

Decentralization and Service Delivery in the Health Sector of Kakanju Sub-County, Bushenyi District Local Government

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Abstract: The study examined the relationship between decentralization and quality of service delivery in health sector of Kakanju Sub-County in Bushenyi District Local Government. The study was guided by the following specific objectives; relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County, relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County Local Government, and relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County Local Government in Bushenyi district. The study adopted descriptive, correlational and cross sectional survey designs and a sample size of 384 respondents including LCIII Chairperson, Sub-County Chief/SAS, CDO, Local Councilors and community members who were selected using simple random and purposive sampling techniques. Data was collected using structured questionnaires and structured interviews. The data was analyzed using correlations and regression analysis to analyze and measure the degree of relationship between accountability, transparency, local participation in decision making and quality of service delivery and was run using SPSS Version 16.0. The major findings of the study revealed that there is a significant positive relationship between accountability and service delivery in health sector and accountability was a predictor of service delivery in health sector. Likewise, a significant positive relationship was observed between transparency and service delivery in health sector where transparency was seen to be a predictor of service delivery in health sector. Further still, the relationship between local participation in decision making and service delivery in health sector showed a significant positive relationship. In conclusion, transparency, accountability and local participation in decision making as dimensions of decentralization, determine service delivery in health sector of Kakanju Sub-County Local Government in Bushenyi District Local Government. The study recommends, therefore, there is need to strengthen the local governance structures to better understand and perform their roles, responsibilities and ensure accountability. There is need to promote transparency and systems that recognize participation, to incentivize citizens to take part actively in social and community health programs such as societies and associations, and mass immunization campaigns. The local communities should be at the core of the service delivery system by receiving the services and participating in designing of the agenda for public service delivery.

Keywords: Decentralization, Quality of Service, Accountability, Transparency and Local participation

I. INTRODUCTION

1.0 Introduction

The study examined the decentralization and quality of service delivery in health sector of Kakanju Sub-County in Bushenyi District Local Government. This chapter highlights the background of the study, statement of the problem, objectives of the study, research questions, scope of the study, justification, significance of the study and conceptual framework.

1.1 Background of Study

Uganda began its health sector decentralization process in 1997 following the enactment of the Local Government Act, 1997 with the motive to increase both allocative and productive efficiency in health service provision. Decentralization of health services delivery facilitates decision making and monitoring at districts and lower levels local governments involving community participation (Obwona et al., 2000). In the process, the District Local Governments (DLGs) become accountable for resources allocated and monitoring the quality of services provided. It is believed that decentralized systems offer opportunities for increased beneficiaries' involvement in the direct decision making process in health services prioritization, quality, cost and preferences. This is attributed to the fact that, DLGs are more acquainted to the beneficiaries' requirements, responsive to new developments and is in contact with communities. Administratively, this proved attractive to the central government because part of the burden of financing health services could be shifted to sub-national units and private providers (Nyhan and Cruise, 2000).

In the process, the District Local Governments (DLGs) become accountable for resources allocated and monitoring the quality of services provided. It is believed that decentralized systems offer opportunities for increased beneficiaries' involvement in the direct decision making process in health services prioritization, quality, cost and preferences. This is attributed to the fact that, DLGs are more acquainted to the beneficiaries' requirements, responsive to new developments and is in contact with communities (Azfa et al., 2005).

1.2 Statement of Problem

Several studies observed mixed or inconclusive impacts of decentralization on service delivery. Azfar *et al.* (2000) for Philippines and Uganda, concluded that while local governments do appear to be aware of local preferences, their response is often inadequate as they are hamstrung by procedural, financing and governance constraints. A study developed by Khemani (2004) argued that this situation cannot be explained solely by lack of financial resources available for health services to local governments but rather by lack of local accountability on those resources. This study suggests that conditional transfers which are the main source of local health spending may be damaging local accountability because the public does not hold local officials accountable for those resources.

Public health service delivery in Kakanju Sub-County Local Government, Bushenyi District is often affected by cases in which expenditure does not reflect the quality and outcomes of the services delivered in terms of access to medical health, availability of medicine in public health centers and closeness to transport means (like ambulances) (The Republic of Uganda, 2017). This has in part been attributed to weak institutional processes and governance in Bushenyi District Local Government (BDLG). Poor delivery of services implies that most of the intended beneficiaries do not have access to the service or if they do the quality is not commensurate to the resources invested. It is not uncommon to visit a health facility with no doctor at the duty station to serve clients or the personnel are unavailable, there are no drugs, equipment or even electricity. This suggests that there is weakness in the institutional design and framework for health service delivery. This attempted the researcher to carry out a study to find out whether decentralization affects service delivery in the health sector in Kakanju Sub-County Local Government in Bushenyi District.

1.3 Purpose of Study

The purpose of the study was to examine the relationship between decentralization and quality of service delivery in health sector of Kakanju Sub-County in Bushenyi District Local Government.

1.3.1 Objective of the Study

- (i) To establish the relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County
- (ii) To examine the relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County Local Government.
- (iii) To establish the relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County Local Government in Bushenyi district.

1.4 Research Questions

- (i) What is the relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County Local Government?
- (ii) What is the relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County Local Government?
- (iii) What is the relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County Local Government?

1.5 Scope of the Study

The study was carried out in Kakanju Sub-County in Bushenyi District Local Government. The study covered decentralization as independent variable and service delivery in health sector in Kakanju Sub-County in Bushenyi District Local Government as dependent variable. Specifically the study established the relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County; examined the relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County; and established the relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County in Bushenyi District Local Government. The study considered information regarding the study for the period of five years between 2014 and 2018.

1.6 Significance of the Study

The study findings also will enable administrators of Kakanju Sub-County to plan and serve well the citizens in the health sector.

The study will also help the people of Kakanju Sub-County in Bushenyi District Local Government on matters of Health and services delivered.

The study will benefit researchers too. The study will identify research gaps on decentralization that future studies should focus on. For instance further research can be done on the impact of decentralization on the delivery of public services in Uganda.

1.7 The conceptual Framework

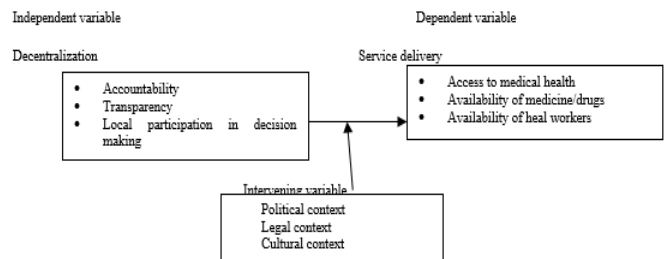


Figure 1.1: The conceptual Framework

Source: Adapted from (Foster and Rosenzweig, 2001) and modified by the researcher 2019

The conceptual frame work above shows the relationship that exists between the variables and highlights the objectives of decentralization and indicators of service delivery in health sector under local governments. The independent variables are the principles of decentralization which consists of accountability, transparency and local participation in decision making. The dependent variables are the service delivery in health sector and these include access to medical health, availability of medicine and availability of heal workers and the intervening variable are the political context, cultural context and legal context.

II. MATERIALS AND METHODS

The study considered a cross sectional survey design that helped to analyze issues within the boundaries of a specific environment and situation. The researcher employed a cross sectional research design survey by recording information that is present in study population, but not manipulating the variables of the study. The study employed qualitative and quantitative research approaches because the mixture of both approaches paved the reality of the study findings.

Based on the National Population and Housing Census 2014, the population of Kakanju Sub-County, Bushenyi District was 10,443 people from where the sample size of 384 respondents were selected to participate in the study based on the Mugenda & Mugenda (2003) equation. The study employed both simple random sampling technique and purposive sampling technique to collect both primary and secondary data.

The researcher made sure that research instrument was checked for validity and pre-tested to determine its reliability. The instrument was validated using content validity index, which was a process of logical analysis where careful and critical examination of the items in the question was done. Appropriate adjustments to improve on clarity, relevance and comprehensiveness of questionnaire were made before the advisors' approval. Add according to Amin, (2005), if CVI is more than 0.7 then the instrument was valid and since the instrument was more than 0.7% (0.733). A Pre-test was conducted in Bushenyi District Local Government (BDLG), which was not part of the area of study; because the two shared similar socio-economic development characteristics using 10 people so as to determine the reliability of the instruments (Cronbach, 2008). The pre-test was done using the questionnaire whose validity has been assured. The instrument was considered reliable when the reliability coefficient (α) [Cronbach's Alpha Coefficient] was 0.771 above the recommended 0.70 by (Amin, 2005).

III. DATA PRESENTATION, INTERPRETATION AND ANALYSIS OF FINDINGS

This chapter provides the presentation, interpretation and analysis of the study findings on the relationship between decentralization and quality of service delivery in health sector of Kakanju Sub-County Local Government in

Bushenyi. The results presented were guided by the following objectives: to establish the relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County, to examine the relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County Local Government and to establish the relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County Local Government in Bushenyi district.

3.1. Accountability and quality of service delivery in health sector of Kakanju Sub-County, Bushenyi District Local Government.

To understand the effect of accountability on quality of service delivery in health sector of Kakanju Sub-County the respondents were introduced different statements to have their say. Their responses were computed by making an aggregate of responses given by respondents to the 5 point Likert scale (1= strongly disagree, 2 =Disagree, 3 =Not sure, 4 =Agree, 5 =strongly agree), which were categorized according to their means & standard deviations. Mean values of 3.26 and above meant agreement whereas mean values of 2.50 and below meant disagreement with the statement whereas mean values of 2.51-3.25 meant not sure, the Standard deviation of 0.10=low/close variance whereas the standard deviation of 1.10 and above shows there was wide variance.

Table 1: Showing accountability and service delivery in health sector

	Mean	Std. Deviation
Sub-County officers are accountable for all health services delivered to health centers in Kakanju Sub-County	4.0495	0.97496
There is high level of accountability of medical personnel in all health centres in Kakanju Sub-County	4.1927	0.79446
High level of accountability has improved health care service delivery in Kakanju Sub-County	4.2917	0.93849
Accountability is everyone's responsibility in Kakanju Sub-County	4.1745	0.78049

Source: Primary Data, (2019)

Results (Table 1) revealed that most of respondents with mean (4.0495) agreed that Sub-County officers are accountable for all health services delivered to health centers in Kakanju Sub-County Local Government, Bushenyi District. The findings implied that there is better health services provided in Kakanju Sub-County since health officers at the level of the Sub-County are accountable for the services like drugs delivered to Health Centre IV in the Sub-County.

Results revealed that most of respondents with mean (4.1927) agreed that there is high level of accountability of medical personnel in all health centres in Kakanju Sub-County, Bushenyi district. This implies that Kakanju Sub-County Health Centre III is run by professional and qualified health workers who perform their duties accountably to make sure that the community members are worked on well health wise.

Further, results revealed that most of respondents with mean (4.2917) agreed that high level of accountability has improved health care service delivery in Kakanju Sub-County. This implies that local people in Kakanju Sub-County has received better health services since there is high level of accountability by the officials or personnel from the health ministry at the district of Bushenyi district.

Additionally, results revealed that most of respondents with mean (4.1745) agreed that accountability is everyone's responsibility in Kakanju Sub-County. This implies that every stakeholder in health sector are responsible for ensuring that there is accountability at all levels from the district to Sub-County level and this helps to improve the deliverance of health services to the communities. The study finding is in line with Emanuel and Emanuel (1996) who argued that in the health sector, the loci of accountability consists of distinct parties that can be held accountable or hold others accountable.

3.2 Transparency and quality of service delivery in health sector of Kakanju Sub-County, Bushenyi District Local Government

To understand the effect of transparency on quality of service delivery in health sector of Kakanju Sub-County the respondents were introduced different statements to have their say. Their responses were computed by making an aggregate of responses given by respondents to the 5 point Likert scale (1= strongly disagree, 2 =Disagree, 3 =Not sure, 4 =Agree, 5 =strongly agree), which were categorized according to their means & standard deviations. Mean values of 3.26 and above meant agreement whereas mean values of 2.50 and below meant disagreement with the statement whereas mean values of 2.51-3.25 meant not sure, the Standard deviation of 0.10=low/close variance whereas the standard deviation of 1.10 and above shows there was wide variance.

Table 2: Showing transparency and service delivery in health sector

	Mean	Std. Deviation
There is high level of transparency in supply of medical items to health centres in Kakanju Sub-County	4.3864	0.67012
All health workers working in Kakanju public health centres are transparent in their work	4.625	0.69804
Procurement of medical items in Kakanju Sub-County is transparent in all aspects	4.3646	0.61521
Transparency has improved health service delivery in Kakanju Sub-County	4.5365	0.77069

Source: Primary Data (2019)

Results (Table 2) revealed that most of respondents with mean (4.3864) agreed that there is high level of transparency in supply of medical items to health centres in Kakanju Sub-County. This implies that decentralization has improved health service delivery as services have been extended near to local communities, for example, every Sub-County is supposed to have a Health Center III and this has enabled high

level of transparency in the supply of medical services and items.

Results revealed that most of respondents with mean (4.6250) agreed that all health workers working in Kakanju public health centres are transparent in their work. This implies that the practice of transparency is high among health workers at health units in Kakanju Sub-County as one of the ethics of their profession and this has made better health service delivery in the Sub-County.

Results further revealed that most of respondents with mean (4.3646) agreed that procurement of medical items in Kakanju Sub-County is transparent in all aspects. This implies that right away from the ministry of health to the Sub-County level, there is clear procurement process which has improved health service delivery at all levels.

In addition, results revealed that most of respondents with mean (4.5365) agreed that transparency has improved health service delivery in Kakanju Sub-County, Bushenyi district. This implies that after decentralization in the health sector has ensured that there is high level of transparency which has improved the way how health services are delivered the local communities in Kakanju Sub-County. The finding is in line with the Health Unit Management Committees (HUMCs) and Hospital Management Committees (HMCs) guidelines require the committees to be transparent when conducting their businesses (Ministry of Health 2003). They are supposed to hold regular meetings as prescribed by their governing instrument or other directives.

3.3 Participation in decision making and service delivery in health sector of Kakanju Sub-County, Bushenyi District Local Government

To understand the effect of participation in decision making on quality of service delivery in health sector of Kakanju Sub-County the respondents were introduced different statements to have their say. Their responses were computed by making an aggregate of responses given by respondents to the 5 point Likert scale (1= strongly disagree, 2 =Disagree, 3 =Not sure, 4 =Agree, 5 =strongly agree), which were categorized according to their means & standard deviations. Mean values of 3.26 and above meant agreement whereas mean values of 2.50 and below meant disagreement with the statement whereas mean values of 2.51-3.25 meant not sure, the Standard deviation of 0.10=low/close variance whereas the standard deviation of 1.10 and above shows there was wide variance.

Table 3: Showing participation in decision making and service delivery in health sector

	Mean	Std. Deviation
Decentralization facilitate good governance by empowering the local population and allowing them to participate in matters affecting their lives	4.3047	0.67664
Under decentralization the lower levels of government deliver healthcare services effectively	4.625	0.62163

Local people are empowered to participate in decision making in matters regarding health sector	4.2578	0.93031
Local participation in decision making has improved health service delivery in Kakanju Sub-County, Bushenyi district	4.5078	0.6855
Under decentralization services is more demand responsive hence increasing the households' willingness to pay for services	4.4688	0.58176

Source: Primary Data (2019)

Results (Table 4.4) revealed that most of respondents with mean (4.3047) agreed that decentralization facilitate good governance by empowering the local population and allowing them to participate in matters affecting their lives. This implies that through decentralization in health sector, local people as stakeholders has been involved to participate in decision making which has given chance to know the exact needs of the local community in terms of health.

Results revealed that most of respondents with mean (4.6250) agreed that under decentralization the lower levels of government deliver healthcare services effectively. This implies that through decentralization in health sector allowing local communities to participate in decision has improved health service delivery at local levels.

Results further revealed that most of respondents with mean (4.2578) agreed that local people are empowered to participate in decision making in matters regarding health sector. This implies that as local communities are empowered to participate in decision making in health sector, this has improved how health services have been delivered to people at local level.

In addition, results revealed that most of respondents with mean (4.5078) agreed that local participation in decision making has improved health service delivery in Kakanju Sub-County. This implies that since local people understand exactly what they need, therefore allowing them to participate in health decision making process is crucial to the ministry of health to supply medical items basing on the needs.

Lastly, results showed that most of respondents with mean (4.4688) agreed that under decentralization services is more demand responsive hence increasing the households' willingness to pay for services. This implies that through decentralization process, there is high demand responsiveness of health services which increases the willingness of households to make small payment of the health services.

4.4 Quality of service delivery in health sector in Kakanju Sub-County, Bushenyi district

To understand the quality of service delivery in health sector of Kakanju Sub-County the respondents were introduced different statements to have their say. Their responses were computed by making an aggregate of responses given by respondents to the 5 point Likert scale (1= strongly disagree, 2 =Disagree, 3 =Not sure, 4 =Agree, 5 =strongly agree), which were categorized according to their means & standard

deviations. Mean values of 3.26 and above meant agreement whereas mean values of 2.50 and below meant disagreement with the statement whereas mean values of 2.51-3.25 meant not sure, the Standard deviation of 0.10=low/close variance whereas the standard deviation of 1.10 and above shows there was wide variance.

Table 4: Quality of service delivery in health sector of Kakanju Sub-County

	Mean	Std. Deviation
In some cases health centres Kakanju Sub-County fails to work on patients as they go out of drugs/medicine stock	4.1927	1.06172
Health services are delivered to patients in timely manner Kakanju Sub-County	3.875	1.15395
Health facilities in Kakanju Sub-County lacks enough beds for all patients whose health conditions needs admission for close monitoring by doctors	3.9844	1.20042
The health services given to the people of Kakanju Sub-County are free of charge	4.2214	0.98047
Sometimes there is loopholes in health service delivery in Kakanju Sub-County due to inadequate health workers	3.6198	1.19233

Source: Primary Data, (2019)

Results (Table 4) revealed that most of respondents with mean (4.1927) agreed that in some cases health centres Kakanju Sub-County fails to work on patients as they go out of drugs/medicine stock. However, a standard deviation score of 1.06172 indicates the fact that there was a wide spread of responses on average. This implies that case of drug/medicine stock outs are common in public health centres in Kakanju Sub-County and this affects the quality of service delivery.

Results revealed that most of respondents with mean (3.8750) agreed that the health services are delivered to patients in timely manner Kakanju Sub-County. However, a standard deviation score of 1.15395 indicates the fact that there was a wide spread of responses on average. The finding implies that patients who attend to public health centres receive services in time which may be attributed to good client care of health workers.

Results further revealed that most of respondents with mean (3.9844) agreed that health facilities in Kakanju Sub-County lacks enough beds for all patients whose health conditions needs admission for close monitoring by doctors. However, a standard deviation score of 1.20042 indicates the fact that there was a wide spread of responses on average. The finding implies that government health centers in Kakanju Sub-County don't have capacity to accommodate patients who need admission since they lack beds due to lack of funds from the central government.

In addition, results revealed that most of respondents with mean (4.2214) agreed that the health services given to the people of Kakanju Sub-County are free of charge. However, a standard deviation score of 0.98047 indicates the fact that there was a tight spread of responses on average. The finding means that in the government health centres in Kakanju Sub-

County, health services are given on free of charge basis and therefore this has improve the health conditions of most vulnerable people who cannot afford private health facilities.

Lastly, results showed that most of respondents with mean (3.6198) agreed that sometimes there are loopholes in health service delivery in Kakanju Sub-County due to inadequate health workers. However, a standard deviation score of 1.19233 indicates the fact that there was a wide spread of responses on average. The finding indicates that health workers working in government health facilities are not enough and as a result most of the people have not been to receive healthcare services.

3.5 Correlation between accountability, transparency and local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County

A Pearson correlation test was carried out to determine the significance of the several directive decentralization principles (accountability, transparency and local participation in decision making) and their influence on quality of service delivery in health sector of Kakanju Sub-County, Bushenyi district, and they were tested at 95% confidence with two-tailed test of significance. The findings are presented in Table 5 below.

Table 5: Correlation

		Accountability	Transparency	Local participation in decision making	Quality of service delivery
Accountability	Pearson Correlation	1	.748**	.795**	.743**
	Sig. (2-tailed)		.000	.000	.000
	N	384	384	384	384
Transparency	Pearson Correlation	.748**	1	.878**	.701**
	Sig. (2-tailed)	.000		.000	.000
	N	384	384	384	384
Local participation in decision making	Pearson Correlation	.795**	.878**	1	.776**
	Sig. (2-tailed)	.000	.000		.000
	N	384	384	384	384
Employee performance	Pearson Correlation	.743**	.701**	.776**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	384	384	384	384
** Correlation is significant at the 0.01 level (2-tailed). Source: Primary Data (2019)					

The findings in the table 5 show that there is a positive relationship between accountability and quality of service

delivery in health sector, given by Pearson’s Correlation coefficient of 0.743. The relationship is statistically significant at 95 % confidence level (2-tailed) as the p-value is less than 0.05 (=0.000). This implies that adopting accountability leads to improvement in quality of service delivery in health sector of Kakanju Sub-County. Therefore the researcher accepted hypothesis one which was stated as thus, accountability has positive effect on quality of service delivery in health sector of Kakanju Sub-County

The findings in table 4.6 further show that there is a positive relationship between transparency and quality of service delivery in health sector, given by Pearson’s Correlation coefficient of 0.701. The relationship is statistically significant at 95 % confidence level (2-tailed) as the p-value is less than 0.05 (=0.000). This implies that adopting transparency leads to improvement in quality of service delivery in health sector of Kakanju Sub-County. Therefore the researcher accepted hypothesis two which was stated as thus, transparency has a positive effect on quality of service delivery in health sector of Kakanju Sub-County.

The findings in table 4.6 further show that there is a positive relationship between local participation in decision making and quality of service delivery in health sector, given by Pearson’s Correlation coefficient of 0.776. The relationship is statistically significant at 95 % confidence level (2-tailed) as the p-value is less than 0.05 (=0.000). This implies that adopting local participation in decision making leads to improvement in quality of service delivery in health sector of Kakanju Sub-County. Therefore the researcher accepted hypothesis three which was stated as thus, local participation in decision making positively affects quality of service delivery in health sector of Kakanju Sub-County.

3.6 Regression Analysis for accountability, transparency and local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County

The researcher transformed variables for decentralization by computing means of the study variable into three main categories listed as: accountability, transparency and local participation in decision making. These variables were used to run the regression analysis, and the results were as follows:

Table 6: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.803a	0.646	0.643	1.93036

Predictors: (Constant), Accountability, Transparency and Local Participation in Decision Making

Source: Primary Data (2019)

Table 6 shows the results of the regression model summary for accountability, transparency and local participation in decision making (independent variables), and the dependent variable which was quality of service delivery in health sector of Kakanju Sub-County. The adjusted R square value for the model showed that 64.3% of the variance in the model

(quality of service delivery in health sector) can be explained by accountability, transparency and local participation in decision making.

Table 7: ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	2578.638	3	859.546	230.672	.000a
Residual	1415.985	380	3.726		
Total	3994.622	383			

- a. Predictors: (Constant), Accountability, Transparency and Local Participation in Decision Making
 - b. Dependent Variable: Quality of service delivery in health sector
- Source: Primary Data (2019)

Table 8 shows the regression coefficients for the model and it predicts the relationship between the variables (accountability, transparency and local participation in decision making) and quality of service delivery in health sector of Kakanju Sub-County. The regression coefficient indicates that accountability, transparency and local participation in decision making have a positive significant influence on quality of service delivery in health sector since their precision level was less than the threshold of <0.05. The three variables had coefficients of accountability (0.000), transparency (0.000), and local participation in decision making (0.000). This therefore concludes that the variables have a positive influence on quality of service delivery in health sector of Kakanju Sub-County.

The findings of the study are in line with a study developed by Khemani (2004) on 30 local governments in Nigeria presented evidence that the design of intergovernmental fiscal relations has an important effect on local accountability and ultimately on health services⁶. This study found a widespread situation of non-payment of public health facilities’ personnel, which led to lower quality of service (e.g., higher doctor absenteeism, lower drug availability). Moreover, Khemani (2004) argued that this situation cannot be explained solely by lack of financial resources available for health services to local governments but rather by lack of local accountability on those resources. This study suggests that conditional transfers which are the main source of local health spending may be damaging local accountability because the public does not hold local officials accountable for those resources

Kaufmann et al. (2002) found that decentralization effects on access to public services. Using a survey of local agencies, this study found that both local and central service providers in Bolivia were falling short in delivering an adequate quantity and quality of services, but local agencies were more successful in being accessible to citizens, particularly for the poorer brackets of population segments. As decentralization is still an unfolding process (in this country and others), the positive results in access of services to poor people might be an preliminary indication of future improvement in final

Table 8: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.373	1.360		4.687	.000
	Accountability	.198	.041	.212	4.771	.000
	Transparency	.224	.046	.245	4.881	.000
	Local participation in decision making	.490	.047	.530	10.340	.000

- a. Dependent Variable: Quality of service delivery in health sector
- Source: Primary Data (2019)

outcomes such as infant mortality rates, as poor people are the most vulnerable.

IV. SUMMARY OF FINDING, CONCLUSIONS AND RECOMMENDATIONS

4.0 Introduction

This chapter highlights the summary, conclusions and recommendations based on the findings of the study.

4.1 Summary of Findings

This section gives a summary of the findings as presented in chapter four based on the objectives of the study as below;

4.1.1 The relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County

The study sought to establish the relationship between accountability and service delivery in health sector of Kakanju Sub-County; it was revealed that majority of respondents agreed that Sub-County officers are accountable for all health services delivered to health centers in Kakanju Sub-County (mean, 4.0495), most of respondents agreed that there is high level of accountability of medical personnel in all health centres in Kakanju Sub-County (mean, 4.1927), most of respondents agreed that high level of accountability has improved health care service delivery in Kakanju Sub-County (mean, 4.2917) and most of respondents agreed that accountability is everyone’s responsibility in Kakanju Sub-County (mean, 4.1745).

4.1.2 The relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County

The study also sought to examine the relationship between transparency and service delivery in health sector of Kakanju Sub-County; it was revealed that most of respondents agreed that there is high level of transparency in supply of medical items to health centres in Kakanju Sub-County, Bushenyi district (mean, 4.3864), most of respondents agreed that all health workers working in Kakanju public health centres are

transparent in their work (mean, 4.6250), most of respondents agreed that procurement of medical items in Kakanju Sub-County is transparent in all aspects.

In order to improve timely access, availability, and delivery of Essential Medicines and Health Supplies (EMHS), the pull system was established and maintained for Health Centre (HC) IVs and hospitals. Much as the pull system was introduced to increase efficiency and effectiveness in health service delivery, community monitors cited the weak inspection as a key factor in explaining why medicines do not always reach the beneficiaries (mean, 4.3646) and most of respondents agreed that transparency has improved health service delivery in Kakanju Sub-County (mean, 4.5365).

4.1.3 The relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County

The study also sought establish the relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County Local Government in Bushenyi district; it was revealed that most of respondents agreed that decentralization facilitate good governance by empowering the local population and allowing them to participate in matters affecting their lives (mean, 4.3047), most of respondents with agreed that under decentralization the lower levels of government deliver healthcare services effectively (mean, 4.6250), most of respondents agreed that local people are empowered to participate in decision making in matters regarding health sector (mean, 4.2578), most of respondents agreed that local participation in decision making has improved health service delivery in Kakanju Sub-County, Bushenyi district (mean, 4.5078) and most of respondents agreed that under decentralization services is more demand responsive hence increasing the households' willingness to pay for services (mean, 4.4688).

4.2 Conclusion

Basing on the findings, the following conclusion was drawn based on the objectives of the study as below;

Accountability is noted to be a significant predictor of the quality of service delivery in health sector of Kakanju Sub-County. The results indicate that there is a positive relationship between accountability and quality of service delivery in health sector of Kakanju Sub-County, Bushenyi district.

Transparency is noted to be a significant predictor of the quality of service delivery in health sector of Kakanju Sub-County. The results indicate that there is a positive relationship between transparency and quality of service delivery in health sector of Kakanju Sub-County, Bushenyi district.

Local participation in decision making is noted to be a significant predictor of the quality of service delivery in health

sector of Kakanju Sub-County. The results indicate that there is a positive relationship between local participation in decision making and quality of service delivery in health sector of Kakanju Sub-County, Bushenyi district.

4.3 Recommendations

The study findings shows a positive relationship between accountability and service delivery in health sector, the researcher recommends that; there is need to strengthen the local governance structures particularly the HUMC, the Hospital Boards, and the District Health to better understand and perform their roles, responsibilities and ensure accountability. Access to information by communities is critical in enhancing accountability in the health service delivery. When people are informed on their health rights, funding and utilization of the fund, they are able to hold the health providers accountable.

The study findings shows a positive relationship between accountability and service delivery in health sector, the researcher recommends that; there is need to promote transparency and systems that recognize participation, to incentivize citizens to take part actively in social and community health programs such as societies and associations, and mass immunization campaigns. Reconstitute and train all HUMCs and hospital boards so that they can represent citizens' interests effectively and communicate to them health facilities' services and operations.

The findings also show that there is a positive relationship between local participation in decision making and service delivery in health sector, therefore the researcher recommend that; local communities should be at the core of the service delivery system by receiving the services and participating in designing of the agenda for public service delivery. This is critical in health sector because service delivery directly affects their lives and livelihood. It is important to consider the citizen's views on health care systems as they reflect the priorities and perspectives of the public.

4.4 Areas for future research

The following were suggested for further investigation.

- i. The effect of decentralization on the performance of district personnel in Uganda.
- ii. The impact of fiscal decentralization on public service delivery in Uganda.
- iii. The impact of decentralization on the efficiency of public service delivery in Uganda.

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May the good Lord reward you richly?

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