meaningless exercise.

Development should be institutionalized at the local level and that Local Governments should develop local political responsibility. The importance of decentralized development as follows: “Development is a product of learning not of production, learning how to use ones environment to better meet one’s needs and those of others. Because the development process is essentially a learning process, one person cannot develop another. Now, how can we plan development understood in this way. The answer now lies in who does the planning because the principal benefit of planning is not derived from community consuming its product from participating in the planning process.

Andersson (2009) contend that from the above exposition, it can be logically asserted that decentralization enhances sustainable development because it provides an opportunity for people to participate in determining their needs, planning for programs and projects that will meet these needs, and implementing, monitoring and evaluating these programs and projects. This in turn sustainable manner.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the research design, population size, sample size, the sample selection procedures, data collection instruments, sources of data, data collection procedure, ethical considerations and the limitations of the study.

3.1 Research design

The study adopted a descriptive survey research design. The study adopted this design to establish the influence of decentralization on service delivery in the health sector. The study used quantitative research that was conducted in a natural setting and involves a process of building a complex and holistic picture of the phenomenon of interest. The purpose of using the quantitative approach was to evaluate objective data consisting of numbers with the aim of achieving high levels of reliability in terms of data analysis

3.2. Study Population

A population is the aggregate or totality of objects or individuals having one or more characteristics in common that are of interest to the researcher (Mugenda and Mugenda, 1999). The target population of study was local leaders (politicians), civil servants at the district and health personnel in 3 government health centers of Kagadi district who included 60 employees.

3.3.1 Sample Size

A sample is a portion of the population that represents the entire population, because of time and resource the researcher interfaced with the entire research population, the researcher selected the respondents to represent the entire population using Slovene's Formula to come up with the appropriate sample size to be used in the study. (Solven, 1978)

The sample size was calculated mathematically using the formula below;

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

Where; n = the sample size

N = total target population, that is 70.

α = the level of significance, that is 0.05

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

$$n = \frac{70}{1 + 70 (0.05) * (0.05)}$$

$$n = \frac{100}{1 + 70 * 0.0025}$$

$$n = \frac{70}{1.175}$$

$$n = 60$$

3.3.2 Sampling Techniques

The researcher used probability sampling method and in particular simple random sampling was used to give equal chance to the respondents. The researcher divided the population (civil servants and health personnel into sub populations, then used simple random sampling to select these respondents. Purposive sampling was used in the selection of political leaders; these are perceived to have information suitable for the study.

3.4 Sources of data

Both primary and secondary data were used

3.4.1 Primary data

This is data collected from the field and was attained through use of research questionnaires which were closed ended and provided the data for the study.

3.4.2 Secondary data

This is data that is already documented such as from internet, journals, and text books magazines among others. Secondary data was attained from reports and journals that were used especially for literature.

3.5 Data Collection Instruments

3.5.1 Questionnaire

The questionnaire was used as a technique of data collection. This involved writing down questions to the people to tick the right alternative and fill in the questionnaire. The questionnaires were structured in a 5 point Liker scale format. A highly structured question format allows for the use of closed questions that require the respondent to choose from a predetermined set of responses or scale points. Blumberg, Cooper and Schindler (2005) state that a Liker scale format on the other hand, involves the use of special rating scale that asks respondents to indicate the extent to which they agree or disagree with a series of mental belief of the statements about a given subject (strongly agree, agree, disagree and strongly disagree). The 5 point Likert scale was chosen because it facilitated robust statistical analysis. The researcher delivered the questionnaires to the participants using the personal method for data collection. Respondents were requested to return all questionnaires within two weeks.

3.6 Data collection Procedure

Upon the approval of the research proposal, a covering letter to the questionnaire requesting the respondents to participate in this study was issued. The researcher requested all respondents to return the completed questionnaires after two weeks. The researcher personally collected data from 60 respondents. The completed questionnaires from the target population of respondents were collected and information using the personal method for data collection. .

3.7 Ethical considerations

To ensure confidentiality of the information provided by the respondents and to ascertain the practice of ethics in the study, the following activities were implemented by the researcher.

1. The respondents coded instead of reflecting the names through a written request to the concerned officials of the study in order to access the data from them.
2. The researcher acknowledged the authors quoted in the study through citations and referencing.
3. Findings to the study were presented in a generalized manner to enhance privacy and confidentiality.

3.8 Data Analysis

After the data collection, the researcher edited the errors to enable the attainment of quality data then coded the data in excel to enable the generation of the results for analysis. Upon the coding of the data, the researcher analyzed and interpreted it in relation to the objectives of the study. Data analysis was done using statistical techniques of frequency and percentages. The researcher presented the findings in form of frequency and percentages in the way of determining the influence decentralization and health service delivery in Kagadi district.

3.7 Limitations of the study

Confidentiality issues delayed the collection of the data from the respondents in the study. These limited the accessibility and attaining the data in time, though the researcher convinced the respondents on education grounds.

The use of research assistants brought about inconsistency in the administration of questionnaires in terms of time administration, understanding of the items in the questionnaires and explanations given to the respondents. To minimize this limitation, the research assistants were briefed on the procedures that had to be done in data collection.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

4.0 Introduction

The data was presented and interpreted in view of the topic assessing decentralization and performance of local government in social service delivery in Kagadi district. The focus was on 60 respondents who included political leaders, district civil servants and health personnel of Kagadi district. The interpretation also sought to answer the research questions that were raised in chapter one. Presentation and interpretation of data in this chapter was done with the aid of quantitative methods. Quantitative methods involved the use of tables, graphs, percentages and personal analysis and interpretation presented in essay form.

4.1 Profile of respondents

This part presents the background information of the respondents who participated in the study. The purpose of this background information was to find out the characteristics of the respondents in terms of gender, age, level of education and marital status of respondents as per the study.

4.1.1 Findings on the gender of respondents

Here the researcher was interested in gathering information on the gender of respondents and information got was presented in the table below.

Table 1: Showing Gender respondents

Gender	Frequency	Percentage
Male	36	60
Female	24	40
Total	60	100

Source: Primary data, 2018

From table 1, it can be seen that the majority of respondents are male that is (36) representing 60% of the total number of respondents, 24 respondents are female representing 36.7% of the respondents. This is an indication that gender sensitivity was taken care of so the findings therefore cannot be doubted on gender grounds; they can be relied on. It further indicates that the researcher sought for information from both genders.

4.1.2 Findings on Age distribution of respondents

Here the researcher was interested in gathering information on the age of respondents and information got was presented in the table below.

Table 2: Show the age distribution of respondents

Age	Frequency	Percentage
20 –29	8	13.3
30 - 39	27	45
40 – 49	15	25
50+	10	16.7
Total	60	100

Source: Primary data, 2018

Table 2 above shows that, majority of respondents were aged between 30–39 years 27(45%) respondents followed, by 40-49 years represented by 15(25) respondents, followed by 50+ represented by 10 (16.7%) respondents and 20-29 represented by 8 (13.3%). From the above analysis, it can be construed that majority of the respondents are mature hence the information obtained from them can be trusted and looked at as reliable and a good representation of the study.

4.1.3 Findings on education level of respondents

Here the researcher was interested in gathering information on the education of respondents and information got was presented in the table below.

Table 3: Show education level of the respondents

Academic qualifications	Frequency	Percentage
Certificate	17	28.3
Diploma	8	13.3
Degree	27	45
Others	8	13.3
Total	60	100

Source: Primary data, 2018

Results in table 3 indicate that majority of the respondents were 27 for degree holders representing 45% followed by certificate level with 17 respondents representing 28.3% , diploma followed with 8 respondents representing 13.3% and others with the same with 13.3%. This implies that the respondents are well educated and therefore the information obtained from them can be relied on for the purpose of this study. The higher rate of secondary leavers was attained from the local population whose education levels were low. It is of no doubt therefore that information is attained from highly educated respondents. Information can therefore be relied on for decision making in this topic.

4.1.4 Marital Status of respondents

Table 4: Showing Responses on Marital Status

Marital Status	Frequency (f)	Percentage (%)
Single	15	25
Married	35	58.3
Separated/ Divorced	10	16.7
Total	60	100

Source: Primary Data, 2018

The results in table 4 show that 58.3 percent of the respondents were married, and 25 percent were single and 16.7 percent divorced or separated. The presentation indicates that most respondents involved are married. This is perhaps because of the high responsibility therefore information attained from them can be trusted for decision making.

4.2 Contributions of decentralization in promoting health service delivery in Kagadi district.

The first objective of the study was to assess the contributions of decentralization in promoting health service delivery in Kagadi district. The data collected on this perspective is presented based on the assessments of data provided below.

4.2.1 Whether decentralization contribute to health service delivery in Kagadi district

Table 5: Showing whether decentralization contributes to health service delivery in Kagadi district.

Response	Frequency	Percentage
Yes	25	41.7
No	20	33.3
Not Sure	15	25
TOTAL	60	100%

Source Primary data, 2018

The responses on whether decentralization contributed to health service delivery in Kagadi district were that 41.7% of respondents agreed, 33.3% disagreed and 25% were not sure. The responses imply that whereas decentralization contributes to service delivery in Kagadi district other factors such as funding, management could be in play as far as service delivery is concerned in Kagadi district.

4.2.2 Contributions of decentralization towards health service delivery in Kagadi district

Table 6: Showing responses to the contributions of decentralization towards health service delivery in Kagadi district.

Contributions	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Improved service delivery in the health sector	12	20	15	25	13	21.6	10	16.7	10	25	60	100
Diversification of activities for the health sector	30	50	12	20	7	11.7	5	8.3	6	10	60	100
Improved quality of health decision making	28	46.7	12	20	11	18.3	4	6	0	0	60	100
Decentralization makes decision making on health quicker	32	53.3	10	16.7	3	5	8	13.3	10	16.7	60	100
Efficiency and effectiveness in resource allocation for health	15	25	23	38.3	8	13.3	5	8.3	9	15	60	100
Facilitates mobilization of local resources for health	18	30	21	35	13	21.6	4	6.7	4	6.7	60	100
Encourages innovations and	30	50	16	26.6	7	11.7	4	6.7	3	5	60	100

development of managerial personnel												
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Source: Primary Data, 2018

The data collected above shows that in relation to the contributions of decentralization on health service delivery in Kagadi district. The research was based on the agreement parameters of strongly agreed, agreed, not sure, disagree and strongly disagreed.

Concerning the issue of improved health service delivery in the health sector 20% of the respondents strongly agreed, 25% agreed, 5% of the respondents were not sure and 21.7% disagreed and 25% strongly disagreed.

Regarding diversification of activities for the health sector, 50% of the respondents strongly agreed, 20% agreed, 8% disagreed, 11.7% of the respondents were not sure, 8.3% disagreed and 10% strongly disagreed. This imply that diversification of activities prevail in the environment of work.

On the issue of improved quality of health decision making had 46.7% of the respondents who strongly agreed, 20 agreed, 18.3% were not sure, 6% disagreed and none strongly disagreed.

Decentralization makes decision making on health quicker had 53.3% of the respondents who strongly agreed, 16.7% agreed, 5% were not sure 13.3% disagreed and 16.7% strongly disagreed

Concerning decentralization leading to efficiency and effectiveness in resource allocation for health had 25% of the respondents who strongly agreed, 38.3% agreed, 13.3 % of the respondents were not sure 8.3% disagreed, and 15% strongly disagreed.

Concerning, facilitating the mobilization of local resources for health 30% of the respondents strongly agreed, 35% agreed, 21.6 % were not sure, 6.7% disagreed and 6.7% strongly disagreed.

Encourages innovations and development of managerial personnel had 50% of the respondents who strongly agreed, 26.6% agreed, 11.7 % were not sure, 6.7% disagreed and 5 % of the respondents strongly disagreed

In order to attain the level of agreement on the contribution of decentralization on health service delivery, the contributions of decentralization towards health service delivery in Kagadi district

was on average 45% of the respondents agreed that improved service delivery in the health sector, diversification of activities for the health had 70%, Improved quality of health decision making 66.7%, makes decision making quicker had 78.3% , efficiency and effectiveness in resource allocation for health had 63.3%, facilitate mobilization of local resources 65% and encourages innovations and development of managerial personnel for health had 76.6%.The findings were that most respondents argued that decentralization contributes to health service delivery. The study results indicate that decentralization has a small contribution to the health service delivery especially nearness to the health services.

4.3 Challenges encountered in implementing decentralization for health service delivery in Kagadi district

The second objective of the study was to assess the challenges encountered in implementing decentralization in health service delivery in Kagadi district. The study findings based on the results are presented under the following tabulations.

4.3 Whether there are challenges that you encounter in the pursuit of your activities in Kagadi district

Table 7: Showing there are challenges that you encounter in the pursuit of your activities in Kagadi district

Response	Frequency	Percentage
Yes	35	58.3
No	18	30
Not Sure	07	11.3
TOTAL	60	100%

Source Primary data, 2018

The responses were that 58.3% of the respondents agreed that there are challenges that you encounter in the pursuit of your activities in Kagadi district while 30% disagreed and 11.3% were not sure, this implies that most respondents are faced with challenges in decentralization.

4.3.2 Challenges encountered in implementing decentralization for health service delivery

Table 8: Showing responses on challenges encountered in implementing decentralization for health service delivery

Weight Challenges	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	f	%	f	%	F	%	f	%	F	%	F	%
Poor coordination of governments	33	55	13	21.6	4	6.7	4	6.7	6	10	60	100
Poorly established policy framework	28	46.7	17	28.3	14	23.4	1	1.7	0	0	60	100
Costly in administration and coordination of health facility	40	66.7	7	11.7	3	5	5	8.3	5	8.3	60	100
inequalities because of resource imbalance	39	65	2	3.3	7	11.7	4	6.7	8	13.3	60	100
limited funding due to many local governments	20	33.3	19	31.7	6	10	10	16.7	5	8.3	60	100
Political interference from central government	45	75	4	6.7	1	1.7	8	13.3	2	3.3	60	100
High level of illiteracy among the people on services	17	28.3	13	21.7	15	25	5	8.3	10	16.7	60	100
Bribery corruption and extortion in health services	39	65	6	10	0	0	15	25	0	0	60	100

Source: Primary Data, 2018

The table 8 illustrates field data collected on the challenges encountered in implementing decentralization for health service delivery, the responses were captured in form of those who strongly agree, agree, not sure, disagree and strongly disagree. The data collected is presented as follows:

Poor coordination of governments had 46.7% of the respondents who strongly agreed, 21.6% agreed, 6.7% were not sure, 6.7% disagreed and 10% strongly disagreed, implying that that poor coordination affected service delivery.

Poorly established policy framework had 46.7% of the respondents who strongly agreed, 28.3% agreed, 23.4% were not sure, none of the respondents strongly disagreed and 1.7% of the respondents disagreed.

Costly in administration and coordination of health facility had 66.7 % of the respondents who strongly agreed, 11.7% agreed, 5% were not sure and 8.3% and 8.3% strongly disagreed and disagreed respectively on this cause.

Inequalities because of resource imbalance had 65% of the respondents who strongly agreed, 3.3% agreed, 11.7% were not sure, 6.7% disagreed and 13.3% strongly disagreed.

Limited funding due to many local governments had 33.3% of the respondents who strongly agreed, 31.7% agreed, 10% were not sure, 16.7% disagreed and 8.3% strongly disagreed.

Political interference from central government had 75% of the respondents who strongly agreed, 6.7% agreed, 1.7% were not sure, 13.3% disagreed and 3.3% strongly disagreed. This was the cause that had the largest number of respondents who strongly agreed and agreed.

High level of illiteracy among the people on services had 28.3% of the respondents who strongly agreed, 21.7% agreed, 25% were not sure, 8.3% disagreed and 6.7% strongly disagreed.

Bribery corruption and extortion in health services had 65% of the respondents who strongly agreed, 10% agreed, none were not sure and strongly disagreed and 25% disagreed.

The following elaborations show the number of respondents who responded on the challenges encountered in implementing decentralization for health service delivery in Kagadi district, (total of those who strongly agreed and agreed in percentage) basing on the points raised as Poor coordination of governments had 76.6%, Poorly established policy 75%, costly in administration and coordination of health facility 78.4%, inequalities because of resource imbalance 68.3%, limited funding due to many local governments had 65%, Political interference from central government had 81.6%, High level of illiteracy among the people on services 50% of the

respondents and Bribery corruption and extortion in health services 75% of the respondents. The study results imply that the state of decentralization is limited to the delivery of health services in Kagadi district.

4.4 Measures for improving decentralization in health service delivery in Kagadi district

The third objective of the study was to explore the measures for improving decentralization and hence promote efficient health service delivery in Kagadi district. The following are the provisions below.

4.4 .2 Whether there are measures established to improve decentralization for health service delivery in Kagadi district

Table 9: Showing whether there are measures established to improve decentralization for health service delivery.

Response	Frequency	Percentage
Yes	36	60
No	10	16.7
Not Sure	14	23.3
TOTAL	60	100%

Source: Primary Data, 2018

From the table 9, in regard to the question response to whether there are measures established to improve decentralization for health service delivery, 36 respondents representing 60 % of the respondents argued in line with the question, 16.7% disagreed and 23.3 % were not sure. From the interpretation, it is clear that less has been put in place for improving decentralization.

4.4.2 Measures need to be established to improve decentralization for service delivery in Kagadi district.

Table 10: Showing measures need to be established to improve decentralization for service delivery

Measures	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Total	
	F	%	F	%	f	%	F	%	F	%	F	%
Allow local participation in policy formulation	30	50	9	15	11	18.3	6	10	4	6.7	50	10
Establish checks and balances	36	60	3	5	10	16.7	2	3.3	0	0	60	100
Establish guiding terms	30	50	20	33.3	2	3.3	4	6.7	4	6.7	60	100
Balance reforms on supply and demand for services	20	33.3	19	31.7	6	10	8	13.3	7	11.7	60	100
Support of the locals especially in bye- laws.	15	25	24	40	5	8.3	6	10	10	16.7	60	100
Increased financing and auditing	17	28.3	13	21.7	15	25	5	8.3	10	16.7	60	100
Increased evaluation of the organizational programs	20	33.3	19	31.7	6	10	8	13.3	7	11.7	60	100
The need for improved services through resource channeling	15	25	24	40	5	8.3	6	10	10	16.7	60	100

Source: Primary Data, 2018

In reference to the table 10 above, measures need to be established to improve decentralization for service delivery in Kagadi district. The study results based on the findings are presented in the results provided.

Allow local participation in policy formulation had 50% of the respondents who strongly agreed, 15% agreed, 18.3% were not sure, 10% disagreed and 6.7% strongly disagreed

60% of the respondents strongly agreed with the establish checks and balances, 5% agreed 16.7% were not sure, 3.3% disagreed and 15% of the respondents strongly disagreed.

Establish guiding terms had 50% of the respondents who strongly disagreed, 33.3% agreed, 3.3% of the respondents were not sure 6.7% disagreed and 6.7% of the respondent strongly disagreed.

Balance reforms on supply and demand for services had 33.3% of the respondents who strongly agreed, 31.7% agreed, 10% were not sure, 13.3% disagreed and 11.7% strongly disagreed.

Support of the locals especially in bye- laws had 25% of the respondents who strongly agreed, 40% agreed, 8.3% were not sure, 10% disagreed and 16.7% strongly disagreed.

Increased financing and auditing had 28.3% of the respondents who strongly agreed, 21.7 % agreed, 25% were not sure, 8.3% disagreed and disagreed 6.7% strongly, these means increased funding has enabled auditing for the performance.

Increased evaluation of the organizational programs” had 33.3% of the respondents who strongly agreed, 31.7% agreed, 10% were not sure, 13.3% disagreed and 11.7% strongly disagreed.

need for improved services through resource channeling had 25% of the respondents who strongly agreed, 40% agreed, 8.3% were not sure, 10% disagreed and 16.7% strongly disagreed.

To establish the measures attained for improving decentralization for health service delivery, the results on the responses were that 72% of the respondents on average agreed that there is need for improvement in decentralization by allowing local participation in policy formulation, establish checks and balances, establish guiding terms, balance reforms on supply and demand for services, support of the locals especially in bye- laws, increased financing and auditing, increased evaluation of the organizational programs and the need for improved services through resource channeling

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The study was carried out with the view of assessing the effect of decentralization towards performance of local government in social service delivery in Kagadi district. This chapter contains a summary of the findings of the study, discussion of findings and recommendations to the variables therein with the objective of remedying the situation of decentralization and health service delivery in Kagadi district. The study revealed important findings, which are the basis of the policy recommendations entailed in this chapter.

5.1 Summary of the findings

Decentralization contributes to service delivery in Kagadi district, 41.7% of respondents agreed, 33.3% disagreed and 25% were not sure. Decentralization affected health service delivery in Kagadi district with 45% of the respondents agreed that improved service delivery in the health sector was due to decentralisation, diversification of activities for the health had 70%, improved quality of health decision making 66.7%, makes decision making quicker had 78.3%, efficiency and effectiveness in resource allocation for health had 63.3%, facilitate mobilization of local resources 65% and encourages innovations and development of managerial personnel for health had 76.6%.

58.3% of the respondents agreed that there are there are challenges that you encounter in the pursuit of your activities in Kagadi district, poor coordination of governments had 76.6%, Poorly established policy 75%, costly in administration and coordination of health facility 78.4%, inequalities because of resource imbalance 68.3%, limited funding due to many local governments had 65%, Political interference from central government had 81.6%, high level of illiteracy among the people on services 50% of the respondents and Bribery corruption and extortion in health services 75% of the respondents.

Whether there are measures established to improve decentralization for health service delivery, 36 respondents representing 60% of the respondents argued in line with the question. The study on the measures that need to be established to improve decentralization for health service delivery. The results on the responses were that 72% of the respondents on average agree that

there is need for improvement in decentralization through allowing local participation in policy formulation, establish checks and balances, establish guiding terms, balance reforms on supply and demand for services, support of the locals especially in bye- laws, increased financing and auditing, increased evaluation of the organizational programs and the need for improved services through resource channeling

5.2 Discussion of the findings

On the first objective concerning the contribution of decentralization to service delivery in Kagadi district with 41.7% of respondents. Decentralization on health service delivery in Kagadi district. The findings show that there was low contribution of decentralization to service delivery in the health sector, diversification of activities for the health, low contribution to improved quality of health decision making, makes decision making quicker, efficiency and effectiveness in resource allocation for health, facilitate mobilization of local resources. The study results are in agreement with previous authors such as Seabright (2006) who argued that the assignment of expenditure and financing responsibility between different tiers of government can have a direct impact on service delivery. For example, in some countries in Latin America, the decentralization of water and sanitation services to small local governments. Even world Bank (2003) argued that in principle, the factors that should come into play in deciding the optimal assignment of expenditure and tax responsibilities include economies of scale, spillover benefits, and cost of administering taxes, tax efficiency, and equity EvenKayizzi-Mugerwa (2014) assert that the assignment of responsibilities can affect service delivery by altering the accountability of lower- level governments to higher-level governments. For instance, there is often a concurrence in expenditure and financing responsibilities.

On the second objective, concerning the challenges encountered in the pursuit of district activities in Kagadi district are poor coordination of governments poorly established policy, costly in administration and coordination of health facility, inequalities because of resource imbalance, limited funding due to many local governments and political interference from central government. The study results are in agreement with previous authors such as Tanzi (2000) argued that with a decentralized structure, it becomes more difficult to coordinate policy. in a counter-cyclical sense. He argued that at times a sub-national government may pursue expansionary fiscal policy at a time when the national government is pursuing a contractionary

policy. Even Golola (2010) argued that corruption is likely to be increased at the local level because there is more opportunity. Increased opportunity is related to weaker accounting systems and the human resource capacity problem usually associated with sub-national governments and Finally Akin, Hutchinson and Strumpf (2011) argued that because of these problems, people are eager to receive any explanation of the current decentralization, and their own role in it. Once adequate information is provided, it appears that more people are willing to participate in Council meetings, as well as to contribute their time and energy to group activities, which can improve their lives.

Regarding the third objective, concerning the measures for improving decentralization and service delivery. The study on the measures that need to be established to improve decentralization for health service delivery, the study show that there is need for improvement in decentralization through allowing local participation in policy formulation, establish checks and balances, establish guiding terms, balance reforms on supply and demand for services, support of the locals especially in bye- laws, increased financing and auditing, increased evaluation of the organizational programs and the need for improved services through resource channeling. The results are in agreement with previous authors of Brinkerhoff and Mayfield (2005) Reformers should recognize that decentralization is neither a panacea for public sector ills nor a standardized approach to reform. Offloading functions to local governments in times of central government crisis is far from a guarantee of better performance. Even Yee (2011) further argues that an effective decentralization program requires a strategic implementation approach. Those in charge of reform efforts must be careful not to do too much too quickly, and they should try to phase in steps in a logical way, Even Faguet (20012) argued that decentralization needs to be thought of in broader institutional terms than just shifting power from central governments to local governments. In fact, decentralization may sometimes involve an increased role for central or regional agencies, at least at early stages. In addition, there may be a role for private sector firms, non-governmental organizations, and civic groups.

5.3 Conclusions

The study was set to establish the effect of decentralization and performance of local government in social service delivery in Kagadi district. The study concluded that decentralization contributed to health services delivery, the contribution to the health services is low, and the mode of provision is quite low hence the needs for more focus on the study. The study further concluded that decentralization for health service delivery is limited by policy, funding and regulatory issues that affect the provision and establishment of the means of work for the health service delivery in the country. The study concluded that the measures for improving decentralization and promoting efficient health service delivery in Kagadi district were few, there is need for determining a level of mechanisms through diversification, improved funding and necessary adjustments in policy that can determine the efficiency of the health sector in the environment of Kagadi district.

5.4 Recommendations

The contribution of decentralization to health service delivery was hindered by policy and resources, hence, decentralization system of governance has had low contribution to health service delivery, therefore it should be strengthened, central government funding and monitoring of the districts need to be improved, the district officials should give all the necessary help to enable its operation with less inconveniences.

The challenges encountered in implementing decentralization of health service delivery in Kagadi district was majorly funding, poor coordination and poor policy on decentralization. The researcher recommends for all the stakeholders involvement such as central government in giving advice for effective sensitization and prevention of corruption that is seen as a key impediment to development of local governments

On the measures for improving decentralization and promoting efficient health service delivery in Kagadi district there was funding, managerial and coordination issues that hinder service delivery, government should strengthen health service delivery and improve accessibility even with direct provisions from central government or create a mechanism that will effectively render services to citizens so as to improve on people's standard of living that is necessary for the service delivery. The study recommend that mechanisms raised by the researcher such as need for increased funding, monitoring, and administrative controls need to be adopted so as to

control the adverse effects of decentralization plus review of other administrative parameters that can enhance development other than decentralization.

5.4 Areas of further research

Because of time and resource constraints, the researcher suggests the following as possible areas for further research on decentralization and health service delivery.

- An assessment of the impact of decentralization on service delivery
- The impact of decentralization on equitable resource allocation.
- The role of decentralization in policy implementation.

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Appendix I: Research Questionnaire

I am a student of Kampala International University Uganda conducting a research on “Decentralization and service delivery in Kagadi district, health sector is part of the requirement for the award of the degree of Bachelor of Arts in public administration.

Your response to the questions below will be treated with utmost confidentiality and all information be used for only this purpose.

SECTION (A)-DEMOGRAPHIC ASPECTS

1. Age

- ☐ 20– 29 years
☐ 30 – 39 years
☐ 40 – 49 years
☐ 50 and above

2. Gender

- ☐ Male
☐ Female

3. Qualification academically

- ☐ Certificate
☐ Diploma
☐ Degree
☐ Others

4. Marital status

- ☐ Single
☐ Married
☐ Separated/divorced

Section (B): Contributions of decentralization on Health service delivery

Please tick the appropriate questions

5. Whether decentralization contribute to social service delivery in Kagadi district

Yes ☐

No ☐

Not sure ☐

6. What are the contributions of decentralization on health service delivery in Kagadi district

1. Strongly agree 2. Agree 3. Not sure 4. Disagree 5. Strongly disagree.

		SA	A	NS	D	SD
1	Improved service delivery in the health sector					
2	Diversification of activities for the health sector					
3	Improved quality of health decision making					
4	Decentralization makes decision making on health quicker					
5	Efficiency and effectiveness in resource allocation for health					
6	Facilitates mobilization of local resources for health					
7	Encourages innovations and development of managerial personnel					

Section C: Challenges encountered in implementing decentralization for health service delivery

7. Are there challenges that you encounter in the pursuit of your activities?

Yes ☐

No ☐

Not sure ☐

8. What are the challenges that you encounter in the pursuit of your activities

	Challenges encountered in decentralization	SA	A	NS	D	SD
1	Poor coordination of governments					
2	Poorly established policy framework					
3	Costly in administration and coordination of health facility					
4	inequalities because of resource imbalance					
5	limited funding due to many local governments					
6	Political interference from central government					
7	high level of illiteracy among the people on services					
8	bribery corruption and extortion in health services					

Section D: Measures for improving decentralization in health service delivery

9. Whether there are measures established to improve decentralization for health service delivery?

Yes ☐

No ☐

Not sure ☐

10. The following measures need to be established to improve decentralization for service delivery

Strongly agree 2. Agree 3. Not sure 4. Disagree 5.Strongly disagree

	Solutions to the challenges encountered in decentralization	SA	A	NS	D	SD
1	Allow local participation in policy formulation					
2	Establish checks and balances					
3	Balance reforms on supply and demand for services					
4	Support of the locals especially in bye- laws.					
5	Increased financing and auditing					
6	Increased evaluation of the organizational programs					
7	The need for improved services through resource channeling					

Appendix ii: Time frame for the study

NO	ACTIVITY	DAY/WEEK
1	Pilot study	Jan- Feb 2018
2	Questionnaire and other data collection development	March „
3	Methodology & literature review	Mid March „
4	Proposal completion	Early April „
5	Data collection and analysis	Mid April “
6	Complete dissertation review	Late April „
7	Graduation	November „

Appendix iii: Research Budget

ITEM	QUANTITY	UNIT COST	AMOUNT
Stationary			
Papers	4 Reams	15,000/=	60,000/=
Sub total		15,000/=	60,000/=
Equipments			
Umbrella	1	10000/=	10000/=
Sub total			10,000
Facilities			
Transport		100,000/=	100,000/=
Meals	10 times	10,000/=	100,000/=
Drinks	20 bottles	1000/=	20,000/=
Sub total		111,000/=	220,000/=
Printers			
Stationery		150,000/=	150,000/=
Miscellaneous			80,000
Total			520,000