AN ASSESSMENT OF THE CONTRIBUTION OF DECENTRALIZATION ON HEALTH SERVICE DELIVERY: A CASE STUDY OF KATWE-BUTEGO SUBCOUNTY, MASAKA DISTRICT

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A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE A WARD OF A DEGREE IN PUBLIC ADMINISTRATION OF KAMPALA INTERNATIONAL UNIVERSITY

JUNE, 2018

DECLARATION

I, **BAMULUMBYE BEN** declare that this report was my original work and has never been presented for any academic award or anything similar to such. I humorlessly bear and stand to correct any inconsistencies

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Signatures .....

Date.....8th/05/2018.....

APPROVAL

This is to acknowledge that this report has been conducted under my supervision and it is now ready for submission to the academic board of Kampala International University for examination with my approval

University Supervisor

MRS NAMAYENGO LYDIA

Signature…….. Date…10/05/18'……

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LIST OF ABBREVIATIONS/ACRONYMS

DDPs-District Development Plans

DSC – District Service Commission

FGD – Focus Group Discussion

HMIS – Health Management Information System

HSD - Health Sub-district

HUMC - Health Unit Management Committee

KI – Key Informant

LGDP – Local government Development Programme

LG-Local government

NGO – Non-governmental Organisation

PSC – Public Service Commission

ABSTRACT

The study aimed at establishing the influence of decentralization on health service delivery in Katwe-Butego Sub County -Masaka District. The objectives of the study were, to determine the level of decentralization on the health service delivery in Katwe-Butego Subcounty -Masaka District, to establish the role of decentralization on health service delivery in Katwe-Butego Subcounty -Masaka District, and to establish the relationship between decentralization and health service delivery in Katwe-Butego Sub County -Masaka District.

The study was designed to investigate the effects of Decentralization on health service delivery in Masaka district. The study was across sectional involving both male and females and descriptive in nature aiming at giving detailed account of views, impression, attitude and interpretation of issues on health welfare of the people. The comprised of one hundred twenty (120) respondents, to be selected from the ratio of 40 staff members, 64 respondents from the community members (beneficiaries) and 16 local leads respectively. These provided the substantial information about the research topic. Before going to the field for data collection, the researcher got a letter of introduction from the office of the head of department commissioning him to carry out the study with purpose. In addition, the researcher introduced himself to the respondents before administering the questionnaire and have interviews with respondents. The study revealed that the age category 36 - 45 had a 15% representation. Age category 46-55 had a total response of 20%, while 26-45 age group was represented by 20% the 20-25 category had a total representation of 25% while the category 56+ had a representation of 20%. This implies that elderly people are less energetic to participate actively in running the daily activities of the district. The study concluded that, determine the level of Decentralization on health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda have expressed concerns about the startup of the third phase of decentralization through which new responsibilities was devolved from the central government and provincial level to the districts, and sector offices was given new attributions and responsibilities that the districts have managed over the past couple of years. It was recommended that, Katwe-Butego Sub-County -Masaka District need to be represented in the Kampala town Council meetings in order to share with the Town Council members what their Districts plan to do in a particular period. Also the study recommends more research to be carried out on the roles and responsibilities of different organs in the District (District Council, Executive Committee and technical staffs).

Chapter One: Introduction

1.1 Back ground of the study

1.1.1 Historical perspective

Globally, in a more decentralized organization in USA, UK and Asian countries, the top executives delegate much of their decision-making authority to lower tiers of the organizational structure. As a correlation, the organization is likely to run on less rigid policies and wider spans of control among each officer of the organization. The wider spans of control also reduce the number of tiers within the organization, giving its structure a flat appearance. (Kumar, 2006), One advantage of this structure, if the correct controls are in place, will be the bottom-to-top flow of information, allowing decisions by officials of the organization to be well informed about lower tier operations. For example, if an experienced technician at the lowest tier of an organization knows how to increase the efficiency of the production, the bottom-to-top flow of information can allow this knowledge to pass up to the executive officers.(Frischmann, 2010). The local government provides a number of programs to aid individuals in transition such as Social Security, unemployment insurance and health insurance programs. There are also welfare programs created to assist the poor by "equalizing resources" such as Food Stamps, housing and other assistance programs. On the surface providing essentials such as food, housing and other benefits to the poor is a noble philosophy, and a society should have safety nets in place for its most vulnerable citizens.

Regionally, several governments in Africa, Nigeria and other West African countries inclusive, have embarked on decentralization as a way of economic and institutional reforms to promote democratization and socio-economic development. According to Azfar et al (2007), Mali undertook to pursue decentralization as a process to widen its support by increasing the people's participation in decision making process at the grassroots through the health service delivery system for a more effective health and economic development. Bitarabeh (2008) asserts that this was hoped to contribute to development and reduction of poverty among the poor and the country at large (Sinagatullin, 2006).

In East Africa, decentralization policy in Kenya and Tanzania aims at improving rural development set plans and objectives getting implemented by a developmental, professional and motivated human resource (Republic of Kenya, (1999). Decentralization policy has been

advanced as a process that promises the transfer of legal, political, administrative and financial authority to plan, make decisions and manage public functions and services. The transfer is normally from the central government and its agencies to lower levels of administration or organisations. Tanzania's current decentralization policy is embedded in Chapter eleven of the 1995 Constitution of the Republic of Uganda (hereinafter called the 1995 Constitution) and the Health service delivery's Act, 1997. The above 1997 Act has the following in its introduction of the Decentralization/Health service delivery Law defining it as "An Act to amend, consolidate and streamline the existing law on Health service delivery in line with the Constitution to give effect to the Decentralization and devolution of functions, powers and services; and to provide for Decentralization at all levels of Health service delivery's to ensure good governance and democratic participation in, and control of, decision-making by the people; and to provide for revenue and the political and administrative set up of Health service delivery's; and to provide for election of Local Councils and any other matters connected to the above".

In Uganda, decentralization took shape in Uganda in the 1980s with the establishment of the RC I to RC V system (later renamed LC) hierarchically from villages, parishes, sub counties/divisions and Districts/ Municipalities respectively (Nsibambi, 1998). The following objectives were considered by a commission set by the NRM government for this decentralized system of governance: to bring services nearer to the people; reduce tedious administrative and bureaucratic procedures; make services to suit local needs and conditions; improve accountability by local scrutiny; and to enable the process of capacity building of local institutions. To achieve the above objective, two extreme approaches of devolution and decongestion were adopted. The Constitution of the Republic of Uganda 1995 Chapter 11 Article 176 and the LG Act CAP 243 that came into play on 24th March 1997 provided the legal basis, regulatory frameworks respectively (Cling, 2002).

In Masaka district, describes rural development as a strategy that enable a specific group of people to gain for themselves and their children more of what they want and need. IFAD (2001) estimates that over one billion people in the world live in poverty and most of these impoverished people reside in rural communities (Collier (2007). The group includes small scale farmers, tenants and the landless. As such, rural communities are prioritized in order to achieve the world's

development and poverty alleviation goals (Nsibambi, 2000). "Policies for rural development should receive higher priority than in other economies. Whereas the policies needed for industrial exports around the world, policies for rural development should be adapted to local circumstance and this requires much large investment in local knowledge".

1.1.2 Theoretical perspective

The theories of decentralization include: the liberal theory, the economic theory/public choice theory and the Marxist theory. The theories have informed much of contemporary academic, practitioner and political argument about health service delivery issues. The theory found to be most relevant by this study is the liberal theory as it directly advocates for the goodness of personnel decentralization for better performance. In support of the above (Lubanga, 1998) quotes Vincent Ostrom and also adds that; Personnel decentralization has its origin from the liberal school of political thought. Under personnel decentralization, because of the proximity of the employer and the employee and given their mutual interest, effective attachment is likely to develop and, along with it, reciprocal accountability–i.e. improving performance and eliminating organizational failure.

1.1.3 Conceptual perspective

The term "decentralization" embraces a variety of concepts which must be carefully analyzed in any particular country before determining if projects or programs should support reorganization of financial, administrative, or health service delivery systems (The World Bank group, 2002). Decentralization, which denotes to a process or situation of transfer of authority and responsibility for public functions from the central government to intermediate and health service delivery or quasi-independent government organizations and/or the private sector, is a complex multifaceted concept. Different types of decentralization should be distinguished because they have different characteristics, policy implications, and conditions for success.

Decentralization is the process of dispersing decision-making governance closer to the people and/or citizens. It includes the dispersal of administration or governance in sectors or areas like engineering, management science, political science, political economy, sociology, and economics. (Musis, 2007), Decentralization is also possible in the dispersal of population and employment. Law, science and technological advancements lead to highly decentralized human endeavors.

Health service delivery is a form of public administration which in a majority of contexts, exists as the lowest tier of administration within a given state (Tindal, 2004).

In Decentralization, Law No. 22/1999 and Law No. 32/2004 give full authority to citizens to elect the governor and the local legislature at the provincial level and the mayor and also the local legislature at the district level. Consequently, health service delivery are more independent and thus able to develop their own institutions and manage their own financial resources. They have more space to build up their capacity and creativity to provide public services. They are also more accountable because their constituents elect them. Therefore, under this new system, people could expect that their government would do better for bringing them into prosperity (Rasyid, 2002).

The new laws have reformed the political system in Indonesia. In the past, based on Law No. 5/1974, the central government decided who would be elected to the second tier and third tier governments (Rasyid, 2002). Rasyid (2002) argue that "the central government enjoyed discretionary power to apply its own conditions to justify any of its decisions". Moreover, in the Soekarno and Soeharto regimes, the governor, the regent, and the mayor functioned as the representatives of the central government and the head of the region and the locality. In contrast, now politicians are able to serve the in second tier (provincial) or third tier (districts or cities) without being elected by central government, but being elected by the citizens in one jurisdiction (Rasyid, 2002). Therefore, it has been argued that the decentralization after Law No. 22/199 was implemented held the elected leaders in provinces or districts or cities more accountable than before the introduction of Law No. 22/1999.

1.1.4 Contextual Perspective

The Decentralization implementation process is being undertaken in three phases: The first phase (2000-2003) established democratic and community development structures and attempted to build their capacities. In a bid to facilitate the functioning of these structures, a number of legal, institutional and policy reforms were undertaken, covering roles and responsibilities of central and decentralized structures; financing services and accountability mechanisms (George, 2007).The current second phase (2004-2008) is meant to consolidate and deepen the Decentralization process by emphasizing rural development to communities through a well-integrated accountability network. This is through community empowerment by ensuring greater participation and

involvement in the planning and management of their affairs. As a mechanism to facilitate effective implementation of poverty reduction programs, Decentralization principles and practices are mainstreamed in the ongoing work to update the PRSP2, sectoral strategies and plans, and the District Development Plans (DDPs). The strategy and activities in this phase are, thus, building on the achievements, lessons and challenges of the first phase, as well as emerging concepts and priorities in the rural development systems. Victor (2000).

Most governments have both centralized and decentralized levels of decision making in which choices made at each level regarding the provision of public services are influenced by the demands for those services by persons living in such jurisdiction. This scenario is prevalent in federal and non-federal systems of government. However, it is not uncommon to ascribe fiscal Federalism mostly to federal governments. Within this context, Decentralization involves the existence of sub-national or lower levels of government. The fiscal relationships and/or arrangements between the centre and the lower levels of government is often called fiscal federalism. LIFE, (2007).

Mills, & Witter, (2006), observed that decentralized management of schools led to improvement in achievement scores in Katwe-Butego Sub county Masaka district. Estache and Sinha (2005) using data on a cross-section of industrial and developing countries found that Decentralization leads to increased spending on public infrastructure. Keith, (2000) and Shinyekwa, (2006). Using cross-section and time series data for a large number of countries especially in Uganda find that decentralization contributed to improved delivery of public goods provision.

1.2 Statement of the Problem.

For over a decade now, Masaka district experiences a declining performance. Among other reasons advanced for this situation are incompetent leadership characterized by embezzlement/corruption, low revenue mobilization, mismanagement and rolled out/inherited difficult situations. This has made local participation difficult coupled by bad working relationship between the civil servants, politicians and the community and other stakeholders with each operating independently, more or less like in the centralized system.(Shinyekwa, 2006)This have resulted to several problems such as poor co-ordination of work among the different departments that associated such kind of system. The performance of Decentralization to date has been successful in many respects and there is

consensus across Government, development partners, civil society and private sector actors, that it is the most appropriate mechanism for health service delivery due to lack of capacity at district levels to develop well integrated development and action plans; weak awareness of national laws and bylaws among health service delivery leadership; and inadequate financial resources and lack of budget discipline leading to a relatively important budget deficits and debts. Therefore the study is aimed at investigating the impact of Decentralization on health service delivery in Katwe-Butego Sub-county Masaka District Uganda.

1.3 Purpose of the study

The purpose of the study was to establish the influence of Decentralization on health service delivery in Katwe-Butego Sub County -Masaka District.

1.4 Objectives of the study

The specific objectives of the study are;

i) To determine the level of decentralization on the health service delivery in Katwe-Butego Subcounty -Masaka District.

ii) To establish the role of decentralization on health service delivery in Katwe-Butego Subcounty -Masaka District.

iii) To establish the relationship between decentralization and health service delivery in Katwe-Butego Sub county -Masaka District.

1.5 Research questions

i) What is the level of decentralization on the health service delivery in Katwe-Butego Sub County -Masaka District?

ii) What is the role of decentralization on health service delivery?

iii) What is the relationship between decentralization and health service delivery?

1.6 Scope of the study

1.6.1 Contextual scope

The study aimed at establishing the effects of Decentralization on the health service delivery in Katwe-Butego Subcounty-Masaka district. The study made up a generalized conclusion about the role of Decentralization on the health service delivery, the problems facing Decentralization while delivering services to the health service delivery, and the strategies to control the hindrances above.

1.6.2 Geographically

The study was carried out in Katwe-Butego Subcounty-Masaka district. The district is bordered by Bukomansimbi District to the north-west, Kalungu District to the North, Kalangala District to the east and south, Rakai District to the south-west, and Lwengo District to the west. The town of Masaka, where the district headquarters are located, is approximately 140 kilometres (87 mi), by road, south-west of Kampala on the highway to Mbarara. The coordinates of the district are 00 30S, 31 45E. The average altitude of the district is 1,115 metres (3,658 ft) above sea level.

1.6.3 Conceptually scope

The study took a period of 8 years from 2010-2018 and data collection and analysis took a period of seven months i.e. from January-July 2018. This was the best time to finish my research dissertation.

1.7 Significance of the Study

The study will be significant in the following ways:

The Government

It is expected that the findings of this study will be useful to government by identifying the level of decentralization on the health service delivery in Katwe-Butego Subcounty Masaka district.

The policy makers

The study will give guidance to policy makers to come up with policies and laws that health service delivery. The study will create awareness, among others, opinion leaders and educational authority on the impact of decentralization on the health service delivery in Katwe-Butego Subcounty Masaka district. Also the research will help the policy makers to come up with appropriate policies of solving the challenges faced by Decentralization.

To the academician

The study will enable the researcher to determine the various levels of decentralization on the health service delivery.

Further Studies

The study will be used as a reference source to scholars who may want to carry out literature review regarding decentralization and health service delivery.

To the government

The study will increase the roles and responsibilities of the central government. civil servants being a key player in the realization of the decentralization policy goals and will assist the central government in improving Human Resource Management leading to better service delivery.

To the district

Through this study, the magnitude of the challenges faced by health service delivery in Masaka district will bring out new knowledge of how personnel is prepared in relation to decentralised roles and responsibilities. Human Resource gaps and the factors that need to be addressed for a better performance of health service delivery.

The knowledge generated will assist the district Decentralization policy, Central Government and other stakeholders in improving Human Resources Management leading to better service delivery.

To the community:

The findings and conclusions from the study will benefit the community members being a key player in the realization of the decentralization policy's goals, has inevitably had to contend with challenges in the process of service delivery to them.

Chapter Two: Literature Review

2.1 Theoretical review

The theories of Decentralization include: the liberal theory, the economic theory/public choice theory and the Marxist theory. The theories have informed much of contemporary academic, practitioner and political argument about health service delivery issues. The theory found to be most relevant by this study is the liberal theory as it directly advocates for the goodness of personnel decentralization for better performance. (Lubanga, 1998).

This theory has developed a forceful case for autonomous, elected local authorities. First health service delivery is grounded in the belief that there is value in the spread of power and the involvement of many decision-makers in many different localities. The second argument rests on the view that there is strength in the diversity of response. That needs vary from locality to locality; as do wishes and concerns; health service delivery allow these differences to be accommodated. The third argument rests on the view that health service delivery is local. This facilitates accessibility and responsiveness because councillors and officers live close to the decisions they have to make, to the people whose lives they affect and to the areas whose environment they shape. The theory further argues that its small scale makes health service delivery more vulnerable to challenge than central government. Its visibility makes it open to pressure when it fails to meet the needs of those that live and work in its area. Lastly, the forth argument rests on the view that health service delivery has the capacity to win public loyalty. It can better meet local needs and win support for public service provision because it allows choice. It facilitates a matching of local resources and local needs Lubanga (1998).

The assumption is that Decentralization, as a mode of governance will enhance speedy delivery of health services. Public-Choice theory is built on the proposition that individual preferences for local public services vary from place to place, because tastes and willingness to pay differ for geographic, cultural and historical reasons (and that preferences within each locality are reasonably homogenous). For this reason, it is argued that central provision of local public good, (if it tends to be uniform across the country), is likely to please nobody. It therefore is argued, that States should only offer those services that correspond to local needs (Klugman, 1994). It is also argued that information is an important factor bearing on health service delivery. When there is insufficient or asymmetrical information, it is difficult for government decision-makers' to predict

the consequences of their decisions. The probability of disparities between decision-makers ideas and the actual local impact of the decision is much greater in a centralized context. This problem can be alleviated; it is argued, by virtue of having autonomous centres of decision-making which function independently of the central authority.

Economists who explore the issues of efficiency and Decentralization in neo-classical theoretical terms raise another theoretical justification for Decentralization. It is argued that Decentralization reduced the unit cost of providing public goods and services. That it tends to lower unit costs, through simpler delivery procedures and building upon existing local resources, knowledge, technology and institutional capacities (Allen, 1987; Klugman, 1994).

Therefore, from a 'public-choice' angle, Decentralization is a situation in which public goods and services are provided through the revealed preferences of individuals by market mechanisms. "Public-choice' theorists contend that under conditions of reasonably free choice, the provision of some public goods is more economically efficient when a large number of local institutions are involved than when the central government is the provider. The argument here is that a larger number of providers of goods and services offer citizens more options and choices that they need.

2.2.1 Causes of Poor Health Service Delivery

Poor Co-Ordination. Poor health service delivery is caused by problem of co-ordination at the level of an enterprise as the decision-making authority is not concentrated. Mills, G.E., et al, (2009)

Absence of Uniformity. There is inconsistencies (i.e. absence of uniformity) at the organization level. For example, uniform policies or procedures may not be followed for the same type of work in different divisions (Muhumuza, 2008).

Decentralization is costly as it raises administrative expenses on account of requirement of trained personnel to accept authority at lower levels. Even the services of such highly paid manpower may not be utilised fully, particularly in small organisations. Edwin, (2006).

Introduction of Decentralization may be difficult or may not be practicable in small concerns where product lines are not broad enough for the creation of autonomous units for administrative purposes. Edwin(2006).

The creation of special problems particularly when the enterprise is facing number of uncertainties or emergency situations. The decision-making process gets delayed and even correct decisions as per the changing situations may not be possible. Victor, (2000).

Uniform policies not Followed: Under Decentralization, it is not possible* to follow uniform policies and standardized procedures. Each manager will work and frame policies according to his talent. LIFE, (2007).

In the absence of adequate information, decentralised administration tends to become weak. Decentralised decision making depends upon the quick availability of information pertaining not only to the particular decentralised unit but also to the other related activities' and unit. In the absence of this ancillary information decisions will lack coordination and unity amongst the different organizational units. George, (2007).

Inter-regional inequalities may increase, and thus widen intra-national poverty gaps and foster politically destabilizing forces. Since different regions are differently endowed in terms of natural resources, level of economic activities, land values, etc. some local jurisdictions will generate more revenue than others and afford their citizens more or better quality services than is provided in poorer jurisdictions. (Jennifer, 2006)The need for equitable distribution of available resources, to avoiding such disparities, is frequently advanced to justify centralization. That argument fails to recognize the significant incentive that is created, and development benefits derived, when regions are allowed to take initiatives towards their own development, and can benefit from any gains made. At the same time, the potentially destabilizing effect of too wide disparities between regions cannot be overlooked. Bishnu, (2006).

Inadequate implementation arrangements can lead to disparity between the revenue available and the mandated responsibilities/functions of health service delivery, which could render them ineffective and/or bring them in disrepute/discredit. There are many examples of hastily conceived schemes for Decentralization / health service delivery reform, which are not well thought-out, and which have failed or brought discredit to the concepts because of deficiencies in planning or implementation arrangements. (Keith, 2000).A key requirement of Decentralization is therefore careful planning and implementation arrangements. Given the complex nature of most

Decentralization /health service delivery reform initiatives. A pilot approach is often prudent. George, (2007).

Devolution creates the potential for conflict between local and national interests. With each region having the means of identifying and articulating its particular interests, differences between local and national interests are sure to emerge. (Mills, G.E., et al, 2009). Such conflicts are not necessarily harmful, as it can serve to ensure that in arriving at any policy or course of action, the interests and concerns of all regions are taken into consideration and suitably addressed. However, if not properly managed they could become extremely destabilizing, and therefore an important aspect of any Decentralization arrangement must be an appropriate framework for resolving such conflicts (Bishnu, 2006).

Decentralization represents a more complex form of governance. Creation of several levels of government brings complexities as to role and functions, relationships, and revenue and power sharing. The most controversial issue is usually related to finance and mandates. Definition of roles and functions of, and relationships between the different levels of government or operations, is critical to a successful exercise. Bishnu,(2006).

2.1.3 Effects of poor health service delivery

Weak Formulation and Implementation of Bylaws: The formulation and implementation of by-laws have been plagued with a number of problems. First, the bylaws' formulation process is slow and inefficient. The long and circuitous route for bylaws to be passed and enacted into law by the minister does not allow for effective rule-making. Environmental problems that need immediate remedies and protection typically fail. For instance, Endagwe village decided to draft a bye-laws to cater for performance of health service delivery (Apolo, 1998).

Weak Penalties and Incentives: Most legislation is outdated and has inadequate penalties to deter repeat offenders from policy formulation. For example, most of the penalty provisions were enacted in the 1950 s and 1960s. And under Section 26 (1) of the Forests Ordinance, Cap 389 that except where another penalty is provided any person who is convicted of an offence under the Ordinance shall be liable to a fine not exceeding Tshs. 3000/= (equivalent to USD 3.72 at the rate of $1= Tshs. 805) or to a term of imprisonment not exceeding six months. Another scenario is depicted in the unreported case of Republic vs. Ramla Halfan [Alasiri, 2000]. There, the court

found the alleged offender guilty for her failure to keep her cesspit in good order and repair. The court convicted the offender and ordered her to pay a fine of only Tshs. 15,000/= (equivalent to USD $18.63). The latter is so minimal and therefore does not act as deterrent against future violations, instead, it allows violators to profit from their illegal acts. In addition, the low fines discourage prosecutors from prosecuting offenders of environmental violations (Lubanga, 1998).

Lack of Qualified and Specialized Workforce: Decentralization in performance of health service delivery have lost a lot of staff to state and the federal governments and private organizations. The creation of more states by both Babangida and Abacha galvanized a lot of decentralization policy public servants to seek positions in the newly established state governments. More so, the politics of political patronage has led to the recruitment of thugs and uneducated men into the service of decentralization policies as a means of compensating them for that political support during elections. Decentralization policies lack skilled, technical and professional staff like qualified engineers, medical doctors, accountants, statisticians, economists, lawyers, town planners, etc (http:www.articlesbase.com/leadership-articles). The end result of this is that the councils lack workers with relevant qualification and experience to discharge quality service in an honest, transparent, fair and satisfactory manner. Charles, (1981).

Fraud: The inability of Decentralization to provide services of a suitable quality as demanded by 'SERVICOM' to the people has been linked to high levels of corruption among decentralization policies' officials. The hydra-headed cankerworm of corruption has become part and parcel of decentralization policy operations and activities in Nigeria. In February 2010, the chairman of Ijebu East Decentralization policy Council in Ogun State was suspended from office on account of various financial misdeeds. Similarly, in Benue State about two years ago (2010), the House of Assembly suspended 12 council chairmen in the state and directed that the chairmen should refund a total of 150 million naira being financial misdeeds associated with the excess crude funds received by decentralization policies in the state (Republic of Uganda, 1997).

In Kogi State, the chairman of Ibaji and OgoriMangogo Decentralization in governments were suspended over what was described as non-performance and misappropriation of resources. It was alleged that the statutory allocation of 75 million naira received by Ibaji Decentralization for December 2008 was neither used for payment of salaries or implementation of any meaningful

project. More so, the loan of 200 million naira or the excess crude fund of 380 million collected or received by the Ibaji Decentralization were not judiciously used. Also illustrative and instructive in explaining the issue of corruption as an impediment in the non-performance of decentralization policies in Nigeria is the arrest and prosecution by the Economic and Financial Crimes Commission (EFCC) of a former Enugu State Governor, Chimaroke Nnamani on the allegation of diverting decentralization policies' funds in the state (Republic of Uganda, 1995).

The effect of fraud is that Decentralization in Nigeria are robbed of the financial strength and ability to provide basic social services that will foster transformation of rural communities and bring government closer to the people. According to Kolawole (2006), the lack of funds was no more a constraint on decentralization policy performance, but a mismanagement and misappropriation of the funds accruable to it. Corruption in the system affects payment of salaries and execution of public projects. According to Lawal and Oladunjoye (2010), corruption makes manpower development and capacity-building sluggish as the chairmen are not thinking of the need to train and retrain staffers but to embezzle funds for selfish purposes (Whyte, 2003).

According to Ukiwo (2006:2), Decentralization chairmanship has become one of the most attractive and lucrative elective positions after the presidency and governorship, prompting state governors to intervene to preside over the unbridled decentralized primitive accumulation. It is hardly surprising that the Economic and Financial Crimes (Kyaddondo, 2002). Commission (EFCC) alleged that 31 out of 36 governors have tampered with decentralization policy council funds (Ukiwo, 2006, *This Day*, 28/09/06).

Poor Attitude towards Work: Most Decentralization workers and in fact, Nigerian civil servants have been described as inhibiting poor work attitude detrimental to productivity. Poor work attitude could take the form of absenteeism, lying, indiscipline, laziness, lack of work commitment, lateness to work (Odiaka, 1991; Akerele, 1986; Ogunrin and Erhijakpor, 2009). Poor work attitude like absenteeism may be linked to poor pay, lack of equity and stagnation on the job – all of which compel workers to seek extra incomes from private businesses (Maduabum, 1990).

Unecessary Political Interference: The degree of Unecessary political interference in decentralization policy affairs by either the state or federal government is worrisome and needs re-evaluation. Decentralization policies in Nigeria lack financial autonomy and are often considered as an extension of states ministry. Decisions are taken by state governors and imposed on decentralization policies in their state for implementation. Federal allocations to decentralization policy are first deposited into a particular ad hoc account before being disbursed. The motive behind this is to divert the money to another thing entirely which does not have impact on the lives of the rural dwellers but that will be beneficial to the state governor. This Unnecessary interference has incapacitated decentralization policy from effective functioning on one hand, and alienated grassroots people from enjoying social service delivery expected of decentralization policies in Nigeria (Klugman, 1994).

In a study conducted by Bello-Imam and Roberts (2001), the following prominently identified factors underlying the inefficiency and ineffectiveness of decentralization policy in their service delivery responsibilities were discovered: (a) revenue inadequacy (b) the erosion of local functions particularly in the revenue yielding areas by state governments and their agencies (c) politico-administrative problems such as inadequacy of skilled and technical manpower, lackadaisical attitude of existing decentralization policy staff, official corruption, variable structures/sizes of decentralization policy among others, and (d) lack of integration of the relevant communities in the execution of local services (Cascio, 1986).

2.1.4 The role of Decentralization on the Health service delivery

Stasavage, (2003), the district service sectors were a sorry state before the advent of the Decentralization Program in 2003. However, accruing from its strengths and utilizing the opportunities opened by Decentralization, the district has scored notable achievements inall sectors. The district budget has moved from shs. 19.5 in2008/ 2009 to shs. 28.8 billion in 2003/2004. This growth in the resources envelope has enabled funding of key interventions that have improved the welfare of people. A few highlights are cited from the wealth and education sector.

Decentralization in health service delivery

Before the advent of Decentralization, physical and effective accessibility to health services in the district were poor. however, Decentralization has reversed this situation through the sub-district

concept in which the district in zoned into smaller units called health sub-districts each headed by a medical officer.

With funding from the central government, the district has constructed and equipped some health centers, renovated and up granted others and construct surgical, there has been a significant increase in capitulation grants to the private not for profit units (PNFP) in the district from shs 105 million in financial year 2001, 2000 to shs S43million in financial year 2003/2004 (Tunushabe 2004) as a consequence of all these measures, utilization of health service by patient had increases for example Out Patient Departments(OPD) attendances has shot up from 213,205 in 2002 to and 8375.220 in 2003 while deliveries at health units has gone from 60 to 81% in the same period. Apollo Nsibambi (2000)

According to Nasibambi, (2008), financially Decentralization in the health sector has helped in Masaka District. The health sector can implement programs and all inputs including incentive available for staff. This has been achieved through facilitation from different avenues UNICEF, UNEP, and NGOs such as plan intemational. PHC has imposed in the areas of immunization and latrine coverage to which ADRA contributed. Health unit services have improved. People have more confidence in the service. Decentralization accomplishments in the sector especially in major hospitals are due to the fact that the sector handles its own funds, water provision has changed much since Decentralization. The water sector has received much focus in terms of resources allocation. This was confirmed by all districts informants in Before Decentralization there was only 11% safe water in district but now 48 springs and 38 well has been protected and the proportion of safe water coverage has risen to 40% thanks to the significant role played by Decentralization.

Education services

There has been a great stride in education under Decentralization. The Universal Primary Education Program (UPE) started in 2007, with the objective of mobilizing all children of school going age attend school. By 2002/2003 total enrolment in primary schools increased and the number of primary schools also increased in order to cater for the large number of children, the district health service delivery, through funding from the central government constructed class room, teachers, offices, stores, toilet facilities.

There are some encouraging signs of progress in improving health service delivery under Decentralization for example; decentralized primary school class room construction has

demonstrated substantially reduced units and faster construction rates than previous centralized programs. The economic evaluation of the LGDP quotes research by UNICEF, DANIDA and others showing health returns on investments ranging from 12% to over 80% which compare well with returns on central government investment.

In the further implementation of Decentralization , governments objectives is to increase local autonomy while strengthening upward and down wards accountability, so that the autonomy is was used to meet the needs of the population.

Decentralization in water provision sector

Water is increasingly being managed as an economic rather than a health good, and Decentralization in its various forms may be a useful tool to support this new approach (Braadbaart and Schwartz 2000). Governments and other reformers are now trying to link service levels and costs, provide incentives to increase the efficiency of water resource allocation, reduce costs, and increase sustainability of water service systems (Lorrain 2002). In theory, decentralized water services should improve governments' ability to treat water as an economic good. Moreover, as argued throughout this section, a locally accountable provision scheme would help impose user charges that could create incentives for efficient water use as well as for a self-financed water provision.

The argument often made those lower-level governments, closer to the beneficiaries, have an advantage in identifying citizens' preferences as well as the flexibility to respond to local conditions seems also to be common in the literature on water provision (Mclean 2001). As health service delivery use this information to improve access, reliability, and higher quality of water, consumers may be willing to pay more for services (Ahmad 2002). These increased user charges can, in turn, be was used to finance expansion, improvement, and maintenance of the existing network (Lorrain 2002).

Indeed, as Bahl and Linn (2002) argued, the provision of services by municipal governments or other local bodies can be enhanced by the use of revenues raised as user fees to finance maintenance and even capital expenditures. There is not cross country empirical evidence about the effects of Decentralization on water provision and the country case studies bring mostly descriptive and anecdotal experiences. One probable reason for this situation is the lack of data in the field, which in turn is cawas used by difficulties in measuring the availability, access, and

quality of this service. Descriptive evidence from new decentralized approaches points towards the theory that users are willing to pay for water services if they are tailored to and fulfill their needs. A 2003 World Bank study found this to be true across different income levels. This study showed that low income households in marginal urban areas are willing to pay higher tariffs, if they would obtain an improved access to the service in return.

This may be explained by the fact that lower income groups without household connection to water are currently paying higher prices for water than higher income groups in the same countries (with household water connection) (World Development Report 2004).

Although large capital investments are usually financed by central or ministerial branches, user charges are increasingly common for operations and maintenance of feeder systems (Ahmad 2002). The WDR (2004) argues that fiscal Decentralization may allow health service delivery to charge for water services, which in turn can enhance the local policy makers' accountability to citizens. On the opposite case, without access to enough revenues from the clients, the service provider depends on the policymakers for fiscal resources to maintain service provision and in this way the local accountability may be harmed (WDR 2004). In many countries where water provision services depend on transfers from the central government there is lack of predictability on the amount and timeliness of the funding. This situation leaves the provider short in financial resources, which may lead to a vicious cycle of lower quantity and quality of services and even lower local revenues (Ahmad 2002). But the opposite is also argued: Zamman (2002), based on a case study of Indonesia, states that own-funded providers, especially if they have private management, do not commonly have good results and face opposition from local consumers and unions.

Following the classification of the types of administrative Decentralization made by Rondinelli (1981) explained earlier, we can disaggregate water provision into deconcentrated, delegated and devolved schemes. According to Evans (2003), the deconcentrated system of water provision is the most common in the least developed countries. A common approach is to locate staff from the corresponding ministerial branch in units at intermediate and health service delivery to be responsible for water services delivery. The units develop their operation based mainly on technical considerations such as viability of the water source rather than identifying specific the needs of the population served. Not surprisingly, this approach created few incentives for users to financially assist government in maintaining or financing water services (Ahmad 2006).

Under the delegation model, governments transfer water management to public or even semi-private (public private partnerships) water agencies or management companies. These agencies are responsible for providing services within a specified region and are accountable to central ministerial branches. In the devolution approach, urban and rural units of water supply are fully placed under local tutelage. According to the Ahmad (2006), the degree of responsibilities may vary according to the health service delivery administrative capacity. When health service delivery are more skilled, they can undertake activities that range from very technical in nature to activities related to community involvement. Health service delivery that lack technical capacity can still interact with the communities while relying on staff from higher tiers of government for technical support. Most of the literature on this point out that whatever approach is taken would work differently (more or less successfully) depending on country characteristics and institutional settings.

Rosenweig and Perez (2009) argue that each country is sufficiently different so that the solutions and option for water provision will not be the same. Again, cross country empirical evidence is very scarce on this topic. Bardhan (2002) found some evidence about the relationship of administrative Decentralization and water services. He analyzes 121 completed rural water supply projects, financed by various international donor agencies in several countries. His results showed that projects with high participation of local communities in project selection and design were much more likely to have the water supply maintained in good condition. In other words, Projects with more decentralized decision making were more likely to be sustainable than projects with centralized decision-Making (Muhumuza, 2008), Decision-makers and aid agency professionals in a number of transitional and developing countries are increasingly turning to "administrative Decentralization" as a strategy for addressing a number of critical governmental needs. Foremost among these are improved governance, increased transparency and accountability, and more effective and efficient production and delivery of public goods and services. Unfortunately, currently available analytical frameworks and guidelines are not particularly helpful in assisting them to design strategies and reforms aimed at promoting these and other needs. George, (2007) According to Mills, et al, (2009).Civil service reform is usually a supporting strategy for more general Decentralization in government operations or health service delivery. One does not decentralize the civil service as an end in itself -- one does so in order to provide services better, manage resources more efficiently, or support other general outcome goals. The civil service as a

whole can be seen as one of the main instruments with which the government fulfills its obligations. In the context of Decentralization, this tool must often be reshaped in order to perform a new set of duties efficiently, equitably, and effectively. Reform of the civil service, therefore, is the process of modifying rules and incentives to obtain a more efficient, dedicated and performing government labor-force in newly decentralized environment. (Bishnu, 2006).

Other Importance of Decentralization

Decentralization helps to improve the quality of decisions/decision-making at the top level management: Decentralization of authority among other executives at all levels in the Organisation relieves the top executive of the excessive burden saving his valuable time, which he can devote to more important and long-term problems. This is bound to improve the quality of his decisions regarding such problems. Nsibambi (2000).

Decentralization facilitates diversification of activities: It is a matter of common experience that an Organisation with departmentation on the basis of products facilitates diversification of products or market even when the authority is centralized. Decentralization takes this process a step further. Managers of semi-autonomous product divisions are able to utilize their skills and experienced judgment. This has a bearing on their products and the market. The enterprise also attains maximum possible growth. Decentralization is beneficial when new product lines or new activities are introduced in an Organisation. Such policy creates self-sufficient units under overall co-ordination of top level management. Musis (2007).

Decentralization improves motivation: Research conducted by health scientists has proved that the Organisation structure itself exercises some influence on the motivation of the people working within it. An Organisation structure which facilitates delegation, communication and participation also provides greater motivation to its managers for higher productivity. Decentralized Organisation structure is most favorable for raising the morale and motivation of subordinates which is visible through better work performance. Tindal S, Nobos Tindal (2004).

Decentralization makes decision-making quicker and better: Since decisions do not have to be referred up through the hierarchy, quicker and better decisions at lower levels can be taken. Divisional heads are motivated to make such decisions that will create the maximum profit because

they are held responsible for the effect of their decisions on profits. Thus Decentralization facilitates quick and result-oriented decisions by concerned persons. Paul, (1987)

Decentralization provides opportunity to learn by doing: Decentralization provides a positive climate where there is freedom to make decisions, freedom to use judgment and freedom to act. It gives practical training to middle level managers and facilitates management development at the enterprise level.

2.2 Related Literature

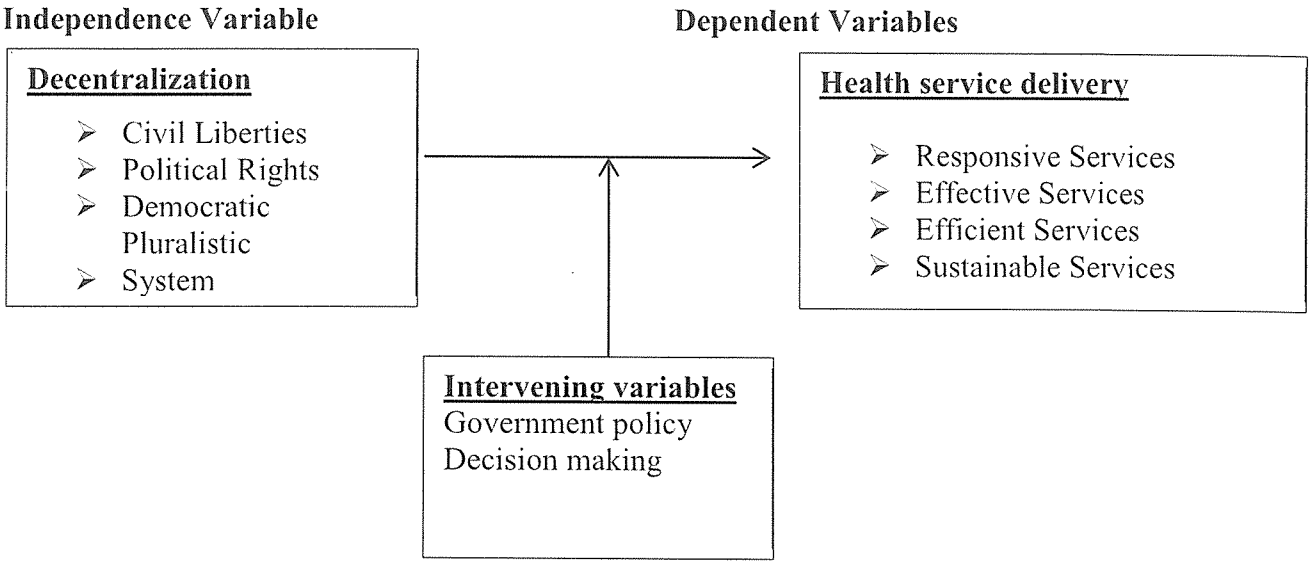
Economists such as Oates (1972) examine heterogeneity in tastes and spillovers from public goods through models in which decentralization can adapt outputs to local tastes, whereas central government produces a common level of public goods for all localities. Thus, sub-national governments that are closer to the citizens can adjust budgets to local preferences in a manner that best leads to the delivery of the bundle of public services that is more fitted and responsive to community preferences. Economists commonly assume a better match between decentralization policy outputs and local preferences under Decentralization, and consequently rate local provision of services as more efficient, unless this situation is outweighed by spillovers or other efficiencies (for example, economies of scale) in central government provision (Oates 1972).

Tiebout (2009), argues that Decentralization is a vehicle to fulfill highly heterogeneous demand that may arise from different decentralization policy. (Republic of Uganda, 2002). Scholars also examine the efficiency argument supporting Decentralization from the perspective of consumers' gains due to allocative efficiency and producers' (e.g., government) gains in technical efficiency in delivering goods and services. Allocative efficiency may arise due to a more fitted bundle (i.e., set and composition) of services provided by the decentralization policy to their citizens; in other words, through the adjustment that may take place in the proportions of public spending geared to services such as education, health, water provision or others based on decentralization policy's response to local claims in a decentralized context. Faguet (2000) and Arze (2003) provide evidence to this effect (this is later discussed in more detail for specific services). Higher technical efficiency is achieved when larger quantities and quality of goods and services are provided with the same amount of resources (Martinez-Vazquez and McNab 2002).

Rondinelli (2000) argued that central government ministries rarely have the incentives to perceive citizens as their clients. In the same line, Dillinger (2004) suggested that systems where central ministries concentrate large proportions of expenditure discretion would have more difficulties responding to their national. Decentralization can take direct action to create favorable conditions for poverty reduction and economic growth more generally. The economic health of any region can be supported, for example, by developing internal market opportunities. Governments can promote awareness about regionally produced goods and available services as well as the benefits of supporting community business. Local sourcing of supplies and labour keeps more money in the community (Charles, 1986).

2.3 Conceptual framework showing Decentralization and health service delivery

Figure: 1 Conceptual framework



Source: Adapted from Parker, Andrew N, (1995), Decentralization: The Way Forward for Rural Development? Policy Research Working Paper 1475. The World Bank, Washington, D.C.

Chapter three: Methodology

3.1 Research design

The study was designed to investigate the effects of Decentralization on health service delivery in Masaka district. The study was across sectional involving both male and females and descriptive in nature aiming at giving detailed account of views, impression, attitude and interpretation of issues on health welfare of the people.

3.2 Data type and source

Both primary and secondary data was used to collect the data. Primary data was collected through interviewing and answering of question asked by the researcher while secondary data was collected through reviewing related literature on topic of study which involved extensive reading of text books of different authors, journals, new paper and the internet.

3.3 Sample size, technique, and procedures

3.3.1 Sample size

This comprised of one hundred twenty (120) respondents, to be selected from the ratio of 40 staff members, 64 respondents from the community members (beneficiaries) and 16 local leads respectively. These provided the substantial information about the research topic.

3.1.2 Sample Technique

While in the field the researcher employed simple random techniques. This was in line with the view that it gives respondents an equal chance of being included. The researcher also used simple purposive technique together information about the researcher question.

3.1.3 Sample procedure

The researcher used both purposive and systematic random sampling where by the researcher included individuals who had experience and the knowledge about the research study. The advantage with this sample procedure is that, it saves time and the respondents who gave firsthand information. Under systematic random sampling, the researcher found the population size divided into low and large population size by sampling the size which gave a sampling interval.

3.5 Data collection

The researcher used questionnaires, (primary service and related literature source) as the main tools for collecting data, under which different targeted group and respondents are studied in order to attain relevant data. Both structured and unstructured questionnaires were developed to find data. Structured questionnaires was developed so as to avoid the repetition of questions and also

helped to provide guidelines to the objective. Questionnaire were made to avoid ubiquity vagueness and leading questions.

3.6 Data processing

The processing was done after collection of data so as to verify the information to be gathered in order to ensure completeness and uniformity. It called upon the need to editing that was definitely involved checking the information for this was advantage to researchers since she/he was able to delete and eliminate all that could have one way to influence the result. The process of editing that will be definitely involving checking researchers to ensure that all questions have been answered.

3.7 Data analysis

While at this stage, the researcher was ready to explain, describe and eventually present the study finding, this was done followed by aspects of specific objectives of the data study and research questions. Data analysis was done by making quick impressionistic summaries of findings such that observations and conclusions are made during the process of collecting data. The data was analyzed both quantitative and qualitative.

3.8 Ethical Consideration

Before going to the field for data collection, the researcher got a letter of introduction from the office of the head of department commissioning him to carry out the study with purpose. In addition, the researcher introduced himself to the respondents before administering the questionnaire and have interviews with respondents.

3.9. Limitations of the study

The researcher encountered problems during the study.

During the study, there was much suspicion by respondents especially on answering questions concerning their financial standards though the research explains the purpose of the study.

There was also a problem of funds for printing, transport which delayed the researcher to accomplish his research in time.

Chapter four: Presentations, Interpretations and analysis of data

4.1 Demographic characteristics of respondents

Under this section, the researcher was interested in finding out the demographic characteristics of the respondents. They are presented as follows:

4.1.1 Gender of Respondents

The researcher wanted to know the gender or sex distribution of the respondents and this is shown in the following table •and illustration. This section indicates the both sexes with the community.

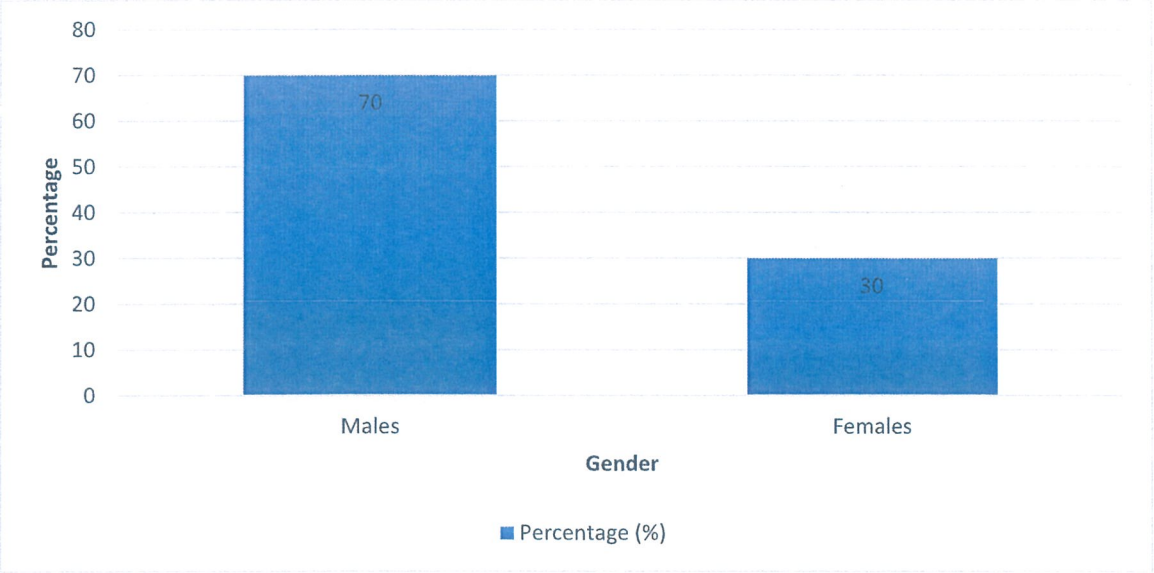
Table: 1 Presenting the gender distribution of the respondents who participated in the study

Gender	Frequency	Percentage (%)
Males	84	70
Females	36	30
Total	120	100

Source: Primary Data (2018)

In the above table 1, the study findings revealed that the sample constituted of 120 respondents of which 70% were males and the 30% remaining were females. This implies that males are the majority. This implies that the most respondents were men due to the societal beliefs that the males are hardworking and hence capable of running the activities and operations with in Katwe-Butego Sub-County -Masaka District.

Figure: 2 Showing Gender distribution of respondents



4.1.2 Age of the respondents

The study went on to establish the different age groups of the respondents and the findings were as presented in table 3. The study also involved all respondents who are responsible and with mature understanding. For example all the respondents were 20 years and above.

Table: 2 Showing age distribution of the respondents

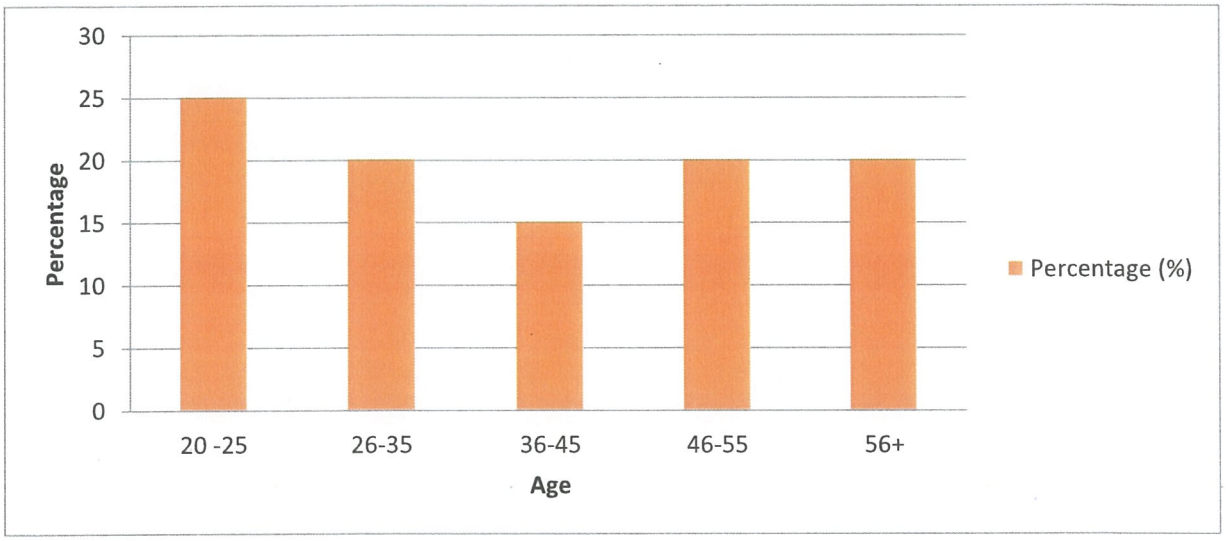
Age	Frequency	Percentage (%)
20 -25	30	25
26-35	24	20
36-45	24	15
46-55	18	20
56+	24	20
Total	120	100

Source: Primary Data (2018)

The study revealed that the age category 36 - 45 had a 15% representation. Age category 46-55 had a total response of 20%, while 26-45 age group was represented by 20% the 20-25 category

had a total representation of 25% while the category 56+ had a representation of 20%. This implies that elderly people are less energetic to participate actively in running the daily activities of the district The most number of respondents were relatively between 35 and 55 since at this age and this implies that they are always with a lot of responsibilities such as many children hence get involved running the activities of the district.

Figure: 3 showing age distribution of the respondents



4.1.3 Marital Status of the Respondents

The study further went on to establish the marital status of the respondent and the findings were as represented in table 4. The researcher was also interested in finding out the marital status of respondents.

Table: 3 showing marital status of the respondents

Marital Status	**Frequency**	**Percentage (%)**
Single	24	20
Married	36	30
Divorced	24	20
Widowed	36	30
Total	**120**	**100**

Source: Primary Data (2018)

The study established that the majority of the respondents were widowed (30%). The divorced comprised of 20%, the married were 30% whereas the single were only 20%. Study findings established that, the majority were widowed and that due to their statuses, had children to take care of and yet resources were not readily available. This implies that widows are also mostly active in running the operations of the College in order to sustain their children. However, the single were the least represented because as singles, implying that they had few responsibilities with less stress and therefore saw no need to get involved in the activities of the district.

The study also sought about the educational levels of the respondents and the findings were as represented in table 5. Under this section, the researcher was interested in finding out the education status of all respondents involved in the study. This was partly essential in order to enrich the findings of the study since education level had a significant relationship with level the knowledge about the impact of Decentralization on health service delivery in Katwe-Butego Sub-County - Masaka District.-Uganda.

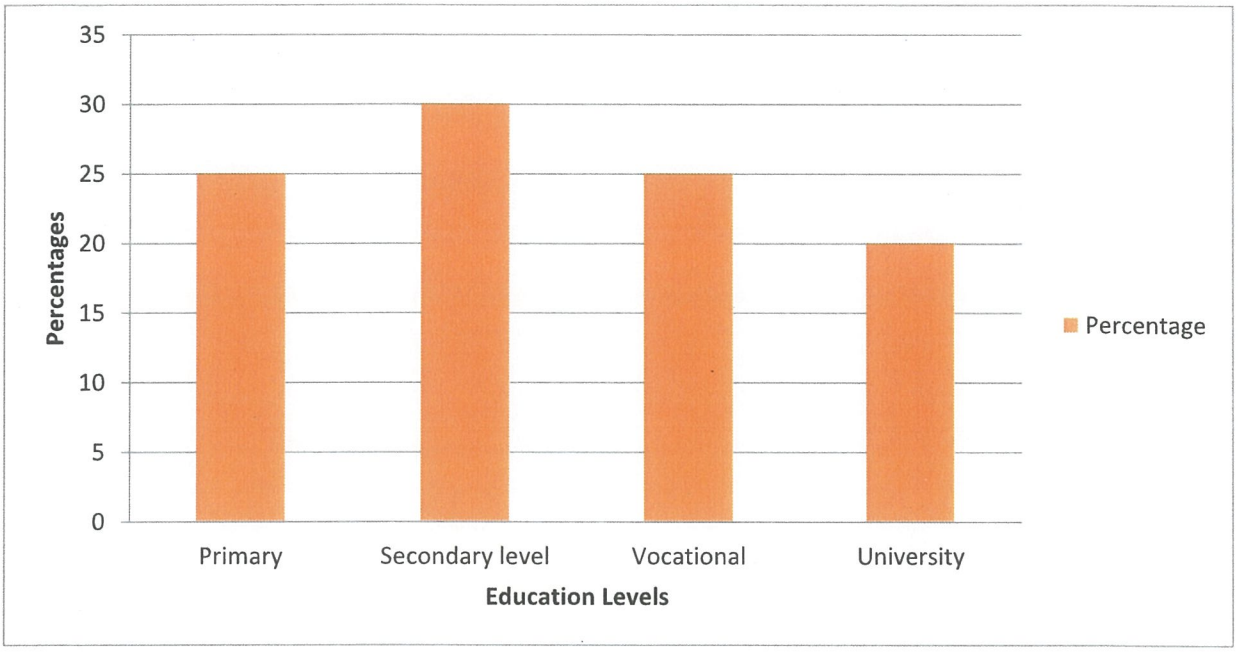
Table: 4 Educational Level of the respondents

Education level	Frequency	Percentage (%)
Primary	30	25
Secondary level	36	30
Vocational	30	25
University	24	20
Total	**120**	**100**

Source: Primary Data (2018)

Study findings in table 4 revealed that the primary level group which comprised of 25%, followed by secondary level group 30%, while vocational level was represented by 25% and the university level comprised of 20%. This implies that most respondents in the study were mainly literate, thus with high levels of education. And this further indicated that the majority were relatively educated.

Figure: 4 Education levels of respondents



4.2 Findings on the roles Decentralization in regard to Health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

To achieve this objective, the respondents were asked the roles played by decentralization in regard to health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda. These are presented as follows:

Table: 5 Roles played by decentralization in regard to health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

	Frequency	**Percentage (%)**
Improved quality of decision making	24	20
Diversification of activities	12	10
Develops managerial personnel	12	10
Improves motivation	30	25
Makes quicker decisions	24	20
Opportunity to learn by doing	18	15
Total	**120**	**100**

Source: Primary Data (2018)

The table above shows that 20% agreed that decentralization leads to improved quality of decision making, 10% noted that there is also diversification of activities, 10% noted that it improves motivation, 25% suggested that it offers opportunity to learn by doing, 20% of the respondents noted that it makes quicker decisions and the remaining 15% suggested that it develops managerial personnel. This implies that decentralization is vital in socio- economic development.

Figure: 5 Roles played decentralization in regard to the health service delivery

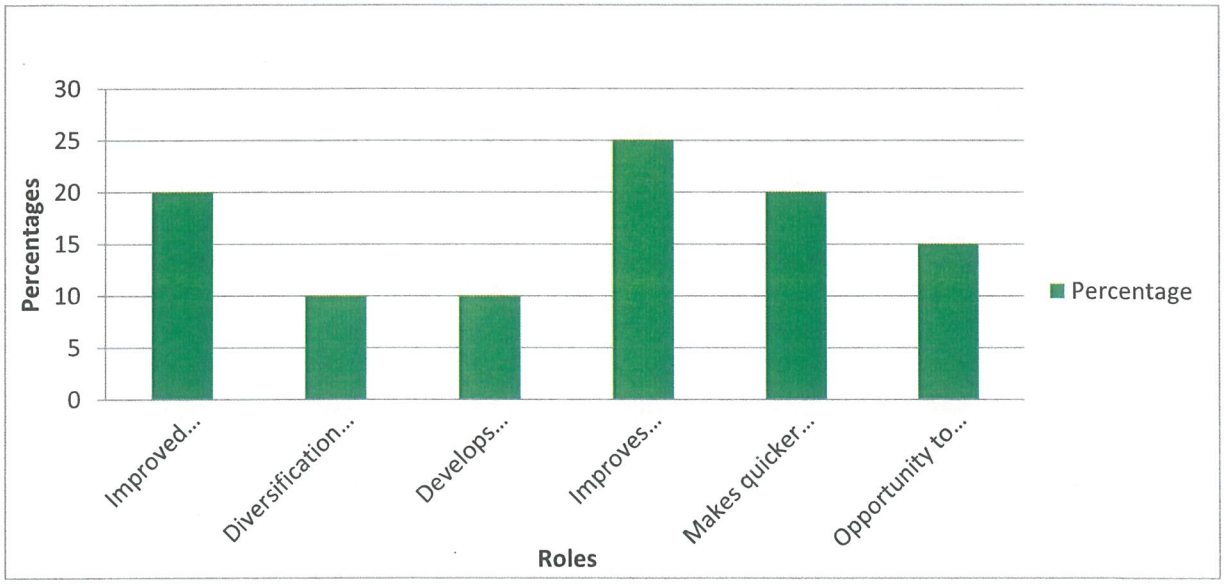


Table: 6 Extent to which Decentralization is effective towards in relation to the contribution of health service delivery in Katwe-Butego Sub-County -Masaka District-Uganda.

		Frequency	Percent (%)
	very high	24	20
	High	30	25
	Not sure	18	15
	low	24	20
	Very low	24	20
	total	120	100

Source: Primary Data (2018)

Results in table above indicate that 20 % of the respondents agreed that Decentralization is effective towards in relation to the contribution of health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.to a very high extent, 25% noted high 15% were not sure. 20% noted low and the remaining 20% suggested very low extent. This implies that Decentralization has been significantly influential on health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

Figure: 6 Extent to which decentralization is effective towards contribution of health service delivery.

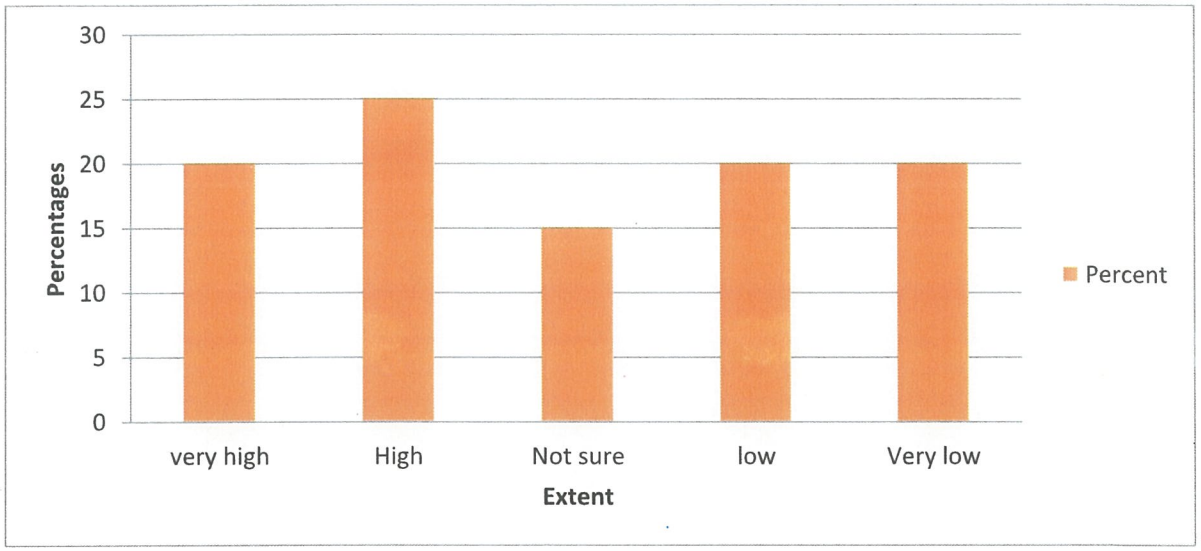


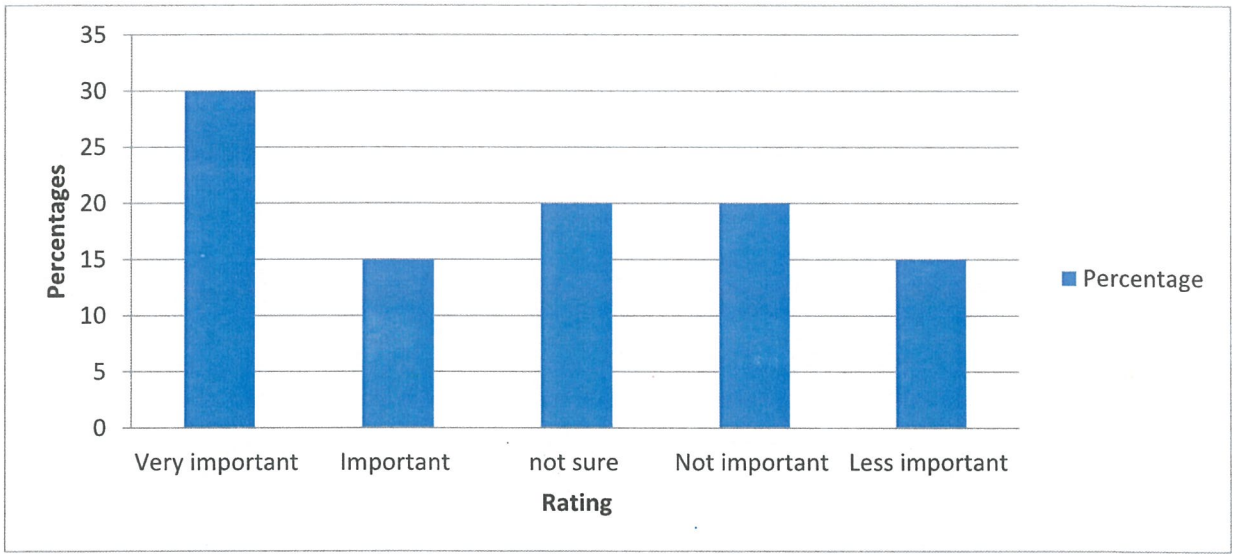
Table: 7 Rating the contribution of Decentralization towards health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

		Frequency	Percentage (%)
	Very important	36	30
	Important	18	15
	not sure	24	20
	Not important	24	20
	Less important	18	15
	Total	120	100

Source: Primary Data (2018)

The findings in the above table revealed that 30% of the respondents rated that contribution of Decentralization towards health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.as very important and 15% noted that it is less important. 15% of the respondents rated it as important, 20% were not sure, 20% of the respondents suggested that it was not important. The remaining 15% of the respondents rated as less important. This implies that Decentralization has significantly contributed to the health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

Figure: 7 Rating the contribution of Decentralization towards health service delivery



4.3 Findings on Challenges faced by Decentralization of health service delivery in the performance of health service delivery

To achieve this objective, the respondents were asked the challenges faced by Decentralization of health service delivery in Katwe-Butego Sub-County -Masaka District. These are presented as follows:

Table: 8 Challenges faced by Decentralization of health service delivery in Katwe-Butego Sub-County -Masaka District.

		Frequency	Percentage (%)
	Poor coordination	42	35
	Inconsistencies	24	20
	Administrative expenses	24	20
	Difficult to practice	30	25
	Total	120	100

Source: Primary Data (2018)

The findings in the above table revealed that 35% of the respondents noted that there is poor coordination of activities, 20% suggested that there are inconsistencies, 20% noted that there is also administrative expenses involved and the remaining 25% revealed that it is difficult to practice it. This implies that there is need to address the above faced challenges in order to ensure socioeconomic development of urban areas.

Figure: 8 Challenges faced by decentralization on health service delivery

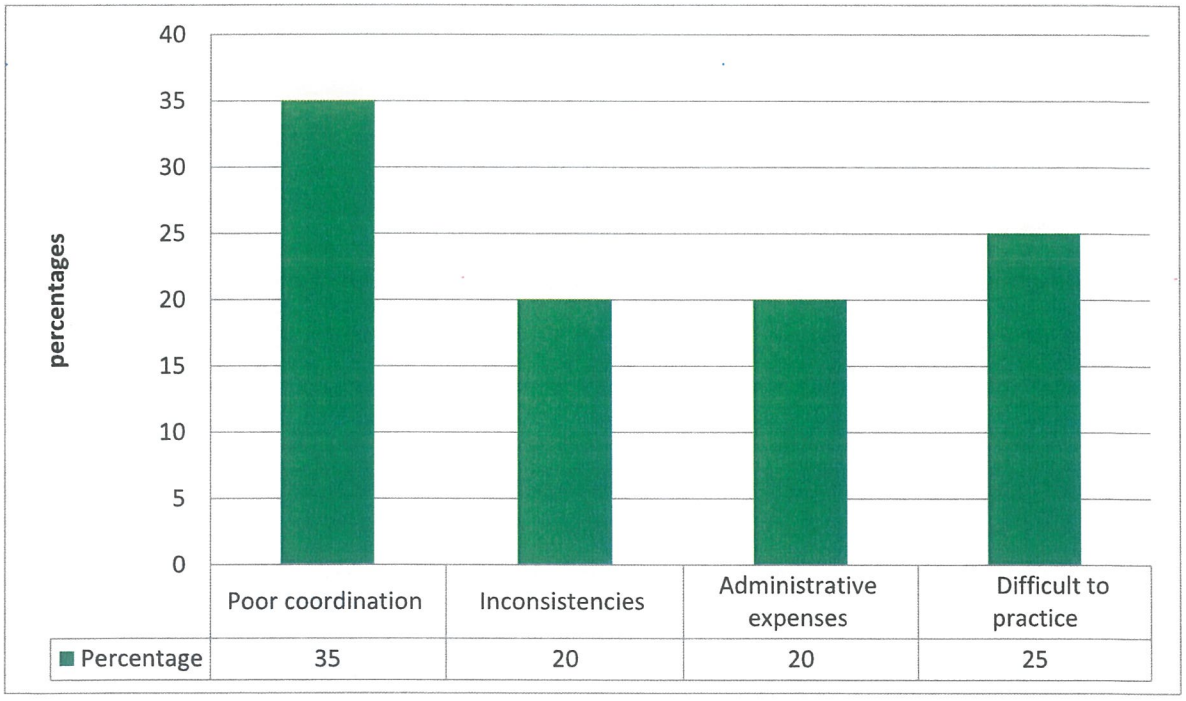


Table: 9 Level to which these challenges have impacted the achievement of health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

		Frequency	Percent (%)
	Very high	24	20
	High	30	25
	Not sure	24	20
	Low	18	15
	Very low	24	20
	Total	120	100

Source: Primary Data (2018)

The table above shows that 20 % of the respondents rated the level has these challenges have impacted the achievement of health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda. To be high, 25% rated it as high, 20% were not sure, 15% of the respondents suggested low level and the remaining 20% noted very low level of which these challenges have impacted the achievement of health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda..

This implies that the majority indicated that challenges significantly affect the health service delivery in Katwe-Butego Sub-County -Masaka district.-Uganda.. This further implies that there is need for efforts to be put in place to address the challenges faced.

4.4 Findings on relationship between Decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

To achieve this objective, the respondents were asked the relationship between decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda. These are presented as follows:

Table: 10 Relationship between Decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.

		Frequency	Percent (%)
	Measures work quickly	24	20
	Increased efficiency and output	30	25
	Effective health service delivery	42	35
	Reduced management burden	24	20
	Total	120	100

Source: Primary Data (2018)

The table above indicates that 20% of the respondents agreed that there are measures that can be employed that work quickly. 25% of the respondents noted increased efficiency and output, 35% also suggested that there is also effective health service delivery in the health service delivery. The remaining 20% were of the view that there is reduced management burden. This implies that the above measures can be put in place in order to overcome the challenges facing the privatization on health service delivery in Katwe-Butego Sub-County -Masaka District.

Table: 11 Is there any significant relationship between Decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda.

		frequency	Percent (%)
	No	78	65
	Yes	42	35
	Total	120	100

Source: Primary Data (2018)

According to the table above, it is indicated that 65% of the respondents disagreed that there is no significant relationship between Decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda. Whereas the remaining 35% agreed that the relationship does exist. This implies that due to there is needed to address the faced challenges so as to ensure health service delivery in Katwe-Butego Sub-County -Masaka District-Uganda since the two are interlinked.

Chapter five: Summary of the findings, Conclusion and Recommendations

5.1 Summary

The result indicated that, the sample size composed of 120(100%) respondents of which 70% were males and the 30% remaining were females of the respondents. The high percentage of male which is (70%) respondents was attributed to the fact that most of the work done in the public sector needs more energy which becomes advantageous to men.

The study revealed that the age category 36 - 45 had a 15% representation. Age category 46-55 had a total response of 20%, while 26-45 age group was represented by 20% the 20-25 category had a total representation of 25% while the category 56+ had a representation of 20%. This implies that elderly people are less energetic to participate actively in running the daily activities of the district. The most number of respondents were relatively between 35 and 55 since at this age and this implies that they are always with a lot of responsibilities such as many children hence get involved running the activities of the district.

The result indicated that, to establish the marital status of the respondent and the findings were as represented in table 4. The researcher was also interested in finding out the marital status of respondents. The study established that the majority of the respondents were widowed (30%). The divorced comprised of 20%, the married were 30% whereas the single were only 20%. Study findings established that, the majority were widowed and that due to their statuses, had children to take care of and yet resources were not readily available. This implies that widows are also mostly active in running the operations of the health service delivery in order to sustain their children. However, the single were the least represented because as singles, implying that they had few responsibilities with less stress and therefore saw no need to get involved in the activities of the district.

Study findings in table 4 revealed that the primary level group which comprised of 25%, followed by secondary level group 30%, while vocational level was represented by 25% and the university level comprised of 20%. This implies that most respondents in the study were mainly literate, thus with high levels of education. And this further indicated that the majority were relatively educated. The findings shows that 20% agreed that Decentralization leads to improved quality of decision making, 10% noted that there is also diversification of activities, 10% noted that it improves motivation, 25% suggested that it offers opportunity to learn by doing, 20% of the respondents

noted that it makes quicker decisions and the remaining 15% suggested that it develops managerial personnel. This implies that Decentralization is vital in socio- economic development.

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To achieve this objective, the respondents were asked the challenges faced by Decentralization on health service delivery in Katwe-Butego Sub-County -Masaka District. The findings revealed that 35% of the respondents noted that there is poor coordination of activities, 20% suggested that there are inconsistencies, 20% noted that there is also administrative expenses involved and the remaining 25% revealed that it is difficult to practice it. This implies that there is need to address the above faced challenges in order to ensure socioeconomic development of urban areas.
The respondents were asked the relationship between Decentralization and health service delivery in Katwe-Butego Sub-County -Masaka District.-Uganda. These are presented as follows. The findings revealed 20% of the respondents agreed that there are measures that can be employed that work quickly. 25% of the respondents noted increased efficiency and output, 35% also suggested that there is also effective health service delivery in the health service delivery. The remaining 20% were of the view that there is reduced management burden. This implies that the above measures can be put in place in order to overcome the challenges facing the privatization on health service delivery in Katwe-Butego Sub-County -Masaka District.of urban areas

5.5 Conclusion

Determine the level of Decentralization on the performance of health service delivery Katwe-Butego Sub-County -Masaka District.-Uganda have expressed concerns about the startup of the third phase of Decentralization through which new responsibilities was devolved from the central government and provincial level to the districts, and sector offices was given new attributions and responsibilities that the districts have managed over the past couple of years. There was an increase in the staffing at sector level, which will require time for recruitment and orientation of new civil servants. Many districts and development partners are being cautious about the level of effort

required of districts to consolidate gains and progress on managing the Katwe-Butego Sub-County -Masaka District.-Uganda.

Notwithstanding the many, and substantial, advantages and benefits of Decentralization, this model of governance does not come without some potential disadvantages or risks. It is therefore very important that there is a clear understanding of such disadvantages or risks, so that appropriate safeguards or preventive measures can be taken or put in place. Among such disadvantages or risks are the following.

The existing model of governance/public administration needs substantial overhaul to be capable of coping with these challenges. Decentralization, in the form of participatory local governance, offers many advantages which fit the profile of the new model of governance required for the Caribbean. Nonetheless, there are potential disadvantages associated with that style of governance, which need to be safeguarded against.

While advocating for Decentralization /participatory local governance as the model of choice for the region, the feasibility of model in the smaller states must be given consideration. It must be accepted that some Caribbean states will find an orthodox, full-fledged health service delivery system to be non-viable. Nor is it essential in order to embrace the principles of decentralized, participatory governance. The critical factor is that the principles of Decentralization, local self-management and citizen participation be woven into the fabric of governance, in a manner compatible with the particular circumstances of each territory. The minimum requirements for there to be a system of governance which reflects the ideals promoted in this Paper are the following:

1. There must be a clear division of state functions/responsibilities into those to be administered at the national as against the local level; such division to be determined by applying the principle of subsidiarity.

2. Autonomous Health service delivery should exist to manage affairs designated as local. These bodies can take the form of full-fledged professional Authorities, such as Parish, Municipal or regional Councils/ Corporations, or of voluntary District, Village or Town Councils.

5.6 Recommendations

The Katwe-Butego Sub-County -Masaka District. Councils in Kampala town need to be represented in the Kampala town Council meetings in order to share with the Town Council members what their Districts plan to do in a particular period. This will minimize the conflicts

between Kampala town and its Districts which arise due to misunderstandings especially during the implementation of some development programs;

The District should deal directly with the Central Government and inform the Province. This can be a solution to the issue of bureaucracy that is created when the District needs to pass through the Province to deal with the Central Government.

The Health service delivery administrative manual that specifies the duties and responsibilities of the Executive Committee members should be revised in order to ensure individual accountability;

Central Government should train Health service delivery authorities and staff on issues related to segregation of duties and responsibilities;

Clear identification of duties and responsibilities of each employee should be made to avoid conflicts during the execution of duties in the Districts;

5.7 Area for Further Studies

More research should be carried out on the roles and responsibilities of different organs in the District (District Council, Executive Committee and technical staffs).

References

Apollo Nsibambi (2000), Decentralization and civil society in Uganda, the Quest for Fund Governance, fountain publishers.

Delius Assimwe&Nakanyika B. Musis (2007), Decentralization and Transformation ofGovernance in Uganda, Fountain publishers Kampala.

Frischmann, (2010), Background to the Global Research Framework of Decentralized Governance Program New York publication.

Jones & Edwin: (2006). A Framework for Managing the Reform Process, in "Policy Reform for Sustainable Development in the Caribbean" IOS Press

Jones, Edwin: (2006). Development Administration - Jamaican Adaptations.Caricom Publishers Ltd. Kingston, Jamaica.

Keefer and Khemani 2004.From Manpower Planning to the Knowledge Era:2nded Washington, D.C press

King, Victor (2000). Perspectives on Health service delivery Reform in Trinidad and TobagoLate Adopters.Oxford Review of Education 32 (5) 14.

Kumar, (2006) Making Democratic Decentralization an Instrument of Poverty 2rd ed Publishers Ltd. Kingston, Jamaica.

LIFE, (2007).Participatory Local Governance. United Nations Development Programme, New York press.

Miller, Keith, (2000). Decentralization , Local Governance and Community Participation: A Caribbean Perspective. Unpublished.Kingston, Jamaica press.

Mills, & Witter, (2006).Administrative Reform an Overview, in "Policy Reform for Sustainable development in the Caribbean" (M. Garrity& L.A. Picard Eds) IOS Press

Mills, G.E., et al. (2009). Report on the Reform of Health service delivery in Jamaica. Government Printing Office, Kingston, Jamaica press.

Muhumuza W. (2008), Colonialism, Health service delivery and National Integration, The Case of Uganda. Unpublished MA thesis, the University of Western Ontario, Canada.

Peterson, George. (2007). Decentralization in Latin America, Learning through Experience, The World Bank, Washington, D.C press.

Ragoonath, Bishnu. (2006). Trinidad: Administrative & Decentralization. 4thed Washington, D.C press.

Rietbergen-McCracken, Jennifer (2006). Participation in Practice, the Experience of the World Bank and Other Stakeholders. The World Bank. Washington, D.C. River NJ: Merrill Prentice Hall publication.

Samuel Paul, 1987, Community Participation in Development Project, Washington DC press.

Schram, T. H. (2003). Conceptualizing Qualitative Inquiry. Upper Saddle River, NJ: the 21st Century. London: Sage Publications.

Schuurman, (2001).Globalization and Development Studies: Challenges for Science Publishers.

Shank, G. D. (2002).Qualitative Research A Personal Skills Approach. Upper Saddle US publication.

Shaw, M. (2005).Cross-Cultural Transference in Educational Management.In the 21st Century. London: Sage Publications.

Sinagatullin, I. M. (2006).The Impact of Globalization on Education. New York: Nova

Stasavage, D. (2003). On the Role of Democracy in Uganda's Move to Universal

Steiner-Khamsi, G. (2006) The Economics of Policy Borrowing and Lending A Study of

Tindal S, Nobos Tindal (2004), Health service delivery in Canada, MC Grow hill Ryerson limited.

Burlington VA: Ashgate Publishing Company.

APPENDICES

Appendix A: Questionnaires

Dear respondents

My name is **Bamulumbye Ben** offering bachelor's degree in public administration doing research on the topic "Decentralization and health service delivery in Katwe-Butego Subcounty, Masaka District". The purpose of the questionnaire is to gather more data on how Decentralization has increased on the health service delivery in the communities of Katwe-Butego Sub County. The response will be treated with confidentially and strictly for education purpose.

INSTRUCTION: PLEASE TICK WHERE APPROPRIATE

Section A: Biographical Data

Sex a) Male ☐ b) Female ☐

Age

A) 25-30 years ☐ B) 31-40 years ☐ C) 41-50 ☐ C) 51 + ☐

Education level

A) Certificate ☐ B) Diploma ☐ C) Bachelors ☐ D) Other (specify).....

SECTION B

EFFECTS

1. Do you think Decentralization is having impacts on the health service delivery?

(a)Yes ☐ (b) No. ☐

2. What are those impacts that Decentralization has? If yes or no

i. .....

ii. .....

iii. .....

iv. .....

v. .....

3. What are roles played by Decentralization in regard to health service delivery in Katwe-Butego Subcounty, Masaka District?

i. Improved quality of decision making ☐
ii. Diversification of activities ☐
iii. Develops managerial personnel ☐
iv. Improves motivation ☐
v. Makes quicker decisions ☐
vi. Opportunity to learn by doing ☐

SECTION C ACTIVITIES

1.Is Decentralization delivery of its activities to health service delivery?

(a) Yes (b) No ☐

2. What are those activities that Decentralization is providing to its people?

i. .....
ii. .....
iii. .....
iv. .....

3. What are objectives of this Decentralization?

i. .....
ii. .....
iii. .....
iv. .....
v. .....

4. Are you among the beneficiaries of the policy?

(a) Yes ☐ (b) No ☐

5. Who are the beneficiaries of this policy?

i. .....
ii. .....
iii. .....
iv. .....

6. Is there any significant relationship between Decentralization and health service delivery in Katwe-Butego Subcounty -Masaka District?

a) Yes ☐

b) No ☐

SECTION D CONTRIBUTION

1. Do you think Decentralization has contributed anything to development of Katwe-Butego Subcounty -Masaka District?

a) Yes ☐

(b) No ☐

2 what are the successes of the policy of to the development of the district?

i. .....

ii. .....

iii. .....

iv. .....

SECTION E. CHALLENGES

1. Do you think Decentralization is facing challenges?

a) Yes ☐

b) No ☐

2. What are those challenges that Decentralization is facing Yes or No.

i. .....

ii. .....

iii. .....

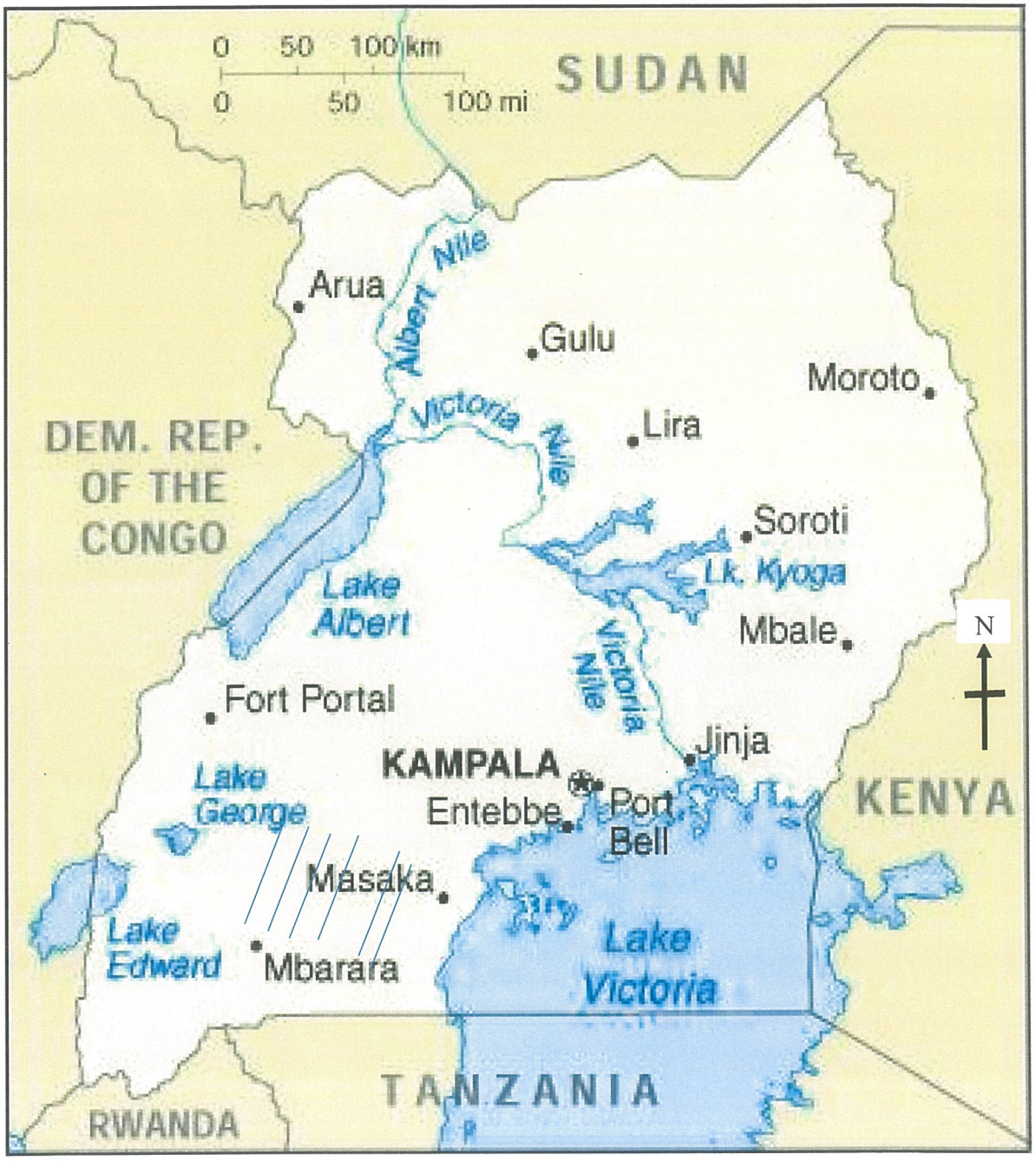
APPENDIX: B INTERVIEW GUIDE

You are requested to give your opinion as you answer these to the best of your knowledge and information was handled confidently and was used for the purpose intended for.

a) What do you think could be the origin of Decentralization?
b) What are the objectives of the policy?
c) What are the activities of the policy?
d) What are the successes of Decentralization?
e) What re the effects of Decentralization on health service delivery?
f) What are the challenges of the policy is facing?
g) What are the strategies that can solve the challenges?
h) What is the relationship between Decentralization and other policies and how do they work with Decentralization?
i) How does the local community respond to your service?

THANK YOU FOR YOUR COOPERATION

APPENDIX C: A SKETH MAP SHOWING MASAKA DISTRICT



Key

Location of Masaka district