SOCIAL INFRASTRUCTURAL FACILITIES AND SERVICE DELIVERY IN UGANDA

CASE STUDY OF ENTEBBE MUNICIPALITY WAKISO DISTRICT

BY

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DECLARATION

I KEZIMBIRA ASAN, declare that this is my personal work which to the best of my knowledge has never been submitted to the Department of Political and Administrative Studies of Kampala International University or to any other Institutions or University for any academic award.

Signature..... **Date**.....06/04/2019.....

KEZIMBIRA ASAN

APPROVAL

This dissertation is submitted to the College of Humanities and Social Sciences of Kampala International University with my approval as the supervisor.

Signed ..... Date...10/04/2019.....

Ms. AHEBWA SANUURU

Supervisor

DEDICATION

This piece of work is dedicated to my dear wife Rosemary Kezimbira and children Sarang Favor Kezimbira, Sarang Hae Kezimbira and Seong Sil Tamara

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The success of this study resides with the Almighty GOD without whose intervention, guidance and grace, I would not have fulfilled this academic ambition.

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I thank my parents for their love and tireless commitment to pay my school fees right from my childhood to where I am today, May God almighty richly bless you. I am also grateful to my wife Rosemary Kezimbira and children Sarang Favor Kezimbira thank you so much for the love and support.

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LIST OF ACRONYMS

ICT	:	Information Communication Technology
NGOs	:	Non Government Organisations
SADC	:	Southern African Development Community
UPE	:	Universal Primary Education
NUSAF:		Northern Uganda Social Action Fund
PRDP	:	Peace Recovery and Development Plan
GDP	:	Gross Domestic Product
IMF	:	International Monetary Fund
WHO	:	World Health Organisation
ISCO	:	International Standard Classification of Occupations
GPT	:	Graduated Personal Tax

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ABSTRACT

The research study was on social infrastructural facilities and service delivery in Uganda, Case study of Entebbe municipality, Wakiso district. The objectivities of the study were to establish the state of social infrastructural facilities in public in Uganda, to examine the state of Service delivery in public institutions in central Uganda and to establish the influence of social infrastructural facilities on the performance of public institutions in central Uganda. This was a case study research design and it applied qualitative research approach making use of descriptive survey. The researcher used Slovene's formula to select a sample from the entire population. The researcher used purposive sampling technique to select the respondents from Entebbe Municipal council and simple random sampling for other respondents from the municipality because every one aged between 20 and sixty years of age stood an equal chance to be sampled for a respondent. The Research Instruments used included questionnaire and secondary data sources such as books, journals, reports and internet documents. From the demographic characteristics of respondents; gender, age and education background, majority of them 50% were aged between 30-39 years followed by 27% aged between 20- 29 years, 20% were aged between 40-49 years and 02% were between 50-59 years of age. Majority of them were male with 55% and women 45% respectively. The findings from the study reveal that those with Advanced Certificate Level of Education were the majority with 35%, followed by Diploma holders constituting 34%, Ordinary level certificate of education 21% and Bachelor's degree holders with 10%. The findings indicate also that road network and street lights are to a great extent poor and the street lights are not working. Social infrastructure inform of roads and street lights is poor, medical care centers and services have fallen far short of local needs through lack of enough finances from the government, power sector exhibits the highest amount of deficiency in Uganda, social infrastructural facilities in Entebbe municipality and the rest of Uganda to a great extent do not exclude people. There is an attempt to include all categories of people in government programs. Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole.

CHAPTER ONE

1.0. Introduction

In this aspect, the research study is about n social infrastructural facilities and service delivery in Uganda which majorly focuses on public institutions in Uganda. This section elaborates background of the study (historical, theoretical, conceptual and contextual perspectives), statement of the problem, objectives of the study, research questions, significance of the study and conceptual frame work.

1.1. Background of the study

The research study provides an overview of the whole study which is done in four perspectives, namely; historical, theoretical, conceptual and contextual perspective

1.1.1. Historical perspective

Countries in Asia and the Pacific have made significant improvements in delivering public services. The region, for example, can boast of significant drops in the number of out-of-school children as well as the under-5 mortality rates, and of expanding access to sanitation facilities and clean water. The region, for example, can boast of significant drops in the number of out-of-school children as well as the under-5 mortality rates, while access to sanitation facilities and clean water has been expanding. However, challenges like inequitable access, poor quality of public services, and weak governance remain unresolved.

The benefits of public services tend to accrue disproportionately to the non-poor, while the amounts spent by governments on services the poor need most are limited. Poor quality of public services has resulted in a flight of consumers, even the poor, to the private sector. Lack of transparency and weak governance encourage corruption, rent seeking by public providers and misappropriation of public funds. How can empowered people resolve these issues?

The concept of empowerment in this report is motivated by Amartya Sen's rights, entitlements, and capability approach. Empowerment enables deprived people to be effective agents of their own human development. The report outlines three mechanisms through which the citizens'

power to demand quality services and hold governments accountable is exercised: (i) rights-based entitlements; (ii) participatory performance monitoring; and (iii) community participation and community-driven development. These social accountability mechanisms expose corruption, increase awareness of entitlements, empower people to claim their rights, and facilitate citizen engagement in the service delivery process.

Governments can improve the poor's access to and the quality of public services by partnering with the private sector and nongovernment organizations (NGOs). Information and Communications Technology (ICT) is also seen as an important tool for empowerment and public service delivery improvement.

Policy Priorities for Developing Asia

Citizen and community empowerment can improve public services, but only if there are complementary governance reforms. Reforming the bureaucracy, the political process, the judiciary, and frontline service providers is a prerequisite to effective empowerment.

Public-private-NGO partnerships are essential for widening the spread of e-delivery of public services. In leveraging the private sector, it is essential to match the non-state providers with the type of public service being contracted, design a compensation scheme sufficient for them, and adopt regulation policies to ensure accountability of non-state provision.

To foster economic development in Africa, countries of different regions on the continent need to integrate their systems of local government in order to provide improved public services to their respective communities. Bearing this in mind, the article proceeds to do a comparative study in order to examine some of the best practices on the continent in terms of local governance. Therefore, the focus is on two countries that represent two different regions: Great Lakes (Uganda) and Southern region (South Africa) which are becoming exemplary in terms of local governance. The analysis of the two cases will assist in coming up with a standardized model that might be useful on the continent, in particular in the context of the Southern African Development Community (SADC). There is no intention of affirming that these two countries have arrived, but the approach they have taken might be useful to SADC countries. For instance, the public service in Uganda relies significantly on the delivery of public services at the

municipal level, primarily the district councils. In this context, local government becomes a key element in the search for new ways of governance in the country. The rationale of this approach is that the prevailing setback is the issue of poverty and that the most effective way of tackling it is about empowering the people to provide the services that they judge necessary, and to decide their own local priorities in the allocation of resources. South Africa strives to establish a developmental local government that endeavors working together with local communities to find a sustainable way to meet their needs and provide improved public services. Despite these two cases, public service delivery at the local level remains a challenge in many countries on the continent. The article insists on the synergy that needs to be created between public service leadership and local governance which are essential in improving service delivery in individual countries in Africa.

Service delivery in east Africa

According to IMF Global Financial Statistics (2010), Global Financial Statistical Yearbook (2008), Municipal Development Agency of Senegal (2008, 2010), Guide des ratios Financiers.

Sub-Saharan Africa is currently the fastest urbanizing region of the world; by 2030, a majority of Africans will be living in urban areas. As a result, providing adequate services in urban areas — such as sanitation, potable water, sustainable housing and electricity — is an increasingly important priority for African governments. Yet, due to the embracing of decentralization policies in Africa, a trend that has been enthusiastically supported by the international donor community, responsibility for providing these services has often been transferred to sub-national authorities. Where a situation of vertically divided government prevails — meaning that an opposition party is in control at the sub-national level — fulfilling these responsibilities can become more complex.

Today, vertically divided authority is a growing trend within the region, and a number of important African cities, ranging from Cape Town to Lagos to Nairobi, currently are in the hands of the opposition.

Service delivery in Uganda

According to the local government policy study report dissemination (23rd sept, 2013), A new report on local governments has cited lack of academic qualifications for councillors, poor financing and poor accountability procedures as some of the hindrances to service delivery at the local government levels. The Local Government Policy Study was carried out in August 2013 in 25 districts of Uganda with support from the USAID/GAPP project with the aim of enhancing of participation, financing, and accountability and service delivery in the local governments. The findings of the study were disseminated during a workshop for Members of Parliament, leading district representatives, experts and diplomats on Monday 23rd September 2013 at Protea Hotel in Kampala.

The Report in its findings notes that most councillors in local governments have no academic qualifications and recommended that completion of the Ordinary Level Certificate of education should be a requirement for the councillors. It goes on to recommend that the technical staff at sub-county level should be university graduates. The Study report also notes that the local governments should be involved in the review of the financing that is allocated in each financial year. The report also notes that the grants to the districts are computed using the 2002 population census statistics which are out-dated and not taking into account the increasing costs of inflation. It highlights that the funding to each child enrolled in a UPE school has stagnated at shs 7,000 for the last decade. The report recommends an improved grant system to achieve efficiency.

On issues of accountability, the report notes that accountability and lack thereof is not only about financial resources but also attitude to work, behaviour and miss-reporting. The report further notes that lack of accountability is due to low remuneration, lack of health insurance, expensive education and lack of pension for the local leaders. It also cites high dependency, a poor punitive environment and lifestyles that reward mischief as factors contributing to accountability challenges.

The report recommends that sector investments should be lumped under one accountability mechanism and not broken as is the case with Northern Uganda Social Action Fund (NUSAF),

Peace Recovery and Development Plan (PRDP), Teso, Bunyoro, Northern Uganda and Karamoja State Ministries.

The Local Government Study that the Office of the Inspector General of Government be decentralised and link it strongly to the regional local government public accounts committees. The report recommends that audits must also be accompanied by actual visits especially for physical structures like roads, staff houses and water points among others. The report concluded that service delivery needs to focus on quality and not mere quantities.

1.1.3. Conceptual perspective

Conceptually the study investigates the following variables. Independent variable which is social infrastructural facilities and the dependent variable which is performance of public institutions in Uganda. The constructs under the dependent variable include community leadership, service delivery, community participation and community mobilization of human and material resources. The Independent variable is social infrastructure. The constructs under the independent variable include dispensary, clinics, general hospitals, administration of drugs and health employees.

1.1.4. Theoretical perspective

The phenomenon of rural community development has been explained be several theories. Infrastructure Led Development Theory was advanced by Agenor, (2010) which states that infrastructure is the main engine of growth. The public or government should provide and invest in infrastructures, spend on health services, which will in turn raise labour productivity and lower the rate of time preference. None provision of infrastructure affects the production of both commodities and health services. As a result of network effects, the degree of efficiency of infrastructure is nonlinearly related to the stock of public capital. The theory also provided that governance is adequate enough to ensure a sufficient degree of efficiency of public investment outlays, and increases the share of spending on infrastructure.

to be a key obstacle to growth and development in many low-income countries. In Sub-Saharan Africa in particular, only 16 percent of roads are paved, and less than one in five Africans has access to electricity. Transport costs are the highest in the world and act as a significant constraint on trade expansion.

1.2. Purpose of the study

To discover the role of social infrastructure on service delivery in Uganda

1.3. Statement of the problem

Much as there is evidence that the growth of Uganda had been at 8 percent per year for the past decades, the IMF estimates it at 3.9% for the 2016/2017 fiscal year that ended in June, 2017 and 5% for 2017 which started in June and this put Uganda per capita growth at only ½ percent. This is because the country's economy has slowed down since 2010 and conditions for the average Ugandans are not improving fast enough. Also the report shows social spending is set to decline as a share GDP is below average for the region (IMF Report July 2017). Therefore more investment in infrastructure could help boost growth and hence improve service delivery. Such infrastructure includes the oil sector, building hydropower plants, social spending on health, education, roads, to reduce infrastructure bottlenecks.

1.4. Objectives of the study

1.4.1. General objective

To examine the relationship between social infrastructural facilities and service delivery in public sector in central Uganda.

1.4.2. Specific objectives

1. To establish the state of social infrastructural facilities in Uganda
2. To examine the state of Service delivery in Uganda
3. To establish the influence of social infrastructural facilities on the performance of public institutions in central Uganda

1.5. Research questions

1. What is the state of social infrastructural facilities in Wakiso district?
2. What is the state of service delivery public institutions in Wakiso District?
3. What is the influence of infrastructural facilities on the performance of public institutions in Uganda?

1.6 Scope of the study

The boundary of the scope is social infrastructural facilities and service delivery in the public sector. The scope of this study has been divided into three parts which include; geographical, content and time scope as itemized below.

1.6.1. Content scope

The topic of the study is on social infrastructural facilities and service delivery in the public sector in Uganda. The objectives are examining the various categories of infrastructural facilities, the state of performance of the public sector in Uganda and the influence of social infrastructural facilities on performance of the public sector institutions in Wakiso district

1.6.2. Geographical scope

Wakiso district is located in central Uganda, surrounded by the following districts. Kalangala and Kampala in the south, Mpigi south west, Luwero and Nakaseke in the north, Mukono in the east and Mityana North West. It has a total population of 2007700 people with a population growth rate of 4.1%, with a population density of 700 persons per square kilometer. The ratio of male to female is 90 males per 100 females. Entebbe municipality

1.6.3. Time scope.

The research study used materials from between 2000 and 2018.

1.7. Significance of the study

Government, the research findings and recommendations provide both the level of governments (federal, state and local governments) in policy formulation, implementation and evaluation. Documented experience from the study provide instrumental in reviewing and updating different government institutions and local development policies to suit local governance reforms of action.

Academia, the findings and recommendations of this research provide empirical evidence and add new knowledge to the existing knowledge for better understanding

Future Researchers, the research findings and recommendations help future researchers who wish to carry out their researches in similar or related topics with relevant literatures and related empirical findings.

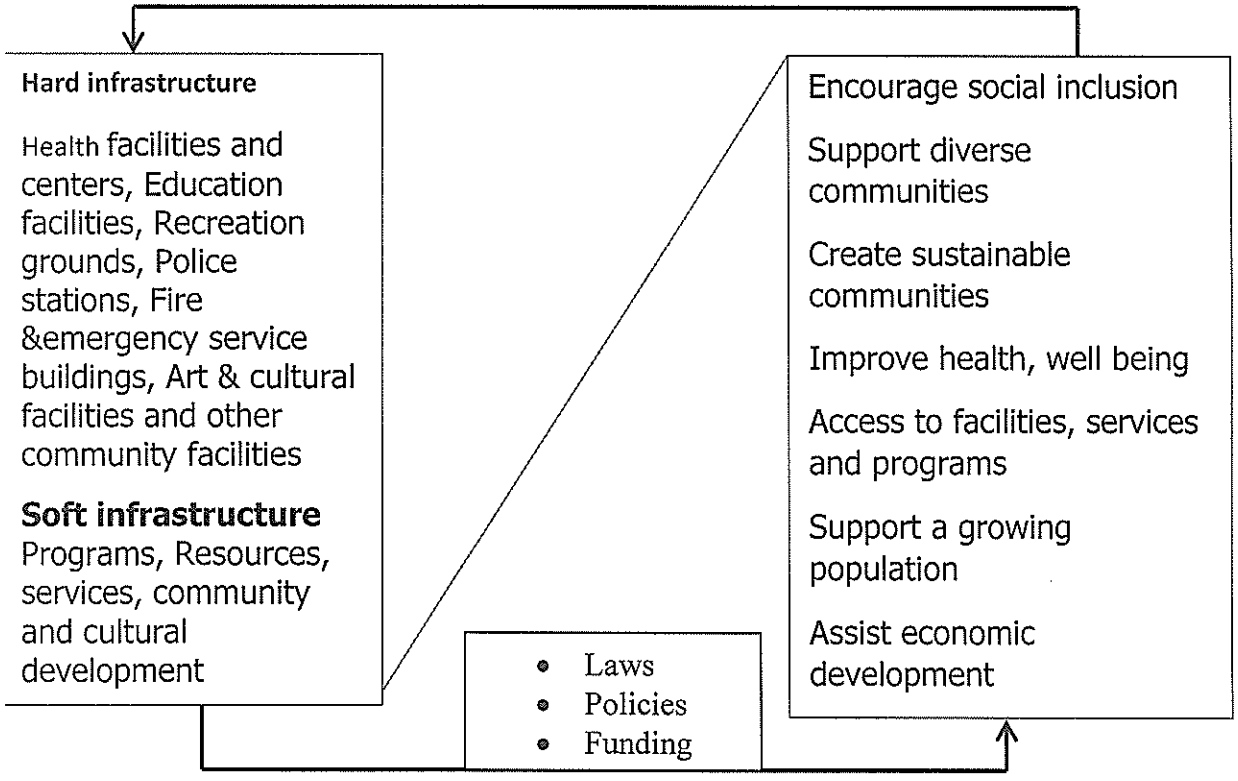
Community, the benefits of the community is indirect. The result of the findings and recommendations can both be implemented by both governments and nongovernmental organizations, improvement in the life quality of the community members. These also explored realities on communities concerns in participatory development process trigger the need for central and local governance improved responsiveness in providing effective and efficient public services.

1.8. Conceptual frame work

1.8.1. Illustrative conceptual frame work

Independent variables **Dependent variables**

Social infrastructural facilities Performance of public institutions



Adopted from Decentralization and Civil Society in Uganda. Fountain Publishers, Kampala. (2000).

1.8.2. Narrative of the conceptual framework.

The above conceptual framework lays out the key factors, constructs or variables and the presumed relationships among them. It further indicates the graphic design of main variables connected by directional arrows specifying inter-variable relationships to make the framework very clear as illustrated above.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter consists of literature review, theoretical perspective, empirical studies and study gaps. The research study consider books, journals and other publications in the fields of social infrastructure and performance of local governments and all constructs generated from independent and dependent variables.

2.1.1. Social infrastructure

Social infrastructure support sustained economic growth and improved quality of health and living conditions of the community. Social Infrastructures remain the core element of rural welfare. Thus efforts to raise rural welfare must necessarily go beyond the traditional and limited approved of raising per capita income through agricultural development projects to the provision of rural basic needs in term of health and medical facilities, electricity, potable water and schools.

If developments are to be viable in the long term they need to create places where people want to live and work. Larger scale schemes are likely to require the provision of a wide range of social infrastructure (including health, educational, recreational and other facilities) which is needed to serve the new community, thereby enhancing the quality, image and desirability of a new place as well as its commercial value. According to Johnson et al., (1995) Infrastructure is defined as the productive capital structures that underpin the economy and society and contribute over time to the achievement of its economic and social goals. Infrastructures are broadly related to basic structures that flow the goods and services between different people and places (Teriman, 2011). In this regard, economic infrastructure and social infrastructure have consequently emerged. Although both economic and social infrastructures have significant social impacts on individuals, communities, and the general public at large in terms of practicality, a distinction between both infrastructures based on their social impact is ambiguous and difficult to establish (Gilmour et al., 2010).

According to Duffield, (2001) the notion of social infrastructure has emerged over the last decade. Heaps of researches have been conducted in India; Australia; British; and Hong Kong,

China. The domain has emerged mainly due to the fact that public infrastructure is the most apparent form of construction which interests the society at large. Therefore, this subsection thoroughly reviews the social infrastructure across literature. Likewise, social infrastructure provision is services delivered by welfare agencies, more commonly known as "human services". The outcome of human service is more difficult to predict as they are dependent on the way staff interpret policies (a factor less significant in economic infrastructure projects) as well as how recipients react to them (Hasenfield, 1992). As a result, as the social infrastructure provision domain expands rapidly, the need to differentiate both infrastructures increases. Argy et al. (1999) further differentiate social infrastructures into hard social infrastructure (e.g. hospitals) and soft infrastructure (e.g. social security).

Social infrastructure, as the name implies, are those buildings, structures and facilities specifically constructed to serve the community at large. The most apparent form of the social infrastructure projects are hospitals, schools and community facilities (Han, 2012). As observed by Oppen, et al (2005) social infrastructure may also involve a wider range of partners including in most cases various government agencies, private companies and non-profit organizations together with a selection of user groups, freelance scientists, independent consultants as well as academic research institutes. Social infrastructure involves the underlying amount of capital accumulation embodied in roads, railways, waterways, airways and other forms of transportation and communication plus water supplies and public services such as health and education (Todaro, 1977) in (Egbetokun, 2009). Although social infrastructure provision involves welfare agencies and generally smaller scale as compared to economic infrastructure, social infrastructure provision is as complex and dynamic as generic construction projects. This is due to the fact that the post construction and maintenance stage involve an ongoing involvement with the community (Jefferies and McGeorge, 2009). Wai, et al. (2011) concluded SIP as the provision of infrastructure particularly with respect to three aspects namely well social value defined, non-profit defined provision and generally procured via Public Private Partnership (PPP) contracting method.

Social infrastructure refers to the community facilities, services and networks that help individuals, families, groups and communities meet their social needs, maximise their potential for development, and enhance community wellbeing (Wasley, 2009).Social infrastructure

includes, universal facilities and services such as education, training, health, welfare, social services, open space, recreation and sport, safety and emergency services, learning, religious, arts and cultural facilities, civic and democratic institutions, and community meeting places, lifecycle-targeted facilities and services, such as those for children, young people and older people e.g. early childhood centres and retirement villages, targeted facilities and services for groups with special needs, such as families, people with disabilities and people from culturally diverse backgrounds (Wasley, 2009). Just as economic infrastructure, such as roads, energy and ports supports the economy; social infrastructure supports the wellbeing of families and communities.

Social infrastructure provides the vehicle for a range of important functions for people and communities, including:

- Sense of identity – from libraries and other arts and cultural institutions.
- Sense of belonging and inclusion – achieved from both the presence of the facilities and the activities that occur within them e.g. community centres, parks, public art and open space.
- Educated community and workforce – preschools, primary, intermediate and secondary education and tertiary education.
- Networking and community interaction – from events, local networks and activities.
- Democratic participation and citizenship – voting, taking part in civic affairs, standing for election.
- Physical and mental health – from health service provision to the facilities that encourage physical activity and/or social interaction e.g. reserves, halls, action and community centres.
- Spiritual and cultural wellbeing – from faith based, cultural and spiritual organisations, networks and facilities.
- Creative expression – through arts and cultural institutions.

According to Casey, (2005) social infrastructures are provided in response to the needs of communities. They enhance the quality of life, equity, law and order, stability and social well being through community support; safety and security; sports; recreation and culture; justice;

housing; health and education. Social infrastructure provision requires a consideration and assessment of the full range of services and facilities that are required to address the needs of local communities. Such an assessment needs to be directly informed by the views and experiences of local residents. This is a challenging, time consuming and resource intensive exercise.

Lastly, we can understand that social infrastructure plays a vital role in the development of viable and strong community. This can summarize as follows;

- Enhanced lifestyles of communities.
- Provide for the social needs of the people.
- Provide efficient and affordable infrastructure.
- Implement an efficient and integrated planning process for growth management working with other social infrastructure providers, specific outcomes that we hope to achieve through social infrastructure planning.
- Improved community wellbeing of the community through supporting the provision of sustainable, high quality, appropriate social infrastructure.
- The community's diverse needs are met, both now and in the future.
- Communities are cohesive, inclusive and healthy with a strong sense of identity and place.
- Residents are engaged and have opportunities to participate in their community.
- Environments are well designed, promote healthy lifestyles and help prevent crime.
- Arts and cultural development are supported.
- The community is actively involved in planning for social infrastructure.
- Opportunities for integrated and financially efficient delivery of facilities and services are enhanced (e.g. shared spaces and facilities).
- Negative social effects of growth and change will be minimized.

2.1.2. Health Infrastructure

Every individual and, in fact, all communities have their own concept of health, which has some relationship with their culture. The oldest concept of health is 'absence of disease'. Even now, maintenance of health is neglected except in conditions of ill health. The determinants of include heredity, environment, life style, socioeconomic conditions and lastly family welfare services (Noun, 2004).It's no secret that medical costs are increasing globally. They account for 17% of the GDP in the U.S., and 10% in other developed countries. Reduction of medical costs is a big challenge for developed countries experiencing financial problems (Hitachi, 2013). In addition to these costs, other problems include health disparities between the rich and poor and among regions, an uneven distribution of doctors, and an aging population around the world.

Health's infrastructures are those components of health in terms of clinics, dispensaries, hospitals and drugs administration of and availability (Idachaba, 1985). In the words of (Obinne, 1991) health infrastructure are meant to provide basic ingredient for control and improvement of human life especially those associated with provision of hospitals, clinics and dispensaries. Health infrastructure is understood in both qualitative and quantitative terms to mean the quality of care and accessibility to health care delivery within a country. It is judged by the quality of physical, technological and human resources available at a given period. Physical structure entails the buildings and other fixed structures such as pipe borne water, good access roads, electricity and so on within the healthcare environments, whilst the technology is about the equipments meant specifically for hospital use including surgeries (Erinosho, 2006) in (Ademiluyi and Arowolo, 2009).

Dispensary:

Collins, (1991) an office in a hospital, school or other institution from which medical supplies, preparations and treatment are dispensed. Oxford dictionary, (2003) defined dispensary as a room where medicines are prepared and provided. Macmillan, (2004) observed that dispensary is a place in a hospital where you can get medicines and drugs. In his words Willey, (2010) defined it as a room or place as in a school summer camp or factory, where medicine and first aid treatment are available. Lastly Houghton, (2011) defined dispensary as an office in a school

hospital or other institution from which medicine supplies, preparations and treatments are dispensed.

Clinic:

Macmillan dictionary, (2004) define clinic as a place where people to receive a particular type of medical treatment or advice. American Heritage Dictionary observed that clinic is a facility often associated with a hospital or medical school, that is devoted to the diagnosis are of one patient. Oxford, (2003) clinic as an establishment or hospital department where outpatients are given medical treatment or advice especially of a specialist nature. According to Advanced Learners dictionary, (2003) a clinic is a building often part of a hospital to which people can go for medical care or advice relating to a particular condition. Lastly a clinic was defined as health care facility that is primarily devoted to the care of outpatient.

General Hospitals:

General Hospital can be define as the one having facilities such as medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions, including injuries; Children's general hospital a short-term hospital having facilities, medical staff and all necessary personnel to provide diagnosis, care and treatment of a wide range of acute conditions among children, including injuries.According to Badru, (2003)general hospital include facility that made provisions for accident and emergency unit and diagnosis unit including X-ray, scan machines and other pathological services among other services. The status of being a second layer of health institutions imposes certain acceptable standards and level of infrastructure. According to Medical and Dental Council of Nigeria, there should be a minimum of three doctors who are to provide medical, surgical, paediatric and obstetric care in any general hospital.

A general hospital can also be define as health institution which provides maternity service and shall have appropriate space available and equipment for labour, delivery, recovery and post-partum care. The hospital may configure the physical space and composition of maternity service through:

(i) Traditional obstetrical components (various rooms and locations used for each patient); or,

(ii) Labour/delivery/delivery units (birthing room with separate post-partum care); or,

(iii) Labour/delivery, recovery/post-partum units (single room); or,

(iv) A combination of the configurations listed in subparagraphs (A) to (C) inclusive of this subdivision

Drugs:

Mufflin, (2004) defined drug as a substance used in the diagnosis, treatment or prevention of a disease or as a component of a medication. According to Dictionary reference.com (2003) a drug is a chemical substance used in the treatment, cure prevention or diagnosis of disease or used to other wise enhance physical or mental wellbeing. Mosby, (2009) drugs are any substance taken by mouth, injected into a muscle, the skin,, blood vessel or a cavity of the body, or applied topically to treat or prevent a disease or condition. Falex, (2012) maintained that drug is an article other than food that is intended for use in the diagnosis, cure, mitigation treatment or prevention of disease or is intended to affect the structure or function of the body. The term does not include a device or a component part or accessory of a device. In their words Cambridge dictionaries, (2003) states that a drug is any natural or artificially made chemical that is used as a medicine. A drug is a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body (Oxford).

Health Employees:

Reckoning the size and determining the characteristics of health employees require precise definition. While this has taken many forms in the past, depending on the task at hand, we define health employees as all people engaged in the promotion, protection or improvement of the health of the population (Adams et al., 2003: Diallo et al., 2003). This is consistent with the WHO,(1996) definition of health systems as comprising all activities with the primary goal of improving health. Strictly speaking, this means that family members looking after the sick and other unpaid caregivers and volunteers who contribute to the improvement of health should also be counted as part of the health workforce, but these are not considered here or in the global

database not only for lack of information, but also because of the difficulty it poses with regard to establishing the boundaries of what constitutes a health system.

In addition, the role of health employees varies across countries and their professions often have a different national history, culture and codes of practice. This means that any cross-national attempt to determine the size and core characteristics of the health workforce requires some level of harmonization of the available information. This can be facilitated in part by the use of the International Standard Classification of Occupations (ISCO), which provides a coherent framework for categorizing occupations and type and level of training according to shared characteristics (Diallo, et al., 2003; Hoffman, 2003) in (Kinfu,et al 2007). Under ISCO, occupations are essentially organized according to two dimensions, skill level and skill specialization [Hoffman, 2003]. The former refers to the complexities of skills required for the job but not necessarily the way the skills were acquired. On the other hand, skill specialization is related more to areas of knowledge required, such as subject matter, services produced or equipment used. This system of classification enables occupational titles to be pulled into a hierarchical four-digit system, which can be aggregated to progressively broader groups.

2.1.3. State of social infrastructural facilities in Sub-Sahara Africa

- Investment as a proportion of GDP is about 10% compared to 16% in other developing regions.
- Less than 50% of roads in the region are not paved, about one third of population in developing regions of Europe, Asia, and the Americas
- About 40% of the population of the region lack access to portable water. About 60%of the population lack basic sanitation. Only about 30% have access to electricity supply
- Telephone preparation in the region is only about 14% compared to an average of 52% in America Europe and Asia
- Power sector in the region exhibits the highest amount of deficiency. The 48 countries of the region combined population of about 800 million only generate about 124 kilowatts per capita per year

In addition infrastructure services in sub-Sahara Africa are not only inefficient but also expensive compared to the other prices in other regions of the world. A kilo watt of electricity is

these countries cost between $ 0.028 and 0.45 compared to between $0.05 and 0.1 in other regions.

A cubic meter of water in the region cost between $0.86 and 6.56 but the same quantity cost only between $0.03 and 0.6 in the other developing regions

Road freight tariff in the region cost between $0.08 and $6.14 per kilometer, but same quantity freight only cost between $ 0.01 and $ 0.04 in other developing regions of the world

A kilowatt of electricity in sub-Saharan Africa cost between $0.025 and 0.45 compared to between $ 0.05 and 0.1 in other regions

A cubit meter of water in the region cost between $0.086 and 0.86 and 6.56 but the same quantity cost only between 0.03 and 0.6 in other developing regions

Road freight tariff in the region cost between 0.08 and 6.14 per kilometer but same quantity freight only cost between 0.01 and 0.04 in other developing regions of the world

The prices and charges of some infrastructure services are genuinely high due to high cost, however some service charges such as freight tariffs are high only as a result of high profit margin. The only viable way to reduce cost is to increase network coverage and thus reduce cost per unit

2.2. The state of service delivery in local government

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 education and health sectors. In the education sector, since the inception of the Universal Primary Education (UPE) program in 1997, there has been a growing number of enrolled children in schools. This increase, however, has not been met by corresponding increase in both infrastructure and staffing. As a result, overcrowding and low staffing remain major challenges that hinder proper implementation of the program in some districts. With the introduction of universal primary education in 1996, school enrolment rose from 3.6 million students to 6.9 million between 1996 and 2001. Yet this near-doubling in school enrolment was not matched by staff recruitment owing to lack of adequate finance from central government and local sources.

Most financial allocations to local governments are either put to non-education expenditures or do not reach their final destination: (UNDP report 2004).

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 in 1996 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 (Nsibambi 1998:58). 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 per cent to 16 per cent, during decentralization.

It should be noted that for decentralization 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 education, for example, there was disproportionate distribution of finance to the schools, with the poor schools receiving less or nothing of the capitation grants. Parents and students had little or no information regarding the amount of the capitation grant entitled to them. (Akim, Hutchinson and Strumpf)

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 per cent of revenue in Uganda could be generated locally (Saito 2006. With the introduction of decentralization, many districts started to charge education, environment and 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 paralyzed.

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 education and health

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 and agricultural 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 and MAFAI Report (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 per cent of the total expenditure was allocated to AES. It should be pointed out that the most daunting 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. (MFPED and AES1998)

The lack of funding at the local level paralyzed the personnel sector. In the first instance, decentralization led to staff retrenchment through civil service reform. In the agricultural sector the Agricultural Extension officer– farmer ratio was 1:1000–3000 in 1998. The wider area covered by each extension officer meant that few farmers had access to these services. On average, the proportion of farmers contacting Agricultural Extension Officer was only 10 percent. In most cases, AE staffs are deployed only up to sub-county level and have limited direct contact with farmers. Whereas extension workers had motorcycles to use to visit farmers,

they only have a monthly allocation of 25 liters of fuel for extension work. Only 1 per cent of farmers receive extension services.

The same problems of shortfalls in funding and personnel are 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 per cent to 16 per cent during decentralization (Akin, Hutchinson, and Stump 2001), while, as also noted, increased enrolment of primary school children during UPE resulted in overcrowding and low staff capacity to handle large classes. The increase in school enrolment was not marched by increased recruitment of new staff (UNDP 2004).

According to Saito (1999), on the one hand, the public service officials perceive that decentralization 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 center 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 center limits democracy and autonomous decision-making at the local level.

One of the objectives of decentralization 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).

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, for example, Ntungamo and Kiruhura districts.

In the *Daily Monitor* of 20 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 programmes that differ from local needs. In one district, residents argued that funds to implement decentralization 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 service delivery because much of the available financial resources end up enriching individuals employed in the public sector, particularly local governments. While decentralization has brought these improvements, it still faces serious shortcomings as well.

Most people have heard of decentralization. However, except for those who are in the active leadership positions, people at the grassroots generally do not have clear understanding of it. A group of women said that "we have heard of it, but do not know what it means clearly. But the LC is familiar to us." This succinctly summarizes the current situation, and this appears to be quite common in a number of villages in Uganda. Even if Rakai and Mukono districts, which are the districts, considered to be more advanced in the degree of decentralization than other districts, the situation is still the same. Consequently, most of the people at the grassroots level do not know what their roles are vis-à-vis their Councilors and administrators. (Nick Devas 2005)

Different Views of Stakeholders

Decentralization involved various stakeholders, and they do not necessarily have agreed views on decentralization: *inter alia* politicians, civil servants, international donors, international and national NGOs. Their view can vary according to the level at which they are active: at a national level or at a local level. For instance, national politicians may not necessarily support decentralization because it would reduce their influence on policy making at the benefit of local politicians. Likewise, national and local civil servants may not have agreed views on decentralization.

Civil service staffs in the center tend to be ambiguous. As long as decentralization does not curtail their influence on decision making, they do not oppose it. They are already at the center, and they do not have to be sent to take up local posts. On the other hand, some may lose their jobs since the central government is undergoing the civil service reform which reduces the number of bureaucrats. The civil servants at the local level also have mixed views on decentralization. It, on the one hand, enhances their autonomy, which is liked by all.

2.3. Improving service delivery in local government

Although the current system has various serious deficiencies, there are significant possibilities, which can be harnessed by essential stakeholders including the state and the people. The possibilities can form a critical basis for making decentralization as a positive-sum solution for Uganda rather than a zero-sum one as was the case before. The local governance and its Local Council (LC) structure will bear important functions and responsibilities in order to make the current decentralization successful both politically and developmentally. Decentralization in the past tended to be a zero-sum game: what one stakeholder gains is a loss for others. If, however, the current decentralization is not a positive sum solution for stakeholders, the LC system will not sustain the support by the people who really wish to grow out of poverty. The stakeholders for making positive sum include, *inter alia*, local politicians (Councilors), civil servants, and the people themselves.

Kayizzi Mugerwa (1999) 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. Dimensions of gender and ethnicity are also particularly relevant, since the socially disadvantaged including women and ethnic minorities need to be appropriately participated in the governance structure.

Another important achievement on the improvement of financial resources by local government is the way in which donor funds are channeled. Previously all donor assistance needed to be based on an agreement between foreign donor(s) and the central government of the Republic of Uganda which is not the case today. The Rakai Project assisted by the DANIDA is very illustrative of a new experiment. In this project the DANIDA, while maintaining the agreement with the central government, also negotiated a parallel agreement with the district authority in Rakai. (Lumbugu, Rakai 1999)

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The main objective of this chapter was to outline the various research methods and techniques employed in order to carry out the study. The chapter covers the search design, study population, sample size, methods of selection, data: collection.

3.1. Research Design

This is a case study research design to study how infrastructural facilities affect the performance public institutions in Uganda, a case study of Entebbe municipality Wakiso district. The study applied qualitative research approach making use of descriptive survey.

3.2. Study Population

Uganda's population at the time of this study, based on the Uganda National Bureau of Statistics and the 2014 Population Census Report, is approximately thirty five million (35M). This study covered Entebbe municipality with a population of about (69,958) according to 2014 national population census and this constituted the total study population. The research study representative Entebbe municipality were men and women ages between 20-65 years who were involved in various activities.

3.3. Sample Size

The researcher used Slovene's formula to select a sample from the entire population as indicated below.

Slovene's formula was used to calculate the sample size (n) given the population size (N) and a margin of error (e) which is normally given as 0.05.

(n) = Sample size

(N) = Given population size

(e) = Margin of error normally given as 0.05

$$n = \frac{N}{1+N(e^2)}$$

$$n = \frac{69{,}958}{1+69958(0.05^2)}$$

$$n = \frac{69958}{1+69958(0.0025)}$$

$$n = \frac{69958}{1+175}$$

n=401

3.4. Sample Selection

Sampling Techniques is the process of selecting element from a population in such a way that the sample elements selected represents the overall population. A sample is a portion of the population whose results can be generalized to the entire population. According to Amin, (2005) sampling is a process of extracting a portion of the population from which generalization can be made.

The researcher used purposive sampling technique to select the respondents from Entebbe Municipal council because the respondents are mainly professionals with expert knowledge about the nature of research under study and simple random sampling for other respondents from

the municipality because everyone aged between 20 and sixty years of age stood an equal chance to be sampled for a respondent.

3.5. Research Instruments

Questionnaire

A structured questionnaire guide was prepared containing open and closed questions. The open questions allowed respondents to give answers using the official language that is English. The questions in this schedule were formulated in a simple and unambiguous way and was arranged in a logical order to make it more attractive and comprehensive. The instrument was developed in English.

Secondary data sources

Books, journals, reports and internet documents were used as secondary sources of data supporting or supplementing the empirical findings of the study.

3.6. Validity and reliability of research instrument.

This is the reliability and validity of the instruments used for collecting data. The researcher ensured that the instruments that were used for collecting data yielded valid results through the use of experts including the supervisor and other researchers in the same area. These helped the researcher in various fields to look at the research questions and ensure that the research instruments yield measures that were consistent each time they were administered to some individuals.

3.7. Data analysis

Data analysis is an on-going part of data collection. All collected data was carefully entered in Access and then exported to Microsoft Excel. Exported data was checked randomly against original completed questionnaire schedule. Errors were detected and necessary corrections were made accordingly after exporting. Further consultation with research assistants and in some cases with the community people was required. Qualitative data was converted into quantitative numbers, if required, after processing, scaling and indexing of the necessary and relevant variables to perform subsequent statistical analysis for drawing inferences.

3.8. Ethical consideration

The researcher maintained maximum confidentiality of the findings from the respondents. The researcher followed all the legal procedures to reach the respondents such as getting a letter of introduction from Kampala International University and presenting it to the organisations in Entebbe municipality and other authorities

The researcher conducted the research in person, not getting another individual to conduct the collection of data or analyze data on his behalf.

The researcher was bound not to disclose the respondents' names in order to protect their privacy and allow them to live in harmony. Each respondent's permission was sought prior to answering questions.

3.9. Limitations of the study

Like any other research undertaking, this study faced both practical and methodological limitations. The practical limitations included limited knowledge; computerized statistical analysis packages, not all respondents gave all required information, apathy of some respondents, failure of interpretation of the questionnaires and some withheld for confidential reasons.

CHAPTER FOUR

DATA PRESENTATATION, ANALYSIS AND INTERPRETATION OF FINDIDNGS

4.0. Introduction

This chapter presents data, analysis and interpretation of the data collected in relation to the topic and objectives of the study objectives.

4.1. Socio- demographic representation of respondents

This section presents the demographic characteristics of the respondents that include; gender, age and educational level.

4.1.1. Distribution of respondents by gender

The respondents were asked to state their gender and below are the responses in the table

Table: 1 shows the distribution of respondents by gender

Gender	Frequency	Percentage
Male	220	55
Female	181	45
Total	**401**	**100**

Source: Primary Data 2019

4.1.2. The distribution of respondents according to age

The respondents were asked to state their age because it was necessary to examine whether the respondents were the rightful ones and eligible to give appropriate information and bellow are their responses in the table.

Table 2: Represents the distribution of respondents according to age bracket

Age bracket	Frequency	Percentages (%)
20-29	111	27
30-39	200	50
40-49	80	20
50-59	10	02
Total	401	100%

Source: Primary Data 2019

In the table above it is indicated that 27% of the respondents were between 20-29 years, 50% were in the age range of 30-39 years, 20% were between 50-59 years, and 02% were between 50-59 years. Majority of the respondents were between 20 and 39 years of age and this is youthful age that is that is very active and interested in the performance of public institutions

4.1.3. The distribution of respondents according to academic background

This was also requested to be answered by the respondents because the tool of data collection required respondents who can read English and understand it for better interpretation of the questions. The responses are presented in the table below.

Table 3: Represents the distribution of the respondents according to Academic Background.

Academic Background	Frequency	Percentage
Ordinary level	88	21
Advanced level	140	35
Diploma	135	34
Bachelor	38	10
Total	**401**	**100**

Source: Primary Data 2019

According to the research findings on table above, the study covered respondents from all educational levels. The findings from the study reveal that Advanced Level certificate graduates were the majority with 35%, followed by Diploma holders constituting 34%, ordinary level certificate 21% and bachelor's degree holders with 10%. Thus the data collected from the respondents who were appropriate because majority of them had acquired skills up to different levels of education.

4.2. The state of service delivery in Uganda

The first research question was to examine the state of social infrastructure in Uganda. To get answers to the question, the respondents were asked the following questions and their responses were tabulated in the tables below

4.2.1. There is good road network and street lights in Entebbe municipality and other parts of Uganda

The respondents were asked to state whether there is good road network and street lights in Entebbe municipality and other parts of Uganda and below in table 4 are the responses from the respondents

Table 4: Represents whether there is good road network and street lights in Entebbe municipality and other parts of Uganda

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total%
Male	52	24	40	18	103	47	25	11	220	100
Female	40	22			80	41.1	61	34	181	100
Total	183	46	101	25	92	23	25	06	401	100

Source: Primary Data 2019

From the table above it's indicated that 24% of the male respondents agree with the statement, 18% strongly agree, 47% disagree and 11% strongly disagree.22% of the female respondents agree, 41.1% disagree and 34% strongly disagree. The implication from the above findings indicate that road network and street lights are to a great extent poor and the street lights are not working. Social infrastructure inform of roads and street lights is poor

4.2.2. The lower-level governments lack the ability to manage public finances and maintain proper accounting procedures

The response rate of the respondents on the statement that lower-level governments lack the ability to manage public finances and maintain proper accounting procedures is tabulated in table 5 below.

Table 5: Shows whether lower-level governments lack the ability to manage public finances and maintain proper accounting procedures

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total%
Male	150	68	40	18	30	14			220	100
Female	102	56	50	28	29	16			181	100
Total	252	63	90	22	59	15			401	100

Source: Primary Data 2019

It is very clear from the table above that majority of the respondents both male and female agree with the statement that The lower-level governments lack the ability to manage public finances and maintain proper accounting procedures, with 68% of the males agreeing to the statement, 18% strongly agree while 14% disagree. Female respondents had 56% agreeing to the statement, 28% strongly agreeing and 16% strongly disagree. This implies that lower-level governments lack the ability to manage public finances and maintain proper accounting procedures and this hinders service delivery both in rural and urban areas.

4.2.3. Programs in local governments are externally planned which differ from local needs

The respondents were asked to give their response to the statement programs in local governments are externally planned which differ from local needs, below in table 6 is their response rate

Table 6: Represents whether Programs in local governments are externally planned which differ from local needs

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	90	41	102	46	28	13			220	100
Female	64	35	47	26	40	22	30	17	181	100
Total	154	38.4	149	37.1	68	17	30	7.4	401	100

Source: Primary Data 2019

In the table above it is indicated that 41% of the male respondents agreed with the statement, 46% strongly agree and 13% disagree with the statement. 35% of the female students agree with the statement, 26% strongly agree with the statement, 22% disagree and 17% strongly disagree. The implication is that programs in local governments are externally planned which differ from local need. This is likely to affect service delivery because the needs of the people at the grassroots can be identified by the local leaders

4.2.4. Medical care centers and services have fallen far short of local needs through lack of enough finances from the government

The respondents were asked to give their response to the statement Medical care centers and services have fallen far short of local needs through lack of enough finances from the government, below in table 7 are their responses

Table7: Represents whether Medical care centers and services have fallen far short of local needs through lack of enough finances from the government

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	98	44	50	23	70	32	02	01	220	100
Female	45	25	75	41	23	13	38	21	181	100
Total	143	36	125	31	93	23	40	10	401	100

Source: Primary Data 2019

44% of the male respondents agree with the statement, 23% strongly agree, 32% disagree and01% disagree with the statement. 25% of the female respondents agree, 41% disagree, 13% disagree and 21% disagree with the statement. Medical care centers and services have fallen far short of local needs through lack of enough finances from the government. This is a danger to the wellbeing and life of the people who cannot afford medical services from private health centers and hospitals.

4.3. The state of social infrastructural facilities in Uganda

The second research question was to examine the state of infrastructural facilities in Uganda. To get answers to the question, the respondents were asked the following questions and their responses were tabulated in the table below their responses were tabulated in the table below

4.3.1Power sector in Uganda exhibits the highest amount of deficiency more especially in rural areas.

The responses from the respondents to the above statement (Power sector in Uganda exhibits the highest amount of deficiency more especially in rural areas) are tabulated in table 10 below

Table 8: represents how Power sector in Uganda exhibits the highest amount of deficiency more especially in rural areas.

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	180	81	42	19					220	100
Female	100	55	81	45					181	100
Total	280	70	123	30					401	100

Source: Primary Data 2019

From the table above its very clear that 81% of the respondents agree with the statement while 19% strongly agree. About female respondents, 55% agree while 45% strongly agree. Therefore

this means that the power sector exhibits the highest amount of deficiency in Uganda. This leads to poor service delivery and limits the rate of growth and economic development since most economic activities depend on power

4.3.2. Telephone preparation in the region is only about 14% compared to an average of 52% in America Europe and Asia124 kilowatts per capita per year

The respondents were asked to state whether Telephone preparation in Uganda is only about 14% compared to an average of 52% in America Europe and Asia124 kilowatts per capita per year

Table: 9 Represents whether telephone preparation in Uganda is only about 14%

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	190	86			32	14			220	100
Female	102	56			79	44			181	100
Total	292	72			111	28			401	100

Source: Primary Data 2019

The table above shows that 86% of the male respondents agree with the statement that telephone preparation is only about 14% while 14% disagree. 56% of the female respondents agreed while 28% did not agree. Since most of the respondents agreed to the statement, it implies there is poor telecom network in Uganda.

4.3.3. About 60% of the population in Uganda lack access to portable clean water

The respondents were requested to state whether about 60% of the population in Uganda lack access to portable clean water and below are the responses in table 10

Table10: About 60% of the population in Uganda lack access to portable clean water

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male			220	100					220	100
Female	170	94	11	06					181	100
Total	170	42	231	58					401	100

Source: Primary Data 2019

From the table above it's very clear that all male respondents (100%) strongly agreed with the statement, 94% of the female respondents also agreed and only 6% agreed strongly. The implication is that the health of the people of Entebbe municipality and Uganda at large is at

stake due to lack of access to running portable clean water.

4.3.4. Less than 50 0f the roads in Entebbe municipality and the rest of the country are paved

Below are the response of the respondents about whether Less than 50 0f the roads in Entebbe municipality and the rest of the country are paved

Table 11: Less than 50 0f the roads in Entebbe municipality and the rest of the country

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	150	68	70	32					220	100
Female	101	55	80	45					181	100
Total	291	72	151	38					401	100

Source: Primary Data 2019

The table above shows that most of the respondents agree that Less than 50 0f the roads in Entebbe municipality and the rest of the country are paved with 68% male agreeing to the statement and 32% who strongly agree. Female respondents were 55% agreed with the statement while 45% strongly agreed to the statement. This implies that the roads are notsafe for pedestrians to use and this also may lead to high accident rate in the country

4.4. The influence of social infrastructural facilities on service delivery in Uganda.

The third research objective of this research was to examine the influence of social infrastructural facilities on service delivery in Uganda. This was followed by a research question that, what is the influence of social infrastructural facilities on service delivery in Uganda. To get answers to that question, the respondents were asked several questions

4.4.1 Social infrastructural facilities such as schools, employment, roads, and hospitals cater for a mix of cultures, ages, skills, which strengthen individual and community identity.

Below are the response of the respondents about whether Social infrastructural facilities such as schools, employment, roads, and hospitals cater for a mix of cultures, ages, skills which strengthens individual and community identity.

Table12: Social infrastructural facilities such as schools, employment, roads, and hospitals cater for a mix of cultures, ages, skills which strengthens individual and community identity.

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	120	55	80	36	22	10			220	100
Female	92	50	30	17	59	33			181	100
Total	212	53	110	27	81	20			401	100

Source: Primary Data 2019

It is clear that 55% of the male respondents agreed to the statement, 36% strongly agreed, 10% did not agree. From the female side, 50% agreed to the statement, 17 strongly agreed while 33% did not agree that Social infrastructural facilities such as schools, employment, roads, and hospitals cater for a mix of cultures, ages, skills which, strengthens individual and community identity. The implication here is that social infrastructural facilities in Entebbe municipality and the rest of Uganda to a great extent do not exclude people. There is an attempt to include all categories of people in government programs

4.4.2. Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole

The respondents were asked to state whether Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole the responses are indicated in the table below

Table 13: Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total%
Male	81	38	93	42	46	20			220	100
Female	72	39	63	35	41	23	05	3	181	100
Total	153	38	156	39	87	22	05	1	401	100

Source: Primary Data 2019

The table above shows that 38% of the males agree with the statement, 42% strongly agree, 20% disagree. On the other hand, 39% of the female respondents disagree, 35% strongly agree, 23%

disagree and 3% strongly disagree. Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole.

4.4.3. Access to social infrastructural facilities, programs and events has led to increased employment opportunities, increased learning opportunities and social interaction in Entebbe municipality and the rest of the country

The respondents were asked to state whether access to social infrastructural facilities, programs and events has led to increased employment opportunities, increased learning opportunities and social interaction in Entebbe municipality and the rest of the country. The responses are tabulated in the table below

Table 14: Access to social infrastructural facilities, programs and events has led to increased employment opportunities, increased learning opportunities and social interaction in Entebbe municipality and the rest of the country

Gender	Agree	%	Strongly agree	%	Disagree	%	Strongly disagree	%	Total	Total %
Male	70	32	40	18	58	26	52	24	220	100
Female	61	34			70	39	50	27	181	100
Total	131	33	40	10	128	32	102	25		1001

Source: Primary Data 2019

From the table above it is indicated that 32% of the male respondents agree with the statement, 18% strongly agree, 26% disagree and 24% strongly disagree. The female respondents, 34% agree with the statement, 39% disagree, and 27% strongly disagree. To some extent access to social infrastructural facilities, programs and events has increased employment opportunities, learning opportunities and social interaction in Entebbe municipality and the rest of Uganda because the minority group is slightly lower than those who did not agree with the statement. To a greater extent it has not increased learning opportunities and social interaction in Entebbe municipality and the rest of the country. There is need by the government to focus so much on increasing access to social facilities, programs and events.

CHAPTER FIVE

SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

This chapter presents summary of findings, conclusions and recommendations from the research study. These follow the sequence of research questions as developed from the research objectives. An attempt was further made to highlight recommendations which the researcher deemed to benefit government and the entire community. The researcher thus presents a detailed discussion of the results, draws conclusions and makes recommendations from the study.

5.1. Summary of Findings

The subsequent summary in this chapter is based on the results presented in chapter four of this report as given by the respondents. The main aim of this study was indicated in chapter one as to find out the relationship between social infrastructural facilities and service delivery in Uganda, case study of Entebbe municipality

5.1.1. Socio-demographic Characteristics of Respondents

From the demographic characteristics of respondents; gender, age and education background, majority of them 50% were aged between 30-39 years followed by 27% aged between 20- 29 years, 20% were aged between 40-49 years and 02% were between 50-59 years of age. Majority of them were male with 55% and women 45% respectively. The findings from the study reveal that those with Advanced certificate level of education were the majority with 35%, followed by Diploma holders constituting 34%, Ordinary level certificate of education 21% and Bachelor's degree holders with 10%.These characteristics were very important in the study because it gives a background where one can build to critically asses the phenomenon and the validity of the research findings.

5.1.2. The state of service delivery in Uganda

The implication from the above findings indicate that road network and street lights are to a great extent poor and the street lights are not working. Social infrastructure inform of roads and street lights is poor. This implies that lower-level governments lack the ability to manage public finances and maintain proper accounting procedures and this hinders service delivery both in rural and urban areas.

The implication is that programs in local governments are externally planned which differ from local need. This is likely to affect service delivery because the needs of the people at the grassroots can be identified by the local leaders

Medical care centers and services have fallen far short of local needs through lack of enough finances from the government. This is a danger to the wellbeing and life of the people who cannot afford medical services from private health centers and hospitals.

5.1.3. The state of social infrastructure in Entebbe municipality

Power sector exhibits the highest amount of deficiency in Uganda. This leads to poor service delivery and limits the rate of growth and economic development since most economic activities depend on power. The health of the people of Entebbe municipality and Uganda at large is at stake due to lack of access to running portable clean water. There is poor telecom network in Uganda and the roads are not safe for pedestrians to use due to them lacking pavements and this also may lead to high accident rate in the country.

5.1.4. The influence of social infrastructural facilities on service delivery in Entebbe municipality

Social infrastructural facilities in Entebbe municipality and the rest of Uganda to a great extent do not exclude people. There is an attempt to include all categories of people in government programs. Social infrastructural facilities such as hospitals and health centers have improved health and wellbeing of the people in Entebbe municipality and Uganda as a whole. This is due to the commitment by the government to improve on the performance of the health sector though it has not yet yielded much to people's expectation. To some extent access to social infrastructural facilities, programs and events has increased employment opportunities, learning opportunities and social interaction in Entebbe municipality and the rest of Uganda because the minority group is slightly lower than those who did not agree with the statement. To a greater extent it has not increased learning opportunities and social interaction in Entebbe municipality and the rest of the country. There is need by the government to focus so much on increasing access to social facilities, programs and events.

5.2. Conclusion

From the findings of the study, conclusions were made from the findings of the study. This is indicated as

follows;

From the findings of the study, it can be concluded that there is a limited relationship between social infrastructure and service delivery in Uganda. This is because there is little evidence that social infrastructure has really improved service delivery in Entebbe municipality and Uganda in general thus the two are dependent on each other and thus there is much to be done by the authorities to improve this relationship to yield much better results

5.3. Recommendations

To the government

The government of Uganda needs to double its funding to government programs more so social infrastructural facilities like health centers and hospitals, roads construction and maintenance, education, hydroelectricity power sector, portable and running water, telecommunication and others in this category.

To the community

There is need for the community to be encouraged to participate fully in government programs and to aggressively protect what belongs to the general public to ensure there is no misuse and any form of social exclusion based on gender, disability, education, ethnic background because according to the findings, there is social inclusion but a limited extent.

5.4. Areas for further research study

The limitations of social infrastructure in Uganda

The causes and effects of social exclusion in Uganda

The relationship between social infrastructure and economic growth

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APPENDICES

APPENDIX 1:

RESEARCH QUESTIONNAIRE

Respondent's Informed Consent

Dear respondent,

The researcher is a student of Kampala international University conducting a research study on social infrastructural facilities on service delivery in the public sector in Uganda case study of Entebbe municipality. The research study is a requirement for the award of a degree of Bachelor of public administration. It is purely academic and any information given will be treated confidentially and only for academic purposes.

Thank you,

SECTION A

Respondent's Personal Profile

SEX: Male ☐ Female ☐

AGE: 20- 29 ☐ 30-39 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐

Education background

Secondary education ☐ Diploma holder ☐

Degree holder ☐

SECTION B

Please indicate for the following statements the extent to which you agree or disagree by ticking SA for strongly agree, A= Agree, U= Uncertain, D= Disagree and SD for strongly disagree.

The state of social structural facilities in Entebbe municipality

No	Statement	A	SA	D	SD
1	Investment as a proportion of GDP is about 10% compared to 16% in other developing regions.				
2	Power sector in the region exhibits the highest amount of deficiency. The 48 countries of the region combined population of about 800 million only generate about 124 kilowatts per capita per year				
5	About 40% of the population of the region lack access to portable water.				
6	Less than 50 0f the roads in Entebbe municipality are paved				

The state of service delivery in public institutions in Entebbe municipality

No	Statement	A	SA	D	SD
1.	There is good road network and street lights in Entebbe municipality				
2.	The lower-level governments lack the ability to manage public finances and maintain proper accounting procedures				
3.	Programs in local governments are externally planned which differ from local needs				
5.	medical care centers and services has fallen far short of local needs through lack of enough finances from the government				

The influence of social infrastructural facilities on service delivery in public institutions

No.	Statement	A	SA	D	SD
1.	Social infrastructural facilities such as schools, employment, roads, hospitals cater for a mix of cultures, ages, skills which strengthens individual and community identity				
2.	Social infrastructural facilities such as hospitals and health centers has improved health and wellbeing of the people in Entebbe municipality				
3.	Access to social infrastructural facilities, programs and events has led to increased employment opportunities, increased learning opportunities and social interaction in Entebbe municipality				
4	Social infrastructural facilities like government schools, hospitals, roads, police, support the growing population of Entebbe municipality				

APPENDIX 3

PROPOSED RESEARCH BUDGET

ITEMS	QUALITY	AMOUNT
Stationary	1	15000
Flash disk	1	25000
Research assistant	1	100,000
Transport to & from the field		100,000
Data analysis		150,000
Editing and Printing	3 copies	40,000
Binding	3copies	40,000
Miscellaneous		100,000
GRAND TOTAL		**470,000**